Introduction and Dr. Cornishu2019s Background

I see patients who've been treated five, six years, 10 years, antibiotics, herbals, and just getting stuck. And then you're wondering, okay, the lab work still shows X, but is that brain fog really from these underlying conditions?

Or is there something else? I would have patients who also had traumatic brain injury. They're like, oops, I forgot to tell you. Or I would do these scans and I would have patients who might have PTSD.

for some type of trauma, or they would have this limbic system that was on fire. By looking at those studies before I even met the patient, I had an idea of what I was dealing with, right?

It's like, okay. this person, they're going to be very sensitive to meds. I might not even be able to give them a supplement because they're going to have like this huge histamine response.

They're going to call me because they got 70 supplements in their cabinet that they can't take. And so I got to start with, you know, neuromodulation in that case.

This is Dr. Talks. All right, welcome back to Demystifying Pans Pandas. And I can't tell you how excited I am to have Dr. Ebony Cornish with us today.

Ebony is an incredible physician, highly regarded board certified medicine physician who provides integrative medicine services to a big global patient community.

She's the functional medicine director at the Amen Clinic East Coast. and specializes in all the things that all of us here on this podcast are interested in.

Chronic conditions affecting our neurologic health, neuroinflammatory disorders, autoimmune disorders, of course tick-borne disorders and all of that.

And Ebony, like me, has a holistic evidence-based approach that's identifying root causes that's so important. And she offers comprehensive care for children and adults, and a neuroinflammatory intensive program spec'd brain imaging expertise at the Amen Clinics.

And she played a pivotal role in developing the neuroinflammatory intensive program, which is a two-week inpatient initiative that addresses neuropsychiatric complications, chronic infectious diseases, environmental toxins, inflammatory conditions.

And it integrates brain imaging functional medicine to evaluate all those disorders. and using the brain spec scan analysis, which I'm thrilled to be talking to her about.

Her professional leadership and recognition and hopeful presidency upcoming to the International Lyme and Associated Disease Society. She's currently the treasurer of the board.

and many recognitions. And more important than that, she rocked it at Project Labcoat on the runway, and she rocks it as a mom of triplets. And man, are they amazing little kids.

So Ebony, thanks so much for joining us. Oh, you're so sweet. Thank you for having me. You know I'm a big fan. I've been loving this since day one. I am a big fan.

Well, it's a mutual admiration society. So just share with people how you got into this crazy world of functional medicine and tick-borne diseases and all of that.

Because I'm crazy as well. Yeah, pretty much. And that's how I got into the crazy world. No, but honestly, I was looking at reports and it was actually in Craigslist.

This was like 2010. I was looking for a couch. And then I said, you know, I was bored working, you know, regular, I said, you know what? Let me click on classified.

And it said for doctors who think outside of the box. That was all the title said. And I said, you know what? I'm outside that box. I want to learn. And so it just so happened that my first practice When this was a couple months or so out of residency was a lime practice.

So this is like 2010 and I'm like, what is this? I never heard of lime, you know, I went to Georgetown, I'm from Detroit. Yeah, I saw it once at Brown, maybe when I was in Rhode Island, but what is this chronic lime?

You give one day of doxycycline and they're gone. So from there, I just fell in love with it. And then as I expanded over my paradigm, I started loving functional medicine and all the training that is required, attending conferences, learning from experts like you and others about autoimmune diseases among children.

And it was just like explosion time. So it's no turning back, man. I love what it is I do. And so with the Amen Clinic, It's because they would send me patients, um, Dr.

Aiman himself, who had abnormal brain scans, like, what?

How She Entered Functional Medicine and Lyme Care

This isn't psych. And so we would do deeper digging and find out, oh yeah, it's mold or it's lime, you know, and find that functional diagnosis because brain health, mental health are the same thing, right?

So, so yeah, so that's how I ended up here. Yeah, and I love that mental health is brain health. We get so caught up in this mental illness being different than you break a leg or you have cancer or whatever.

If we could just see it as brain health, I've heard you say that several times on podcasts and I just love it. Yeah, and it's so true. Yeah, absolutely.

It's more than depression, ADHD, anxiety. It's digging deeper. And you're right. Once we start learning and thinking this way, there's no going back. Not at all.

So I am a fan girl of you and you're a fan girl of spec scans. So tell me the things that you see, first of all, in either pandas and then in Lyme disease.

And I know there was just an article you shared with me from September 11th on that 65% of spec scans in people with tick-borne diseases were abnormal.

So why don't you start there? Oh God, this is my favorite thing in the world. Stingle photon emissions, computed tomography. Say that eight times fast, respect.

