Insect-Borne Parasites Could Be Triggering Your Panic Attacks Transcript

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Introduction to Babesia and Panic

– Hi everyone and welcome to this episode of the microbes and Mental health summit. I'm your co host, Dr. Tom Moorcroft and today I'm really super excited to be chatting with my buddy, Dr. Evan Hirsch, he's a medical doctor known across the globe as the energy M.

D. And he's a world renowned energy expert and bestselling author and Dr. Evan and I go way back we've done a hung out a lot and one of the reasons I love chatting with him, hanging out with him and bringing hear him here with you is that he takes all our traditional science in our medicine and he blends that together with personal and professional experience so that we can have actually some practical you know application to things and when we were working on the microbes and mental health somebody reached out and said hey let's talk about the busy aosis and panic attacks and I was like game on, this is one of the most important topics and one of the most under recognized triggers for anxiety and panic. So Dr. Evan I could go on all day talking about all your accolades and the T. V. Shows and the summits and the podcast and blah blah blah. But the biggest thing is I want to dive into the busy and panic because this is such a critical and overlooked thing.

So thanks for showing up today and being with us, – Thanks for having me on. – Yeah so one of the things I I always love to ask Evan is like I mean why the busy, like what's the interest or how in your in your experience of coming to medicine, how did you, you know, what's the story like that makes you think that you need to reach out to be easy and panic are so critical to talk about like what got you going down that pathway.

– Yeah, this was really personal for me, it was a number of years ago, I had just started learning about lime and co infections and it was summertime and all of a sudden my wife Stacy started getting panic attacks at night and every single night she would wake up, you know, crawling out of her skin, feeling of impending doom crying and wanting to run out into the street and looking for whatever, you know, So um it was incredibly challenging to to have to be dealing with that every single night. And I just, I just felt for her and I started looking for things and and some of the stuff that I was learning and I was like, huh, I'm learning about obesity and obesity can be causing this sort of thing.

Let's take a look. And so we started treating Mugisha and slowly but surely she just kept improving as we were like increasing tinctures and and the other things that we were doing and you know, at the, you know, after about a month of doing so the panic attack stopped and you know, she hasn't, she'll she'll have them occasionally and then it's time to kind of address the O. B. C. A little bit but for the most part 99.9% gone and it's changed her life and I see it time and time again in in my clients you know who have anxiety, panic depression, suicidal thoughts where maybe she can really be playing a role.

– And I think it's so key to really point that out. I mean and I know you're well versed in Barton Ella and talk a lot about Barton L. As well. Maybe we can dovetail to that a little bit in our discussion because one of the things I see and I couldn't agree more as like severe anxiety, severe depression.

Personal Story and Symptom Triggers

I mean babies if if there is an underlying infectious trigger it's like my number one thought and maybe some of the O. C. D. And the weird stuff and the acute rage maybe some Barton L. A. So it's kind of an interesting piece.

But it just came on out of the blue. Huh? Like just like that quick. – Exactly. Yeah it was like changing seasons. I didn't really know why. I mean maybe there was some stress going on and she's had a number of different infections as I have that we've been working on over the years and sometimes there's Bartella popping out and sometimes there's babies popping out and so you know we've worked on those over the years.

– So when you look at that. I mean I think you bring up a really good point is why might somebody have some baby zia have have it kind of like chill, not have a problem with it. And then why would might stress trigger something or

something like a stressor, you know, trigger her baby's symptoms that come out.

– Yeah, good question. So Ibiza like lots of different infections is opportunistic. And so if you, if your immune system is present and accounted for, it's going to be there to help manage your infections.

But if it's hijacked by heavy metals, chemicals, molds, other infections like maybe Covid or something, you know, mindset or emotionally related, some sort of stressor, whether it's mental, emotional or physical that's going to hijack the immune system and then all of a sudden the infections can become opportunistic.

Sometimes this also happens with change of seasons where there'll be certain infections that are gonna be more present during certain times of year. But those are the main things that I see, – I think it's okay.

