Are Autoimmune Diseases Misunderstood or Misdiagnosed? Transcript

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Introduction to Root-Cause Wellness

If we don't deal with the inflammation and we do not rebuild the immune system, you can throw every combination of antibiotics at all sorts of extremely high doses for months or years, but no combination of antibiotics for any duration of time is going to get every single last little Lyme organism out of the body.

If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone. I'm Dr. Javin, and on redefining wellness with Dr. Javin, we'll be exploring root causes like Lyme disease, mold, and parasites, and I'll guide you with simple and practical steps towards real healing.

Hello and welcome back to another episode of redefining wellness with Dr. Mariah Hinchy. And I am really excited to be able to talk to her about Lyme disease because that's actually what I had that brought me into functional medicine.

And we've got some great clips for you today. We're going to talk about Lyme and autoimmune Lyme and peptides and why mental health diagnoses. So many of them should be tied back to Lyme disease as a part of today.

Thanks for joining me. Thanks for having me. It's great to be here. So I want to just jump into this. There are some really famous people that have been dealing with Lyme disease.

Lyme and Neuropsychiatric Symptoms

They've been in the limelight. We'll just use that word with Lyme disease and they're millionaires. So let's start with it. People have actually been trolling Justin Bieber for years for his mental health issues.

And he was actually misdiagnosed with Lyme disease as a multimillionaire. How in the world is that happening? gross under education in our medical system.

I mean, I really can't come up with any other answer for it. And, you know, I've seen him for what, like the past 20 years and everything that he's gone through.

And there were multiple times, like, I'm not even joking, where I was like, my God, like, does he have Lyme disease or something? Just because of how insane some of the things were.

Like, it was obvious that he's suffering from neuropsychiatric illness. You say neuropsychiatric illness. So what does that even mean? So basically inflammation of the brain that is causing you to have an emotional dysregulation or response.

So depending on where the inflammation is, what part of the brain it can cause, like if it's in the basal ganglia, it can cause like a PANS or PANDAS and you can have OCD.

fear, repetitive behaviors, degeneration of handwriting and recurrence of bedwetting and things like that. Or if it's in your motor cortex, you can have issues with fine movements and things.

Or if it's in your limbic system, you can have severe aggression or rage. So depending on where the inflammation is and what cells it's inflaming, as well as how like the microglia, which are the immune cells of the brain, are responding and kicking out more inflammation, it actually impacts your neurochemical balance in the brain and your behaviors.

So to translate for my dad, who's a guy who's been in construction for 47 years, you can actually have a mental health diagnosis that relates 100% back to an infection that's affecting inflammation in your brain.

Correct. And this is something you mentioned, Pans and Pandas, and I work with this all the time. And doctors just for the most part aren't educated on this topic.

And just for some background information, Pans Pandas was somewhat discovered in roughly 2012 by Dr. Suido, and she was doing research on autism and figured out, well, these people don't have autism, they have something else.

PANS, PANDAS, and Autoimmune Links

And from there to now, the amount of research and Honestly, just awareness that's come out over, hey, your depression, your anxiety, your fatigue, your burnout.

Yes, also Tourette's like symptoms and major mental health issues, even going as far as sometimes maybe schizophrenia have been linked back to not this is just who you are, how you are or your genetics.

There's actually a toxin or an infection driving it, right? Yeah, absolutely. And I think one of the biggest red flags is when you have an abrupt change in cognition or personality or behavior.

Because primary psychiatric illness or cognitive decline does not come on overnight. It's not like you don't recognize that child or that person the next day.

My opinion, like from 20 years of doing this, is that if you see an abrupt change in anything that has to do with the brain, infection has to be rolled out.

Wow. Now, just as a secondary part of that, it doesn't necessarily have to be abrupt as in overnight 24 hours. I know that's technically the definition is a week to two weeks after an infection for pans pandas.

But with autoimmune encephalitis, so an immune triggered inflammation to the brain, that could be slow onset too, because they're seeing a lot of research right now with neurodegenerative diseases like autism, dementia, and Parkinson's, and they're correlating those things.

