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

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Introduction and Guest Background

– Welcome to this episode of the environmental toxicants, auto immunity and chronic diseases summit. I'm Dr. Wendie. Trubow my co host is Dr. Edward Levitan and today our guest hold your breath is Dr. Isaac Eliaz. I guess. That's kind of literal for someone who does meditation perhaps you know hold your breath. Anyway.

Dr. 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 co author 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 Bostonians said he's wickets matt. So Isaac it's a pleasure to welcome you here today. Thanks for being on this summit. – 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.

– [e] So what is the survival paradox? Let's start there. – [w] This this is what we were talking about today. – So you know the survival paradox as it sounds as the name says. It's it's it is a survival products were all built to survive. We are wired to survive as people As communities every cell in our body and our survival response.

What keeps us alive is actually what causes us to get sick in on acute basis. It will drive sepsis, for example, chronic diseases. But it's also what makes our life difficult, What creates struggling us.

So in the integrative medicine field, we are aware now in our Western medicine with the covid is very much aware of the inflammation driving every disease.

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

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

The Survival Paradox and Inflexibility

It's the basis and it's in every every human being, every living being and in every cell. So as as as 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, either 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 collecting three which have been researching for almost 30 years and made some of the most important discoveries, Turns on and collecting three

as a driver of the biochemical survivor respond 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.

– [w] I have so many questions from this. 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 inflexible actually directly leads to disease in in ways because it causes us to resist the flow? – That that's a really, it's one of the things it's interesting.

It's totally true because flexibility and flow is the definition of life, right? Like how to be, how to viability is the definition of being alive and healthy, right? There is a viability in the heart.

So when we lose our flexibility, it's like a rubber band that loses its flexibility is going to tear up out and part of it is being rigid, right? 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, pretty relevant 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 that's kind of the associated associated and nature of what the three of us are.

If you think there is now an epidemic of mass cell activation, right? Everybody's talking about allergies, allergies, why is it happening? Why suddenly? Why suddenly we are allergic to something that we were not allergic as much 30, 40 years ago. And toxins are huge of course.

And we'll talk about them. But part of it, what is allergy? Allergy is an inappropriate 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?

We do elimination diets and elimination diet. But if we were really healthy, we could eat anything. So this is for example, an example of losing flexibility, losing tolerance, tolerance, psychologically emotionally in the society intolerance on a cellular level.

So we respond with inflammation and the results are devastating. So that's an example, that's the beauty that we all know when you have the integrative medicine model, right? Every patient is amazing.

Every situation is amazing why because we see all these connections like wow. You know? But if we look at medicine as an algorithm based, you know, go right, go left. It's not surprising that regular doctors have a hard time in patients. They lost the the flexibility like you said not to be so rigid and to think out of the box.

So as part of it, the survival product is really 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 that we have a chance with every breath with every thought to snap out of it. That's really the beauty. – [w] I want to make sure I don't steamroll over where you might go because I have I have to me this so perfectly when you talk about hypersensitivity and and the way we react, we're all detox stocks 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 toxicants 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 pec castle 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 on on chemical toxins on on well but of course the emotional toxins psychological toxin traumatic stocks in 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. M. P.

K gets up regulated M. To one gets shut down.

Toxins, Pesticides, and Cellular Stress

The mitochondria is opened we are home free we produce energy efficiently and slowly with no by products 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 brakes work on heavy metals with mod effected respecting respect 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 something that could actually remove selectively heavy metal and then my attention went more to to environmental toxins and to to micro toxins that now the big issue and and it's part of the imbalance of the of the microbiome also right in the biofilm but somehow all of us at least I was guilty of of it. We got we got I don't know if the word brain brainwashed is the right word word we got used to the concept that there are pesticides everywhere and we have to live with them.

Well people are starting to accept it's okay to have a little bit of like of life as a a little bit of pesticides. So we are really bombarded with pesticides in people don't realize £1 per person per year of glyphosate.

And guess what? Life as it is one of 20 or 30 pesticides that I highly used. Glyphosate is the most popular one. It's 80% of the pesticide. But you've got so many other pesticides and some of them are in the same formulation that 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 eat organic you can't escape all of us if glyphosate in our blood. – [w] So organic chickpeas are all contaminated with glyphosate, all of them. Yeah you can get started 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 run 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. – [e] actually I don't think that's even that far. I think they trust the FDA to do the government to protect us.

