Introduction and summit overview

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so thrilled to have my dear friends, Doctor Eric Gordon and Doctor Nafisa papaya here today.

She is another naturopathic doctor, a colleague of mine who works with Doctor Gordon in the, Gordon Medical Center that he started in the San Francisco Bay area many years ago.

Together, they have decades and decades of clinical experience diving deep into chronic fatigue. Excuse me? Chronic fatigue syndrome, mold and mycotoxins, illness, autoimmunity, fibromyalgia, and of course, dementia and autism.

They are just a delight to be around. I'm so excited to have them here to share their wisdom, their experience about diving into some complex and somewhat messy issues when it comes to reversing dementia.

They've seen it in their practice, and they've wrestled with the confusion and complexity in complex medicine for a long time. Welcome to the show, you guys.

Thank you. It's a pleasure to be here. Thank you for having us. Yeah. So you guys just hosted the Mycotoxins Summit, which I was so privileged to be a small part of.

And I'm curious what you learned. Were there big things that stood out after you got to, host a bunch of experts yourselves? I guess the most important thing I learned was how much there is to learn, you know?

I just was surprised at, every aspect of medicine. I mean, we I spoke to some folks who, really had been taking a deep dive into, diet. You know, I mean, like, I thought I've been working with diets.

I thought for, you know, 40 years, and I didn't realize. But, you know, I when I talk to someone who's really made it their main focus, you know, just just the observations that, I think one of the interesting things that, was brought up, it was start to pompa is that, you know, it's been my, my, clinical experience that, when people change their diets, they really improve.

Okay. But it doesn't always last. And his point was, is that, you know, you keep if if you really want to build diversity in your gut, you know, if you stay on the same mono diet, even if it's a healthy one, you will eventually lose diversity.

And, you know, so again, just a little pearl. I mean, something I've seen clinically because, you know, we often see that, you know, almost every diet that's clean and healthy will shift people.

But if they want to stay well for long, they have to, you know, if they don't do well, like people who do macrobiotics, I mean, back in the 70s and 80s, that was the big thing.

And for three months it was a great diet, maybe six months, but for a lifetime they didn't do so well. So anyway, that was just one of those little, little pearls that the microbiome that great, teacher of, how much the risk to learning medicine, you know, because the diversity of the microbiome is, so important for our health.

And, so that was one of many pieces. Well, I'll throw in what was one of your highlights? One of my highlights was speaking to Doctor Ali Reza for, a systemic biological, dentist, an oral surgeon.

And, I loved the the diagrams you brought up of of the nervous system and how it relates to dental health. And, you know, we've been sending our patients for AI cats, which is a CT scan of the jaw to look for subclinical infections in

the jaw that are often present under root canals.

And, underwater wisdom teeth have been pulled, and we send people to have their, their mercury amalgams removed using the Huggins protocol so that, it's safe not only for health but for the Earth as well.

Microbiome, diet, and dental infections

But to really take a look at the diagram of the nervous system and how that's connected to these subclinical infections was was really wonderful because it it took it from looking at it from just a symptomatic point of view.

What I, what I knew by seeing my patients and how they turned a corner after having dental surgeries when appropriate. But to look at it anatomically was really wonderful.

Yeah, yeah. And what I'd like you to talk a little bit about, because I think that what's so important is something that, he spends a lot of time with is how the sinuses and the health of the teeth and the sinuses can affect the brain.

Is. That's something we have just for a little background. You know, we work with dementia, but we really got there by working with people with chronic illness who almost always present with quote unquote brain fog, which is, I like to say, a temporary dementia state where, you know, you were I mean, you know, your ability to for executive function is limited sometimes.

And if you're lucky, it's a temporary dementia state, right? For a lot of people who start to notice that they have been told so many times by well-meaning neurologists that, you know, there's not a lot that we can do if you're losing your memory or if you don't have that executive function.

So they hide it or they cope, or they find strategies to work around it, and if they are lucky, they end up in the hands of doctors like you guys, where you have real solutions.

So, you know, the society spends billions of dollars looking for Alzheimer's disease. Yeah. And you guys have kind of stumbled on what? Not really. I mean, you've worked very hard to figure out what what helps a complex chronic disease, but you didn't come there from the perspective of trying to reverse beta amyloid plaque formations and what the drug is for that.

Right. You came at it from this perspective, and you guys are just such a great complement to each other, you know, with the natural Catholic background and then decades of of the medical MD background and kind of merging those two in this really beautiful way that you are seeing, you know, what can happen when you support health.

And so, yeah, doctor Nafisa, I'd love to hear to some of the, some of the patients that you've seen how they typically present. And yes, dive into the sinuses because these infections are so important when it comes to cognitive health.

So most of our patients come in after they've seen many other doctors. A lot of them have been to Johns Hopkins. You've been to Stanford, they've been to many local doctors and doctors far away.

