Introduction and Guest Background

Welcome to another session of mycotoxins and chronic illness. And today you can have a really good timing, a chance to talk to Tom Moorcroft. Tom is a doctor of osteopathy and amazing human being.

He he's an educator, a teacher. And, he's someone, we've worked with over the years at Islands and has had done a lot to really help teach people about Lyme disease.

And we'll talk a little bit more about his current project at the end, which is very exciting. Okay. But now, I'd like to start off and have Tom tell us a little bit about how you wound up in this business.

Yeah, right. Thanks so much, Eric. I'm so happy to be here. This is awesome. I'm looking forward to it. Yeah. You know, it was it was interesting. Like, I always just love playing outside.

And one day I, you know, I was studying natural resources in college, doing the Outing Club and all this stuff. And I was just like, one day I said, how the heck are we going to preserve Mother Earth, right?

Because I talked to all the adults in the scientists and they never listened. Then they were they talked and then they didn't change. So I was like, I'm going to start teaching kids.

So I actually took this job at the Institute of Ecosystem Studies in Millbrook, New York, which is now the Carey Institute, and they do a ton of Lyme research with from an ecology perspective.

But I was teaching outdoor education, and I happened to get, you know, Lyme disease. And I had the big lie. I had a rash, right? I, of course, did a huge rash on my body.

And I actually my boss found me staring at a wall, drooling on myself. Oh, it seems like I it's time to go to the doctor, Tom. And so, you know, I got treated with I walked in, the guy's like, hey, dude, you got Lyme disease.

Classic case here. Ten days a doxy cycle, and you'll be completely fine. And, you know, so ten days. I was feeling better by that time. And then over the next eight years, I was, you know, I had they told me that I had depression, I had joint pain, you know, maybe a rheumatologist condition.

And then ultimately they're like, you have ADHD. I'm like, well, duh. I mean, yeah, you know, I mean, that's kind of like our superpower, right? Is to get that.

But then ultimately they diagnose me. Chronic fatigue and fibromyalgia. And, you know, I was just looking around and I was so frustrated because all they were doing was those are just labels that tell you that I have the symptoms that I've been complaining about.

And and so a friend of mine handed me a yoga DVD and I was like, I got nothing to lose. So I started doing this work and I really kind of got into it.

And at the same time I was in osteopathic medical school.

Lyme Illness Journey and Recovery

So I was getting a lot of hands on osteopathic treatment while we were practicing. And I was also starting to do this physical practice of yoga. And what was really interesting is it was Ashtanga yoga, which is very physical and because I can't sit down like we were talking like we're kind of all over the place, got all that energy.

And because it was physical, it was allowing me to open up my physical structure, but also created this way that I could have an insight into the more mental and physical and spiritual side of it.

And it was really cool to just see how that structural change really impacted me. And as I started to work through it, my I stopped drinking Coca Cola, I stopped eating crappy food, and I started to listen to my body.

And so that was about six years after Lyme. And between that time and and about two years later, I was about 70% better just from working on my own structure and calming my mind down and working on the vagus a little bit.

Then I ran into somebody who's rotating in their office. I had a last minute shift. It was like the universe said, go here, Tom and I walk in and there they have a line practice.

I had no clue. And what they put together was, you know, it was it was like a him and her thing. And they he was treating the people with Lyme for, with meds and herbs.

And she was doing the osteopathic treatment. And they said people can't heal from these chronic illnesses unless we address the whole person. And that remaining 30% over the next four and a half years was able to be fixed.

And it's been over a decade. I haven't had any symptoms. Wow. That that is you know, that is. The journey that we would like people to have maybe a little quicker, a lot quicker, quicker.

But but you know, but it's is that is you know what I always keep trying to express to people is eight and to be fair, that's a journey that's not going to work for everyone in that format.

But the basic plan is what's necessary is harnessing the healing power of your being. However you have in whatever language your body can understand. You know?

Yeah, you know, it's interesting through the process, I've learned over the years of doing this is that so many people, there's several groups of people, one of those groups of the people, if they ever lay down, they'll never get back up.

And I felt like I was that person. If I ever took my foot off the gas, my body felt so bad that I thought it would just collapse. And there's another group of people who, if they don't sit down right away, they're going to collapse and not get back up.

And they can't do what I did. And they're and like you were saying, there's other ways to do it. And the beauty is there's so many different avenues to address optimizing self-healing and for stimulating that.

But I think that that's the part I've learned the most is like we go in the medical school and especially osteopathic school and say, hey, the body has a self-healing mechanism.

It's this unity of body, mind and spirit. And, you know, the body has a tendency towards being healthy. Those are all great words. And it's I love the fact that I was taught a philosophy, but to actually be sick and see how it works for me and then the privilege of working with other people to see how it uniquely works in them, and why my healing journey and theirs are similar, but totally different.

I mean, that's where you start to really learn how to help that unique individual in front of you heal, rather than just tell them to do what works for somebody else.

Yeah, and that is what I hope people will be getting from the our conversation today and this whole series is that, you know, just because it works for your friend doesn't mean it's going to work for you.

But don't give up when it does it. Keep your heart open, look around and just know that you know you will find someone to love. Well, you'll find a way to love you.

A way to a way for your body to feel the love that can let it change. When you feel that you're stuck, you know. And that's the hardest place. That dark night of the soul.

When you've been sick for a long time and you know you're dealing with family that's kind of set up with you and friends that don't want to really deal with the fact that you, you know, disappear on them all the time, you know, and getting back to to being to being, a freely interactive person again, it's not it's not easy.