And the problem is the government is not interested. That's not I don't want to go too far down that rabbit. – [w] But I think that 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 in high fructose, corn syrup with the mercury and the glyphosate. Yeah, he just got he did get me started, oh my goodness. – It's for me, I treat mainly cancer and how to treat illnesses. So and I did a lot of work with lime.

This is a lot because of family issues. Now everybody is healed. I don't have to focus on it. But I've gotten successful with my patients get good results and I realize there are certain category of patient, whether it's 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 ourselves will adapt themselves because they want to survive.

We have an adaptive metabolic system. Glycol is this is an adaptive survival mechanism, right? It produces energy 100 times faster. That's pretty much what happened when in the in the fight of light, You've got to produce energy extremely inefficient as the audience.

People are not. Doctors may not know only two molecules of a T. P. 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 sales goes out of

balance and pesticides and toxins really contribute to it because they change the extra solar environment and collecting three drives a lot of it. You know, if I didn't mention it in advance, but if you will give me permission to share, I can even show one or two slides if you feel like it and and I and and and and and and I can show some some some example we don't have to but if you want. – [w] I'm happy to but you are challenging my actual technology skills.

So hang on one second. Multiple. – Yeah. In the security. – [w] Let's see if you can try try now, see if that works. Let me just pick the right line. So these are some of the logins that are driven by by collecting three. So why Why why did we talk about about collecting three and to explain what happened to the cell with toxins.

So collecting three is a carbohydrate binding protein. So it binds to different sugars. So once it's it here is that there is a problem we want to survive. So it runs to survive by by by repairing through inflammation and fibrosis.

It binds to different logins and then it creates this Penta meal this coating, right? it's great, The pentagon and they're quoting literally a micro environment and micro there's micro environment around the cell around the tissue. It is as the Ontario sclerotic plaque, the area around cancer, but also where toxins can hide ideal for them.

And then what happens, it will deliver all all these different logins that the, you know, the drive cancer that drives the drives the stickiness of the blood.

That will shut down the immune response that will create narrow inflammation with no 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 we'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 it's an obstacle, as you mentioned before, you got to remove the barrier and. – [w] 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 aerobic normal metabolism, you get 18 80 piece.

You get 36 80 piece. When you produce it through psychologist, you get only 2 80 piece. So only 55% efficiency.

Intermittent Fasting and Metabolic Flexibility

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, short term survival, that's a really damaging survival.

That's like college is the long term strategy survival. That's kitten bodies. That's right. That's what happened in in long starvation. Both our salvation approaches.

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. Now we're really jumping but it's fun, intermittent fasting is fascinating because it gives the sale an opportunity to recalibrate. And that's why there is so much interest in intermittent fasting and so much science behind it to be used in general and specifically as a way to positively manipulate certain treatments in certain diseases.

– [e] 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 18 and six? What's – 12 and 12 really will not do the trick as we all know. Right. We again, it really I mean, I mean, I mean numbers guy, in a scientific guy.

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?

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 in the state of our liver.

But usually You really need 16 hours. You can get away with 14 depending on the hours of the day. If you give yourself a break between between eating and bedtime and so there's so many, so many techniques.

You know, each one has their own way. Some people will do 16 a you know, some people do 16, 8. Some people do 18, 6. Some people will do 14 fasting, 10, but take one day a week, we'll do 20 or 22 or every other week, two days.

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

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 the membrane, right? Uh the sellers remember and decide what come what comes in and the world 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 could, 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 intermittent fasting is really something that can become a long term habit and many, many cultures used to follow it naturally. You know, it was dark, you know, it was hard 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're a little bit of activities, it's already 14 hours, right? It's already 16 hours.

So, and many, you 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. – [e] So it's interesting because you bring up a couple of different points for Integrative oncology.

A lot of physicians talk about ketogenic diet, intermittent fasting. Is there, is there a pros and cons of that. – So remember that A4m I was one of the staff that taught in the Integrative Oncology module and I forgot his name. The person from, from Boston who wrote the big textbook on ketogenic diet.

Everybody was excited. It was it was no no prior to him. Uh I think Siegried or Siegried was his name. Yeah, he was a big textbook and people were very excited. I told 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 oxidative stress and DNA damage like you know Andrea mason, you know and the platinum drugs then ketogenic diet will go well with it.

