Introduction to Functional Medicine and Autoimmunity

I think a key that really helps our patients succeed is we educate them along the way on why what they're noticing, how to pay attention to their body, why those things are happening, and then what are the things they're doing that are contributing to those problems so they know how to do things differently.

And we teach them new ways to balance out their lifestyle and new ways to feed their body and with nutrients and using food as medicine. So education piece is so, so huge.

That's what I think is really makes our patients so successful is we help them understand all of that. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Today's episode was previously recorded on the Pain Solutions Summit that I hosted. Welcome to the PMF Summit on Healing. And today we have a wonderful guest, Dr.

Tiffany Kaplan. And I've worked with Tiffany in the past for our Pain Solutions Summit, but today we're just gonna focus essentially on autoimmune disease.

So before we get started, not everybody who is gonna be watching this had ever seen the Pain Solutions Summit. So please introduce yourself. Hi, thank you for having me again.

Yeah, so I got into functional medicine and really this world of looking at chronic disease differently from my own personal experience. I worked with a functional medicine doctor when I was experiencing depression and anxiety and brain fog and just, you know, felt failed by the standard model of care where they were just throwing medications at me and it wasn't really it wasn't answering the question, well, why is this happening to me?

And so that's where I fell in love with functional medicine. It really opened my eyes to this whole new world of looking at how do we help the body get through a lot of the challenges that it comes across or experiences.

And then I have a lot of autoimmune conditions that run in my family. A lot of people dealing with Hashimoto's and Lupus and MS and Crohn's and just a whole list of different autoimmune conditions and that was really what got me into looking at autoimmunity as one big area that a lot of people are confused on, they have questions on and are led to believe that there's nothing they can do for it.

And I think that's very misleading. So that's what I help focus on in my practice is helping people with just better understanding autoimmunity, their conditions of what they have been dealing with, and then how to take control of it naturally.

So that's what we do in our practice. And I'm so happy to be able to talk to Dr. Pollack today about how we can use things like PEMS to be a healing tool and really help the body do what it does best, which is heal itself.

And in combination with what you do, because PMF therapy doesn't work in isolation. No therapy works in isolation. And it's rare that you have one solution to a problem, especially a complex problem like autoimmunity.

Well, thanks for that explanation. I would also like to say, what is your professional background? Yeah, I started out in chiropractic. I was more interested in doing things more holistically, naturally.

And then while I was in chiropractic school, I got introduced into functional medicine. And so I went down that path of getting certified through the Institute for Functional Medicine, Functional Medicine University.

I take every type of class I can find out there on just Opening my eyes to how all the many different ways that we

can help support somebody through lifestyle medicine Well, and I think that's important because autoimmunity crosses all organs, right?

Essentially crosses all diseases and it's rare that somebody with autoimmunity has only autoimmunity as a problem So being a functional medicine doctor, practitioner, you have to bring together all kinds of skills because you're dealing with a whole person, not a diagnosis, not an organ, not a sex, not an age, et cetera.

Oh, that's very important. So that's wonderful. Well, how did you start off? How did you start into autoimmunity? I know you said you had the family history, but you went to chiropractic school, you did chiropractic training, the traditional approach to chiropractic, right?

But then along the way, I assume you started seeing people with autoimmunity. Right. Besides seeing family members kind of go through the standard where it takes years of suffering with symptoms to even get a diagnosis.

And then at that point, they're really just treating the label, the diagnosis, and trying to manage the symptoms. And just seeing people just not get better that way was really interesting to me, thinking of things in this different sense of, well, why is it happening, right?

Instead of just trying to shut down the immune system or or throw in anti-inflammatories to calm that down. Why is there inflammation? Why is the body struggling to, why is it attacking itself?

That was the big question that was coming up in my mind was like, the immune system is supposed to protect us. Why is it harming us? That just doesn't make sense.

Something has to be abnormal that's causing that reaction. And I started to see a lot of trends in the patients that were coming to us, whether they were coming to us for pain or for fatigue, or just they weren't getting answers in the standard care.

Maybe they were having hormonal problems, gut issues. It just seemed like when we started putting the pieces of the puzzle together, we were able to connect the dots between all of these different things that they had going on.

And especially when it came to autoimmunity, like you said, it's not one thing. It's usually like a combination of dysfunctions in the body that is leading to the immune system then having that aberrant attack against self tissue.

So it's just interesting to start putting all the puzzle pieces together. And that's where I love functional medicine, but I love autoimmunity because there's like a hundred different autoimmune diagnoses.

And really when we kind of dial it in, they're not separate problems. It's really just addressing the why behind the immune system dysfunction. So it's just fascinating to me.

You have to be a detective. Exactly. You have to be a detective and be able to solve all kinds of problems. You know, there's an interesting fact that most people are not aware of.

Autoimmune diseases are the number three cause of death in the United States. Number three. Now, they're hidden because it's Hashimoto's and it's lupus and it's Crohn's and so on.

But when you take all of the autoimmune conditions together as a class, It's the number three cause of death.

Root Causes, Testing, and Immune Imbalances

This is how important dealing with autoimmune diseases is. And this is one of the reasons we are doing this focus. So fantastic. So what is your approach to an autoimmune person, a person with immune disease?

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Visit drpauluk.com today and let's get started on your healing journey together. Yeah, so when somebody comes to me either with a diagnosed autoimmune condition or having just a lot of symptoms that make me question like, well, is this autoimmune in nature, right?

Because a lot of people are not diagnosed. They're suffering with symptoms like on average for about seven years before they get a diagnosis of something like lupus.

So it's just kind of like there for so long causing this dysfunction. So we really just take a step back and start with a good health history, figure out timeline of when did they start to notice things?

What was going on before that point? Because we know the dysfunction that leads to ultimately the destruction that leads to the symptoms happens, you know, years sometimes before the symptoms appear and then the symptoms are there usually years before the diagnosis actually happens.

So there's a long timeline of events that we have to kind of trace back and try to figure out, well, what was going on around that time? that caused this switch to happen in the immune system where it started to think that self-tissue was this harmful foreign substance.

