Clinical Proven Compounds That Reduce Inflammation and Eliminate Your Fight, Flight, Freeze Response Transcript

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Introduction to Environmental Toxicants Summit

We get used to the concept that there are pesticides everywhere and we have to live with him while people are starting to accept. It's okay to have a little bit of like lack of life for the a little bit of pesticide.

So we are really bombarded with pesticides and pretty much we are being poisoned even if we don't get it. You can't escape all of us if life is there.

You know everyone. This is doctor talks. Welcome to this episode of the Environmental Toxicants, Autoimmunity and Chronic Diseases Summit. I'm doctor Wendie Trubow.

My co-host is Doctor Edward Levitan. And today, our guest, hold your breath is Doctor Isaac Eliaz. I guess it's kind of literal for someone who does meditation, perhaps, you know, hold your breath.

Anyway, Doctor Eliaz is a leading expert in the field of integrative medicine, specializing in cancer detoxification immunity complex conditions. He's a respected physician, researcher, bestselling author, educator, and mind body practitioner.

He partners with leading research institutes including Harvard, National Institutes of Health, Columbia, and others to coauthor studies on integrative therapies for cancer, heavy metal toxicity, and others.

He's also the founder and medical director of Amitabha medical Clinic in Santa Rosa, California. So as Boston Bostonian said, he's wicked smart. So, Isaac, it's a pleasure to welcome you here today.

Thanks for being on the summit. Yeah. Thank you so much for inviting me to be part of this important summit. It's I mean, we're just this is all about what's near and dear to our heart, which is what gets in the way of successfully detoxing and working on the survival paradox in general and being symptom free. So.

So what is the survival paradox? Let's start there. This this is what we're talking about today. Yeah. So, you know, the survival paradox is it sounds the name said, it's the this is a survivor paradox.

The Survival Paradox and Inflammation

We are all built to survive. We are wired to survive as people in our communities. Every cell in our body and our survival response. What keeps us alive is actually what causes us to get sick in an acute basis.

It would drive sepsis for example, chronic diseases. But it's also what makes our life difficult. It's what creates struggle in us. So in the integrative medicine field, we are aware now and now Western medicine with the Covid is very much aware of that inflammation driving every disease.

But inflammation is really not a cause. Inflammation is really a result. And the survive the imbalanced survival drive is what drives inflammation. And that's really is a new paradigm that I'm introducing and flown in from what we chatted before the interview.

The question is, of course, which I don't touch. You really in interviews is what causes the survival paradox? What causes us to struggle? What causes us not to accept?

And I touch it at the end of my book. And it's really kind of getting to the end. In the beginning, it's really that we can't accept that everything is changeable.

You know, we hold as permanent to what is not permanent. And that's really the basic survival drive. It's the basis and it's in every every human being, every living being and in every cell.

So it's it's it's such it will change our nervous system response through the, through the autonomic nervous system. Because if we are wired to survive it is to be automated.

We can't control it. So the sympathetic system responds in a fraction of a second. I think with fighting which equates to inflammation or running away, which equates to equates to hiding, to creating a micro environment, to creating fibrosis, to creating a biofilm, an area where diseases can develop in isolation from the body and then on a biochemical level, within minutes.

A protein called galectin three, which I've been researching for almost 30 years and made some of the most important discoveries turns on in galectin three, is a driver of the biochemical survival response, doesn't turn off as quickly as they move between the sympathetic and parasympathetic system.

So the alarm system turns on, and then the consequences can be pretty devastating. I have so many questions from this. I think you do no surprise that our kids went to a school where they taught them to say, I have a question, and they brought it home to me.

So I have a question. So I think the first thing I heard and what you said was that that lack, that being rigid and and inflexible actually directly leads to disease in ways because it causes us to resist the flow.

So that's a really it's one of the thing. It's interesting. It's totally true because flexibility and flow is a definition of life. Right. Like how to be how the variability is the definition of of being alive and healthy.

Like there's a variability in the heart. So when we lose our flexibility, it's like a rubber band that loses its flexibility is going to tear apart. And part of it is being created by the tree that will withstand the storm is a flexible tree that can bend and come back.

