Introduction and Guest Background

Hi, everyone. Dr. Tom Moorcroft back here with you for this episode of The Healing from Lyme Disease Summit. And you are in for a real treat today like always, and trying to bring together the best practitioners in the globe to help you understand and more about Lyme disease, chronic infections, and how to heal and recover from them.

And I am so blessed to be in a place where I've got so many cool friends and colleagues. And today we're going to be talking with Dr. Ebony CORNISH, who works at the AIM and Clinics.

And we go back to even before she started there. And we've done a lot of work together, and it's really just such a pleasure to talk to someone who's so motivated to do this functional medicine approach to healing, working at such a high level.

I mean, she's been awarded the Northern Virginia top doctor 2021, 2022, and I'm pretty sure it'll just keep on coming because she's got such a big heart to go with a big brain that's really been focusing in on using SPECT scans.

And I think that this is one of the areas that so many people don't understand when to use it or even what it is. So today we're going to talk about the neurologic impact of chronic infections and we're going to dove deep in the specs scan.

So. Dr.. CORNISH, thanks for being here. Oh, thank you, friend, for that wonderful intro. It's great to be here. Like, I love what you're doing. Dr. Moorcroft, you've been amazing through the years.

I've learned so much from you. I think of you as a friend and a mentor leading the way in patterns, pandas, methylene blue. So, you know, I'm proud of you and I'm happy to be here with you today.

So it's a. Sweet. Yeah. I mean, it's so fun because we're in a field where everybody is like, we're working together like we're family, we're treating our patients like family so that we can help our our human global family heal and get better.

And the areas of interest like I love SPECT scans, I know a little bit about them. I love the I'm a picture person, so I love seeing an image that then I can go and like maybe we can even dove into a little bit of fight, fight, flight, freeze later on and some of the Lyme stuff and the ways to change it.

But when, when I, when I get so excited about looking at a picture, I'm kind of like, wait, most people don't even know what that picture is or what it means.

So before we dove into what all that stuff, what the heck got you into treating Lyme and using SPECT scans and working with the aim and clinic and and you know, like literally like when I talked to Dr.

M and he was like, I'm not going to come because Ebony CORNISH is the right person for the job today. She's like, she knows more about SPECT and chronic infections than I do, which is like that's like God saying, Here, this is my daughter, please like you.

I mean, it's like you've gotten the glowing reviews from everyone in this field. So what got you interested in this. At any time? It was by accident. You know, I was looking for jobs.

I was working at Kaiser. I was pretty bored. And the job set for I mysteriously I was like giving everyone segments like, oh, yeah, what is this chronic fatigue.

Yeah, good site. And this job I was looking for actually a couch on Craigslist and the job board said four doctors who think outside of the box. And I've always been interested in, you know, I did work at NIH.

I spent some time there. I love genetics, I love translational research. I'm like, you know, I'm really interested in cool things. And so when I saw that job, I said, Hey, why not do that?

I know it was a practice that focused on fibromyalgia and chronic Lyme disease. And being in Virginia, we're kind of one of the tick borne capitals of the world.

So I kind of like just dove in and it was no turning back. So once I started seeing these patients with these nebulous symptoms, I started being so obsessed with my training.

I wanted all my money back, you know, I was like, I didn't learn any of this. These poor people, you know, are coming in here. Every system has been affected.

I had to be the psychiatrist, the hormone specialist, the Lyme specialist, you know, the anything, you know, every part of the human body. And it was magical.

And it's like, I love being a detective because you don't know unless you look. So as I started working in Lyme, then that transitioned to more functional medicine because you know, you can kill and you can treat and you can find all these diagnoses which are amazing.

But then it's like, well, why, why?

How Dr. Cornish Got Into Lyme and Functional Medicine

Why does one person who suffers from a chronic illness, chronic infections and the like look completely different from someone else and so that's where I started and got certified in functional medicine, start to learn a lot about the conferences.

Her doctor, you know, started working with the AMA clinic here in Reston, Virginia, because it's all about the root cause, right? You need to know why someone's ill, not just what I'm going to treat you with.

So, you know, fast forward 11 years later. I mean, I just am fascinated with the brain. I was a neuroscience major at Brown, so I've always loved the brain.

And then with functional medicine, what do you hear? A lot, right? I have chronic fatigue. They come in our office. I'm tired. That's neurologic. Why are you tired?

And then the differential diagnosis is so vast. And I and I would treat a lot of neurological Lyme neuropsychiatric manifestations of all kind of illnesses.

