Introduction and Doctor Parpia's Background

Everyone. My name is Doctor Richard Horowitz and I am the co-host for the healing from Lyme Summit. It's my great pleasure today to introduce to you Doctor Nafysa Parpia.

She is a board certified naturopathic doctor and director of naturopathic medicine at Gordon Medical. Throughout her career in holistic medicine, which has gone on for at least 12 years, she's focused on treating patients with complex chronic illnesses and specializes in tick borne diseases such as Lyme disease, environmentally quiet illness, mold and mycotoxins.

Illness, autoimmunity, fibromyalgia, long haul Covid, and messy HDFs. She uses cutting edge laboratory tests and deep intuition. And I want to talk to you about that because I do the same.

And I don't think we talk about it too much. Applied to the full range of scientific data to create comprehensive treatment plans that are highly personalized, doctor Parpia, targeted system of care includes a synergistic blend of regenerative medicine, oral and IV micronutrient therapies, peptide therapies, botanical medicine, pharmaceuticals, injection therapies, and functional medicine.

And she's on the board of the ISI Board of Directors, the International Society for Environmental Acquired Illness. It's nice to have you today. Thank you so much.

What an honor it is to be interviewed by you. Oh, sure. It's my pleasure. We had met, actually, at the Islands conference, right, with Eric. That's the first time I think we had.

We met each other. Yes. Yeah. So. So tell me, is a natural path. You had a lot of directions. You could have gone in when you got out of school. How did you get into Lyme and tick borne disease?

How did this whole thing unfold for you? Tell people a little bit about how this happened. Sure. So we were trained to be a great general naturopathic physicians ambassador.

And when I was, when I was being trained as a naturopathy doctor, I just I knew that I needed to do more. I wanted to work on people in their healing journeys and being trained in general.

Naturopathic medicine wasn't really going to take me there. I knew there was just so much more that I wanted to do. And so I had I had the luck after I graduated to to shadow and work at Doctor Detrick Clean Hearts Clinic in his Ivy room.

But I also was mentored by his top doctors there and by him for a year. And I learned a lot about detoxification therapies. I learned a lot about complex chronic illness there.

And I remember sitting there with I was with him sitting on a table watching him with the patient, and I was covered in goosebumps. And I just knew, this is my patient population.

This is this is who I'm going to work with. So then I got invited to work at Doctor Isaac Elias's clinic soon after that, and he hired me to work with his live patients to head up that department of his clinic, the the Lyme and Mold section of his clinic.

And he taught me a lot about detoxification therapies. So then I put together what I learned from both of them and really made it my own. And that's how I got into that, got into this.

I quit illustrating. How can I not write and merge that with everything? So. So as far as the the question was, for

example, with chronic Lyme disease, you defined it a little bit differently.

You don't think, for example, it's the correct name. And I agree with you because there's so many overlapping factors. Tell me a little bit about how you define Lyme disease.

Like can you expand on what you think the correct name actually should be? Right. Great. Thank you. So I'm talking about a certain patient population.

Right. So there are some patients they see the the they see on line literate doctor. They do the islands protocols and they have a wonderful recovery.

There are some people you take them out of a mold. The environment gives them a little bit of support and they do well. They make a recovery. Now I'm talking about the patients who they've they've been to infectious disease that that didn't work.

They've even seen the Lyme literate docket doctor. They've done the Lyme protocols. They should have worked, but they didn't work either made them feel worse or made them feel better for a short period of time, but then made them feel worse.

Or they've, you know, they've got a serious diagnosis. They've done the Shoemaker protocol, did nothing for them. I see that or people who do have mast cell activation syndrome, but it's the only diagnosis that they've been given is the only treatment they've been given.

And they're on all the right medications, they're on all the right herbs. But nothing happens over time. They've got to our clinic. And of course, by the time they've got to you, there's so much else that's that's been going on.

They've got multiple root causes that has created inflammation, inflammation that's perpetual. Now at this point, that inflammation means the genes and the genes express.

And now they have the same end diagnosis. But there are multiple root causes that have then created different biochemical effects in the body. So I tell my patients there's five reasons you get sick.

Infections, toxins, structural integrity issues, diet, lifestyle.

Defining Complex Lyme and Overlapping Root Causes

And so, you know, a lot of doctors are only just looking for Lyme. But we're looking at multiple multiple chronic infections and multiple different systems of the body.

So usually these patients have infections in the genital urinary system in the gut, some of them in the lungs, in the sinuses, in the mouth and the nerve the nervous system the connective tissue.

So they've got infections and all of these different systems and of different types. It's not just tick borne diseases. There's of course the tick borne diseases, parasites, funguses, different bacterial infections, viruses, all of these, the environmental toxins.

I'm seeing a lot of glyphosate, microplastics. I'm seeing a lot of heavy metals, all kinds of environmental toxins, structure integrity issues. I'm seeing people who have tight, tight tissues and there's not enough circulation, not enough lymphatic flow, or you have lax ligaments.

I know you see so much of this too, right. And so with the lax ligaments, most of these people do have mass activation syndrome. But those mast cell chemicals that are being released constantly are tenderizing.

Those already lax ligaments. So if the ligament here holding up the brainstem is already lax, and now it's more lax from the mast cells when there's pressure on the brainstem and we get cranial cervical instability or lifestyle, I'm

talking about trauma, adverse childhood events, sleep issues.

These patients have all of this going on diet. Usually by the time they come to us they've got that dialed in. But over their lives they've had standard American diet wrapped in plastic, non-living foods.