So in this sense it's true. But if we think what it what it means from a from a living point of view is accepting somebody else's opinion, you know, kind of pretty irrelevant right now, right?

It's being more flexible in what is okay with us. So it's very interesting. We are really jumping, but actually it's kind of the associated associative nature of where the three of us are.

If you think there is now an epidemic of muscle activation, right. Everybody's talking about allergies, allergies, allergies, why is it happening? Why suddenly, why suddenly we are allergic to something that we were not allergic as much 3040 years ago.

And toxins are huge of course. And we'll talk about them. But part of it what is allergy allergies in in appropriate response to a stimuli and what is per definition, it's losing the flexibility to tolerate something we used to tolerate in the past.

Right. So we do elimination diet and elimination diet. But if we were really healthy we could eat anything. Right. So this is for example, an example of losing flexibility, losing tolerance, tolerance, psychologically, emotionally.

The society and on a cellular level.

Toxins, Flexibility, and Cellular Stress

So we respond with inflammation and the results are devastating. So that's an example. That's a beauty that we all know. When you have the integrative medicine model right.

Every patient is amazing. Every situation is amazing. Right. Because we see all these connections like wow, you know, but if we look at medicine is a algorithm based, you know, go right, go left.

Yeah, right. It's not surprising that regular doctors have a hard time in patient no. They lost this like the flexibility, like you said, not to be so rigid and to think out of the box.

So is part of it. The survival paradox is really a way of life. It's really understanding that we can get to the same place with less effort, and we all fall into it.

I fall into it. You fall into it. Every person fall into it. The beauty is it we have a chance with every breath, with every thought to snap out of it. That's really the beauty.

I want to make sure I don't steamroll over where you might go, because I have to me this so perfectly. When you talk about hypersensitivity and and the way we react, we're all detox docs in this room.

So I just come down to if I can't get a handle on you, it's because there's a toxin or a toxicant that's making your system jacked up, less resilient.

Turn on something. It shouldn't respond how it shouldn't. And let's clean up your system. I know you've you've developed the disorder which which directly helps with detox, but can you talk about the role of toxins in this lack of flexibility?

Yes, of course. So. And we will stay and let's, let's focus first like on on but on on chemical toxins and unrelated but of course the emotional toxins, ecological toxins, dramatic toxin, epigenetic toxins.

They do the same because the bottom line is if we can get the cellular membrane to function normally, to feel safe, not to be in a survival mode, then insulin receptors are working well, a Ampk gets upregulated, mTOR, one gets shut down.

The mitochondria is opened. We are home free. We produce energy efficiently and slowly with no byproducts. Anything that disrupts it, we're in trouble.

And toxins is the biggest bucket of it. And looking at the physical toxins, you know, we there was a lot of attention. I've done breakthrough work on heavy metals with modified.

It was picked and we picked us all over 20 years ago. Actually, the discovery I made. Yeah, I don't have patents on it anymore. I discovered it so many years ago and it was really remarkable.

He was a substance that could actually remove selectively heavy metals. And then my attention went more to to environmental toxins and to, to mycotoxins that now the, the big issue and the and it's part of the imbalance of the of the microbiome on the right and the biofilm.

But somehow all of us at least I was guilty of of it. We got we we got I, I don't know if the word brains brainwashed is the right word. Would we get used to the concept that there are pesticides everywhere and we have to live with him while people are starting to accept it's okay to have a little bit of like lack of glyphosate, a little bit of pesticide.

So we are really bombarded with pesticides in people don't realize 1 pound per person per year of glyphosate. And guess what? Glyphosate is one of 20 or 30 pesticide highly used to.

Glyphosate is the most popular one. It's like 80% of the pesticide. But you got so many other pesticides and some of them are in the same formulation.

It doesn't have the regulation. You don't have to regulate the formulation of glyphosate. And pretty much we are being poisoned even if we don't get any.

You can't escape. All of us have glyphosate in our blood. So organic chickpeas are all contaminated with glyphosate. All of them. Yeah, yeah, yeah. You're going to get one.

They started because that's all I can say. I know, just talk on that. But I don't think that we're brainwashed. I think it's more about lack of knowledge.

You know, people don't even recognize that their food at every level, that the ground has been sprayed to speed up the drying to speed up the harvest cycle, to prepare the ground for the next cycle.