And I said, You know what? Why don't I look? Because you don't know unless you look. And the doctors here at Amy Clinic, the psychiatrist, are so functional that they're looking at that root cause of mental illness and they're learning about the importance of infection and how it contributes to psychiatric manifestations of disease, mold, toxicity, hormone imbalances.

So it was like a great marriage. It was like, okay, I'm going to combine my functional medicine. I'm going to combine genetics looking at the root cause and hey, now I'm going to look at your brain and see what might be really going on there.

And and it's fascinating when I see them get better. So that's kind of me. I'm always digging down into the what ifs and what and looking, and it sometimes gets me in trouble.

Asthma, triplets, you know, six year old, they are like, Mom, why are you always asking me why I did something?

But it's a part of medicine. It's a part of who I am. So.

Oh, that's so awesome. So inspiring, too, you know, it's like I love when I talk to other people who friend of mine this weekend was talking about like all the things we do and like one of the things that a lot of us do is be disobedient, right?

We're like, we're going to challenge it. And the thing about I want my money back. I'm like, Yeah, I hear you, man. It's like, spent all this time and money, but, but, you know, we have this foundation.

And it's like taking it so obvious, right? And I call myself the common sense doctor. It's like, look, I'm taking what I learned in the books about basic science, about chemistry, about genetics, about biology.

And I'm expanding it to healing. And, and that's what I love about the job is that I look at the basics and it just all clicks, you know, even some of my complicated and it's so rewarding, especially because I'm the doctor just like you are.

Patients have seen seven or eight other doctors or more been around the world in patient programs and then come to our doorstep looking for answers and kind of understanding why they can't get better and that's where you put the detective work and that's where it gets fun.

So absolutely. So as part of your detective work, I mean, you know, so well known in this, you know, using SPECT scans to look deeper with chronic infections.

So could you have kind of like an overview like so we can get a better understanding of what a spec skin is and then maybe like why we might what's the even the purpose within this kind of chronic infection realm.

Yes. SPECT scan. When I first learned about it, I had a patient who at my practice at the time, my previous partner, and they were treating their daughter and it was actually a psychiatrist from the AMA clinic in Reston, and they brought in these beautiful brain pictures.

So what I looked at, I just said, Whoa, you know, the brain looks like it has holes in it, like what is going on? But then I learned about spec scans, so just basic, it looks like a MRI machine is a very small percentage of radiation and spit.

It stands for single photon immersion computed tomography say that five times. Right. So basically it tells you how the brain is working, what areas are working, not too fast, what areas are working too slow.

And then more importantly, how blood is flowing in the brain. So it doesn't always give you that firm diagnosis, especially as it relates to function and medicine and chronic tick borne diseases and co-infections.

But it tells you what questions to ask right? Because there are different patterns that you can see and there are certain similarities in patients who have chronic infections.

And that's something called we just simply inflammation. So the first thing so we're looking at just simply the top under side of the human brain, okay, they're going into a machine.

You're getting a lovely picture. We're going to find out how well blood is flowing and how active your brain is. So the first thing you see in infections and toxins is something called scalloping.

So it's like bumpy ridges on the top of the brain scale. Does that mean you have bumpy ridges on your brain now that's just showing you some irregularity with activity in that area.

That's usually like a red flag. It's like, ooh, that's not normal. But Dr. Amen, in all his years and hundreds of thousands of scans and research in that area has shown that that scalloping problem, that imbalance can be associated with chronic toxins.

So then you take a step back and you do the detective work. Okay, that's just one finding. This person has this area that looks like what you call scalping.

What is it? All right. And that's when you have to be your clinician. And as it relates to chronic infections, especially vector borne illness and parasites, you'll have this neuropsychiatric manifestation where patients complain of depression and anxiety and kind of being, you know, confused.

And they failed all these different meds. And I'm like, wait, okay. First thing I'm saying, I've seen some scalloping, so I need to do a deep dove. Another area you'll see, which is fascinating when you look at the brain, is this area.

The word is limbic system. And I know you're familiar with like DNR arrest, you know, retraining the limbic system. And if you just think about it in this fight or flight, you can't focus.

You're more anxious non stop movement in your mind, like I describe it as feeling like you're being chased by a bear. There's no bear around. And I see that a lot in chronic infections and then it makes sense because a lot of those patients, they come to the office like. Dr..

CORNISH You know, I can't concentrate. Dr.. CORNISH My mind is racing.

