Introduction: Stories, Models, and Aging

Don't fall in love with a model. Okay? People do this all the time. Their models, their stories. We don't know how this thing works. This body of ours. Nature.

We know we can build bridges. Okay. And you know. And all engineers would probably pretty much agree that this is a stable bridge. You know, if you gave them the mathematical formulas.

Doesn't work like that in the body. We don't have the we don't have the handbook. We're making it up. We're making up stories to explain our observations.

This is doctor talks. Welcome to another episode of Reverse Inflammation Summit. Body and Mind Longevity Medicine. I'm your host, Doctor Stephen Sideroff, and I'm very pleased to have Doctor Eric Gordon with us today.

And the topic we're going to be talking about is aging as another chronic illness. So, Eric, it's such a pleasure to have you here. But thank you. Thank you. It's a pleasure to be here.

And I love the topic, as I think I was telling you to begin with, I'd always, I've always focused on, illness rather than on wellness. Because I never really knew for sure how to help the individual for wellness.

Because it's so individual. Well, when somebody was ill in the, it gets clearer and crisper the areas that need support, but, and but after doing this for a long time, I've come to learn a lot about what I think also, is involved in staying well and in healing.

So, so let's, let's, let's get started with your perspective on aging and how you see that, and how chronic illness fits into that picture. Well, you know, when I focus on the inflammatory part, you know, and I'm sure every story about aging is, has validity, okay.

It's like, I mean, I said, one of the things I emphasize is what we'll talk about today is something called the cell danger response. And all these concepts that people use, whether it's, you know, in the old days, it was the oxidative stress theory or, you know, free radicals or they're all valid.

They all inform us of an aspect.

Inflammation and the Cell Danger Response

To me, why I focus on inflammation is because, it's the way the body tries to protect itself is inflammation. There's nothing wrong with inflammation.

In fact, that's why I found the cell danger. Story, if you will. That doctor Robert Navios, has published, you know, has put together and helped really teach the world a little bit about as, as so useful because it lets us understand that many of the things that we label as pathologic are only pathologic, because they're unrestrained.

Okay. The healing mechanism is inflammatory. Okay. It's just that it should be a, a cycle. You should start inflammation, and then we slowly resolve it and go back to a more steady state of, you know, just preparation, and healing, but, you know, not active inflammation and all chronic illness is persistence of inflammation in some tissue, in some organ, you know.

Well, you've you're you've mentioned a couple of times the cell danger response. Can you explain what that is and how it plays a role in this picture?

Well, it's a concept. It's not a thing. I always like to start with that because it's a concept to understand, how the

mitochondria, which everybody thinks about as the energy producer of the cell, is actually also the modulator of, of inflammation and healing in the cell.

But so and it's just to understand, I think the, the best way to step back is think of, of of healing on, on the, on the everyday level. You know, when we during the day were busy, you know, eating and at night were busy kind of like breaking down tissue a little bit and, and trying to recover from the day stresses.

Okay. And so that's, that's a way even during that time the cell your, your cells are involved in transient inflammatory, episodes, you know, you, when you get sick.

And this is where the cell danger response comes in when you're sick, those transient, episodes of breaking down tissue and rebuilding tissue become much greater.

I always say it's the difference between, you know, patching a hole in your wall. Like where a picture was, and calling in the contractor to rebuild the whole room, you know, to tear it down, see the cell vent responses when you're tearing down the room and rebuilding it so that it it's broken down into three phases, and three phases reflect the three, the three types of of mitochondrial function.

Okay. Because people think of the mitochondria as creating energy, you know, through ATP and the electron transport chain. And that's what they do. When the cell is functioning, is functioning normally, but when there is, danger of viral infection or trauma or a toxin or really anything, the first thing the mitochondria does is it senses that it's not getting all the raw materials and the electrons that it's supposed to, and it begins to brown out.

It begins to actually make less ATP, and it begins to do something very special. It puts ATP, it increases the amount of ATP, which is the energy currency of the body on the cell surface.

And at this point, ATP, instead of being used for energy, is being used as a signaling molecule. Okay. Just like when people think of hormones. Well, this is a local hormone, a very power plant effect, a very local effect.

