

## Spotting VBD: Key Symptoms Unveiled

**Myriah Hinchey, ND, FMAPS**  
with **Jody Greenfield, DO, FACP**



### **Myriah Hinchey, ND, FMAPS**

Welcome to another episode of the Healing Lyme Summit. I'm your host, Dr. Myriah Hinchey. Today we're going to talk about the symptoms of Lyme disease. This is easily one of the top five most important talks of this summit because Lyme is a clinical diagnosis. A clinical diagnosis is compiled of findings from a physical exam, along with symptoms that are reported by the patient or their complaints, and any other laboratory findings. Lyme disease infects every cell of the body, and therefore it can affect every cell, organ, and organ system in the body. This leads to a multi-systemic presentation of symptoms. It can be very confusing. One of the hallmarks is that these symptoms are often multi-systemic and migratory. They're going to differ from patient to patient. These are infections that like to prey on the weaknesses of the body. Whether it's a previous injury or genetic, you're going to have the infection go there like a magnet. To complicate matters, we have co-infections that cause their symptoms and live synergistically with Lyme disease. The more infections you have, the worse your symptoms can be. A lot of these co-infections have their hallmark or telltale symptoms that can help us tease them apart and figure out what's causing what. It's very important to know what co-infections are there because a lot of them are not treated with the same medications or antibiotics that you need to treat Lyme disease. A lot of times, if you can't treat them all together, there can be a priority or an order in which you would want to approach treatment. Here to help us navigate through all of this information is osteopathic physician Jody Greenfield. Dr. Greenfield is board-certified in internal medicine, and he is a fellow of the American College of Physicians. He's been in practice for over 30 years now, and he focuses on the personalized care of patients with complex illnesses. Welcome, Dr. Greenfield. Tell our listeners a little bit more about yourself and how you came to specialize in treating complex illnesses.

### **Jody Greenfield, DO, FACP**

Yes. Hi. Thank you again. As I said before, you gave me a very nice introduction that I'm a board-certified internal medicine. When we did primary care medicine until I fell ill with Lyme disease myself, I had many unexplained symptoms, and as doctors do not treat very well, I went

from doctor to doctor, till I finally did a lot of research on myself and figured out what I had since I did have Lyme disease. I wound up finding a specialist who treated patients with Lyme disease. Luckily, I got better. I ended up working with that doctor in his office. so I learned much about it and did a lot of research into it. Now I treat patients with that.

## **Myriah Hinchey, ND, FMAPS**

That's awesome. I'm so happy that you found someone who helped you. Not only that, but now this is what you've dedicated your career to, and you're able to help so many other people.

## **Jody Greenfield, DO, FACP**

I enjoy doing it. I see many patients with very complex medical problems. Some of them are diagnosed with other things because Lyme disease can mimic many other diseases. They were treated for these other diseases and didn't get well. It turns out it took a more thorough history and more thorough lab testing. It turns out that many of them had Lyme disease and co-infections. then treating them; unfortunately, it's a very long course, but most of them improve significantly if they stick with the program. That's very important.

## **Myriah Hinchey, ND, FMAPS**

You just gave out one of the very telltale symptoms of Lyme disease. One of the hallmarks, right, is that it's got the symptoms. Then you take a drug that's supposed to manage it, and it doesn't respond at all. Oftentimes, having a response to a medication is a hallmark sign.

## **Jody Greenfield, DO, FACP**

Yes. Very true. In many patients, they used to call syphilis the great imitator, but now they call Lyme disease the great imitator. I've had many patients who were told they had. That's fibromyalgia, chronic fatigue syndrome, Alzheimer's disease, ALS, rheumatoid arthritis, hypothyroidism—any of these things seem like there's something else, but they were treated. There were other problems, and the patients did not improve. end up again doing more thorough history-taking, and thorough lab testing, and it turns out that many of them had these tick-borne diseases and wound up treating them, and they improved significantly or even became asymptomatic. It's very interesting, and it's very important to be very thorough with your evaluations.

