Introduction to Dr. Gordon and Cell Danger Theory

Hi. Welcome to the freedom from Fibromyalgia summit. I'm doctor Roger Murphree. I'm your host, and I want to introduce you to Doctor Eric Gordon. Doctor Gordon is one of my new favorite, colleagues.

It seems like we're on, some kind of zoom call every other other, other week, but you'll you'll soon learn why it's really fun hanging out with him. And we're going to be talking about social danger theory.

This is, I think it's a paradigm that really ties a lot of things together for fibromyalgia. So I'm really excited to, to have Doctor Gordon here. He's, doctor Gordon is the president of Gordon Medical Research Center.

He is the clinical director for the Gordon Medical Association. And he specializes in complex chronic illnesses in addition to his clinical practice of over 40 years.

So he's got me beat and, he still and, quite a bit of research on your question about that today. But one of the things is this research, he he co-wrote a paper with Doctor Robert Navia all about cell danger theory.

And we're going to go into detail about that and share with you some of the practicalities of how that affects fibromyalgia. And I think you're going to really be fascinated by this conversation.

So Eric, welcome. Welcome again. Hey, share with the audience that may not have heard this term, cell danger theory, this this whole cell danger response theory Cd-R.

Yeah. Well, the CCR is a concept that, Dutch Inovio, you know, developed and wrote about over time. You know, of course, he took many other people's ideas and it put them together in a contact.

But to me, to me, it's an explanation of the of how your body heals. Okay. It's, and, you know, we in what I just said laid out, you know, generally everyday, you know, repair work, you know, I always call, you know, the general repair work that happens every night when you sleep.

Don't, you know, have you calls that the the healing cycle or that number? I'm sorry calls at the health cycle, you know. And the cell danger response is the stuff that you do after you've gotten, illness or a real injury.

He calls, the healing response, you know, and that's where the cell danger issue comes in, you know? Okay, that's where there's, choreographed, mitochondrial, response to injury happens.

So the most important part of this for most people is the idea that the mitochondria are not just making energy. Okay. So I think that's the thing we all learned had this idea that our mitochondria are energy production cells, organelle in the body, and that when your energy is low it's because your mitochondria are sick.

Yeah. You know or damaged okay. And so I guess probably I say the the the big news for people is that Doctor Nadia was telling us that when you are ill and you have this what we call sickness behavior, you know, you're tired, you're, you can't think straight.

You got that brain fog. You know, you ache all over, you know, that. That you don't really want to deal with other people. You know, you just want to, like, be alone.

That sickness behavior we see in animals, you see, in one celled organisms that is being choreographed by your mitochondria. Okay. And that is the big news.

It's not just the mitochondria are, got infected and now they're not making energy. Know they have actually decided to make less energy and to create, and to make less ATP.

So that is that the heart of the cell danger response is that your mitochondria, when you're ill, are not sick even when you're chronically ill. They're working like they're supposed to.

The problem is, when you're chronically ill, you're in a bit of a dysfunctional system, you know? And when you get acutely ill, this is how the system was designed to make you lie down, hang out in the corner, not want to interact with other people, not want to eat much.

How the Cell Danger Response Works

You know, that's sickness behavior. The problem with sickness behavior, as patients with fibromyalgia and chronic fatigue and other illnesses find out, is that when it stays, it's not helpful anymore.

You know, for 2 or 3 days, lying in bed in not talking to other people is sort of like your body's natural, quarantine. You know, you're just not going to expose the rest of your family or your tribe in your society to what made you sick.

But anyway, so that's supposed to be short lived. So. So again, to the heart of the cell, danger response is that the mitochondria is now acting as a, a kind of an immune commander, if you will.

Okay. It's turning down the energy in signaling, like putting ATP onto the surface of the cell, because the ATP normally is used to transfer, energy molecules throughout the cell.

But when, when, when you when the mitochondria sense danger, they start to put some ATP on the outside of the cell. And that acts on what we call the pure energy nervous system, which is just to say, another signaling pathway in the body.

Purines. ATP is a purine molecule, but and there's a whole lot of other ones. But the important thing is that when there's a little more ATP on the outside of the cell, that signals your immune system, that that cell is sick.