And so each one of these, chronically on its own, is going to cause a lot of immune dysregulation. When you put all of these together chronically over time, we've got a highly, highly dysregulated immune system and a lot of inflammation that then meets the genes. Right.

And by the way, so what you're describing is exactly what we see in our clinic. The way I usually describe it is I describe it as six rivers of inflammation leading to ten downstream.

And I know you and I have come from this new prospect. It's the same thing. So for me the infections is generally I call them the three B's Borrelia. But Busia, Bartonella and I.

On a second I want to get into how many of these you're actually seeing. Definitely environmental toxins with mold, heavy metals. I mean, everybody at this point, what I just read was people are getting their credit card worth of plastic every week between the micro and nano plastics getting in.

We're seeing microbiome issues. We're seeing leaky gut and food allergies contributes, of course, to the inflammatory and then the downstream with pot's disorder, Nami and autoimmunity and pain syndromes and right, hormonal dysregulation all the all of these different things.

So yes, we are seeing absolutely overlapping now in your clinic. Are you seeing a lot of overlapping but busier Bartonella like I am in our patients. Yes. Absolutely.

Absolutely am. Great. And are you are you finding the protocols work? Because the problem I've had is, you know, I started using map on as. Yes from 20 something years ago.

It was that five years ago. But now the bugs are becoming resistant. So I'm, I'm forced to like rotate antimalarials. Do you have any tricks you guys have developed?

Because I'm using crypto lapis and Japanese knotweed and Chinese skullcap, you know, mixed with a cornea and all these different herbs with Malraux and or Metron and to Fenech Quinn.

Mefloquine. I'm rotating. What are you guys doing? We're doing many things, but peptide therapies have made a major, major impact in the way that we treat.

So we're doing a lot of peptides and a lot of detoxification protocols. So just really looking at their, at their, at their, at their labs, looking at their heavy metals, looking at their, their environmental toxins, at their mycotoxins and actually modulating their immune system first, usually with peptides.

And that's what I've found has been a game changer in the way that we treat actually. Now there's something else that I wanted to bring up about, about it being a more personalized illness, because this ties in to, to the way that at our clinic, we're thinking about these things.

So, doctor Robert Daniel, I know you know who he is, but for our patients, he's the researcher behind the cell danger response. And he's a dear friend of Doctor Gaudens and myself.

And we meet with him often. We met with him recently, and he told us something that just was so eye opening, and it it confirmed what I've been thinking all these years.

And I know you're going to love this as well. So he was saying that in almost all of these acquired, complex chronic conditions, he said, including Lyme, fibromyalgia and me CFS, from his research, he's seeing that there's no one gene responsible for the same diagnosis in different people.

And he's seeing that it's hundreds of different genes and hundreds of different biochemicals acting in a coordinated manner. And it's different for each individual.

But the medical establishment likes to think that it's the same one diagnosis, one system affected, probably similar genes and similarly similar, similar biochemistry going on.

But Doctor Novio saw when he measured abnormal biochemicals in people with the same diagnosis is that they had 25% of the abnormal chemicals were the same in people with the same diagnosis, and 75% of the abnormal chemicals were unique to each individual.

So the way we're going about it is really looking at the uniqueness of each patient. And we actually had the the Metabolome Lab representative talk to us today.

So I'm really excited to dive more into the metabolomics and look at the different biochemical, unique properties of each patient. You know, we're already doing that by looking is as much as we can with various labs.

But but I think that this is going to allow us to see even more. So I'm excited about that. Have you have you found with that approach, though? I mean, just getting back to the bugs like the Busia, Bartonella, because they're they are difficult to treat using that type of an approach with the genetic approach, metabolomics, you found that you were able to like tweak biochemical mechanisms to make the drugs more effective.

I just want to see like because right now, I mean, but BSE has become resistant. The recent study was to Quinn, and a toll right is supposed to be the most effective regimen for resistant babies.

Here. We have tried it. It does not work for most people. It may help. We sometimes have to use other things with it. Lots of herbs or other antimalarials.

So we're having a devil of a time. I mean, double dose or quadruple stop zone helps lower it.

Treating Resistant Infections with Peptides and Detox

Sometimes I get lucky, but when I've spoken to Bob NATO about the cell danger response and he was talking about how it gets stuck with extracellular ATP needing to increase it, the problem is you got to get rid.

Of course, the infections get him in a safe environment, right? If they're not in a safe environment, right. The mitochondria going to stay stuck. But are you finding that you can tweak the biochemical pathways a bit with what you're getting to make the drugs or the therapeutics more effective?

Yes, I'll tell you about this. So I wish I could test those those metabolomics I can't. Yeah, I'm hoping that that the metabolome lab will allow me to do that.

So this is where I do have to go with what I'm seeing happening with the patient. Right. So the peptide therapies and heavy detoxification therapy helps so much.

What I think I could be wrong and I'd love your insight on it too. I think that it's about the, the the environmental toxin load. That's it's creating a further immune dysregulation before we could live side by side.

But there are more people who could live side by side with these bugs before the treatments. Treatments. We know work, they worked, and now not so much anymore.

I find that as I'm modulating the immune system with the peptides first and using a lot of detoxification therapies, then I can come in and treat the bugs and it's a lot easier.

In fact, I use a lot more herbs. Doctor Gordon uses more antibiotics, doctor Harris uses more antibiotics. And I'll use antibiotics too. But but you know, I use herbs and peptides more.