## **Myriah Hinchey, ND, FMAPS**

Because we have Lyme disease and the symptoms of Lyme disease mimic and overlap with the symptoms of numerous other diseases, how do you differentiate Lyme from other conditions? Putting the testing aside, we know that testing can be problematic, especially if you're not using a specialty lab. From a clinical diagnosis, how do you differentiate between Lyme and other conditions?

**Jody Greenfield, DO, FACP**

There are certain things you could see. Let's see how Lyme compares to some other things. Let's say someone has arthritis. Let's say, their wrist, they just feel pain in the wrist all the time, and that's it. But many times, patients with Lyme disease can have what we call migratory arthritis. One day, they could have pain in the wrist, and days later in their ankles. A few days later, the elbows. So it moves around. That's one way of comparing Lyme disease to, say, arthritis. Many patients have Lyme disease. Also, they can have pain that could also be migratory, traveling throughout various parts of their body, and patients with Lyme disease, many times multiple parts of their body are affected. They can have arthritis, palpitations, memory loss, and psychological symptoms. There can be many symptoms in the line. The patient typically affects the patient's whole body in many, many areas. They end up going from specialist to specialist for each particular part of the body. But they haven't done you, and they put everything together and try to figure out possibly when a disease is causing these multiple problems in various parts of their body.

**Myriah Hinchey, ND, FMAPS**

It's funny that I say that to patients a lot. I'm like, what do you think makes more sense just from a common sense standpoint? Do you think that you simultaneously have something going on, like a different thing going on with almost every system of your body, or even for systems of your body? Or do you think that potentially you could have one thing going on that's affecting every system of your body? And a lot of times, patients take a step back, and they're like, that makes sense. ?

**Jody Greenfield, DO, FACP**

We find that to be very true. Exactly.

**Myriah Hinchey, ND, FMAPS**

How do you describe your approach to diagnosing Lyme disease?

**Jody Greenfield, DO, FACP**

It's very important to take a thorough history; the patient has an environment where they could have gotten it. I practiced in Florida. Many patients are told by doctors that there's no Lyme disease in Florida. However, I've had a few patients who were veterinary, technicians, or dog groomers. They told me they had dogs from all over the world, and the ticks would kill off the animal's bodies. That's one way they got it. I had a patient who got mulched from their home improvement store, and then you ended up having tick infestations in the home. When he got Lyme from that, there were many ways that someone could get it, even though technically there may not be a lot of Lyme disease in that particular area. There are many ways for someone to still get it. It's very important to take a very thorough history. also do testing for that patient at specialty labs, the regular labs that, the commonly used labs, many times can miss Lyme disease because they don't check as many school bands. and there's testing done at these specialty labs. They look for these labs, like there's a band called Band 31. This band was used when the Lyme

vaccine was manufactured. Most of the commonly used labs don't even test this. That band is called the lab-specific band. If someone has that, that means they're exposed to Lyme and nothing else. The other bands that the regular labs use to test for bands could be Lyme, bacteria, or other viruses, if you use a lab that checks more of these we put specific bands, that help with the diagnosis as well.

## **Myriah Hinchey, ND, FMAPS**

Besides the hallmark symptoms, what are the most common symptoms of Lyme disease?