So it's like a 3D image of your brain. So we're looking, you know, at function. You know, what areas of the brain are active? Too much, not active enough.

And then we're looking at inflammation and perfusion. Like, where is there inflammation? Because a lot of times with these chronic illnesses that we treat, Nancy, we know we'll say, oh yeah, that's a neuroinflammation because of the markers.

But really, when I get a brain scan, I'm like, yep, that's neuroinflammation or maybe it's something completely different. So once I learned to better interpret scans myself, I saw the need to test a lot of my patients because I see patients who've been treated five, six years, 10 years, antibiotics, herbals, and just getting stuck.

And then you're wondering, okay, the lab work still shows X, but is that brain fog really from these underlying conditions or is there something else?

And so what I found is a something else, right? So I would do these scans and I would have patients who also had traumatic brain injury. They're like, oops, I forgot to tell you.

Or I would do these scans and I would have patients who might have PTSD. for some type of trauma or they would have this limbic system that was on fire like I know people probably hear that fight or flight and so by looking at those studies before I even met the patient I had an idea of what I was dealing with right it's like okay this person, they're going to be very sensitive to meds.

I might not even be able to give them a supplement because they're going to have like this huge histamine response. They're going to call me because they got 70 supplements in their cabinet that they can't take.

And so I got to start with, you know, neuromodulation in that case or someone else where I'm like, ooh, you know, this might not be chronic inflammation.

This is really prefrontal temporal dementia, you know, or this might really be a, severe traumatic brain injury.

What Brain SPECT Scans Reveal

And I can't tell you how often I see that, you know, and because we have certain patterns that can tell me if it's an inflammatory burden or not, or not.

is a key piece because you want to make sure you don't have to work on brain remodeling, work on supporting concussions, and then there are so many different wonderful patterns you see in our patient population that you're like, ding, All right, I'm gonna start testing them for X.

Like our pants, pandas kiddos who have this like beautiful, what we call ring of fire. Like their brain is on fire. It's overactive. It's distributed beautifully like a circle.

They're basically, so you know when you're looking at it, like this kid's gonna have OCD. They're gonna have fight or flight. They're gonna be, you know, really have problems with being overstimulated.

They might have some ticking. So I can see that. When I see a very inflamed active brain scan, it's beautiful. And then when I'm looking at the surface, because that's the other part of the brain scan, it's like, oh, wow, you know, I'm looking at the top of their brain and it is really, really inflamed.

So it's just like rewarding. And then you have that background story or you might have a story that says, hey, we need to change directions completely and take those agents off because inflammation is low.

but something else is going on. So it's changed my practice completely. I love it. Yeah, and I think those examples that you use are so important because often in kids, you know, you don't even know if they had a concussion.

I remember my son playing hockey. One weekend, his dad and I were both away and my mom was taking care of him. We didn't know he even had a concussion until the coach called and said, hey, did he not show up to practice because of his concussion?

We're like, what concussion? you know, because my mom wasn't thinking about that kind of stuff. And so those are things that sometimes happen that you don't know about as a parent you don't remember or as an adult.

You don't think back to the trauma, the concussions, all of that you may have had. So That that's fascinating and then that that ring of fire description that is you're talking about around the the basal ganglia the interior cingulate which is the area that's appropriate on the front of the brain.

It's called the frontal lobe. That's the area that's responsible for OCD. You know, we see that right, ooh, or trauma. Then you have something called the basal ganglia in the limbic, in the thalamus.

That's our limbic system, right? So you're thinking that person might be in fight or flight. They're probably overstimulated, right? There's someone that you don't want to get a stimulate to that person.

You don't want to overstimulate their body. You want to calm them down. maybe with some L-thenine or some GABA or mindfulness or something to get that down.

And then you see all these different patchy uptakes all around in the temporal lobe, frontal lobe, posterior level, occipital lobe, and it's just like a beautiful ring that includes the frontal lobe, temporal lobe, cerebellum and your deep limbic regions, and it's like a textbook.

It's like when I see that, I know I'm probably looking at, you know, some sort, well not I know, but I'm most likely, right, because if a doctor says, I know you need to run out, but most likely you're looking at this like autoimmune encephalopathic kind of picture, like in some type of infection.

Yeah, and you spoke my language, you know, that I put on my first slide, you know, follow those who seek the truth, but flee from those who have found it.

And I know you're a seeker, so. And you know, my patients often ask, when I'm referring them for spec scans, they ask a couple of questions, and I'll ask them of you.