I think about that, you know, the toxin overload situation where it's just, we get too many things, you know, too many trying to put too much water in the cup and it overflows and I think it's a key thing.

– Oh and one thing I forgot to mention is that sometimes there's what I call the whack a mole effect where if you're going after one particular infection then one of the other ones pop out. So let's say somebody's got muscle cramps and we're going after Barton L. A. To get rid of them and then all of a sudden they start sweating like crazy and they get shortness of breath.

Well, that's because the BBC is popping out. And you address that and those symptoms going, – It's kind of interesting. It's an interesting example because for me, I had acute lyme disease with the only time that I know that I've been bitten by a tick but not found the tick because I got lime. It is huge rash, but they treated with doxy and for four days I had alternating sweats and chills and excruciating pain where I laid on the floor. It wasn't till eight years later we that I got the diagnosis of chronic ibiza, which was chronic because it was never treated.

And so I think a lot of people kind of miss it. So, before we dive into, like, there's so many, there's so many pearls here already. I mean we get but before we dive deep into like maybe how, how you find out if you really have it, I mean, and maybe some of the other symptoms, where's the busy coming from? Where are you seeing people get it from?

– So I'm seeing that it's coming from all sorts of different routes. So typically it can come from a tick, but really anything that takes a blood meal, you know, so mosquitoes, you know, they're they're getting blood from another animal, they're bringing it over. And there are some intermediates whether it's from a rodent or whether it's the deer where they say that, you know, if you talk to an infectious disease doctor, they'll say, well, you can't have it in a particular area because you don't have the intermediates, the hosts in order to be able to do that. But that's not always what I see.

You know, if if the the research supports this, but you can get it from vertical transmission through the placenta from mom. So often times people will say, well, anxiety or panic runs in my family. Well, maybe they could just be busy a that's being transmitted through the placenta, right? It can be from a blood transfusion, it can be from kissing somebody having sexual relationships with them in addition to all these different blood meals that chiggers or mosquitoes or ticks may be involved in.

– Yeah, I think it's important to be open to all of these options, You know, possibilities because what we're seeing in the lime research. And the reason I just add another infection to talk about here is there's more lime research going on than research on these other things because it's more prevalent.

And but the thing we see in lime is there's more people getting line than there should be who are getting infected, right? So, we're getting known to be bitten and the number of people with confirmed lyme and the number of people that should be getting bitten, does you know, because they don't add up, we're like looking at vertical transmission, Mom's baby, we're looking at sexual transmission.

My personal public service announcement is don't get bitten by a tick. That's the number one way we know you get it. And blood transfusions, number number two, all these others are on the table, because if we don't understand

where you got it, it also doesn't mean you didn't get it and it doesn't mean you don't have it.

So, just because it doesn't all line up a lot of these things that Evans talking about, we're gonna find out in five or 10 or 15 years, like really where it's all coming from, you know, and I think it's just critical in a field where there's not enough research to just call out the fact that we don't have enough research and there's more people sick than should be because if you look at deer ticks and just because I'm a nerd with numbers, you know, depending upon where you live, like if you live in the new England States, I mean, you're getting 40 to 70% of the deer ticks are infected with lyme in any given year, upwards of 90% in some locales and about 8% of the Busia.

But there's a lot more people who have been Busia than that would that would make sense.

Babesia Transmission and Co-Infections

So there's something else going on. So keep you know, so just keep that in mind. So I really think it's a great point to bring up. – And I just saw a stat on New Jersey where busy was in about 66% of ticks in in one study. The other thing that I would comment on is how shocking or not so shocking anymore, but how, how common, I'm sure you see this as well, Dr. Tom where a couple show up and once they got into relationship, then somebody got sick and that was actually of my story as well.