Also, even autoimmune diseases like MS, there's a pile of evidence suggesting that that is also infection derived, right? Yes, I've had too many patients to count who have either been diagnosed with MS and did not get properly worked up for vector borne diseases, who turned out to have Lyme, Babesia, Bartonella, et cetera.

There's too many to name. And when we have successfully treated that organism and recovered the immune system, there has been a halt in the progression of the symptoms of the disease, and a lot of times even a reversal, and other times I've had people lose their diagnosis.

And a lot of times you have these people come in and they've been diagnosed with atypical MS. And it's like, what's that? You know, like we have diagnostic criteria for a reason.

And just because something looks like MS, if it doesn't fit the diagnostic criteria, it shouldn't be worked up and diagnosed as MS. And I've had patients tell me, well, my doctor says eventually I'll fit the diagnostic criteria.

But for now that's the best diagnosis that he can give me. Wow. So we're here. I was thinking about this question and I just wanted to throw it out there.

I learned recently that autoimmune disease diagnosis are basically a scam just to keep you coming back for more meds. Yeah, well, I mean, it doesn't seem like the doctors who are traditionally treating autoimmune disease, i.e.

the rheumatology community, wants to buy into finding the root cause of what is causing the autoimmune disease. Our bodies just don't go haywire for no reason.

There is something there in the body that is confusing the immune system or frankly pissing it off. And then the

body starts to attack itself.

How Common Lyme Really Is

And I would say that every single time that I've had a patient come to me with an autoimmune disease, there has been some underlying infection or in toxin that nobody has identified or paid attention to or tried to rectify and eliminate from the body.

All right. So you said infection toxin is the driver for autoimmune disease, even neurological neurodegeneration and so many cases. And I think to be perfectly honest, the research I'm reading is continuing to push us that way.

And five, 10, 15, 20 years from now, maybe it's just like, Hey, no longer is it thought of as genetic. Although genetics apply, they make you more vulnerable to a problem.

It doesn't mean that they're necessarily the causation. Just because I don't detox, let's say, lead as well as you do, doesn't mean that that genetic caused me to then develop Parkinson's.

No, it was the introduction of lead into my body that I just didn't deal with as well as you that then caused the problem. So remove the lead, even with the same genetics, may not have Parkinson's.

I think that's where we're headed. So because I know you are the expert in Lyme disease. I want to stay a little bit more into that category today. And I just want to know this.

I dealt with Lyme disease. It's my kind of root cause story as a beginning. How common is Lyme disease actually in the world? Because it's supposedly, oh, 25,000 people get it a year.

Is that true? So I mean, even the CDC in the United States estimates that it's about half a million people. And by the way, this is just Lyme disease.

This is just Borrelia burgdorferi, right? So it doesn't even look at tick-borne relapsing fever or any of the other species of Borrelia that can cause that or traditional Lyme, because it's not just Borrelia burgdorferi.

And then additionally, it doesn't look at any of the co-infections. Then there was like a study that was done on some of these Medicare diagnostic numbers.

And if you look at the Medicare data, it actually suggests that that number is seven times higher. So that would be putting us at 3.5 million cases annually.

And again, that's looking at Medicare. You have to be a certain age to be on Medicare. So that doesn't even extrapolate to everybody in the United States, much less the world.

So they're saying seven times higher just in Medicare. And if we assume the 500,000 is evenly distributed and Medicare is a third of our age population, you're talking about roughly 175 times seven just in the United States alone.

Rash, Tick Bites, and Misdiagnosis

Uh, wow. Okay. 1.2, about 1.3 million people in the United States easily. And that's just United States. And of course, they're always saying it's, oh, it's just in the Northeast, right?

It's just, it's just up in the Northeast where Lyme, Connecticut is, but it's everywhere, right? Listen, people don't go on vacation. They don't import animals.

They don't move. They don't travel around, you know, in Ticso Bay state lines. That's my line. I love that. I was like, Oh yeah. They absolutely obey the state line.

