Decrease Your Brain Fog, Fatigue, Insomnia, & Chronic Depression By Switching Off The Allergic Reactions In Your Brain Transcript

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Introduction and Dr. Ingels' Background

– Welcome to this episode of The Long Haul and Chronic Fatigue Summit I have with me today, Dr. Darin Ingels. So I'm just so excited to have here, we've we've been in the same medical circles for a long time now, but this is the first time that he and I have had a face to face interaction of zoom to zoom interaction. So I'm just really, really excited here.

So, Dr. Darin, tell the audience about you and about your medical practice. – Sure. Well, I'm a nature pathetic doctor like yourself. I've been practising for almost 24 years and I have a practise in Irvine, California and my practise really centres around environmental medicine. I was fortunate.

After my medical education to train with the American Academy of Environmental Medicine, I learned a lot about how all these external things in our environment, including allergies and heavy metals in chemical toxins, mycotoxins, impact health, and I realized kind of, you know, regardless of what your chronic health issue, maybe there's some element of environmental medicine that's playing a role. So it gave me, you know, so many different tools I could use in my practise to help people get well.

And then at the time I was practising in Connecticut, I got Lyme disease and spent three years getting my own health back so lying it became a very big part of my practise.

I've also been fortunate to have worked with a lot of kids with autism. And although they may sound very different than each other fundamentally, we see a lot of the core things that affect line patients as well as you know, Children living with autism. And then, of course, the whole environmental medicine piece of, you know, allergies.

We do a lot of immunotherapy and our practise, so really, you know, fundamentally, it's about core, I think now empathic principles about ensuring people have good diet, good gut health, good lifestyle and using all these natural tools to help people get well. – Fantastic practices sounds so similar.

It's just it's great. It's great to hear you speak, especially about the environmental medicine piece. I think that that's just so overlooked these days, the effect of, just pollutants in our world that cause immune dis regulation what we'll get into that more today. I'm sure tell us about how you got involved with treating long covid?

How Long COVID Entered His Practice

– Well, you know, like all of us, I think in medical practise, if you were seeing people at all, you know, at some point, you know, it started coming in our doors.

It was really fascinating. At the beginning of the pandemic, we really didn't have very many covid patients at all. I think we probably were about eight or nine months into the pandemic where then they started to trickle in and then a year plus into it.

And then we started seeing people with long covid. And as you know, you know, people are just experiencing these terrible, debilitating symptoms that was affecting not just their life, but their family, their work, their school. And so, you know, trying to come up with different strategies to help people move through it, knowing that, you know, there's this whole cascade of inflammation that covid can trigger, you know, particularly in the brain and the neurological system.

So, you know, as we kept getting more and more patients coming in the door, you know, I was always reading, you

know, research, trying to find out what information was out there. And of course, going to conferences talking to my colleagues, you know, trying to find out what was the best strategies.

And again, as time, kind of kept going on and on. There was some studies being published of different things that were being helpful with long covid. So, you know, I've really tried to pull the best of, you know, naturopathic medicine, conventional medicine, you so whatever tools I had in my disposable to help people, and I feel very fortunate in the folks that we've been working with, you know, we've helped a lot of people now move through their long covid.

A lot of people are getting better, but as you know, it's just so terribly frustrating and difficult. And, you know, my experience, too, is that you know what works really well for one person doesn't necessarily work as well for the next person. So, you know, we've had to get creative in trying to find different strategies for each person that really meets them, where they're at, and because long covid affects people so differently, you know, for some people, it's the fatigue for other people.

It's the brain fog for other people. It's, you know, neurological symptoms so again, we're really going to have to find what works for each individual person. And, you know, it would be great if there was a one size fits all approach, but I don't think I've found that yet.

But I'm also very grateful, though, that at least in the naturopathic world, you know, we have a lot of tools at our disposal between what we can do nutritionally, what we can do with herbs, what we can do with Homoeopathic and detoxification.

