Introduction and Scott Forsgrenu2019s Health Journey

Well. It is always such a pleasure to have Scott Forsgren with me. Yeah, Scott, the better health guy. You truly made an impact in the integrative space in regard to chronic illness mold Lyme.

So thank you so much for all you're doing and for taking your time to be here with me today. Thank you so much. It's an honor. Well, so tell me a little bit about your story.

I want to think this is a cancer summit, but to me, chronic illness is such a strong driver. When we look at cancer, and that's the thing, is that we got to look at the root causes and, and one of that is looking then at things like blind that a lot of people are not really considering and also mold.

Yeah, mold is one of those that people because they can't see it a lot of times and they don't recognize the impact it has on their lives. So tell me a little bit about your journey, how you ended up being such an advocate for health.

So this journey goes back now 30 years. I had a tick bite in 1996, in Northern California. I was fine for probably nine months. And then over the course of a weekend, literally, it was like a flu times a hundred.

I had these incredible burning sensations from head to toe balance issues, problems, walking problems, sitting up in a chair, problems lying down in bed without feeling like I was going to fall onto the floor.

Lots of numbness, tingling, crawling sensations, tremors, vesicular light sensitivity, a huge list of things. And we're talking 30 years ago, I went to 45 doctors from 1997 to 2005, in that period of time.

And I did all the infectious disease, all of that stuff. I was diagnosed with chronic fatigue syndrome, which we would now call CFS me or me. Fibromyalgia. M. S.

was suggested and explored that was never officially diagnosed, but a lot of my symptoms kind of overlap with that. And so finally about doctor 45, he said, I want you to go to this acupuncturist that works at an outlet mall next to this coffee shop, and she's going to do some energetic testing with an electro dermal screening device.

And she said, I would go back and have your doctor test you for a Bartonella baby. Or like I said, for who, what, why, where, when and how. I didn't know any of those terms at that point.

I had heard of lime, but 30 years ago we didn't have the knowledge we have today. So eventually he was able to confirm all of those with other blood testing was diagnosed with Lyme.

Then in 2005, several years after, eight years after this whole process started. And then that same year was when Richie Shoemaker's book Mold Warriors came out.

So it was then 2006 that I was really deeply exploring that I knew I was living in mold, but no one had ever suggested that mold caused problems for our health.

And so that took me down a different path as well. And fortunately, in the last 20 years, I've been really blessed by the universe to be connected to so many amazing mentors doctor Klingon, who you know, Doctor Neil, Nathan, Amy Dirksen, Jill, Christa, Simon, you.

The list just goes on and on and on. And so what we're going to talk about today is kind of how I might perceive or the lens through which I now look at these chronic illnesses and maybe how I would have ordered and the things I

would focus on in terms of a recovery if I were going through this process again.

So it's not a it's not a model that is defined where everyone will have the same steps in the same order. But it's hopefully something for people to think about, to talk with their practitioners, to really start conversation.

I think one of the biggest surprises when people see how I think about these is that the the focus on the microbial piece is not until step 12, which is very near the end of this process.

And so we can talk more about that. But yeah, it's been a journey. It's been one that has had many gifts as well. But you know, it's had its difficult times and at the same time many blessings.

And that's the thing what I want the audience to know, you had the opportunity to speak to the best of the best, and you've been doing that. For how long have you had your podcast running now?

Limbic System, Vagus Nerve, and Mast Cell Foundations

Well, the podcast has been going for ten years this year and we're just episode 241. So about almost 500 hours of content with some of the most amazing, brilliant people in the world.

So me getting to talk to them hopefully makes me a little, a little smarter, but certainly nowhere as brilliant as many of them. So yeah, huge blessing to be able to interview them. Yeah.

And that's the thing. Your 16 step model that we're going to be talking about, that essentially is distilled from all these conversations with the best of the best and kind of having to pick their brain.

They cannot challenge them with questions that they, you know, tough questions and you gaining them that knowledge. So that's why I felt that this was so important because essentially is distilled knowledge from all of those.

And then you curated that in a way, in an order that you, you know, not just your personal life, you know, which obviously, when you have your personal story that makes it even more powerful, but it's all all these individuals that treated thousands and thousands of people with chronic illness.

So if you don't mind going through kind of this, this sexing step, because I know we're just going to be able to do it high level. And obviously for individuals I want to deep, you know, dig deeper than, you know, go to your website.

I'm sure you have it there as well. Yeah. So I can just start moving through them. Feel free to interrupt and ask questions if you want and we'll just go from there.

