Introduction and Guest Background

Welcome to this episode of the Reversing Nasal Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara of Marcel 360. I am so excited today to have Doctor Tonya Dempsey with us.

And I want to tell you a little bit about her. She is an MD. She's board certified internal medicine and integrative and holistic medicine. She graduated with her MD degree from Johns Hopkins.

And in 2011, she founded her center that's now called the Ames Center for Personalized Medicine. This is a destination practice in purchase, New York.

And it she focuses on complex multi-system diseases. She's an expert in mast cell activation system, dis autonomy, autonomia chronic fatigue syndrome, tick-borne infections, and autoimmunity.

She's the coauthor of a chapter on Euro gynecology and hypermobility. And I just wanna make a plug for the book called disjointed. This is a great book.

Really excited about that. On EDS and hypermobility spectrum disorders. And she's also authored several groundbreaking articles in the medical literature that's been game changing.

The area of mix. One of the areas we're going to dive into today is this groundbreaking research on chemical intolerances, which affect many people with mast cell activation syndrome.

So excited about this and honored that you're coming on to share with us, because this is going to help legitimize this awful experience of chemical sensitivities.

So many people have mass activation syndrome deal with. And I had myself. And then you're you're stigmatized out there because people don't believe you.

They don't understand. People are told they're crazy. So I think this interview is going to be very valuable for both patients and practitioners. Thank you so much for joining us.

Oh, thank you so much for having me. Can you tell us first a little about how you became an expert in this field? There's not a lot of experts here, right?

You know, I think that, Yeah, it's been an interesting journey. I started some of it was my own, exploration into, health and well-being and and just how to treat patients better.

I think that in general, not how I got to be a specialist, but how I even got into integrative medicine was really understanding that our our medical system has a has a big problem and patients are not being listened to and patients are, being stigmatized.

And, and I was getting so frustrated in that model of medicine. And I was seeing what I was seeing was that the more I spent with patients, the longer you know I spoke to them, the more I would see that they had these very unusual symptoms, like no one else would pay attention to.

And I became more interested in that because it was something that I wanted to help the patients, and no one else could help them. So when I started my integrative practice, it was sort of like this evolution of the more I started to see, the more open I was, the more I started to see right, and more I started to see, the more open I was.

Right. It was sort of like this, this, beautiful sort of evolution of, well, you know, I opened up my practice in the middle of an endemic region of, of the country or with Lyme disease.

And so, of course, what am I going to see? Some chronically ill patients. And I'm open to it, and I'm going to learn more about Lyme disease, and then I'm going to, you know, be mentored by by Doctor Richard Horowitz and some other experts in the field.

And then the more you see those patients, for me at least, it was sort of an evolution. Some of those patients were very sensitive. I just attracted patients who were more sensitive, I was more I was patient, I wanted to figure it out for them.

I knew there was a reason. It wasn't just they were just sensitive. There had to be something. And so as I explored with these patients, I had this one patient back, and I think it was like 2014 ish.

That had the sudden sort of, onset of all these sort of sensitivities, to anything we gave her herbs or medications, and she went from sort of functioning really well to like to not functioning.

And I started, you know, scouring the internet, scouring the medical literature, trying to figure out what it was about her, why that happened. And I came across mast cells and nasal activation syndrome, and I don't even remember where I saw what I was reading.

But I remember saying to her, I think, I think this is something that is relevant to you. Let me let me dig deeper.

How Dr. Dempsey Entered Integrative Medicine

And, and I found I came across doctor, Lauren Safran, who is, who's now with me in my practice. But at the time, you know, I called him up, like, what do I do about patients like this?

Right? And I just it just took off from there because once you see it, you can't unsee it. And, and so, yeah, it just it just evolved and, and that's been my, my interest.

And you've been in this in the context of mass activation syndrome. That's a good chunk of time because the diagnostic criteria wasn't even established in 20 or diagnostic code until 2016.

Correct. So we are seeing that there is a lot of chemical intolerances, chemical sensitivities. Sometimes these are called multiple chemical sensitivities.

And this research that you did called it tilt. So I just want to give people these different names toxicant induced loss of tolerance. We're all describing the same thing.

How does this develop. And then can we talk about how that's related to massive activation syndrome. Right. So you know to be clear I think well, I think it's important to understand, you know, what we did for the study, what we were really looking at, what our hypothesis was, what we found and what we've known for some time is that a lot of our patients who have antennas also seem to be sensitive and sensitive.

I shouldn't even say chemically sensitive to sensitive. Right. And then there's a subset that are chemically sensitive. And so, you know, we were wondering whether there was a connection and what the connection was.