And unfortunately, a lot of these therapies have been working well for folks. – I'd say we're just so we're just so lucky that we do have all these tools at our disposal disposal. I think that, you know, we've It's been named one disease, right? Long covid.

But in fact, it's a system of many different disease processes regarding inflammation in jeans, where the environment meet, the genes and chronic inflammation expresses.

And so I think you're absolutely right. Not just there can't be a one size fits all because everybody's expression of inflammation is going to be different pertaining to their genes pertaining to the terrain that they already have going on their system.

Whether it's other infections or their microbiome. And so – Well, you know, you and I were chatting a little bit before we jumped online here. And, you know, I mean, I'm a long covid patient myself.

I have multiple sclerosis and have had for many years now, and I had covid just after Christmas. I was late December of 2021. And you know, I really just had fatigue. I didn't get any other symptoms.

I never had fever. I never had any of the upper respiratory symptoms and it lasted two or three weeks. But I just remember my legs felt like I was carrying £500 sandbags around. I really had a difficult time walking, and then it kind of dissipated, and I was doing very, very well.

And then back in June, I was travelling out to the East Coast to visit some friends. And the last day I was there, I remember getting out of bed, and the minute I stood up, I could barely stand, let alone walk.

And I was thinking, Boy, the last time I felt like this is when I had covid.

Personal Long COVID Experience and Immune Overlap

But again, I had no other symptoms So I had to slug through LaGuardia Airport and the Dallas airport and finally got back to California and do the test.

And I tested positive for Covid. And since then, now it's been, you know, going on almost four months. I've still

really struggled to, you know, get the strength back in my legs.

I got a lot of spasticity, and again I've been reading the research. We know that when you already have an underlying, you know, immune or autoimmune problem, it's really like throwing gas on the fire.

It just takes that inflammation and makes it so much worse. So we know that you know, Covid is really a catalyst for these other things lurking in the background. So if you've been dealing with chronic fatigue, Epstein Barr virus, Lyme disease, mould illness, all of a sudden everything just seems to explode and get worse. So, you know, we're dealing with this long covid piece were also still trying to deal with these other underlying issues, and, you know, when we talk about treatment, I think that's where I get to be a little bit complicated, because now how do we manage, you know, kind of both because we got to get this covid peace under control. Put out that fire, so to speak. But we're still working on these other root causes of illness that we probably were working on before you had covid.

So I know, you know. I mean, I take literally, like, 40 different things every day, and it's complicated, but, you know, I see the difference when I do it. And I know in time, you know, we'll eventually get this inflammation under control and, you know, kind of get my brain and body working back the way it's supposed to.

But, you know, I just know from my own personal experience again, the frustration of, you know, doing well, then not doing well and then, you know, kind of having to fight back to get your health back.

But I think the good news is there is a light at the end of this tunnel. And again, I think, you know, with the right approach with the right treatment, you know, we can get people through this hurdle.

– Thank you for sharing your experience with us, Dr. Darin. I bet you're offering a lot of hope to people who could be. Who could be experiencing something very similar to you right there.

There is hope and there are so many different, different parts of the system that we can uncover that we can look at. We have to be medical detectives and then treat what's there in each person. And so I understand you have to take 40 supplements. You have to work so hard for this.

But at the same time I think what you're experiencing is just going to offer so much insight to a lot of people who are also going through this. So thank you for sharing. – Of course. Yeah, well, you know, we become our own best students when we have our own health issues that we have to tackle. And the same thing.

When I had Lyme disease, I had to become really good at dealing with Lime because it was affecting my own health. And I was, I guess, in some ways fortunate to have learned so much of my own experience that I was able to apply that to my patients.

I was working with so kind of the same thing. You know, dealing with long covid. I'm able to take. You know what I found Works for me and apply that to people I'm working with.

And again, I'm Unfortunately, a lot of these things have been helpful, – Right? Right. What I'm seeing a lot is people who maybe I've helped them go into remission from chronic Lyme or chronic Epstein Barr virus.