And, and and they've had thorough workups and, and great treatments, but they're still in a difficult place with regards to their health. And, and they need a deeper dive.

So so they present after having been to many doctors and with their symptoms still dominant. And so of course, brain fog is a major one. People might say, I just I feel like I'm, I'm just forgetting everything.

I'm, I'm forgetting my I have, why I went to the store. I'm forgetting, what I went to pick up and forgetting where I put my keys and forgetting the names of of someone I met yesterday at a party.

And now that we've opened up a little bit more, I go, right. But. But people are forgetting things. They come in with

body aches and pains and and they come in, with their neurological system in a little bit of a disarray.

They might have neuropathies or tremors or a lot of headaches, migraines and, inevitably they have a lot of sinus infections. So. And they, they come in feeling stuffy very often.

So this is our, our typical patients, but they also have a lot of GI issues. So where I'm going with this is that there if we know there's a there's a strong connection between the gut and the brain.

Of course we know that, toxins can travel from the gut via the vagus nerve up to the brain. And toxins, meaning bio toxins, or, mycotoxins from funguses and inflammation can travel up that way, cross the blood brain barrier.

But I'm putting it into the sinuses because I think that the sinuses are often, forgotten about the the gut, the microbiome has been the sexy thing to look at in functional medicine.

Right. And, and, and I treat the sinuses much like I'll treat the gut. So in the gut we have beneficial bacteria. We have bacteria that are pathogenic and inflammation from those pathogenic bacteria.

And and most of us all medicine doctors know how to treat the gut really well. So, the sinuses I believe, are overlooked. So going back to doctor Allie Rizzo, of course.

Diagram of of the of the nervous system in in the head, in the, in the face. It's pretty amazing. I think more people should look at that diagram. I wish I had it here with me, but, I'll refer people back to that, that talk, at my summit so that they can see what I'm talking about.

But there's the olfactory nerve, in, in our face, behind our sinuses. And and it travels right up to the brain. And so infections, mycotoxins, inflammatory cytokines, they have access to the brain via the olfactory nerve, just like all those same things have access to the brain via the vagus nerve.

Sinus infections and brain fog

And so now we have at least two places simultaneously affecting the brain, one of the places very often overlooked with regards to treatment, the sinuses.

Another place commonly looked at know the gut. So, treating the sinuses is important. I'll. I'll try to hear how you test for a sinus. What's going on in the sinuses? How do you know?

Yeah, I like to use, the tests by one of the called the called diagnostic solutions. Know my microbe microbiology. Thank you. Agnostic. Yeah. Microbiology diagnostics.

And it's, it's a sinus swab. It feels a lot like a Covid test. No fun, but, but. So we can we can look at different bacteria on there. Funguses biofilm.

So, it's a great test. Yeah, it gives us an idea who to treat, more aggressively or, you know, because some it's, you know, for a long time, our world was obsessed with, the staff.

The more cons, the resistant staph infection. And, you know, we've learned that that doesn't always tell us who to treat. You know, I mean, it, and this lab gives us also a measurement of the biofilm.

And then, I think, increases the likelihood that treating those people are going to help. But, you know, but I think the way it handles things. Yeah. If he said always funny calling you doctor part B, but informal for the moment.

V is is realizing how much also the clinical presentation, you know, is that if somebody has so many people, don't realize that a stuffy nose is not a normal thing, you know, and it's not like or they just have, you know, we also looking reports for allergies and things of that sort.

But, you know, when you kind of subtract that out, that chronic stuffy nose is not normal, you know. And that often means that there's chronic inflammation.

See, the medical world thinks in terms of infection okay. And what people have to understand that infection, is when your system is on is overwhelmed.

But in chronic inflammation, the bug is living there and you're not overwhelmed. You're in a little bit of a symbiotic relationship, but your your immune system isn't acting well enough to keep the, the, the bug, like really quiet, you know, or the bug is just aggravating your immune system enough.

You know, it. And that's the problem. It's not that the bug is causing damage often, okay. Most of the time it's just the inflammation that that bug is triggering.

That low level that's then causing problems in your brain. Because, I mean, at the end of the day, I, I think, well, I, the neurologists still don't agree, but I think those of us in the field believe that inflammation is the cause of, you know, dementia on all levels.

You know, I mean, like the N state is inflammation. You get there by many different pathways, you know, but that end stage of inflammation and, you know, and what, what Nafisa has, has done is by treating people, you know, more, more aggressively and persistently with natural things.

Orcid you know, we're able to change this, you know, because again, we started off I mean, this is like that dance of the MD and the natural path dance is that I mean, are I said the MD training is, is to be an expert in what I call band aid medicine.

We go in and we fix something quick. But and when we depend on this black box of healing, you know, the body to come in and take over. And when that doesn't work, we're kind of left looking at it.