So the question is, is mast cell activation syndrome the driver, the cause of chemical intolerance and chemical sensitivity. And so we've been working with the tilt people to toxicant induced loss of tolerance groups, from out in in Texas.

And Doctor Claudia miller is, is really one of the pioneers. And so she's sort of, you know, started like putting these thoughts in our mind. We started thinking about and putting our heads together like, there's something about what she's doing, what we're doing that totally makes sense in overlaps.

But how do we how do we figure that out? So, because because the reality is we could say a lot of things in practice like, oh, yeah, you're chemically sensitive.

I say this sometimes you're chemically sensitive. You probably have mixed. But then, of course, I want to prove that. Right. But here, you know, we have to be careful when we publish, right, that we're we're coming out with, with a statement that that is as valid as possible.

So what we did was we had all our patients, all our new patients joining our practice fill out. And then and then subsequently, other patients fill out a questionnaire.

And the questionnaire is known as the queasy questionnaire. And this was pioneered by Doctor Claudia miller. And people can find the questionnaire on queasy.org.

It's q e s I talk. We'll put that on our resources page for everybody for the summer. You can find that at NASA a360.com/summit. Great. And also the tilt research.org website is also, a really great, source of information.

So we gave patients these queasy tests which, which people can do on their own. They can take the test. We gave it to them. And then we looked at whether the patients we had were said were specifically diagnosed with Ms..

And we used the criteria known as consensus two criteria that, that, a group of us, including, Doctor Larry, our friends, sort of put out and published using those criteria.

We had patients who had a diagnosis of them test. And then we had the quiz questionnaires and what we found was that there was a high correlation between the, test patients and, and the scores and the quiz scores and so, you know, again, the, the the thought then is that what we while we can't prove that chemical intolerance is caused by, casts, it's suggestive of that.

Okay, I would say I believe that. But again, as a scientist I want to I want to prove it. So what we believe is that that that, there's a trigger, for mast cells that are then that sort of leading down this path.

I there's a really great picture of an iceberg that I love, that sort of like there's a lot of stuff happening underneath the water. And then once the iceberg, is showed, it's above the water.

That's when the symptoms start. And so there are these triggers that happen over time to mast cells. And then, and then it sort of explodes. And then you know, patients develop chemical tolerance.

But to be clear, you can have, cancer not be chemically intolerant. And you probably could have chemical intolerance and not have in case we think we just haven't we haven't proven that, you know, fully.

But that's what what I would say is true. And I'm realizing we should actually step back and talk about what is chemical intolerance and what types of chemicals are we talking about.

So people can relate to this. I'm thinking how I used to have to hold my breath to go down the laundry detergent aisle. How? Having to fill my gas tank up was a nightmare.

And then I didn't know if I was going to be, you know, to faint, to be able to drive home afterwards. And I'd have to make sure I was upwind and not downwind from the gasoline.

So it's I got in the elevator and something was wearing fragrance. I might start flushing. So can you describe this more so people can relate for their own experiences or their patients?

For our practitioners, there are several groups or categories of we'll call them, initiators and triggers for tilt, for toxicant induced loss of tolerance.

It's not all chemicals. It's just these are things that may be the triggers that get the mast cells going. And sort of, cause them to become dysfunctional, you know, causing all the, the, the array of mediators that they release, etc..

So the categories are you have those voices, those volatile organic compounds, those are the fragrances. You

could have VOCs from even mold mold releases.

Those those organic compounds, you have formaldehyde, new carpet, new furniture, plasticizers. That's that category. New clothing and thing that people going into a clothing store or fabric store.

Chemical Intolerance and TILT Explained

Correct. And then you have the, the combustion related products. So those are things like gas, oil, exhaust, tobacco smoke, things like that. And then you have solvents, and gasoline actually would be in that category as well.

Paint, paint fumes, nail polish, you know, and and then you have things like, pesticides, which is a huge issue. There's organophosphates, there's, Deet, there's reference.

There's a bunch of others. Right. So roundup, I just want to explain for some people that this is what's getting sprayed on our produce and also drifting onto organic produce now.

So roundup is not a it's not a pesticide. Actually, it's a weed killer. Yeah. What I would put that in that in that category. Anything that we're spraying to to make our plants grow.

Right. In this sense is, is potentially, problematic. And then, you know, lastly, you know, finite life. So there are probably other things I didn't mention, but there's a category I would say, we'll call it drugs and medical devices, and those are things like, could be antibiotics, could be chemotherapy, could be implants, could be dental implants, could be breast implants.

And and I guess we could even say vaccines potentially. So these are all things that could be triggers for, for health. And then ultimately, cash really is what we're talking about.

But they can not only just be initiators, they can then also be the thing that keeps you sick and keeps you continuously being, triggered. So. Yeah, that's that's perfect. That's great.