Yeah. Okay. That's the first immune signal. So that is the heart of the cell danger response. Is that your mitochondria sense danger. And they sense it because they usually get these raw materials from how your from from the rest of the cell.

Okay. They get inside the mitochondria is where you burn your fat for energy. And you you know you break down proteins sometimes for energy. And you take the, the the pyruvate and to make energy, so when they're not working, all those things build up.

And what really happens is oxygen builds up inside the cell, which makes this pro oxidant environment. That's why we're everybody's busy taking antioxidants is because of this.

Well, you know, when you're first sick I always tell people a lot of antioxidants, you know, don't always, do that much because your body's creating this accident problem.

Because and this I, I'm going to stop in a minute because I don't want to get too confusing, but mitochondria are the part of your cell that actually uses oxygen.

Okay. When you make ATP, you make oxygen, you take oxygen and you make it into water, kind of at the same time. And when the mitochondria are not making energy, you're not making that water, which is in my mind, I think one of the reasons that people often have that dehydrated sense when they're ill.

But I know, but that night that that that's my idea. I don't want to claim that as a scientific fact, but I it's me that makes a lot of sense. But the thing we do know is that because you're not using up the oxygen inside the mitochondria, the oxygen concentration inside the rest of the cell, what we call it, the cytoplasm goes up.

And that triggers your antioxidant defenses to turn on. But first it helps kill viruses and bugs inside the cell. So

anyway, so this is kind of like the overview of the mitochondria as, protecting you as being able to turn on your immune system, and turn down energy production.

Now that's all well and good, but just like, everything in the body, you know, when you we're systems, we're designed to turn on and turn off and turn on and turn off and turn on and turn off.

When we have a linear pathway in the body, we usually get into trouble. So if we get stuck in any stage of the cell, danger response, we tend to have, persistent inflammation.

So. And, I'm just going to give you a quick overview of CDR one, two and three is doctor Nabeel describes it. But we're not going to go into the weeds with this because, I have put to sleep medium many a medical audience.

There's a with the with the fine details. So just, just the broad strokes is that the seed or one is what happens when you first get infected or hurt.

You know. And in medicine we call it, you see redness, you know, the skin. The area will get swollen red. You, you know, in regular medicine, we call the signs of inflammation.

Well, you know, redness, loss of function, pain. You know, that's what happens in C one. Your innate immune system. You're. If people are familiar now with covet, everybody's become an immunologist.

You know, that's when you have all those neutrophils and macrophages going into the area. That's CD1. And at that point you make it, you know, all your energy is coming from burning glucose.

Because what people don't realize is that when you really need a lot of energy, you burn sugar. Not in the mitochondria, but right in the cytoplasm. You know, it's because that you can you can produce a short burst of an amazing amount of energy, just by burning sugar.

It's less efficient than the mitochondria because you only get two ATP or 3 or 4, depending. When you burn sugar directly rather than about 34, 36 ATP when you burn it through the mitochondrial pathways.

But you can put out 50,000 times more because you only have 400 to maybe 4000, 5000 mitochondria in a cell. But you can turn up the, small group of proteins and enzymes to like five, 50,000 fold in the cytoplasm.

So you can do you can, you know, really, nail the gas. But it. Right, you run out quick. So anyway, so that's, that's Cd-R one this energy intensive, system that doesn't, that doesn't, but it's very inefficient.

So if you, if you have enough cells that are stuck in CD or one, you're going to really want sugar. I mean, it's funny, you know, we always talk about carbohydrate craving in our patients when we think of yeast and other, you know, cell, you know, bacterial overgrowth in the gut.

But on some level there are some people, it's just that they have enough cells, you know, in certain parts of their body that are stuck in this CD or one that glucose just gives them instant energy because their mitochondria are not turned on.

You know, again, I always want to emphasize this is usually happening in only, percentages of your cells, whether they're, you know, 1%, 5%, ten. You know, if you start getting to the, you know, ten, 20, 30, 50% of your cells are stuck in this, you're probably at the point of like, you're in the hospital, you're really tired, you have sepsis.