One, do you always need to use contrast? And if so, why? And what if you're worried about allergic reactions to it? So, definitely, and I have this all the time, I have mast cell patients or pediatric patients who are afraid of what we use in our dye.

But I want people to keep in mind, it's not the same type of dye or contrast you would get with an MRI or even a CT scan. It's like one-thirteenth of the amount of dye that you would find in those scans.

treat very sensitive patients. But in order for us to get a functional assessment of your brain, you need to know where that tracer material is going because we're looking at blood flow, we're looking at activity, and we can't naturally tell that without having that tracer material neurological, which clears out very quickly.

Yeah, absolutely. So rest easy, patients. And how about cost? Is it covered by insurance these days? What can you tell people about that? So regarding costs, we have different types of scans, right?

So, for example, if you want to see just a functional medicine doctor like myself and you say, hey, I'm not necessarily sure if this is psychiatric in nature, but I want to know if it's inflammation in nature.

Do I still have some underlying toxin going on with me? That's called a neuroinflammatory scan. And that scan, you know, typically is like, you know, maybe a couple thousand if that depending on, you know, what you want.

So I'll get one scan. I'll get your history with our historian. We'll do your initial visit and consult on that package. Now, if you want, let's say you do all that.

and you still say to yourself, hey, I'm gonna be interested in some mood things, you know, I wanna maybe see some mood things as well, then we can consult with a functional psychiatrist as a separate visit, okay?

But let's say, like, if you call, and that's all through my office in Reston, because I'm one of the only functional doctors who has that neuroinflammatory scan option, and that's because of the two-week program.

So we had to incorporate that. And I said, let me apply that to everyone. So, you know, people come just for that exact reason to find out their brain is inflamed or not.

Or you can have someone who might want the entire psychiatric workup. Now, that's a different cause. You know, that's about double because you get two scans, you see the psychiatrist, then they refer you to me, which is also very valuable.

And especially in those patients who we know have, you know, primary mood, symptoms they want to address, do they have ADHD and inflammation, you know, are they trying to get meds, transition to supplements because they don't want to take meds for their moods, they don't want to give their kids or adults anything, they want to transition to a more holistic approach for that support before you get with me and I take you off everything because you're going to feel better, right?

Because you know, it's neuropsychiatric manifestation of something because what we say, brain health and mental health are the same. But that's a different package.

So we make it to meet your needs, usually care credit.

Contrast, Cost, and Scan Packages

is who covers it the most. I've seen a few patients tell me that with certain insurances, they may have gotten partial reimbursement for their scans, but yeah, so I definitely think we can make it.

It's almost the way I look at it, like the amount of diagnostic testing we run, right? And then you still get those results and you're like, okay, is the brain still in flame?

Right. So it might prevent you from needing as many other studies, right, these inflammatory because you see it. And I've used it to justify things like IVIG or, you know, HBOT, you know, hyperbaric oxygen therapy, like that's just such a vital piece of information saying, look, this is what's, and it's so rewarding when you look at it, so rewarding.

The pictures are beautiful. I mean, sometimes scary, but they're really very beautiful and often give us much more information than when people are saying we're running the autoimmune panel or this cytokine panel or this, you know, because there are so many factors in the neuroinflammation that our patients have.

Running any one panel, like you said, maybe going down a rabbit hole that this beautiful scan of your brain could give you so much more information. It's so true because at the end of the day, like we said earlier, is your brain consistent with your labs, right?

And then I have, you know, yes, we all review labs and we think there are some value, but when we're talking about neurological conditions, let's say all your labs are normal.

It can be the complete opposite and your brain is on fire, right? So that's something else you tweak and say, Oh yeah, everything I treated everything.

We don't know why you're still symptomatic. Well, if you look at it, you'll be able to tell. Right. And so I used to use a lot of other brain imaging to help me.

Like Darroquan, MR, they didn't really give me as much as I needed because even like you were saying, for example, our patients, when we find out they're so sensitive because their brain is in this fight or flight, then you already know you can't go in there with your traditional protocols of four or five supplements.

And no, you're going to have to take baby steps, but you already are prepared for that patient. And you also do limbic retraining or something to kind of calm the brain before you start digging in there and having people waste a lot of time.

How many supplements are you taking? Yep. Yep. Yep. And then we just keep adding and adding and adding. I know. It can get as bad as all the conventional docs.

I know. I know. It starts adding up. Now, tell me a little bit more about this two-week inpatient initiative, because that's something we often get asked about.

Families want to do that. And tell everybody a little bit, both our practitioners and our parents that are listening, a little more about that. Yes, it's my baby.