It's not easy. So, you know, I mean, it's interesting because I had a conversation, one of my patients, I think, just yesterday was talking about how alone and frightened he was feeling.

And he's just like, it's so great to have a conversation because you're I'm talking with somebody who gets it. And I felt so many people feel, you know, hopeless and helpless and stuck and numb to all this because it's been going on.

And so many of we talk about poly vagal theory. And, you know, it's funny, I think about it. And we look back and we talk about the gut brain axis all the time.

Right? Everywhere you look it's gut, brain, gut, brain. But you brought up to me what's the the actual key component is reinserting the heart. Because we know that the heart and the gut and the brain all have their own nervous system and they all enter communicate.

Right? And we just keep talking about the gut and the brain. I'm like, if you if I mean, you got to put the heart back in. And when you look at probably vagal theory, it's like that dorsal Vegas where we're looking primary but primarily below the, diaphragm.

And that feeds back up to the brain.

Love, Gratitude, and Nervous System Healing

The thing is, that's where we get stuck in this older school reptilian frozen state, which is so many people who are chronically ill just feel like there's no hope.

Whereas if we want to reengage people and get them to the point where they can heal, their nervous system is working for their benefit, not against them, we really need to bring them back into that thing you just said.

Love. Bring them back into the heart. Work with the vagus, work with the heart, and bring gratitude and love into your life. Even if it's like when you think about that old adage, fake it til you make it, this is the place to do it, right?

Yes. You're not feeling the love or the gratitude. Find something to be grateful for, but bring it into your heart because that that connection, that sort of like finishes the circuit.

It reconnects it because we're not just a gotten a brain, we're a gut, brain heart and, and and a complete unity. But I just think it's love is the thing we don't talk enough about.

And that's really where we're all healing comes from. Yeah. You know, I okay mean with us talking we're going to want to take a quick right turn. Now we're going to come back to mycotoxins in a minute.

But what you said just fired me to say, you know, I'm a bug on. You know, I've got your navios concept of the cell danger response, and it's. And people should understand it's just another way to describe healing or when you're when the healing doesn't get totally finished, it's not a thing in itself.

It's just purely a story. Okay? But what happens with the the picture of it is there are stages that your body goes through when you've been injured, and you have to get back to it, to the normal healing cycle, the normal health cycle, you know, which happens just when you go to sleep and you like, knock off a few sick old cells and you rebuild some, some healthy new ones.

And it happens just very smoothly. When you have an injury, a big injury, you have to go through a few other steps of, you know, really getting rid of the of a lot of dead cells and so the point is, is that when you have chronic illness in this healing cycle, you get stuck in part of it.

And, you know, and you you wind up, just in, in, well, too old for, we used to call a do loop in computer science, but, you know. Right. It's just you keep your body get stuck repeating the same cycle over and over again.

And we're always looking for how to interrupt that and love that spirit, that open heart. Gratitude. You really nailed those two things because they're really the same on some level.

You know that gratitude and love is the universal energy. It is the light of the body that will allow things to shift, that we don't know how to shift, because that is the big issue.

Medicine is really good at removing bullets and arrows, but then we depend on the body to heal. And so that magic of healing that we're always tinkering with, and we're looking for ways to get to work better, it said.

You nailed it when you said it's that love and gratitude that is the universal potion. You know, we're going to talk about lots of other things that people can do.

But that's the one thing. Yeah. And Eric, you know, the thing that's interesting, one of my osteopathic mentors, Paul, it's, old school D. O., currently in her 80s.

Amazing, amazing person studied. She's like the primary mentee of of Robert Fulford. And anybody who studies osteopathy knows Bob Fulford is. Yeah. You know, on a different level, different plane.

And what she says is that, because Fulford worked a lot with polarity. So it's like, oh, are you going to be with Stone's work? Are you on the right or the left? The based on the sex.

And everybody has all this stuff when we teach these courses and she's just like, as long as you treat people from the higher vibrational frequency of love, it really doesn't matter what you do.

So whether you give them an herb or an antibiotic or an IV antibiotic or you do manipulation, if you and it's not just you bringing the love to them, I would add that you we as physicians are to teach others and healers to teach others to bring the love back to themselves.

Yes, yes, and one of the things that I learned the hard way was, you know, I you know, you said earlier, I think that I was one of the lucky ones to actually get sick.

You know, I, I really look at my illness with a lot of gratitude and, and I go, you know, because whenever I have a difficult thing in my life, I send it love.

And whether that's a politician or a friend or a bank or whatever, challenging patient. But also I recommend my patients send love to their disease. Because the thing is, what you're really you're not.

You're universally and energetically. Yes, you're sending out a little bit of positive vibe that's going to maybe change somebody else. But what you're really doing is you're sending that love back to yourself, to really stimulate your own immune system and so many people, when they're looking at a spirit key or they look at a micro toxin, they're like, f this mold and f this, like, you know, Lyme disease.

And and they contract around it. And then that can that energy is within you. And so if you send it love and you can truly love it, you're going to open up the energy in you whether you do something to the mold, toxin or Lyme.

I don't know, I'm not that smart. But what I do know is if you get do it, you can do it right now. Get mad at your illness, right? Right now. Send your illness love and see how, like, really for a moment, just for the sake of, you know, Tom's little experiment here.

Send it love, send it love. Like it with your partner or your child or your dog. Feel how that opens you up. So whether or not you. So if you focus on the negative of your disease or you just send it positive love, you're it's still going to be there.

But think about the container for it. I can change the vibration of the container in the direction of health just by thinking love and sending love to this thing that I can't stand.

Yeah, you know, this is this is fun because you're making me riff right off to I mean, get I got three ideas, but real quick because, one again, getting back to that cell danger response is that, it's about the thing that keeps us stuck is fear.