So we look for different stressors in the body, whether it's physical, mental, emotional, chemical, and we get a good thorough history and then that leads us to figuring out what types of tests we should run to get some more concrete answers as to like what dysfunctions and what level of dysfunction is happening.

Is it just basic cell function that's off or the cells not working and that's what's leading to these other bigger organ systems not working as good or they're just simple nutrient deficiency.

Sometimes it's really the simple things that are off because somebody's diet is poor, they're stressed out all the time, they're not sleeping, they're not exercising.

So that's where lifestyle medicine really comes in because the things that our body experience on a day-to-day basis are what matter the most and those are the things we have control over for the most part, right?

We have control over our diet and our lifestyle. So we use those as the tools to fix what's going on and we can help people understand what they're doing and how it's impacting their health.

So it just starts with getting an idea of where they're at, what are they doing, what are the things that could be causing some of this dysfunction in their body as a whole, and then doing the right testing to really get answers.

So we're not just throwing darts and guessing what's going on. We're understanding where the dysfunction is happening and why. And that's where we start with everything.

That's key. And I think one of the things we have to try to figure out is, if you can, clinically, what we try to do is remove the cause. Because if you can remove the cause, you can cure the problem, right?

It's a continuing cause. How often can we remove the cause, and what are the causes of auto-manity? Yeah, so a lot of times the causes are self-inflicted and we don't even know we're doing it.

So eating a standard American diet, they call it the sad diet for a reason, right? It's very inflammatory and full of processed foods that really are low in nutrients.

So a lot of times it is nutrient problems or absorption issues like if somebody has gut problems the whole saying of you are what you eat is only partially true because you are what you can digest and absorb and you are how your body is reacting to that food right so that's why food is such a powerful tool because it has so many different ways that it influences our body so sometimes it is the diet sometimes it's the lifestyle people just don't know how to handle stress we're overloaded with stress and stress is not just mental emotional like a lot of people associated.

Stress is like physical stress. Like even having a sedentary lifestyle is stressful on the body, right? Not sleeping well is stressful on the body. So stress is so many different things.

Having hormonal imbalances, having toxins and chemicals, exposures to things that just overwhelm the body's response, and these things all directly can trigger the immune system to be more hypersensitive and like more alert and more likely to perpetuate something like an autoimmune process where tissue in the body is being destroyed because it gets the body in the sense of it needs to be on high alert things are coming at it and stressing it out and these are potentially harmful so we put the guard up and that's part of what happens with this whole autoimmune process is that there's so many different stressors that are coming together to create this response.

It's not just one thing. I've never actually worked with a patient where it was literally one thing and all they did was change their diet and everything got better.

It doesn't work like that. There's a lot of layers to these issues. So yeah, I think it's just looking at their diet, looking at their lifestyle, looking for key areas of that might have dysfunction.

Blood sugar problems are super common. Hormonal imbalances like with cortisol and the adrenal glands and how well your body is able to adapt to stress and that resilience factor.

I think a healthy body is a resilient body. It's able to overcome the little challenges that it gets exposed to easily and be able to compensate. But when these problems are going on for so long, the ability of the body to be resilient gets worn out.

And we can't overcompensate for these little dysfunctions, which then get magnified into these bigger problems. So that's why Little nutrient deficiencies like having a vitamin D deficiency or glutathione deficiency Matter so much because now the body doesn't have key Ingredients to be able to function like to keep the immune system balanced.

We need those things So just again looking at where in that person's Lifestyle do they have control over these things their diet? and just it's personal and that's where I think I That's one of the biggest benefits to functional medicine is that we look at the individual instead of just looking at their label that they've been given.

And we can tell that, you know, every person with a with lupus, for instance, is going to have a different presentation and different past history and exposures and diet and lifestyle.

And like, they're going to have different things that we need to work on. So there is no magic diet, no magic exercise, no magic pill. So personalization is magic cure.

In other words, no magic removal. So like for example, if you Lyme disease is a perfect example, right? If you get Lyme disease, you may have gotten Lyme disease.

You may have a mild reactions Lyme disease. And then, but the Lyme disease, chronic Lyme disease is an autoimmune problem as far as I'm concerned, right?

It's no longer the infection. Now it's an autoimmune problem. And so everything you're describing is what you need to do to help with maintenance. But you set yourself up for something, like for auto, like Lyme disease, you might

not set yourself up for, right?

Unless you are a hiker, you're setting yourself up. Because you're giving yourself an opportunity to have it. Although with Lyme disease, we see some people who have Lyme disease have recovered and they're done, they're gone, right?

So no problem. And yet the next person with Lyme infection, even though it's a mild infection, all of a sudden has this horrific reaction and lifetime stress and distress from this condition, right?

So it's not always chasing the Lyme disease. And I've seen this often, that people will chase the Lyme disease forever and ever and ever. I got Lyme disease.

But you got lost in the forest, right? It's not a Lyme forest, it's an autoimmune forest. The Lyme disease is one of the trees of the forest. So you can never get rid of that past.

There, it's gone, it's done, it happened already. We see this with kids. usually young people with type 1 diabetes. So type 1 diabetes is an autoimmune disease, right?

So you don't have to have had anything. You could be very healthy. All of a sudden you get strep. All of a sudden you get respiratory viral infection.

A simple virus, right? A simple flu-like virus. Not even influenza, but a flu-like virus. And then bingo, a month later you're type 1 diabetic. So what happens there?

Yeah. So then we work with the immune system to figure out, well, one, why was it more susceptible to have such a big reaction to a simple virus where other people get exposed to the same thing and can fight it off?

What is missing in the immune system maybe that was was compromising them from being able to be resilient against it to fight it off but also looking again at like what other factors are there that are influencing the immune system at the same time because it could be the diet and they're not sleeping and they're stressed out and so there again there's a lot of things that maybe weren't the direct trigger but they were under the surface kind of contributing to allowing that perfect storm of events to happen where then their body couldn't overcome it and that's what triggered that response.