So step one in this process and really step one and two are where they are. Because of my many years of learning from doctor. And I used to put this later in the process.

This whole model has been refined a few different times, but when we're thinking about complex chronic illness, most people are very sympathetic, dominant.

Many people, if not most people, are type A personality. Perfectionist, overachievers. Many people have a nervous system that is very much wired that there's no calmness or balance within their nervous system, and we also tend to not feel safe in the world or in our bodies.

And so fortunately, one of the things Doctor Nathan says is we just need to work to feel safer because for many of us, safe may feel unachievable. So step one is working on the limbic system and the vagus nerve.

The limbic system is really kind of the alarm center or safety switch. And so we can think of it as the the part of the brain that's really surveilling our environment for what is safe and what is not.

And we can have what we call limbic system impairment. Sometimes people kind of mix this in with mental emotional trauma. And I would say I think it's important to separate those because limbic system impairment, while it can be from trauma, it can be from a mold exposure.

It can be from an infection, it can be from an environmental toxicant. So many things can drive it. And I would say if someone's had chronic Lyme long term mold illness, these, these other labels CFS Sami or MSF, fibromyalgia, those kinds of things, I would say that the potential for there to be Olympic vagal nervous system component is very, very high.

So when we're thinking about the limbic system, we might be looking at things like Annie Hopper's DNS or Ashok Gupta's the Gupta program doctor Cat King's Primal Trust.

Those are great tools. I do think we need some driver's seat tools, meaning active participation, working to kind of create neuroplasticity. There are other tools like frequency specific micro current that can be great and work both on the limbic system and the vagus nerve, but I think it's some point we then need to shift into some of these tools that we're really actively participating in.

The vagus nerve people probably will be more familiar with. So how are we supporting the parasympathetic nervous system? That has a huge effect if we think about the vagus nerve and maybe it being a major upstream upstream player in gut issues and Sibo and CFO and those kinds of things.

So we're really working to kind of support our ability to rest, digest, detoxify and heal. And we're not going to be able to heal in that fight, flight or freeze mode.

So we really want to calm the nervous system. Lots of tools we can use here as well, different wearables and vagal nerve stimulators and those kinds of things.

By the way, I have slides for all of these. If people are interested, we can make those freely available as well. Step two is looking at the mast cells, the histamine component.

The connection here might seem a little unclear. And again, this really came from the work of Doctor Neil Nathan and Beth O'Hara from Mast cell 360. So there is a connection between the limbic system and the mast cells.

The mast cells can impact. There's actually a higher number of mast cells in the limbic system. So if we have mast cell issues, that potentially is creating more inflammation in the limbic system.

And how the limbic system is responding to threat also has an effect on the mast cells. So that's kind of a bi directional scenario. And what we want to do when we're thinking about the mast cells is yes, we want to consider things like removing high histamine foods.

We may want to consider things like mast cell stabilizers or antihistamines, maybe H1, H2 blockers, those kinds of things. But at the same time, from my lens, the problem is not the mast cell activation.

And there's many smart, bright people brighter than I am that suggest that that is the core problem. I would suggest that that is an indication of a deeper issue, meaning that there's some kind of trigger, whether it's mold, whether it's parasites, whether it's EMF, whether it's Bartonella, whether it's Covid, whatever it is that's driving those mast cells.

Detox, Drainage, and Environmental Mold Exposure

And so we really then want to not only kind of calm and stabilize them with maybe dietary issues, maybe looking at some of the mast cell stabilizers, antihistamines, but also making sure that we're working on those triggers so that this issue can completely resolve.

And the question is here is saying it may be driven by mold, may be driven by such and such. You still feel that correcting the mast cell prior to going after the actual infection.

Like I said, that's way down in priority. It's still more important to do mast cell prior to. For many people it is. And part of the reason that the limbic, vagal and mast cell piece are really foundational is because I know you see this every day.

Sensitive patients and patients today are far more sensitive than maybe when we think back ten years ago or 15 years ago. But many people are not going to be able to tolerate the exact treatment intervention that might help them move the needle on the things that we're going to talk about later.

They're reactive to the fillers and flow agents and other things that are in many of these compounds, or they just can't tolerate a single tablet of Chlorella or a single capsule of charcoal.

So some of that creating safety within the nervous system, within our bodies, within our world, looking at the mast cells, a lot of that is to open up the toolbox of other things that we then can do and tolerate and benefit from.

Yeah, and I see that all the time. You have these individuals that when you try to push your body too much, their immune system is just so hypervigilant and so exhausted.

