Introduction to Aging and Chronic Illness

– Welcome to another episode of Reverse Inflammaging, Summit Body and Mind Longevity Medicine. I'm your host, Dr. Stephen Sideroff. And I'm very pleased to have Dr. 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. – Thank you. Thank you. It's a pleasure to be here.

And I love the topic. As I thought I was telling you to begin with, 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 while once somebody was ill, it, the it gets clearer and crisper the areas that need support. 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 let's get started with your perspective on aging, 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.

Inflammation and the Cell Danger Response

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 con concepts that people use, whether it's, you know, in the old days, it was the oxidative stress theory or radical, you know, free radicals or they're all valid, they all inform us of an aspect.

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 Dr. Robert Naviaux has, has published, you know, has put together and, and helped really teach the world a little bit about 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 um of, you know, just preparation and healing.

But you know, not active inflammation and all crime illness is persistence of inflammation in some tissue in some organ. – You've mentioned a couple of times to 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 inflammation and healing in the cell. But so, and it's just to understand I think the best way to step back and think of, of, of healing on the everyday level, you know, when we, during the day, we're busy, you know, eating and at night we're busy, kind of like breaking down tissue a little bit and trying to recover from the day's stresses, okay. And so that's even during that time to sell your cells are involved in transient inflammatory episodes, you know, you, but when you get sick and this is where the cell danger response comes in. When you're sick, those transient um 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 there were a picture was uh and calling in the contractor to rebuild the whole room, you know, to tear it down. See, the cell danger response is when you're tearing down the room and rebuilding it. So the 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 a T P and the electron

transport chain and that's what they do. When the cell is functioning, is functioning normally, but when there is a 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 a teepee and it begins to do something very special.

It puts a T P, it increases the amount of A T P which is the energy currency of the body on the cell surface. And at this point A T P instead of being used for energy is being used as a signaling molecule.

Okay, just like people think of hormones. Well, this is a local hormone, very para Quran effect, a very local effect. But it signals that this is a cell that's sick, which will call in the immune system and inside the cell.

Once the that mitochondria is making less oxygen, I mean, is making less A T P. 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 a lifesaving if it's transient, okay, it's what lets your cells kill things inside of them.

Functional vs. Pathological Illness

You know, it's very important, but if you stay there, you begin to have chronic inflammatory diseases. So that's the CDR- one where you're having the, the acute viral infection or trauma, you know, and both of these involved calling in the innate immune system.

– So the cell danger response is a response to a dangerous situation of biochemical, dangerous biochemical situations such as a toxin. – Yep, such as anything. See, that's the point is that it's not, it's an overriding story. See, 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 gives us a story and I love, we need story because um when you try to understand health and, 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 gonna be wrong because we don't, I mean, if you read the literature, you quickly drop into a morass of acronyms 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 the C D are 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 medicine, functional illnesses, things like irritable bowel syndrome, you know, where the tissue isn't broken. Okay. You know, you can scope somebody with irritable, 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 consultation, 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, used to be the polite word that doctors used to suggest that it was psychological, it was all in your head, – All in your head. – Yeah, I mean, and 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 rarely will create it. It takes usually a bunch of other stuff happening at the same time. But anyways, I digress as usual, – Right. But we can't get into the role of stress uh in this process. But let's get back to your.

– Right. You will have to ride herd on me. I have a, I am 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, it's the, 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 hunt at least 100 years because we got really good at it. Okay. And especially, you know, I always say 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 not maybe he'll, it, but at least treat it okay. So that's pathological illness.

The tissue is broken or you have an ulcer, the tissue is destroyed, you have a heart attack, you know, it's local area and in that, so that's the C D are one 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 CDR- one which begins to um calling the immune system and you begin to chew up the dead cells. And then you get into CDR- two, which is when you have to call in stem cells and growth factors and begin to rebuild tissue.

Okay. And so that's still local. Okay. And then you get to CDR three where that cell has to mature and cell membrane has to normalize because in CDR one, you harden your cell membrane, okay. Because you want to prevent egress of the viruses or and you also want to prevent other bad things from getting in. But in CDR three, that cell membrane is normalizing now and the receptors for hormones and cell 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 knows the rules, it can begin to interact, okay. And that's when we start getting to this area of functional medicine because now it's about signaling that's not working well.