What SPECT Scans Show in Chronic Infections

Oh, my God, I can't tolerate things because I'm sensitive to everything someone gives me. I can't sleep. You think? And a lot of that has to do with that limbic area, that limbic system.

So then you start saying, okay, let's determine what it is that's contributing to that. And then you can see global decrease in blood flow throughout the brain.

Now that's when you're like, ooh, let's, let's, let's get that blood goin. You might think of things like oxygen treatment to help improve blood flow, and then you think about some of the critters out there that definitely target blood flow like babesiosis, like tick borne disease, bartonella looking at those things that affect perfusion.

So those are kind of the big things without giving you too much and making this lecture, because I can talk about spec skin imbalances and what I see all day long, but you know, it's always good for to tie it into clinical.

So if you have any questions about that. But yeah, so those are like and it's beautiful because the reason I really got interested because I'm like, okay, what am I missing?

I found myself treating neurological imbalances. Oh, this person has anxiety. All this person has brain fall or this person can't sleep. And so I would kind of treat all the imbalances.

All right. I have a kid. They may have pandas, you know, autoimmune strep, pediatric autoimmune neuropsychiatric. So it is associated with strep or other infections.

Kids comes in having a lot of ticks, had a lot of rage, having a lot of irritability, having a lot of mood problems. Look at the brain scan. That limbic system is on fire.

They have what's called the basal ganglia is just a part of one that is just going on fire. Dr. Almond Cause a pattern ring of fire and you know, they have scale and you're like, Oh, wow, this is what's wrong.

And it's so validating to the patients and to the parents when you're showing them imaging that's consistent with what they are reporting. And then they get better.

The images actually change if you're on the white track. So. Right. It's it's just it's just wonderful because I just was always stuck like, okay, what else can I do for this neurological patient?

And then looking at the figures like, Aha, that's the money spot, that's where I need to go. That's the sweet spot there. So yeah, so. That's pretty awesome.

So when we're like, I think one of the things that these infections are sometimes it's hard for us to get a diagnosis right. Like clinically, like so many people's, the frustration is, oh, lives a clinical diagnosis supported by lab data pans and pandas is a clinical diagnosis that literally has no true die sort of blood test that says for sure you have it.

We have stuff that supports it, but it's not even part of the diagnostic criteria at the moment. So one of the things I think that a lot of our folks are looking for is like confirmation that they're not crazy.

Like we all know there's something going on and and I shouldn't I should really restate that. And I'm not really so sure that they're looking for validation that they're not crazy.

But it's nice to have someone else be able to validate it and then be able to bring it back to some of their other doctors and educate them. Like actually right before we talked, I talked to someone.

I shared a treatment with his son who had plans, and then he goes, Hey, like all these other kids who couldn't get to see you, when I shared what you were doing and you shared what you were doing with this other doctor, they were able to prevent at least five kids in the last month from getting a psych hospitalization.

So I'm like, Ah, that's why we do this, right? When we look at this spec scan, though, I mean, is this something where like the Ring of Fire, I think a lot of us have heard of and I think we don't know a lot about, I mean, other than what you just told us.

But can you dove into that a little bit more and tell us about it? And then also, is it kind of like a pans pandas thing? Is it a Lyme thing? Is it seen in other things?

Is it more of a functional thing? Because I think that so many people throw that word out, oh, I found the ring of fire. And then there's also like the crown of thorns in it is a German neural therapy.

So it's not. Normally know where they try to make the thing. And I'm like, No, that's not what it is. So but what is it? What is it really telling us is is it really focused on the basal ganglia in the limbic system or is.

It in the frontal lobe and the temporal lobe? You know, and it actually looks like if you look at the image like a ring, you know, and it correlates clinically.

And that's why you want to like you said, that term is thrown out so often, but you really can't make that determination without looking is what I find without looking at that scan.

Because patterns, pandas, patients with chronic infections, the brain scans all look different. And what I found, especially at the AM in clinic, I mean, we have numerous clinics around the country and all of the psychiatrist, when you call our clinic and you get that SPECT scan interview, they ask if you want to have a functional medicine workup.

And when the psych hired tourist sees those patients, they'll look at those scans. And if they see that ring of fire, they're like, okay, functional medicine work.

Let's determine if this is your specialty with children, if this is patterns, if this is pandas, because we're not going to just throw psychiatric medications at these patients and that's really what you were talking about earlier, is when things fail, like how many of your patients.

