Introduction and Guest Background

Welcome to another interview with the Miss Autoimmune Summit. I'm Doctor Terry Walls, your host, and my next guest is Doctor Christine Schaffner. She's a board certified naturopathic doctor who has helped thousands of people recover from chronic, complex illnesses through online summits or spectrum of health.

Podcast and a network of eminent health clinics and renowned online programs. Doctor Schaffner goes beyond biological medicine, pulling from all systems of medicine's healing modalities, helping patients reclaim their wellness, reveal their brightest light.

She's completed her undergraduate studies in medicine and psychology at the University of Virginia in Charlottesville. Went on to earn her doctorate at first year University.

So welcome, Well that's good. Shaffner, I'm so glad to have you here now. Well, what I'd like to start with is your, overview of how you would handle the multiple sclerosis patient that comes in to see you.

Yeah, absolutely. Doctor Wells, and thank you so much for having me. So I have an active practice and I see a lot of people who kind of fall through the cracks of conventional medicine.

I think conventional medicine is amazing. But with this, these chronic issues, we really need to open our lens to a multivariable multi systemic model.

I want to take a moment to also just talk about, this label we say called terrain medicine. So no matter what kind of chronic condition that is in front of me, I going to come back to my bio regulatory naturopathic roots that the body is why the body knows how to heal and knows how to self-regulate.

And if somebody is sick, there are obstacles in to that self-regulatory capacity and healing.

Terrain Medicine and Brain Microbiome

So when we really think about neurological illnesses, we can talk about terrain health for a moment. So terrain health is an empowering view about health.

It's not that we're just destined to our genetic blueprint, but we can change and form and optimize that. We can also, strengthen and empower our bodies.

No matter what condition we have, we can increase resilience and, just kind of communication in the body. And, kind of the more granular, we can decrease microbial burden, increase toxicity.

We can also deal with emotional trauma. And also maybe even ancestral trauma. So all of those things, you know, are very high level overview of make us who we are.

We all have our own personal health journey and health story, and we really dig into time for what makes somebody all of a sudden seem like they have a diagnosis, when maybe there were years in the making of this time.

So with that understanding and backdrop, when we think about neurological illnesses, there are many directions we can go, but let's just kind of focus on that once.

And that's there is a we myelination that happens. There's different types of arms obviously. And there is this whole idea of looking at the terrain of the brain.

So we've learned that the brain has a microbiome. We know that there are routes that lets us stop for a moment. I think that's a really intriguing point for our listeners.

The brain has a microbiome. The brain is not sterile. So what what's in this microbiome, of my brain and your brain? And how would it be different for the most patient compared to, a healthy non MST patient?

Yeah. Great question. So, I want to give credit to doctor Mark Ruggiero, who taught me that the brain has a microbiome. And I think, science is continuing to catch up.

When we were in medical school, different types of medical school. But we learned that there was, you know, we've always had this is the brain, you know, sterile.

We've learned that there's a balloon that existed in the last, you know, ten years. So they were learning, about the brain more and more. So this idea that the brain is not sterile, just like a gut microbiome, that we have a balance of, keystone zone and kind of commensal flora and the, the gut that have essential functions like creating nutrients and supporting our immune systems, supporting neurotransmitters.

We learned that there are different types of microbes. There's still vast amount of knowledge that still needs to be studied around this, that have a supportive functions for neurons and for your cells.

So that's kind of our resident microbiome that we've learned. And it can help improve function of either one of those types of cells. So in the so I know that this is such an important concept I want to be sure our listeners are following.

So we've we've accepted pretty well that we have a microbiome that helps us digest food and make important molecules that gets into our bloodstream, that help regulate everything else that happens in our bodies.

Did I just hear you tell us that there is a similar structure of bacteria living in my brain that help my brain function more optimally? Yes, you did.

And I think, honestly, doctor was working to find out that every system and every tissue in the human body has a relationship to microbes. You know, I think that's just going to be, you know, common sense at some point in science.

And the brain is just this, you know, new frontier to understanding this, because it's so formed from the thought that we were taught for so long. But it's it's very understanding, you know, I think that, well, we I have another question as a scientist.

So how did we figure out, get the brain tissue from healthy people to figure out that there are microbes there? And how do we get the brain tissue from people with air mass to figure out there's maybe a different set of microbes?

Yeah, that's a great question. You know, this is kind of been, you know, I think, research, models have evolved to look at living systems rather than dead systems in science.

And that's when we have all of our thoughts around the human body.

Microbes, Neuroinflammation, and Brain Access Routes

I can give you this study after this talk to show you, specifically the one I'm thinking about. But they use I've been believe, kind of some type of timeline, to visualize, the microbiome, in living brain.

And so that is, you know, through fluoroscopy that they could tag and identify these microbes. And so there's a different you know, there's a lot to understand again.