It wasn't just the virus, it was all these other things that kind of led to it, right? So the immune system was already weakened for all these other factors.

You may have the genetic predisposition, the gene type, right, to get type 1 diabetes in the first place. But not everybody with that gene type gets type 1 diabetes.

Right, so something happened for you that you got triggered and activated by that particular infection. Normally you might not have, and the next time if you had it before, you may have had it multiple times before and never had a problem, but now this time all of a sudden, bingo, now you have the condition.

Yeah. Right, so then you have- Yeah, so it's not just genetics, right? A lot of people will just assume like, oh, it's just genetics, but it's how our genes are influenced by our diet and our lifestyle and just experience and how all of those things come together.

Well, and that's epigenetics, right? Not the genetics of being a woman or being a male. It's not the genetics of blue eyes and brown eyes. It's the genetics of what your system has to do to deal with whatever environmental challenges are placed on it.

And then it manifests in whatever ways it's going to manifest. Exactly. But if the predisposition is actually relate to one of the things that I'm sure you look at is to do testing, go back to testing.

So when somebody first presents like this, what I would normally do is to go back and find out if they had immune deficiencies already. Because if they already had immune deficiencies, where they get their condition, then they still are there.

They're now part of the problem, right? They were the cause or participating in the cause, but they're still part of the problem because now you become vulnerable to other things as well if you don't deal with those basic immune issues.

So how do you deal with that? So looking for, again, what is the cause of… the immune deficiency. Maybe they do have low vitamin D levels or glutathione levels, things that help with the T regulatory cells of the immune system.

I like to think of the immune system more like this balancing scale that needs to be worked on instead of just a straight, it's upwards down as a whole because typically there is an imbalance towards one side kind of You make certain cells more than others.

Maybe it's a TH1, TH2 type of deal or just more antibodies are being produced.

Triggers, Stress, and Adrenal Dysfunction

Your natural killer cells are part of that what we think of as a weak immune system. When you don't have as many natural killer cells, you can't easily fight off those pathogens that you get exposed to.

But in the middle of balancing out all of the different like sides of the immune system are kind of orchestrating everything. We need key components like vitamin D and glutathione and omega-3s that help with the T regulatory cells part of everything.

So a lot of times that's where those deficiencies, that's what we'll look for because it's just the immune system doesn't have the key ingredients to function.

How is it going to do that? And sometimes it goes back to, like I said, cell function. If the cells don't have what they need to be able to function, how is anything else going to work so well?

That could be blood sugar, could be thyroid-related nutrients, receptor problems. So testing is really helpful so that you're not just guessing and kind of just throwing things at the immune system because you don't want to push it the wrong way either.

That's what can be problematic for some people too. It actually can exacerbate the immune response. I used to, a long time ago, I read some papers. A doctor in the Netherlands did a study on families who had kids with a lot of infections, upper respiratory infection.

And he discovered doing these pedigree analyses in his practice. And it was all based on his actual practice. And what he found is that people with blue eyes and blonde hair were much more likely to have IgA deficiencies.

So they came with that genetics because of their blue eyes and blonde hair. And I imagine in the Netherlands and Sweden and so on and the Nordic countries, that's a very common issue.

So that blue eyes, blonde hair go with certain genetic predispositions and very often they ended up with IgA deficiencies. So what does an IgA deficiency lead to?

Well, just with, again, any imbalance of the immune system matters. So whether you have too much of something or not enough of something is important.

The IGA is more like that first line of defense in the immune system is how I think of it, right? It's the first thing that external factors will come into contact with, whether you're breathing them in or you're ingesting them or they're getting on the skin.

It's those barriers in the body that get exposed to the outside world that that's where the IGA reaction really lives. And so if you don't have those protective barriers there or the immune system has been run down, you don't have those immune cells, you're more susceptible to things being able to get in and not have a way to fight them off as effectively.

Yeah, IGA found is in the mucous membranes of the body in particular. So that's the first barrier of defense. As you say, that's the first, first thing you're going to encounter.

Then the body has to produce IGA antibody to fight the viruses or the fungi or the bacteria or the molds or, or even the food that you're taking in. Right.

And if it doesn't have that capability, then you have to find other ways of dealing with it so that you don't keep stressing that system. Yeah, because then it will just be weaker and weaker and then.

You really have no protective mechanism. It spreads to other parts of the body, right? The tonsillitis, astoiditis, or maybe even encephalitis. Sinus infections often are related to IgA deficiency.

And you don't have to be hugely deficient with IgA. It could be mildly deficient as well. And it's probably pretty rare that we actually see really serious, severe IgA deficiency.

Right. I usually will see just severe deficiency for somebody that has been on like a lot of immunosuppressants for like a long period of time. That's where I usually have some of those things pop up.

It's just it's more medication induced for a lot of people. What kind of immunosuppressants would you say do that? You know, I see people that are on a lot of prednisone a lot of times and steroids are a really common one.

Right. Yeah, so that's actually like one of the biggest. And then there's so many different ones out there now that they're using for rheumatological conditions and just anything that is made to just simply suppress immune function.

I see it has negative impacts, especially when somebody's on it for long term. And unfortunately, conventional medicine, by using these immune modulating agents, right, that's all they do.

whether it's prednisone or the other DMARDs, they cause other problems, right? Because they're suppressing the immune system in other ways. What do they do to actually stop the progression of the condition?

They don't, right? They're just putting a band-aid on it and actually causing, I think, more imbalance of the immune system. Again, if we think of it as like a balancing scale, instead of just shutting down an overactive part of the immune system, it shuts down everything.

So that weak side already becomes even weaker in somebody. and you don't have any other supports. So you don't have other aspects of your body trying to keep you in balance and stop progression.

Like yourself, as an MD, I did all the terrible things that MDs did and do. But when I started doing functional medicine and started actually working with functional questions and functional problems and making somebody actually function better, rather than trying to stamp out a disease, Because the concept of most medical medicine essentially is to stamp out infection.