Right. These patterns, standards, kids, these people with chronic vector borne illnesses, of course, they're given sleep meds. Oh, here's some tramadol, here's a SSRI.

Oh, here's a antipsychotic. Oh, it's all in your head. Here's and they fail and they fail those treatments. Right? And

it's really when you start getting to that root cause that they start feeling better.

So what I find, especially among the pediatric population, is that a lot of the patients with pains in pain as they've been misdiagnosed, 80 ADHD, depression, psychoses.

And once in I've seen a psychiatrist at a clinic. Once they've received SPECT scan imaging be able to validate though this is a really an underlying inflammation causing this this person has an infection.

Look compare this scan to a normal scan and you can see the imbalances here. This is something neuropsychiatric contributed to by chronic infections. And you can't just dismiss this patient because you can't get rid of a chronic infection with an SSRI or still you just get you know, you can't treat Lyme with, you know, Lexapro, you can treat Bartonella with Tramadol, you can treat pins and pandas, you know, with an antipsychotic.

It just doesn't work. Right. And the brilliant thing about SPECT scans and when I first saw my first ring up by our patient, we started them on treatment and their brain scan.

After the second cycle of treatment was worse, significantly worse. I mean, I'm talking temporal lobe was inflamed, frontal lobe was in blank, basal ganglia.

I mean, it was so overactive and so inflamed. I thought I was a failure. But then at. The appointment, the mom's like, Oh yeah, he was having a hard time a response.

I'm like, Oh, that's what's happening. So sometimes you can see similar inflammatory patterns when people are going through treatment because they're having those die off reactions and they can make the brain scan imaging look worse before it looks better as well.

And that's what I learned about neuropsychiatric hurt saying, you know, like, oh yeah, let me give you some suffer babies. Yeah, let me give you some antiparasitic and then you'll get a call.

They're completely anxious or psychotic and you're like, Oh, it's a drug side effect. No, no, it's a die off reaction from treating that infection. And more likely than not, the imaging is going to show you that you're going to have a more active scan, a more inflamed scan.

Ring of Fire, Limbic System, and Neuropsychiatric Patterns

So so when you're looking at all those patterns that people throw around, you got to understand that imaging. I mean, I can't stress. I know. Because what before I did or didn't even have had some experience viewing them, I was kind of just throwing treatment out there.

Right. Like you said, clinically. But it does validate a lot of what we do. And then I've had some case reports where I've treated treated one pans patient.

His basal ganglia was overactive limbic system which is in overdrive very, very inflamed. And we treated him and his mom, his parents wanted a proof. So they said, repeat the study after six months and they had significantly improved.

It was more smooth surfaces resolution of this galloping increase, blood flow to the prefrontal cortex and it was just like the family was just in shock.

So and that's another thing I like when I can get the pre treatment and the post-treatment SPECT scans because it tells me if I'm on the right track or not.

So it's fascinating. It's so good because it's like it sounds like it's very clinically oriented. And then you can not only validate the patient's experience, but it can help guide you.

I mean, are there and which in this field is so important because sometimes, like, I guess my question is like, do you see some people who maybe they're not moving as fast as you really want them to?

Because so many people, we'd like it to be six or eight weeks, but it's six or eight months or six or eight years. So hopefully not that last one. But but we do see people like that, right.

Well, what we're long haul dog, you know, we're long term docs. Let me rephrase that. So probably it's all right. We're in it for the long haul. Yeah, exactly.

So are we. Are you do you see some people where they're not progressing as much as you like? You repeat the scan and their scan is better or again, rephrasing are improving, but not quite where you want it.

But it can. Can you see changes in your brain before you see them externally? Oh, of course. And that's when it comes to the other factors that are there.

Right. Because these infections can be so debilitating. I don't know how often you see patients with chronic vector borne illness with the IMS presentations or the Parkinsonian features others on disability due to severe neurological imbalances.

And sometimes it's not just one thing, right? So you have to take a systems based approach to some of those patients. So yeah, you can pull back one layer of the onion, right?

But if they're still living in a moldy house, if they're still eating terribly, you know, high gluten, high sugar, if they have other things like parasitic involvement and gut imbalances or their hormones are just imbalance, you know, looking at each system that or their stress, you know, there is all they have is huge stress response and not sleeping, even though they're having some healing and some improvement with their brain imaging.

If you don't dove in to those other triggers, then I don't care how much better their brains get. You're missing the mark. So there have been times where you can see some significant improvements in imaging and blood flow and inflammation.