And for me that works. I think it's allowed. You're allowed to do this in California. It's not an issue. Yeah, yeah okay. And for Bartonella Bartonella is also showing up very frequently in our patients.

Any particular herbs or treatments you found that are working for them. Because the last study we published, we're finding these pulses of high dose tap zone with rifampin.

Cetera. Max. Methylene blue is definitely helping a large percentage of these resistant patients. You've been. And I spoke to Eric I know that. And I'm going to help you guys actually to use the protocol to teach it to him so he can use it in the clinic.

But any other tricks you're finding for for Bart in these patients or it's the same. It's kind of like you've got to get the immune system dysregulation.

You've got to deal with the toxins like you're finding like in your patient population. Those things are essential first before you going after treating the infections.

Is that what I'm hearing correctly? Right. Absolutely. And then I can go after treating the infection. I layer those things on. At the same time. I keep the immune system, the immune system regulation, treatment concurrent anytime I'm treating any infection because I know there's going to be a cascade of, of inflammation that comes when I treat, say, Bart or whatever infection I'm treating.

Right. So I'm modulating that immune response as I'm treating and I'm doing detoxification as I'm treating, and it makes everything so much easier. So if I can, I can treat a lot of infections at the same time using T1 and 1237 peptides.

So to one is going to kick up that immune response. All 37 is cytotoxic to to a host of different microbes including tickborne infections. So I'm using those peptides when it's time to kill the infections.

I'm using the herbs that might be particular for Bartonella. I'm I'm detoxing them. It could be with I. V. therapies. At the same time, I'm also using a lot of intravenous therapies to treat the infections as well.

And what is therapy specifically you're finding the most important. Yeah. So there's the oxidative therapies. The high dose vitamin C is one of those.

And then I like to use the PK protocol for detoxification therapies. I'm I'm giving people amino acids in minerals as cofactors for the detox system. Because a lot of the times they're not ready for even detoxification because as we detox people that creates inflammation.

But these patients are stuck in perpetual inflammation. And so sometimes I'm not ready for detox. I look at their cofactors for detox and I see, are you ready for I look is your go to town and oxidative stress.

Well I can give you good a tion to detoxify you yet. So a lot of times we're starting with the cofactors intravenous. I need to bypass the gut because our gut is already a mess, and I'm working on treating what's going on in the gut at the same time. So cofactors the natural detoxification therapies, which could include glutathione and phosphate.

Alkaline when they're ready for it. And then in with the oxidative therapies and layering it all so doing doing different IVs on different days. Sometimes working on treating the infections, sometimes more on detoxing.

We're watching the patients like a hawk to see how they're responding to those. Some people, of course, they get the IV, the antibiotics. That can be very important for a lot of patients, but always, always balancing it with detox.

So the the cases that we are seeing, I'm now starting to see also Covid starting to bring out some of these infections. Are you also seeing some of the long Covid overlaps kind of interfering where the viruses are now reactivating?

Because we're starting to see some Epstein-Barr reactivation, herpes virus six reactivation after people get Covid, where they're even doing well. Now with the Lyme a tick borne for a while, their pops is under control and all of a sudden they get Covid and it's like, oh, they're now reactivating viruses and old things are coming up.

Are you seeing that in some of your population to all the time? So we treat a lot of long Covid patients. So I bet this happened with you too, right? The patients who had been your patients for a while prior to the pandemic, during the pandemic, they did fine.

They didn't get long Covid right, then they go away. They're not in treatment anymore. And boom, that inflammatory cytokines flare woke up those dormant infections.

And we're getting a lot of patients come to our clinic who are suddenly sick. Actually suddenly they have line or suddenly they have the herpes family of viruses active.

All of them all at once. And we know it has to do with spike protein. And we're, you know, we're testing. We really like Jordan Bonds micro clot doctor Jordan Vonn's micro clot test to understand our Michael are micro clots an issue right.

Or there's also and the long Covid panel we can look at that. So I like to I like to marry those tests with looking at the possibility of the other infections being active for sure.

Right. And with the viruses, are you finding any particular herbal protocols or natural protocols? Because, I mean, this is certain only a certain amount that we have in medicine, whether it's temp cyclic or a psych levere Valacyclovir.

I mean, there's a bunch of damn cycle, there's a bunch of them, or even using ivermectin, for its antiviral effects. Do you like anything specifically in the herbal, natural realm that you're finding it's helping.

Absolutely true. I love Argentina's silver. That's the only silver I'm going to use because because it doesn't accumulate in the body. And I've been using it for a long time like that a lot.

We can do it orally if necessary. For some people, it can be done intravenously. It can be. Nevertheless, I'm seeing a lot of infections in the sinuses, actually more than I saw before.

I used to see a lot of mark ons prior to the pandemic. Now, after this pandemic, I'm seeing a lot of klebsiella. I'm seeing a lot of funguses in the sinuses.

So different infections. And I'm seeing all of this in conjunction with the tick borne diseases.

Long COVID, Viral Reactivation, and Immune Support

So, so my style is, is is a little bit different in that I'm, I'm going after all kinds of other infections and, and I might not get to the Bartonella right away because I'm modulating the immune system.

I'm working on the gut because I know most of the immune system. This is a more natural apothecary. Right. And they're modeling the immune system, the immune system.

And most of that is created in the gut. So once I've done all those all those layers, I might add in Bartonella herbs, or I'm going to add in herbs for viruses.