I got together with my wife and she got chronic fatigue two months later and had it for three years and then I got mine a couple of years after that, you know? So how much of that was us getting together and you're swapping your bugs. – Right? It's funny because I remember back in the day, there was like, all the gurus in the line of the busy world, we're having a conversation in a conference in in the end, after all the discussion, they said that sexual transmission of Lyme disease specifically was possible, but not probable. And then when I was in someone's office training in that they were like, the doctor had a reason to go over that and kind of summarize that whole thing and then the girl goes, yeah, but that's how he got his line is from me.

And it was almost like they didn't even hear the person saying it because clinically we see it all the time and we may not always have that. How many people have you seen, where they there, it's kind of like one person's a little really sick and one person is a little sick and it's not until you treat both of them and start using, you know, temporarily a barrier method that they both get better and then if they stop too soon it comes back – And sometimes, you know, it's like, okay, somebody moved into somebody's house and there was mold in that house, right? So that contributed, Right?

Or yeah, it's yeah, putting it all together. – Exactly. And I mean, I think that that's the detective work and I mean, I think that a lot of people, so for babies to what kind of other than panic itself, because I mean that's pretty blatant, like acute onset panic and and this is interesting.

I talk a lot of what you people hear me talk about, especially in the context of of this uh summit is infection triggered autoimmune encephalitis, which we usually call pans and pandas and kids and an adult were like, we kind of blow it off or we say, oh, maybe rheumatoid lupus, but we don't really, I think, you know, Dr. Evan give enough credence to the potential to trigger, you know, psychiatric illness and adults. And so that's a really blatant acute onset just like we would expect in pants and a kid. So what are other things though?

So that if someone may maybe they're a little lower on the panic scale, Their anxieties just creeping in. But are there other symptoms they should be looking for to make them think Busia might be the trigger?

– Absolutely. So they could have depression to the point of suicidal thoughts. Oftentimes their sleep is awful, so hard time falling asleep or hard time staying asleep.

They can have shortness of breath or described air hunger, whether just they just can't get a full breath sometimes. Also they'll take a full breath and they'll have some pain in the ribs.

They can also have a chronic cough without an otherwise known cause. And then there's the temperature dis regulation. So generally these people are running hot and so will be the hottest person in the room and they'll be

telling, you know, somebody else to turn up the A.

C. And people are like, what are you crazy? They're outside shoveling snow in their t shirt and they couldn't be happier. And then they can have spontaneous sweating where sometimes it's during the day, sometimes it's at night, maybe they're being woken up with night sweats and they're usually cyclical. So it doesn't have to be every day or every night, maybe it's once a week, maybe it's once a month, maybe it's a couple of times a year. Right. And so, and then you can have the occasional fever, which can kind of go along with that.

– Yeah. One of the things that we see a little bit of on the east coast and I'm wondering if, you know where you, you know on the west coast and where your patients are coming from, are you also seeing? And it kind of goes along with temperature dis regulation, but you know, dis oughta know mia, So a lot of like I see a lot of my pots type of people where they want to stand up and you know, pass out just for fun, tend to be more related to be busier than other things.

I'm wondering what your kind of experience in that realm is too. – Absolutely. Yeah, I would say the pots would be the worst. I mean there's always the adrenal gland dysfunction where people have Ortho statics, where they go from a sitting to a standing position and they get lightheaded and that can be from a number of different infections and obviously the more heavy metals, chemicals, mold and infections that you have the worst that will be.

But I would definitely agree with bobby Shia, that the pots is usually worse for those Ortho statics are really hard for people to deal with. – So the, I love when I ask people about the summary of the busiest symptoms because it's like my, one of my favorite topics and I spent a lot of years studying and so key and you highlighted them brilliantly man. It's just like, I love it and it's because it's like, there's so many things you read about, like, you know, a cute babies or whatever. This is really that chronic busy, the person who's presenting with that and I just want a 2nd, 3rd and 4th, you know, extreme depressed, like high depression with suicidality, really bad depression that might not be at suicidality yet, but probably going down that road, anxiety and panic.