And then it's that, okay, what's that missing link? They call it that cell danger response. What's keeping that person in that sense where their body doesn't want to heal?

You know, it feels like it's under this vicious attack. And I just have to do my digging, you know, because I know I'm missing something. And it happens not often, but it does happen, right?

Everyone, it happens every day. But no, it does happen. We get stuck. And that just makes you reassess and say, hey, neurologically you're looking better, but what else am I missing?

And a lot of times when patients show up on my doorstep and they've been treated for years with antibiotics and antifungals and mood medicine, it's something really simple like, oh, aha, your guts and balance. Oh, aha.

You know, you're not sleepy because you have terrible, horrible batters, which is why I'm the brain right? Oh, you know, something small. You have that moment and it's just that tweet that might help them clinically turn around.

It's basic, you know, simple stuff is not it seems like what we do is pretty hard, but it's pretty cool. And if you think about it, it makes sense, right, when you start asking the right questions.

So I think it's so interesting. Like it can be complicated. It's almost like it's simple but not easy, right? Exactly what you're talking about is going back to the basics and going, Hey, I just did a brain scan and I confirmed like I'm this is really kind of definitive support that what you're experiencing or your child is experiencing is legit.

And now we have to just work on your body, like as a unique human being and do this. And a lot of the stuff we're trying to do with our summit and clearly it's coming through because everybody's talking about this is go back to the

basics.

We've heard God, we've heard mauled, we've heard sleep. You know, these are so important. And so one of the things that you mentioned earlier is about, you know, sort of limbic retraining and all this stuff.

One of the first SPECT scans that I remember, I mean, I heard about the Ring of Fire and everybody's like kind of like Dr. Amen, you know. Hey, you should, you know, hey, guru.

Exactly what it's like. Charles Ray Jones are rich or poor. It's got it. These are the people who are lot. They have they have paved the way for several things.

You and I have had this amazing conversation and I have this great friendship and come together, but also and to be able to serve this amazing community.

But for patients to be to receive the proper diagnosis and treatment, get their lives back, which so I'm so I'm always so humbled and honored that all these people are, you know, our friends and mentors.

And you use the word mentor. I mean, I feel the same way with you. It's like we all get together and mentor each other because we want to share and help other people.

And Dr. Horowitz is one of the people on our summit. And he goes, He's just like talking about all the great work I do. And I'm like, That's the weirdest thing to hear ever.

And like, and I'm sure like the first time Dr. Aymond said, no, actually, Dr. CORNISH is the expert. She's the one who needs it. Had to feel kind of like, wow, I've actually I'm at a place where I'm really impacting people and and.

It's humbling, right? Yeah. You just do what you're supposed to do. I mean, I'm a very spiritual person and I'm always very prayerful. When I see a patient, I'm like, okay, how can I help this person?

What do they need? And sometimes it's just that connection that there's someone who's invested and believes that what you have is real and can show you that that's the best part of it all.

I mean, and none of us know everything. And that's why I'm so lucky to be surrounded by brilliant people like you and the doctors I work with on a daily basis, because you have to be a part of that community because people are suffering.

And no one knows all the answers. But I always tell my patients, I don't know, I'm going to try to figure it out. And if I can't figure out, I have a lot of smart people in myself that I can talk to that will help me figure this out as a team, because that's all they need, you know, and I have some patients who may be on that tell in, you know, that light at the end of the tunnel we were talking about that two year, three year, four year patient.

And and it gets that waxing and waning cause, you know, they see that like they're stable for six months. You don't hear for them and you're all happy.

And then they come back, you know, and then you have to go back and say, okay, what were the triggers? And you hit the nail on the head with a lot of those triggers.

But, you know, and the one thing I thought you said, and I always think about this is when you say you're a generalist, and that's what we do. We're generalists and we're healers.

And if we can't do that, we might as well get out of this field because that's what the people need. Many people who can try a healer and try to heal.

Using SPECT to Guide Treatment and Track Progress

And that's not just medical, right? Sometimes you just have to be heard and know that someone is going to help you on this journey. And I think that's that's the best part of what I do every day is just seeing someone and helping them understand that this is not all in your head, even if it's as simple as stop eating the junk or let's get you to sleep or let's get you out of mold.

You know, those lifestyle changes as well as those medical changes. We can't get any better than that. You can? Well, I think like you're saying, like and it's not all in your head.