But it signals that this is a cell that sick, which will call in the immune system and inside the cell once the that mitochondria is making less oxygen, I mean is, is making less ATP.

It's also using less oxygen. And this makes more oxygen in the cytoplasm, which creates what we've always called oxidative stress. And everybody thinks oxidative stress is bad, but oxidative stress is lifesaving.

If it's transient okay. It's what lets your cells kill things inside of them. You know, it's very important. But if you stay there, you begin to have chronic inflammatory diseases.

So that's the Cd-R one where you're having the, the acute, viral infection or trauma, you know, and both of these involve calling in the innate immune system, the cells.

So the cell danger response is a response to a dangerous situation of biochemical dangers, biochemical situations such as a toxin. Yeah. So just anything see, that's the point is that it's not it's an overriding story.

See it? I mean, you can go into the weeds and bring it down to very, very specific biochemical details, but what it does for us is it gives us a story.

Functional vs. Pathological Illness

And I love we need story because, when you try to understand health and, and wellness as well as chronic illness, you need a story. When you try to just understand things at the very deep biochemical levels, you're always going to be wrong because we don't I mean, if you read the literature, you quickly drop into a morass of acronyms and, and proteins and genes that we still don't really understand what they do.

But it gets it sounds very much like people know what they're talking about. But at the end of the day, the

complexity is overwhelming, you know? So to really understand that, we need story.

And and I think before we there's more to this Cd-R much more. But before I go into that, I think it's because people it's too easy to get lost again in the detail.

You know, let me talk about a little more overriding picture that I think people will understand easier. Okay. And that's the difference between, what we call functional illness and pathological illness.

Okay. You know, in in medicine, functional illness is things like irritable bowel syndrome. You know, where, the tissue isn't broken. Okay. You know, you can scope somebody with irritable bowel, get a colonoscopy, they look in there and, you know, it looks normal.

Okay. You can have a lot of pain, a lot of diarrhea, a lot of constipation. But the tissue looks normal. So we call that functional illness. Now it used to have a little bit of a, you know, not such a nice meaning to it because it used to functional, it used to be the polite word that doctors used to suggest that it was psychological.

It was all in your head. In your head. Right? Yeah. I mean, we want to remember that everything is in our head. So there's no such thing as, I always tell people you can be.

I've known people who've been severely anxious their whole lives, and they're not sick at all. You know, when you get really ill, you will get more anxious often.

But you didn't get sick because you're anxious. You know, that's one of the great fallacies of, of, of of medicine, I think, is to think that the psyche will, will allow illness to persist.

But I don't believe it really will create it. It takes usually a bunch of other stuff happening at the same time. But anyways, I digress. Usual, right?

But we can get into the the role of stress in this process. But let's get back to your right. Exactly. You will have to ride herd on me. I have a, I'm able to go lots of different directions very quickly.

So getting back functional versus pathologic because this is to me the key understanding of why I believe inflammation is about aging. Okay. Is so in functional illness is the it it's a whole body process okay.

Pathological illness is local okay. You can identify the injured tissue. That's what medicine has focused on for the last at least 100 years because we got really good at it.

Okay. And especially, you know, I always say, not not that I, but many people have felt that, you know, medicine, has been led by our experience in warfare.

And that's why our ability to heal trauma is so amazing, you know, or to to not maybe heal it, but to least treat it. Okay, so that's pathological illness.

The tissue is broken. Or you have an ulcer. The tissue was destroyed. You have a heart attack, you know, it's a local area. And in that. And so that's the CD1 in a way that local tissue destruction.

Okay. Because and, you know, when you have that destruction, you have to get rid of you then have that CD one which begins to, call in the immune system and you begin to chew up the dead cells, and then you get into CR two, which is when you have to call in, stem cells and growth factors and begin to rebuild tissue.

Okay. And so that's two local okay. And then you get to CD three where that cell has to mature and the cell membrane has to normalize because in CDR one you harden your cell membrane okay.

Because you want you want to you want to prevent egress of, of the viruses or and you also want to prevent other bad things from getting in. But in CD3 that cell membrane is normalizing now.

And the receptors for hormones and cells to cell communication is being restored. Okay. And so now we're getting to that area of function. Now the cell is going to return to becoming a a fully adult member of society okay.