## **Jody Greenfield, DO, FACP**

There are many symptoms people can have. Like I said earlier, it can affect the whole body. Many times people get migratory joint pain or joint swelling. Some of these people have memory loss or reduced concentration. Sometimes they work reversals. They want to say one word, and the wrong word comes in front of that one. I've had many patients who have stuttering. Just the wrong word comes out. I've had some young patients, even 19-year-olds, with memory loss. Now 19, you shouldn't have memory loss if you have an elderly person. It may not be so unusual, but if a very young person has memory loss, thinking, and concentration problems, or joint pains, they shouldn't be happening in the young person, those are clues that someone should be thinking about Lyme disease. Another thing patients with Lyme disease have is depression or anxiety but it doesn't respond to the usual medications. I had many patients who said they went to the psychiatrist and tried many different medicines. Nothing works. That's another clue to think about Lyme disease. Some of the patients have light and sound sensitivity. Some patients may have carpal tunnel syndrome. I've had many patients with eye problems with eye floaters, experience rapid changes in their perception of their eyeglasses. In 50 years, these people will have ringing in their ears. Many patients have very bad fatigue. It doesn't feel like the usual fatigue from not sleeping enough. They just feel exhausted and wiped out, and no matter how much sleep they get, they feel like they're still exhausted. Those are some of the more common things, I would say. You see patients with Lyme issues.

## **Myriah Hinchey, ND, FMAPS**

Then how would you compare those two symptoms, let's say, of Bartonella?

## **Jody Greenfield, DO, FACP**

Many times, the symptoms can overlap, and it can be difficult to figure out which is which just clinically. However, there are some things you see more commonly with Bartonella patients compared to patients with Lyme disease. In many patients with Bartonella, their neurologic symptoms are out of proportion with their other symptoms. They can have much more numbness, pain, and twitching. You see a lot of that with patients with Bartonella symptoms. They can have even more light and sound sensitivity. In addition, some patients with Bartonella have an unusual rash. It looks like we go straight. Bartonella tracks are lines on the skin. said to be unusual compared to other diseases, which you see with Bartonella. Bartonella, you could also have a lot of GI symptoms like GI reflux and abdominal pain compared to some other

diseases. We put all these things together that can help differentiate between Bartonella and Lyme disease.

**Myriah Hinchey, ND, FMAPS**

What about the Babesia?

**Jody Greenfield, DO, FACP**

Babesia is another important one. When the patients get a tick bite, with Babesia typically, patients could have even more severe fatigue than Lyme disease. Babesia is a red blood cell parasite that sucks the oxygen out of the red blood cells. Patients can get fatigued, especially if they exercise. Many of these patients with just a small amount of exercise can feel wiped out that day or the next day. Many patients with Babesia also have night sweats. Now you can get night sweats with Lyme, but they're typically even more severe with Babesia. I mentioned earlier that it's a red blood cell parasite sucking the oxygen out. Many times, these patients can feel shortness of breath or something we call air hunger. Even just talking to someone, some of these people just feel like they can't get enough air. I've had several patients tell me they have non-automatic breathing. They almost feel like they have to force themselves to breathe to get enough air. This is something that big; a hallmark symptom of Babesia compared to some other diseases.

**Myriah Hinchey, ND, FMAPS**

If you have all three Bs, it's like having all of these symptoms at once, and they're all usually much more severe.

**Jody Greenfield, DO, FACP**

Yes, it can be much more severe. you treat every that complex the more severe symptoms. Treating that one first and having it try to overlap with the other diseases as well. Typically, I would go into treating the patients with the most severe symptoms. Try to attack that first.

**Myriah Hinchey, ND, FMAPS**

Why do you think it's so hard to diagnose Lyme disease?

**Jody Greenfield, DO, FACP**

Unfortunately, the lab testing is not very accurate. As I alluded to earlier, many bands are not that many, but some bands are not tested by the typical labs. The typical test is not very sensitive, which means it doesn't pick up abnormalities in the blood. It's compared to some of the specialty laboratories. The best test for Lyme is if you see a bullseye rash on somebody; that's better than the blood test target. The bullseye rash is only seen maybe burning until you hit 20% to 70% of red. Typically, about 50% of people don't get the rash, and the rash doesn't have to look like a bullseye, although it is solid, and spotted, so it doesn't always look like the typical rash in patients with Lyme disease. There's nothing always the same with it. It makes it very challenging.



**Myriah Hinchey, ND, FMAPS**

I was just going to say, that you made a very good point for the listeners. If you see an EM rash that is diagnostic of Lyme disease, it does not matter what anything else says. An EM rash is diagnostic of Lyme. If you're being told you don't have it because your test is negative, it always goes back to whether you were lucky enough to see that rash, which is 100% diagnostic.