You know, it's one of those things I have dreamed of doing, honestly, because I would have a lot of patients who would go to programs and would spend a lot of money and still be ill, right?

Because the programs might have said, oh, we're going to cure you, or we're going to do this, and you will never have symptoms ever again. Well, the two-week neurointensive inflammatory outpatient program You come to me, you know, I've gotten all your tests ahead of time.

So you've gotten iGenX or mole testing and metal testing and gut testing. So I already have that. But then on top of that, you get your brain scan. Okay.

So we can then look at labs, look at your history from other doctors, look at your brain. Cause our goal isn't to be your primary provider. Our goal is to get insight on what's happening to your brain.

And then we structure a very intensive program. May that be hyperbaric oxygen, IV nutrients, changing completely, giving you a more intensive protocol under close observation.

Cause you're seeing a doctor, you know, twice a week or so, maybe more. And you have nurse and IVs every day. You have coaching. My parents always say they kidnap their kids and they kidnap anything but what they bring to the house.

And you're out of mold, you know, if you live in a moldy environment, right? So it's your escape. It's like we all take two week vacations. This is like a vacation for your brain.

And we get in there and we're watching. And so then afterwards, either you go back to your primary provider. We collaborate with that primary provider.

Two-Week Neuroinflammatory Intensive Program

I do consoles all the time or that patient transitions to my care because I'm, I got like a million licenses, probably like 12. Um, and it depends on, I know, I can't keep track, 12 licenses, three kids, triplets, I don't know.

But at the same time, that is really a great, great way, especially for those patients who are not compliant, who, you know, when they get their scan, they're going to need some intensive work.

Cause I've had patients with Lyme and dementia and they had to do IV and AD, hyperbaric therapy. I have patients with real bad Lyme who might require short-term IV nutrients and maybe even short-term IV antibiotics or something, you know, even though antibiotics are a gift and a curse, well, no, if we're treating you intensely for two weeks, let's see how you respond.

Or it can be as simple as just doing IV detox if someone comes in with mold and, you know, closely monitoring them. So we treat everything, right, because we're looking at all the different systems, but then we can get in there and hold their head through the process.

Because it gets lonely and it gets hard, especially when you're trying to treat yourself. You don't know what to take in the morning, how many times a day, how to separate this and that.

And it's just a really a good way to get grounded, get focused, get that two week vacation and get some Cornish loving. Yeah, that's good lovin'. That is good lovin'.

But also, you know, it takes a village. I say that all the time. And what you're providing is a village in a very intensive setting where you can really give the patients whatever it is they need.

Now, are there any age requirements there? I know you mentioned adults. Is there any lower limit? Usually as young as four. I think the youngest patient is four, four to grandma and great grandma.

You know, I've patients I've seen like their whole families get ready to come for the program. They send one first and they're like, wait, I want to go too.

You know, so yeah, the youngest is four because a lot of times those kiddos, they might be able to sit still or do hyperbarics or, you know, get an infusion, but you have to be able to communicate.

If you can't communicate, you know, at four, you're younger, then it might be difficult. Got it. Got it. So going back to some of the things you've talked about, you know, we talk a lot in functional medicine about root causes.

And from your perspective, what are the root causes that you see the most and what are the root causes that you think we miss the most? I would say I commonly see, of course, vector-borne diseases.

You know, I fangirl all the time about Lyme disease, co-infections, mycoplasma. So a lot of patients have that. I also see a lot of biotoxin illness, right?

You know, mold exposure as well. and definitely a lot of, you know, strep, chronic strep, pans, pandas, kiddos. So from an infectious toxic piece, that's what I'm seeing a lot because most commonly symptoms, I'm tired or my mood changed or, you know, I can't sleep.

So, and I think in hormone imbalances, but I think what doctors are missing the most, and I say this all the time, because you have to look at these complex chronic illnesses from a holistic standpoint.

And it's not just about the exotic things we diagnose you with, right? It's about brain stabilization. So I'm looking at your hormones. I think, I don't think enough doctors look at, you know, male, female hormones, look at thyroid, just to make sure that neuroendocrine is optimized, even in kiddos, you know, in teens, making sure you don't have those imbalances or menopause, perimenopause, PCOS, thyroid issues.

So many specialists forget to do that. And it's a challenge. And sleep apnea. I cannot tell you adults and children that I see, and we have patterns on the spec scan even, and even from history, but that are consistent with sleep apnea missed so often.

Like I have patients who are like, I've been treated for X for years. And then they get a CPAP and they're like, okay, Dr. Cornell, I'll see you next year.