They don't get there and birds don't migrate and food doesn't get shipped and packages don't go. Yeah. It's insane. And is Lyme disease only something that's going to come from a tick with a bullseye rash, which you can explain, or is this something that there's a lot more to it?

Right. There's a lot more to it. So, I mean, I'll just comment on the rash piece first, because I think that that has so much to do with its misdiagnosis.

The rash can take anywhere from three to 30 days to develop, and it's only present in somewhere between 20 to 40 cases of Lyme disease. And again, that's just Lyme.

That's not any of the co-infections. So number one, we have all of these doctors relying on the presence of a rash to diagnose Lyme disease. But then we also, I can't tell you how many times I've heard, well, you didn't see the tick, so it can't be Lyme.

You didn't have a tick bite. What if a tiny little tick the size of a poppy seed crawled up into my hair? Like, do you think I would ever see the tick?

You know, I'd probably scratch it off. That would be it. And then what if I did get a big rash? Would you see that through all of my hair? No. So it's like we're depending on this really faulty criteria to diagnose a infection that literally can mimic every other illness or disease that we have in this country.

Let me stop you right there. With our start of this whole conversation, Lyme disease, right, disease, that can mimic all these other diseases? Or is it Borrelia bedorfei, the bacteria, triggers so many other symptoms that we put diagnostic criteria and ICD-10 codes to?

Is that the more likely thing out there? So we should be calling these diagnoses as disease processes that are triggered by Borrelia or a parasite or mold toxicity.

Because I think that's the education people really need to be getting. Right. And it's never usually one thing in isolation. So like, for example, you get a Lyme and, you know, Lyme comes into your body, Borrelia comes in, it ignites this pro-inflammatory cytokine cascade, which in the end ends up skewing your immune system.

So for some it's immunosuppression, for some it's autoimmunity. It depends. You hit the nail on the head. What role does genetics play, right? So it's going to pray.

on your genetic weaknesses, it's going to prey on structural damage, insults that you've had, you know, so people who have been on a boatload of antibiotics in their life, they're probably going to have a worse time of it in their gut.

Infections, Toxins, and Autoimmune Disease

And when the immune system becomes skewed and the body becomes more toxic, Now we have other things like Epstein-Barr or HHV6 or all of these other dormant viruses that the immune system was doing a good job keeping in check until this new inflammatory infection comes along and now all hell breaks loose, right?

And now all of these viruses are sort of growing out of control and Then we start breaking down the tight junctions in the gut barrier. We start allowing toxins in and other organisms that shouldn't be allowed into the body.

And the toxic burden grows, and oxidative stress increases, and we have damage to the mitochondria, and to the cell, and to the organs, and the organ systems.

And before you know it, you feel like your entire body and mind are legit imploding. which is what we saw with Justin Bieber. Not quite with Justin Timberlake to the same degree, but there was a lot of illness there and they have hundreds of millions of dollars to spend on Concierge doctors that are one-on-one looking at them with no stop to the amount of testing that they can run because they can pay for it.

Yet they were still misdiagnosed. So what is it about medical training where we're missing this? How much time does your typical MD that you're going to even get trained on how to test for this?

I mean, we could spend the entire show talking about how terrible the medical industry is and how it's six minutes with a patient, pick a diagnosis, put them on a med, and send them on their way so that you can manage their care for the rest of their life.

But really, I think the fundamentals are is that in medical school, like even in naturopathic medical school, we were taught You get it? There were some kids playing in the tall grass.

There was a tick bite. There was a knee and rash. There was a swollen knee and some joint pain. They were given antibiotics for two weeks, and bam, that's it.

It's over. So it's like, again, this gross miseducation in all of the medical schools. And then for whatever political medical reason, the infectious disease society doesn't want to acknowledge it.

doesn't want to acknowledge that any of these chronic vector-borne diseases exist. Neurology, unless they're Lyme-literate and go to ILADs, they don't necessarily acknowledge it.