So it just overreacts to everything. And and what's fascinating is that, I mean, again, exactly what you're talking about correlates exactly with what you need to do when going through cancer journey as well, you know, and that that's what's a fascinating it's a correlation between this process and what you would need in regards to cancer journey.

You know, the emotional aspect and how that connects with the immune system. And then also obviously the mass cell activation is directly connected to immune system being hypervigilant.

So and then I know you're huge into you know, we all talk about detoxification and being able to kind of clear that out. I mean does that I think that's the next steps, right?

It is. So step three and four. So step three is detox and drainage. And from your lens this is where we talk about the terrain and what was the environment that allowed an infection.

Or maybe some of the things you work with in your clinic with different cancers and things. What might have allowed that? And so a toxic terrain is certainly one of the things that can open the door to some of these things.

So I tend to think of detoxification first as let's make sure that we're eliminating as many things as possible. So what are we? Personal care products, cleaning products, pure air food, water, all of those kinds of things.

But then detoxification, it is a broader umbrella term, but I tend to think of it as binders, meaning how are we getting things out of the body? How are we minimizing and tarot hepatic recirculation of pesticides, mycotoxins, heavy metals.

We know that things will move from the liver to the bile into the gallbladder and the small intestine, but that doesn't mean that they're going to come out in the stool.

Many of those are going to be recycled as the Bible is recycled. And so that's where we might use binders. Could be charcoal, clay, Chlorella, bentonite.

There's many different types of binders that we can think about. This might also be a time when we think about starting to introduce some phospholipids and working on the cell membrane integrity and toxins that are also affecting the cells.

But then the other piece that many people have not really heard of is drainage. Fortunately, the same practitioner in 2005 who helped me with the energetic testing was an expert in German homotopic ecology and drainage.

And so this just to me has always been a part of my approach. And that is how do we support the body's innate,

inherent wisdom and ability to help us remove things that should not be in the body?

So we're thinking about the liver, the gallbladder, the kidneys, the lymphatic system, the extracellular matrix or interstitial, the colon, the skin, the lungs, all of these exit routes we need to optimize.

And so there's different ways we can do that. I tend to like to approach that first with homeopathic like Picon or remedies or energetics things in that realm.

I think those really shine beautifully here. But we can also use herbs, maybe milk the solar dandelion for the liver, maybe Solidago for the kidneys, red root or cleavers for the lymphatic system.

There's a lot of products and things. And I'm not going to in this context, I'm not going to mention specific combination products, but there's some great ones that we can explore there.

And again, if people want to look at the slides, they're welcome to those. So it's really thinking about how are we supporting the drainage pathways, channels of elimination in Moncton to also work within that broader detoxification concept.

And then what are some other things that we want to think about, maybe coffee enemas, maybe sauna, but that can be done too early in some people. So if they're not ready for that, can mobilize things internally as well.

Many other tools that we can use. We potentially want to think about endotoxins as another type of toxin that we need to get out of the system. We might now need to be, unfortunately, thinking about spike proteins as another toxin that we may need to mitigate, support the body and hopefully be able to remove.

And then we're seeing more and more kind of advanced tools that are coming on to the scene, like IBU, like aphorisms. Hopefully soon in the US will have Ines Ferris's.

There's other tools like PE and so on that people are starting to explore. I think some of them have a place, so that'll be interesting to see as it continues to kind of move forward.

And then step four, which also ties back into this toxicity conversation, is looking at the environment around us. Our internal terrain is only ever going to be as healthy as our external environment.

And so I would say the vast majority of people dealing with chronic Lyme are also dealing with mold illness. We know that mold illness is more than just mold, that there's a soup of things in a building that could be contributing endotoxins.

Beta glucans could be many different things in a water damage building. There's conversations now about Actinobacteria that we may need to think about as well.

So how do we optimize that external environment so that we also minimize the incoming toxicity? We can explore mold in the external environment through things like the Army.

There's also different plate testing that can be done. So I think there there is a place for self-testing in terms of evaluating at the beginning what an environment might look like.

However, I would say that the preferred option is to get an indoor environmental professional that works exclusively with medically hypersensitive people.

That's going to really come in and find any issues. Most mold in a building you do not see. So we want to look at that from the environmental perspective.

Then we may need to remediate. We potentially need to move though I will say many times when I see people with issues related to mold moving from one environment to the next, they tend to find a new environment with mold.

Maybe they're not testing it well enough before moving in, so that's not always the right solution. I think many times we can remediate within reason.