It's very important around radiation therapy where you want the mitochondria to be, you want to sell to be stopped and in this sense intermittent fasting also is is is very useful but we have to understand 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 adopts 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 change my supplement during let's say 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. So in this sense it's an advantage. But yes, I usually would like I use ketogenic diet around the about 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 a sense of starvation because it's used to taking a look. It isn't adjusted yet. And then they go just on a low glycemic intermittent fasting.

And by doing this switch, 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 salon ketogenic all the time, normal cells will also get get used to it and become active. So we have to be a little bit creative.

Cancer, Detox Timing, and Treatment Support

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

But for regular doctors who need a regimen, it's hard. I always say that the only protocol I have is that I don't have a protocol. That's really the basic principle now. – [e] Okay, so going back to the cancer piece, a lot of doctors, you know, Integrative doctors will not detox uh 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. And it's important within within the context. Again, going back to the survival park doc's collecting three because it's it's the bus that drives us inflammatory compound.

It drives the abnormalities. You know, If there's high collecting three, for example, you will not respond to immunotherapy. No, this summit will be will be broadcasted in the future.

But today we are presenting our multi center trial on our most effective respecting biochemical relapse of prostate cancer with 90% benefit. So it's kind of like an exciting day for me, it's only 10 years of work, you know, 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 drawers and get out of the drawers. The toxins that are hiding because our body won't be able to eliminate them. You know, there's discharge phase one end to the elimination.

So body 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 why it won't happen is because of hyper viscosity because the blood oxygen is not getting to the tissue, right?

That an ax idiotic tissue that's abnormal. And the cancer knows how to do it through the Warburg effect. Right? The cancer, even if the oxygen it produces energy through psychologists and it's driven by collecting three by inflammatory macrophage that affects insulin receptors etcetera etcetera. So the dietary regiment the ketogenic diet, it's already intracellular into the mitochondria.

We are dealing earlier on on the whole environment collecting three drives it. That's why that's why using picked us all is so fundamental. It's in my opinion, the most important supplement as someone can use.

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

Then the medicine is in the tissue. You have a breakage of tissue now you need to do clean up. So if we look at the 21 let's take a look at the 21 day cycle around day 6,7 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 sound as even it's definitely it's fine, especially if you can combine it with intravenous therapies with you know vitamin C.

Being being the king and in my clinic I specialize in unique process called therapeutic apheresis. 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're exposing the cancer to the treatment and enhancing the immune response. So that's the part where we detoxify.

And then towards 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. Detoxification 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 I explained the survival paradox in collecting three and what to do about it and 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 it.

Now. It's a little bit of a mystical term. What is detoxification? We actually detoxify all the time. Every time we excel we detoxify every time we inhale we nourish Well exhalation is twice as long as as inhalation. Right?

So we detoxify two parts in time compared to one part of nourishment. So obviously detoxification is fundamental to us. And so it's important to realize. So when we detoxify the first step in the preparatory phase and then then then we can take this and talk about it in cancer, I think it will be easier for people. – [w] I'd also love to include chronic diseases and auto immunity because it feels like there's a lot of overlap between the syndromes that all the people are really struggling with. Absolutely, because the principles are the same.

So if you look at this, the first thing in in 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 your detox, but what do you want to get rid of? You want to get rid of your heavy metals, you want to get rid of your pesticide.

You want to get rid of your relationship. You want to get rid of your traumas. You know, – [e] Now we're married. So are you saying are you referring something or? – No, no no no no, no.

I'm talking in general, – [w] we do have a talk on trauma in this summit. – So it's very, very important. So it's very important because I do a lot of work with trauma with the meditation. So once we figure what we want to do, the body is wise, the body always wants to survive.

So the body is going to help us do it and then we got to expose. So exposures what we discussed with the cancer, right? We got to expose the tissue. So in general, you know when we talked about chronic disease addressing biofilm enhancing the immune surveillance.

That's in general and that's why for example If there's high collecting three and there is this lattice formation immunotherapy and cancer doesn't work.

Mark knows it. You need to block or reduce collecting three. There's interesting research going on it and then once we expose then we can bind bind different toxins. So I give CPM CPI algaenate.

You know you make a sea full of E. K. C. The uh trilogies are different binders. You know what is in it. So the origin it is similar to the alternator is belong to the same group of polyurethane nights. And it's from a it's from kelp it is 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.