Neither do the rheumatologists. It's funny, I have more cardiologists that will actually accept and understand a Lyme diagnosis and or co-infections and how it impacts the heart, for example.

But really, I think what it is is that even if a doctor thinks to put it on their differential diagnosis, and I will make the argument that because it infects every cell and can affect every organ in the body, it should be on every single differential diagnosis that exists in medicine, number one.

But let's just say that the doctor is smart enough to think of it. When they go and they do the test for it, And the test comes back negative, and they don't understand that this is a clinical diagnosis, not a diagnosis that should just rely on a word, positive or negative, to make that diagnosis.

But when they're using a conventional lab like Quest, and they're only looking at Borrelia burgdorferi, and they're only looking at the 10 KD bands for IgG's and the three KD bands for IgM's like in this immunoblot that's used, they're missing so much more of the story.

So like the way that I explain it to my patients is like if I had a box with 20 different color crayons, And I told you here, pick a crayon out of this box and you pick a green crayon.

Why Standard Lyme Testing Misses Cases

I'm going to come along and I'm going to say, all right, I'm going to test you for a green crayon, but I'm only going to use this test that looks for a red crayon.

And when I tell you, You don't have a crayon because it's not red. Does that make any sense when you're holding a green crayon? That's what these doctors are doing.

They're using a test that looks for Borrelia burgdorferi and not even in a sensitive way. And then they're saying, well, it's not Borrelia burgdorferi, therefore you don't have lime.

Well, what about the other 18 species of Borrelia that cause lime? If you haven't actually evaluated all of them, how do you say that you don't have lime?

You ignore it. Cause I definitely had a guy come down from Mayo into my clinic. He brought two inches thick of paperwork that they ran on him. And I was like, wow, uh, this was earlier in my career.

So I was, I had a lot of time on my hands, honestly. And I just sat there and went through it and I read and we

talked a little, but I was mostly just reading.

And I got to an interesting page and it was immunoglobulins as an IgG and it was darn near It wasn't actually zero, but it was very low. And I flipped to the next page and it was IgG negative four Lyme disease, Epstein-Barr, Bartonella.

And I go… As a young doctor, I'm sitting there thinking, I'm like, I know I was trained in school, but obviously these guys have to be the best, right?

They're male. They have to think out of this. If you don't have any immunoglobulins in your body because there's an immune dysregulatory infection that has destroyed your body's normal capacity, they had to think these tests can't be reliable, right?

Right. No, wasn't considered. Yeah. So yes, we're testing for an infection that suppresses immune function and inhibits your ability in some people for the B cells to make antibodies.

We're using a test that measures antibodies. Makes sense, right? Yeah. So then what testing are you using? Specifically, I use Galaxy Labs, I use iGenX, and I use Vibrant.

Those are my three main labs that I use. I've used all of them. I like to just bring up with Vibrant because they have such a large panel. And when I show people the number of tests that you'd run from Quest versus the number of tests you'd run from iGenX for this specific Lyme and Lyme co-infections, I'm like, you could run this, and there's 10 markers.

You can run this, and there's 70 markers, and you're like, Do you understand why I'm much more likely to get a positive over here than over there? And something I'd like you to point out for me, and I just want to honestly hear your answer because I have my answer that I talked to my patients about, but when somebody comes back, let's say with a Vibrant America test and the Vibrant America shows positive on IgG, negative on IgM, does that mean for sure they don't have that infection active?

No, it absolutely does not mean that. So how I look at it is that if your IgG is very high, like I would say moderate to very high, then to me that says chronic infection.

And I know the argument, the argument is once you've had Lyme, your immune cells, you know, they recognize it and they make memory cells, you are not going to have sky high IgGs as memory cells.

On igenex, maybe it's an IND, which stands for indeterminant. So there is antibody production to that specific band that they're looking at, but it's not high enough to earn one plus or two pluses or three pluses.

Or with a company like Vibrant, their moderate range starts at a 10.1, and their high range starts at a 20.1. So if someone's between a 10.1 and a 13, yeah.

and they don't have symptoms and there's nothing else that could be explaining it, they've resolved their infection, then sure, those could be memory cells.