Like, oh, I'll miss you, you know? I'm missing you every four weeks, but it was just your apnea suppressing everything, right? So I think those are the two things.

When I train doctors, because I'm a training physician with ILADS, that's one thing I say, don't forget about the basic medical things before we start doing the deep digging.

Because if the person isn't stabilized, then how are they going to respond? And also the gut. People don't look enough at the gut. We get, oh yeah, you have this.

No, what is happening in their gut? Are they absorbing all these supplements that we're giving them, right? And these meds, or do they have a leaky gut?

And we're just like, oh, take more and more. Oh, it's not working. Let me give you a higher dose. But you haven't looked at the gut. So, so yeah, we're saying, I know, you know, all the literature is coming out with the gut and bifidobacterium and, you know, autism and so many other conditions, but you gotta look at those things.

People don't look at the apnea, the hormones and the gut. So listeners out there, make sure your doctor's doing that. Yep, absolutely. I mean, I've had little kids that come in for, I need a stimulant doc.

I got ADHD. And you actually take a sleep history. I mean, they can even do it on their watch, you know, on their phone. You know, it doesn't have to be a huge sleep study.

And you realize this kid is never getting into deep REM. They're not breathing. huge piece. And the hormonal piece, you know, certainly the thyroid, the adrenals, but I think hormonal changes, especially in our teens, are a huge piece that's missed.

Common Root Causes and Missed Basics

Yes. Yeah. And then, of course, the gut, which was my next thing, because, you know, the gut's not the second brain. It's the first brain. And in that intensive and also in the rest of your practice, I'm sure you're talking about nutrition and diet and everything that has to do with the gut as well as everything else, right?

Oh, of course. So in the program and even at our practice, we have a nutritionist and we have a health coach that they work with over that two week period.

So that's like mandatory. Like I said, people kidnap their children and their spouses and like, you can't eat anything but what the nutritionist tells us to eat, especially for these two weeks.

And they get that buy-in and they see how much better they feel. But just in general, what I've started to do, you know, It's like, just like with the brain health, you know, looking at gut health, because like I said earlier, if it is impaired, then what are we doing?

What's getting into your system, right? Is that the reason you're still not, you're relapsing? Is it because your gut keeps changing? But I think one thing we don't do enough as providers, especially those who treat complex chronic illnesses, is tell patients what to eat.

So, I've started creating, because before I'd be like gluten-free, sugar-free, dairy-free, milk-free, this and, you know, paleo or this, but not, it's not a one-stop, you know, suits all when it comes to these foods.

So now what I've shifted to is what you can eat and then try to meet the patient where they are and try to transition them. Like even today, I had a patient, two patients.

One is a great story because most listeners can relate. 16-year-old boy. fast food, Taco Bell was his favorite, then next was something else, and all he ate in the morning was two hot dogs, and he's like, I'm not changing.

So what I had to do was I had to Google fast food alternatives, what things this kid could eat, how he can make it, what are some quick five-minute meals that he can make to take to school, what are some sugar-free alternatives so they can fix themselves.

And that's kind of what I've started to do, is telling people more, okay, you're in penipals, 40 grams protein, 40 grams fiber, minimally. Or, you know, you have tick-borne diseases.

Sure, we want you to be off all the inflammatory foods, but when you're sick… You don't want to cook. You don't want to cook. So it's just a way of trying to help.

I'm starting to help patients to know what to eat and meeting them where they are, right? And taking those baby steps and telling them to forgive themselves.

Because diet is so important. But stress that it can cause on some patients when we get too restrictive, especially with these kiddos that we see. We just got to find that balance.

You got to be creative with patients. to find out what you can put in your body. Yeah, I am so right there with you. I mean, so much of the time people say, all right, gluten-free, casein-free, sugar-free, and the kid and the parents are sitting there, that's like food-free.

You know, they can't wrap their head around it. And, you know, as we know, at least 20% of the kids, and in our practice, it's over 35%, have some type of a restrictive eating disorder.

So we go and restrict them even more. It just, we lose them. We lose the family, we lose the kid, especially the teenagers. And I think that's so important to meet families, meet teenagers, especially where they are.

That's just so important. And finding little changes, like going to a different fast food place, you know, can make the biggest difference. And then they buy in.

like you're saying. They then, you're not just another person telling them all the things they can't do to make them better. You're giving them alternatives that work.