But the hardest part about science is we learn, you know, we've all you know when you become a doctor you have

to cadaver. There's a lot of, research on, you know, dead systems.

And I think that's where we missed this whole other ability to understand the body, which is evolving more and more as technology and imaging and, you know, camera technology to get into the brain.

Different, you know, technology and, and so forth that can evaluate this. So I'll, I'll get you the research. Terry, this will be super interesting. Yep.

Yeah. I would love to show you that because it's, fascinating. And it lays the backdrop for kind of, you know, really looking at the microbiome of the brain and how it can get imbalanced or dysregulated when we have a neurodegenerative disease or, any kind of cognitive impairment or any neurological illnesses.

So, with that being said. So let's just accept, you know, we're learning about the brain microbiome. Huge new thought. We have neurons that communicate in the brain.

We have different immune cells or glial cells that help to regulate the lymphatic system, as well as also the immune system and kind of control and, upregulate, inflammation.

And when times of stress. And then one thing that I think a lot about are the different ways into the brain. Right. So we think about the brain having this, you know, Great Wall of China blood brain barrier, but also when you're sick, that can be maybe more permeable than it's, you know, supposed to be.

And that there's some thoughts about is it really as, definitive as we've learned. And so when I think about anybody who has a brain issue, I also think about their whole cranium.

I think about the health of their neck, you know, do they have chronic, you know, inflammation in their neck that they had whiplash? Do they have, a, you know, a propensity to instability and their ligaments in their neck.

And that's affecting, you know, their whole, outflow of cranial nerves that are coming out of their foramen up to their neck. Yeah, they're at that, their occiput, rather, that affects their neck.

I think about the flow of lymph in and out of the brain. I think of the flow of blood in the brain. I also think about these other areas that have five, which microbiome activity in the sinuses and in the mouth.

We know that the mouth has an oral microbiome. We know that we had, counselor tissues that have, you know, microbiome, we know that can be imbalanced by either for, dental care or conventional practices that lead to more toxicity.

We've also isolated different microbes in the mouth that can migrate to the brain and can be related to, Alzheimer's from different, you know, basically, spirit keeps in the, in the mouth.

We know that when people have mold illness and get colonized in their sinuses with mold or bacteria, there's a ton of neuroinflammation. So there are high ways into the brain through that.

Before in plate and, sinuses for the tonsils. And I believe through the cranial nerves that kind of they can be five ways for microbes to go back into the brain through the cranial nerve pathways.

And imagine you're talking about microbes that are not the helpful ones. Yeah. Yeah. Totally. Exactly. Thank you for getting us up to speed there. So we have, you know, whenever we talk about microbes, there's a normal state and then there is a, for lack of a better word.

And despite state. Right. And the this and for the listeners, despotic means not helpful. Yeah. Totally. Right. So, so there are many things can happen.

So if you go back to terrain medicine, we always ask why there's just biotics. Like why is there a vulnerability that

unhealthy, microbes flourish and when they should be, you know, in a normal, unhealthy state so there can be toxicity?

Definitely. Heavy metals play a big role in that. And should microplastics have more of a role than we ever could imagine, aluminum has a very high charge that loves to cling on to neurons.

So that can also, change environment around, nerve cells or even in their tissues. So what I'm getting at. Okay. Okay. So we have this, idea that the brain has a healthy set point of microbes, and then we have high ways for unhelpful bacteria to get into the brain.

And then we can also think about the top right access. Right. So one of those cranial nerves that I talk a lot about in my practice, especially in a post-Covid world where most of our vagus nerve is full of spike protein, at the vagus nerve, basically, is a highway to the heart, the lungs and the gut, and it's bidirectional.

So actually, 80% of the highway from, on the vagus nerve is from the body to the brain, not the brain to the body.

Dysautonomia, Vagus Nerve, and Long COVID

So the brain is sensing and, observing and getting delivered information that what's going on in, you know, these tissues and making, you know, decisions about how to regulate inflammation and neurotransmitter production.

And it's very, very common in any chronic condition to have what we call a, and on the vagus nerve imbalance, you know, that can be part of so, this autonomy, a very common for people with multiple sclerosis and, for people who are symptomatic after long Covid.

Yeah. Can you explain to our audience what does some of the symptoms of this problem with the autonomic function? Yeah. So we really focus on the vagus nerve because it's a big, kind of switch between our parasympathetic and our sympathetic nervous system, which is a, big part of, where there is, the dysfunction lies with this autonomia.

So these patients I agree wholeheartedly, Terry, that I see, I've seen these patients for a long time with Lyme disease also after the Gardasil vaccine.

And, then we had long Covid. And so with long Covid, what happens is that this vagus nerve, there's kind of, two factors you can think about inside the nerve.