You know, you really have organ failure. You know, the good part is that the body can compartmentalize things pretty well. So this is CD one, acute inflammation.

Okay. And there are people with fibro who can help be stuck in that sometimes. The CRT is the next step. So your body has in Co one you kill the bug if you can.

You contain the inflammation. You stop the bleeding. You know, if it's an injury, you know, you get you chew up the, the injured tissue, you know, because if you had a, you know, a cut or a crush, you know, you got to get rid of the old stuff.

And then in CD two, you mitochondria turn up and notch. They start to they start to use oxygen. Okay. But at this point. But they're still not making a lot of ATP for the cell to use.

They're beginning to make more, raw materials, but they're beginning to give you the, the beginning to make the raw materials that let your body make more RNA and DNA, because now the the cell is trying to heal.

Now it's beginning to reproduce. It's fixing injured organelles. It's deciding whether it's going to reproduce. You're it's producing signals that draw in stem cells to come in and give the signals more signaling to make more daughter cells to rebuild, B to rebuild the injured area.

Now, which is all good. But you but your need for energy is still fairly dependent on burning sugar. And if too many cells are stuck in this stage, people will wind up with things like type two diabetes, hypertension, you know, and things of that sort and, you know, and, and, and I always like to remind people that insulin resistance, is a big marker for inflammation.

And no, we probably should have said this in the beginning. You and I have talked about this in the past, that in my mind, all chronic illness and especially things like fibromyalgia are chronic inflammation.

Yeah. You know, I mean, it comes in different flavors, but at the end of the day, it's immune cells that haven't figured out that the war is over. But but also your mitochondria haven't figured out that the war is over because it's a communication system.

We can't you know, we always want to cut the circle to say, well, the mitochondria are in control. They're doing everything. But I don't know where where it starts, you know, the chicken or the egg.

I don't know where the circle starts, but I do know they're talking to each other. So somebody's got to start with, start changing the conversation. You know, the mitochondria either have to decide that the war is over and they start putting out the peace signals or the, immune system has to.

And, you know, obviously they do it together with a lot of crosstalk. But, you know, I think it's a, the body is should be a great lesson for, those of us who want peace in the world when you realize how many small steps each system has to do to give the other one the security, that it's okay to move forward.

Yeah, I know I getting up there for a minute, but but it is always amazes me when people always want, you know, to to be peace, but they want the other guy to do all the to all to do all the actions, you know, and we really I mean, like that's where the great diplomats know the, the, the usefulness of these small signals that, you know, we really mean, okay, but we're just doing something because that's how your body changes a million changes of small signals.

And then suddenly you make a quantum leap and you go from CD1 where you're killing and you know, and like, you know, just and destroying cells, breaking up cells to suddenly CD2 you with your healing the cells.

And then you go to CD3, which is really one of the more interesting places to be. You can see your three is when the cell has matured. It's back to being functioning, but it still has to fix its membrane.

It still has to get good communication because one of the things that happens in CD1 is that the cell membrane thick hardens. You know, people talk about, you know, like how important it is to have all those polyunsaturated fats and your cell membrane and be nice, loosey goosey and well.

But when you when, when there's danger those that cell membrane, the proteins in it change and you develop you know, you start spewing off exosomes by the way, because those are communication molecules often that, you

know, tell other cells that there's danger or that it's safe to heal dependent.

But these are little pinching off things of your cell membrane. But there's a lot of changes in the cell membrane in inflammation.

CDR Stages and Chronic Inflammation

And right in the beginning that cell membrane, becomes, less permeable. Okay. The ion channels change, change their their shape. So all the, the calcium and potassium and all those and magnesium going across don't go is easily one of the reasons our patients have such trouble with magnesium when you're, you know, I mean, like, this is because they're not getting in into the cell as well.

That's why they respond sometimes to those IVs of magnesium or high doses of magnesium, you know, like because just that that membrane isn't letting it in.

So anyway, so in stage one, you know, those cell membranes are really hardened in and CDR two, they're beginning to change. But in CDR three is when they're really the cell is learning how to be a heart cell, how to cooperate with the cells around it.