Yeah. Okay. And that is but self defense is, as people have said, self defense is the first rule of life. I mean, you know, survival is about self-defense.

And yet, love is about life. So it's a if there's a little duality there and, and our immune system is programed to, you know, recognize danger, but it recognize the danger when it gets the signal from the brain that there's something to worry about, fear.

And if anyone has chronic illness, I mean, going back to mycotoxins. Yeah. You get in trouble with mycotoxins when your body's not able to neutralize them anymore.

And obviously, since we're always exposed to mycotoxins so ubiquitous in the back, the ubiquitous in the background, you're in the water damage building with, like, you know, 20 people and usually only like 1 to 5 are going to have issues.

So there is a decision of your immune system to overreact. And the same thing with chronic ly, you know, it's it's if you could you it's usually our immune system that is overreacting inefficiently ineffectively that keeps us sick.

It's not because it's able, you know, many diseases we're supposed to live with and we don't know how to coexist with them. It's when we wind up with the chronic illness state.

So I'm so yes, your your your your ad, your addition to admonition to like go to love is a better strategy.

Cell Danger Response and Chronic Illness

I mean, it's just that A is going to make you feel better, and B it's going to take some of that drive out of your immune system. That's not helpful. Well, you know, when you mentioned, like the immune system takes all these cues from elsewhere and cell danger response and how it works is like the thing is fight or flight and survival have nothing to do with immune function.

It's like, get out of Dodge or get ready to fight the saber tooth tiger and win immune function. When you're in this fight or flight mechanism where you're fighting it, we're having fear about it.

This is where our immune function goes down because just like you don't want to pee and poop regularly, if you're running away from a saber tooth tiger, it just doesn't make any sense to put your pants at that point.

So the for the state where the immune system functions the best is one of parasympathetic, relaxed, rejoicing, eating, having friends, and having love and experiencing joy and laughter in your life.

So it's not just like I say, hey, just do it because it's some sort of spiritual exercise, you know? Don't make me feel like, you know, I'm Yoda or something, but it really has to do with understanding how your nervous system works and how your immune and how the brain.

Like you said, the immune system is taking cues from the brain. And so if the brain is saying, hey, immune system, you're free to work optimally or or, you know, that's way better than in a fear or a fight or flight state where it says,

well, we don't need you to do your job right now, right?

Yeah. I mean, that's, you know, it's it's we we forget that there is what works in the, in the acute, you know, the acute moment, the moment of action.

And then what works over time. Yeah. And they're different, you know, and and you know, what the, the cure for a disease that is either going to kill you or, you're going to, you know, in in minutes or days is so different from things that tend to want to live with us.

And we have to find a different, different relationship to. But let me just run back here to get back to, because I really want to here because I can I have lots of places I wanted to go with you yet.

Yeah, like. Like what? Where is when it comes to, mold and mold and mycotoxins? Because we discussed in past episodes how, you know, always remember, if people discriminate between the allergic component and the mycotoxins component, because that often gets mixed together.

But right where, you know, what are your favorite? You know, just ways of thinking, of thinking about the whole mycotoxins issue. I mean, like, where do you where, where, where did it start for you to really begin to pay attention?

Yeah, it's a great question. I mean, you know, it's it was one of these things where I was seeing a few people and I wasn't getting results, you know, I was like doing everything that I thought was right because it was what I was trained in.

And then there was this I heard about this thing called, like, you know, real time labs. And then I heard about, you know, shoemakers work in brewers, where again, and I was just, you know, between kind of hearing about it at, you know, conferences and then going to a couple a little programs, I just was like, maybe I should look at this stuff.

And I started looking at it and I was just like, I don't know, this stuff makes that much sense, but it sounds kind of like my patients. So I look at and I started doing some testing, and I found that there's a subset of the people who were seeing me who really had a significant issue.

And, and I started to look at it kind of, I mean, I think I've always looked at things this way is it's not so much like you're saying, like molds ubiquitous.

Right. And then the question is, are you allergic to it? Do you have a mycotoxins exposure or do you have some other issue. And for me, it really becomes like, you know, I coined this phrase a long time ago, chronic toxin overload.

And really what it is, is it's not so much that you had the molds or the line, but it's you had the mold, the one and the bartonella and oh, by the way, you lost your job and then the house of cards collapses because your body can't handle that overload, that chronic toxic toxin overload.

And that's really where I started to think about it, because then the next question that comes to my mind is, okay, well, should I test everybody for everything, you know?

And it's like, do I do, do, do I do like a, you know, a 2 or $3000 kind of like, well, the contraction workup then do I do three different tests for mycotoxins and then check everybody for mcats and, and heavy metals and on down the line.

And so I tried to figure out a way to think about it, you know, and it really was kind of like what as an osteopath, we really look at like, what are the the body has the ability to tolerate all of this, right?

At some degree. And when it doesn't, it has healing priority. So I'm always trying to find out what are the top one,

two, three things that the body's focusing on.

So I can remove those and then let the body do the rest of the work. And through that kind of approach, I found that some people with mold exposures would do okay, but a lot of them, if they had concurrent Lyme and co-infections, it, you know, all bets are off.

And then ultimately I started going, well, maybe I need to treat mold first in some people. And and so it's about that trying to figure out what the body's stuck on, you know.

Yeah. And I'll tell you what Bartonella and mold man. If you can tell the difference between them without mold growing on the person's face, more power to you.

Yeah. Well, no, I mean, this is this is the old joke one day and, you know, the old before. You know, one man's bucket list is another man's Bartonella list.