Do an antibiotic, you're done, right? But we know that if you do it, what does an antibiotic do to an infection? Yeah, it can make things worse. It makes other problems pop up if you're killing off some of the good stuff too, right?

That as well. But an antibiotic, all it does is kill off the bacteria. What does it do to the rest of the body? As you say, it can cause new problems, but it doesn't actually help the body to heal itself from the infection.

The damage caused by the infection is not being healed by the antibiotics. So we have this crazy perception that

given antibiotic, I'll be just fine. And I used to tell patients all the time, when you leave the doctor's office with a prescription, the doctor goes like this, mentally or otherwise.

Good luck. I hope it works, and I hope you don't have problems with this. See you in six months. Exactly, so what you're doing is basically just leaving everything to chance.

Here's your treatment, cross our fingers. You and I will say, okay, we have this problem, let's figure out why we got it in the first place. Number one, because then we support you so that you don't get it again, right?

And then we support you to heal better. So when you have surgery, right? When you have a lesion caused by a broken bone or a appendicitis or needing to take out your gallbladder, what do you do to help the body repair?

What do the surgeons do? Oh, they don't do anything. They did this. As she said, okay, I cut you, I cut you open, I sutured the wound, I got rid of your appendix, go home and heal, come back someday, cross our, cross our fingers.

Yeah. Right. We don't, we don't, we don't sit for that. No, I don't feel good with that. That does not, it's, it's, yeah, it's something that I need to understand why it's happening to, to be able to feel good about helping somebody.

I can't just send them away with the fingers crossed. Well, we do some of that too, but you know, still, cause no matter what you do, it's still trial and error for a person.

You never know how they're going to react, but at least the tools we have for the most part are supportive. I rarely saw reactions to the things that we do in functional medicine.

Right. Right. Rarely do you see a problem. Working with the body instead of against it, I think is one of the big differences. Especially when you can do a proper evaluation.

of a person, not a disease or a condition, but a person, right? Exactly. So what are your favorite autoimmune diseases to work with? I'm fascinated by systemic autoimmune disease because it's something that is so invisible a lot of times, like lupus, right?

It's something that somebody can present with just a skin rash that's visible or something, or they can just present with kidney dysfunction, or they can present with just different things that maybe are not so obvious.

And I think it's just fascinating because they're puzzles to figure out, well, how is this all connected with all the different things that they're presenting with, especially when somebody comes and they have not been diagnosed with something like lupus yet, right?

And they have all of these different issues. They've been all of these different specialists. Nobody could figure it out. And then we just sit down and start talking about, wow, I think all of this is actually connected.

And it's fascinating. The things I see really, really commonly though are like Hashimoto's, where it's organ-specific autoimmunity too, and people usually come and seek out specific help for that.

But like rheumatoid arthritis and lupus, they do work with like MS and psoriasis, just different things. They're all so unique, but at the same time, also similar.

I feel like I ask a lot of the same similar questions for a lot of patients just to try to boil down to how do we treat your immune system instead of what you're presenting with and the symptoms.

So there are algorithms, right? It's not a single algorithm. It's not a single set of solutions or supplements that you do every single time. So you do your assessment, then you say, based on that assessment, then you develop a plan.

Do people follow your plans? They do. I mean, we work very closely with the people that we choose to work with

and not everybody is a good fit. They're not in the right mindset to like change their diet or work on their lifestyle when we first meet with them.

But that's a lot of what we do is we coach people through how to make those changes and we keep them accountable. We have a great Health coaching team to that we work really closely with people and I think a key that really helps our patients succeed is we educate them along the way on why what they're noticing how to pay attention to their body.

Why those things are happening and then what are the things they're doing that are contributing to those problems so they know. how to do things differently and we teach them new ways to balance out their lifestyle and new ways to feed their body and with nutrients and using food as medicine.

So education piece is so, so huge. That's what I think is really makes our patients so successful is we help them understand all of that. Your body was designed to heal, but illness, chronic disease, stress, injury and time can slow that process down.

What if you could restore your body's natural ability to recover, recharge and feel its best? The key to healing is giving your body the energy to repair itself.

PEMF therapy does exactly that. Recharging your cells, improving circulation, reducing inflammation and helping you function at your best. For decades, I've studied this technology, worked with hundreds of medical professionals, and helped thousands of people reduce pain, regain energy, and take control of their health.

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I think this is where conventional medicine is horribly lacking. When you have 12 minutes with a doctor, right? The solution is to get you out of the office as fast as possible, right?

You ask two questions, that's it, all you get is two questions. And then the doctor says, here's your prescription, you know how to go. So they don't deal with education, information, support, and so on.

So what we do in functional medicine, you have to spend the time to be able to do all the things you're doing, because you're not going to get better if you don't do all those things.

So I don't know about you, I used to tell my patients, I'm not your doctor, you're your doctor. I'm your consultant. I'm going to help you to learn how to be a doctor for yourself, right?

Yeah. Can't do it for you. We can only tell you how to do it. Exactly. So I came up with an expression over the years. You can lead a horse to water. Then you start an IV.

That's what we saw in medicine, right? Because they fail with what you do, with what you normally do in medicine. And so what you have to do, you're left then with big guns.

You're left with the bad stuff. You start an IV. We rarely start IVs. Yeah. Right. We don't need to, because people are doing what we suggest that they should be doing to take care of themselves.

And what we find, I'm sure you do too, is that it's fun. We see results. People get better and they feel better. Right. And it's motivating, you know, when you're starting to feel better, when you go from just feeling so tired and in pain and just like feeling pretty miserable all the time.

When you start to even get a glimpse of like, oh, wow, this is what it feels like to feel normal. When you just start to

feel better, it's motivating.

So a lot of people that are resilient to that change aspect of, oh, I got to change my diet or I got to like change my lifestyle. once they start to see the benefits of it, it's life changing.

It really helps them like see the other side and it's motivating. And I know as a patient, when I first started out, that was the same thing for me. It was so hard to change my diet.