There's going to be some cases where if you think of kind of your world of working with cancer, where it has metastasized within the building, and there is no one source that we can readily remove in that case, maybe that building is not going to support the healing process, obviously, avoidance.

Some people like to take time away and spend time outdoors. I think it's not necessarily practical for many people, but it is certainly a fantastic tool.

The less exposure we get, the better we will be thinking about things like air filters and so on. However, that's not a solution. It's not a workaround for remediation, but it is something that I certainly do and would recommend to people as part of optimizing that environment.

Then we have to think about mold or fungi in the internal environment. And this is where it gets very controversial. So we can do urine mycotoxin testing.

I personally really like your and mycotoxin testing whether it's real time labs or vibrant. But many people do say that excretion of these mycotoxins in the urine does not correlate necessarily with disease.

And that that is true at certain levels. But if you have high levels of urine, mycotoxins or mycotoxins coming out of your body, then the question I would ask is, why are they there?

Is it from your external environment, or have you now potentially become colonized in the sinuses, maybe in the gut, and you have become the moldy building?

As Doctor Jill Krista would say, we also can look at things like my Michael lab, which looks at mycotoxin antibodies. We can look at some of the panels from Cyrix or our tests.

EMF, Sleep, Movement, and Emotional Healing

We can even look at some of the panels with immunoglobulins to different molds to LabCorp quest. That's not necessarily suggestive of a bio toxin illness, but it is suggestive that there's at least the potential for mold allergy.

And if there is an indication of mold allergy, then the question is, well, is that an exposure they have? And do we then need to also consider bio toxin illness because we can have one or both.

We can also look at things like organic acids, visual contrast sensitivity. A lot of the Shumaker markers like TG, f beta one, MMP nine and so on. So we want to make sure we're exploring mold both in the external environment, the internal environment.

We then can use different binders and things like glutathione glucuronide and support those types of things to help the body remove the mycotoxins. Also.

Then potentially when we get later into the microbial piece, thinking about is there the potential for colonization? Again, highly debated. The brilliant experts out there do not agree on whether or not colonization happens, but in my experience, many people do seem to do very well when they consider that potential for fungal colonization as well.

The other piece of this, step four, which you'll know from having worked with Doctor Klinger for many years as well, is the impact of electromagnetic fields in our environment.

So doing some testing or building in bringing in a building biologist to really explore that deeply, there's many different impacts of that. Sleep is particularly one of them where emfs can can regulate our sleep.

So we want to not only mitigate, which is really the the cake in this conversation or the core part of the conversation. Reducing exposure, turning off Wi-Fi at least while we're sleeping, trying to minimize as much as we can the actual exposure.

Then you can look at some of these harmonizing tools. I tend to see people jump to the harmonizing tools without doing the reduction or mitigation. I think that's a mistake.

There's different supplements that we can explore that can help the body in its response to emfs, things like rosemary and propolis and magnesium and melatonin, all of those can potentially be helpful.

This is another one where detox is also important. The more EMF exposure we have, the more likely it is that we also have heavy metals as a component of that, meaning that we start to act like an antenna, which makes us have more of an impact from the emfs in our environment.

And then limbic system retraining plays a role here as well. Many people that have electromagnetic hypersensitivity syndrome have done well by also doing things like DNS and Gupta and primal Trust and things of that nature.

So that's step three and four in this process. Yeah. And and the thing with you're talking about the EMF aspects and mold and and and also same in cancer is that we see that there's a higher replication of mold or other pathogens, whether it's Lyme or viruses.

And also with cancer is that there's just a higher replication when you have that exposure. EMF exposure, I mean, like the the test that they did where they had mold under Faraday cage and then compared that to and normal EMF environment.

And we see that there's just a many hundred times more replication when you're outside of that Faraday cage. So even though we may not see the EMF for the we have the towers of 5G towers, maybe we don't think of that, but it does have a direct internal impact on you, and it makes it harder to navigate these health challenges when you're having that additional stressor.

So that's why it's so important. And you were talking about sleep. I mean, to me, that is such a key to kind of support your ability to detoxify. That's where you're clear out a lot of toxins that you regenerate.

That's where you process a lot of the emotions and events that took place during that day. And so to be able to have good deep sleep for the body, to be able to digest all of that and clear out everything that it needs to clear out, it's such an important thing.

Yeah. So the next few steps I'll just touch on briefly, and then we'll spend a little more time on some of the later ones. But sleep. Absolutely. So again, the emfs are big.