Once they've had covid, the inflammation stirs that up in those bugs. Those infection that were dormant there are now active all over again. And so it's like we have to press on those those other concurrent infections.

We have to treat them as well as other things. But I know that we're going to talk a lot about allergies today and how long covid can can affect the immune system and cause allergies to happen. Let's talk about how long covid affects our immune system. – Well, like a lot of other infectious agents, you know, I think what it does is it tends to upset the balance of our immune system.

You know, your immune system. Is this, of course, horribly complicated, you know, set of cells and chemicals that are constantly talking to each other, telling us what's part of our world what's not part of the world.

And we know this certainly from Lyme disease. And Epstein Barr. I think those are two great examples that after you get these infectious agents and some people, it sort of tilts the scales so that you become more dominant in one aspect of your immune system. We talk a lot about these th one and th two cells T helper cells, which are really the conductors of the immune system.

And, you know, if you think about th one cells really being more of the cells that see an infection go right after and get rid of it. And th two cells are really more the kind of cells that signal B cells to make antibodies. So when you become more th two dominant, your disposition to making more antibodies goes up.

And if you look at allergy, allergy as a whole, by and large is a th two dominant state.

How COVID Disrupts the Immune System

Well, knowing that some of these infectious agents make that th two pathway, they kind of up regulated or just make it worse all of a sudden, Now, your disposition to having allergy and certain types of autoimmune problems goes way up and again, I've seen people in my practise that really never had an allergy or sensitivity.

And then after having covid now all of a sudden chemicals bother them, food bothers them, mould bothers them, pollen bothers them. And I'm like, I don't know what happened. You know, I'm 40 some years old, and now all of a sudden my whole world seems to bother me.

So I think again, it's this capacity for these infections to undermine the immune system in this way that triggers this this imbalance of the immune system and therefore, you know, we're now dealing with, you know, all these different types of allergies and sensitivities. So, you know, part of the approaches that we obviously want to get the virus under control of its covid.

But I find even after we do that, sometimes we have to go back, and we have to kind of retrain the immune system to not be so hypersensitive. It's almost like once that catalyst has been set off, you know, we still have to fix the immune system.

And again again, we have a lot of strategies, nutritional and otherwise that can do that – Right. I find that with these patients, they've had so many insults to the system covid being one of them, they might have had other other insults going on to the system to they just didn't know about it.

So covid comes, it goes, the trigger is removed. But the immune system is already set up to be in what I would consider a neurotic pattern of immune. Dis regulation. We've got hyper immunity on the one hand, like you were talking about massive activation syndrome or the the the the sensitisation to allergies. Autoimmune condition them.

On the other hand, they can't mount the appropriate immune response to kill off other infections that were previously dormant and then stimulated by by covid.

So we're seeing this multi, multifaceted, immune system now hyperactive and weak together. – Yeah, we've got this really interesting. You know, I guess paradox in our immune system that if you're th two system up regulates, it actually suppresses th one. So you're having now more allergies, auto immunity, but that th one, But again, that's your direct scavengers to fight.

Infection goes down. So again, you are more disposed to not being able to clear these infections. as readily as you were before, so kind of an unusual thing that's built into our immune system to do that.

But nonetheless, I think that's just part of the mechanism of why you know these different types of infections becomes so some problematic. And I, you know, I think the best way I think of it is, you know, if you're standing on the lake in the morning and it's a nice quiet lake and a motorboat goes blowing by the boat could be long gone. But the waves are still rippling in its wake, and it's kind of that way with Covid and the immune system might have cleared the virus, but that immune activation is already in place. All those immune cells have been activated, so we can now have to go backwards and try and fix the immune system and put that fire out.