Because in the beginning, just like people, when you're acutely ill, you're not in a very cooperative mood. Yeah. You know, hey, will you, you know, will you, will you take out the garbage?

You know, you're laying in bed and feeling like crap. You know what? It'd be helpful. Yeah. People usually know not to ask, and think, you know, that's one of the issues that we all have with people who've been chronically ill is that they b do come irritable, and it's not because they're bad people, it's just because that's the biochemistry of the system is like me alone.

Well, it's happening on the cellular level also. Yeah. Okay. So and in CD3 we're beginning to learn how to cooperate, how to hear those thyroid hormones.

Okay. Because that's something which we run into a lot that thyroid resistance. Because if you have a lot of cells that are stuck in CD3. Yeah, you might, you might just, you know there's the T4 and T3 numbers might look fine, but the cells are not responding, you know, until it matures, until it finishes the healing cycle and then it's back to normal.

So you've got the cedarwood one that acute inflammation CD or two you're beginning to rebuild lost cell you know damaged cells and CD3. You know kind of as Bob says, they're going to they're going to school.

They're learning how to be how to communicate, you know, and be part of society again. So, you know, I think so there's a lot there, a lot there. And people go, oh wow, where did that go?

But the reason why is because we're really diving down in and trying to understand, vitalism in the cell. I mean, we're trying to we're all we have this inborn, innate healing dynamo that's inside each one of us.

And, you know, we don't have to take it. Think about taking 12 breaths per minute. We don't think about pumping blood through our arteries and veins and digesting our food.

Any of these things, this is happening, this, this, this innate, inborn healing dynamo, these systems, largely controlled by the hypothalamus and some of these other organs.

It's making this happen. And what the reason I, I like this paradigm because I think it's such a fit for fibro and that we know in fibromyalgia they have less mitochondria and that oftentimes the mitochondria, they have they've been compromised.

Now we have something that's telling us, here's one of the reasons why the mitochondria have been compromised.

And if, Doctor Jacob Teitelbaum, he uses this analogy.

Teitelbaum, who's on the summit, is a fibromyalgia expert, and he uses the analogy of fibromyalgia is like a, like a fuze is blown in your, you know, you've lost this energy is an energy drain, which totally makes sense when you're losing the ability of this mitochondria to work like it's supposed to.

Yeah. But I made the mistake of saying to Neil Nathan the other day he was on a yeah, we were talking about this. I said, you know, the cell danger theory.

I really like it. It really fits so many things that I've found missing in the fibromyalgia, model for the last 20 years dealing with these folks, with the cell dangers here with where the body's overreacting.

And he said, wait a minute. I wouldn't say that. It's really the it the body's doing what it's supposed to. It's just not turning off. And now we gotta realize there's things that we've got to do to help it turn off and feel safe again.

Yeah. And it's I wanted to give this example, and I think this will pull together what you to share this example of. You've got a virus, you know like Covid.

It gets inside your cell. And what the mitochondria which is the messenger and the power plant of the cell and all these little organs and these organelles, it it feels threatened.

And as you said, the membrane around the cell, becomes hardened. So it's trying to keep the virus. Or it could be a mole toxin. It could be you know, some other type of toxin in there.

It's trying to keep it contained. And then, as you mentioned, the mitochondria, instead of releasing this oxygen holds onto it because it feels threatened and it builds up and then it releases, this redox effect, we're trying to kill the virus or the toxin, but then in the process, it kills everything around the cell as well and sets up all this, immune reaction.

Right. That's what you're seeing in reaction that's generating all these chemicals and certainly inflammatory chemicals, but histamine and mast cell, and then it and track it, keep going.

But then it sabotages our methylation system. So, so many of you have heard about, the prominent MMR fgfr or methylation issues, which sabotages your neurotransmitters.

One of those in particular is serotonin, because it can sabotage the amino acid trip to fan, from converting antiviral drugs to tryptophan. So it's a model for me.

You know, that sounds complicated, but it really is a model that brings a lot of the challenges of explaining what's going on in a fibromyalgia patient together in a way that, okay, we've got a toxin, we got a virus.