Going back to your question, viruses are like Andrew Griffiths as well. And I just find and see. Right. And then we see a lot of recovery. Do you, do you raise the nets.

You like the natural killer. So ones like the transfer factor is A36 beta glucan. Do you like those also for raising the because we've been testing the natural killer cell counts and function and finding they are low in some of these

people, which obviously is a disaster if you're dealing with chronic viruses and you may be at risk for cancers, but are you using those things also to modulate the natural killer cells?

I am, but I like tb4 peptide for that as well. So I'm using Tb4 to comment down. But to one is also going to modulate as well. So I'm using those two peptides a lot.

And just with the advent peptides and find that things are happening much faster. So patients before I use peptides so much who maybe would take five years to treat, they're now taking two years or one year.

People who take two years would take two years are now maybe 6 or 8 months. So those peptides, they've been just a godsend for my practice. I had to say that. Right.

So what are the concurrent issues? I mean, we've been talking about that you're having having to work on the gut, having to work on the detox immune modulation before you sometimes get to these bugs.

Any other concurrent issues you think are like the most important? Because the downstream effects of inflammation we've been seeing, we do see mitochondrial dysfunction in about a third, where mitochondrial regeneration helps.

We see positive side of Nami and probably at least 40 to 50%. But we've got to modulate your autonomic nervous system. But but also we're seeing, of course, you know, autoimmunity and, and people with hormonal disorders, men with low testosterone, people with low adrenal function.

Right. I mean, we're seeing all of this apart from neurologic issues and the rest, you're seeing the same concurrent overlaps in your population. Yes.

Yes, absolutely. We speak you speak the same language, and yes, all of them. And so one of the main things I'm seeing at first, I'm, I'm keeping my eyes out for right, is this immune dysregulation is what I'm talking about, that I'm talking about a hyperactive immune system and a weak immune system at the same time.

It's a hyperactive meaning they've got autoimmune conditions. Right. So for our patients listening rheumatoid arthritis or Hashimoto's or scleroderma, things like that, lupus, it's a lot of autoimmune conditions.

And we're seeing mast cell activation syndrome. So that's hyper activity in the immune system. On the other hand there's a dampened immune system. So we're seeing that the cat mount the appropriate immune response to kill off all those concurrent infections that they have or their immune system is more permissive to infections that they are, exposed to or like we're talking about earlier, the infections that were once dormant, they're easier to wake up with with a, with an insult, a spike protein from cold.

So this, this hyperactive immune system this week, immune system concurrently. This is where I use peptide peptide therapies. First I tell my patients like having an untrained fighter in the ring.

The fighter is throwing kicks and punches spun in the wrong direction and at the wrong person. So I'm using the peptides to just modulate that immune response first, right?

And then I'm seeing, of course, the nervous system dysregulation, just like you were talking about the pots, which leads to, you know, or so the the autonomic nervous system dysregulation including Pots and issues like maybe low mode to slow motility, the stomach not emptying, too much sweating, not enough sweating, vagal nerve issues that we know might not necessarily be the vagal nerves fault.

All right. It might be that the organ itself in irritated gut is irritating the vagus nerve, which then irritates the other organs that it's innovating.

So I'm working with the nervous system. A lot of people we can't even come in through any other doors until we manage the nervous system. And of course the GI issues IBS, inflammatory bowel disease.

And we know it's usually a combination of the microbiome, leaky gut, nervous system dysregulation, structure integrity issues. You know, Barden Bartonella in Lyme love the gut and then pain and then the connective tissue weakness. This is a big one.

I'm sure you're seeing this as well. So we're seeing a lot of people who have lax ligaments. They've got real cervical instability. Or I'm seeing uterine prolapse or people losing their teeth when they should not be losing their teeth.

Then great dental hygiene is about those lax connective tissues which I've seen the peptide GHQ. How wonderfully it's it's changed people's lives. We have we have those those lax connective tissues.

And of course the hormonal dysregulation that you talked about. I see my young male patients with testosterone of an 80 year old man, or young women with major hormonal imbalances.

So these are things that we see, right? You see, it sounds like you're seeing all 16 points on the eminence model that I've been describing. And and by the way, regarding the immune deficiency, do you have to get your patients on subcutaneous immunoglobulin like Casandra?

Could be true. Do you manage to get a modern IVIg? Because we find that we're finding a lot of immune deficiency also of course, over stimulation with autoimmunity.

But a lot of my patients have low IQ levels, low subclass levels. I mean, they won't fight the infections unless they get their immune system up. So are you concurrently using IVIg or subcutaneous in some of these patients.

So we're going to start getting it more. So we use it when we can. We've been able to only order if we have a neurologist on board. All right. You know I think I think I think we'll be able to start using it more, which I think is just so important.

Yeah. California sounds like they may be a little stricter in that range. We have someone who used to work with diplomat. David. He used to come in all the time and he would get us approval.

Actually, all the time for IVIg or Subcu when we needed it. We didn't. I mean, we have obviously sent him to a neurologist, but we find we can pretty much do it ourselves a lot of times.

But we have used people who've helped us to get the approval should the insurance companies, because you have to go through a lot of hoops. I think if you need the name of this person after we're done, I can give you the name of a David's contact information.

I think their company is probably nationwide.

Immune Dysregulation, Nervous System, and Connective Tissue

You may find if you're trying to submit their insurance, you may need somebody like him who might be able to be the front person who might be able to do that. Thank you.