Nobody has any clue. So I don't. And I think once they recognize that, they go, oh my gosh, actually, I don't think that's even that far. I think they trust the FDA to do the government to protect us, quote unquote.

And the problem is the government is not interested. That's not I don't want to go too far down that rabbit hole, but I think that the but the majority of people aren't necessarily thinking through, oh my goodness.

You know, all of my food has been sprayed. And when I drink juice it's been concentrated. And when I drink wine, it's concentrated down. You know, you've actually made it more and high fructose corn sirup with the mercury and the clay phosphate, right.

Yeah. He just got he did get me started. Yeah. I'm I'm still like oh my goodness.

Intermittent Fasting and Ketogenic Strategies

No no it's it's for me I treat mainly cancer and how to treat the illnesses. So and I did a lot of work with Lyme disease a lot because of family issues.

Now everybody has healed. They don't have to focus on it. But I've gotten successful with my patient. I get good results, and I realize there are certain category of patient, which is like there's an obstacle to the healing.

You know, it's not it's not happening. And what I found I was missing is the need for additional emphasis on detoxification. And in this sense, it's key because our cells will adapt themselves because they want to survive.

We have an adaptive metabolic system. Glycolysis is an adaptive survival mechanism, right? It produces energy 100 times faster. That's pretty much what happened when in the in the fight or flight you got to produce energy extremely inefficient is the audience.

People are not. Doctors may not know only two molecules of ATP, two molecules of energy from one glucose, compared to 36. But a lot of nasty byproducts and hypoxia in the cell goes, you know, the cells goes out of balance and pesticides and toxins really contribute to it because they change the extracellular environment.

And galectin three drives a lot of it. You know, if I didn't mention it in advance, but if you will give me a, a permission to share, I can even show 1 or 2 slides if you feel like it.

And I and I can show some, some, some example, but we don't have to. But if you want, I'm happy to, but you are challenging my actual technology skills.

So these are some of the ligands that are driven by by galectin three. So why why it why did we talk about about galectin three. And to explain what happened to the cell with toxins.

So galectin three is a carbohydrate binding protein. So it binds to different sugars. So once it's healed that there is a problem we want to survive. So it runs to survive.

Bye bye bye. Repairing through inflammation and fibrosis. It binds to different ligands. And then it creates this splint on this coating. Right. It creates a pandemic and a coating literally a microenvironment in my coat is Michael environment around the cell around the tissue.

It is a rhotic plaque the end area around cancer but also where toxins can hide I ideal for them. And then what happens? It will deliver all all these different ligands that the chain of the drive cancer, the drives, the the drives, the

stickiness of the blood that will shut down the immune response, that will create neuroinflammation.

We know toxicity and inflammation. They will come into this area and and change the metabolism outside the cell. The receptors will change in the cell and you'll get an abnormal metabolism.

So if we have a high toxic burden, we're not going to be able to shift our health. Because even if we did an amazing work on our own, if we have, it's an obstacle.

As you mentioned before, you got to remove the barrier. And how do you do that? Well, can we back up a second? Because before we go into that, you said something that I'm not sure the listeners may have completely clued in on.

Is you were talking about the difference in energy production from glucose and that it's much greater, but you didn't specify what it was much greater with.

And I'm assuming you're talking about ketones, but I want to make sure that we're on the same track because ketones. Ketones is another survival mechanism.

Ketone is a long term survival mechanism. But basically when you take glucose and you produce energy through aerobic, anaerobic normal metabolism, you get 18 atps.

You can get 36 ATP. When you produce it through glycolysis, you get only two ATP okay. So only five 5% efficiency. That's how bad it is. But 100 times faster right.

So you still can get a lot a lot of energy. So the body is built to survive as we said. Right. So short term survival that's a really damaging survival that glycolysis the long term strategy survival.

That's ketone bodies. That's right. That's what happened in long starvation both of starvation approaches. So you know for example, if ketogenic diet was our preferred diet we would have been doing it all the time.

But intermittent fasting, for example? No way. Really jumping. But it's fun. Intermittent fasting is fascinating because it gives the cell an opportunity to recalibrate.