M. C. P. Ma defected respect is not regular affecting In fact a sol has 80 published papers on multiple conditions. Why? Because there's a specific low molecular weight it gets absorbed into the bloodstream. Regular perfection

does not get absorbed into the bloodstream. So there are different binders.

And then we got to discharge and eliminate. So when with discharge that's when doctors with cancer say don't overwhelm the cancer patient but it's not really accurate.

You've got to support the liver because guess what? The liver is overwhelmed anyway by the disease by the by products 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 a slight for cancer that's a slight for detox but that's the process during the 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 and keep working so yeah sorry. Isaac go go please go ahead.

– [w] You put the modified citrus pectin at at the bind the discharge and eliminate and the support and balance phases of the approach to detox and layering.

You have your own product which is the sole modified citrus pectin. How does this work at the level of detox? What's it actually doing? – It pectasol is well published to remove heavy metals. – [w] So it's binding but its 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 – Because of the gradient concentration the reduction of inflammation over time. If you do A. D. M. P.

S challenged. Just for example we publish the paper you'll see much lower mercury body burden when you use the modified citrus pectin for a few months.

– [e] Yeah because gradient if you get if you take all of it out of the blood a little bit leak back in from the well know from just anywhere it's stored.

– Actually it's very interesting. I have I'm very fortunate here I'll take off the slide.

Galectin-3, Pectasol, and Detox Protocols

I'm very fortunate because I do therapeutic of the races. 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 bank, I see what I got out of the person. Okay So I actually am privileged to see. And often I can diagnose the person just by what came out of the bank.

So what do you mean you actually visually see it visually because all the lipids everything comes into the bag and I you know in regular big centers the doctor writes 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 so one thing that we see You're given a racist treatment. You really cleaned the blood.

The blood when you were done is like it was when we were 18 years old. Okay. LDL cholesterol is 30 between 30 and 45 is like 150 You know c. o. p. s. 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'll have more in the bag or less in the bag? You'll have always much more in the bag because now the body can finally dump the body.

The body is clean enough. That the alarm mechanisms feel okay now I can take a deep breath and really make a change. So it's it's it's the second treatment.

So this is the same principles you right through gradient but also modified perspective also mobilizes different compounds that help detoxification and regulates immune function.

Shop for example what modifies that citrus pectin does it down regulates the cytokine storm because we have to remember survival is not owned by human beings.

For example the covid vaccine. Once the covid virus the coronavirus wants to survive, what does it do to survive it? Does 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 our our survival molecules. One is for a virus and one is for human beings and the result of inflammation.

So galectin three drives is a cytokine storm from the top and of course it will damage every process including liver process for example galectin three Drives nash drive N. F. L. D. S. Which is an epidemic in this country.

So obviously there will be an effect. – [e] Alright Wendie is distracting me because she's opening your bottle way. – [w] I'm gonna get going. You've got I'm gonna do everything for detox. Like I'm all about let's live to 100 and feel freaking amazing doing. – He was a different between this and any other binder.

It's a binder but you you insult practice all 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 well picked us all down regulates the abnormal inflammation. So that's why for example Lyme patients many large lyme patients Lyme clinics give us all to every single patients they don't get aggravation from the treatment. Pectasol will enhance antibiotic therapy.

No it is a prebiotic because I because it addresses this very basic mechanism this survival mechanism. And you know we got fortunate on on the gut research we published a number of papers with the U. S. D. A. So everything has published research you know it's not speculative which is it took only 30 years you know – [w] A mere drop in the water in the realm of you. – [e] got another 60 and you don't you.

– [w] So what I like about this is I've had picked a cell 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.

– There is powder without without the light just you know if you need. Yeah but I I also take capsule I'm a capsule guy just pop them in and keep going.

– [e] How is this what's the fiber that we've used for mold? – [w] Yeah so the propanamine and konjac fiber binds to a lot of molds. – Yeah I mean different different fiber especially if they are if they're not not charged and definitely bind to two different kinds of mold and you can combine them but you can use it with specters all but motivated respecting offers something basically different because it addresses our basic upstream driving force for inflammation for immune dysregulation it's really what it does.

– [w] So what else do you using your detox protocols? Are you using the pectasol? – I've done I'm doing a lot of work with pesticides. So I developed a formula called life for detox.