I knew that that is. And the same thing. And yeah, Bartonella and mold are especially difficult to tell apart by symptoms.

Understanding Mold, Mycotoxins, and Bartonella

You know, people think you can, but, yeah, you know, it's it's. And I'll tell you, I just as we, as we were talking about this, I just thought of like one of my early mold patients and, man, this guy, we were treating this Bartonella, and he was getting better and better and better.

And then all of a sudden, he just took his neuropathy, just like someone pulled the carpet right out from under him, and he tanked. And there was no amount of Bartonella treatment in the world that was helping him.

And it turns out that he had had they had had a pretty significant mold exposure at work, and we actually were able to not only get his area remediated, we identified it and remediated it.

And he's gotten he's fine now, but there were like 20 other people in his office that were helped by him being sick. I mean, I don't know that he feels that way, but but but no, you know, what's happening is that we're at least raising the consciousness because the, you know, the the insurance industry has done has spent, you know, I don't know, a lots and lots of money trying to make sure that, the courts pay no attention to mold is a danger.

You know, I mean, we're having the same battle with, with with mold that we had. We still have with Lyme, and these other diseases, you know, again, we understand bullet wounds, you know, took, what, 50 years to get, you know, cigaret smoking to, you know, be realize it might not be good for you.

Well, we're on that same trajectory with, with with Lyme and mold and these other things that don't kill people and don't kill every or don't even get everyone exposed ill.

And I think that's what we always have to let people understand, is that it depends on what your body is doing. These are poisons, but the dose dependent, your response depends on what else is happening in your body.

And and I really appreciate what you said, Tom, about about, you know, looking at the layers of illness. And yes, it often is good mold often needs to be treated first, but it's not a law of nature, you know, because we went through this same thing in the early 2000 when we started finding the DCA.

More and more, you know, we were, you know, finding we didn't know. We just, you know, but in the 90s, everybody was treating lying, right. Not everybody.

I mean, to be honest, I didn't start treating one to like 2001. And I worked with doctor with Wayne Anderson. And Wayne was treating light and I was looking, oh, I was treating chronic pain.

And I was going, oh my God, the patients. It didn't make any sense. They look like his patients. Right. Well, it's kind of like yeah, yeah. I mean and anyway but the point is we got locked in, you know, people life rules and the big issue.

And I think and I know that's why I'm excited about the course that you're teaching is because it's teaching people to know what to look for. But remember they got to keep an open mind.

Don't don't assume that that because someone told you in a course that X causes Y and you have to treat it first. Now look at that patient. Because that patient yeah might have a different set up.

Their their immune system might be more ticked off by the beast, the bubka than the mold right now. And when you look at even like cell danger response we talked about the normal healing cycle is adaptation and recovery right.

You know so there's so you look at the concept of where misses so that that toxic exposure is actually good for you. If the dose and or the duration is within your capability to adapt and recover from it. Yes.

And if the dose of the duration is more or longer than your ability to adapt and recover from it, you get sick. And and it's just kind of like a gunshot wound.

It's like because I came up in the in emergency medicine and critical care. So I, you know, I'm all about like I've seen a lot of those, but it's like, boom.

Immediately the dose of toxin is way more than my body can handle because I just got shot. Right. And so you need to do something quickly that's kind of equal and opposite of that to heal it up.

But a lot of these other things are when we chronically live in that place of stressor. Maybe that's like I even joked around in the past, I used to talk about like some people could literally go and live in a mold moldy cave, and they'll be fine as long as nothing else happens.

But if they go outside and get they get stung by a horsefly or something, then they're going to fall down and they're going to be, oh, it was the horsefly.

I'm like, well, no, it's actually you lived in mold, you know, in a cave in a petri dish. Yeah. But and so it's just some of these things are not causative, but it's it's sort of that additive.

And sometimes even unfortunately with these toxins, it's more of a synergistic thing. And that's where I see with like Bartonella and mold, it's not that either one of them is innately horrible and my body can't handle it, but those two together do seem to have more synergy than, say, like, you know, mold and a little bit of dehydrate, I don't know, making that up, but you know what I mean?

Like, there's other things aren't as severe. Absolutely, absolutely. I mean, no, that that that is one of those. Yes. Mold and and and Bartonella is, is is just a terrible, terrible combination because they both they both seem to tap dance on your nervous system, you know, in a very similar way.

And they, they're, they're, they're really, they're really hard. So when you, when you're looking at mycotoxins exposure, I mean, how often are you finding, that carriage is a big issue for your patients.

You know, the difference between, I mean, you know, just for our, our our listeners, you know, we have the exposure and so many people will be exposed and then they, you know, move out of the house or they have the house fixed, but they're still having symptoms.

And so that's why I'm throwing to Tom. How often do you see that that scenario playing out? Well, if I, if I understand the question I mean I think so I, I yeah I think I know where you go.

But like I mean I see people who have been in mold and then they're out of it for years and they're still colonized

and they're still sick. And I also see other people.

I just had this conversation the other day with somebody they found multiple over the course of the last like 12 months. They found like three major mold issues in their house.

There was one and then another to their remediate, to everything. And then they had a big old leak inside of a new one, and they ended up not catching it in time.

So they had a third exposure with the removal and the remediation that seems to be successful. Now she's actually more symptomatic and looks like she's having like she's like, I'm hurting all the time.

I'm like, well, based upon knowing her through the course of all of this and and having treated her when she's been exposed, I think she's actually detoxifying really well now that she's not exposed.

But she's also focusing on the detox. So I see both things. One is like people get out and they feel like dirt and they're like, I'm supposed to feel better.