So it can it knows the rules. It can begin to interact okay. And that's when we start getting into this area of functional medicine, because now it's about signaling that's not working well okay.

So the tissue is kind of back to to pretty much normal. But it's no longer listening as well as it should to the communication around it. Okay. Or to communicate or getting persistent low level inflammatory signals.

Not enough to kick it back into the CDR one, but enough to not let it mature completely. So it's still either not listening well. Okay, I was going to go into senescent cells, but we're not going to do that now okay.

But that but but that's that's another part of this story. So here we have functional medicine that the the functional part is about cellular communication okay.

And so that is really coming from the brain on some level okay. Because you see you have local tissue damage okay. And then you have the signals that the war is over that has to come from the brain okay.

Because see so so again when I say aging is chronic inflammation, it's because chronic inflammation means we haven't restored full cellular communication in the body.

Okay. So in a way it's really poor communication because I mean, when you think about it from a psychological point of view, what is everyday stress in in relationships about is where we're miss communicating.

Energy, Safety, and Chronic Stress

You know, that's why when you go to the therapist, sometimes if you're lucky, if you go to family therapy, you can suddenly hear what the other person has been trying to tell you, right?

Right. Okay. You're okay. The communication lines are open, right? But but what happens in in times of, of of fighting, whether it's in war or just in, in dealing with your spouse who is foolish enough to not realize how right you are all the time, you know, is, is you people are listening to each other, you've stopped hearing.

And that's what your cells do. The exact same thing. They stop listening to each other. And so when we want to heal, we have to create an environment that lets cells know that they're healthy.

So on one hand, we have the micro which is the local that the pathology. And I love to study the pathology. And the pathology is full of these micro details of which chemical in which, which protein or enzyme or gene is off.

That is a fascinating world. But if you really want to get back to health, you also have to engage your favorite organ, which is the central nervous system.

The brain in, in giving the all clear signal that that it's safe because safety is is is what allows healing and inflammation is a dangerous signal. I love what you're talking about right now.

Let me let me share with you something that I talk to my clients about and see if it has, a comparable, in your language. So, yeah, I, you know, it's all just different like that, that one of the dangers of always being in a place of stress is that, your body goes into defense and protect.

And when you're in defense and protect, there isn't the energy to go in to heal and maintain. And the body's has limited resources, and it's always making a choice.

And I think like a cell in the cell membrane could you could think of it in a similar way where if there's if it's in defense and protect it, it limits the energy available for maintain and heal.

Does that play a role in your story that that's exactly yes. Like I said, is that what I love is that we're all telling the same story. We're just using different, different ways of looking at it because energy is the perfect example in the CD1.

Okay, that first step, the mitochondria is browning out. And that's why and and just for the details of the biochemistry, that's why a lot of people who are stuck in have a lot of cells, maybe not their whole body, but have a lot of cells that are stuck in the CD1 and they're busy gobbling down CoQ10 and PCU and all these good mitochondrial supplements that don't do anything.

It's because that mitochondria has turned itself off. It's not broken. It's doing. It's part of that self defense mechanism. Okay, but I digress, I apologize, I just just wanted to get in another little story about this senior one and understand that that the what the reason I love its richness is because that was always confusing to me why some people respond really well to mitochondrial supplementation and other people, you know, they come in with the shopping bag of mitochondrial supplements and they don't feel any better, think it's because their system isn't listening.

Those mitochondria have made a decision to to slow down. And the and their cells are busy making all the energy that they can by burning sugar. And that's why they're and that's why they love the sugar.

But anyway. But energy is the key. Because what people don't understand is that it takes energy to relax. Okay? When you close your fist, when you tighten a muscle, you're using ATP that you've already made.

You're kind of falling off the cliff. Okay? When you re when you gotta open, now you have to climb back up the cliff or walk up the hill. That takes energy.

And and it's the same thing in the brain. People don't get that. Is that the highest energy use in the brain is to relax. And when we don't have enough energy or gab and energy systems, the things that tell our brain that kind of chill things don't function well, you know, and so you know, the more the less sleep you have, the more irritable you are and the less able you are to heal.

Because, as I was saying before, see this the real all clear signal, as you were saying, the real place where people can, begin to heal is from a sense of safety.