There's many more than two factors. I should say that we know that spike protein can get into the, vagus nerve and SARS-CoV-2 can get into the vagus nerve.

So there's a load issue, like a viral load issue that affects function. We also know that the, vagus nerve is surrounded by a lymphatic system that if it's, overwhelmed by virus, can get inflamed and that, those lymph nodes can also the, viruses can migrate to the vagus nerve.

We also it's a very emerging part of the practice, especially in the last 4 or 5, six, seven years, is the health of that in the South. And that cell is huge.

And the regulation of our immune system and mast cells wrap around there, hang out in the connective tissue around nerves. So if they are triggered, they can throw out something called histamine or 200 other chemical mediators that can, create enough inflammatory response.

So with dysautonomia, there are all these layers. There's also Lyman co-infections. It's a big one Terry. Especially the so infection Bartonella loves to create a pattern of disorder in the body.

So these patients are often dizzy. They have low bone low blood pressure. They have a ton of heart palpitations when they, go from standing, their heart, their resting heart rate goes to over 100, 120, 140 beats per minute and

have anxiety and digestive issues.

They have, inflammation. They sometimes have insomnia. They have, you know, I'm sure some of them have lung symptoms. And overall, you know, a feeling of fatigue and, you know, have, you know, if I missed anything, please, you know, and, for the listeners, this is fairly common.

In, multiple sclerosis, you may not have all of those. This, I don't know me is, but you certainly can have more anxiety, more difficulty sleeping. Cold hands, cold feet.

And so that's a milder version. Very, very, very common with our Ms.. Yeah. And having a low heart rate variability. Yeah. So now, when you, find your Ms.

patient with some of these symptoms of the disorder. No, ma'am, which may not be as severe as what happens with long-covid. But still, I can be troubling.

What are some of the things that you do for that? Yeah. Yeah, there's, very a lot of them, actually. So, one of the things we do is, we start draining the lens around the neck and the vagus nerve.

So we, you know, either use manual, self massage, these stones that are called glass shards, there's more handheld vibration controls that help to vibrate the lens and frame the lens.

Different creams that are lymphatic drainage or even castor oil. So some type of lymphatic drainage, support is essential for the neck. We also support the production of acetylcholine so that the acetylcholine, which is the neurotransmitters that the vagus nerve uses to communicate that acetylcholine can be, produced, so that we can mitigate that, you know, stress, handling the nerve.

So that's you using forms of B1. So that could be thiamin hydrochloride. That would be benzo time. And I love a product called Harrison Class that Diana Driskell created that has thiamin hydrochloride Parisienne.

And that's the title choline support works very well with my patients. We use antihistamine strategies. So some of some people, that would be quercetin.

Other people, we do a combination of H1, H2 and natural stabilizers. So, you know, we kind of stabilize those mast cells so they're not going to throw out their mediators.

Interestingly enough, I kind of look up every kind of receptor on the mast cell and practice because I'm like, is this working because the mast cells are stabilized.

So there's some other key nutrients that can help to stabilize the mast cell and also help people feel calm. Gaba is one of them. So now cells have Gaba receptors.

There's also a connection between the adrenals and this autonomia. And people can have low, salt in their body. And so they're not going to have the blood volume to get the blood flow, throughout their tissues.

So we'll give people high salt, electrolytes, which not only helps blood volume, adrenals and the side effects, but the mast cell is happier when there's sodium.

Potassium balance is in, you know, if they're in a low salt environment. So are you giving them, like, a, Morton light soul to get, I mean, potassium.

Yeah. I like, element or relight. Element has, I'm not affiliated with them. They have 1000mg, and you can they're very forthcoming. They're like, here's the formula.

You can make it on your own if you want. It's 1000mg of sodium, which is higher. There's a very high salt. Electrolyte compared a lot of what is on the market, 800mg of potassium and then, 80.

Oh, no. Sorry, 200mg of potassium and 80mg of magnesium. So I saw good analysis of potassium as well, which we know that needs to be imbalanced. So those are very helpful for, you know, these the southern army of patients.

Treatment Approaches for Autonomic Dysfunction

And then if people have a lot of heart palpitations, I'll give them, doctor Tommy towel and stroke fan. This. It's a beautiful herb that helps to put the parasympathetic control the heart.

And people's heart palpitations go away very quickly. And then my brain is like, okay, do they have a long Covid trigger? Do they have a Lyme trigger, you know, at this biotic trigger or wires?

Why is their vagus nerve, not functioning? It's often a combination of Covid Bartonella and it could be other things. There can be other viruses too. But these are the big ones.

And then there can be, you know, gut infections that are keeping the vagus nerve. Right. So yeah, you must do it in a value. Of course, you do an evaluation to understand the the terrain, the timeline and the triggers.