I think that's so important. And I often use the analogy of the GPS. Like at my first visit, I'm telling people, you know, I'm your GPS. I'm gonna direct you down a route based on your tests and your history and your physical exam that I think may help you feel better.

but you're still driving the car, you know? And I can change my route. There are other ways to get there. We just have to be honest with each other as to what works for you, family, you know, diet-wise, health-wise, financially, all of the ways we have to work with people.

So, it's so, so, so important. And you mentioned co-infections. I mean, what we're seeing a lot more up here in the Northeast is a lot more Babesia. And Babesia is a type of parasite.

Is that something you're seeing? And on the spexans, can you drill down at all in knowing the type of infection that's causing that ring of fire or other things?

So, for the first question, yes. Seen a ton of abesia. The more sophisticated abesia testing is out there, like Galaxy and T-Labs. And just, I'll tell you something, when I first, when I merged my own practice, because that's kind of what I did with AEM and Clinics, when I was seeing a lot of their referrals, I was seeing a lot of people who were anxious and just couldn't calm down, may have felt seven or eight, you know, medications for just anxiety.

And a lot of those patients were anxious and they were sweating and they couldn't sleep. And then I'm like, heart's beating fast and, you know, dizzy and like ding, ding, labesia, you know.

And I was finding that those neuropsychiatric manifestations of some of these vector-borne diseases, when you treat them, they go away. You know, significantly they go away.

So I would definitely agree with you that Babesia is on the rise. And I think also I'm seeing a lot more mycoplasma. I'm seeing a lot here too. This winter, last winter was bad.

Nutrition, Gut Health, and Practical Diet Changes

Bad. It was bad because it was warmer. I'm seeing a lot of that as well. But not only that, a lot of the virus is reactivating. Can't forget those. And they're making symptoms of vector-borne diseases relapse because it's just this high inflammatory burden of all these microbes working together to make you feel bad and make you inflamed.

So I'm definitely seeing a lot of that, especially since COVID. Seen a lot of reactivations of EBV. Patient was like, I've never had that. I don't know how many people tell every day, oh, you have this.

Oh, no, I don't. Yes, you do. You've had it. So it's just wonderful to see how often both of us on this coast, what we see and how similar those features are.

Oh, yeah. Yeah. And also, you know, people get overwhelmed when we say, well, you know, viruses and babesia and strep and mycoplasma and all that. But the underlying thing is that what we're dealing with is a dysregulated immune system.

It's not handling any of them. And we have to go in and look at the brain and look at the gut and fix the whole person, not just treat that infection.

I agree. And like even what you asked about the scans and can they tell me the specific type of infection a person may have? No, that's not how we use that.

We use it to more know when we need to dig deeper into toxins or infections because they're classic like we talked about earlier that ring or fire or something called scalloping where the top of your brain called the parietal lobe has what we call like bumpy ridges because of decrease of the tracer material uptake.

Or we might see, you know, trauma patterns. And sometimes I see a lot of patients who go through this. Don't they have trauma? Don't they have PTSD just from being sick and going to so many doctors and just being kicked out their office?

So, you know, it doesn't say, okay, this is a brain with Lyme. It'll tell me this is an inflammatory brain of which I need to do some digging because there's something else going on.

And that's where the detective work comes in. But if, you know, you can do that also, we're clinicians, right? So even before I was reading scans, I was a clinician and we had clues.

But the best part is looking at that brain and saying, yes, this is still an inflammatory process. So let me ask new questions. So I find myself doing that a lot.

Like, oh yeah, I've done the best protocol I came up with. Wait. You're still in play. Okay, I need to change my approach. Maybe I need to ask a different question.

Maybe I need to keep learning and go learn a different topic because we're always expanding here. So that's kind of the way I use that modality as well to let me know.

If their brain scan hasn't improved or if it's really toxic still, then I'm missing something. You know, I need to go redirect my path. So, and I do that a lot with colleagues of mine who send referrals and I'm like, uh-oh, you know, maybe you're missing this or maybe we should think of this.

And it just helps make a great partnership. Yeah, I love how curious you are. And your triplets, by the way. What I saw at one of those conferences, asking all their little questions, they take after their mama for sure.

I love it. I guess what I'm asking is, why is this, particularly vector-borne diseases, still so controversial, still so not understood? From your perspective, because you see so much of this, what do you think it's about?

I think it's just, you know, people aren't informed, right? And that's why having things, you know, like, you know, project lab code or having people speak out more in the media, maybe high profile patients or just have answering the right questions and doing more research to support this is essential.

But I think it's just a lack of awareness. And on top of that, you know, the insurance companies, They're out there. They may not want to pay for all of this, right?