That's great. So look, I mean, I think so what you're describing with the lime of not being the correct name is you're you're pretty much I mean, the word I've used is limited because it reminds me that I've got, you know, six overlapping factors of inflammation and ten downstream effects.

16 it sounds like we're we're talking about the same thing the most challenging, by the way, for me in all of this is the cell danger response when the mitochondria gets stuck.

Because when I've, you know, learned from Bob and spoken to him about that, getting people in safe environments with the climate, the way it is with the wildfires, that of course, you've been seeing in the mudslides and the it's not the easiest in the world for people to find safe environments these days.

And also, Bob was talking about needing in some of these people to increase the extracellular ATP, like when he was using Sherman right in, in that population for autism.

And their brains woke up and it's like, oh my God, why can't we get this drug for the autistic population here? The closest I found to that drug from Hopkins studies was sulforaphane, glucosinolates, broccoli seed extract, which seems like it had maybe some modulatory effects in the same way in the autistic population.

But I find that's the trickiest one when these people are sick, when we've already detox the mold, you know, we're clearing up the infections, we're dealing with the pots, we're getting them to sleep, we're healing their leaky gut.

We've dealt with the immune deficiency, and they still are stuck. And a lot of times it might be cell danger. I find that's one of the most difficult ones, actually, with the chemically sensitive patients to get them through it.

Right. I will agree with that. Absolutely. And have you noticed that if they're given mitochondrial support early on, it doesn't work or backfires, right?

Right. And, you know, it's because the mitochondria aren't they're not sick. They're not broken. They're just doing what they need to do in that moment to to protect the rest of the system by sending that ATP externally as a warning signal to the rest of cells.

Hey, we've got some danger here. We've got to protect ourselves. And so if we throw in antioxidant support when the mitochondria are created, creating oxidative stress on purpose, at that time it's just not going to work.

Or if we try to rev up the mitochondria and bring them up, but they're creating more ATP and it goes more external, the person is not going to get more energy.

And so usually saving mitochondrial repair work for after I think it is is two sections like we're in the the treatment phase like everything we just talked about like working on the I work on the downstream effects first, then I bring in detoxification and maintain the downstream effects.

Then I bring in working on the triggers, all of it at the same time. I think of that as treatment phase. The next phase, I think of it as being in the repair shop.

That's when using the peptides. It's actually going to start retraining the nervous system. At first they're just great Aids, right. And in that so in the repair shop section, it's when I start to work on tweaking the mitochondria, maybe using NAD or having them do red light therapy, things like that.

We've developed the mitochondria. The way I've done it now with the Daptone protocol is I routinely give it after they're done with knocking down the biofilm persist load of the bugs after I've because I mean any drug you give these days just living on the earth, there's a lot of free radical oxidative stress.

So your mitochondria having a problem no matter what we do, whether we treat infections or not. But I do find that it works better, as we were talking about after the daptone therapy.

And that's why I will routinely do a month of it afterwards. ATP 360 CoQ10, acetal l-carnitine. Now my winner with nicotine aside, right beside, I use my toe prime from same again.

I'm starting to look at your olefin and a, I've been integrated as much yet, but I'm looking at it for some of the resistant patients. But yeah, definitely.

I do think the mitochondrial support works much better after you've knocked down the load in detox, because you're not in that danger zone anymore, and the mitochondria can get unstuck from the cell danger response once that's happen.

Right. And I find that with with the brain support as well. Also using the peptide or tropics have just been a game

changer as well. But to use them after I've noticed that they don't work so much when we're in that treatment phase that I was talking about.

So I like to use see link. See link is an excellent it, but it also brings down inflammation in the brain and Cmax which helps increase Bdnf and also helps to bring inflammation down in the brain.

And this hexa that's another peptide for when we're looking to to go into more creative brain processes. So again to be used more towards the end of treatment.

So that I'm using the neuro tropics and mitochondrial support towards the end as well. Right. So you know we've been talking you were talking earlier about detox.

But what about pre talks. I guess this is one of the things you're also doing. You want to talk a little bit about how they differ in what you're doing exactly.

For these patients. Yeah I have been you know I thought I coined the term for detox until I talked to Chris Shade a few months ago and he said, actually, there was another natural tactic.

Doctor who used that term and she use it in terms of preparing people for detox right before doing cellular detox to remove toxins more generally. But I've been thinking about it a lot in a different way, in a way where it relates to chronic illness, and it's really about setting the stage for people to be ready for detox.

So, as you know, when I'm explaining to our patients, our population listening, that the toxins have to before we do a cellular detox using certain substances like medications, I. V.

medications to pull out metals from cells, I. V., EDTA or DMPs, for example, or before using phosphate colonizes or glutathione to pull toxins out of the fat cells.

I want to make sure that the organs of elimination are ready for this. So a lot of our patients have genital urinary issues or their liver enzymes are high or they have gut issues.

So I'm working on the terrain of their body, making sure that the organs of elimination are prepared and ready for this flow of toxins that are going to come through.

And that's really what I mean when I talk about pre talks toxin in the context of people who are sick. So I'm preparing them for for environmental toxin treatment which I'm pretty heavy on.

Yeah. So that that's and then you know also working on their hormones. All the stuff we talked about like working on what's downstream first. Yeah. No, no I think it's important.

Now earlier on when you were talking about your method of treating patients, you mentioned something about using the right brain, intuitive side apart to gathering it all the information from the left brain.