The first time an elimination diet was brought up, I was like, no, not gonna go there. But it was huge for me, so I get that. But yeah, it's cool to really see the big differences that can happen relatively quickly for people.

I mean, we can usually start to see people feeling better within a month or two of just focusing in on them and what their body needs. It's cool. Yeah, and even within a week, even a few days.

I mean, if they have a gluten sensitivity, if they have a strong gluten sensitivity, you get them off the gluten. If they do it well, if they do it properly, Right.

Because they don't get them off the gluten. I mean, the next day already they're starting to feel better. That's motivating. Yeah. or what the family?

We always try to get family involved because they're either the support system or the sabotagers. And a lot of times people are the sabotagers without knowing that they're sabotaging.

They're like, oh, but ice cream makes you feel good, so I'm going to give you ice cream, right? And so they think they're helping and they think they're being supportive.

But we always try to get family involved when we're having to do diet and lifestyle modifications because it's really going to matter, right? There might be food triggers in the house, stressful situations that just, you know, set them off.

Remission, Lifestyle Support, and Patient Education

So when we involve the rest of the family and understanding, hey, this is what we need to do, and this is why we need to do it, and this is how you can help the person, that makes a world of difference because they're with those people way more than they're with us, right?

And they need that accountability and support system with the people that they spend the most time with too. or that they rely on significantly. So for example, if you've got a guy, let's be sexist here, you've got a guy with an autoimmune problem, but his wife is the cook, right?

You don't need to teach him, you need to teach the cook. He has to be willing to work with the cook, right? But you need the two of them together. So I always try to get patients to come to see me with this as couples or as other family members, right?

I tell people that between my wife and I, we have a brain. Yeah. A whole brain. Partnership, right? Yeah. And they're a different way of looking at things, right?

So you really do need to involve the support team in that particular family. And if you don't, it's good, it's doomed. Yeah. And unfortunately, we see a lot of younger patients too, kids popping up with autoimmune problems and stuff.

And so then they rely on their parents. And so just educating everybody that's kind of involved is really helpful. So what are some of the triggers for autoimmune?

And one of some of the triggers, not only to initiate autoimmune, but also then to keep it going. Yeah. So initial

triggers can vary greatly. Like I think of it as like how much stress can the body handle before the last straw comes along?

And usually what we think of as like the trigger for autoimmune would actually like set it off in the first place was just that last straw. There was already a lot of things kind of built up under the surface and then it was that perfect time and storm of events that trigger days.

So it could be like an infection or something, right? Or emotional trauma that happens or something like that where that's where they started to notice a change all of a sudden.

It could be something like menopause, right? But the things that are under the surface are more what we deal with because, again, once there's like an infection that triggers something, it doesn't mean that that infection is still the thing we have to go after, like Lyme is a great example or Epstein-Barr or something.

Usually it's these other factors that people are contributing to in their daily life. So they're not sleeping, they're not exercising, they're not recognizing stress when it happens and doing something to effectively stop that stress.

And so they're living in fight or flight mode all the time, which shuts down their digestive tract and makes them not absorb nutrients properly and causes microbiome problems.

So it's looking at all the different stressors that the body is experiencing, whether it's physical, mental, emotional, or chemical. under and unrooting those to help them understand how do they rebalance their diet and lifestyle to fix those problems.

And so it's just, it's again, very personalized, but looking at, we do a lot of just blood testing can give us a lot of information. We do stool testing, we do saliva testing, just different.

different ways to get the full picture of what's going on. We can't just rely on one type of test, but even then when we kind of sit down and do a health history and I'm sitting together, sitting with somebody for at least over an hour just to learn what's going on with them, then we can figure out, well, what type of testing is actually going to be helpful so that we're not doing a million different tests either.

So it's all personalized, but those are common things that I look for is just what is causing the stress in the body? Is it the diet? Is it the lifestyle?

What factors in there? are the biggest things that that person needs to rebalance. What are the most frustrating things for you in the work you do that limit your ability to get results?

Compliance is really frustrating. I mean, like, what we really do work with or when I'm sitting down with somebody, that's one thing I really get a sense of is how committed are they?

How educated are they to begin with? Maybe they just are, they're not quite there mentally to be able to dive into making changes in these places that are going to make them successful.

So we're kind of picky and choosy with the patients that we bring on if they're not quite ready to do that yet. But it's a lot of times life circumstances that come along that throw people off.

So they go on a vacation, there's holidays, you know, they just don't know how to adapt to those situations where they don't have a lot of control. And so teaching them different ways to have control over those situations.

Hey, bring your own food. If you're flying, you know, bring snacks and have plenty of water and like, you know, just make sure you stick to your sleep schedule.

It's just kind of educating people on again, what can they be doing to make these new habits something that just becomes natural to them, which takes time, but just How do we get that into their daily life?

Because that's where people fall apart is when things are Changed when things are not, you know expected or whatnot Yeah, I think one of the one of the frustrations as well is dealing with other voices I call it right as we sort of touched on that a little bit You got other members of the family have other opinions and especially if they're scientific or medical Yes, right or even their own doctor The doctor wants to put him on Prednisone or DMARD, and you say, wait a minute, wait a minute, hold off, here are the risks, here's what you should do otherwise, right?

So that's a frustration too. That is a constant battle too. Yeah. Too many chefs in the kitchen definitely make it challenging. Yeah. Too many voices, like you said.

try to decrease all that. So you talked about stress. The stress is a like a huge factor. How does stress impact autoimmune disease? It's again what the types of stressors affect the body a little bit differently, but one of the big things is cortisol.

Cortisol being naturally a very anti-inflammatory hormone that the body produces. It It helps regulate our sleep-wake cycle, our energy, our blood sugar.

It really helps with keeping some balance in those systems. And when stress becomes chronic, that's when it becomes a problem. So our bodies are made to adapt to acute stressors, things that come along that you should be able to just deal with and then move on and kind of go back into homeostasis and parasympathetic response.

with the nervous system. But when that stress is just chronic, it leads to more inflammation and it leads to dysfunction. It's like it wears out our systems.