So I think that paints the picture of these types of sensitivities. And people can be quite sensitive to very low levels that other other people aren't triggered by.

These don't notice whatsoever. And, you know, I think about going with, with a friend to go clothes shopping and my eyes burning and they're fine, you know, they don't notice anything.

But this is kind of this difference. And what's happening, this is how we describe people with these kind of sensitivities and, cast as being the canaries in the coal mine.

So we're the ones that are super sensitive, but these are toxic for everybody. It's not like they're only toxic for us. So can you tell us more about so the study that you did, what did you find in terms of the overlap in the tell me mix?

If we can get into some of the results there? Well, you know, there was a it was definitely this, this correlation with scoring, between the, test patients and, and the queasy results, and the queasy I should mention is a is a validated questionnaire.

It's being used all over the world. It's got published, you know, research on on what it's doing, what it's showing. And, and so, so anyway, that's why we chose that, that questionnaire that, that way of measuring this.

So. Right, so the reality is that what we found was that there was this overlap, a very high percentage of of patients who had, high scores and the test diagnosis.

Now, the problem is, though, that that doesn't necessarily just because you have a high queasy score and you have ncache, right, doesn't mean that the chemical intolerance is caused by, cats.

Right? We couldn't show that with this type of study. We'd like to do a study where we can actually try to prove that the connection. All we can say is that they're connected and that it's very likely, given the mechanism of action, given how mast cells work, that mast cells are the the cause essentially, of the symptoms that people have with chemical tolerance or tilt.

And and so again, so the study is it's, it was very exciting to be able to publish this, but it's really like the tip of the iceberg because we have so much more that we have to show and approve.

So I mean, that's essentially, you know, it. I think it's helpful if people took the queasy at one of the conferences I did recently, I, I did the breezy, questionnaire with, with with people in the audience, the breezy questionnaire is a three question, questionnaire that is sort of like a screening.

You can use it almost as a screening tool for, for the breezy, before the queasy. So breezy before queasy. And, the queasy is 50 questions. The breezy is three questions.

And, the questions and I'll if you don't mind, I can kind of do it quickly. Yeah. Let's do a sense of what what we're looking for. But this sort of is just what we talked about.

So the question is the first question. Do you feel sick when you're exposed to tobacco smoke, fragrances, nail polish or nail polish remover, engine exhaust, gasoline, air fresheners, pesticides, peat sinners, tar and asphalt cleaning supplies.

New carpet or furnishings. By sick we mean headaches, difficulty thinking, difficulty breathing, weakness, dizziness, upset stomach, etc. so so I can say yes to that one.

So. So if you answer yes to one or more of these questions, the recommendation that is to go to the queasy to really sort of break it down even further, understand the process a little more.

The second question is, are you unable to tolerate or do you have adverse or allergic reactions to drugs or medications such as antibiotics, esthetics, anesthetics, pain relievers, X-ray contrast, dye vaccines or birth control pills, or to any implant, prosthesis or contraceptive device, or any other medical, surgical, dental material procedure.

And I would say that there's a fair number of patients, who or people who will answer yes to that or maybe answer yes to both. And the third question is, are you unable to tolerate or do you have adverse reactions to any food such as dairy, wheat, corn, eggs, alcoholic beverages, or food additives like MSG or food dye?

Yes, I think this is almost every client. No, we just really censor people and that's what we specialize in. But I think so much everybody we work with no, it's it's absolutely true.

And that and that's why we started thinking with this that there has to be a connection to caste. But again, I have mixed patients who are not sensitive.

I saw a patient the other day who was wearing perfume, complaining of all the, kind of symptoms they were having. Right. But I could smell the perfume.

And I was thinking, how are they tolerating that? Or is that or do they not realize they're actually reacting to their own perfume? That's what I wonder.

Yeah. Yeah, I think sometimes I mean, it took me a whole long process of figuring these things out and figuring out, oh, that scented candle. That's a fragrance.

It's not an essential oil that's probably triggering me. And and just stepping through these little by little by little, cleaning out underneath the kitchen cabinet.

And then later on getting in the rest of cleaning products, doing my makeup. And it's either so many, there's so much greenwashing out there. So I think about we have these products that say that they're organic and clean, and then they have fragrance, or we have these makeup companies that say that they're all green and they're organic.

And then I look at the ingredients and and it's ridiculous what they have in there. And they have carcinogens and all kinds of things. So it's a real challenge for people.

Oh my gosh, this this really gets me. I really get somebody's skin I, I can't I just can't believe it because I'm also interested in all this.