It's something it's the straw that breaks the camel's back. The body's reacting to this. Now, what are the steps, that we can do to turn off this response so the body feels safe again?

Yeah. Well, you know, you. So you're taking it that that that idea that the, you know, that the mitochondria is reacting to a threat now and that is our first step.

But sometimes what makes this even more complicated for us is that, you know, is it sometimes most of the threat can be gone. And the system is stuck. Right.

All right. It's like and then we have to because and the reason I believe the system gets stuck is in this, in this group of, of, you know, creating more inflammation and then your immune system, you know, is trying to, you know, your immune system gets involved and continues to release inflammatory chemicals.

And then you get, you know, we talked about it earlier before we went on about how, you know, when at the heart

of, of fibromyalgia is the sleep disorder.

And then you get inflammation in the brain and you're not sleeping, you know, and so but the basis behind all of this is the body is trying to protect itself.

Okay. I think that's the heart of the cell danger response. Is that self-protection? Is I there's an old quote I remember who said it is the first rule of of self-defense is the first rule of life, you know, and so your body's prime directive is self-protection.

Okay. And but but life is about constant interaction. Okay? So if you're just going to protect yourself, you're going to hide in the corner, not move.

And that does not work, because the paradox of life is that the only thing that really works is okay, okay, being interactive, I mean, even on the cellular level.

So we have to, for healing and what I know that you do from your programs, I mean, which is so is that you help people restore this sense of safety. Okay.

By helping them sleep better, you know, helping them eat better, you know, helping them breathe and think better. You know, it's all a sense of restoring the sense of safety.

That's why, many of the, you know, the simple things that people talk about, an awesome people laugh at, they think, oh, that doesn't do anything. Like, you know, walking on the ground, walking in nature, you know, being, you know, just being in, in, in.

Yeah, being in nature and, like, actually taking in the wonder, the aura of of and the beauty that healing, you know, letting yourself, you know, feel the cycles of life is healing, being around children or young or pets or dogs or cats, you know, like, these are all things that give the body a sense of safety and healing.

And, we have to do that biochemically as well. I mean, that, that, that that's where we get into the thing of finding the supplement that is not going to push the system too hard.

Yeah, and create too much inflammation, but is going to allow the body to feel safe. I know this is I the esoteric conversations always thrill me, but I know how frustrating they are for patients when they go, okay, so what do I do with this?

Yeah, yeah. And you know, but the really I think that is the bottom line. And this is one of Doctor Navios, you know, teaching the teachings of Doctor Navy.

I have to say is that you mentioned Neal and I have two Neal. Neal was working with me when I sent him. Somebody sent me a paper of Bob's in 2013. That's Doctor Navia.

And I just amazed me because he'd explained to me why all the antioxidants my patients were on at the time and, you know, and people would come in literally with shopping bags and boxes full of supplements, you know, and they weren't helping them.

And it bugged the enemy because I had I had by this time sort of stopped giving them out like I used to, because in the 90s it was the for all we were told, antioxidants, you know, and, and I but as I and that works in people who weren't too ill but my clinic was more and more people who were like, you know, bed bound and sick and blah, blah, blah, blah, and like, you know, chronic all kinds of things.

And so I found that the sicker they worked, the less useful. Most of the supplements were when they were healthy or just a little ill. The supplements were amazing.

But the secret they got, the less traction I got. And Doctor Nabeel explained that through the cell nature response

that you know, your mitochondria, it doesn't matter what you serve them, they're not eating, you know, and, and it's because they're stuck in a, in a loop of, of, of danger.

And anyway, so the point, Neal, is that Neal was the one who said, we got to meet this man. And then we we had a meeting in December. I'll never forget it. It was a in, in San Diego.

We went to that's where Bob is.

Safety, Healing, and Practical Recovery

And we had lunch and we three hours later we said, you know, somebody I, we got to do something. And that's that was an amazing cause because Bob is just got a brain that I love.

You know, it's like he's got, a depth of understanding of biochemistry and physiology, like it's very rare. So long story short, is, his new idea is not new.