It is literally like the number one thing I see that's infection driven that causes this. So now that we've kind of like highlighted some of these core critic e symptoms, you know, like the rib pain, the bone pain, the sweats, the common thing to think about that air hunger. What do you think?

How do we find out that we have? Because clinically is one way to do it. We have a were clinical slee were suspicious that someone has the disease is what's sort of the next step in the work up for you.

– So I'm not a fan of labs when it comes to infections. I do get some and I'll talk about kind of like some of the challenges with the labs, there's a lot of false negatives where the infection might be there.

But then the lab says that it, that it's not and then the person gets, you know, a false sense of security and they're like, it's not this, I gotta move on to something else, you know, and and the challenge is that if you're looking at the immune system's reaction to something that's called a serology test and the you're counting on an intact immune system, but you've got heavy metals, chemicals, molds and infections. By definition, the immune system is dysfunctional. So now you're counting on a dysfunctional immune system to give you a correct reading on a test, right? The second test that we oftentimes look at is a PcR test which is looking at the D. N. A. Of the particular infection.

Now you have to be collecting that test where the infection is at. So if you're looking in the blood and the infection is not in the blood or you're looking in the urine, the infection is not in the urine, guess what?

You're not gonna find it. And you're not going to do a muscle biopsy to take a look for a particular infection, right? That might be there. So, I generally use the clinical diagnosis which is basically in these this conglomeration of symptoms that we're talking about is definitely weird enough and these symptoms are extreme enough to be able to say I have a strong suspicion for this.

Let's go ahead and treat. And then when you treat that can usually prove or disprove your diagnosis.

Recognizing Babesia Symptoms

You know, if you're barking up the wrong tree, you're not going to experience anything. I tell people if you feel better or if you feel worse where we're on the right track. Now there's a lot of different viruses, like 100 different species of fish to there's other infections that might be treated by the herbs that we're using. But I don't care if you're getting better, you're getting worse. We're barking up the wrong tree even if the infection may not be exactly but busy or something similar to it when we start to use our dennison and no Nhi and Nhi. And some of these others and, and you notice the difference if you feel worse, it's because you're killing the infection and you're experiencing dial for a time or reaction, but that's kind of how I can.

– Yeah. I mean, I think it's like old school medicine, like, you know, clinical diagnosis supported by lab data supported by your therapeutic trial of treatment. You know, and one of the other things I think about so much is so much of what we know as the busiest symptoms comes from our knowledge of the Busia, my Crotty and a little bit from the busy done Connie and a smidgen from bobby's a divergence and we have all these other ones right that are emerging like you alluded to. So a lot of these, we don't even have tests for, you know, we can do babies, even species, I'm sorry, genus level testing, but we don't even know what it is. So I agree.

Like those clinical symptoms are, are so critical and then really it's like, I think one of the tenants that we all go back to from the very beginning is when you, you, we start every to me and I'd love to hear what you think Evan is.

What about like the therapeutic trial of treatment? I think every trial of treatment should be therapeutic. I shouldn't be like, oh, I'm gonna put you on Zoloft and it works.

Just leave you on it forever. It should be like a time like I don't, I want like find the root cause stabilized symptoms, then find root cause and remove it.

But with a busy and tick borne infection. It seems like it's even with the issues with labs, I mean, I think this is even more critical to assess and reassess.

– Absolutely. You know, and the response is oftentimes pretty dramatic and pretty significant, especially when you're using the kind of potent herbs that we are.

And so you're gonna know very quickly. You know what you're looking at? – Yeah. does every one of the questions I get asked a lot. And I would love to know what your thoughts are is when you're starting somebody on a baby's a protocol, do they?

If they get worse, they have to get worse as the night sweats or the head pressure, the bone pain or the anxiety or might they develop some other symptom, I mean, what are you, what are you seeing? – Yeah. And so that's the whack a mole.

That's what I call the whack a mole. Where let's say, start addressing um somebody's baby Shia, and then all of a sudden they get muscle cramps and, like, man, I haven't had muscle cramps for five years, and that's like the Barton ella popping out, right? Or all of a sudden they start to get the symptoms moving around their body. And that's actually the borrelia.