Most people know I've been a Buddhist practitioner for over 40 years, and I've studied meditation with Tibetans from the lineage. And I think, truthfully, the right brain intuitive is a very important aspect when you're dealing with chronically ill people because as you're gathering this information, you can find literally 16 things that are wrong.

But you have to kind of have a hierarchy of figuring out what is the most likely cause. Right? Where do you have to start? Right. So I think there is a part of gathering the information, but then understanding almost in an intuitive gut level.

One of the teachers that I have, she's the psychiatrist who actually is an intuitive doctor, Schultz, she used to use the term got it, got it. Like, did you get it?

Cell Danger Response, Mitochondria, and Repair Phase

Did you got it, you got it. So you need to use the gut. So it sounds like you're also using is it something you naturally came in with or something you actually developed over time to help your patients?

Both. So the first thing I want to tell you is when I had that lunch with you at eyelids and I looked in your eyes, I could see. I could see your own clairvoyance.

I could see who you are, right? I could see your intuition. And it was so beautiful. And, And I knew, right? I didn't even have to ask you. I knew that you use your intuition. It was.

I was lucky to see that. And so I, you know, I came in myself, a very intuitive person. And, and my, my family has a Sufi background. And so my dad actually taught me a lot about energy and about reading it, feeling it, sensing it.

And then over the past almost decade, I've been working with, indigenous healers. I have a couple teachers, and I also go to the Amazon, to the jungle to work with, the wisdom keepers and Eric comes with me.

Actually, we have the same teachers and working king in their ways and really working on our self, cleansing ourselves as much as we can, because life always brings stress.

And I don't want to accumulate it because I know if if I'm accumulating that in my being, if I if I'm working with unresolved karmic patterns, how can I be there the best for my patients?

So we're always meditating and working to to clear our own internal path. And as we do that, our comprehension is open. And I'm always praying for for my comprehensions to grow my comprehension in the grand mystery of our existence.

But also with each patient I want to I want to be able to see them through the eyes of what is. It is real, not through my own film. No, that's that's beautiful.

You were very lucky, by the way, to have someone in your family teach you. There's a beautiful spiritual realm, of course, being Horowitz, obviously, I.

I came in Jewish with it, but I was studying Hinduism and Buddhism early on. In fact, I also studied with shamanic healers. I went down to Mexico and studied with the witch.

All shamans. I've got witch old yarn paintings all over my house. You're actually seeing two of them in the background here, by the way, that you're seeing on both sides of the Medicine Buddha, that those are actually from the Witch Hills.

But but you're right. I mean, I think learning from these wisdom traditions and natural healers, it's not something it obviously is a natural path. This is something you might have had more of a tendency.

But I always realized, you know, even as a what, a certified internist. There was a lot of wisdom traditions way before we came around doing classical medicine.

And I was always interested to find out, you know, how they worked, how they got their tribes better. And always found it, you know, really, really interesting.

And I did read up, by the way, in The Sufis years ago. And it's all of the traditions I think all of these traditions, they have a wisdom component that is just wonderful.

I actually wish more people would learn about all the different ones to understand how they all kind of like they all have their specific flavor to it.

But there's underlying principles, right? Better that are always the same as far as love and compassion and caring and yeah, and especially with healing regarding this aspect of it, the notion of your intention towards other people, I

don't think people realize that sometimes the success we may have is because you actually really care about people.

You really want to get them better. You care about the person, they feel it. They know that you care. So it's not just all the herbs and the peptides and the drugs and the things we're doing.

I think it's also us. The fact that we care and people know they're supported in the process. And that's a little bit subtle, right? That's not an easy thing to be able to always quantify as far as sometimes why we may have better results, you know, and it's always difficult to know, but I've always found it fascinating.

Yeah. Thank you for sharing that. That's right. Yeah. Everything you just said, it's I think it's the glue that holds all of the biochemical processes together that we're trying to manipulate in the patient.

It's that love, it's that compassion. It's our own clarity. And and like you said, just caring for that patient. Our patients know that we're coming with love for them.

They know. And I think it heals. Yeah. And you know, the healing process you were describing just earlier that a lot of these people, I affectionately refer to them as the walking wounded.

I had my own trauma when I was a kid with emotional and physical trauma. I understand trauma, and I would probably say somewhere between a third and 40% of people come in, mostly women, but sometimes men.

This big trauma. And I've learned over the years, you can have all the infections you want, but if the trauma is affecting your immune system in a way that you don't feel, you deserve to get better, because it's kind of like the Mia culpa.

Mia culpa, there's something wrong with me. I don't deserve to get better. It's almost like the immune system gets wired in a way that it interferes with your own healing process.

And I've seen people do very deep healing under hypnosis, some in other ways. Right now, we probably use the Annie Hopper dynamic neural retraining or gut to amygdala insula retraining as ones that I suggest to people.

But I think doing that, you know, physical, mental, emotional, spiritual aspect for the training, I think that point of healing is very necessary. And a lot of people you're right.

I think that emotional part of the healing is something we overlook, especially since the Covid pandemic has caused such havoc in families in the United States, have lost loved ones and everything else.

I mean, so much of the country is dealing with depression or anxiety. You can't ignore it. You have to include that in, you know, how are you going to get this person healed?

It's not just healing the physical. I think the emotional, the spiritual, the rest. I think it's important. It's something we probably miss a lot. Yeah, it's something we we do a lot with our a their patients.

I take it really seriously. You know what you said about the the traumas affecting the immune system. There's research on it. So there's scientific data on.