And I'm like, no, that's your body getting rid of the stuff. And then the other people who get out and they feel like dirt because they're not detoxifying and they're not mobilizing those talks, or there's a colonization like, you know, in the sinuses and such.

Yeah. You know, but, you know, you raised, I think, really good points. I think it makes a little more emphasis on, yeah, is how confusing it can be, because, you know, toxins, are just that.

There are toxins in your body. And, you know, the best thing to do is to be able to break them down, attach another molecule to them, make them so they don't bind to receptors and cause problems.

Right. That that's probably I would like to think the healthy response is that we see it, we deal with it, we change it, we get rid of it. But when that gets when that's not happening and it's when, you know, usually because your, your liver and other organs are a little taxed, you wind up storing it because that's the other thing.

If you get it out. So it's not it's not circulating around. If you stick it in a fat cell or some or in a facet somewhere where it's not too reactive, you know, let's like, you know, hiding the garbage works, you know, company comes throw everything in the closet right.

And so what you're talking about is that but once, once the company has, you know, if you throw everything in in the closet and you, when you take the pressure off, you still got to deal with that, right?

Well, it's interesting too, because throughout the whole thing, like the people who are doing the work sometimes get really frustrated that the closet door doesn't open up and just go right into a dumpster and take it away, right.

It's it's like and so I see that. But when you get the pump primed, one of the first things I learned was a lot of times in this field, whether you're talking about mycotoxins specifically or even in line, sometimes we need to go slower than we would expect because the body, like you said, that those toxins have built up in the liver and other organs are taxed.

And, you know, it's interesting that you bring up fascia as an osteopath. I love, you know, yes, I figured I add, but as opposed to for the protective I see so many of my patients are like, you know, they're gaining weight that they don't want to gain or they have they have really have myofascial pain and they're all like, you know, kind of throwing up their arms, going, I don't know where this stuff is coming from.

I'm like, well, a lot of this is actually your body doing the right it's job properly. It can't get rid of it. So it's storing it in a place to protect you as best it can.

I would much rather have an extra 5 or 10 pounds pulled in on the toxins and have my liver go to pot, you know?

And when I was sick, myofascial pain was a massive problem for me.

And so I just think back, I'm just like, wow, my body was so smart it couldn't do what its first choice. But it had a backup plan that saved my ass. Yeah.

And and I think that that goes back to the gratitude part is some of the things is just go like a lot of us feel almost like betrayed by our body. I mean, I get too big betrayals in my office, betrayed by the medical system, whether people feel it's purposeful or not, usually it's not, but sometimes it is.

And then as if our body has betrayed us, I'm like, no, you know what your body is 100% of the time, doing the very best it can in that moment. And to recognize that your facial pain means that you're not having pain somewhere else.

You know, you could. It's just interesting because physiologically and structurally, fat and fascia are protecting us, even if they're hurt. I mean, I don't know that fat hurts, but I know fashion can hurt pretty damn bad.

Yeah, yeah. So it's it's that, you know, it's yeah, you're you're I, I just like the way you phrase that is that, you know, this this is that your body generally is trying to protect you.

It rarely, you know, any time it's you feel like your body's attacking you, it's usually because it's being confused, you know, it's, it's and and most I mean, again, I mean, just like I said, most symptoms are just your immune system is trying to either kill something or give you a message.

You know? Yeah. Gotta listen sometimes both. But really, it's hard. We don't listen. Well, I mean, that's that's human nature. If we listened well, life would be, Who knows?

We wouldn't learn. Maybe we just learn quicker, but we don't. This is, I think, Erica, I think this is one of the most important keys here as practitioners, we also need to start to learn how to listen to the clues the body is giving us.

Because the question I get all the time, both from practitioners and patients, is, well, how do I know what to do in this situation? How do I choose what you mentioned, these priorities?

How do I figure out what those priorities are? Well, the first thing is like I go back to I somehow I had some sort of, you know, some enlightenment or something in high school.

My high school yearbook quote was a James Thurber quote, which is it's better to know some of the questions than all of the answers. And for me, I go back and I go, okay, I'm asking, what are you telling me?

What am I supposed to learn here? And again, it's actually, from an osteopathic perspective, one of my first, medical student, national case presentations.

I titled The Day I Learned to Listen. Wow. Yeah. And because it is, it's it's about figuring out, like, listening to what the body is telling us. Is my micro toxin patient just detoxifying really aggressively because they've done all this work and are finally out of it?

Or are they not? Because those people can look pretty darn similar. And it's it's about and and part of the reason I know in the one person what I think is going on is because I've worked with her for a year plus, and I've been treating her all along the way and seen her reactions.

So I talk a lot about playing Lyme chess. And the reason I called Lyme chess is because that's where I got that's kind of like my primary thing.

Detox, Colonization, and Body Priorities

But even in mycotoxins, like I may have all the the toxins that I that come up positive on the test. And I might have

found what you have in your house.

Now I'm giving you some binders and you're not acting the way I think you should. So I start to go, oh, I know, I know the research on binders. I have a lot of clinical information on what binders should do, what for, what mold toxin.

And when you react the way I want you to, or the way opposite of what I think you should react, that's all clues as to what might really be going on, you know, because because you're listening.

And that is why our patients, Eli, you say get so frustrated with doctors is because we are taught to make the diagnosis and be done. It's like, I mean, that that even though it's clearly that doesn't work, but that in training, the emphasis on diagnosis come up with a name for something.

Like if you had the name or you understood the pathophysiology, then the rest is easy. Yes. And and again, that's an old model that again works with acute injury with bullets and stuff.

