

Tick-Borne Illness Global Summit Notebook

Your companion to the replays of all 53 talks

ALI OF THE TICK CHICKS

ALL 53 TALKS

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SUNDAY, OCTOBER 11

The Missing Link: Restoring Identity and Meaning to Improve Immunity and Healing Outcomes

Dr. Tom Moorcroft DO · Integrative Physician & ILADS Fellow, Origins Of Health, LLC

Dr. Tom Moorcroft shares his own long road to a Lyme and Babesia diagnosis and explores how stress, safety, identity, music and community may fit alongside medical care in healing.

KEY POINTS

- Dr. Moorcroft recounts falling ill at 23. Eight years of symptoms and dismissed concerns passed before he was diagnosed with chronic Lyme and Babesia. He reports being free of symptoms for more than 13 years.
- He says healing is a both-and, not an either-or. Medical care matters, and so does what people can influence daily. Illness can also take roles, relationships and trust in the body, which labs do not show.
- Dr. Moorcroft describes the body as a system asking for support. He suggests that stopping the blame toward your own body is a first step, and notes the nervous and immune systems are in constant conversation.
- He describes hormesis, where a modest amount of stress can help but too much harms. He cites over 1500 studies pointing to roughly 20 to 30 percent above baseline, and asks whether a stalled treatment may mean pushing too hard.
- Dr. Moorcroft reviews a small 2023 study of muscle changes after exertion in long COVID. He notes a rebuttal said it did not prove exercise caused damage, and urges taking the findings with a grain of salt.
- He talks about music, movement and community as calming supports. Dr. Moorcroft says this does not heal every illness, that somatic approaches are promising add-ons, and that research results are still mixed.

WORTH REWATCHING

10:51 Seeing the body as a system asking for help instead of a betrayer

18:47 Whether a stalled treatment means failure or pushing the system too hard

60:12 Closing question: one small act that serves your future self

IN THEIR WORDS

> *"What's one small act that you can do today that's going to serve the future version of yourself?"*
>
> at 60:12

NOTES AS YOU WATCH

DR. TOM MOORCROFT DO · YOUR PAGE

QUESTIONS YOU MIGHT BRING TO YOUR OWN DOCTOR OR CARE TEAM

- How can we tell whether a flare is a reaction to treatment or a sign I am being pushed too hard?
- Could pacing and gentle, gradual increases in activity fit into my plan?
- What supports for stress, sleep and connection could sit alongside my medical care?

TAKE A MOMENT

Where in your day do you treat your body as a problem to solve, and where as a system asking for support?

What is one part of yourself that you miss the most, and what small step might move toward it?

MY NOTES

FRIDAY, OCTOBER 9

When Infection Reaches the Brain: Lyme, Bartonella, Autoimmune Encephalitis, Seizures & Neuropsychiatric Disease

Dr. Pamela Cipriano · Founder & President, The Practice of Health and Wellness

Dr. Cipriano, a nurse practitioner, explains how infection and the immune response can affect the brain, and why a careful history matters when symptoms look psychiatric or neurological.

KEY POINTS

- Dr. Cipriano explains that the same illness can look very different from one person to the next, including seizures, memory decline and hallucinations. What the brain is doing does not necessarily explain why.
- She describes Lyme and Bartonella as behaving differently. In her explanation, microglia, the brain's own immune cells, can become overactive, and the resulting inflammation signaling can disturb how nerve cells work.
- Dr. Cipriano is careful about limits. Evidence is lacking that having two infections always worsens brain effects, and brain inflammation does not automatically mean autoimmune encephalitis.
- Dr. Cipriano says someone arriving at an emergency department with psychiatric symptoms goes to psychiatry, which is sometimes right. Yet a psychiatric presentation does not necessarily mean a primary psychiatric cause.
- She shares four anonymous cases of teens and young adults. In each she worked with other specialists and started treatment very slowly. In one, a young man told his mother he felt normal for the first time in 10 years.
- Her closing advice to clinicians: take the history, do not stop at the first diagnosis, and keep asking why symptoms began.

WORTH REWATCHING

01:31 Why symptoms alone do not reveal the cause

07:04 What happens when brain symptoms arrive in an emergency room

37:18 Her summary of why infection and immunity may be missed early

IN THEIR WORDS

> *“Don't forget the history, and don't forget to ask why.”*
>
> at 38:09

NOTES AS YOU WATCH

DR. PAMELA CIPRIANO · YOUR PAGE

QUESTIONS YOU MIGHT BRING TO YOUR OWN DOCTOR OR CARE TEAM

- If my main symptoms are mood or memory changes, what medical causes should be checked alongside psychiatric ones?
- Would testing for infection or inflammation make sense in my situation, and what could the results tell us?
- How can my neurologist, psychiatrist and primary care provider coordinate my care?

TAKE A MOMENT

If you wrote your own health timeline, what moments would you want a clinician to know first?

Have you ever felt that your symptoms were explained too quickly? What would you have wanted asked?

MY NOTES

THURSDAY, OCTOBER 8

Lyme and The Pediatric Brain: How Vector-borne Infections Affect Our Children

Casey Kelley MD · **Integrative Medicine Physician, Case Integrative Health**

Dr. Kelley explains how tick-borne infections can look different in children, often appearing as mood, behavior or sleep changes, and why testing and treatment need careful, individual attention from a child's doctor.

KEY POINTS

- Dr. Kelley reports that about a quarter of reported US Lyme cases are in children and teens. She says ages 5 to 9 are affected most, perhaps because they play closer to the ground.
- She says symptoms can look behavioral instead of infectious: sudden rage, anxiety, OCD-like behaviors, refusing school, sleep changes, or bedwetting in a child who was dry, sometimes with joint pain.
- Dr. Kelley explains that a child's blood-brain barrier, a tight shield between body and brain, is not fully formed. She looks for combinations of symptoms because no single sign settles it.
- Testing is tricky, she says. Standard antibody tests can look falsely negative in children, and one test does not rule out infection. She also stresses asking about co-infections.
- In her experience, Bartonella can bring sudden explosive rage, and Babesia can bring air hunger or a feeling of watching life like a movie.
- Treatment is individualized and guided by the child's doctor, and her talk does not replace medical care. She also suggests calm talk about ticks: check, remove, no shame.

WORTH REWATCHING

06:41 A case example of a child whose symptoms were missed

13:15 Bartonella and Babesia symptoms in children

34:02 Her summary of key take-aways before questions

IN THEIR WORDS

> *"I think it's an awareness, just talking about it, just having it be part of the conversation, so it's just normal."*
>
> at 42:23

NOTES AS YOU WATCH

CASEY KELLEY MD · YOUR PAGE

QUESTIONS YOU MIGHT BRING TO YOUR OWN DOCTOR OR CARE TEAM

- Which combinations of symptoms in my child should make us ask about tick-borne infection?
- If a standard Lyme test is negative, what else could we consider or retest?
- How would you decide on treatment, and how will we watch for side effects?

TAKE A MOMENT

What changes in mood, sleep or behavior in a child you know have been hard to explain?

How do you talk about ticks and outdoor play in your family?

MY NOTES



Keep watching

Every talk is on replay with the VIP Pass until May 8, 2027.

tick-borne-illness-global-summit.thetickchicks.com

And my next summit, **The Neuro Turnaround Summit**, is coming in 2027.
Join the waitlist to be amongst the first to hear.

elevated-life-summits.thetickchicks.com/coming-soon/

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