So you have that barrier in front of you. And then just like, we weren't trained correctly. We were trained to only look at labs. We weren't trained to really look at humans only.

We were trained to look at diagnostics and that was the answer. And you're done. So I think now with more doctors and this revolution we have in functional medicine and longevity and all the things we do, I'm just going to wait and

see what happens in the next 10 years.

And I'm sure when we have this conversation, then we're going to say, oh, look how far we've come. Well, that's my prayer. All right. All right. I'll take that prayer right up to the top.

Fingers crossed. And I also think it's that our governing bodies traditionally have recommended things that don't necessarily dig deeper, like, for example, the two-tier testing.

You know, first of all, we're doing a screen that is really meant for surveillance, not diagnosis. And then we're looking at serology, which means we're looking at the immune system's reaction to the underlying infection.

And yet we're saying that immune system is totally dysregulated, messed up, and may not be able to react. We're so dependent on tests, but then we're not using the correct or most accurate tests to find what we're looking for.

Would you agree? And that's absolutely right. And sometimes even the most accurate tests, they have flaws too.

Babesia, Co-Infections, and Scan Limitations

So when I'm treating these complex chronic illnesses, I always tell docs and my patients, I'm using my clinical judgment first, okay? That's what I'm doing.

If it's under a paradigm, and I think that it's consistent with what I see in the literature, what I've read reading and research, because we still are working to find that perfect When we get it, they're going to win the Nobel Peace Prize and everything's going to be happy in the world, right?

But at the same time, we're working so hard, but you got to remember to be a clinician because no matter how many tests you take, something might be missing, you know?

So, and that's why my clinical judgment a lot is brains and exams, right? Because I look at it and before I'm saying, oh yeah, their tests are fine. And I hear that all the time from so many patients, they get dismissed because like you said, that two tiered system and that can be a whole nother podcast for a whole nother day.

The buzz going on all that, because I think your listeners are like, really, how long? But anyway, guys, there are two schools of thought as it relates to testing.

Just find a clinician that's willing to be a clinician and listen to you and do clinical work. Right, right. And you and I, but especially you, are trying to continue to move ILADS forward, the International Lyme and Associated Diseases Society, to try to embrace more clinicians into this world so we can train more to actually think curiously, like you do, to find the answers.

So yes, and it's so great because I joined eyelets about what, 15, 16 years ago. And when I joined, it was so different than what it is right now. It was like the naturopaths on one side, the MDs, DOs on one side.

You know, I always call it a joke. Like I was a chocolate chip in the crowd, but you know, just me like, oh wait. Oh, what's going on here? But now it's so beautiful because we have so much diversity.

We have indies on the boards. We have nurse practitioners, you know, involved and everyone's voting. And we're really branching out to not just we even think about changing our name one day, right?

because we're not just treating Lyme, we're all treating complex chronic illnesses that include Lyme, include mast cell, include gut, include pansympandas, you know, so it's never just this one umbrella of just Lyme, right?

So I think being that I'm in love with this organization forever, as soon as I joined, you know, I was on the board, learning how to raise money in the foundation.

So I had to learn fundraising so we could fundraise and support other doctors and programs that are treating these complex chronic illnesses, you know, and doing conferences overseas in the country.

And then the fellowship program, And something we started this year where we're like people who have been in the trenches or, you know, people who founded the organization, former board members and presidents, certain people who have like dedicated years upon years of experience to this disease and its movement, we give a little certification of which, you know, you're coming along one day, you better just apply, Nancy, you deserve it.

A little pull up for Nancy to fly to be a fellow, but no, she is already doing her thing and fellowing. And then just having that training, you know, when COVID started, I had to revamp our whole training.

So we have physicians, if you pass the LIME quiz at their fundamentals and you want to pursue learning, we have doctors who will train you, called the Physician Training Program, and you can train with them for a month.

And it becomes like a family. I have someone I trained in South Africa. She sends me patients, right? And she's applying those tools to patients in South Africa.

I just had one from Qatar, the same thing. They send me patients, and they take it back to their countries. And it's just beautiful because this is international, but people are so lost when it comes to treating these complex chronic illnesses.

They go to conferences, they're like, what to do next? You got to find mentorship. You got to find leadership. Someone like a Nancy who has a wonderful program or eyelash who has a fellow, just coming to learn and just training.

Limbic System Retraining and Calming the Brain

Because let me tell you something, it's not easy. Yep. Yep. I know. We need more of us. We're working our butts off here. Yes. Yes. I want to go back to something you said earlier, because I think people get very stuck on the limbic system and don't know what to do about it.