But if someone has a high moderate or a high number, that is showing chronic activation of the immune system. In my opinion. Yeah, I mean, I was just, you know, going back through the medical books that we had to read that our standard of medicine in general, you know, they're using medical school, naturopathic school, chiropractic school, they're the same books.

Mental Health Effects of Chronic Lyme

And I was going back and I was reading definitions of IgG and I was like, huh, so this is an immunoglobulin that roughly will stick around nine to 12 months in many cases, which is exactly why When we're going through the pandemic, they're like, yeah, this fades away over time after you've had it, which is true.

You still have some memory cells, right? But your response will not be as strong. We all listen to it all over the news forever. And I'm going, why don't we apply that to chronic Lyme, chronic Epstein-Barr, chronic, whatever you want to put the title on.

I'm just glad they're now admitting that there's a chronic infection possibility with chronic COVID or long COVID as they call it. But when it comes to Lyme disease, I tell people, I go, if I see an IgG positive, no IgM's positive, that means to me that you've likely created immune cells to this in the last nine to 12 months.

Does that mean you're positive or negative? It's not that black and white. It's your body's created response. Do you feel better in the last nine months?

No? Well, then you probably are still creating responses to that thing. Unless, again, did you have strep six months ago? You created the antibodies. They're still lingering around.

You don't have strep throat anymore, do you? No? Okay, well, then it's probably not that. If we're talking pans-pandas, well, that's a whole nother conversation of symptom profiles.

Okay, so we've talked about testing a little bit. We've talked about how common Lyme is. We've talked about some of the people that it's affecting. And I just want to keep going with Honestly, let's just go back into the mental health piece here for a moment because it seems like the conversation, whether it's on social media, the news, or just your day-to-day people, mental health is finally being accepted as a problem.

We're realizing that we need this work-life balance. We're realizing that there's something to the mental health aspect of the world. Therapy is being made to be okay.

And I'm just like, yes, but. Go to your therapist, yes. Do your nervous system work, yes. But if you have an infection, you're never going to get through it.

You still need the tools, but you're never going to get through it. How does Lyme manifest in a mental health aspect to your average day-to-day person that maybe he doesn't have like the full out symptoms that Bieber was dealing with or, you know, they're not being hospitalized.

What are some more light, like common symptoms that you might be dealing with? I would say probably the most common symptom is brain fog. So it's not, you know, that they flat out are having memory issues or they can't follow instructions or, you know, nothing like in a dementia realm, but it's like this brain fog, almost like, you know, they kind of can't get out of their own way.

And this was one of my huge symptoms. I would walk into the office. I knew I had 20 things to do. I'd finally sit down at my computer and I couldn't think of one of them.

You know, so it's more just like this general brain fog. And I think, you know, if you got a bad night's sleep, it's gonna be worse. If you got a good night's sleep, it's gonna be a little bit better.

You know, the amount of stress, the amount of tasks that you have to do, all of these things are going to change the way that the brain is functioning on a day-to-day basis.

And, you know, a lot of times, you know, going with kind of like the reproductive cycle and the ebbing and flowing of these organisms in the body, One of the things that people really don't understand is, like, you can have a pretty normal day and then have a day where you almost feel incapacitated and then every other day in between is some level of brain fog.

So, you know, the mental health issues that go along with these infections, it's like, number one, most of these people have been from doctor to doctor to doctor.

They've been told it's all in their head. There's nothing wrong with them. Their labs look fine. They look fine. just

want attention, they don't want to have to work, all of these excuses, they've been gaslit like you wouldn't believe, number one.

And that's going to do a toll on your mental health. But then you also have this really ominous, usually, worry that something's really wrong with you and nothing anyone is telling you resonates with you and you're scared.

And being scared and having just that alone ignite the fight or flight process in your body does a lot to your mental health as well. Then you have these organisms and your immune cells in your brain.