Study Findings on MCAS and Chemical Sensitivity

And as I'm educating my patients and and and speaking, you know, I want people to be to to know as much as possible. And when you start really digging, you know, there's a handful of companies that probably are doing it right in terms of producing, clean products that are going to be well tolerated.

And even within that category, they're still going to be patients. We're not going to tolerate even those things. Right. But with so much of this greenwashing, and it's really, really, incredible, I was looking for a cleaning product for my kitchen, for the counter, and I ran out of the one we were using.

And so I started, like, looking online and all the green products for cleaning the counter. And I couldn't believe what was being advertised as natural.

There was this one product that had all this, like ammonia in it. It looked like the label of Lysol, but they were actually advertising it as like this clean green product.

Couldn't believe it. Yeah, yeah. It's problematic. So all these people are being exposed. There are lots of people who are being exposed who are not reacting per se.

They don't have chemical intolerance, but it's still not good for their body. They just don't feel it. Yeah, exactly. So we know that mast cells can react fairly quickly.

And I love this article by the way. I just want to for anybody who's looking at, looking for this article, it was published, I believe, in 2021 called mast cell activation may explain many cases of chemical intolerance and the way it was written.

So clear. And it's very easy to follow. And, you talk in there about this role of the nervous system and how quickly mast cells can respond, because what's happening is people, when you have these experiences, it's instant.

It's so quick. I mean, you're talking about fractions of a second. And that's part of why people have been told that it's psychological, because there was this thinking that all these biochemical processes can't happen that quickly to activate a headache or make you so lightheaded or your eyes burn.

But we know that that's not true. Can we talk more about that? Yeah. You know, we they've actually done, you know, research in the lab, studying how long it takes for the release of, the, the granules within mast cells of, let's say, histamine, how long it takes for the mast cell to produce things like prostate glands and years old.

And I also top my head. I couldn't give you the exact numbers, but. But, yes, I mean, fractions of seconds. You can get the first load of of mediators released.

Then there's a process of the next step is there, there are. So there's pre-formed, mediators. So they're going to be released very, very fast instantaneously essentially.

Right. And then you have this production of additional mediators. And some of them are partially made. So they'll be released shortly thereafter. And then there's this process of additional mediators being made over a longer

period of time.

So patients who are having a reaction to something you've they get that instantaneous, result, right. The symptoms and then right, the symptoms linger for a lot of patients.

Sometimes they leave the environment and it clears. I have patients that will clear pretty quickly, but others might feel sick for a day or week or longer after an exposure.

And that's because the mast cells are continuing because they're dysfunctional. They're going to continue to release these mediators, and they're going to continue to to produce more mediators, and then they're going to release more of that.

And then some patients will find that they'll just hit a wall. Things will just not get worse. Maybe they'll feel better and they think it's gone and they may feel better for a period of time.

It could be a day, could be a few hours, can be a few days. And that may be I call that sort of the honeymoon period. And that's a period where the mast cells have actually depleted most of their mediators.

And they there's really not much else that they can release. And so patients will feel better because because the mast cells could not react until they've gone through the manufacturing process and build up their mediators. And so they're ready again.

So I don't know if you've noticed that, but they're patients who will have this sort of time frame. They feeling okay and they don't know why. They don't know what the intervention was.

But it's just that the mast cells have sort of been depleted and then restarts again. Yeah, that makes so much sense. And thinking about this, how rapid this initial response can be, I also think about how we have mast cells at the nerve endings and this communication.

I call it a feedback loop. And, and you talk about it as a crosstalk in the, in the paper and between the mast cells in the nervous system. And that's something that I don't think is appreciated well enough.

This role of the mast cells at that interface between the outside world, but also between the nervous system and the rest of the body. And because it's so rapid, how how does the nervous system play a role in these kinds of reactions?

Yeah, it's incredible really. If you think about where mast cells are in the body and you think about where they are specifically in the nervous system, I like to draw for my patients.

I'll draw like a line and I'll say, that's a nerve, right? It's essentially like a wire. And it is sending a signal from one another wire to the other.

And then I draw the mast cells in circles, literally lining both both sides of that wire. And so that's really where the mast cells are. They're everywhere.

There are the endings there along the, the the entire nerve. And and they're there to protect, you know, there's a they have a function. It's really when they become dysfunctional, when they become, you know, so so let's just say you have somebody who gets, an illness, they're fine, they're healthy, they get Covid, for instance, right?

Their mast cells will get activated because that's what they do.

Common Chemical Triggers and Everyday Exposures

But if they have normal mast cells before they had Covid, their masters will reset and go back to normal. But but a lot of the patients we're seeing have dysfunctional mast cells.

And so they're there. So they may react to Covid but then they may never really get come back and and heal after that. It could be these other exposures.