Energy, Safety, and Healing

Okay. So the tissue is kind of back to pretty much normal but it's no longer listening as well as it should to the communication around it okay, or communicate or it's getting persistent low level inflammatory signals, not enough to kick it back into the C D R one, but enough to not let it mature completely.

So it's still either not listening. Well, okay. I was gonna go into senescent cells but we're not gonna do that now. Okay. But, that's another part of this story. So here we have functional medicine that the functional part is about cellular communication. Okay.

And said 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. So, again, when I say in 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 relationships about is we're miscommunicating.

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. – Okay.

– The communication lines are open. – Right. But, what happens in, in times 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, people aren't listening to each other, you stop hearing and that's what your cells do, the exact same thing, they stop listening to each other.

And so when you want to heal, we have to create the environment that lets cells know that they're healthy. So on one hand, we have the micro, which is the local and the pathology. And I love to study the pathology and 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 it's safe because safety 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 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 into hell and maintain.

And the bodies has limited resources and it's always making a choice. And I think like a cell and 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 limits the energy available for maintain. And hell does that play a role in your story? – 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 CDR one.

Okay. That first step, the mitochondria is browning out and that's why and, and that 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 the whole body but have a lot of cells that are stuck in the C D R one and they're busy gobbling down CO Q 10 and P Q Q 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 its part of that self defense mechanism.

Okay. But I digress, I'm I I apologize. I just, just want to get in another little story about the CEO I want to understand that 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 a shopping bag of mitochondrial supplements and they don't feel any better. It's because their system isn't listening.

Those mitochondria have made a decision to slow down and, their cells are busy making all the energy that they can buy. Burning sugar. 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 the muscle, you're using a T P that you've already made your kind of falling off the cliff. Okay. When you got to 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.

Returning to Balance and the Role of Senescence

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 are Gavin ergic 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 what I was saying before, the real all clear signal, as you were saying, the real place where people can begin to heal is from a sense of safety.

And if you live, like you're saying, if you live in chronic stress, if you can't find a 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 head is 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 a little joke. It doesn't work that way.

– And the cells of the cell danger response is a normal response until it's overused. Would you, would that? – Yes. Yes. It's the healing cycle. In fact, Dr. Naviaux has renamed it recently i into the healing cycle because, because it is the healing cycle, um, it's just that it's a response to Dane and when you go through the cycle, you can get back to normal sleep.

Well, 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. You know, the longevity people love to talk about em, tour and the MP kindness 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 over building in the cell. Danger in the CDR two, 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 quite a quite 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's the big question is – In essence, the essence is one of the consequences of this process that is not in balance. – Yeah. Well, because in essence is an off ramp for this. If you have cells in this, in the C D I mostly in the C D R 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, they're my 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, 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 have better and better stories because we got better and better data, but we're still hanging them together with stories, you know, you know what it was. Plato said that, you know, it was 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 got to hold it loosely. You know, don't fall in love with it. It's because there's exception.

Treatment Approach for Chronic Illness

– It's an interesting story 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 – When you put it? Well, 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 band aids, which is the use of, you know, drugs, herbs, 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 gotta teach people how to breathe again.

You got to teach people you gotta 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 want to tell you to sleep hygiene. Well, you have a chronic infection, sleep hygiene is helpful but it's not the whole story.

You're gonna need a band aid to help sleep. But so breath sleep, son nature. I mean, it's those are the signals and you know, obviously and you know, clean food, the basic things 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 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 hell, 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. Taking a step back.

What is the impact of chronic inflammation on the organs? – Ah, well, each, each organ, responds differently. But what, you know, for most of us, I think probably, I have to say probably the liver takes the brunt of it. You know, as we get older, the brain takes over.

Unfortunately, our inability to remember people's names is the beginning of that little bit of a little bit more inflammation and, well, 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 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 G I tract is where we meet the world but where the world really begins to, 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, have fatty liver, okay. And that low level fat infiltration.

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

But so as this chronic inflammation affects, deliver, um it affects the quality of what goes obviously into our blood vessels. So we start having our arteriosclerosis and we start having, we start having chemicals that get into our brain and inflammatory chemicals because so 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 to taking it back is that, you know, your heart can have 4000 or 5000 mitochondria Purcell 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. – 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 Organiz MC approaches and organ approaches. But how do you approach someone that comes to you with a functional illness of 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 you can remove it.