**Jody Greenfield, DO, FACP**

Yes. I just want to make a note that I made another point about the rash. I've also had many patients who went to the doctor and were told that their circular rash was ringworm; however, they were given treatments for the ringworm, but it didn't go away. These patients also had multiple other symptoms that they told their doctor about. The doctor told them not to worry about it, it's a ringworm. Again, it's very important to take everything into account. If you think you're not getting better and something's not right, you should investigate further.

**Myriah Hinchey, ND, FMAPS**

Go with your gut instinct. It's funny what you're making me think of. I had a patient who was on vacation in Florida, and she had an EM rash, and it was. It was, like, hot red. It was about this big. It was right under her bra, and she was having dizziness. She was having headaches. She has light sensitivity. The doctor at the walk-in clinic said, Well, you have some insect bite, but it's not a tick bite because it doesn't; it's not a bullseye. She's like, but I have all of these symptoms. He was like, well, maybe you're tired from, like completely dismissed at, and, it's one of those things that's so disheartening because it's like if the rash isn't there and you get misdiagnosed and whatever, just out of, like, not being educated. But then it's like, here you have the rash, you have the symptoms, you went to the doctor, and you're still being told, well, it's anything but Lyme. ?

**Jody Greenfield, DO, FACP**

Since if you would call that an elderly person and that Lyme disease. It's important to still investigate further if you think something's not right with your body.

**Myriah Hinchey, ND, FMAPS**

How do these symptoms change over time, from an acute presentation down to a chronic infection that someone may have had for decades?

**Jody Greenfield, DO, FACP**

It's a very good question. The longer it's been in someone, the worse symptoms they'll have, and the harder it is to treat, many times like a tick bite. Those symptoms could take days, months, or even years later, so it could take a long time to get so many times people could get symptoms right away. Someone will have what we call flu-like symptoms, like fever, chills, headaches, and a stiff neck. If someone has those right away, they should go to a doctor right away and have it checked up to see if it is Lyme disease or, just like symptoms, it could be the flu. We should evaluate it and try to figure out what it is. But over time, many of these symptoms come and go. For some people, those symptoms do not go away. Over time, it'll come back again, or they'll

wait and come back again. But when it comes back again, they get more and more symptoms, more and more tense. Some patients get one more joint pain over time, there is more brain fog, memory loss, thinking problems, concentration problems, and pain. Insomnia is a big thing as well. These patients get more and more insomnia as well. Symptoms typically get stronger and stronger over time.

**Myriah Hinchey, ND, FMAPS**

As it ravages more of the systems of the body, you end up with more symptoms in more systems and a more severe state.

**Jody Greenfield, DO, FACP**

The longer it's in someone, typically, the longer it takes for them to get better and they're getting treated. Again, think something's not right. It's important to address it and try to get it treated as soon as possible.

**Myriah Hinchey, ND, FMAPS**

Aside from how long the infection has been present, what else do you think accounts for the differences in presentation? I've had patients that have had maybe two or three symptoms; they're not the majority, but it's happened, and then you have other patients where it looks like multi-system failure. What do you think is behind that?

**Jody Greenfield, DO, FACP**

Good question. I'd say nobody knows for sure. But there's some possibility. Some say it could be partially a model. Let's say men versus women. Women are more affected by Lyme compared to men, who typically have more or stronger symptoms. It's genetic. Maybe there's a genetic difference between people. Why would some patients have what symptoms compared to other symptoms? Another thing is if someone has some medical conditions, which we can. Your immune system, then you can make somebody have more symptoms and stronger symptoms as well. Those are some things I would say could cause someone to have more symptoms or some differences. Differences in symptoms.