And that's why there is so much interest in intermittent fasting. It's so much science behind it to be used in general and specifically is a way to positively manipulate certain treatments in certain diseases.

So when you say intermittent fasting, a lot of people have a lot of different ideas of what that is. Is that a 12 and 12, is that a eight, 18 and six?

What's 12 and 12 really will not do the trick, as we all know. Why do we ignore it really? I mean, I mean numbers gain in scientific, right? It depends on also what you eat.

If your last meal before you did intermittent fasting was low in carbohydrates, right? Then you will have less glycogen built from excessive sugars. Right.

But with glucose glycogen people don't know. It's like the reservoir of sugar. So glycogen will break down in 12 to 18 hours, sometimes 24 depending on our diet and the state of our liver.

But usually you really need 16 hours.

Cancer Detoxification and Treatment Timing

You can get away with 14 depending on the hours of the day. If you give us a break between between eating and bedtime. And so there are so many, so many techniques.

You know, each one is own way. So we will we do 16 a you know, some people do 16 A temple will do 18 six some people will do 14 fasting. Ten but take one day a week, we do 20 or 22 or every other week, two days.

It's about allowing autophagy. It's allowing the cellular metabolism to adjust. And if we do it in time, we also give a break to our gut. It's why we do it in a way where dinner is eaten early for whatever.

You can do it with the lifestyle. Then also the gut is getting a break. Then also you want to look at the you want to look at the the cell is a membrane right?

The cell is the membrane. It decides what what comes in and what doesn't come in and what goes out. Well, there's a very big membrane in our body called the gut.

We decide what comes in and what goes out. Right? Very similar. But in different scale. And this membrane has a lot of neighbors, right? About 100 trillion neighbors in the microbiome.

So if we cook, if we synchronize the hours of the intermittent fasting also to giving a break to the digestive system, then we get we get we get more for our effort.

So in this is intermittent fasting is really something that can become a long term habit in many, many cultures. Used to follow it naturally. I know it was dark, you know, it was how to cook.

And you know, you you would eat your last meal in the late afternoon and then wake up in the morning and once you do a little bit of activities, it's already 14 hours.

Right? So it is 16 hours. So in many know many Asian cultures, many, many, many of the monastic cultures. Right. So it intermittent fasting is very important.

And it's especially important in integrative oncology. Now a lot of so it's interesting because you bring up a couple of different points for integrative oncology.

A lot of physicians talk about ketogenic diet right. Intermittent fasting right. Is there is there a pros and cons of that. So I remember that it's a frame.

It was one of the stuff they taught in the the integrative oncology module. And Xavier I forgot his name is a person from, from Boston who wrote the big textbook on ketogenic diet.

And everybody was excited to it. Was it was this is Seagreen seaweed. Sinclair. David Sinclair. No, no. Prior to him. It's Sigrid. Sigrid was his name okay. Yeah.

He was a big textbook and yeah, people would be like saying I told you on the stage, you know, don't overuse ketogenic diet. Leave it for when you need it. You know.

So ketogenic diet is very useful especially in high glucose metabolism cancers like glioblastoma. But you want to use it when you want to enhance the penetrate when you want to enhance the pressure on the mitochondria.

So for example, certain chemotherapies that creates a oxidative stress in DNA damage. Like, you know, I to be amazing, you know, and the platinum drugs then ketogenic diet will go well with it when it's it's very important around radiation therapy where you want the mitochondria to be.

You want the cell to be starved. And in this sense, intermittent fasting also is is is very useful. But we have to understand if if ketogenic diet was a cure, everybody that went on ketogenic diet would get cured from cancer.

It's not the case. Why? Because the cell adapts, the cancer cell figures it out. We have to be smarter than the cancer cell. And we have. So we have to create something which is dynamic, where the diet changes.

If you look the way I give supplements, for example, in cancer, I changed my supplement doing it. It's a 21 day cycle. I don't give the same supplements all the time.

The intermittent fasting. It's Built-In. Right. The diet is changing. It's not the same. It's so in this sense it's an advantage. But yes, I usually would like I use ketogenic diet around the event.

The first, the first half lives of the drug, you know, the first two half lives. So most of the drug is driven into the cell because the cell feels the sense of starvation, because it's used to taking.