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

They're in that, in essence 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 on one level, it's a standard approach.

You want to get a very good history because the history is going to tell you most things, you know, where you sick since you were a kid where 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, uh your exposures, your toxic exposures, your 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 make it 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, once you begin to try to engage the immune system overreacts, You know, and that's why, 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 of the CDR, you've got too many cells that are stuck.

And the reason I emphasize cells is because often it's only five 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 eighties, you know, or 90. It's just that you feel miserable. You know, people with some, you, you run into people with chronic fatigue and fibromyalgia who are well into their late seventies and eighties and like they just feel bad but they're not dying, you know. So – Some of the other, the approaches you – 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 pick up stick, we can move. Okay.

Sensitivity, Mindset, and Finding Hope

Because the thing is, you know, can we just go after uh an old unresolved infection because many times uh there are, they are present or do we have to, do you have your body just overreacting? You had?

Like for instance, one of the D N A virus is one of the herpes families of 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, 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 immune system just way over acts of very small stimuli, you know, because you should, you're no longer discriminating. I mean, it's a failure 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, get up a little bit? And that, 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 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. – Are we talking about actually sort of psychological ways that a personal person can feel a greater sense of safety or are you talking about some physical process? – Both, whatever you see, it just depends on what the person can hear and feel okay.

Some people do really well with a biofeedback or meditation. You breath, work walking and in some people that's not gonna go anywhere they are, are so frozen in like whatever, for some reason they're stuck and that's just not working for their bodies. You know, there's no judgment there just sometimes it 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, that are more in the quote psychological realm.

You know, to me there's no difference between psyche and SOMA. I mean, as 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 many brain cells have the same you know, that they respond to the inflammatory signals, you know, that the immune signals, you know, will make you depressed or make you angry.

So it's all one bag of soup. It's just what your body can hear. So in some people, we can go right to the functional, we can involve your brain early and 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 um whether body workers, I 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.

Everybody else thinks they're absolutely safe. You know, like the electromagnetic field, the, you know, the healthy, like the PM, the pulsed electro electro magnetic fields wondrous for some people. Some people are too much.

So that's what I do is I work through what the body can hear. Okay. And we just listen, it's a dance. Okay. – 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 approaches. – 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 roll, you know, people, you know, Yeah, you know, like, you know, I remember when I first started hearing these people, like I couldn't, I wanted 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 off, 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, to find that, you know, these people who like herbs will make them sick as a dog or 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 would respond to. You know, and it's, and that's why we use. A lot of interestingly enough that people who can tolerate them. A lot of the intravenous techniques can sometimes get to get information in a way that kind of bypasses the body's normal because the most of these people have become very there.

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, and sticking a needle into their vain doesn't freak them, which can, some of their sympathetic nervous systems are so wired that their veins become

hypersensitive. But if they're not, we can get, we can get a lot of changes in people who can't tolerate anything by mouth through their veins. It's just kind of the magic of dancing with this. And this is, you know, 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 is the magic is each one of these tools that really work in sick people in the right person who is interested in wellness.

It can really help them get to the next level of healing because it's, 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, I can't think of any, any marker for aging. That's not that I can't relate to persistent cell danger response – In this process. Eric. Do you look at mindset at all where a positive mindset might be helpful in this process?

– Totally. 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 have been sick.

Well, except with, since we've had long COVID and some of the vaccine injuries. But most of the people I see have been ill for a very long time.

Closing and Contact Information

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 antidepressant 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, to even get out of bed either makes you dizzy, lightheaded, or just fatigued.

It's really hard to skip, 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'm saying 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.

And, you know, and so yes, the mindset is, is crucial, but it's hard to start with mindset though. There are many and we do use, I mean, and I do have people work with many biofeedback people and you know, cosmic behavioral therapies and many of the programs that are out there that help realign because like you're 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, you know. And so it does become a psychological thing as well. You can cause that severe headache by just suggesting a bad smell.

– 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 where we keep it simple. Just Gordonmedical.com. That's the website and, you know, like right there on the, on their thing, you know, for, we have a wonderful young woman who talks to people and make sure that it's just press the button for discovery call and because we always want to make sure that we're a right fit for people, you know, 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.

– Well, thank you again, Eric. I really appreciate our discussion. – Well, thank you. It's been a pleasure.