And so one of the things that I think that I love about SPECT is we talk a lot about poly vagal theory. Right. And we talk you talked about the bear we've got like our are most of us think and I think our whole audience knows this because every time I talk about it, I say the same thing.

But it's like the fight or flight mechanism that we usually talk about is like, Hey, that bear. Or in my case, I like saber tooth tigers, so sit around the campfire yet resting, rejuvenating, eating, feeling about ready to go to sleep a very parasympathetic saber tooth tiger comes in and I'm like, Whoa.

So then I have a choice. I can either fight or I can fight or run away. But the thing about those, it's so interesting to me is you have to believe you can still win, right?

And you have a chance of winning where if you fight and you have a chance of getting away, if you run away. But when you feel like you don't and this is where like, like a lot of us have seen an outdoor cat grab a chipmunk or a mouse, and then the thing just goes, what's it do immediately?

It just goes limp, right? And so it goes limp and it freezes because it thinks it's the only way to heal or to stay alive. And in the case of a chronically ill patient, many of us become who have been in that place, freeze, and our immune system function goes down, we withdraw.

And the part about spec that I want to be back to is I love is like so this is a different part of the parasympathetic nervous system and people go back and forth between fight or flight in that they're not always in one or the other.

But when I started looking at Ebony, as I was looking at the SPECT scans of people with line from, you know, some of the work at Dr. Brand's field and Dr.

Data. And I was like, wait a second here. The ways that we understand we're safe and we get out of the free state is to understand gesture, facial expression and vocal intonation.

Then I look at a spec scan, I go, Wait a second, we've got parts of the temporal lobe, we've got parts of anterior cingulate gyrus, we've got the limbic system and even parts of prefrontal that are jacked up.

They are hyper overdrive. They're in overdrive. Yeah. How so. I'm just so impressed by SPECT actually shows that what you're actually experiencing is a physiologic phenomena leading to your psychiatric symptoms of this stuckness.

So then the question I've got about it, you know, with this super long lead up, if we got to have the I have this picture in my head and maybe I'll even in our resources section, throw a picture of the Ring of fire and then the the brain that I'm looking at in my brain right now, the image I'm you know me, I'm like all pictures.

So but what's crazy about it is so I know that I can if I'm is bringing down or creating a hyperactive area of my brain or a hypoactive area in my brain, many people would then just go to that next step where it's like, let's just treat the shit out of it, let's just treat it, treat it, treat it with with medications.

The question I've got is, do you guys see I always want to give people an access point to healing that's different than just the doctor. I want to empower them to do this at home.

So when we look at limbic retraining and we look at like meditation or gratitude or it could be very complex, are very

simple, and we share a lot of that in the summit.

But if you ask people, is there something other than medicine, say, like if I did Olympic retraining program, will that help my brain heal from Lyme? I guess is the question, does it give me that access point?

And one of the things to keep in mind is what you said about that fight or flight response. Is the entire kind of limbic system in overdrive and then that cortisol steal effect like your body is so focused on stress, on seducing cortisol, on have this overactive limbic system that it doesn't focus on that healing process.

What I find I mean, I have so many different tools that we use. I am a big fan of Annie Harper and her and Gupta and their neural retraining, also interactive metronome.

That's another fascinating area where you can actually tap into different areas of the brain, especially as it relates to the limbic system. Like a lot of my kids with parents, pandas, OCD, severe anxiety, they benefit a lot from interactive metronome.

A lot of the doctors here use biofeedback and EMDR. Definitely yoga and meditation and relaxation techniques are key because what I find in the basal ganglia, one of the research papers showed that's where our mast cells are.

So how many times have you seen patients who have these histamine intolerances and they react to every thing negatively under the sun? You try to give them a sprinkle of this or a sprinkle of that, and they are having negative interaction, negative reactions, they're having histamine release, they're having even allergies or, you know, they just can't tolerate it.

Right? And once you calm that limbic system down and that's the beauty of things like in our eyes and all the other things I mentioned, those patients are tolerate things better.

I also see some of those Marcel reactions start to stabilize because that limbic system or in over being in overdrive is leading to Marcel de granulation is leading to this vagus nerve or reactivity this kind of like you said, the saber to the bear, whatever you want to call it.

So the body in the brain can't calm down. And I like to tell patients, you can't receive what it is I'm giving you because of the fact that you're just on the go analytic system.

It's just the firing. So once we clone that, then maybe we can introduce therapeutic interventions either simultaneously by using one of those methods I mentioned earlier or afterwards.