And we just get more and more Band-Aids and that's why, you know, all the treatment of autoimmune diseases and even, you know, dementias, all about band aids.

They're trying to fix the damage. They're not trying to figure out what's caused the damage. You know, it, you know, and and so anyway. And so what what Nikki's is doing is working to lower the inflammation and without causing too much disruption because, you know, I'll, you know, we originally went in there with lots of antibiotics, which sometimes we still need to do, but most of the time we can do it with more natural, more natural approaches that allow the system to lower the inflammation and heal.

And I think that's I love it. You guys do such a good job at asking that question. That question like this is the this is the important question. It's not, you know, the diagnosis, this fancy word that's really important to come up with.

But it's the why why dementia. Why inflammation. How did we get there? And so unraveling that is where it kind of gets a little messy, since sometimes and particularly in the realm of infections.

Right. Because some people interpret one lab one way, other people interpret other labs another way. Sometimes the labs are just really aren't that great.

Yet with infections, we really have to ask the question, does this patient have strep? Does this patient have more Cotton's does this patient have Borrelia.

So you have to have an idea in mind about what infection might be there. So how do you navigate all of this when you have a complex patient in front of you?

History and lots of labs. Oh yeah. Both. But, you know, I guess we have to remember is that we all we all love labs because we're all looking for a clear answer.

And, you know, occasionally we're lucky, we get clear, clean answers. But again, with chronic illness, we're dealing with the body's response to the infection, not the infection.

I think that's the big differential in why medicine in general has done such a poor job. Because what, as a medical doctor, you know, when I think of infection, we think of like a pneumonia or, you know, a bronchitis or a strep throat.

When there's a clear cut bug we can find and, a clear response we treat and it goes away. Okay. But when you've done that and the person only recovers like 70%, you kind of, you know, like we're trained you well, you know, the bug is no longer clearly there.

You don't want to keep treating.

Chronic inflammation, infections, and detoxification

And so we just let people go on. But but getting back to that point, is it. No, it's about how your immune system is able to either totally eradicate the bug or realize that it succeeded because many times it's the immune system remains upregulated or dysregulated and creating inflammatory chemicals, and that can go on for years.

We forget the body can reach a new balance point. You know, where it now accepts that there's a level of inflammation because it thinks it still needs to contain an infection, you know, or some of those old proteins are there.

Or like with the viruses, you know, many, many people are, you know, you know, the Epstein-Barr and the ha six and cytomegalovirus. These are, these are viruses that actually become part of our cells.

I mean, that's the problem is that they're herpes family viruses and they can get in and they stay with us, but our immune system keeps them suppressed.

But every once in a while, you'll express a little bit of it. And we've learned this in the chronic fatigue world, back in the early 2000, that about 30% of people with chronic fatigue actually do respond to, antiviral drugs, but that's only 30%.

So that gets ignored in medicine, you know, and it doesn't. And so I, I don't want to belabor this point, but this is what makes it so important is using the judgment to looking at the tests, looking at the patient.

And sometimes, you know, now that we have some new testing that uses like T cell markers so we can get a little better idea. Is this an active infection?

In the past we were limited to immune globulin markers. You know, these ECGs, and ideas and items. And these are, these are the especially the ECGs with some of these infections are going to last a lifetime.

So they don't tell us whether this is going on now. And I hope these new T-cell tests are better able to tell us whether it's active and, whether treatment is useful.

But that's just I said for the viral component and for Lyme and the tick borne diseases, it's the same mess. Okay. And you know, so again, it's symptoms.

And that's where it helps that people treated this for a long time. Because if you have it, I say one man's, you know, people are laughing looking online for lists of symptoms.

And, you know, those are helpful. But again, those symptoms are often not from the bug but from how your body responds to the bug. So I want to jump in here because because, What I've noticed is that a lot of these illnesses, a lot of these different diagnoses, when someone's had them for a long time, the symptoms are going to start to mimic each other.

So someone walks in, they've had Lyme, Bartonella and Busia mold illness. Michael talks and illness and a high environmental toxicant load. That could mean they have high glyphosate or high metals in their system or high, high other chemicals in their system.

And and they and they say, well, which one is it? Well, first of all, it's the combination of everything. But the second thing is that when someone's been sick for a while, it's not so much about the inciting event or, oh, the just the Lyme cause.

Those are just the bad bees. You're just the Bartonella causes. It's that. The body the body starts to create inflammation. Is is Doctor Gordon was saying here and and and it starts to create its own pathway of how that's going to represent.

And each individual based on their, their, their weak links that they already have. And so it's not so much about the bug anymore as it is about the person and how their body's handling that inflammation.

So we can remove the arrows is is Eric likes to say right, remove the arrows, mean we can pull the different bugs that we're going to kill them. And of course we're going to do that.