It makes us so we're not as easily adaptable and resilient. And that's where these major dysfunctions really stem from is just our body can't cope for so long.

So the stress could be chemical, like hormonal imbalances happening, blood sugar problems happening, nutrient deficiencies, microbiome issues. So just it's, when we think of stress, stress is not always a bad thing, because it's actually what helps us heal and repair and grow.

And like, it's a good thing. But when it's chronic stress, that's where it becomes- Or overwhelming. Or overwhelming stress, exactly. Too much the body just can't compensate anymore for it.

What about the adrenals? You said obviously stress causes adrenal increased cortisol production by the adrenal glands. What about cortisol deficiencies?

Yeah, so that's something that can again happen over time when the body's just been under so much stress for so long. You just, you can't keep up with cortisol production.

So that's where a lot of people will also notice they're chronically fatigued. They can sleep for 10 hours and wake up not rested. They're just, they're having problems with their blood sugar, with other hormones.

The body just can't heal and repair it because we need cortisol as a healing mechanism. Something else that I'll see happen really commonly, a lot of patients deal with anxiety.

And I feel like some of that anxiety is directly related to how dysfunctional things like cortisol are in their body. When the adrenals are not able to keep up with the cortisol, they'll also produce adrenaline, right?

Fight or flight, right? That's kind of, and then we go into that response. And when we're constantly in fight or flight mode, that changes how our nervous system responds to things, but it also changes our immune system response to things, right?

We have to be more on high alert if we think we're being chased by a tiger. So everything, all the lights kind of go on and it can definitely flare up an autoimmune condition because the body can't get out of that vicious cycle that it's in when there's chronic stress that's always there.

Do you have to have Addison's disease to have a problem with your cortisol production? No, you don't. And I've only seen a handful of Addison's cases over the years.

It's really not as common in my practice at it anyways. It's just adrenal not insufficiency down to the point of an autoimmune disease like Addison's, but it's just fatigue or dysfunction.

I call it more adrenal dysfunction, right? It's functional problem. It's not a structural problem. They still have adrenal glands, right? Their function is being suboptimal.

Limited, yeah. And again, this is an issue with conventional medicine. They do a test for it that basically is, they understand that Addison's disease is also extremely uncommon.

So doctors don't even normally think about cortisone insufficiency. Right. So once you do a cortisone curve, which you have to do through urinalysis typically in order to get adequate samples, you don't have to be horribly depressed.

You don't have to be Addison's. You don't have to be flatlining. One of the most fun things they used to do in my practice was to help people who are flat-lined, put them on some cortisone replacement.

So it's a prescription, unfortunately, but you put them on a cortisone replacement. The next day, they're like a robot. I mean, seriously, it's just like that.

So you have to figure that out. And so sometimes it's just reducing the stress, as you said. Sometimes it does require a prescription to beef up adrenals that are no longer capable of producing the cortisone.

What are some of the most common things besides chronic stress that cause adrenal insufficiency? That cause adrenal insufficiency or just insufficiency?

That's a good question. I don't really see that very often in terms of like, are you talking about Addison's? No. Well, Addison's is zero, right? That's almost zero, almost flat lined.

But you're three quarters of the way down. Let's say you're only producing a quarter of what you should be producing. And that's still adrenal insufficiency.

But one of the most common causes of adrenal insufficiency is EBV. Why? And there are viruses that are basically neurotrophic. Now, they attacked nerves, and the adrenal glands is a nervous tissue.

And so you could have fatigue, chronic fatigue, you could have chronic stress, which obviously lowers the threshold. Because yeah, you're starting at a lower threshold anyway.

But then if you have ABV attacking your adrenals, then you can't recover by doing natural things. You do need more support than that. And sometimes a prescription is necessary.

But you can't stop the other stuff either. You don't have to do all the other things. Yeah, there's definitely the time and the place where like medication intervention, like some people really do need to get out of something like that, you know, before you can move on and the lifestyle dietary things are enough to help them.

You do need to have those interventions sometimes. Yeah, you don't want to put more straws on the camel's back. Right. Is remission possible in auto amenity?

Yes, remission is cured is a different story. Yeah, define that difference. Yeah. So remission, what we look at it as is it's not an active problem anymore.

Is it still something that can come on later? You can flare it up. Yes. That's part of what we do. And when we're working with somebody with autoimmune conditions is educating them on what are the things that can flare them

up so that knowing that in the future they can avoid the flare-ups or be able to quickly recover from the flare-ups if they do happen, if some life circumstance kind of throws them into that or something.

So remission is just the state of getting the immune system back into homeostasis, having the body function more optimally so that that autoimmune destruction process and inflammation that was happening causing the tissue destruction is not happening anymore.

It's in remission. It's in a non-active state versus what we think of with the word cure. Cure means it's gone, it's never coming back. That doesn't happen.

A lot of what's happening in the immune system and in autoimmune situation is that there's these memory cells the immune system produces. It always is going to be able to recognize those self-tissues as being something that's foreign if it gets triggered to do that.

So there's no cure for autoimmunity, but remission is absolutely possible. We see that all the time. So control and remission is not a cure, but control and remission.

You can't turn it off. Once it's been turned on, you can't turn it off. And unfortunately, the control mechanisms that medicine uses are by themselves significantly risky, like steroids, for example.

Chronic steroids create what kinds of problems? Yeah, well that's one of the things that could wear out your adrenals too, you know. It's like the steroids and the cortisone, or I've seen some people go the opposite where they're just their cortisol levels are through the roof all day and that stresses out the body too.

But again, I think it's just that balance of all the, it's homeostasis in the body, right? The balance of the different parts of the immune system and how everything comes into play with that, that those medications don't take into account what's going on in the person in those individual levels.

PEMF Therapy for Cellular Healing

It's just kind of trying to suppress everything. Yeah, and then you get things like osteoporosis, even short courses of steroids, especially in paramenopausal women, then you can have significant impact on bones.