Look, it hasn't adjusted yet. And then they go just on a low glycemic intermittent fasting. And by doing the sweets you get really good results. And you want the normal cell to be inactive so it doesn't get damaged by the drugs, by the radiation.

Right. But if you keep the cell on ketogenic all the time in the normal state, it will also get, get, get used to it and become active. So we have to be a little bit creative.

And we're going back to the first comment. We can't be rigid we to be flexible. And also in our regimen our thinking. And it's tough. You know we are we are in the same boat.

But for regular doctors who who need a regimen, it's harder. I always say that the only protocol I have is that they don't have a protocol. That's really the basic principle now. And okay, so going back to the cancer piece, a lot of doctors, you know, integrative doctors will not detox cancer patients until they're a lot more stable or they feel like they've gotten to a certain point.

What's your approach to that? What a great question. In the. It's important within within the context. Again going back to the survival part dogs galectin three because it's it's the best drive was the inflammatory compound.

It drives the abnormalities. You know if there is high galectin three for example you will not respond to immunotherapy. You know this summit will be will be broadcasted in the future.

But today we are presenting our multicenter trial on our modified. It was picked in biochemical relapse of prostate cancer with 90% benefit. Wow. So so it's kind of like an exciting day for me.

It's only ten years of work you know. And so it's presented in Europe today. So going back to cancer it's a very good question. So we want to remove the toxins that are circulating.

We don't want to open the doors and get out of the oils, the toxins that are hiding. Because our body won't be able to eliminate them, you know, is discharge phase one into the elimination.

So that is to be able to really eliminate. So within it, when you look at cancer, there is when the patient is getting the drug or the radiation or the herb or the formula.

Our focus should be to deliver the medicine to the tissue. And one of the main issues that wait won't happen is because of hyper viscosity, because that blood oxygen is not getting to the tissue, right?

That an acidic tissue that's abnormal and the cancer knows how to do it through the Warburg effect. Right? The cancer, even if there's oxygen, it produces energy through glycolysis.

And it's driven by galectin three by inflammatory macrophage, it affect insulin receptors, etcetera, etcetera. So the dietary regimen, the ketogenic diet, it's already intracellular into the mitochondria we are dealing with earlier on on the whole environment.

Galectin three drives it. That's why that's why using picked a solid so fundamental. It's in my opinion the most important supplement is someone can use.

And finally it's coming to that one is so going back into the cancer patient the first thing gets the medicine to place. So herbs it helps circulation a little bit of exercise good hydration light food gets the medicine to the tissue.

Then the medicine is in the tissue. You have a breakage of tissue. Now you need to do cleanup. So if we look at a 20 let's say we look at a 21 day cycle around day six seven to day 14.

That's a good time for detox, but very mild detox. So you don't want to push. You know, you want you know not strong cleanses but definitely more detoxification, liver support herbs definitely a little bit of saunas.

Modified Citrus Pectin and Galectin-3

Even definite find especially if you can combine it with intravenous therapies. We see, you know, vitamin C being being the king. And in my clinic I specialize in a unique process called therapeutic offer resistance, which is a very high tech dialysis like process.

Then we do it more closer to the cancer treatment because we are removing the inflammatory oxidized lipids and we exposing the cancer to the treatment and enhancing the immune response.

So that's the part where we detoxify. And then toward the next cycle we need to nourish. We need to make the body strong enough to to handle the next cycle.

And this is really how the detoxification needs to go. It looks ification is not an ongoing process when it's more enhanced. And in fact, if you're interested, we can take a step back.

And in my book, after explains the survival paradox and galectin three and what to do about it and to go over every category of major diseases, I give the three chapters of solution, and the first one is detoxification, and it's a little bit of differently know.

It's a little bit of a mystical term. What is it looks ification. We actually detoxify all the time. Every time we exhale, we detoxify. Every time we inhale, we nourish.

Well, exhalation is twice as long is as inhalation, right? So we detoxify two parts in time compared to one part of nourishment. So obviously detoxification is fundamental to us.

And it's important to realize. So when we detoxify, the first step in the preparatory phase, in fact I have a slide for this. So if you look at this, the first thing in a detoxification is really preparation.