We we kill those infections and we're going to detoxify them. We're going to pull out the chemicals. And sometimes the person, not sometimes very often 80% of the time in in our patients who have complex chronic illness, they're still going to feel sick.

They're still going to have those symptoms, even though the inciting events have been pulled out. And that's what what he's talking about that that why so so the first piece of our treatment is, is detoxifying the patient, modulating their immune system, killing infections.

The second portion is about regenerative medicine and how we're going to to heal the systems that have been insulted by the infections and the toxins and the stress and the diet.

Yeah. I just want to re-emphasize your point, which I think is so crucial, is that in my earlier career, we we focused on killing the bugs. Okay. And again, I call that going through the front door.

But if you have chronic illness that's usually not the best way to go okay. And that's where you know, Nafisa and and and and the naturopathy approach of detoxing first because then ofttimes we need to use little or sometimes no antibiotics or, and you know or drugs because the body you know again most people have these infections and do fine and able to clear them on their own.

It's this persistent toxicity that we have seen, you know, and what, you know, there's so many possibilities. Because unfortunately, the the world has changed so much in the last 40 years, you know, between, you know, we have, the chemical levels that are huge.

We including the herbicides and the pesticides. And in the last 20 years now, I like to say, the EMF has gone through the roof, and the vaccines. Not that I said I've gotten my vaccine. I'm not.

It's not that we're against vaccines, but giving children 30 or 40 so close together is too much information for the immune system. You know, they're.

If that's what makes me so sad, I won't go into the vaccine world. But I think we were unable to discuss the pros and cons is that they are really powerful.

They are lifesaving. They're not bad. We need the vaccine. It's just. But modulate. But anyway. But that's. But unfortunately we've lost that opportunity.

We've now become there's no conversation that's allowed. So it's frustrating but but anyway. But getting. But the point is I don't know which one of these, areas you know, are affecting immune function, but something is because

I can tell you and many doctors and people are writing about it, but those of us who've been in practice for as long as I have, we have seen the difference.

Okay? We just didn't see this number of young, sick people. They weren't out there, you know, you didn't have the level. Besides, it's allergies, all the Hashimoto's, all the thyroid disease in young people.

It was just, you know, in the brain fog in young people. I mean, it's huge. Yeah. We just didn't see these thing. So something is contributing. It's very hard to I mean, you, you epidemiology like, you know, looking for for populations and changes in, you know, in, in, in an environment you really can't get a, a 1 to 1 correlation.

But we can say something has changed.

Trauma, nervous system regulation, and resilience

And what we can see is that when we detox people and we help their bodies, work better, a lot of symptoms improve dramatically, you know, and I'm sure, you know, working, you know, with, with more with people with dementia, you see, that day in and day out is that the detox is is really the key, you know, so validating to have this conversation because I see exactly the same thing that you guys are seeing.

And in the dementia space, but also in the mold space in the, in the chronic complex disease space that people come in, they've been sick forever. They haven't been detoxified or there's something else standing in the way of this is what you had said, is that it's not necessarily the infection, because these infections are relatively ubiquitous.

A lot of people are exposed, but only some people get it, get symptoms. And Covid has been this absolutely like very impressive illustration of this, right.

That some people have zero symptoms, other people die, other people end up with the long haul Covid. And what's the difference, right. What's the difference between those people?

And maybe if we can identify that, we can understand a little bit more about how would it be in the category of people that doesn't have persistent symptoms?

And you guys have been doing that for decades. So that that was my question. I think a few things start to answer is, okay, what's standing in the way?

Toxicity for sure. I am curious if you guys have also noticed I see a pattern of early childhood trauma being, really affect how sensitive people are to these infections and exposures.

What what else stands in the way and when you see it, what do you do about it? Yeah, I just going to throw in one thing. It's a little bit of an aside.

I'll, I'll try to do this quickly. You know, I think early childhood trauma is very important, but it's really the person who more than the I mean, people don't like to hear this, but there is, when Doctor Navarro, I think he's published this, looked at, post-traumatic stress disorder in, in, in Marines and Navy and Navy off and Navy, military that were, sent to Iraq and Afghanistan.

He could see that, you know, but the metabolomics before and, you know, and after they were deployed, the metabolomics before they were deployed could determine the about the 10% of people who were at high risk for PTSD.

Okay. So we enter sensitized and then the traumatic event will set us off. Okay. But you know, this is as I, I've been, my whole life, I've always been I've been interested in the Holocaust and in, like, you know, what makes people survive and and you can see people from war torn areas.

They, I mean, the the terror and the horrors that people go through and that many come out fairly okay. And some

people come out not. And it has a lot to do with our biochemistry and how we, how our immune system, because it is our immune system.

You know, fear is a you, you know, every, emotion, you know, like you've got, serotonin receptors and dopamine receptors and all these, you know, receptors for mood states and all your immune cells.