Right? And if you live like you're saying, if you live in chronic stress, if you can't find the place to remember to open your eyes to look out at the vista instead of looking up your butt, to use a bad analogy.

But that's what most of us do. We spend our time with our heads very much stuck in places that aren't useful, you know, round and round that same cycle.

Because I think on some level, the, obsessive compulsive thinking is really a way to try to solve a, to try to make yourself safe. And unfortunately, the universe has been a joke.

It doesn't work that way. Yeah. And the so the cell danger response is a normal response until it's overused. Would you would that. Yes yes yes. It's it's the it is the that the healing cycle.

In fact I do novio has renamed it recently I it into the healing cycle because he because it is the healing cycle.

Senescence and the Aging Process

It's just that it's a response to danger. And when you go through the cycle, you get back to normal sleep, wait. Because you're always doing a little bit of this tissue rebuilding and tissue, you know, break down, you know, every night when you go to bed, it's all part of that.

You know, pathways, the, you know, the the longevity. People love to talk about mTOR and the AMP kinase. And and that's what happens every night. But when you're in stuck in the cell danger response, you're stuck in one part

of that pathway.

You might be stuck in just the breakdown part or just in the overbuilding in the cell danger in the CD2. You're stuck in that place where you're making more tissue so you get scarring, you know, you get hypertrophy of blood vessels, you get hypertension, you get diabetes.

These are these are diseases. And you also one of the off ramps for this is senescent cells, because senescent cells, you know, are a perfect example of chronic inflammatory, low level, chronic inflammatory signaling.

Okay. That probably has a lot to do with aging because there is quote unquote normal aging. We're all aging. It's just a question of whether if we can control the inflammation to age gracefully and drop dead or, you know, age with a lot of diseases.

You know, that is the that that is the big question. It's just how we go through this. So the senescence is one of the consequences of this, process that is not in balance.

Yeah. Well, because senescence is an off ramp for this, if you have cells in this in the CD, I mostly in the CDR to again see the thing about all models and I always want to remind people is don't fall in love with a model, okay?

People do this all the time. They and their models, their stories. We don't know how this thing works. This body of ours nature, you know, we can build bridges.

Okay. And, you know, and all engineers would probably pretty much agree that this is a stable bridge. You know, if you gave them the mathematical formulas.

Doesn't work like that in the body. We don't have the we don't have the handbook. We're making it up. We're making up stories to explain our observations.

And we get, you know, we we have better and better stories because we've got better and better data, but we're still hanging together with stories, you know, you know what I was like, you know, Plato said that a lot, you know, was it a long time ago, 2000 years ago?

You know, science is a likely story, and that's all we have. But people get so in love, you know, with their frameworks. And I said, this is mine. But it's kind of hold it loosely, you know, don't don't don't fall in love with it. Yeah. It's because there's exceptions.

It's an interesting story and, and it fits a lot of the data points, with when someone gets their, this cell danger response out of balance so that there's functional illness.

What's the road back? What's the pathway back to when you put it? Well, it's it's it's interweaving. The local treatment and the systemic treatment in my mind.

Okay. At least because I said I deal with people who, you know, my practice focuses on chronically ill people. The people with, you know, line that that didn't get better after the antibiotics or the people with autoimmune diseases.

You know, this is when the immune system has gone off the rails, so to speak, and is really stuck. And what I have begun, what I have seen over the years, is that it's a combination of what I call bandaids, which is the use of you know, drugs or herbs.

It doesn't matter what it is to kind of quiet down a symptom, to lower the inflammation in the local tissue and to change the milieu, okay, which is to change the environment in such as, I mean, the simple things are, you know, you got to teach people how to breathe again.

You got to teach people, you got to work on the sleep. Sleep is really hard because it's, you know, when you when you're chronically inflamed, you've got lots of noise going on up here and lots of systems are activated.

It's not so easy. It's like sleep hygiene. I always like to laugh at the people who going to tell you sleep hygiene? Well, you have a chronic infection.

Sleep hygiene is helpful, but it's not the whole story. You need to need a Band-Aid to help sleep. But so breath, sleep, son. Nature.