And so if you imagine that the mast cells are can release over a thousand different chemicals that they can make, right. It's really incredible the number of chemicals that they can manufacture and the number of receptors they have.

But they release these these mediators, they're they're, very highly inflammatory. They will send a signal to the nerve if they're sitting right next to the nerve, that chemical goes there, sends that signal, and then the nerve can release its own set of chemicals or neurotransmitters or one of the things we think about is, is something called substance P, which has been known it's been implicated in pain.

So we know that the mast cells can release one chemical. The nerve ending can release the substance P. It then tells the nerve cell to release more and it becomes this vicious cycle.

In the brain, there's there's more than just the nerves and the mast cells. Are these other cells there that help also protect the body apart of the immune system.

And, and they also produce their array of chemicals. And so you imagine that if a person's mast cells are more active, let's say, in the brain, and I'll say that the patients often do have areas where their mast cells are more active.

But you have patients who have more skin issues, patients who have more gut issues or lung issues. You could have multiple obviously areas. That's part of the diagnosis of Mast.

But but your patients who often their reaction is in the brain. It could be headache. It could be a cognitive dysfunction difficulty thinking. It could be, anxiety, depression.

I've seen patients exposed to a chemical immediately feel almost suicidal. It's it's almost instantaneous. Right. That's not mental. That is a chemical reaction in their body.

And so, you know, it really it really, unfortunately. Right, is hard to recognize if you don't understand this, but if you understand it, the the process, the reactions are pretty, pretty amazing.

And I want to drive home for people how this is not uncommon because so many people deal with basal division syndrome. And these sensitivities are the most sensitive person they've met.

I was the only sensitive person I knew for years until I got into this in practice, and it's easy to think you're the only one. But the population studies are showing that we've got between 9 or 10 to 17% of the western population, likely has mast cell activation syndrome at some degree.

And then what I found really interesting was the the research cited between Japan, the United States of eight to up to 33% of people with chemical intolerances.

That's up to 1 in 3 people with the chemical intolerances. That's around 1 in 10, 1 in 9, possibly closer to 1 in 8 people with mast cell activation syndrome.

That's a lot of people. And we're talking about the general population. Where are we talking about the chronically ill population? Do you have any thoughts on how common Mast might be in those with chronic illness?

Yeah. You know, I think that, it's it's probably very, very, common in the patient population that has multi-system, disease processes, autoimmunity. What the numbers are hard to say.

Again, general population 17%. But if I look at my practice, if I look at it before I understood and cast and then understood and cast, and so once I understood it, I went back and looked at all the patients that I was treating,

some of them.

I went back and said, you know what, I can't believe I've been treating you for five years, but I think you have interest. But I didn't know about it until now. Right.

So at one point I said, you know, really, if I look at my numbers, it's about 90% of my patients had em cast. Right. Again, I have a selective group of patients that I'm seeing.

They're coming to me because no one else has been able to help them. And so there's a high likelihood they're going to have some component of this as either the full explanation of their of their, problem or a partial explanation.

So but 90% is a is a tremendous number. It is particularly because you when you opened the Ames Center, you weren't branded for mass activation syndrome.

We didn't have a you know, we didn't really know what it was back then. So I wouldn't talk about the role. We know that mold can be a massive trigger of both mass cell activation syndrome and these chemical intolerances.

I want to talk about the role of infections and then move into for people what they can do and some action steps. But let's first talk about infections.

How can they have a role. Which ones are bigger triggers that you see in mast cell activation syndrome and these chemical intolerances. Yeah I mean listen any infection really theoretically could be could be problematic.

We're seeing a lot of Covid post-Covid long haul Covid. And I'm really concerned about about that and what this virus, is doing and how it's activated.

And cause for a lot of patients, while we have it proven that long haul Covid is an anxious related illness, many of us believe that is probably the case.

Mast Cells, the Nervous System, and Rapid Reactions

If it doesn't explain the whole thing, it explains a big part of it in many long haul patients that I've seen, realize that once we're on that path and we've diagnosed them and we've treated them and they start to get better, they realized that they probably had, passed before they got Covid, but it was sort of under it was an iceberg.

It was under the water. They didn't know it until that trigger of that infection. So so Covid is obviously very, very problematic. And then, you know, all the tick borne infections, you know, I do see a lot of it because of the area of the country that I'm in, my interest in it.

And so, you know, Lyme, Bartonella, the BCA for sure are big ones. And and parasites in general, intestinal parasites, not just blood parasites, but I think parasites are really interesting in some ways, because if you look evolutionarily to at the mast cell and what they were really designed to do their job really was to help us deal with parasites as a primary job.