– It is very obvious, and I'm actually working on the immune system first. I'm giving them really good band AIDS to treat that to keep that in place because I know when I have to kill the other infections that were previously dormant, there's going to be more immune. Dis regulation because it's going to be more cited. Kinds that flare are more bio toxins that are created when we're killing these other infections.

So I'm often modelling the immune system as I'm killing infections at the same time. How about you? Are you doing something similar? – Yeah, I mean again, I think it's a multi factorial approach.

I just thought it was so fascinating when we first started hearing about long covid. And we're hearing all the symptoms coming out. I'm like, Gee, doesn't sound a lot like Lyme disease. Doesn't that sound a lot like chronic gets the bar activation? So I still kind of wonder.

I mean, how much of it is still the the covid virus? Or how much of it is that you had these other underlying infections that might have been dormant that have now resurfaced because it was just so much common overlap of symptoms that it just It just struck me so odd? I'm like, Boy, this is the same thing I've been hearing with my lying patients and chronic fatigue patients for 20 plus years.

So is this really something unique and different? Or again, was this really just one piece of this whole mechanism that was setting off these underlying dormant infections that people just didn't really know about, and now I don't know what the answer to that is, but, uh, I just thought it was rather curious that there's just so much commonality and symptoms – There is, except that there's that spike protein, which I think that's the major difference. But the rest of it is just so so interconnected in having treated so much lime and other complex, chronic illness.

I feel like we were. We were set up already to to learn how to, well, to learn to learn quickly, because we have. We've had some experience and some some tools at our disposal to treat illnesses that were very similar in their expression, for sure.

– Yeah, absolutely. Well, I said, you know, it was it was so odd to me. But again, I think our approach, if we believe that any infection is sort of overriding our immune system and you said it earlier, it really is about the terrain. How do we get the terrain health so that it can manage all these infectious bugs anyway?

Mast Cell Activation and Allergy Symptoms

And that's where again, I think we go back and we do just a head to toe, you know, top to bottom approach of, you know, diet got lifestyle, all these things to make sure that we've got a healthy terrain so that the body can handle this on its own, – Right. How about mast cell activation syndrome and allergies? Tell us about that.

– So, you know, mass cells are the cells that are found all throughout the body, and they're your primary cell that react to different exposures. So, I mean, massive activation. Honestly, it's a fancy name for allergy.

And, you know, back in the old days, it was just allergy, but, uh, any potential trigger which again can be environmental? Something like food mould, dust, pollen, cat dog.

But it can also be infectious. It can be yeast. It can be Lyme. It can be a virus. It can be a parasite. And, you know, we always use this concept environmental medicine of total load. I think you alluded earlier that, you know, there's probably a little insult. And there was another insult that kept building building. And we get to that breaking point, and I think for a lot of people covid probably was that breaking point that the loaded built so much that now these cells are so disposed to getting activated and the fact that mast cells themselves, you know, carry more than two Hun different chemicals that can create problems.

You know, we always think about histamine. Histamine certainly is probably one of the biggest and certainly the most well known as causing allergy. So when people get hay fever, you know they're allergic to dust or pollen, and then their eyes get itchy and they sneeze and they get itchy ears and scratchy throat.

You know, that's often modulated by mast cells and histamine. But if you've ever had allergies before and you've

taken an anti histamine like Zyrtec or Allegra and you didn't feel better, well, maybe it's one of the other 199 chemicals that's not histamine. And so, you know, we don't always have a practical way to shut that mechanism down. I mean, we use other things like mast cell inhibitors and Lucca train inhibitors and other strategies.

But you know, at the end of the day gets, you know, how do we How do we turn off those activated mast cells? now. Ultimately, if you can stop the trigger, avoidance is always the best approach. But if it's something like Covid, uh, you know, you've already had that exposure. The avoidance part is done, so it's really about now. How do we modulate the immune system the way that it stops overreacting to that trigger, – Right?

It's that inow the mast cells are there, trigger happy, and almost anything can set them off. And the interesting thing is, I think people just think about allergies or mass cells we actually going to say as to do with just hives or itchy eyes or runny nose.