The mast cell and histamine piece is big. Histamine can drive some of the sleep issues. Looking at blood sugar with a CGM can be really telling. If we're having sleep issues, I'm more and more impressed with how significant sleep apnea can impact our sleep, and how much people do better when they resolve their sleep apnea.

When they get a CPAp. Mouth taping can be helpful. Many things here that we can think about beyond just the normal supplements. There are different wearables now as well that are said to kind of calm the system and help with sleep.

That could potentially also be helpful. Step six then is about movement, and that is just remembering that we're not going to heal if we're stagnant, if we don't have some fluid flows, if our lymphatic system is not moving.

And so this is where I think walking really is the best tool for this step. If we go too far into pushing ourselves and getting into that realm of post exertional malaise, we're probably moving in the wrong direction so we can go from beneficial and medic to stressful if we're pushing things too much.

So I think step six I try to walk at least four miles a day. I think if you have to start by just walking to your mailbox, and then the next day you walk to the mailbox twice or whatever it is.

We don't want to push beyond our capacity, but it is critical that we get some movement. Step seven, then, is the mental emotional contributors. Many or most people that have these long term, complex chronic conditions have some trauma or conflicts or adverse childhood events or experiences that play a role as well.

That doesn't mean that the condition is in our head, but it does mean that mental emotional meal you can also affect our physical body. So like I said, many people are often type A perfectionist overachievers due to prove our worth and value in the world.

So why is that the case? And then looking at tools like I think eMDR is a fantastic tool in this realm, but there's many others as well to help release the energetic imprint or the cellular memory of trauma.

And it could be that the gaslighting and the lack of understanding from our families and friends about our condition is the trauma that we then need to work through to fully move through these conditions.

So it may happen before setting the stage, but it may also be the condition itself. Step eight, then, is thinking about the inputs into the body. How do we optimize hydration?

How do we optimize nutrition? Another one that just in the past few years has really become a bigger part of my thought process is the micronutrient deficiencies.

When you look at mineral deficiencies, when you look at B vitamin deficiencies and all of the things they affect magnesium, for example, it's it's significant.

So I think most people with a really complex, chronic years long condition should look at micronutrient deficiencies. We also want to think about the microbiome.

Unfortunately, these days very few adults have measurable Bifidobacterium. It's just a huge issue that we don't have great solutions for. I think this is maybe the area in medicine where we have the most potential to really move things forward.

We also want to think about intestinal hyper permeability. We want to think about endotoxins, which we touched on in step three. So this is really how do we optimize the things coming into the body and the gut as part of step eight.

Nutrition, Mitochondria, and Immune Modulation

Step nine then is energy production. So we might be thinking here about adrenals, thyroid, those things that we've talked about for many years using adaptogens, supporting the thyroid, those types of things.

But I think the the conversation over the last maybe five, six, eight years has really shifted a lot to the mitochondria. So this is where many people, I would say the probably everybody who has a long term chronic illness that there is a mitochondrial component doesn't mean there's a mitochondrial disease, but there's mitochondrial inefficiencies.

And we can now start testing these with some newer, more advanced tests. The challenge that I find, of course, things like CoQ10. Q all of those things can be great.

We have access now to a lot of the NAD precursors to NAD as well. But the challenge here is if the body is in that it's not safe state, which we refer to as the cell danger response.

The mitochondria, as Doctor Andrew Heyman would say, have moved really into from energy production to battleship mode. And so if they're producing extracellular ATP is a danger signal to the surrounding cells and tissues, then sometimes mitochondrial support will backfire.

So in some people, we want to make sure that we're doing what we can to to move them through at least CDR one before they're going to really be able to tolerate these mitochondrial things.

Now, that doesn't mean you can't start some of them slower and then work up slowly. But I wouldn't be super aggressive. Yeah. Yeah. So and that's the thing I want to highlight again of the bacteria is that and we see that in cancer is that that is the one bacteria that the pretty much every cancer patient is deficient in.

I mean, it just is. And then in regard to the mitochondrial activity, we know the metabolic aspect of cancer. It is a metabolic deficiency or metabolic dysfunction disease.

So mitochondria play a huge role. But like you mentioned you have the the aspect of the cell danger response where you know, the when the cells are in danger, they will then overproduce mitochondria and then it will be outside, I mean, the ATP will be outside of the cell.

And that in itself would then trigger a lot of that inflammatory aspect and an immune system, excessive activation. And when it does that, it's not going to be able to go after things like infectious agents and cancer because it's so overwhelmed by the cell.