So if you think about it, you know, it doesn't make sense that parasite parasitic infections could be problematic. And then obviously Epstein-Barr and all these other I mean, there's I mean, the list is, is really extensive.

I think what's important is that there are a couple of ways to look at this. There can be people. Right? So there are people who had, cast but didn't know it.

They must have had some dysfunction of their mast cell, but they were healthy. They might have had the occasional sniffle. They may have the occasional IBS and, they may have the occasional migraine, but functional and didn't really connect any of those symptoms.

Right. Then they get Lyme or they get Covid or they get Epstein-Barr, they get something, and it is the trigger that then brings out that underlying problem.

And when you remove the trigger, you hope that the mast cells go back to their baseline, but they may not go back to the original baseline. They may not be perfect.

They may not go back to completely normal. Right. And I would call that this is more of like a idiopathic M test. It is like a combination of there probably with some primary.

There was some issue. And then this trigger you can call a secondary problem. And then you know but you can never get them back. I will say never. It's hard to get them back to 100% exploit work.

It takes a lot of work. Yeah. And it's not it's not unheard of. Of course that's what I do. I get people better, but, it is harder. There are patients who really have pure secondary, tests.

They had no enforced dysfunction. At least not that we can detect by history. I may not have known that before. You know, I have a patient. For instance.

She's in her 50s, 60s and until 40 she was 100% perfect. We cannot detect anything that sounds like. And cows before she had Lyme disease. A secondary, cast.

And what you hope is you remove the infection. And then there's those mast cells that were not dysfunctional before. Hopefully will reset when you take away that that trigger, that's the problem.

It's often very hard to know who's the patient that's really in that idiopathic realm and who is really secondary. A lot of patients say, if I treat the infections, am I going to get 100% better?

Right? I would like to think, yes, but I don't know what their underlying mast cells are really doing and how I use the term mutated. They are to begin with and how people have different bandwidths of how far they want to go.

I actually knew someone who had mast of psychosis. And so for our, you know, our people listening aren't familiar the really rare severe genetic disorder.

And she was able to actually manage the mass of psychosis with no medications. But she lived in a rural area. She grew all of her own food. Everything was organic.

There were no chemicals. It was mold free. That's what she did. And then she was able to to live her life and be very healthy, for she couldn't go into the city, you know, she couldn't go out to eat at a restaurant without medications.

And then, other people may not have to do. You know, that's just an extreme example, but depends. Some people want to have the restaurants. They want to, you know, live in the city and things like that, and they may need more maintenance.

And somebody is going to really keep those triggers managed. I also wanted to just highlight, there was a post you put out on social media that I really appreciated.

There was that line is not just in the northeast of the US. It's on every continent other than Antarctica, which there no ticks in the Arctic. But it's it's this is a worldwide huge problem.

And it's really, you know, we've done a disservice. We meaning the government, the scientists, you know, by really thinking that, yeah, these types of ticks are only transmitting Lyme, in this part of the country.

Now, the problem is that the Lyme that they talk about is really Borrelia burgdorferi. That's the, the, the genus and species of this, of this particular strain.

But the Borrelia is like the family kind of, of Lyme type infections, but it can be Borrelia burgdorferi. Is Lyme from the northeast. But then there's Borrelia, obviously from Europe.

Guarini. And there's like a list of all these Borrelia. And the problem is that those values can be can be transmitted by different ticks. Some of them are transmitted by deer ticks, but it could be others.

And so we've gone into this like really like small space where it's the deer tick transmits Borrelia burgdorferi. They don't have that check in California.

So they can't have Lyme disease in California. And it's just really crazy because they may not have Borrelia burgdorferi, but they may I'm not saying they I think they do, but but but very you know, it's very likely that they have another strain, but it's causing the same symptoms.

They could still do wreak havoc on the on the entire body. So I'm trying to educate educate people to say, yeah, you can have you can have Lyme, Lyme depending on, you know, really anywhere in the world.

Yeah. These tick borne infections. And that really highlights how these health conditions and the triggers have become so complex. It takes this kind of complex multi systemic thinking be able to look at it.

So we can't use if then kind of logic anymore. It's it's multifactorial and all these things are interconnected. And in a related I really like to make sure that we always end with hope and action steps for people.

Infections, Lyme, and Other Major Triggers

What do you find in your practice to be some of the most effective ways to work with sensitivities in mast cell activation syndrome? And I think about around the sensitivities.

I kind of have three categories of people that come in. I have people that I think my easy category and they can take any supplement, any medication, and they can started a whole capsule.

I don't see a lot of those people, but they were out there. They, you know, and they usually can do well with a normal functional medicine practitioner and they're fine.

And then I have my sensitive, complex people and they're the ones that have, list of sensitivities, but they still have a number of foods that they're eating.