It's like Occam's razor and that single unifying diagnosis. Because once you know, the diagnosis treatment's a piece of cake. Yeah, yeah. In fact, yeah, that's a joke.

I, I'm going to I'm going to rib Doctor Afrin with, when I'm going to be talking to him. But but Larry's it. So I mean, I, I mean, I learned so much from the when somebody gave me his book because we had to I've been treating I had a patient who had Marcel issues like few years before.

So I had been looking for it, but I wasn't looking for it in all the right places. You know, it was just only if they had a rash or if they had, you know, severe esophagitis, you know, but, but I was missing a ton of it, so I was really excited when I met him years ago.

But early on, he thought that it was like, you know, it was Marcel, but no, I said no, no, no, no, the mast cells are acting up because there's triggers, right?

You know, and there's lots of different triggers. So you don't get away with the Ockham's razor so easily. Not in medicine when you're dealing with people.

A lot of stuff is happening simultaneously. But so listening is your magic, you know, and all. I think everybody who sees physicians who who really work in this field, the difference is, is that, you know, either they got sick or they just didn't do what they were.

They just learn to listen to people and know that we don't know the answers. Because if most doctors, if they don't know the answer, they assume a if I don't know what it is, it's not going to kill you.

So because that's what we're good at. We know we know most of the things that are going to kill you. And then if it's not going to kill you and I don't know what it is, it's probably nothing. Or you worry too much.

Right. And it was it just essentially when I think back because like I started my practice to do osteopathic manipulation, I was sick, I got better, and I was just like, do I do critical care or do I get paid to meditate all day?

I'm like, I choose meditation here. You know? And so I sat down and I was working on somebody. And this is one of the clues that I have that I can use.

Is that like when I put my hands on them, they weren't responding the way I would expect. So whether it's using a manual therapy or even giving them an herb or medicine when they're not responding the way you expect them to, this you should.

This is kind of like a big neon flashing sign. So I'm trying to tell you something here. And so this one person, I was like, I just lost your video. Oh, okay.

Is it there? No, I still don't see you. Talk to me. What happened? I don't know. Oh, there you go. Oh. You're back. Weird. Yeah. The universe just popped in and out, but you're back.

That's all right. Good. But. So you were. Yeah. You were. You were working. You right? Do you? Yeah. So I'm. I'm working in my practice there, you know, and I put my hands on this person and it just didn't feel right.

And so I was just like, wow. You know, I don't know what the answer is here. And then I was like, well, based on some training I've done, I think it might be Lyme disease, you know?

And it felt kind of more like there was a then an extra, an infection, because in my training, my mentors are always like, no matter what you are doing, put your hands on, open your eyes, listen right and use your hands to palpate.

So I learned I remember the first time I saw chronic, leukemia. It was just like cml I put my hands on. I was like, oh my God, that's what what? You know, that type of particular leukemia, it feels like.

And it's different than others. So when I felt this, I was like, I wasn't sure, but it sure as hell felt like an infection. And I was like, I didn't know anybody could treat her.

So instead of going, well, it's probably not going to kill you. You're just crazy. I said, I don't know the answer. I'm going to go figure it out. And then I then I figured it out for her and she told one person, and now we're here.

Yeah, yeah, yeah. No, I mean, but that is it. I don't want to waste. I'm not waste. But I digress too much into one of my favorite topics is what's wrong with medical education.

But that's it. We've lost the ability, the freedom to figure things out. Because, you know, I my patients need, oh, you know, like yours. They've all we're on the West Coast, so they've all go to Stanford or UCS or they fly to Mayo and you know, and and it's I always encourage them because, you know, God forbid there's something I'm missing that I don't know.

But generally they don't even if they find something. But because there's no double blind placebo controlled study that shows that X is going to work for them, they have no treatments, and that's what's wrong.

I mean, we've lost in the lab. I mean, I'm all when I started medicine, you could still just do things. I mean, it's true. You could hurt a few people.

But when someone has been suffering for years and years, if you try things at very low doses with very low side effects, side effect profiles. It's probably worth it, you know?

I mean, if it's my I mean, I think, you know, again, the end you have to informed consent really explaining to people what the what the downsides can be.

I mean think that's what happens. I mean, like, you know, we had a lot of, you know, rogue doctors who had good or whatever. Yeah, that did terrible things to people.

But as always, the pendulum swings so far to the other direction that now very good doctors can't treat if they're in the university system for a year.

And again, I mean, I feel like unfortunately we become widgets on, on a conveyor belt, right? I mean, and, you know, talk about that gradually, but it's like, I mean, are we basically saying, you know, the system, the broader system has been set up to keep us as sick as possible for as long as possible, so they can make as much money on us for as long as possible.

And, you know, it just works. I mean, to me, I don't like to think they set it up that way. But, you know, if you're if you're drug is designed to just, you know, prevent illness progression and not really do anything to do with the illness being there, you know.

Yeah. Resolution. Yeah. It's band medicine. And I say we are trained and I mean like the critical care is band medicine at its best. E. R. and critical care. What's really interesting.

Yeah. One of the things that I really think is so interesting and you can put the word Lyme in here, you can put the word mycotoxins or Bartonella, but what's really interesting, especially in Lyme disease, it's like if I treat you for acute Lyme and you are I'm going to give you 21 days of a treatment, ten days into it.

You are a symptomatic, you are completely cured. I stop your antibiotics and I, you know, three days later all your symptoms return. They're like, oh, you have something different.

You have post-treatment Lyme syndrome. And if it goes on for six months now, you magically have fibromyalgia. However, I went back and I said, hey, did my thing just go off again?