Danger response has taken place. So and I know there's certain tools out there to, to help to kind of clear out some of that cell danger response. And obviously, you know, addressing the limbic system, addressing trauma, addressing, you know, chemicals and have metals and detoxification is going to reduce the need for that cell danger response.

Absolutely. So so then yeah. And the microbiome, we know how crucial we got about 7,080% of your immune system along there. So we know that that is and that's that's a just a every one of these points are obviously, you know, a whole day, you know, workshop in itself.

So but what I'm excited about is for people to understand kind of that, that logic and how to move through things. Obviously each person is unique and individual and, and you need to address what you have in front of you.

But just to have this framework of understanding how one build on another becomes, it's so important so that you don't just jump in as the same mindset that cancer patients have.

Let's just go after the tumor and let's just kill the tumor. It's the same thing I know in in the line community is that, you know, let's just go and kill the line.

But there's so many other aspects that you need to address in order to be able to effectively go after the line where effectively go after the cancer.

And this is so fun to go through these steps and make sure that you address these and usually what you're not doing like doctor usually says what you haven't done and you're still sick.

You know, that's usually the gold. You know that that's where you want to dig. So that that's why it's important to know that this strategy. And so now so when do we start to then go after the immune system.

Is that is that kind of the next step. Yeah it is. So step ten is looking at modulating the immune system and the inflammatory response. And I think this step is so critical.

And I don't think we give it enough credit that it's not the bug that makes the disease. It's the host response to the bug. So if we have a hypervigilant auto immune leaning immune response, that's creating a lot of our symptoms.

So I really think we want to look at how do we balance that TH1TH2 how do we call the immune system things like low dose now tracks on things like Doctor Ty Vincent's low dose immunotherapy can be magical things like homeopathy, black seed oil.

There's a whole lot of things that we can do in this realm. This is also the step where peptides can really shine. A lot of the immune modulating inflammatory modulating peptides as well.

We want to be cautious about not boosting the immune system because that can make things worse. We want to modulate it. We want to call it. We want to create integration and tolerance within our microbiome.

And then we might also be doing things to help reduce that inflammation. We talked a little bit about that in the mast cell context. But things like spams or fish oil or plasma allergens, I mean many different things that we can do to also work with that inflammatory response.

But this immune modulation is so critical. And then step 11, I would argue, is maybe one of the most, if not the most overlooked component of this entire process, which is coagulation, hyper coagulation.

I had the benefit of learning from David Berg and Doctor Anne Corson and later Ruth Chris, and this was a really critical issue before Covid. And I think now it's exponentially more important to think about this.

So if you have hyper coagulation, you're not getting nutrient delivery. You're not getting oxygen delivery to be optimal. You're not getting optimal waste removal.

We're talking here about blood that is thicker. The accumulation of fibrin because of mycotoxins, infections, heavy metals, all of those things that can trigger our coagulation response.

And then sometimes we want to do some testing. We want to see where we are, but then bringing things in that Okin kinase, those kinds of things can be really, really critical.

So I think this is the step, if there was one takeaway for people to talk with their practitioner about and go run the panel for hyper coagulation that Ruth Chris put together, if it doesn't show something, you are in very good shape and that's amazing.

But I would say the vast majority of people that have these complex chronic conditions, it will show something. It will often show a pie one 4G deletion, which means you're more prone to chronic infections, to the formation of biofilms, to chronic illness.

So we see this even more now in the Covid spike protein era as well. And then step 12, finally is the microbial overgrowth. And how do we approach these things.

And this is really you know, Doctor Clingan has his approach from largest to smallest. Mine is similar but but maybe a little different. So I like to think first of the viral and retroviral pieces.

I think those are causing huge issues for people.

Hypercoagulation and Microbial Overgrowth

When we look at EBV have six varicella, all of those things, and I generally see that people tend to respond pretty well to those interventions as compared to going after Bartonella first, which often is a little bit more challenging for people.

So I like to look at the viral piece, then look at the larger parasites, deal with that parasitic piece. We know that these larger parasites can also have within them smaller organisms.

Then looking at things like GI dysbiosis, looking at Sibo, the kind of gut component moving then into the fungal potential for mold colonization that we talked about thinking about yeast as well.

Once we've worked on those, then looking at Lyme and co-infections, thinking about how are we going to support Borrelia, Bartonella. But I usually like to do that in a very large, methodical way, not starting with something that's

so broad spectrum that we're really going to be aggressively working with all of them at the same time, but using some of the more targeted formulas to start, maybe with Borelli and then layer in some support for Bartonella and then for babies.