Okay. There's no difference. So it's how the body modulates that response, whether it's to a bug or to an abusive situation. Okay. And it it tends to go together, you know.

And so we have to learn to support that. I mean, it's just another trigger that we have to realize that the more we can support the physical, emotional and spiritual aspects because we're all, you know, it makes a huge difference.

So you are right that that early childhood trauma is a great driver, but it's a driver because it causes persistent inflammation, because it causes fear, fear.

And that causes self-protection. What? So anxiety is a way to protect yourself, you know, worrying about what's around you is what you do to protect yourself.

Now, like most reactions in the body, when it keeps going, it no longer serves okay. You know, you die of Covid usually because your immune system over overstepped its bounds.

You know it's not the bug. The virus doesn't kill you. It's your immune response that kills most people. Okay, and it's the same thing. Anxiety. Obsessive compulsive disorder is just you're trying to protect yourself and have I.

I love this conversation. This is amazing and totally mind blowing for me because I haven't thought about it in that way before. And so this kind of chicken and egg conversation of like, so where where did it start and what how do we unravel these things so that people can live their optimal potential?

Yeah, we support everything you can support. If you're if you are a person who tends to, anxiety or OCD, you have to spend more time, hopefully before you get ill practicing whatever works.

But it's it's whether it's exercise, meditate, hopefully combination of things meditation, breathing. You have to learn how to soothe your body better.

A lot of times these people need support from healers, people who are healers and body workers, from, indigenous wisdom from their own, their own family and family line of spirituality.

And we find that that really helps people. And some people, they might not have that. So they meditate and, and they just put their feet in the earth and they, they ground themselves.

So different people have different ways, different points of access to that place. I think the connection to the Earth. I mean, you said that that is. Yeah.

You know, no matter how sick you are, if you can get some time to actually sit on the ground, I mean, if you're able to and be in the sun or hold the tree, sit in it.

I mean, these are the simplest things to do, but they can be, life changing, you know? And I know it's hard for people to believe that when you're lying in bed or you can't think straight or you're in pain.

You know, these all sound like platitudes, okay? But they're not. They physically change your body, you know? It's. And then your emotions change. It's it's a state changes.

It works. It's more powerful. And when we're talking to someone who is highly sensitive, that's something they can do. But many people who I work with, I'm sure who you work with are so sensitive that the thought of taking a supplement or changing their food, because it's already so limited, these are just not options.

And so when we can start to talk about these lifestyle things, like getting your feet in the sand or in the water or in the grass, there's a there's a window, there's an opening there for up and an opportunity to heal.

And that's where all those limbic retraining programs work. You know, there are many of them out there now, you know, the good, Ihop or and there are several others.

I forget now that people because people have to look for ones that resonate with them, right? No, because to be honest, I'm the kind of personality that some of those require too much intensity and focus to do well.

But luckily, many of the people who tend to more OCD have that so they can do those programs, but they will work. They begin to lower the charge because the story that we tell ourselves controls our immune response.

I mean, this is what people have to understand is that for years they were insulted by doctors who told them that it was all in their head. Okay. And so understandably, that's insulting when you're really sick.

But on the other hand, our head, our brain does control a lot. And when we get that power, we can begin to settle down the immune system. And as our immune system gets happier, we can maybe quiet down in our gut so our food choices can become more generalized.

And then we get more information, or microbiome gets better. It feeds back to our little brain and, you know, we begin to move. But again, many times it has to be with sitting outside getting some sun, you know, getting some walking if you can, if you have enough energy walking, I mean, rhythmic motion.

As, as Nafisa was saying that ancient, you know, ancient cultures before hierarchy know just really had the way. But we've lost it because, you know, our cultures are more about keeping hierarchy than they are about finding your joy.

Okay? Finding your own joy is not something that is really honored. You know, we honor, sacrifice, and sacrifice should be there for the other, but we should also find our own joy.

So we're really offering something, you know, not not offering our pain, but offering our joy and being willing to work hard for the other anyway, you know, when people or a lot of them find it very hard to find joy. And, and so it's important to help them find ways because if it's there is inside each person, it resides deep in our heart.

Regenerative medicine and mitochondrial support

But a lot of times, people who are sick find it hard to access that because they're full of symptoms like physical symptoms, mental emotional symptoms.

And and sometimes they need somebody to guide them to find that place. We do work with our patients that way. And, and we have, we have healers as well that, that will have our patients.

Yeah. Work with this. I just want to acknowledge that because it. Oh, well, we just I mean, I'm just for my own life. I can see how easy I can go into a story of, of of suffering, you know, we we we we just I mean, it's two things.

Self-righteousness and suffering are two things that, the mind seems to really enjoy. But, you know, you know, I'm right and you're wrong is one of my favorite places. And.