And I'm telling you, works. It works because what I used to find is those patients who are having those sensitivities and having that limbic system activate or activity and failing therapy.

I'm like, okay, this is going to take forever because I'm going to have to give them one drops of a anti-microbial once a week and, you know, flood them with histamine agents and then maybe in two weeks, you know, and it in it.

But then I've found okay, let me, like I said, being a common sense doctor. Hey, I'm looking at this brain scan. Limbic system is overdrive. Let me calm that.

And you know what? That's where my practice started to change. And those patients started to be able to tolerate oral therapy because they had done the other work that was needed.

So yeah. That's so good. I mean, and, and it is, like you said, generalists. It's like so funny. People introduce us all. And I mean, I say this all the time, it's like they're like, Oh, here's Dr.

Tom or Dr. Abney, and they're like a Lyme expert. I'm like, you know, I'm like, No, I'm a doctor. I'm an expert in helping people find out what's going on and optimize self-healing in their body.

And I have an expertize in Lyme because I happen to see a lot of it and I'm very dedicated to it, but I don't want to be like pigeonholed to just putting the blinders on.

And I really think that you've shown how like stress can not only can help us remember to take our blinders off, but also be kind of in the box a little bit where it helps us with really good diagnosis, but also reminds us to take them off again after we get sort of what we think our primary diagnosis is.

And you know, that differential you talked about, it's like that thing we're always going through the checklist of what's the most likely, what's the most deadly and what are all those pieces that we have to remember every time.

And it's just so fascinating that a blood flow scan of the brain can help guide us with all that just blows my mind all the time. Yeah, because, you know, like we said, is looking at blood flow and is looking at brain activity.

Limbic Retraining, Stress Response, and Healing Support

And I would love, you know, maybe one day we can sit down to a more formal talk and go over some cases and give some, you know, cells. And like you said, we are specialists.

You know, I'm a board member of I Labs, as you know. And we always talk about how to expand that were to vector borne disease but then also chronic disease because it's not just one thing we're looking at as we evolve in medicine, you have to look at the functional imbalances, but more importantly, you have to look at the research you know, and that's key because you have to look at some of the data that's out there to support what it is you're doing.

And if it is done there, try to create some of, you know, collaborate with others who are in that field and who are publishing because you have to support some of the methods that we're incorporating to heal these patients.

Yeah. And I'm just so I'm always so happy to know that people like you're on the board. I've been there and I love the board and the conversation about you're coming back now.

There you go. You were in your first one day. Nice. I like how you did that. It's like this part of like everybody we're talking to is like, let's use the best evidence we have, but treat the unique human being in front of us.

That's the art of medicine and really help alleviate their suffering and continually go back to the evidence when we don't have it. Let's push for more whether we're doing it, whether we're supporting other people doing it, we're donating to whatever it is.

It's just like we keep going back and we that's to me like, well, functional integrative medicine is, is like using the best of everything available to help this beautiful human being in front of you get to the point where they feel more comfortable shining their the light within them for the rest of the world to see, because all unique.

And that's the part that's so inspiring and and I just think it's so funny like to, you know, because the way I grew up is like research and like doing what you're passionate about.

Unless you're passionate about studying something. And research really never went together. Like, let's do the research and then hammer somebody with a drug.

And like the way you present it is like to look at the human being and to see what you know, what's going on, you know, maybe not right today they're suffering and what's going really well. So I agree.

We could talk about this stuff all day long and you know, who knows? Maybe we can get a little if any of you have a chance to see Dr. CORNISH talking.

It's sort of at a medical conference where you get to see this slide and get through the cases. It's just mind boggling. And, you know, in a summit, it's like, you know, get your get, you know, kind of whet your whistle, so to

speak.

Get it enthusiastic about this understa and that when your doctor is asking for a spec skin, this is really almost just like doing a blood test and sometimes even more helpful because it's looking at you more as how you're functioning.

And that's what I love about it. So. Dr.. CORNISH, thanks. Go work. Yeah. And I mean, that's what we do at a man. Like I said, we have over ten clinics now around the country because there is such a huge need to in Texas, we have Florida, Virginia, California, you name it.

I mean, we're eventually going to have one. And I'm probably sure every state down the road because there is such a need to define what mental illness is.

And that's the beauty of what Dr. Aymond does. And how he's driven. This field is trying to end this diagnosis of mental illness and understand, like you said, healing of the entire body.

And I was all patients like you alluded to. It's like, okay, this is what's wrong, but let's talk about what's right. You know, let's talk about what's positive.