**Myriah Hinchey, ND, FMAPS**

There's a different species of Lyme. We have this group that causes Lyme, and then we have another group that causes tick-borne relapsing fever. Just in those two different categories, can you talk about the little bit of difference in the way traditional Lyme disease versus tick-borne relapsing fever might present?

**Jody Greenfield, DO, FACP**

Someone is similar. Sometimes, that's one of the things that makes it difficult for some doctors to check for Lyme disease. It comes back negative. Have it. The patient could have tickborne relapsing fever, which can have many overlapping symptoms. and they may not be diagnosed with Lyme disease because they're not checked for that, as most doctors wind up not checking.

But that's the nurse educated in it. However, tick-borne relapsing fever—the word fever—isn't there. Those patients can have a fever compared to the patients with traditional *Borrelia* or Lyme disease, sometimes every few days they'll have a temperature spike. That's one of the ways to tell the difference. Potentially, tick-relapsing fever compared to, say, regular Lyme disease.

## **Myriah Hinchey, ND, FMAPS**

Are there any hallmark symptoms that, based on the different species and what matters when you're treating somebody for Lyme, whether it's *Borelli* or *Borrelia*? Like, does it matter?

## **Jody Greenfield, DO, FACP**

I haven't seen a difference in terms of symptoms or treatment these days; say some strains are from America and some are from Europe. However, there's so much traveling that's going on. There are species all over the world now. and typically where this species is, it seems like the symptoms can overlap and be very similar treatments, pretty much the same. I'd say typically not much different section from what I see.

## **Myriah Hinchey, ND, FMAPS**

Dr. Greenfield, I want to allow you to let our listeners know where and how they can find you. if you have any exciting events coming up that you'd like to share.

## **Jody Greenfield, DO, FACP**

in Florida, and right now I'm doing consults via telemedicine; my website and my office are [getwellmedicalcare.com](http://getwellmedicalcare.com), and I try to have some useful information on Instagram. The handle is @jgreenfielddo on Instagram. Also on Facebook. Get Well Medical Care In South Florida. I have recently done some presentations and sabbatical conferences, but nothing has come up yet. But it will be in the future.

## **Myriah Hinchey, ND, FMAPS**

Wonderful. If you are a summit purchaser, stay here because we're going to dive deeper into this talk about Lyme disease and clinical diagnosis. If you're not, click that button down there so you can come along with us. Let's jump back in. How does the tracking of symptoms aid in both your treatment and knowing when you're pretty close to having this infection resolved?

## **Jody Greenfield, DO, FACP**

That's a great question. Before my first visit, I had patients fill out a very long questionnaire. potential Lyme symptoms. Do you have it mild, moderate, or severe? Is it frequent or infrequent, etc.? That's before the first visit. That first visit, we talk about it at each visit. When the patients come back, I compare their symptoms at their follow-up visit compared to their prior visit as well as compared to their initial visit. Many times, patients will come back for their follow-up visit. Say that there is no change. However, when I go through each of the questions, oh, that's better, oh, that's better too. It's very important to use these symptom trackers to see if there's any change in



symptoms. Hopefully, the goal is to have whatever they came in with and not have those symptoms anymore. After the treatment.

**Myriah Hinchey, ND, FMAPS**

I find it so helpful. I can't tell you how many times I've had a patient come in and say, I'm not feeling any better. Then, like you said, you go through their symptoms, and they're like, I forgot I was even having that. It's like seeing the symptoms unravel and improve in their severity and frequency makes such a huge difference. I have patients come in who are on anti-inflammatories or NSAIDs. They're taking them almost every single day. Their pain level is still a ten out of ten, then it's like, my pain's down to like a seven or an eight, but I'm no longer taking Advil every day. So it's like we have to look at all of these other things. It's like, not only did you have a reduction, but you aren't taking something to control it, which you had been taking for months if not years. and it's funny because if a patient's having a bad day, nothing's better. Things are often worse than what they'll just generally tell you. If they're having a good day, then it's like, I feel good, Even though it's subjective because they're reporting how they're feeling over time, when you have those side-by-side comparisons, like you're speaking of now, that becomes like objective information that you can compare and use to justify your treatment and prove that it's working. That tracking is so important.