You know we don't talk about it. And what do we want to detoxify. So many people say I'm doing a detox, but what do you want to get rid of. Do you want to get rid of your heavy metals?

Do you want to get rid of your pesticide? Do you want to get rid of your relationship? Okay. Do you want to get rid of your traumas? You know, and now we're married.

So are you saying, are you offering something or not? No no no no no, I'm talking in general. We do have a talk on trauma in this summit. So yeah, it's very, very important.

So it's really important because I do a lot of work with trauma with the meditation. So once we figure out what we want to do, the body's wise. The body always wants to survive.

So the body is going to help us do it. And then we got to expose. So exposure is what we discussed with the cancer right. We got to expose the tissue.

So in general you know and we talked about chronic disease addressing biofilm enhancing the immune surveillance in general. And that's why for example you said high galectin three.

And there is this lattice formation immunotherapy in cancer. It doesn't work. Merck knows it. You need to block or reduce galectin three. There's interesting research going on it.

And then once we expose then we can bind bind different toxins. So I give you MCP MCP alginate you know you make it full. We can see the, she legs different binders, you know.

Now what is the alginate? So. Yeah. So the alginate is similar to the alginate is they belong to the same group of poly units, and it's from a it's from kelp.

Okay. It may tell a different profile. And when you put them together, it works better for, for the, for removal of toxins, especially in the gut because it's higher molecular weight.

MCP what effect it was making is not regular pectin in pick the sole his 80 published papers on multiple conditions. Why? Because it has a specific low molecular weight.

It gets absorbed into the bloodstream. Regular pectin does not get absorbed into the bloodstream. So there are different binders. And then we got to this charge and eliminate.

So when we discharge it's when doctors with cancer say don't overwhelm the cancer patient. But it's not really accurate. You got to support the liver because guess what.

The liver is overwhelmed anyway by the disease by the byproducts of the killing of the cancer if it's successful and by the toxic medications. So you have to help you.

You got to detoxify. And it may be something like hot water with lemon, you know, or it may be something that is mild. It can be certain herbs that support the liver, but we always want to support and balance and help energy production.

And if you look at the cancer process, that's what actually happened. This is not just like for cancer. This is like for detox. But that's the process during this cycle of cancer right towards the next cycle of treatment, you won't have enough energy in the body.

We want to protect all the organs of elimination so they can actually eliminate the toxins and keep in, keep working. So yeah sorry. Yeah. You know go, go if you please. Go ahead.

I don't want you put the modified citrus pectin at the time the discharge eliminate in the support and balance phases of of the approach to detox and layering.

You have your own product which is the pack to all its modified citrus pectin. How does this work? At the level of detox? What's it actually doing? It pick the Sol is well published to remove heavy metals.

So it's binding but it's binding but it's not drawing them. So you know you had mentioned especially with cancer patients you want to deal with what's circulating not the storage.

So it's not helping pull out of storage. It's only helping what what's hanging around in the bloodstream. But we have shown that because of the gradient concentration, the reduction of inflammation over time, if you do a DPS challenge, just for example, we published a paper, you'll see much lower mercury body burden when you use a modified.

You just picked it for a few months. Doesn't get very well because yeah because gradient if you get it, if you take all of it out of the blood a little bit could leak back in from the from the gut.

Well, no, from just anywhere it's stored. Oh, you mean your needle? Yeah. You allow the system to start. It's very interesting. I have I am very fortunate.

Hey, I will take off the slide. I'm very fortunate because I do therapeutic services. I see how the blood of people looks. I see what comes out of the blood so people can speculate from here to the end of the world.

I look at the bag, I see what I got out of the person. Okay, so I actually am privileged to see an orphan. I can diagnose a person just by what came out of the book.

So what do you see? Oh, you mean you actually visually see it or you're visually because all the lipids, everything comes into the bag and I, you know, in regular big centers, the doctor.

Right. The order and the nurse does it. I look at every single bag. And if I'm out of town, they send me a picture. So what? So one thing that we see you give in a phrase is treatment.

You really clean the blood because the blood when you are done is like it was when we were 18 years old. Okay. LDL cholesterol in 30 between 30 and 40.