But we see it. We feel it's very heartfelt. We know and like you said, the whole population is dealing with this. And not only are we having dormant bugs wake up, but we're having depression and trauma wake up as well.

And a lot of times I can't even treat the bugs until we work on on the nervous system and work on the immune on the immune system. So the the emotional emotional piece then then the immune system starts to regulate a little bit on its own.

Then we can come in where I think it gets very tricky, because I do see a lot of people who have been wounded

where it's I think the trickiest is that Borrelia.

But bees in Bartonella all increase the emotional reactions, right? So what you're dealing with is you've got this underlying trauma, the bugs come along, they're heightening, right?

Worse, Bartonella is causing OCD. The Bartonella is causing psychosis. It's very, very tricky because you've got to heal the underlying. And of course getting the house in balance.

And it's a it's a tightrope walk for some of these people as far as where to start. And in some I do notice I in fact, I just wrote up several case studies we submitted to the literature, and one of the case studies I'll hopefully be published in the next month.

This woman had trauma. She also had Covid 6 or 7 times during her illness and never got long Covid. But the amount of healing that this woman did to heal her trauma at the same time of getting the Covid boosters and getting the injections and taking Paxlovid and doing everything we did, and treating the infections and treating the adrenals and doing all of this, it was ultimately what got her across the finish line.

She's now one year in full remission without any symptoms whatsoever after six bouts of Covid, and it's like, boy, but we had to work on every aspect of everything you and I have been talking about today, and especially the emotional trauma, which was really playing a huge role.

Pre-Detox, Intuition, Trauma, and Emotional Healing

So I'm I'm glad we brought this up because it's I don't think we've talked about it enough during the summit. And I, I think it's something that really needs to be highlighted because it does interfere with people's healing.

Absolutely. So thank you for bringing it up with me. I of course, that's so overlooked and so important. Yeah, yeah. So you guys have recently merged Pacific Frontier with Gordon Medical right to now do Lyme and virally acquired illness.

What is happening with this merger? What do you think? How do you think you're bringing the best of both worlds together? Because obviously Steve Harris is one of my favorite people in the world.

So I mean, I love Steve and I've known him for a very, very long time as as far as Nick and right, the whole family. So how is the merger happening? What are you guys doing together?

Well, first of all, we were talking about you last night. Your ears might have been burning a little bit. I'm saying. Oh, all the wonderful things about you there, there are to say.

Right. And, you know, Steve was trained by you who's trained by the best, right? So. And he is one of the he's one of the guiding lights in the, in the Lyme world.

And so is Eric. So we've got these OGs right of Lyme at the clinic. And then we've got, we've got us the younger doctors, but we've been doing this for a minimum of a decade, ten, 16 years, each of us.

So there's me and there's Doctor Sugden, Doctor Kunkel and Yvonne Sorensen, who's Steve calls her the best pas in the industry. So Yvonne's a mate. I mean, she's absolutely amazing.

I've known Yvonne also before. She had kids, after she had kids. I mean, she's she's a fabulous human being. That's wonderful. So I feel like we have we now have this think tank.

So we've we're dear friends with Steve and we've shared patients over the years and we've had many, many conversations. But now under one roof, this think tank, it blows my mind, right.

Because it means there's so much more that we can offer patients. I would even say that that with this combination

of doctors under one roof, I would call us the premier Lyme clinic on the West Coast with this.

And so that's just it's just super exciting to have the OGs and then the people with younger blood who've been doing this for a long time and have had the mentorships from the right doctors to bring it all together to people who need us.

Now, when you say OGs, you don't mean the old guys, right? That's not what you're talking. No, I, I'm talking about the the people whose shoulders we stand upon.

That joke is for you, Steve, in case you're listening to this. No, that's that's great. So, you know, I'm sure people are going to want to reach out to you and get more information about you and your clinic.

What is the best email address to contact you and and Gordon Medical to to get in touch with you. Yeah. So to the website is Gordon medical.com and my website is Nafisa.

My email is an officer at Gordon medical.com. And so then my staff is going to check that email and do me a favor and spell that for people just so that they get the right spelling.

Yeah. It's end like November a f like February. I ask September a great great know that that's wonderful. And I agree with you. I mean, I think putting together the best of both worlds, you know, because you guys were coming from a very strong integrative naturopathic approach.

Steve has also been doing, of course, that for a very long time with his approaches. I know his approach as well, but also, of course, using other techniques.

And as I said, nice. When I spoke to Eric at eyelids and I met you there too, please reach out. I'm having great success with the Daptone protocol. And I think it will be you'll find that in some of these patients, after you've gotten their immune system ready, and you've got to detect the pre toxin and detox and everything kind of in line, you may find that some of these persist or biofilm protocols, pulse.

Because at this point I've gotten my protocols to nine weeks of an oral generic protocol. Take a break for roughly 6 to 8 weeks to let the counts return from that zone.

And then, if Bartonella is present, two week pulses of antibiotics over, you know, roughly eight months, ten months or a year. And a lot of these people are going into long term remission.

The ones that I'm having the most difficult times with, they're usually, I've got to go after the bbca. It's extremely resistant or the mold, they're still in a moldy environment.

So I'm pulling out the mold toxins, but they've got no place else to go. The mold has definitely. By the way, I have a lot more respect for mold over the years.

Neal, Nathan and I used to joke about this, that in my world, it was always infections number one, toxins number two. And it still applies. But all of a sudden, I'd say in the last year or two, I have definitely seen patients that the reason they did not respond the way I wanted them to was the mold.