But, I mean, when he started to get you is that we spent all of our time studying pathology, you know how you got sick. And I like to think I'm. And you and I.

I think we're kind of experts in that, you know? Is it a bug? Is it a mold? Is it, you know, a mycotoxins, you know, is it a, you know, a environmental toxin, you know, is it your mast cells are experts in the cattle physiology.

What's gone wrong? But what people are really stuck. What you have also found that can tell from your teachings is you got to help people get back to health.

And it's not the reverse pathway because many times you can remove the trigger, but the patients still stay sick. So you have to give them what he calls salvage.

That's, you know, the return to to to health. You have to put them on a healthy path. Yeah. And that's where nature loves safety. But that's often the hardest thing to do because, you know, the sicker, the longer you've been ill, the more anxiety.

And in many people, the tendency to obsessive compulsive thinking begins to take over, and that's there to protect you. I mean, those are not, you know, those are self-protective traits that in certain situations can be really helpful, you know?

Yeah, I think it's, it's field lots. And in the book, the tools, he talks about the maze where you get in the maze and you can't get out. And I see this with patients who and I totally understand to me, that got an illness that few people understood and few people can help you with.

People are telling you this, learn to live with it and you're miserable. But you get in this maze where you just can't get out. All you think about is how bad you feel because it's just another day.

You feel, you know, you feel bad and you get into this pattern. But what they call danger response theory, that that's the thing that really ties it to me with fibro is that, you know, if you've got somebody that's got 15 tacks in their foot and you pull out 2 or 3, they're going to notice the difference.

They don't. These are the folks that come to us and they've got a shopping bag full of supplements are taking all this. So a shotgun kind of approach.

The problem with that is is there's several steps, but they're not they're not, single. I mean, they've got to be connected. There's, there's a connection, a thread that runs through these things along with it.

Working on the biochem core deficiencies, you've also got to do these other things that you talked about, you know, getting out in nature, connecting with other people, nurturing your soul.

That part is oftentimes forgotten because we're looking for that magic pill, that magic therapy. Whatever it is, we don't realize that you can't get here to health without doing all these things.

And I learned that the hard way over the years, because I would think, oh, yeah, I've got here's the testing, you know, I know exactly where they're broken down.

I'm going to put them on these supplements or these medications, whatever we're doing. And sure, we can fix them. But then they go back into that toxic house, you know, that toxic marriage, that toxic workspace, they never deal with that stress that's creating this, this danger that, that they're experiencing.

Yeah. And and this is what you brought. Something I want to emphasize there is the big difference between acute and chronic illness. Now in medicine terms, acute means an illness that's, you know, 1 to 3 months and chronic is greater than six months.

I don't know where the 3 to 6 month period falls into, but basically, you know, acute is something if you get sick, you might get really sick. But, you know, you don't have to.

You just lie there, you eat, you do what you supposed to do and you recover, you know, and if you're young, you tend to have a 100% recovery. You're 90%, you know, when you get older, you don't do so well, but still you recover.

But chronic illness is when that you haven't gone through that pathway. We said the, you know, acute illness CR one, two and three is happening. CR one is usually very short lived.

CBR two can take a much longer CD three can take time as well, but it's healing. It's going. You're getting better. You don't need a lot of intervention.

You just need. Sometimes you just need that original insult removed so you get the surgery. You take out the, you know, the, the and the in fact, you know, the infection.

Yeah. The bone gets, you know, fuzed. It goes back together, you know, medicine works wonders in the acute stage of life. Okay? That's where we save you.

You get bashed in the car accident, you know, half dismembered. They put you back together and, you know, in a fairly well, maybe even great, you know, but it's when you get stuck in this chronic world, that's where this cell danger response is becomes critical.

And, and understanding that it's signals you, you now have to send myriad signals to the body to let it know that it's safe. Because somewhere along the way, it decided, I think the, the psychological stories that that, you know, you go and you go to the therapist you hear about.

They actually work very well to understand medicine. I mean, and that's why Chinese medicine is so useful because they just have stories, medicine. We confuse people with facts.