So, there's a couple of reasons why somebody might get worse. It might be because they're having die off from killing the infection. It might be if they've gotten new or other symptoms that are getting worse.

That could be the whack a mole effect where another infection is coming out. And then, there was another reason, but I can't remember it. – I love how that all happens, right? This is live.

Guys, we're recording this stuff live, you might be watching it recorded, but this is legit interview, you know, that's the way it goes. It's it's funny because when you said whack a mole, I'm like, well, I know some people who treat whack a mole where they're like, just smash everything humanly possible and see what sticks, which is clearly not what you're talking about. It's like this very clear clinical trial, but it is interesting, like I I've always heard of it

described, and it's my most it's the most helpful and my most annoying analogy that I ever uses the peeling the layers of the onion, you know? So you're on the layer the bart.

Hello, there's another baby, then there's the mold and, like, there's just a lot of stuff going on and and I think that what you're bringing up for me, when you talk about the whack a mole effect is really that your body, your body is healing in a particular sequence that's unique to you and unique to all of your toxins. And I think it really, really makes us remember that your body prioritizes what it needs to prioritize to hell.

– Yeah, so, yeah, I totally listen to that as well. So, when we're looking at what to address first, I'm like, what are your most annoying symptoms right now?

That's the infection that we're gonna go after, right? And then sometimes you pivot, so sometimes you're addressing a little bit of both the CIA and you're taking care of those symptoms, but then all of a sudden the Barnell symptoms are worse. Okay, so we're gonna keep you on that dose.

We don't have to ramp up any further on that for babies to, but now we're pivoting and now we're gonna be dealing with the bardella and inevitably, then all of a sudden the vicious symptoms pop out again.

So there is sometimes a little bit of this, and that's that's why you hire somebody like us who's actually been there before, right? This is kind of the bumps in the road?

I tell somebody, I tell people there's always bumps in the road and what you want to make sure is that you're working with a mentor who actually has seen those bumps in the road and they know what to do when those bumps happen. Otherwise you, you can get derailed. I mean how many people come to see us who have said, I don't want to have any sort of die off because I saw this person, they gave me this treatment and I felt awful for six months or they're still not recovered right? And so much of that is understanding the nuances to that and making sure that the amount they were killing is the amount that the person is able to tolerate.

– What a critical point.

Testing, Clinical Diagnosis, and Treatment Response

Dude, it's like seriously, like so many people are afraid of the herc timer that die off experience when it could be three or seven days and get them to the next level because they've also experienced the, the other whack a mole like I affected that I described, which is just like, it's almost like spray and pray, right? We're hoping we're gonna, we're gonna hit what we need to hit, but we're also hoping everything else works.

How do you, how do you look at like, because I think, you know, I'm kind of tongue in cheek in that a little bit, but a lot of people overdo it too quickly. How do we, what are the compartments I mean? Because I, you know, I'm thinking we're talking a lot about treating infection, but if we're having the Busia trigger either panic directly or panic through an autoimmune inflammatory mechanism, how do we go about addressing those aspects as well?

What are the core pieces that you're kind of looking at? – So in step three of our process, we open the drainage pathways and so that's kind of like a big part of this is to make sure that liver, kidney, lymph neuro lymph intestines, gallbladder, all those pathways are as open as possible.

So that when we go after heavy metals, chemicals, mold or infections, they actually have a place to go. And so it seems like, you know, people die off and her timer reaction is directly related to that rate of okay, you're killing and you're releasing these toxins into the body.