They can start supplements, but they might start with a few sprinkles. They have to go slowly. Then I have my. And sprinkles might be like, they open the capsule and they put just a few little granules in water.

Then I have my super sensitive people, and these are the people that are down to 2 or 3 foods. They can't leave their homes. They aren't tolerating any medications or supplements.

So could we talk about strategies for both of those sensitivity categories? Because I start differently with them and I'm imagining needed to you know, it's it's really tough.

And their life, their life is really, really limited. And our job is to get them to tolerate the world better. Right? So this is the reality. So the on the on the negative side of things, I'll just be a little negative.

But then I'll be positive because I have a positive person. Negative is like we live in a pretty toxic environment. It is really. There's lots of that should be done.

There should be a focus on climate change. There should be a focus on getting rid of, all these toxins and chemicals and all that. So the reality is, though, this is the world we live in, and there are a lot of people who tolerate the world.

And so we have to get our patients to tolerate the world that we have for now, while we're working on changing world. Right. And so, you know, I think about it like this.

There are there are lots of reasons why patients get to the point where they're only tolerating to to foods. It's usually a longer process, usually not overnight that that happens.

And so we have to unravel it for that. Right. So we need to make sure we have a diagnosis. We have to make sure that we look at all the triggers. I think this is like the most important thing.

It's not just they know that they eat the food and they react to the food. It's understanding what's in their environment. It's understanding any trauma or anything that they've dealt with.

Well, everything around us contributes to who we are, right? And to our health. And so, you know it. It's hard work, but starting to identify it could be a person in your life that's a trigger.

It could be, you know, there's mold in the basement that you've been ignoring because you can't afford to take care of. There's all these reasons why there are things that are just going to keep this process going and keep people set.

So we have to start working on that, right? No one's going to be able not everyone's going to be able to live like your patient, you know, you know, in the wilderness essentially.

Right. Making their food and whatever. So with what you have, you figure out how to eliminate, exposures. So I have one patient, for instance, who knew she was living in a home that was contaminated with chemicals and also mold, and her husband worked to build a a little home next to the home.

So, so they could be close to the family, but but also with all these material that had to be picked out. And it was a process, right? Not everyone can do that either.

But it's really first identifying things that may be problematic. It's doing work, like DNR Ross Gupta program, I would call it, you know, limbic retraining, brain retraining.

Not to say that this is in their mind. That is not even close to the this is this is a physiological process. But because we know that, that, how the nervous system perceives the environment will impact the mast cells and impact your health.

So working on that is part of the process, whether that's the first thing they do or whether that's something they don't do for a year until I you have done other things.

Every patient is different, right? How I intervene and where I start, things can be different. And then, you know, once I feel like, yes, I have a diagnosis, they have me has they have, you know, chemical intolerance, then, you know, I'm, I'm starting, you know, to do the work and whether it's, each one walker that I've compounded into minuscule amounts or whether it's a, a supplement or whether it's another, drug or whatever, but but I think the key is that I'm never going to not, never have to be careful.

It's going to be harder to get people better. Let's just say that one of their triggers is Lyme disease. I may not be able to treat their Lyme unless I've done some of the work to to calm their mast cells down.

And sometimes I'm doing things simultaneously, almost one step ahead of the other, you know? All right, let's start. A microscopic amount of each one blocker, and let's build that up.

And then when things are calmer, we'll go in and try to do something on the sand. You know, I don't know if that makes sense, but that's going to be a really, really carefully laid out systematic approach.

Yeah. That's the same thing we do here. And we're definitely on the same page. And, and I just want to highlight a

couple of really important things that you said this the nervous system piece and then the limbic part being neurological physiological.

But the limbic system controlling fear emotion and safety. And there are some mast cells in the limbic system. And then we have a leaky blood brain barrier.

And those mast cells will migrate across and you get higher concentrations in the brain. So for people who can't tolerate anything orally, a supplement or a medication, they can start talking to the mast cells through this limbic retraining, vagal retraining, nervous system work.

And that can communicate a signal to the mast cells that you're safe. But you've got to get the triggers handled as well, because otherwise you've got this other message coming in for mold or VOCs or toxic people.

And that was an important thing you mentioned as well. Toxic relationships can be just as big of a trigger because of that nervous system vessel loop that happens and that communication.

Treatment Strategies for Highly Sensitive Patients

And I tell our our clients that from that deeper processing, subconscious processing in the neurology, we know the difference between there's a toxic person in their house and there's a bear in our house.