Treating Chronic Illness: Triggers and Band-Aids

I mean, it's it's those are the signals and, you know, obviously, and, you know, clean food that the basic things and and and a loving, if you can a loving atmosphere.

I mean, you know, and these are tall orders not easy to do, but you need all of that at some levels. Again, the beauty of, of, of the human body is none of it has to be perfect.

Okay? All of us, we wouldn't be. We wouldn't be here. You don't need to be living, you know, with, you know, with the Dalai Lama every day in order to heal.

You know, you can still live with your slightly angry spouse. And he'll. It's just that it's nice to find places where you have some, some feeling of love and relationship.

You know, perfection is not needed to heal. I think that's very important. You know, just gotta get close, right? To taking a step back. What is the impact of chronic inflammation on the organs?

Well, each each organ, responds differently. But what, you know, for most of us, I think. Probably I'd have to say probably the liver takes the brunt of it.

You know, as we get older, the brain takes over. You know, unfortunately, our inability to remember people's names, is the beginning of that little bit of a little bit more inflammation than we'd like.

You know, there's a part of me that would like to believe. It's just there's too much in here. But the reality is, is we're losing it a little bit. But the liver is one that I keep coming back to more and more, you know, because it's it's true.

The GI tract is where we meet the world, but where the world really begins to where I think hurt us is when it starts. It starts interacting with our liver, and we and we and like half, you know, I don't know, it's 45, maybe 50% already of Americans have a have fatty liver okay.

And that low level fatty infiltration the liver is is a is an example of you know, a chronic inflammation because of usually of the foods. I mean, that we and what we've, what we've done to our gut can also be from the bad bugs.

But so as this chronic inflammation affects the liver, it affects the quality of what goes obviously into our blood vessels. So we start having our, our arteriosclerosis and we start having, we start having chemicals that get into our brain and inflammatory chemicals because, so it it's each organ is affected differently, by inflammation.

And each organ can respond a little bit differently because they have different mitochondria. Okay. I think you're taking it back is that, you know, your heart can have 4000 or 5000 mitochondria for cell, while a skin cell can have like 400.

Okay. And so, they'll deal differently with, with inflammation. And that's why we tend to get we, our heart is much more sensitive to changes in energy metabolism.

Our skin is much more sensitive to changes in hypertrophy. And that's why we have so much more of those issues with skin than we do with the heart. Yeah.

So when you have a patient coming to you with, some chronic or functional illness, what's the what's your regimen of how you address that? I know there's probably systemic, approaches, organismic approaches and organ

approaches, but how do you approach someone that comes to you with a functional illness, a chronic illness?

Yeah. Well, it's kind of, you know, it's always looking for what the triggers are, what the triggers were now. Because sometimes, you know, it's nice if we find the arrow and can remove it.

That's great. But oft times the arrow is gone, you know, like the insight the inciting event may have been, you know, a toxic exposure years ago, and your body has dealt with the toxin.

It's removed it from the system, but you might have damaged some of the cells in your liver, and they haven't recovered. But. And they haven't been gotten rid of.

They're in that senescent state. They're stuck, you know. So it's just always. But we always start with trying to look back at like, you know, what was the setting, you know, it's this standard, kind of like an, one level, two standard approach.

You want to get a very good history because the history is going to tell you most things, you know, where were you sick since you were a kid? Were you vigorous and healthy?

Because the genetic component is huge. Okay. You know, it's it's where the genes meet. Your environment is where your health is, you know, so it's looking at, you know, your health, your story, your family history, your exposures, your toxic exposures.

You're you're infectious exposures. And then, Wayne, by where you are today, what your body can tolerate, because that's the biggest thing, is that many times you can find, you know, that someone has a chronic infection, but as soon as you start to treat them, they get worse.

You know, that's because their body isn't is stuck in a place of sensing danger everywhere. They're stuck in chronic inflammation. And when you when you once you begin to try to, engage the immune system overreacts, you know, and that's why we again, that's why inflammation and aging are connected is because it's this inability to modulate the immune response, okay.

Instead of being able to go through those three stages that the CDR, you're you've got too many cells that are stuck. And the reason I emphasize cells is because often it's only 5 or 10% of cells in your liver or your kidney, you know, or some organ that is stuck in this inflammatory thing.