And unfortunately, I think we're we're learning more and more that if someone has one of these, the chances are very high that they have multiple Bartonella and babies tend to come together.

If you have Borelli and you think you only have Borrelia, probably not the case. So working through lime and co-infections, and then we may also need to be doing something to support biofilm.

So if we do have biofilms that are hiding some of these microbes and also they contain different toxins as well, I tend to think that this works best later in the process.

If someone's already having immune hypervigilance and mast cell issues and highly inflamed, coming in and breaking these biofilms and opening Pandora's box is probably not going to be very well tolerated by the body.

We can do some minor things like NAC and things like that, maybe a little bit earlier. But a more significant focus on biofilms ideally comes after we've supported the body with as many of these microbial burdens as possible.

Of course, now we also have to think about whether or not SARS-CoV-2 can be a persistent virus in this conversation. What we do with spike proteins as well, lots of debate about that.

Hopefully we'll get more clarity and more research and better, better testing and tools. We certainly have some, but I think this is a whole area when we start talking about long Covid.

Now, interestingly, there are people, I think, that think of long Covid as either the persistence of SARS-CoV-2 and or spike protein. But I would say, and I'm sure you see this as well, I think the maybe bigger issue is the unmasking that happens with Covid and spike protein, where what's really then driving symptoms is the reactivation of EBV, the reactivation of Bartonella, the the now intolerance to your environmental mold exposure.

So we want to kind of dig into those things as well. Yeah. I think you have to just become if when you're exposed to or you're dealing or you've taken the shot, that Covid shot at that time, everything that may have been quiet all of a sudden just kind of wakes up.

And then the same with infectious agents. And I see it with with cancer as well. I don't know how many, how many patients that have come to me right after getting the shot, you know, and dealing some, some fast growing cancer.

So it is a conversation we need to continue to have. And is it important to recognize that there is a correlation. And so with and with that, then people are thinking, well, what do I what do I need to do?

You know, how can I address the spike protein. How can I clear that out? And yes, you know, you were talking about the hyper coagulation of the Lundberg and Natica RNase.

And we have the editors. And then obviously looking at the impact of what the what these spike proteins do in regard to the vascular mitochondrial activity.

Inflammatory. So essentially going through these steps that you have that you've done is then going to improve the outcome if you've had that kind of exposure.

Yeah, absolutely. So I'll wrap up on the last few steps then. And we'll go quickly with these because I know we're a little short on time. But step 13 then is it's a step that I did not have in the earlier versions of this model, and that is looking at the genetic inefficiencies.

And so I think there's potential here. But I think there's also some potential traps, which are that we look at our SNPs, we see that we have the potential for issues with x, y, z, let's say detox.

Or maybe you have the potential for higher histamine or for whatever the issue is. But that's not an indication of function. It doesn't mean that that potential is actually happening.

So then I think we also get into this realm of internalizing I have m r, I'm broken, I can't get better. And I think then when we get two too much of an identification with our genetic potential and frame that as something bad or a roadblock to healing, I think the way that we think about it has more influence on our broader genetic expression and that that actually epigenetics does have an impact.

So looking at this and working with a good practitioner to see could we optimize B and status folate, those types of things, are there really some some what appear to be significant roadblocks in your metabolic processes because of certain SNPs?

I think there is some value there. But I think a lot of times practitioners will say, you know, here's a snip, here's a supplement, here's a snip, here's a supplement.

And so the protocols can become kind of large. I tend to agree with Doctor Clean Heart here where he says the genes are not where he finds the gold. But I do think that there there is some information here that can be helpful.

I just don't think it's as important as a lot of the other things that we've talked about. Step 14 is looking at the dental contributor. So obvious things like, do we still have metal in the mouth?

Do we have root canal teeth that we need to think about and explore as a potential consideration? Do we have cavitation or what they now call OJ or CSR.

So that whole area is continuing to evolve. But I think we want to work with the biological dentist to see what dental contributors there could be. This is an area where I love Doctor Simon use work, where he uses his acupuncture meridian assessment to see what potential dental issues are stressing the system.

So just because you have a root canal doesn't necessarily mean that's a significant issue for you. But using a good system of energetic testing like Doctor You does can be really phenomenal.

Step 15 is giving credence and really putting importance on the body work side of this. So optimizing structure that could be things like looking at the dental occlusion or the bite.

It could be looking at tongue tie release. It could be doing biodynamic cranial osteopathy which hits a lot of these steps. Working with the nervous system, working with the structure.