**Jody Greenfield, DO, FACP**

Especially because there's no way to test the Lyme disease to see if it's gone away or better. That's, I'd say, the most important thing to check to see if somebody is getting better or if they're not getting better for some reason that you have to re-evaluate. Do you need to change the treatment? This is a way of saying, Should you be changing the treatment or not?

**Myriah Hinchey, ND, FMAPS**

You might just think of a funny point too. I've had Lyme patients who've retested; they just want to retest. They want to do the test again. Most of these tests that we're using are indirect tests. They're measuring the immune system's response. I've had patients come back and say, You've made my Lyme disease worse. I'm like, what? Why? How? You said you were feeling better. I am feeling better. But my antibody levels on my Gen X test. I only had an IND before. Now I have two pluses. It's like, we've enhanced your immune response, which is a good thing. It doesn't mean your load of infection got bigger. To your point, there's no testing that you can do to show that the infection is resolving. Other than looking at things like CRP, which is an inflammatory marker, high-sensitivity CRP, or some of these immune markers, if we've been tracking those, they can show improvement. But it's mostly a clinical picture.

**Jody Greenfield, DO, FACP**

Yes. As I said, Lyme bacteria can suppress the immune system. Some patients will look like they don't have any Lyme antibodies, but there are very few. They said that previous doctors said that they don't have it listed on antibodies. However, they may not be educated enough in that, excuse me, the bacteria can suppress the immune system. As you said, if patients were treated

like humans, their immune systems would be suppressed. So they're making all these antibodies, which they would have had. But now that is suppressed, so is their immune system. Now they can show that they have these antibodies.

**Myriah Hinchey, ND, FMAPS**

What do you think are the most important things for the listeners to know about Lyme disease, from a diagnosis standpoint,?

**Jody Greenfield, DO, FACP**

Let's say the most important things. I would say very important if they have the bullseye rash or a circular rash, especially if they were camping, and if they had flu symptoms. With that, it sounds like they must most likely have Lyme disease, and they should seek out a healthcare practitioner who's willing to treat them for that, or at least evaluate whether that is a possibility. I'd say that's one of the most important things. I would say another important thing is that if someone has sudden-onset psychiatric symptoms as an adult with no obvious reason, nothing bad happens in their life. and they tried many different medications, but their doctor prescribed many different medications for the psychiatric symptoms. None of them get a good response. Another thing to look at is Lyme disease, for sure. and the most important thing is to know your body. Don't give up, especially if you have symptoms in many different parts of the body. Joint pains, palpitations, severe fatigue, night sweats, and memory loss. You have many symptoms. Many parts of the body. Don't give up. Make sure you seek out someone who can help you out. Try to get better.

**Myriah Hinchey, ND, FMAPS**

I'm going to [ialds.org](https://ialds.org). They have a wealth of information. They can help you find a Lyme-literate practitioner in your area. One of the most important things is to get a physician who knows what they're doing, is Lyme literate, and knows how to diagnose and treat.

**Jody Greenfield, DO, FACP**

Yes. Occasionally, I will have some webinars for patients as well. And as you said, they have a section on that where you could seek out a Lyme-literate doctor in your area to try to find someone to address your concerns.

**Myriah Hinchey, ND, FMAPS**

Anything else you would like to share with our listeners before we conclude our interview?

**Jody Greenfield, DO, FACP**

Thank you, everybody, for listening. The most important thing is, again, to know your body and get checked up. Something is not right. And again, I see patients in Florida getting well at [medicalcare.com](https://medicalcare.com). You have this phone if you're interested in calling (561) 113-2869. I thank everyone for listening.

**Myriah Hinchey, ND, FMAPS**

Thank you, Dr. Greenfield. Thank you all for joining us. I hope that this information was helpful and helps you on your journey to healing Lyme disease. Take care.