Let's talk about the good things. And I don't care what that is. You know, if it's a personal life, if it's just I had a good night's sleep that day because it's hard.

I'm not a big simply supporter at times of support groups. Right. Sometimes you can go in places and you get so focused on why you don't feel well. I'm my support.

You have to have the people who tell you what's going on with them. But then the people who encourage you to get better. So you know you will. And that's why I say I'll be the best is yet to come.

And and I just so appreciate you doing this and taking the time to bring together just prodigies. And I am just humble, glad that you asked me to participate and I look forward to collaborating more in the future.

This is I just gave you a little bit. I hope it was enough. I just wanted to make sure that you can have a good understanding. And if you are interested in SPECT scanning, just, you know, look up, aim and clinics, that's, that's where you go.

You know, we are here on the leading edge of tying in brain health and toxins and functional medicine. So I'm just honored to work there and honored to know you, man.

You're you're pretty amazing. You're really amazing. And I'm proud of you. I'm proud of being on this journey with you all these years and seeing what you how much of a leader you are.

And I admire all the work you're doing. I don't know how much free time you have. I don't even know if you sleep. I think you're like a vampire. I don't know what you are. You're superhuman.

You know how to give me some of that? I don't know when you close your eyes, but thank you. I just really want to tell you that I appreciate you and I'm grateful for what you do.

Well, I thank you so much. And I'm going to take a moment right now and receive that, because that's one of the things that we're asking everyone in the summit to do, is be open to receiving how great they really are and how much their gifts are here for the planet and that your are are all worthy to heal.

And so just as you're saying that, I'm just like, just receive it. It's like, so funny. We kind of run away from how powerful we are, you know? And I feel exactly the same way about you.

Eboni It's like to see someone just rushed to the forefront because of your passion for helping people and to be a

leader in this. This is what we need in the lime field.

It's not just people who say, grab the next protocol or hammer them, you know, it's to objectively take that research and put that through the lens of a caring, compassionate heart and mind and really bring it together so that we can have a conversation like this now.

So, everyone, this is like Dr. CORNISH has said, she's one of the island's board members. So we're the science and the compassion and humanity all comes together.

This is so critical. And then I just think back to like we are talking about our gurus and our mentors, you know, like I always, I always it's funny when I, when I teach a lot of meditation which I use as an access point to healing, and I've created programs that specifically are for people who are chronically ill because people who are not chronically ill, meditation access might be a little different.

But one of the things they talk about gurus, right? And a guru is not an emperor is not a perfect human or a perfect entity or whatever. It's not like they don't make mistakes.

It's they're aware when of where they're at and they're aware when they're not on the same path that they choose to be on. And they just come back a little quicker than maybe you or I.

And then we just label them Guru and they all look on social media and in videos and in books. It's like, they're amazing. They're just like you and I.

And we all have this amazing power that the doctor just talked about. But what I love about you, Evan, is like, you're doing the right thing, and then you're going, Oh, am I on the path?

Okay, I'm going to check over here. I'm going to check over here. Want to check and if I'm on track, great. I'm going to stay there. If I'm off track, I'm going to incorporate something new into it.

And it's like the spec skin conversation is like we're looking into someone's brain, so the best place to find you is aman clinics dot com I'm assuming yet awesome.

And our office is 703880 4000. That's our office in D. C.. Or you can go to AMA Clinic. Com and we'll get any of our locations and if you want to learn more and get a better dove.

So we're always here to help, you know. That's awesome. Well, thank you so much. And I'll make sure that the AMA and clinic scams are pretty easy. One to remember.

We'll get all the other information about you on our summit show notes and our summit resource page so people can just do one click, can get right over if they don't feel like, you know, figuring out how to start in clinics, pretty easy to do.

But again, thank you so much for being here. Thank you for the kind words and and know always as I said it right back at you. I mean, this is a journey that we do together as a village of healers.

And I just you know, it's so funny. It's like you spend all this time I think I do these summits so that I can hang out with my good friends, be inspired and reinvigorated, which is how I keep doing all this.

The other part is I learn like I've seen you lecture a bunch of times on SPECT. I've studied spectrum and I've already learned new things today, so everyone just send lots of love to Dr.

CORNISH and her family in the Amman clinics for being on the forefront of this and doing this for you, bringing you this information. And again, we're both very honored to have you here with us for this episode of The Healing from Lyme Disease Summit.

And I look forward to seeing you on our next episode. Thanks for joining us. Thank you.