Why Conventional Treatment Often Fails

literally inflamed, causing inflammation, causing nerve death, causing all sorts of physical structural changes in the brain, not to mention a lot of these inflammatory cytokines disrupting the production of neurotransmitters.

So for example, Borrelia will exploit something called IDO, and it's an enzyme that works negatively on the tryptophan, serotonin, melatonin pathway. So IDO actually inhibits the conversion of tryptophan into serotonin and melatonin.

And this is one of the reasons why Leiden patients have a lot of times such severe depression and anxiety and cannot sleep. So there's so, and then, you know, you don't sleep, everyone knows what that does to your mental health and what that does to your nervous system, right?

So it's like layer upon layer upon layer of how this impacts the brain and why from a logistical standpoint, from a physiological standpoint, and from a structural standpoint, Lyme is so devastating to the brain.

And after years, I've watched of clients tell me, Hey, Justin Bieber found out he had Lyme. Great. He'll go get help. And then a year goes by still dealing with it.

Still on the news with endless amounts of funds and probably everybody under the sun said, Hey, let me help you out as far as the doctors out there, because if you are a Lyme doctor, you're like, get him better.

My practice will be full forever. and he still struggled and struggled and struggled. What is it about the conventional path of healing that is leaving even people with unlimited access, right?

Because you mentioned earlier, like the average doctor's appointment is six minutes. I guarantee his doctor's appointments are not six minutes. So with people with unlimited access, why are people still not able to get results?

So I think that answer is twofold and probably more, but I have two main points. Number one is because the focus is on killing the organism. Number two, and I'm not saying this lightly and forgive me if this comes out wrong, but people that have endless resources like to Dr.

Hop and they like to go after all the shiny bells and whistles and adjunctive therapies and therapies that can be helpful When you combine them with a solid ironclad treatment plan, they can be adjunctive.

They can help to increase the speed of healing, but they're not standalone treatments. So going back to the first one and going back to what we've talked about, Lyme is an inflammatory infection.

It causes all of its symptoms through inflammation, it breaks the immune system through inflammation, and it stays in the body chronically because of inflammation, right?

So if we don't deal with the inflammation and we do not rebuild the immune system, you can throw every combination of antibiotics at all sorts of extremely high doses for months or years, but no combination of antibiotics for any duration of time is going to get every single last little Lyme organism out of the body.

So if you don't fix the inflammation, you don't fix the gut, you do not fix Ultimately, the immune system, when you

stop your antimicrobial treatment, it is going to do what bacteria do.

It's going to replicate and it's going to grow back and you're going to relapse. And you will be that cliche, once you have Lyme, you always have Lyme.

And from my 20 years of experience doing this, I wholeheartedly believe that, and that is what I see every single day in practice. So in summary, focusing on killing will keep you sick chronically forever, number one, if you're only focusing on killing.

Number two, back to all the shiny, wonderful things. You know, you can go and get hyperthermia. You can go and get plasmapheresis and Ibu and HBOT and IVs and stem cells and exosomes and peptides.

And you can do all of that till the cows come home. But if you are not getting to the root causes and you're not looking at the terrain and how these organisms have changed the actual cells, the mitochondria, the organs, the organ systems, the terrain of the body.

And you don't focus on that one person sitting in front of you and figure out all of their pieces of the puzzle that have been altered and then go in and fix them and ultimately fix the immune system They're never going to get the infection out of the body.

I couldn't agree more. Honestly, the biggest mistake I see people make is just hammering their body, whether it's trying to kill it, the bacteria or the parasite or detox the mold or the metal or whatever it is, just hammering themselves.

I had a young woman come to me from a clinic where she was spending 40 to 50 grand per month.

Balancing Treatment and Supporting Recovery

to stay there and do ibu and ivies and and all the things the family financially of course had the resources so they were trying to do the best they could possibly do and i was just talking to her and i was like can you track your food for me for three days and this is not usually like the biggest home run that i do but yeah i said can you track food for three days she did and it came back 400 calories a day i'm like You don't have the materials in your body, the resources to do all that stuff.