That's why you're not dying. You know, you can stay in this state and live to your 80, you know, or 90. It's just that you feel miserable, you know, you know, people with some you run into people with chronic fatigue and fibromyalgia who are well into their late 70s and 80s and like, they just feel bad, but they're not dying, you know, so could you some of the other V approaches you, involve?

Well, so then, you know, okay, so the first step again is history going through all the possibilities. And then we have to decide what what pick up stick.

We can move okay. Because the thing is you know, can we just go after, an old unresolved infection because many times, there are they are present.

Sensitivity, Mindset, and Personalized Care

Or do we have to I mean, do you have, it was your body just overreacting? You had, like, for instance, one of the DNA viruses, one of the, the herpes family is a virus that we know stay in the B cells, you know, quiescent.

But if you get stressed when those B cells, decide to to reproduce, you expose your body to some of those proteins again, and your immune system goes nuts.

So maybe we just have to quiet down the immune response or many people. A big thing today is this mast cell

activation, which is huge for people with chronic illness that their, their immune system, just way overreacts to very small, stimuli, you know, because you should you're no longer discriminating.

I mean, it's a failure to, to to a failure to communicate, to use an old line. So we so I said, this thing is looking at what we can remove, what we can, Quiet down.

Do we need to quiet your immune response, or do we need to actually pick it up a little bit? And that depends on, you know, whether we have to help you kill something or help you stop killing it and just realize that you better coexist with it for a while, okay?

And then and be able to rebuild that sense of safety. Because if you're always reacting to a low level pathogen that's not hurting you, you're always giving your brain a message that your body is in danger and that doesn't let you sleep well.

It doesn't let you digest well. It doesn't let your, you know, it doesn't let the parasympathetic nervous system function like it should. Okay. Here. Are we talking about actually sort of psychological ways that a, a person, a person can feel a greater sense of safety?

Or are you talking about some physical process? Both. Whatever it is, it just depends on what the person can hear and feel. Okay. Some people do really well, with, biofeedback or meditation, you know, breathwork walking, in some people that's not going to go anywhere.

They are so frozen in, in like whenever for some reason they're stuck. And that's just not working for their bodies. You know, there's no judgment there.

Just sometimes you can't go and then you have to use herbs and medications to get them to a place where there's a little less pain, a little less inflammation.

You know, I'm not talking about using opiates, but there's lots and lots of tools out there to lower the inflammation, to get the immune system to feel more comfortable.

And then they can engage those healing mechanisms that are more in the quote unquote, psychological realm. You know, to me, there's no difference between psyche and soma.

I mean, it's we we in order to think, we break things down. But at the end of the day, you know, every, every, you know, brain cell, not almost every, but, but many brain cells have the same, you know, they respond to the inflammatory signals.

You know, the immune signals, you know, will make you depressed or make you angry. So it's all in one bag of soup. It's just what your body can hear. So in some people, we can go right to the, the the the functional.

We can we can involve your brain early in other people. We have to really work with the body first. And we do a lot of physical work. I have a lot of people who, weather body workers, I'd hate to call it.

It's, you know, using cranial work, cranial sacral work, energy work. A lot of the different electrical machines, it just depends. You have to be careful, though, because really sensitive people, can blow up from things that everybody else thinks they're absolutely safe, you know, like the, the the electromagnetic field, the, you know, the the healthy people, like the, the pulsed electro, electromagnetic fields will wondrous for some people.

Some people too much. So that's what what I do is I work through what the body can hear. You. Okay. And we just listen. It's a dance, okay? It's not a prescription.

Yeah, I find that a lot of people in this category of functional illness have, tremendous kinds of sensitivities that, you take them down a path, but then they have a reaction to it.

And so it sounds like you have to pivot very quickly with how you're approaching what your what your approach is. Yeah. Because you're right there. I have people who react to water, you know, I mean, and you know, when I was younger, I, when I started, you know, the famous doctor I role, you know, people, you know.

Yeah. You know, like, you know, I remember when I first started hearing these people, I couldn't I want you to believe them, because I do believe that nobody's coming to me, to lie to me.

But it was sounded so outlandish that these things could cause so much trouble for them. But after working with them for 30 years. Yeah, it can. You just have to respect that.