All of that could be visceral manipulation. It could be myofascial release, could be yoga or Pilates or breathing techniques.

Genetics, Dental, Structural, and Regenerative Repair

And then this is another area where things like Ella's Daniels syndrome, hypermobility, CCI, these are also issues that people are dealing with that seem to be really more now than what we saw five years ago, eight years ago, ten years ago.

And so there are a fairly small number of true experts in that realm, but I think it's an important thing to consider. I do think that while there could be genetic and our genetic contributors or or genetic factors in something like editors, we do see people that then maybe didn't have significant issues until they had their mold exposure, until they had their Bartonella infection.

And so working through some of those earlier steps hopefully will help. But this structural piece and doing some of this body physical work can be very important.

And then the last step of this 16 steps is, as Doctor David Jernigan has said, we maybe have removed the termites

or the microbes and the toxins and those kinds of things.

But just because the termites are gone doesn't mean that we don't have some structural damage that that the wood in our structure has been impacted. So this is an area where things like phospholipids, again, we talked about bringing those in in the detoxification and step three, but that can really restore these cell membranes, plasma allergens.

A lot of the peptides like BPC can be great for supporting regeneration repair, restoration, some of the bio regulators, peptide bio regulators here. I wish they worked a little faster.

Unfortunately I think they are good, but I think that it's takes a long time. It's almost like a a deposit into the account of future you where peptides.

The results are often much faster and more obvious I think. Photo bio modulation, red light therapy. I know you work with that in your clinic for supporting the mitochondria.

Rebuilding collagen, providing more photons and vital force can be great. Exercise with oxygen therapy plays a role here. Stem cells and exosomes. Maybe.

I have to say I've been a little disappointed in in some of these things, but I know we're continuing to evolve them. And so I don't think they're necessarily a solution for a systemic issue, but certainly for localized issues, repair and regeneration there can be really helpful.

So that's kind of the the 16 steps. Again, if people are interested in seeing, I do have slides for each one of them that they can look at, where there's much more detail that's available for free on my website BetterHelp.

Com steps. And and hopefully this will be helpful for people. Yeah, this is huge because it gives people a roadmap to to help to kind of navigate and things to consider.

Because a lot of people, you know, when I ask them why, so why, why do you think that you got cancer and and it's hard to answer that question. You know, sometimes you think of this and that, but then if you have this list of considerations, then you're able then to analyze to an appropriate audit as to, you know, where am I at?

You know, where, where's my vascular, where how's my am I in a, in my sympathetic, you know, state or parasympathetic? Am I still dealing with trauma?

And like you said, sometimes, yes. The event in itself can be the trauma, meaning that we know that to your point, we know that many toxins can be drivers of cancers, mycotoxins, benzene, asbestos.

We know Epstein-Barr virus, HPV, hepatitis, H, pylori. They've all been associated with different cancers. So while this model was not put together from my personal experience with any type of cancer, I do think that there are many components if we're working on that terrain reducing the infections, reducing the toxicity within the body, that hopefully will really work well as part of a comprehensive, practitioner guided approach.

Working with someone who's brilliant in this realm like you, doctor K so yeah, I agree. Yeah, yeah. And with tumors with cancer they are so dependent on that tumor microenvironment.

And what we've been going through here in the 16 steps are essentially that tumor microenvironment that we're addressing. And so cancer stem cells you know they can be activated or they can lay dormant.

And it depends on what that environment what what what they exist within that then determines their their behavior. So by shifting the terrain, addressing both the neurological the nutritional the infectious, the toxins, you know, shifting all of that is then going to shift the behavior of any kind of cancer.

And it will also allow the immune system to more intelligently able to address what's going on, instead of just

shooting all over the place because it just feels overwhelmed.

It's overtaxed and does not have the resources to address things. So what we want to do is to give the body the upper hand and create a terrain where, you know, we are now much more efficiently to calm things down that shouldn't be there and then support regeneration.

And like you're talking with stem cells, a lot of people jump into these regenerative tools immediately. It's kind of like trying to repair a house while it's still on fire, and that doesn't make any sense.

You do need to clear out these things. And yes, I think these are powerful tools, but I think the disappointment is due to not doing it appropriately at the time. So.

Well, Scott, you are phenomenal and I truly appreciate you being here. I highly, highly recommend everyone listening to jump on your podcast. Got the Better Health Guy?

You will be so much better off knowing how to navigate the world and what's going on within you by learning from the experts that that's on your show.

So thank you so much for being here, and thank you for your important work as well. You're incredible. Thank you.