And I mean that only half jokingly, okay. Because at the we don't understand how the body works in detail well enough to believe just the facts. Okay? If you build a bridge, well, any engineer can look at that bridge and do some measurements and know that that's a solid bridge.

Okay, well, we don't have a clue what makes a solid person. Okay. We have we've come in so many different flavors. We have so many. Our biochemistry is so individualized, you know.

Yeah. It all just like the bridge at all. Have steel and, you know, girders and stuff. We all but we work so differently inside. Yeah. You know so we don't know it.

So story is actually more you. And this is kind of hard for people who like, you know, we we worship the altar of

science. And I, you know, I love going down the rabbit hole of the biochemistry with astronomy.

I mean, it thrills me, but it's it's it's still not the truth. Yeah. And it's not a part of the equation. Yeah, yeah, yeah. The stories understanding how systems work is really story.

Okay. And it's based on experience and observation. Okay. It's not based on you know, we still we're still waiting on maybe. What's that? That new, AI program CB, CB or chat CB or whatever it is, give us all the answers, but not yet, because I've been trying it for medical questions and it is still pretty superficial.

But who knows, maybe it will. It will, it will take over the world soon. But the point is, is that that's where you know the stories of understanding, communication, safety, art, you know, e is the essence of human.

It comes down to if you could make if you can make yourself or your loved ones feel safe and accepted, that's step one to letting your body leave the state of chronic inflammation.

Yeah. You know, and it's like for all the scientific gibberish I can spell, that's the real healing. You know? You know, when we talked the first time we were sharing this and I asked you, I'm damaged.

I was I mean, I'm a bio chemistry nerd. That's what I love. Functional medicine, ortho, molecular medicine. This is what got me interested in what I, you know, been doing for the last 30 years.

But, I asked you I said, well, Eric. So tell me, how do we fix this cell? Danger response theory. What what are the steps? And I'm thinking I was going to share some some biochemical, you know, some supplements and this, that and the other.

And you said, well, this got to get to where you feel safe. And then we went out, you know, then we started talking about what I recommend my patients is this our power now could be half an hour power, whatever it is.

But it's a daily routine where you feed your soul, you know, with, with whether that's, prep material or things you're listening to with it. Wayne Dyer, Joel Osteen, you know, whatever your flavor is, but something that's really nourishing you meditation, stretching things where you spend time to really give yourself the safety that you know, that where you feel safe.

And if you're not doing that, then you're just kind of showing up every day and you just whatever happens to you, happens to you, and you just react to every kind of stimulation, usually in a way that you probably would not would react because someone's pushing your buttons and you're not really, you know, done to put the work in to calm everything down.

But there are some things, I think, that I've learned from that, conversations that still apply it even really makes it a better fit in that yes, you got to do the the work where you calm everything down, that the de-stress work, but then you still got to look for the triggers.

So you still got to maybe work on methylation issues. You still got to they probably got a problem with they're not getting the serotonin because they can't use the tryptophan.

So maybe try and find it. Five HTP you still got to figure out some of these things that are broken down in combination with these stress, self stress or certainly stress activities.

But but but by doing that combination you can exponentially see the healing going on by combining these things. If you try to do one without the other, I really think you are sabotaging yourself.

Yeah, you you're asking for miracles, and miracles do happen, okay? But we call them miracles for a reason is because they don't happen predictably. So yes, if all you want to do is pray for help, for healing, and open your soul.

That does work sometimes, but most of the time we need all the building blocks because one supports the psychic, emotional, spiritual, whatever. But on the other hand, like you said, you still have to supply the body with the right energy sources.

Yeah, you can relax all you want and keep eating Big Macs, and you're probably not going to get where you need to go. Yeah, I mean, that's that is the point.

You have to still find what makes your body safe, you know, are you do you do better with a plant based diet? Do you do better with, a meat based diet or in combination?

No, it's and that's the thing is finding what your sick signals, your body reads as safety because. And that changes because some people, there are periods in their healing that they do better.

You know, with, a really vegetarian diet and other people, you know, they'll just wilt on that, you know, and and that's why we need, still, you know, it's more than just going, oh, life is good, I love you.