Like even if it could have worked, it wasn't going to because some of the simple stuff was missed. And also, like you said, our bodies are made out of cells, which are single cellular.

organisms, let's call them, working together to create you. You're a trillion different cells, some of it bacteria, some of it yeast, some of it human tissue, working together.

And if you want to eradicate all of Lyme, you'll eradicate all of everything, including yourself. And that's the only truth that you're going to get out of that.

And I tell that to people and they just, what? We're not trying to eradicate, we're trying to bring balance. Right. Well, and I mean, look at the microbiome, right?

Like, look at the gut, look at the microbiome, and look at how much our immune system, first of all, resides in the gut, right, in the in the gult, number one, and how all of our immune cells are being trained in the gut.

and then look at the amount of inflammation that just a Lyme infection alone causes to the gut, right? Then look at, you know, people who have been on boatloads of antibiotics and what that does to the gut and to the lining and to the microbiome.

And so a lot of the treatment that is standard for Lyme care that is hammering away at the organism is also further breaking down the gut, causing more toxicity, causing now reactions to foods and other things, destroying the

microbiome, and then it's like, how do we ever fix the immune system?

And I'm not saying that antibiotics don't save lives. They do. And I'm not saying that they don't have their place. They 100% do. But I strongly disagree with boatloads of excessive antibiotics, I think that it ends up doing more harm than good in the end.

And then we end up with more fungal overgrowth. We end up with more yeast and candida and other things that further weaken the gut and cause a bigger imbalance in the immune system.

Yeah, it's about balance and balance isn't sexy and getting on social media and being like, hey, find balance when it comes to the antimicrobials you're using and the balance of antibiotics have a place, but it's not all the place.

That's not sexy. So that's not what anyone hears ever. And the reality is, is all these tools have a place. If you find the right doctor that will sit with you and listen to you and do the right testing and then use these tools effectively.

I've had clients that have come in on a pick line of antibiotics for eight straight years. That was malpractice in my opinion. It did take me a year to get her off of them because she was so scared to come off, rightfully so, because who knows what was going on with her body throughout that as I was rebuilding, somewhat rebuilding the gut.

There's a limitation to that with the PICC line in and trying to rebuild mitochondria and working on the environment and some of these other pieces and trying to get other infections that under the level of irritation so that when we came off of that, we'd be able to do well.

And I mean, when I met her, she couldn't raise her arms past here and she couldn't walk to the end of her driveway. And two years in, cause like I said, it took a year to get her off the pick line.

She could raise her arms all the way up and she could walk to the end of the driveway. And she was going to the gym with a personal trainer. I'm not saying she was highly functional, but she had gained a lot of function back.

And it was because you look at the person and you try to avoid one of the biggest mistakes most people do, which is what you said, overtreating, from any perspective, which can be too many coffee enemas, too much castor oil, to too many Ibu sessions, too many IVs, or too many antibiotics.

It's about understanding the bandwidth or what I call the energy bank account someone has. If we only have $5 to spend, we have to figure out where to spend it.

Everybody that comes to you and I probably is already in energy bankruptcy anyway. Which means that they are overburdened with things and they're already fatigued.

And when you ask them to 12 more therapies, where's the energy coming from to make that useful? Right. So, you know, as I'm kind of coming toward the end of our podcast here, I have a few questions for you that I wanted to make sure that I hit on and.

You know, what is it right now? And I know you are talking about balance. You literally have been talking from the beginning of figuring out how to get somebody's body back into balance, whether it's microbiome, neurology, inflammation.

You're talking about balance, but is there anything right now that is just really exciting to you as far as a tool that you're using? a tool. Now, do you mean like outside of my typical like looking at lifestyle and herbs?

Like, are we talking like an actual tool or are you including those? We can go anywhere from some sort of PMF mat to a peptide that you found that's being really effective to…

Sure. What tool? So, I think There isn't one specific tool. I would say, I would pick like, let's say four things. So number one, getting on an herb or an herbal formula that is going to inhibit the major pro-inflammatory cytokines,

okay, as well as the inflammazones that are driving the neuroinflammation or really the inflammation in the entire body.