And so it's it's based on the concept that that pesticides have affected all the kingdoms. Our water kingdom, right. Our plant our plant and meat kingdom as a result and our mineral kingdom.

So my philosophy whenever there's a problem there's always been a solution. So I use regular high molecular packed in not more M. C. P. To bind to pesticide in the gut and I use alternate and I use kelp I use kelp as a because kelp is minerals as protein is this is this is the nourishment part we discussed and I use full weak acid from Sheila ji from from US source actually from new Mexico cleaner because it has a lot of minerals. And the and we add glycerin to stabilize both to stabilize the gut membrane. And they never transmitted support for glutathione. But also glycerin is very similar to glyphosate.

Glyphosate and slicing exchange. They almost look the same. And there's a lot of work on glycerin and life. Was that exchange in creating network excitatory A. D. H. D. Autism.

So we are doing a clinical trial. Our initial results with reduction of glyphosate are dramatic definitely very. We we at the point we we try to do clinical trial on every anything we develop. We don't just put put products out and so yes so it's a very good combination together with pectasol.

So that's my basic my basic kit is to use a vector sol which is really an ongoing thing because we Our galectin three goes up as we age. And again we are we're covering a lot of ground today.

This is much more than detox because that's our interest is modern detox. But If you look at large populations at the age 50, the level of galectin three will really affect morbidity and mortality 10 years afterwards.

If you look at the Framingham offspring study 10 8, 8000 people and you look at people at the at the bottom 40% levels of collecting three and the top 20%. And there wasn't a big difference.

There were three times mortality in 10 years. – [w] 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 approved bloodiest definitely. – [w] So and have levels been standardized across lab. So I mean if you have labcorp and Quest and someone else has another lab, is it standardized? – Great questions supposedly.

Yes, because there's a platform by Abbott. But there is a difference actually. Quest will tend to be higher and right now because the essay is automated, it's lower in general.

So It's important to know because when you get the lab results it may say that under 17.8 is normal, completely not true. Anything above 12 years of concern.

And you don't use modified citrus pectin based on galectin three levels. Because certain people, because of genetic predisposition will not produce high level of galectin three. Why? The device measures a pentamer and the monomer is one because it binds it here.

So people who make more pentamer, it will look like they have less galectin three. Because if I break the pantomime, I get five in the reading. So the ratio between monomer and pantomime will affect the reading.

But regardless in our studies, people lose mcp get benefit. – [w] So can when you do the collecting three does it tell you the ratio of the monitor so you you're just going on so some people are at higher risk but you don't know it but they look like they're lower risk right?

– Yeah but the reason for checking collecting three let's say you have a patient or yourself and you're really healthy and you check collecting three and it comes back 18 19 21st.

Something may be going on in two. You're at risk in the future. So you got to go on a full dose of 15 g of. In fact if you're over 18 you can even consider 20 g.

– [e] So I have so first of all just practical just because we're running upon time um It sounds like in addition to vitamin D. And a good strong multivitamin practice all should be part of your daily regimen.

Okay so if you're saying it's a binder but it's not but but there's a lot more to it but 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 see pectasol get absorbed into the bloodstream. So it's different so it's not as necessary you take it 15 minutes prior to eating or one hour after. It's fine.

I don't need to separate and and it's if you want to separate it from other supplements. 10 15 minutes is enough? –

[e] Okay so it's not it's not gonna interact per se. Or great.

– [w] I 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 sounds like a fantastic thing to add in.

And that doesn't get you off the hook from eating organic and breathing and so sleeping and moving and getting rid of traumatic relationships and toxic relationship doesn't get you off the hook. It just helps helps you along what we're going to say. Look I know you had something.

I saw your face. We've been married a long time. Yes. A wise man once said nothing. – I have a joke about it but some other time – [w] So I know what we're going to say no no people are gonna 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 drEliaz.com. DrEliaz.com. And once a week I put Equality Research based news later I got a whole team that works with me and they can look at the pectasol.com and find out about M.

C. P. And I really recommend to read the survival paradox. It's really it has changed the lives of many people. – [e] It's amazing. Thank you. I've learned a lot and I feel like I learned more and more.

So it's awesome. – [w] We're really grateful you're here. Thank you. – [e] Thank you. – [w] And thanks to everyone who listened to this episode of the environmental toxicants, Auto immunity 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.