How quickly can you remove those with whatever you're using and those and the degree to which those pathways are open. – Cool. Do you find any of those labs you mentioned useful? – I don't, you know, I'll do if there's some sort of esoteric infection, you know, because there is some crossover sometimes. I'll get a serology test to look at like a broad, you know, I like the sire X ray 12 because it's looking at a lot of different kinds of infections in case I'm missing like maybe mycoplasma and I'm like, is that back pain mycoplasma or is it Bart nella, you know, so that's

where I'll kind of use it. But clinical suspicion and the fact that, you know, the herbs are gonna do double triple duty generally get us where we want to go – Superb. I love it. Yeah.

And, and I certainly in my clinical practice a little bit extra testing, but it's like, it's not the primary thing and I agree it's like, I think it's more about knowing who are a lot of the players could be rather than, you know, you need to narrow down on one, but it's a definitely important piece to look at the milieu because it's not because then you end up with your guacamole effect where all these things are popping up and if you're not aware, it's a big deal.

I know one of the things that you talk about a ton and, and that's one of the reasons I jive so much with the work you're doing and just hanging out and chatting is, you know, the sort of the mindset and the mindfulness in, in healing. Like what, what is that whole piece for you and how does that help people either get better or potentially not get better.

– Yeah, it's huge. It's part of my journey. You know, I had chronic fatigue for five years and just about destroyed my life and my relationships and all that and a big part of that was the mindset piece and the emotional piece and the mindfulness piece. Unfortunately I'm married to a trauma informed mindfulness coach and so I learned a lot from her.

But yeah, we have a four step mindfulness or mindset practice rather than we take people through where the first step is gratitude. You know, like three gratitude today is what the research says and it's being grateful for where you're at, even if it's super uncomfortable, like there's something here to learn, you know, and it's hard to accept that sometimes it's not your fault.

That's not what I'm saying. I'm just saying that having gratitude for all the good things in your life. And potentially how you're feeling is, is a lesson. If we believe that there's a lesson here and we're going to learn this lesson, then it can make a big difference.

And then the second step is having a vision for the future. We have people work through what their ideal day looks like. You know, what does that look like? So you, you're having gratitude for where you're at and having a vision for where you want to be, What does your energy look like? What are your, what are your symptoms or lack of symptoms? What are your relationships look like?

What is your work day look like? What is your personal day look like? What is your relationship look like with your spouse, with your kids? Whatever, Right?

And the next step is looking at any sort of limiting beliefs that you have flipping in them on their heads and reprogramming yourself to start thinking about empowering beliefs.

So for me, a lot of it was scarcity, not enough time, not enough money, not enough, whatever. And so what I do is there's always enough time, there's always enough energy. The world is always working out for me, everything is always working out for me, right? And so reprogramming my brain because once upon a time there was, there were times when I was not accepted by peer groups, I had my adverse childhood events, my traumas, and consequently it changed the way that I looked at the world would put me more into a sympathetic state and I have to be more in a parasympathetic state in order to heal.

And so that's that's step three. And then step four is looking at what questions we're asking ourselves on a regular basis. How many people are asking themselves, why is this happening to me? Well, guess what?

Your brain is a goal achieving machine. It's like google, you put that question in there, it's gonna give you an answer and you're not gonna like that answer, It's not going to be supportive. So what is a better question that you can use in order to be able to improve your health, right?

So what else can I do today to love myself even more?

Drainage, Mindset, and Healing Support

It's a great question, right? What can I do today to take one step forward? You know, as humans, we overestimate the amount that we can do in a day and underestimate the amount we can do in a year, right? All we have to do is take a step every single day, even if it's a baby step. And after a year you look back and you're amazed by what you're able to accomplish. So mindset is a huge part of the work that we do. We have weekly meditations with Stacy and she runs a couple of groups in our program as well because that mindfulness and that emotional component as well is so important.