Number one. Number two, doing something to correct the dysautonomia because almost every single patient with a chronic illness has some level of dysautonomia.

And if your nervous system is constantly in fight or flight, your body just isn't going to function properly.

Tools for Healing and Rebuilding Health

You can't expect to get your immune system back on board if you are stuck in fight or flight. So whether that's meditation, whether that's visualization, whether that's deep breathing, whether whether that's using nicotine therapy for some people, right?

Like that piece needs to be addressed at whatever level that person is willing to go because a lot of these things people think are fufu, right? So then I would say the next thing is cleaning up their diet.

Everyone has to eat. Everyone has to spend money on food. Junk food is expensive. So let's get our food to work for us or against us. I really don't think that food is really any gray.

It's either poison or medicine, right? So making sure that we're eliminating all of the pro-inflammatory foods, no gluten, no dairy, no sugar, take them off of the things that their body has chosen to react to like a foreign invader.

So if they're making IgGs or IgAs against any of the foods, and then get them on, you know, something as simple as like eating a rainbow. but making sure that they're getting enough protein so that they can build muscle or how about antibodies, right?

We need those, right? So a lot of these patients to your point, your patient that was coming in on 400 calories a day, they have gross nutrient deficits because a lot of them have GI issues or they're depressed or whatever, right?

Or they can't swallow. I have five patients right now who cannot swallow. because of their tick-borne diseases. It's a huge thing, and nobody's talking about that.

So anyways, the third thing is diet. And then I would say the fourth thing is whether it's like a PEMA mat or a PEMF mat, or we're doing near-infrared, red spectrum lighting, far-infrared sauna, something like that to help to from an external standpoint, calm the inflammation, reboot the mitochondria, and help cellular detoxification.

I love it. You're like, the four. And I'm like, OK, it's like the whole picture of… I mean, I can really give you like 10 or 12, but… actually being able to really walk through that pathway.

And you said it so easily and it's everything you do every day that the majority of your concierge doctors have never even heard about, right? Your concierge doctors are trying their best, but It's just not a normal mainstream medical training.

And that's what one of your passions is. We were even talking earlier is to help teach pediatricians, help teach regular GPs to look at things differently so that people can get past their complex chronic illness.

And when I say this, it's realizing 75% of Americans over the age of 40 have a diagnosis of a condition that has become chronic. Like we're stuck. And it's crazy that we just accept this today all of a sudden as if it's all, it's been here forever.

It's not. People have not been sick forever. No, we haven't. And also, I mean, so now take that down to the kids, right? What was the incidence of chronic disease in children 30 years ago?

It was in the single digits. We're up in what 50s, 60s, depending on like what the source is. And that's just, it's

acceptable. It's disgusting. Yeah.

Closing Thoughts and Where to Find the Guest

Well, I really appreciate you jumping on here and having a conversation with me and just being so enlightening in the realm of Lyme and honestly, just the missing links in medicine today.

How can people find you to learn more information? Sure. So my educational platform is Lime Bites. It's L-Y-M-E-B-Y-T-E-S. We have a podcast, we have an annual symposium, and soon to come a membership.

My clinical practice is TOW Center for Vitality, Longevity, and Optimal Health, EES. That's a mouthful. You can find that at tauvitality.com. And then I also created a supplement company that makes herbal medicines that are able to help to heal a lot of these infection-driven complex chronic illnesses.

And that's Lyme Core Botanicals. Perfect. Well, we will link those in the show notes so people will absolutely be able to find you and they should, especially if you're dealing with any of these conditions from, well, if you already know you have Lyme disease or even suspect it, but if you're having mental health situations pop up in your life where you're like, this doesn't feel like me.

If you don't feel like yourself, it's probably because someone else or something else is affecting your mental health. So to everybody, thank you for listening and until our next episode, we'll see you there.

Thank you for tuning in to Redefining Wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

Also, please consider leaving a review. It helps more people find the show. See you here again.