Yeah, yeah, you just see, but I want to break your chain of thought because what it is. Give me one second, I don't. This is this last name. For the first time ever, I have no idea what the hell the problem is.

Oh, well. Me okay, so it's it's interesting because I, you know, when you contrast all that to what we were taught about pneumonia. So if I, when I was in my training, if somebody had pneumonia and I put them on an antibiotic and they got better, I sent them home and they finished the course and it came right back.

I remember the first time it happened, I was I talked to my preceptor. I was like, oh, I got to see him again. They're like, I need to stop the antibiotic.

A couple of days ago, it's just pneumonia wasn't better. Just double the course. And then if it didn't work, then they would change the antibiotic. And then if it didn't work, they would see him again.

And I was just like, oh my God, why is something like Lyme or mold exposure treated differently than we treat other infections in, in, in the medical system?

I mean we are. And then I asked doctors, I'm like, do we sterilize people from pneumonia? And not a single person has said, yes, the antibiotic is used till we can bring down the level of the load of the bacteria and allow the body, the immune system, to kind of come back up to the point where it can handle it and take care of the rest of the job itself.

So, no. So when we take away treatments and things come back, it's like everywhere else in medicine we call it the same thing. And also we also maybe not overtly, but we acknowledge the fact that the body's actually doing most of the work.

And so why does this all change when we go into Lyme? I mean, and mold toxins like, weird?

Listening to the Body in Complex Cases

Well, it's because people don't die quickly or usually don't die, thank God. Right. And so it's not. And the bugs don't reproduce that fast. It's not as clear cut. It's harder.

It's been really the diagnosis isn't as good. And I think the biggest issue is the bias of see our failures because I, I'm giving, a little talk on, chronic fatigue Lyme issue.

And one of the things I realized is that a lot of the chronic fatigue doctors that I've known over the years didn't really believe in lying. And I believe, you know, and these were very good doctors who listened to their patients.

But the reason they didn't believe, because they saw a lot of our failures, okay. They would see people because, you know, there are some years ago we had people who would, like, put people on I. V.

antibiotics for long periods of time with minimal results. You know, I think most of us have advanced since then, but

that was a very common pattern, you know, and so these and so then they because people with longstanding Lyme often look if depending on your filter, it can look a lot like a chronic fatigue person, especially when the pain is better because sometimes that's advanced.

They have now. But anyway that's another story. But you know, so and we have that issue and the same thing happened with infectious disease docs. They saw our patients and they just flipped.

Because in their world, if you don't have a clear cut diagnosis under the microscope, you shouldn't be using long term antibiotics even though they close their eyes and do that lots of times.

Oh for sure. Yeah, yeah. But but you know, in that moment of self-righteousness that's, you know, not done. So anyway, so we have this bias that, that that developed over the years.

And I hope that, as we get better testing, we're going to be able to change that a little bit and we can validate that. Yes, these people really do have active infection.

So I'm hoping as our tests improve, we're going to do better with that. That's lovely. We definitely need advances in that area for sure. Yeah. You know and so let me, let me just I was going to.

Yeah. And one of the so many things so many different places to go. But I want to make sure we have enough time. I want to talk a little bit about, you know, your training program because I, you know, it's that's another thing that's been missing in the Lyme world is a dynamic.

A lot of people are giving courses out there. Yeah. But I don't know many of them that, that are out there that have had your depth of, of experience, you know, with, with, with, with training, what I consider all the facets, you know, because there is a lot of people who are giving mold courses and Michael Thompson courses or giving, you know, line courses, but or, you know, telling people how to treat pandas but or and and and and the Marcel's world and you're somebody who was a man after my own heart because I think this is one big rodeo.

And I'm going to unreal. I don't know what is going on right to there, you know, that. You know, because that's what excites me about your course. Because I think from what I've looked at, you're going to be making sure that people understand they need to look at everything and and so yeah, tell me how how how you put this together.

Yeah. You know, I my biggest frustration sounds like yours, you know, is that we have a bunch of people who are learning pieces, but not how to come together and actually create a, you know, a diagnosis that's unique to that person and then create a management plan and, you know, I think that I've done so much training, but I've always go back and I go, what I do with that person.

And, you know, hey, that didn't go the way they said in the lecture. So now what do I do in the real world? And so, you know, I really created the the Lyme Disease Practice, Mentorship and Certification program as a place where, yeah, it's got Lyme at the top.

But in order to treat Lyme you have to understand co-infections, tick borne and otherwise. I mean, you know, things like mycoplasma and chlamydia, Yersinia, Brucella, all these kinds of things out there.

And oh, by the way, these people also have strep and they might have pandas or pans. And also I learned a lot with kids. When you look at pans, autoimmune encephalitis actually happens in adults.

And we actually kind of talk about this sometimes is infection induced autoimmunity. And like along the, the, the sort of the, the road back foundation type of work and Doctor Brown's work.

Yeah. Immunity. But I'm like the way but what about the person who has cognitive dysfunction as an adult. Well that could be an autoimmune encephalitis.

And then as we've been talking hey well there's things called Bartonella and mycotoxins exposure. And then a lot of

times that'll trigger mucus. And so the idea behind it is to give people, you know, the other thing is so many of the times it's a weekend workshop.

And then I go back to my office and I go, OMG, what do I do with this information? You know? So the idea is we're doing a six month mentorship program with the option to extend some of the mentorship.

But the idea is we're going to get you all the information that you need to know how to treat all of these things. We just talked about, but then you're going to have we're going to do actually like real cases.

So, you know, there's always the case that you show in the, in the, in the lecture, which I do a lot of, but then I'm going to have people in the program actually bringing their cases in the real world.