Yes. Yeah, definitely. So people can do lab testing. I'm pretty, seasoned in this work so I can pattern recognize very well at this point. And so people spend all their money, I'll be happy to have, you know, just if they're, that they're trying to learn what works, we can do that, too.

But vibrant has a very good test that can kind of take a big swath of what infections can be. And then in lab core, I'll do a spike protein antibody dilution to see the amount of spike protein, whether somebody or or just have the, you know, Covid infection.

They, you know, everybody breaks down or, you know, eliminates, spike protein to a different degree. This is very anecdotal, clinical observation, but there is some truth to it that I, I see in practice.

So there could be people could have like a 600 that's fairly low or over 25,000 antibody dilution of spike protein. And that gives me a degree of like how big of a problem this is and how much do I need to support their vascular system.

You know, not have fibrin in their blood, you know, do a whole cardiometabolic workup so that if they have a genetic propensity or a family history of cardiometabolic, that, you know what, my patients are not going to get, you know, working to prevent, you know, strokes and heart attacks and, you know, my office.

So, and then, I like vagus nerve stimulators. I feel that they do work when you're working with kind of all of these factors. They're not just like an A solution on their own, but they absolutely can get, people relief.

There's an FDA approved vagus nerve stimulator called Gamma Corp. It's approved for migraine headaches, but you can sometimes get a prescription from your doctor for this.

They're direct to consumer vagus nerve stimulator is gamma core. And then there's another one that's like an ear clip called vagus donut. And then there's kind of some more biohacking tools like Apollo where it just whatever works for you.

I'm not, you know, what works for one person doesn't work or you just have to use it regularly. And when people get the vagus stimulator on board and light and, you know, with everything else, I hear they sleep better.

You know, they definitely sleep better. Lowers their inflammation and sometimes anxiety goes down. So so this this can certainly be a very helpful tool as I'm thinking about, just how many of my patients, you know, have evidence of, poor parasympathetic tone called hands, poor heart rate variability, insomnia, some level of anxiety, in that I probably just described, easily a third to half of the population now.

And that would be probably nine out of ten of my patients who don't even have a but are dealing with some form dealing with all those things. Yeah. And so some we, we went through some that now this is a real thing.

Your conventional neurologist probably can't help you as effectively as somebody who understands the vagus nerve and can help you more thoroughly. Evaluate how well your vagus nerve is working.

And, there are some tools, to make sure that I'm good at one. I forgot within, your if you have your atlas out, that can affect your, vagus nerve health.

So that is the, vertebrae that your head sits on. So if there has been an injury or, you know, you're vulnerable to that, you know, a good Nuka or Atlas orthogonal chiropractic care straight down in your team.

That can really help some people. So seeing a chiropractor to evaluate the alignment of the circle. Yeah. Bones in your neck. Yeah. C1 and C2 are the most important with the Atlas.

Yeah. So that and, would a regular chiropractor be able to evaluate that and take care of that or actually.

Upper Cervical Issues and Finding Care

But you would really want to seek out it's called Nuka and use GCA or Atlas Orthogonal. And those are going to be the chiropractors who specialize in the upper cervical spine.

Okay. Yeah I know, I know I'm of information overload a little bit. But let me just say one thing because this could help somebody out there listen to I've seen more in my practice since Covid has been around that, some people have more loose ligaments and that can be from whiplash.

Repetitive injuries line in your neck for 20 years. It can be from, you're on the spectrum of, Ehlers-Danlos, a college and deficiency. And they're like a handful of brilliant people in this country who can evaluate your neck.

So if you're not getting better with all the things I'm saying, that, you know, really another step would be to get imaging to see your cervical, the ligament stability.

And then if there is any compression of your brain stem from loose ligaments with, your cervical spine, that's called cranial cervical instability. There's a ton of information online about it, but these are kind of the zebras.

Terry, the people who've tried everything not been able to help. And there's a lot of them out there, unfortunately. So, they've educated me over the years.

And I just want to share that because it could also help sometimes, you know, pathology because, you know, again, we need all of these things to be working well for our neurology to be healthy.

Absolutely. Well, this has been, you know, just a wonderful discussion. And, a new perspective that I'm sure many of our listeners have not heard about or considered and are probably not hearing in their conventional neurology clinics.

So thank you so much. Now, Doctor Schaffner, how do people find you? So you are seeing patients? I am I am excellent. And so if the listener is like, wow, this sounds like, pretty interesting, I'd like to investigate these issues more thoroughly.

How do they find you? Thank you. I'm in Seattle, Washington, and we see patients all over the world, but not, my clinics called eminence with an eye health.com.

You can also just find me at my name, doctor Christine schaffner.com as a podcast, like, Terri as well. And you can find me at the spectrum of health.

That's something. So. Okay. Well, thank you so much, Doctor Schaffner. This has been absolutely wonderful.