Again, if you don't do the natural things, you don't do the functional medicine things, you're basically relied on something that's not going to help you in the long run to get into remission.

Right. And staying in remission takes a lot of work too, which, you know, again, another difference between like curing something and getting into remission.

If it was cured, you wouldn't have to continue to do all the good things to help your body. But we know that the body needs, needs support. And so you do need to learn what those triggers are for you.

So you can stay in remission once you get there. Again, a big emphasis is on education, education, education, education. Yep. So, since this is the PMF summit, what role do you see potentially for magnetic field therapy in autoimmunity?

Yeah, it's a really fascinating topic. Again, I look at autoimmunity as it's not just the tissue that's being destroyed as the problem. It's this mechanism of causing the immune system to not function.

And where a lot of that stems from is cellular dysfunction. when the cells are not healthy enough to work, they're not producing energy, they're not able to detox themselves, there's this chronic inflammation that happens that's all stressful on the body.

So I think one of the biggest benefits of something like PEMF is that it really helps with cellular health and getting the body's innate immune system back on board so that the body can essentially clean house and get rid of the

toxins and get the cells to be able to get nutrients in so they can make energy and they can heal themselves.

And it starts at a cellular level, which cells need energy. They are energy substances. We are energy. So we're influenced by magnetic fields. And it's just fascinating how, again, kind of going down into the basic foundation of health is where I think a lot of these therapies help the big picture, like getting towards a remission and autoimmunity.

Well, you're absolutely correct. That's the way I look at it as well. Magnetic field therapy, because it passes through the body completely. Magnetic field does not stay in the body.

You can't stop a magnetic field. The body can't stop a magnetic field. They can't use it up either. It's passing through. It's going to pass through no matter what.

I describe it like the wind blowing through the trees. You can only tell that there is wind there because the trees are moving, the branches are moving, the leaves are moving.

So a magnetic field, the body is like a tree to the wind of the magnetic field. And as it passes through, it stimulates charge and energy production of the body.

So it just wakes everything up. And almost everything that we do, nutritionally, magnetic fields can't repair something that doesn't have the ability to be repaired.

You can't build a house without bricks and mortar. You need the ingredients. You need the supplies. You need the components to actually construct something.

So if you're deficient, then you have to improve that deficiency, and then the body's got the equipment necessary to now be stimulated to produce healing, repair those tissues.

So a big part of autoimmunity is, again, tissue damage. So the inflammation that's there, it's caused by the immune process, damages the tissues, causes swelling, edema, inflammation, and so on.

So you have to control that. So everything that we're doing with nutrition and functional medicine and is lattice is basically a stacked. And often, again, nutrition becomes the base, the foundation, right?

Then you add the magnetic field therapy and you're stimulating the repair processes of the body. As you said, then you're amping up the natural level of health and the body takes care of business, right?

Because our bodies try to find the best balance they can find in the presence of imbalance. A good example is you're trying to run with one leg. What do you do?

You get a prosthesis so you can run, but you're not going to run as well as you would if you had two legs normally, right? So you're adding to the other processes that need extra help, and they're augmenting it.

So PEMFs decrease inflammation dramatically. My wife broke her left little toe on some lawn furniture. Swelling, bruising, right? Pain. We started magnetic therapy on her, portable, small portable machine.

She wore 24-7, so this is midday. The next morning she woke up, swelling's gone, bruising is gone, pain is gone. So what do you do for a broken toe? You buddy tape it, right?

You put them in a platform shoe and elevation. I could use ice, right? Rest, ice, elevation, and so on. But all we did was the magnetic therapy. That's it.

That and the platform shoe and the buddy tape. The next morning she woke up, swelling is gone, bruising is gone, pain is gone. She did it for another day, 24-7, continuously, 24-7.

The next morning she woke up, walked a mile in tennis shoes, continued it for another 24 hours, and then walked three miles in tennis shoes, and that was the end of that.

Right? So that decreases inflammation and it helps with repair regeneration. So the combination then with everything you're doing, you can't do, magnetic therapy cannot replace what you can't, what you don't have.

You have to have the basics there as well. And you still have to assist with the process. There are people who are selling magnetic therapy devices that say, all you need is eight minutes a day.

What do we know of their repairs in eight minutes? Not that they had that fast of a turnover. And so on my website, drpaulig.com, I have a blog about inflammation and adenosine.

So PMFs increase adenosine, but they also stimulate the adenosine receptor, which is responsible for chronic inflammation in the body. But you need the right dose.

You need the right intensity of magnetic field. So you need 15 gauss, so gauss is a measure of magnetic field intensity, G-A-U-S-S. And you need 15 gauss at the neutrophil.

And where do neutrophils go? To the site of inflammation. Or are they in the body? They're everywhere. Everywhere, exactly, correct. So then if 15 goes at the neutrophil, then you need to dose the magnetic field appropriately for the location that you're trying to stimulate the inflammation.

So if your inflammation happens to be in your heart, if it happens to be in your lungs, if it happens to be in your kidneys or in your brain, then you need the right magnetic field intensity to be able to deliver the 15 gals at that target tissue.

So you probably don't know a lot about radiation therapy, right? But how do you figure out how much radiation therapy you need? What's the dose? Depending on the tissue.

No, it doesn't matter. Tissue doesn't matter. Tissue doesn't matter. It's the depth that matter. So if you, let's say, use that 15-gauze example. If you need to deliver 15-gauze at that tissue, and you know the radiation field gets weaker and weaker and weaker as you get farther from it, then you have to calibrate your dose right at the very beginning to deliver 15-gauze below.

So for example, if you want to treat across the brain, you got inflammation in the brain, brain fog, encephalitis, post-COVID syndrome, You got oral concussion.

You got to create across the brain. So let's say that's six inches. How strong does the magnetic field need to be on one side of the brain to go all the way to the other side?

Then you're going to need about 4,000, 5,000 Gauss. And most of the whole body of magnetic field versus the little pinky toe, right? That's it. That's right.