But mast cells line many more of our tissues around our nerves there, there in our mucosal tissues there in our brain. And so if people are having allergic reactions and then symptoms everywhere else, this could be why, – Right? Well, I think about especially, you know, mass cells, you know, in the brain. If you know Dr. Theoharides, he's a M D PhD allergists at Tufts University, and he's done a tremendous amount of research that there are some people that have a lot of mass cells in their brains.

So when they get massive activation. Often they don't get hay fever. They don't get any of the upper respiratory symptoms. They get purely neurological symptoms. So again, we think of about fatigue, brain fog, insomnia, psychiatric problems, mood problems. How many of the folks out there have been dealing with chronic depression actually, is mast cell activation in the brain?

And again, I think we've seen this in a lot of the long covid people. This sort of, you know, symphony of neurological symptoms. And I think, you know, mast cell activation is a big part of it.

And, you know, one of the treatments that we've utilised in our practise are, you know, different strategies to specifically kind of quiet those mass cells down.

And we do see a lot of people get better. So I think to at least a certain degree, that mast cell activation in the brain in the nervous system is playing a pretty big part.

And you know, these different neurological symptoms, and like I said, you know it can if affect the gut, it can affect the skin. It can affect other tissues. So I don't know that we have a great test that necessarily tells us how much you know the mast cells are gonna affect each tissue.

But as we keep working on, you know, stopping the triggers, controlling the mast cells get them under control again. Often, I find a lot of these symptoms get a lot better – Right. I find the same. Yeah, and let's talk more about treatment.

So what kind of treatments do you like to use for allergies once the patient has been sensitised? – So you know, in my mind, it's sort of a well, I'll say a threefold approach.

I mean, if we identify the trigger, if there's a way to avoid it, let's try to avoid it. So if someone is living in a mouldy environment, we clearly want to get them out of the mould environment or fix the mould problems so they don't have that constant stimulus beyond that again.

Sometimes it's not practical to avoid the trigger.

Treatment Approaches for Allergies and Sensitization

I think there's a lot of things we can do to help stabilise the mast cells, stabilise the allergies while we continue to work on the other underlying triggers.

So again, we're fortunate. We have a lot of things that are disposal that are mass cell inhibitors. There's natural ones. There's prescription ones. So we use things like queer Satan.

We use things like alluvial, and we use things like pe A. These are natural substances that basically, if you think of Massa like a balloon and the balloon, if it pops, releases all these chemicals that create problems, we're just trying to keep the balloon from popping, and these natural agents can do it.

And we have other things that are prescription things like chrome and sodium things like Quetta. Taif in that again can be helpful. So, you know, I always like to start at the lowest rung of the ladder.

You know, try the things that's the least expensive, safest thing. And if it's not working, we can kind of work our way up. Beyond that, though, I think immunotherapy is a critical part of helping control the immune system. And in our practise we use different types of immunotherapy, so we use what's called sublingual immunotherapy.

So if we know that you're allergic specific foods or specific moulds or ragweed or dust, you know we can make up drops that you put underneath your tongue and the concepts kind of like allergy shots, but we put them under tongue instead of injecting them.

And the goal is to build your immune tolerance. If you have lost your tolerance to these things in your world that are making your immune system angry, you know we can help rebuild that tolerance and teach your immune system.

Look, this is part of your world. Leave it alone. There are almost 1000 studies on sublingual immunotherapy. It's been used widely around the world for more than 60 years, so it's nothing new. It's nothing that hasn't been used before, but again, I've been using it for over 20 years very effectively to help control the immune system and ultimately get to a point where people don't need to take all these other pills to control their mast cells and control their allergies.

Another therapy. We've used a lot of it's called L. D. A or low dose allergy therapy, and this was developed by Dr. Lan McEwan, who was an E N. T surgeon in the UK back in the 19 sixties.