– Speaking my word, my language and my words, man, it's like it's such a critical piece of healing cause I feel like so many of us are like creating that program where that that I love the question where you're saying like what questions do you ask yourself on a regular basis? Because so many people are asking themselves, like you said a question that you don't want the answer to, you know, or they're making a statement that is like kind of re programs on health and um I wonder what your experiences. So one of the things I think about is if I think of line because I want to just I know I can pull up the research paper and show you the pictures if if I got calls on this, but when we want to heal, we want to, we want to feel like we're safe and if we don't feel like we're safe, it's really hard to heal. So in Lyme disease and my professional opinion is if we had enough people, let us do scans of their brains with pure Bergessio cis, which might be a little hard to find because there's so much layering, we find that in the in the brain, the areas of our brain that allows us to recognize we're safe, get turned down, the metabolism gets turned down, the activity in that area gets turned down by Lyme disease and like I said, I'd be willing to bet a gazillion bucks that has the potential to do the same thing.

So, but in this context, I feel like a lot of us focused on trying to get people better by treating it more. And I I felt felt that like you can have an inroads to the changing the biochemistry and changing the brain function just by doing the four step process you just talked about um you know, with the busy with panic, I mean, are there any things that we're missing here Evan are there any pieces that you want everybody to make sure that they know and hear about this or the, you know, or the approach to healing and before we kind of wrap things up, just wanna I always like I get on this journey in my brain, I want to make sure that we've covered all the things that are important from your end.

– Well I'm just glad that people are listening to this because this can be such a game changer for people who are struggling with anxiety, panic attacks, depression, suicidal thoughts, awful sleep and so um I would just encourage, I mean we've got a BBC a quiz on our website, you can check that out and see whether or not the BcM might be one of your issues but it's just so important to the mindset component is continuing on this path. Hopefully you've got a mentor that you're working with. If not just keep moving forward, gathering the information, reach out, have conversations with people, I mean we've got a button on our website where you can text me directly, we've got a free 20 minute call where you can get on with me personally and see if we're a good fit to work together, so just keep moving forward and finding that mentor, whether it's me, whether it's Dr. Tom to move you through this process so that you can get the help that you need because you you invest the time the money now, you know, it's like a master's degree invested for a year or so and then you've got the rest of your life to enjoy, – Oh well spoken man, it's like so critical make that investment yourself because everyone listening and watching and all that, your friends and family around you, who may be affected by these things, you are worthy to receive that healing, that's why you're here.

You're getting this information. Now, the thing that's left is to take that action and imply, you know, the information that we presented to you in the summit, like pick the one that resonates most with you. So for the there's I know there's gonna be tons of people who want to hang out with the energy M. D.

And fix their fatigue and figure out if they've got babesiosis or not. So if someone's interested in learning more about what you're doing, Evan, what would be the next step and where can they find you?

– So we're at Energymdmethod.com. And like I said, there's a little button where you can text me directly. We also have a free facebook group where I'm posting things on the regular.

Resources and Closing Remarks

We've got a blog, you know, whatever whatever channel you like, we're probably posting on it, but definitely check

out the quiz is that we have on the side of Ibiza along Covid a bargain, Ella, all of those may be contributing to your mental health issue.

– Awesome. Well guys, join me in thanking Dr. Evan Hirsch, the energy MD for sharing. Not only your professional experience, which I always find to be, you know, so impressive and how you can boil all this complicated stuff down in the English, and I'm like thinking let's go off on a tangent about, you know, stuff that doesn't matter, and it's very pointed and so well thought out, but most importantly, when you share from your heart and you share your personal story and how that impacted how you're now able to see it more than other people.

I mean, that just that moves me. So I just want to say thank you from the bottom my heart for being here for reaching out to be part of this and to share that personal aspect of your healing and Stacy's healing, because those are so important.

And everyone listening, I mean, as you know, I've had my own personal journey, Dr. Evan Hirsch and his wife have both had their journey. So we're talking from not only personal experience, or I should say not only professional experience, but maybe more importantly, personal experience on top of professional experience. And I just, whenever anybody comes and shares from that deep in their heart, I just, you know, extra gratitude.

And I also want to spend lots of love and healing vibes all you guys, thanks for joining us on this episode of the microbes and mental health summit, I'm your co host, Dr. Tom Moorcroft and I can't wait to see you in our next interview