Like my wife's toe. That 200 Gauss did the job really well. No problem. But for that kind of distance, you need, again, you have to use the appropriate system for the problem that you're dealing with.

And most of us with autoimmunity, you really should be optimizing the whole body, right? Not just the lung, that you have a lung problem. Because the rest of you is going to…

put a demand on your body too. If you keep everything else happy, then the part that's really, really problematic is going to be benefited even more. Do you have any questions?

No. So you use the PEMFs. Do you have people do it daily for autoimmune conditions? How do you typically do that? So that's the preference. Now, obviously, in the practice setting, you can start off with helping people in the practice setting and do a short course of treatment.

But most chronic conditions, like autoimmune conditions, are lifetime. So they're better off with home treatment. So again, you'd start it in the home setting.

Let me pose this question to you that I've mentioned many times, I think, in the summit. How many cells do we have in our body? A trillion, 30 trillion or something, right?

About 100 trillion, depending on the estimates you read, 100 trillion. And how many biochemical processes happen per second? Any idea? I don't know, thousand.

Exactly, between 2,000 to 5,000 biochemical processes per second in every cell in our body. Crazy. Amazing. It's absolutely amazing. So how often should we treat?

Well, that's the problem. That's really the answer, as often as the body says, I need to. They did a study with fractures, non-union fractures, fractures that won't heal.

That's not autoimmune, but if a fracture doesn't heal, that's a disaster. So after six months, a fracture hasn't healed, it's called a non-union. These people were given devices that are FDA approved to heal non-unions that are about 16 gauss.

But most of these fractures tend to be pretty superficial. So 16 gauss could work. But they found that you needed to do 10 hours a day of treatment every day to heal those fractures.

And then they surveyed people, 170 people who had these devices, used them. They found out how many hours a day they were using it for. The ones that did nine hours a day or more healed probably about three times faster.

They healed their bones. So if you did three hours a day only of treatment, it could take you six months to heal, right? So people are afraid of magnetic fields and think that they're going to cause a problem, but magnetic fields go right through the body.

So they don't cause a problem because they're different than cell phones, different than Wi-Fi and so on. So they're much, they're almost completely safe.

But sometimes you need to do as much time as you need to do, as you said, right? In order to get the results that you need and having the right magnetic field intensity, having the right piece of equipment.

So consultations can become very important with somebody who is an expert at magnetic field therapy to guide you into the right piece of equipment. People like yourself, you know, should be able to say, okay, this is the kind of equipment that you need for this problem and this is how you're probably gonna have to use it.

So anything else you want to say that we didn't cover? No, I think the key things when it comes to autoimmunity is figuring out the individual stressors.

What do they have control over? And then using those things as their tools to be able to help give their body what it needs to be able to heal and repair so the tools could be food.

could be stress management, could be sleep, could be exercise, could be PEMFs. Like just finding all of the, filling up your toolbox with as many things that can support healing, repair, and just optimal function.

And it's different for every person, but remission is not only something that is obtainable, but it's something that you can really learn how to stay in as well.

So there's so much that you can do for autoimmunity. And I hope that anybody listening that's been told otherwise, starts to think of things a little bit differently and has some hope that they don't have to deal with the symptoms and medication management and all that fun stuff that they kind of get stuck in in that realm.

So I'm glad that you're. Why do you keep doing what you're doing? I love it. I love being able to see people change their lives. It's like, that's what keeps me going.

I just get so excited when somebody comes back and they're like, feeling like themselves again for the first time. It's like, I know people that are feeling better or more productive, they're happier.

It trickles into so many other areas of their life. I feel like if everybody is just happier and healthier, the world is better. So I want to have that little piece of helping people understand that.

I totally agree with that. What percentage of your patients, let's call them patients, what percentage of people who visit with you who actually do what you suggest they do?

Because if they don't do that, then you're either what you can expect in terms of benefit. But those who do, what percentage of them get to that point of remission or being really, really, really good, would you say?

Closing Thoughts on Recovery and Hope

or just feeling really good 100% if they're being compliant, you know, 95% are the people that are staying in remission because they've really taken the information and made it something that is sustainable long-term for them and they really get, they understand how to do that.

I mean, really, if you can give people the education piece, then that can go a long way. So, I mean, that's huge. I suspect that if you already had a 10% success rate, you wouldn't keep doing this.

Right. Yes. So that's the reason I asked the question, because we are both pleased that people actually get better. And that's one of the things that happened when I started doing conventional medicine, too.

People got better. I never saw that as often when I was doing conventional medicine. Almost never did people get better. So this is amazing. They get better.

But they have to follow your advice, right? They have to do the right things. But we're successful. You're very successful at Auto Minute. I know you are.

As long as people are willing to do what they need to do. And it's a partnership. We help people with that. It's not something that you can a lot of times just easily do on your own.

You need to understand more behind it. And that's what we're really good at doing is helping people put those puzzle pieces together and explaining it to them in an easy way so they understand it, but they got to put in the work.

So it's a partnership. And we, like you said, you can lead the rest of the water. You can't make them drink. You can't, you know, it's just, you've got to work together.

And I suspect as well that whoever you help, as you said, it trickles through to other parts of their lives. Family members also begin to do all these things that they're supposed to do, and other family members start to be very healthy as well.

Exactly. Do you charge more for success? We should. No, I'm pretty unhappy to get that feedback of, oh, I made my husband do the elimination diet with me, and now he's lost 20 pounds, and he's off his blood pressure medication, and I'm getting that stuff.

I know, it's wonderful to see, isn't it? We make big differences. Well, I know you make a big difference. I really thank you for making a big difference with us and sharing your wisdom and knowledge and experience.

And I look forward to working with you again in the future. Dame, thank you. And thank you for doing this summit. I

think it's really a fascinating topic.

I think it's more and more people need to get educated on it and to really seek out help from experts like you at the PEMS to think It's awesome. I think your work is really helping people.

So thank you for what you do. Our work. Thank you. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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