And then, oh, my God, I have wronged you. And, And I can do that really, really well. And it's it's a loop, you know? So. And I'm pretty healthy and I can sometimes have trouble getting out of that loop, you know, and but if I listen to any of the teachers, you know, breathe, exercise, laugh, you know, you know, you can move out of that and, you know, and, you know, meditate, work with, work with the healer, but it's still our natural.

I just want to be really gentle here with people know that, like, this is not easy. And once you're ill again, that it can be. You know, finding joy sounds like another platitude, you know, but all the all the magic in the world is in that

awareness because it gives you the space to choose.

And so learning how to become more aware, whether it's through Gupta or any hopper or meditation or, or your spiritual path, that that's where so much of the stuckness can become unstuck and open up to that possibility of healing.

You guys mentioned kind of phase one is finding the culprits, right? What's let's but keeping you from getting up and over the infection or what's keeping you inflamed.

And then phase two is rebuilding this regenerative state. So I want to understand a little bit more what you mean by that. Yeah. So we would use mitochondrial support at that time.

A lot of times people come to me when they're really, really sick and they say, support my mitochondria now. And well, I can I can give them mitochondria support till the cows come home.

But they're still highly infected and they're still highly of a high toxin load. Those are big insults to the mitochondria. So I'll do my mitochondria support in the next phase after I've killed off the infections.

Peptide therapies. Really well before we start to kill off infections during the time of infection healing and detoxification and even after biological allograft, using regenerative medicine techniques can work as well.

Things like exosomes, they have to be given at the right time. And typically the right time is after as well. So and we've seen those help with cognitive decline also to be to.

Yeah. Typically with our patients it it is in that the patients who are sick with complex chronic illness, it is in that second phase of treatment which I call the regenerative medicine phase, that their memories really start to come back.

Now in my I have a bunch of patients as well who, who come from Silicon Valley and they're sharp and, and they're, you know, they're at the top of their game in every way.

But they come to me when they're in their mid 40s and they say, you know, I'm starting to get, tired and I'm beginning to lose my memory. I'm a little bit worried about myself. It's not so bad.

I can hide it. Just a few people might notice it. What do I do here? Right. And so in giving them early phase treatment because they're not sick, kill off some bugs.

I find those, find some toxins, pull them out. Treat their sinuses. Inevitably they've got issues in their sinuses, and they've done. They're done really quickly.

Quickly means 3 to 6 months could be their gut as well. But so a lot of times very, very sharp people will come into our clinic because we're in the Bay area.

So so we'll attract those people. So, you know, they'll come and they're worried about themselves when they're not so sick. Using the same techniques that we use.

What I lecture you right to be working on prevention, to be optimizing, not having to reverse a really complex, chronic, challenging disease where you do have multiple phases and months and months, if not years of treatment.

I wish and I hope that these conversations will inspire people to start earlier. When it's less expensive, it's less time consuming, it's less and less complex to address these issues.

Exactly. Because what what's been so interesting is that, you know, when when, when Doctor Bryson's book came out, you know, I mean, like, it was just I just went, You know, I mean, like, this is what we've been doing, you know, I mean, for 30 years, this is what we've been doing.

And but he put it together beautifully, you know, and it was amazing to see, like, okay, because I, you know, and, and the expertise that we developed from treating people who've been really, really sick, we realized that it it is really what mildly ill or people who are just beginning to have, functional issues they all need.

Because, again, the thing that made these chronic ill people chronically ill was their bodies accommodation to inflammation and chronic infection. This goes back to to Heather's first no first question, but earlier question about what stands in the way right.

How does somebody get long Covid, for instance, when they've been well up until they got Covid or, you know, why are they why they're beginning to feel the cognitive decline at a young age.

And it's minor what's underneath that. So it's often, their hormones are beginning to change and we need to tweak that. They have a high stress response.

But very often there's a subclinical infection or or think again, the toxicity because, you know, is that the, the thing that our bodies mostly work really well.

I mean, it's just amazing considering how much we have to deal with, you know? And that's where the looking at genetics. I find that genetic testing, I mean, is still in its infancy.

There are several labs. I mean, I use, Intel DNA. I think that does a good job because they what I call curated data, you know, because the data, I mean, this is something we're just chatting about before we went live is data.

You know, we all love data, you know, but the problem we're facing in, in, cutting edge medicine, I guess we'll call it, is that we've got, you know, between the microbiome, the genomics, the transcriptomics, the, you know, we have all these omics, which gives a huge amounts of data, but we don't yet know what to do with it, you know, and, people are now looking at AI and for helping, and which is great, but, you know, the difficulty is, using medical literature since literally, I mean, 20% of medical literature is just wrong.

I mean, this is, you know, I mean, the actually, there was just an article and I think was Lancet or the British Medical Journal, of, British Medicine that, you know, just one of the heads of the Cochrane reviews, you know, just said 20% of the articles are bogus.