It's the same kind of stressor. The same registered as a similar danger. And that's and then people really get that. I have a strategy for these super supersensitive people, when they're ready to start an agent to either start something topically or to start with, they've put a tiny little few granules in water, a stir it, then they can take a sip of that water, or they might even take a couple drops of that water and put it on their food, and we can just gradually introduce it and kind of slip under this hypervigilance of the mast cell nervous system access.

Correct? Yeah. Oh yeah. We do the same thing, all these little tricks to just get their body to accept. Yeah, yeah. Now what about for people that aren't quite that sensitive, do you have any other strategies or tricks you want to share?

Yeah. I mean I think that in general, the ones that are not as sensitive, you can start them on things orally, let's say. But, I still I still start slow.

I still tell, you know, I feel like patients are more accepting and they've been to doctors who are throwing things at them. Yeah. Take this, take that.

You know, so I'm always very cautious about I'll give you an example like Crumlin is a drug that we use for for so mast cell patients and Crumlin is actually very interesting.

We maybe it may be helpful for the neurologic effects of the, of the mast cell. And I don't actually there's no research on that. And they don't we don't even know the mechanism.

But I will say that some of my patients who have more neurologic based symptoms, from intense sometimes to, well, you know, with Crumlin, but Crumlin can also cause we call it like a turkey for access.

It's like, increased symptom symptoms initially going on it, which could really discourage people from, from taking it or for continuing it. So to avoid that, you know, even patients who are not quite that sensitive but are still sensitive, I might have them, you know, let's say they come in age.

I'm sorry. They come in a vial, 100 milligram vial. I might have them take that vial and put it in, like eight ounces of water. And and then they may take a tablespoon of that.

And I've calculated it's something like 2mg or 4mg out of 100mg. And they just do that and then they discard the rest. And the next day they do it again.

And I find that if I do that in patients who either are super, super sensitive or just sensitive, I can sometimes get them through that, that piece where they may get worse before they get better, they may not actually get worse before, you know, they may not have that.

And then I can really figure out if that drug is going to be good for them or not. It may not be the right thing, but that's kind of my my sort of approach with a lot of things that I do.

And that's a great all. So we have just to just to summarize, get rid of the triggers, whether they're physical triggers or emotional triggers. We have to manage the triggers.

If you have a toxic job, you have to manage the triggers and work on the nervous system pieces. Particularly we talked about limbic, and I think about vagal being involved in this and then starting to bring on those mast cell supports to calm those mast cells down.

And we're exactly on the same page there. Is there anything else that you want people you want to share with people or you want to leave them with? Yeah, I mean, I think that like you said, you know, there is a there is a lot of hope. There's a lot of positive positivity.

Right? This is my life's work. I want to get people better. I want to give them the tools to help themselves and then for them to, you know, to hopefully educate other their practitioners.

And so more and more people learn about it. So I think there is a lot of hope. There's a lot of research right where we're doing some research. There are others who are doing more.

We're going to figure this out. We're going to have a better, better sense of, how we can target this, issue. More specifically better. You know, I think that, so I'm excited about the future.

I think that, I think it's about being persistent and recognizing that if you're sick not to just take, you know, your practitioners word that you're probably fine because I didn't find anything. Right.

I think it's like, you know, there's something wrong. Keep looking, keep trying. But like I said, those three things I think are really important. And, Yeah, I think I just wish people you know best in trying to get themselves better.

And we're light years ahead of where we were even ten years ago, light years ahead of when I was bedridden and and couldn't work. And it's amazing what we can do and what took me 15 years.

Hope, Research, and How to Find Dr. Dempsey

Most people can can do in two years now. So it's fantastic where we are even just now. Are you do you still take patients and how can people find you?

My website is, I'm I am center PM so it's in center for Personalized Medicine is really the name of the center aim center. Pencom. Doctor Afrin is here.

He is still accepting patients. I am accepting patients a little more limited, but I'm trying to try to get people in. I have a pa, doctor Colin Renard, who's also working with me in accepting patients.

So, we're we're doing the mass evaluations. Obviously. We're also, you know, looking at mold and Lyme and all the other things that are that are important.

We do ozone therapy and other I. V. therapies and bringing in some other, other things that or procedures that I think will hopefully help patients get through through this and, and heal.

So I have a Facebook page, doctor Tanya Dent, C and, Instagram and all that, all that kind of stuff. Are you going to be able to put that in the, they'll get something with that information with some links.

Let's give them the information so they can just go to facebook.com, put in Tanya Dempsey. You're going to find Doctor Tanya Dempsey, go to Instagram, put in Doctor Tanya Dempsey.

You've got a great Instagram feed over there as well. And then again the website is Ames Center. Um.com. Thank you so much for taking time out of your busy schedule to be with us.

And just the work that you do in the world, and the delight and the hope that you bring. Thank you for the work that you do as well.