So just talk about that a little bit, either from the perspective of the SpecScan or just from the perspective of your treatment. Yeah, so with the scan itself, I mean, even before scans, I understood limbic retraining.

You know, I heard conferences, I heard people preach about it. And I was like, okay, I guess I get it. But what is it? So it's part of the area of the brain.

It's the basal ganglia, you know, the thalamus, among other areas that are really deep. in the limbic system and it keeps you in fight or flight. It keeps you anxious.

Sometimes these patients might have autonomic dysfunction, multiple chemical sensitivity. We know that a majority of our mast cells that release histamine, a lot of them are in the basal ganglia in that limbic system.

So it's like stuck, right? So a lot of times I'll have to calm that down. So one other modality that I use a lot, especially in chronic tick-borne disease patients, is neurofeedback and biofeedback.

It's just a way to calm that limbic system by different signaling. It's programs that you use that's guided by a health professional, and it really helps to calm those brain waves because they're all speaking different languages.

When you have limbic, you want to get those brain waves to work simultaneously. And I even do things like Primal Trust, you know, I first learned about DNRS, that's like neural retraining programs, which focus on calming that limbic system.

They're online, you know, things you can do. I use Apollo Neuro, which is a watch. You know, I might use it. I've had it. Yeah. And I use it, kiddos love it too, especially for the kids, you know, trying to calm that down throughout

the day.

But there are so many modalities like stimulating your vagus nerve, any like things, devices that do that. But it's all about calming. And then on top of that, you have the mindfulness, you have the theanine, you have the ashwagandha, you have the gaba, things that can calm the brain.

And sometimes that helps me lay the foundation. Even in my program, a lot of patients, day one, I'll say, hey, especially if they have a limbic system that's an overdrive, don't you want this to really work?

Because when you're in a fight or flight, when that limbic system is just going nonstop, your brain doesn't feel safe to heal. So I don't know how many, I could have the cheer, which I don't, and your brain is in fight or flight, they don't care.

It doesn't care about that cure. It wants to keep you in a fight or flight so that you feel like you're being chased by a bear all the time, that you can't respond to supplements.

It doesn't feel safe. So you give a person a little bit of something and they're just, you know, very, very sick, adverse reactions. So I think that when patients have been on this chronic journey, this for years, And they're just stuck that looking at that limbic system retraining, it helps.

It helps with the safety of the brain and the human. I've seen that. And I love the way you said that, the brain doesn't feel safe to heal. And that it's just a jumbled mess and this fight or flight keeps them from healing.

So it's another part of that whole body treatment that is really so key. And I can see how your baby, that two week intensive can make all that happen.

I just, I love it. I love it. Yes. So, tell me, I could talk for hours, but I do want to be respectful of everybody's time. And tell everybody how they can find you.

What's the best way for them to contact you? Everywhere knows. You are everywhere, girl.

Finding Dr. Cornish and Final Encouragement

Oh, I don't know how, but no, if you're on social media, it's just at D R dot. And my name is E B O N I hornish all one word. Okay. If you want to look online, it's www dot.

Dr. Ebony, E-B-O-N-I, Cornish.com. Or you can find me at the Aiman clinics and our phone number there is 703-880-4000. That's where you call if you're interested in that scan.

You want the neuroinflammatory part, the program, anything like that that might resonate with you. But I'm here to help. You know, I'm here to educate, even if you have little questions.

That's what we're here for. We're all forever learning. And Dr. Harry, I just am so honored to be here. I've been reading your research for years, even for really understanding PANS and PANDAS.

And you're just leading this field, you know? I bow down, I'm fangirling too. You know, we say it takes a village and it's so good to be in this village with you because, you know, I feel honored that you're giving so much to so many people in this community.

So any last words you want to leave anybody with besides what you've already said? Yes. No, I mean, the biggest thing, because a lot of times when people listen to health podcasts, it's because they're scared.

They want to know if this applies to them. They want to know how to treat themselves. I would just say keep the faith, whatever faith you believe in. I say that to patients all the time.

The best is yet to come. There are doctors that understand this. There is someone who will help you. You just keep that faith and keep going because these diseases can take an emotional, a spiritual, everything, a toll on patients, just a huge toll.

And it can be traumatic, but just know that you can get that support. Just keep trying. Keep staying faithful. And know that that's going to happen. It will.

Yeah. I love that. Well, keep the faith. We have faith in you, Dr. Cornish. And thank you for joining us on Demystifying Pans Pandas. And I'll look forward to seeing you soon.

All right, see you soon and thank you for the invitation. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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