Toxins were there and they weren't even aware they were ever exposed. So I've learned my lesson, as any good clinician does, doing this in the trenches for so long that I now screen everyone for it.

Even if someone tells me, doc, I've never been exposed to mold, it's like you need to be checked because it's literally 80 to 90% of everyone. Now I'm checking they're exposed to these toxins, right?

Yeah, these these are good lessons you'll learn over time. Yeah. The mycotoxins I'm also screening everybody for the environmental toxins. In addition, I'm using the igloo.

I'm from Germany. And we can we can really find just so much. It's amazing to see how how toxic people are right now. And then I marry it with their with their genetics. Right.

So I'm doing the intelex DNA tests. I'm looking at many different systems of their body in their genes. I'm finding a lot of snips in their genes of detoxification in their own inflammatory pathways, in their hormonal pathways.

Marry that with their toxin load. And it's really amazing with the work. One of the things that I it's it's always a question with like intelex DNA or any of these genomics ones that are out there, do you find that the information you get on in no Bod does a much better job than many companies out there, because when you look at his pyramid, it was something like 240,000 genes or something he was checking.

But you find that the genetic factors that you're finding you can actually go over from, like the phenotypic expression, like looking at those genetics, what's happening and then biochemically adjusting it, you find like is some of it theoretical or some of it you're finding really practical that made a difference that you might not have otherwise known.

Clinic Merger, Testing, and Closing Remarks

You know, I think it's a little bit of both when if I'm not moving the needle on a patient by by three months, I want to order that test because I want to see if there's something I want to see what I missing.

Right. Where should I go next? A lot of the times it is, I've done that test enough, right that I can suspect that it is about the inflammatory pathways.

It is about the detox pathways. I feel like it's confirming what I already know now at this point, but the patients love to see that data, though. Yeah, it helps validate them.

Right? A lot of times people are patients are told they're they're making this up or they're crazy, and then they start to think they're crazy or they're making it up or this isn't real.

When they have that genetic data in front of them, they can show it to their family and loved ones and be like, no, this is real. Look at this. Right? Yeah.

No, there's no doubt. I mean, and in fact, the doctors that usually tell patients it's all in your head. The joke I used to use with patients says, well, they were right.

It is in your head. You've got spider cates in your head, you've got neurotoxins in your head. But of course, these doctors were not trained in functional integrative medicine.

They didn't know the right testing for tickborne. They didn't know to look for mold, toxins and metals and glyphosate in these type of things. Classical internal medicine is great.

I mean, it's a wonderful field and I've learned a lot, obviously with all the training, but without the integrative portion in this day and age, with chronic disease medicine, it's very difficult to deal with these chronically ill patients unless you've had a good functional medicine or naturopathic background. Right?

I, I had to kind of teach myself the naturopathic ways over time. Although my medical training in Belgium probably gave me a little bit more of that because it was a seven year program, not a four year program, and it was like two years of functional biochemistry.

It's like, I beg your pardon? It's like, wow, two years of anatomy. It's like a year of EMT, a year of dermatology, and it's like these guys really pushed it in all levels.

So but I think you have a distinct advantage for the natural paths because you're kind of given what the terrain, that notion of terrain is a classic naturopathic way of looking at things.

And I don't think it's stressed enough right, in the way we normally look at things. And it's clearly important with chronic disease medicine. So yeah. So that's great.

Listen, I really enjoyed talking to you today. This has been this has been a great conversation. Anything else you think we missed or we didn't cover with this?

Before we wrap up I think we covered and I can't read everything I want to say. So thank you for having me. No, no, no, it's my pleasure. So. So those of you again who've been been tuning in, my name is Doctor Richard Horowitz, co-host of the healing from Lyme Summit.

I've been with Doctor Nafysa Parpia from Gordon Medical. They just merged with Steve Harris and Pacific Frontier, and I think you're going to find for those of you sitting on the West Coast, you're going to find it's a great resource for those of you who've been ill who could not get better.

So again, just one more time to get in touch with Gordon Medical. And you just so people can write this down. Yeah. So you want to go to our website if you're interested in becoming a new patient.

There's actually right on the homepage there's a button for you to to click on and it'll put you in touch with our new patient coordinator. And that's the best way to get in touch with us actually Gordon medical.com gordonmedical.com okay.

Great. Listen congratulations. You've got a great team of people there. Congratulations. And I would suggest also just a little try and publish some of this work that you're doing because I think you guys are doing very, very important work.

And I don't think there's enough on some of the integrative naturopathic solutions that you're looking at. I think the medical literature could use it.

So just I would just suggest as you're doing this going forward, take a look and see as you gather the data, because that's one thing I've been trying to do over all these years is not just talk about it, but make sure I keep throwing this in the literature for other people to grow from my experience. Right?

Just like I've grown from Doctor Boris Kano's experience and Sam Thornton can lead to right. All the Giants on whose shoulders I've stood on writing movies.

We're all learning from each other writers as the years go on. So real pleasure speaking to you. You're you're very bright. You're clearly motivated. I love the approach that you're doing.

It was a great talk today. I know people are going to enjoy it. So please say hello to Steve and Eric and the whole group, and I look forward to hearing great things from the clinic.

Thank you so much. Okay. My pleasure. Goodbye everyone. Will hope to see you again on an episode soon for the healing from Lyme Summit. Bye bye.