Fibrinogen is like 150. You know, copies 80% was removed, growth factors were removed, clotting factors were removed. You repeat it two days later. Well, the body is clean, right?

This is to your question. So what do you think? You have more in the bag or less in the big. You will have always much more in the bag because now the body can finally dump the bones that the body is cleaned enough that the alarm mechanisms feel okay.

Now I can take a deep breath and really make a change. So I just try it. Is this a it's a second treatment. So this is the same principle. See right through a gradient but also modify it.

Prospecting also mobilizes different compounds that help detoxification and regulates immune function. So for example what modifies Introspecting. Does it down regulate the cytokine storm.

Because we have to remember survival is not owned by human beings. For example the Covid vaccine. Once the Covid the virus the coronavirus wants to survive.

What does it do to survive? Is it spike protein? Right. Well, what do you think is the relationship between spike protein and galectin three? They have almost the identical structure because both are survival molecules.

One is for a virus and one is for human being, and the result is inflammation. And so galectin three drives is the cytokine storm from the top. And of course it will damage every process including liver process.

For example, galectin three drives Nash drive. And it's LDS, which is an epidemic in this country. Yeah. No. So obviously there will be an effect. All right.

Wendy is distracting me because she's opening your bottle here. I'm going to take time. I'm like, why wait? Now? Is the time. I'm gonna get going. You saw the soul of God.

I do everything for detox. Like, oh, all about let's live to 100 and feel freaking amazing, do you? It was a different between this and any other binder.

It's a binder, but you. You insult pick the soul when you call it a binder. Why? Because often when you have a binder, people get side effects. You know, they don't feel well.

Pick the soul down, regulates the abnormal inflammation. So that's why, for example, Lyme patients, many large Lyme patient Lyme clinics give picked salt to every single patient.

They don't get aggravation from the treatment. Pick the salt will enhance antibiotic therapy. You know it is a prebiotic because it do. So I got to go.

You can buy water. It addresses this very basic mechanism, this survival mechanism. And, you know, we got fortunate on on the gut research.

Detox Protocols, Binders, and Pesticides

We published a number of papers with the USDA. So everything is published research. You know, it's not the speculative which is you know, it took only 30 years.

You know, a mere drop in the water in the realm of human. You got another 60 and you don't you. So, silver. Cool. So those cares what I like about this is I've had practice all in the past.

That's liquid based. And I don't like the flavor. It's too sweet for me, so I have to dilute it like a gallon of water. But yeah, there is powder without without the line, just so you know, if you need.

Yeah, but I also take capsules. I'm a capsule guy and I just pop them in and keep going. Now how does this what's the fiber that we've used for mold. Yeah.

So the problem in and konjac fiber binds to a lot of molds. Yeah I mean differ different different fiber especially if there is a non no charge indefinitely bind to two different kinds of mold.

And you can combine them. But you can use it to inspect the soil. But most effective prospecting offers something basically different because it addresses our basic upstream driving force for inflammation, for immune dysregulation, it's really what it does.

Interesting. Okay, so what else are you using your detox protocol. So you're using the pill I've done I'm doing a lot of work with pesticides. So I developed a formula called glide for detox.

Yeah I have that too right in front of and dental in. But so it's it's based on the concept that that pesticide if affected all all the kingdoms, our water kingdom, right.

Our planet our plant and meat kingdom as a result. And our mineral kingdom. Yeah. So my philosophy, whenever there's a problem, there's always been solution.

So I use regular high molecular pectin, not my MCP to bind to pesticide in the gut. And I use alginate and I use kelp. I use kelp as it is because kelp is minerals is protein is this is this is the nourishment part we discussed.

And I use Fulvia acid from Sheila G. For many from a US sourced actually from New Mexico, we have it. It's cleaner because it has a lot of minerals and and we add glycine to stabilize it both to stabilize the gut membrane and, and never to to support for glutathione.

But also glycine is very similar to life of the life other than glycine exchange the almost looks the same. And there is a lot of work on glycine in glyphosate exchanging creating new excitatory ADHD autism.

So we are doing a clinical trial. Our initial results is reduction of glyphosate a dramatic definitely very we as a point we we try to do clinical trials on every anything we develop.