I'm ready. That's first steps. But then, like you say, we gotta we gotta play. If you if you still have that, you still that five taxing your foot. You know where doesn't get them out usually.

Yeah. Or. Yeah. And I think that's why really in functional medicine, the beauty of it is, is we're looking for the root causes. You know, we are trying to find what are the root triggers for the causes of the symptoms instead of covering them up.

And and, you know, as soon as after marriage, it's very difficult to navigate this whole thing on your own. Number one. Number two, I think that you can go off on a path that doesn't yield any returns.

And you spend a lot of money, a lot of time, and that becomes very frustrating. And so one of the things I want to leave everybody with, and, is I really think you need to seek out somebody that can help you figure these triggers out, figure this all out.

People ask me, oh, in there, just something that I can take in there, you know, five steps. It doesn't work that way. I think, I think Doctor Gordon just kind of shared that with us is that there's no one size fits all.

And that's why, you know, really need to seek out somebody that can help you with the testing and put you on the right track. Hey, Eric, where is the best website for them to go to to learn more about you and your practice?

Oh, well, thank you just Gordon. Very, ego driven. Gordon. Medical.com. But we have more than me there. We've got a bunch. I mean, a that that's one thing.

You know, we've got Doctor Papaya, doctor Coca-Cola. Now that's your Nelson in there. You know it's. And we work. You know, I always say it's a creative endeavor.

You know, you always get, you know, we share a lot. We talk a lot together because, you know, we're always learning from each other that that that is the beauty as you, you know, as you said, this is something that, you know, the band aids, you know, you know, it's funny for the the real bad days or the drugs, and that you got to go to the doctor for.

But the, but the healing, is, you know, you can start off, like you say, with the basics, you know, sleep, better attitude, better diet. But when that's not working, you know, and you got to dig down, then unfortunately, you do need help because, there are so many different traps.

And it's really easy when you're a patient to read a list of symptoms and go, oh, look, I've got publisher. Oh, no, look, I've got Bartonella. And I always used to say, one man's bucket list is another man's Bartonella list.

And, you know, and you can do the same thing for a myriad of chronic illnesses. You rebound. That's how you got

that, that in that it doesn't mean you got that.

You know, I mean, it's it's it's frustrating because, again, when you are, you have a heart attack, we all kind of agree on what the more or less even they're it's a little vague sometimes, but still, we have lots of clear, clean, clear cut pictures.

But when it comes to something like fibromyalgia, you know, the the trigger that dis regulates your immune system to produce this set of, of, what doctors call nonspecific functional symptoms, okay, can be myriad.

Yes. Okay. And so much depends on your own personal biochemistry and that's where, books and conventional doctors fail you. Because one of the things those of us who've been doing this kind of medicine and there are now, thankfully, more and more being trained in it is, we know, to keep looking, you know, just because you come in and tell me you had a tick bite and this happened doesn't mean that line is your problem.

You know, because lots of people get Lyme and get better. It could be something, you know. So anyway, it's important that you see doctors who who understand, as Doctor Murphy was saying, is that like, you know, Lyme, but it could be a toxic exposure.

You know, it could be mold. It could be just, you know, you had a small thing accept you've got a little problem with, you know, your mast cells, you know, one of your most primitive immune cells being a little on the hyper it.

Yeah. And then you're stuck in this loop. So anyway, the long speech is just to say that, yeah, it's great to do some basic work on your own. Yeah. Well, when you start thinking that you've got the A disease and you're going to start treating it based on what you read on the internet, again, you can try it, but it doesn't usually end well because it's unfor.

I wish it was that straightforward because, well, I would probably be doing something else because I would be bored that. Yeah, yeah. You don't never get bored working with this community or chronically ill patients.

I mean, I think I find it fascinating, rewarding, you know, certainly sometimes intimidating, but, it is it is quite, quite a challenging task. Well, listen, thank you so much.

And I want to encourage you my check out Doctor Gordon's website, and I look forward to spending some time with you in the future. Me too, a pleasure.

I hope we've given some good information amidst all the, big words and big ideas. But thank you so much for the opportunity. Love to share it.