We're going to discuss them, give them ideas, bounce ideas back and forth in real time. They're going to go back and do it and then report back. So people to me, it was like it took me like a decade to gather all this experience.

I didn't go on vacation for like nine years. I mean, it's a vacation. I went to a conference, you know, I want people to be able to in six months, get exposed to enough experience as if they had been in practice doing this for ten years and really give them that platform.

So that's really kind of the goal here. That's, you know, and that's so important because, you know, we you know, I'm in my office now. I'm training people.

And and it's it's so hard because a lot of doctors, you know, go to ISM. You go to many training courses. But I said, you know, that stuff works great for healthy people, you know.

Right. It's just that, you know, and it's good you need to do that. It's the basis. But the thing that has makes this difficult is that it's that clinical experience because we're treating diseases, not diseases.

We're treating what your body does when it meets the disease. And that's different in everyone. And that's why it takes this ridiculously long time of seeing people and not understanding what's going on with them.

You know, till you get a flavor and it and that's not what people want to hear. When they want to go to a doctor, they want a diagnosis and they want a treatment plan.

People are always calling, you know, what's your treatment plan? And you know, and I say, depends on what you do, right. And and so it's, you know, but I said we're going, you know, but we're your course.

Practice Mentorship and Integrated Training

And I think others are moving forward and getting exposed to. So doctors are getting exposed because otherwise the only reason doctors learn things is because they listen to their patients and they hit walls.

They hit places where they didn't know what to do, and then they would if they were good. Right? They go learn something. And I think, now what what you're doing and I think, what what you know, ISI as an organization, I think is trying to do is expand the field of possibility, you know, and what I hope eyelids does in the future, too, is, is, is just let people know that it's their body dancing.

And we have to teach people how how that how that dance works and teach them to just listen to the person in front of them. But one more little thing, a little plug.

And I've been interviewing people. And what I've seen is that like, you know, you know, we have lots of testing, you know, we use like, you know, the great planes and the real time for mycotoxins.

And I've been playing more with the my Michael for looking at the antibodies and I, I, you know, interviewed that Campbell for his perspective. It was very interesting and you know adding in I said I'm using a lot of the infected lab

now.

As a way to, to, to, to just, you know, along with the I, Jenks and the other labs for, you know, this because we're learning, we're getting new tools, but we still have to figure out where they fit.

And I think that's that's I know my message. And that can be discouraging to people out there who are patients. Is that is it because they're coming to us for answers and disappeared again?

But I'm going to finish with we have a lot of answers, but we still have a lot of questions. But the thing that's wonderful about, the last I think, maybe 3 to 5 years is I just feel that, we're getting a lot more, scientists really interested in these fields because these used to be places where scientists were afraid to tread.

Because if they spent too much time in these kind of, like, chronic fatigue line. Michael Thompson world, they would be, really kind of discriminated against in their, in their institutions and other, you know, it's like other doc, other scientists.

We want to play with them. Oh my God. The last 18 months has been amazing for research, right. 18 months to two years. Oh yes, the board and I'm really glad to see all that because that's what we need to do.

And, you know, for me it's like kind of like the the idea is to create this residency like environment where you can still be in private practice, but you can get that intensive training where we can bounce it and somebody you're trying this, I'm trying that.

Now we're going to bring it all together and we're going to share with you the best of what we found. So your patient is not the guinea pig, but, you know, we're working collectively because that's what it's going to take.

It's going to take the village. I mean, I say all the time it's like this is an epidemic, right? And alone, I can only see one person at a time. But together we can all make a massive difference and learn together how to use all this new information and really make a huge difference in people's lives.

And this is, this is, this is and should be how we do medicine. Imagine if we had used this approach to treating Covid. I mean, whatever your belief systems are, if we had actually listened to the frontline doctors and tried things that weren't going to hurt people, you know, because we have a lot in a we, you know, believe between you and me, I think the non-steroidal and the proton pump inhibitors are probably, you know, I mean, more dangerous than most of the other medicines I use.

And those are considered candy out there by conventional doctors. Those are dangerous drugs. And ivermectin, which is so safe, you know, I mean, it's like I predicted we have used for years, and it's the one drug that I always told people, my most sensitive patients, I mean, I, I've had maybe you know what I mean.

Almost nobody has reacted to low doses of ivermectin. You know, I mean, I never want to say never, but compared I hope more people have reacted to vitamin C and glutathione for all my gut, right.

Far more than have reacted to ivermectin. And it does such a good job with so many things. I, you know, and, you know, I mean, okay, this is a funny ending here, but we'll keep it end because, I just want to mention it's just like over the years, I always was I didn't understand why when I treated possible parasites, people had so many positive results with the rest of their symptoms when I used ivermectin.

And I'm embarrassed that I didn't do a deep enough dive on, you know, on how on the mechanism of ivermectin, you know, I did superficial things and I didn't realize all its effects on the immune system.

Yeah. You know, and people like, what do you think about ivermectin? I'm like, it's awesome for modulating the immune system. Yeah. That's a first words out of my mouth.

Yeah. Now. But I honestly, I didn't know that six months a year, a year and a half ago I really didn't. And I'm

embarrassed. But you know, I just thought it was seems to be really interesting because I know I'm not just treating parasites with it.

Right, right. Anyway, this has been and I've had a wonderful time. I hope, hope our listeners have been able to follow through, the ping pong of our minds.

But, I, I, I just want to let you know is that, you know, this is the nature of treating illnesses that don't have a textbook answer. And, Yeah. Really?

Thank you so much, Tom. It's been a real pleasure. Thanks for having me, Eric. This has been a blast. Yeah.