We don't just put put products out. And so yeah. So it's a very good combination together. We picked this or that. It's my basic my basic kit is to use the pick the soil which is really an ongoing thing because we are we're collecting speed goes up as we age.

And again we are we're covering a lot of ground today. This is much more than detox because it's our interest is more than detox. But if you look at large populations, they age 50.

The level of galectin three will really affect morbidity and mortality ten years afterwards. If you look at the Framingham Offspring Study, 10 to 8000 people and you look at people, it's a it's a bottom 40% level of galectin

three and the top 20%.

And there wasn't a big difference. There were three times the mortality in ten years out. So can you just level check straight galectin three in the blood or how are you just of course, of course.

Yeah. It's an improved blood test. Definitely. So. And have levels been standardized across labs. So I mean, if you have lab core and I have question someone else has another lab is it standard way.

Great question. Supposedly yes because of the platform by Abbott. But there is a difference actually. So what you what's your preferred lab that quest will tend to be higher.

And right now because the essays automated it's lower in generic. So it's important to know because when you get the lab results, it may say that under 17.8 is normal.

It's completely not true. Anything above 12 is of concern. And you don't use modifiers. It's suspecting based on collecting three levels because certain people, because of genetic predisposition, will not produce high level of the genes to be white.

The device measures a pentameter and the monomial is one because it binds it. Here. So people will make more penta males. It will look like they have less galectin three, because if I break the Pentium I get five in the reading.

So the ratio between monomer and print amount will affect the reading. But regardless, you know what studies people use MCP get benefit. So when you do the galectin three, does it tell you the ratio of the monomer.

Oh, so you're you're just going. And so some people are at higher risk, but you don't know it. But they look like they're lower risk. Right. Exactly that. Right okay.

But yeah but the reason for checking collecting three let's say you have the patient yourself and you're really healthy and you check in three and it comes back 18, 19, 20 for something may be going on in two.

You're at risk in the future. So you got to go into full dose of 15g of of picked up on. In fact, if you're over 18, you can even consider 20g when it's so C-Class and I can't see far, I can't read.

So I have a. So first of all, just practical just because we're running up on time. It sounds like in addition to a vitamin D and a good strong multivitamin pack, this all should be part of your daily regimen.

Absolutely. Okay, so if you're saying it's a binder but it's not but it but there's a lot more to it. But yeah, I'm just from a practical point of view, binders.

Usually we want to take on its own without anything else. Is that how do you best take it? You know, she picked us. Will get absorbed into the bloodstream.

So it's different. So it's not just necessary. You take it 15 minutes prior to eating or one hour after. It's fine. Okay, well, I need to separate. I read, and if you want to separate it from other supplements, ten, 15 minutes is enough.

Okay. So it's not it's not going to interact per se or no. Great. I don't think it's important because there's so much we haven't uncovered in this conversation.

And I think it's really important because this it sounds like a fantastic thing to add in. And that doesn't get you off the hook from eating organic and breathing and sleeping and moving and getting rid of traumatic relationships and it toxic release, it doesn't get you off the hook.

It just helps helps you along. What are you're going to say? Like, I know you had something. I saw your face. We've been married a long time. But yes, that's good.

That's like actually a wise man once said nothing. Hey, I have a joke about it, but some other time. That's. So I know what you're going to say. No. Yeah, I know people are going to want to find you after this conversation.

What's the best way for people to get in touch, follow you, find you, reach out so they can stalk you? Yeah, they can go to Doctor eliaz.com dreliaz.com.

And I think once a week I put a quality research based newsletter. I got a whole team that works with me and they can look at the pictures. All that calm or find out about the MCP.

And I really recommend to read The Survival Paradox. It's really it's changed the lives of many people. Yeah. It's amazing. Thank you. Let's it's time together.

Unity I've learned a lot and I feel like I learn more and I get more. So it's it's yeah. It's awesome. We're really grateful you were here. Thank you. Thank you.

And thanks to everyone who listened to this episode of the Environmental Toxins, Autoimmunity and Chronic Diseases Summit. Our guest today is one of my favorite.

I say that about all my kids to Isaac Eliaz and thanks for being here. Thank you so much. Thank you.