And you have to, you know, it's like playing chess and you feel like you're always being checkmated and you just have to keep finding a different approach.

And you, you know, not all, not always, but sometimes we we do. I mean, and it's funny because people who are super sensitive, you'll find that some of them, they can't take any herbs and yet they can take drugs, you know, I mean, it's just it's mind blowing to find that, you know, these people who like herbs will make them sick as a dog.

Even energy medicine will blow them up. And you can give them a drug and it's like, and they respond, you know, you just have to keep an open heart and an open mind on what that individual will respond to.

You know, and it's and that's why we use, a lot of, interestingly enough, the people who can tolerate them. A lot of the intravenous techniques can sometimes get to get information in, in a way that kind of bypasses the body's normal, because the most of these people have become very they're, our window on the world, okay.

Our eyes, our ears and our, you know, nose and digestive track have become so hyper that, funnily enough, if they can, if their skin isn't too sensitive and sticking a needle into their vein doesn't freak them, which it can, some of their sympathetic nervous systems are so wired that their veins become hypersensitive.

But if they're not, we can get a we can get a lot of changes in people who can't tolerate anything by mouth through their veins. It's it's just kind of the magic of dancing with this, and this is, you know, but so these are the things we've learned for the chronically ill and but, you know, at the same time, I'm seeing almost all of our tools being used for people who want to be who want to stay.

Well, you know, that that, that that is the magic. Because each one of these tools that really work in sick people, in the right person who was interested in wellness, it can really help them, get to the next level of healing, because it's about finding where their chronic inflammatory drive is, because even people who are, well, often have, you know, under the hood, there's inflammation, there's that high blood sugar, you know, that's all inflammation, I mean, or I can't think of any, any marker for aging.

That's not that I, that I can't relate to persistence, cell danger response in this process. Eric, do you, do you look at mindset at all, where a positive mindset might be helpful in this process?

Oh, totally.

Closing Remarks and Resources

But you can't. Most of the people I see at this point in time, okay, are people who've been sick for, usually 3 to 20 years. Okay. I see very few people who've been sick.

Well, except with since we've had long Covid in some of the vaccine injuries, but most of the people I see have been ill for a very long time. And if we start with mindset, they often get insulted because they've already been told by too many physicians that if they would just take the anti-depressant or, get therapy, they would be better, they would heal, you know?

But but as I said in the beginning, this controls your immune system. On a very huge level. You know, again, local

pathology will create inflammation.

But the persistent self defense thinking is what will maintain the inflammation, the healing, the healing message, the message that the world is safe again comes from our brains.

Okay. So yes, the mindset is critical. But when you feel miserable and you're not, you know, you wake up in the morning and to even get out of bed either makes you dizzy, lightheaded, or just fatigued.

It's really hard to skip. Yeah, to put on a smiley face. Many of these people have learned to, but it's still hard. So we have to go back. And that's what I say and find the Band-Aids that can begin to help some of those physical symptoms and then help then allow them to engage.

The hope we have to find hope again. Right. And and, you know, and so, yes, the mindset is is crucial. But it's hard to, to start with mindset though there are many and we do use I mean I do have people work with many biofeedback people and you know, cognitive behavioral therapy and many of the programs that are out there that help realign because, like you were talking about the super sensitive people, you know, part of that is a mindset.

Once you've reacted to smells, your body gets real defensive. I mean, if every time somebody walks in, you know, the office you're in and they're wearing a perfume and you get a severe headache, your body gets primed, right?

You know, and so it does become a psychological thing as well. You can cause that severe headache by just suggesting a bad smell, you know. So this has been a really fascinating conversation, Eric.

I really appreciate it. Can you share with our listeners how they can, find you or your website where they might find more information about what you're doing?

Yeah. Well, it's it's we keep it simple. Just gordonmedical.com. That's the website. And, you know, like, right there on the on there, the thing, you know, for, we have a wonderful young woman who talks to people and make sure that it's you can just press the button for discovery call.

And because we always want to make sure that we're right fit for people, you know, we we really don't like to waste people's, resources if we're not the right ones.

So, we always try to really make sure that it's going to be helpful. Right. Well, thank you again. Eric, I really appreciate, discussion. Well. Thank you. It's been a pleasure.

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