So again, this has been around for 60 years, and these are very, very highly diluted extracts of foods of, you know, inhaling of chemicals that people either inject into the skin or sometimes we do it under the tongue.

They only get it every seven weeks, so it's very easy for people. But ultimately, the goal again is to help build your immune tolerance, desensitise you against these triggers. And in time we find that people aren't so hypersensitive to the world. These things that they know used to bother them, don't bother them. So with immunotherapy, it does take an element of patients. You know, it doesn't happen overnight.

Often it takes sometimes weeks to months to get to a point where you know you're not as reactive. I mean, if you go to the allergist and you do allergy shots, they'll tell you it's anywhere from 5 to 9 years of getting allergy shots, so we know it's definitely a long term thing. But you know, you might experience symptom relief in a much shorter period of time, and my experience with both sublingual immunotherapy and L.

D. A is often within a matter of weeks to months. People are less reactive and were able to start reducing their medication, reducing their supplements and hopefully get them to a point where you know, they don't need these things at all. – Fantastic. Now, I know there are not too many doctors out there offering the sublingual immunotherapy if their doctors were listening and they want to send their patients to you. Are you Are you offering that service to other doctors? – Well, there is through the American Academy Environmental Medicine. There is a training programme for doctors who are interested in learning it. In fact, we just had our conferences last weekend, and our spring conference is going to be completely around immunotherapy and training doctors how to do it. So if there are health care, people that are really interested in doing this definitely can reach out to me, and I can connect you with the right people to learn how to do it.

But again, having done this in my practise for more than 20 years, it's become an invaluable part of my practise, because again, I think it's very naturopathic that, you know, we can really get to the root of these immune

dysfunctions that are triggering all these different symptoms.

And we can actually correct the problem, you know, instead, of just keeping people on herbs and other supplements for years on end. We can actually cure the problem, right? That's fantastic that you do that.

– Do you accept referrals? – Yeah, we do. And we I've worked with a lot of other doctors in the community. For those people who know about it who don't necessarily do it, it is a little bit labour intensive, but we, fortunately have a staff to help support that. So if other doctors are looking for a referral source, we're happy to help. – Yeah, I'm so happy to have that because it is a rare thing. It's not offered very often or too many places.

And, well, I've seen it work, so – Yeah, and it's really kind of strange because it's widely used throughout Europe. In fact, most European country sublingual immunotherapy is the choice. If someone, if you go to an allergist and most European countries, they will do sublingual before they do allergy shots.

But unfortunately, United States allergist get reimbursed for doing allergy shots. They don't get reimbursed for doing sublingual immunotherapy. So I suppose there's really not a good financial impetus to get them to switch over.

I have met a few hours just over the years that are doing sublingual in their practise as well. But it is unfortunately in out of pocket expense, like so many other things, I guess an integrated medicine. But the fact that it just works so well, you know, they've done studies in adults and Children.

It's incredibly safe and increase terribly effective. So at the end of the day, you know, I want to do what's best for my patient, and I know sometimes it becomes financially limiting.

Referrals, Training, and Closing Thoughts

But if I think this is going to give you the best long term result, I'd rather do that than have you keep taking, you know, pills for the next 30 40 years of your life. – At the end of the day that it is less expensive doing it that way than having to take pills forever.

– I think so, – Yeah. is there anything else that you'd like to share with us about allergies and long covid? – Well, I think the biggest thing is that you know, again, if you've been dealing with long covid and particularly if you notice that you're becoming more sensitive to the world, I know from the conventional community.

They don't have a lot to offer. So definitely, you know, reach out to an environmental medicine doctor like myself. And there are a lot of us around the country, you know, there's not thousands and thousands, but there are enough.

And we're all kind of scattered. So, you know, there is hope. There is a way to help overcome this. So, between what we can do in dealing with long covid itself, there are a lot of other things we can do to help manage the allergy and mast cell activation. – Fantastic. Well, thank you very much.

– Thank you.