Prevention, foundations, and practical treatment

You know, they're bad data. They're false to. Anyways, I don't want to go there, but the point is, is that it's hard to use AI for really, treating people.

But it's hopefully will I will help us begin to, discriminate people, you know, get get a little bit more help. But getting back to that. But we do need but the genomics has become a little more helpful in the last few years because there's more and more data.

The problems are, you know, if you're, Jewish or Chinese or white Anglo-Saxon, you got a pretty good shot because we've got a lot of information on the genetics.

You know, unfortunately, you know, if you're an African-American, you know, black, you know, the data sets aren't that good yet. You know, it's just all about population groups, you know?

But we're beginning, you know, to get somewhat useful data that again, it having the gene doesn't do anything you need, you know, except for maybe a few hundred genes.

You know, there's a few hundred that. Yeah, you got it. You got a problem. But anything that we're talking about usually you need like 50 or 100 genes to be blinking.

I really appreciate what Doctor Sharon has been Cohen has done. And she is also, if you are listening to this and

interested in the genetics and how that might relate to your dementia or your loved ones dementia, please have a head over to her talk and get the download on how important genetics can be in this scenario.

I think you bring up such a great point, Eric, and I'd love to hear your thoughts as well. On the visa as a natural path rate. It's like common sense but uncommon practice.

We throw so much money at making things more and more complex when the foundations are so critical. And as a society, we're just not doing it right. We're not getting healthy food, we're not getting enough sleep, we're not getting enough exercise, we're not taking it.

We're not managing our stressors. We're totally burdened by toxins. We're not. And a lot of people aren't pooping enough or drinking enough water or sweating enough to be getting them out, even though we're inundated with them.

And so kind of going back to those foundational pieces, which you guys have talked about in the context of like a medical crisis, we can also do that just each and every one of us to help promote health.

Absolutely. For our for our patients who are quite sick. That's and those are such and such an important foundations diet, lifestyle, stress, water, organic food.

The grounding on the earth, what they do is set the stage for the therapies that we give them to work. So we give people a lot of, IV therapies. It might be IV antibiotics.

If they have a tick borne illness, it might be IV detoxification therapies or IV oxidative therapies. To help kill off infections, including viruses. But if those foundations aren't set, then all the cool therapies we're going to give them are just just going to fall through the cracks.

So for our patients, that is that that piece has to be set. Our patients who with complex chronic illness for the patients who are here because they want to optimize is very often that that is that is going to make their treatment with us, be three months long instead of six months long, you know?

Yeah. So they can use food and food as medicine at that point. Yeah. When they're not too sick. Yeah. But it's again, I mean, I, I the socioeconomic thing is been just driving me crazy because I started off, you know, treating you know, farmers out in and in northern New York and upstate New York and, you know, it's just the availability of organic food makes such a difference.

I mean, if you when you travel and you see the difference of how we get to eat here in Northern California, or you probably in San Diego compared to what's available just day in and day out, you know, and it's just it's mind boggling how well people actually do, considering how inflammatory diets they're eating.

You know, it makes me just want to pull my hair out and kick and scream and then work harder, I guess. But when you see, like these drugs, like the aducanumab that came out recently with a $56,000 price tag for dementia, and you think, like, what could we do with $56,000 per person with dementia?

We could get them some really good food. We could get them some really great physical therapy or exercise, you know, somebody to help them with exercise.

We could get them a one on one caregiver to just, like, rub their hand and arms and like, give them some love. There's so many things that we could do to invest them, but you can't do a double blind, placebo controlled trial on these things.

And therefore we can't get any respect that these work because we are stuck in that model. I mean, it's a great model if you've been if you're going to give a drug that's going to cost $50,000 a year, you'd like to have really robust data.

So, okay, I'll go to double blind placebo controlled trial. Or if the drug is going to have a, you know, 5 or 10%, you know, significant, you know, side effect rate that's going to get people really sick.

Yeah. We really want to be sure. But if we're going to give people good food and good love and, and touch, you know, I don't think we need a double blind, placebo controlled trial.

We can let's just do, you know, let's just treat a bunch of people because it's, you know, we have experience. It's like we pretend that we don't know anything.

Well, this model, this model of double blind, placebo controlled trials, it's almost like the inflammation rate at this kind of similar, the chronic inflammation, like, it's it doesn't serve us anymore.

Our our issues are too complex. Our issues are too chronic that this double blinded placebo controlled kind of medical reductionism has gotten out of control to a point where at one point it did serve us, perhaps, but now it does it.

We kind of get rid of it, I mean, or we need to use it in the, like, inflammation. We need to use it in the ways that. So that's it exactly. You know, I mean, like we need to know that things interventions that have significant downsides.

I wanted to because, you know, we have seen myself over the last 20, you know, I mean, in our world there are so many therapies that come out. I call them the flavor of the month.

Right. And, you know, and I try them, you know, if they're not going to hurt people, I, I'm a great believer because, you know, they might work in anywhere from 10 to 50% of people.

And I'll hit that right. 10%. It's wonderful. But they're not toxic. Okay, I can do that. But I also know that, if they were toxic, we really should do better trials of.

You mean a toxic potential or toxic potential to to patients. And and that is where we need to learn to get that. But the academic physicians are so stuck.

I mean, I can I tell you, I talk to these guys, and I work with them occasionally, and I respect them. But, you know, because one of their big points, which is very true, is the plural of of anecdote is not data.

You know, just because, you know, and so we have to be careful, but we shouldn't throw out, you know. But when you have a thousand anecdotes, I think you begin to get to the data level.

And when the anecdotes connect with common sense. Right, right. And we have the we have the we have to really respect that. Absolutely. And, you know, it's just that but it's a hard conversation because, you know, in the drug world, they've seen so many things that they thought worked that turned out that they don't.

But again, but they had significant side effects and cost, you know, we're talking about things that don't. And we I would it's hard to get this conversation going because it's a little, again, too much black and white in the world and people won't accept the gradations.

But just before we I know, wrapping up, but I'm just thinking, what I just would like to emphasize for people is that, we get to chronic inflammation, probably on a fairly individual basis, you know, because to my mind, chronic inflammation is what drives most of the dementias, you know, people, you know, like the, the that's why, you know, trying to fix the, the Tao and the beta and the amyloid proteins, you know, isn't going to do much of anything because that's the end stage, you know, that's just your immune response, actually, you know, and just like people with ApoE4 is, are all, you know, like, but, you know, ApoE4 is a really good thing to have if you have a lot of parasites, you know, you know, ApoE e4 is protective against, you know, a lot of infections.

It's just that, you know, when you don't, when you don't modulate and you don't detox, it becomes a real. Then it then it's a real negative, you know, so it's just, I think, hold on.

We're learning a lot, you know, and, realize that going back to the basics of, of detox and working with doctors who know how to test you and not fall in love with the test.

Okay, look at the patient. Just because you have a positive test doesn't mean you have to treat it. Okay. If the you know, you might if the patient is asymptomatic in that area, go a step down, deal with the with what is maybe, affecting the body's, ability to modulate its own response to that infection.

You know, and we're going to do far better than just treating the bug me. Right. And the other thing is that a lot of the thing I love about a lot of what we call the oxidative therapies, the high dose vitamin C's and the ozone is that they're nonspecific.

It's not so much that they kill stuff, but they modulate the immune response. And we do have data on that. I mean, that's the point. There is really good data.

And we, you know, and it's modulation, I can't say it enough because some people need to turn it up and some people need to turn it down. Just getting back that intelligence of the system and the the harmony that Romeo dynamics state.

Right. Yeah. Flexibility. I mean the ability to respond to your environment. That resilience is health, right? I love it the ability to respond to your environment.

That is the definition of health. You know. You know, you know, I mean we all respond to it. Yeah. But it's like it's like being able to dance with it, you know, not fall down.

Well or be too rigid. You know, that's the fluidity is what, you know, body is motion, energy. It's all movement. And our, our brain likes to make things into black and white pieces because we think better that way.

You know, as Doctor Novio, the, doctor who really helped put together the concept of the. So danger response says engineering thought is great in trauma, but it doesn't it can't really understand the flexibility and dynamic and dynamism of life.

You know, you have to, like, make things kind of into dead pieces. But you. But that's how our minds work, I think. Yeah. And I simplified them a little bit to make sense of them.

Yeah. Which is which is good up to a point. And then we have to get back to that reverence for how complex and incredible and amazing it can be. Confusing.

It's absolutely. It is such a privilege, such a joy to see you guys and to get to have this conversation to dive deep into the complexity of medicine and health, and to hear some of the solutions that you are bringing to your very privileged patients.

It's just a pleasure. I want to make sure everyone knows where they can find out more about you guys and your practice, and also your summit. Oh yes. Thank you.

So you can find this at Gordon medical.com. And we're in the San Francisco Bay area. We're in Marin just over the Golden Gate Bridge. And our summit is the mycotoxins and Chronic Illness Summit, where we're so happy you spoke.

Thank you. It was such a pleasure to be there with you. Really, really fun. I love that we get to do this and I can't wait to see you guys in person at the next conference.

Do the next deep dive into complex chronic illness and all of the solutions to it. Exactly. Thank you so much for having us. I'm such a privilege. Such an honor.

Yeah, so much fun. Thank you. It really was fun. I hope we really, gave people a sense of that. There's a lot of

possibility out there. I think that's the main thing, you know?

You know, don't. Don't think there's only one answer. There's lots of them.