Introduction and Guest Welcome

Everyone. Welcome back to the Healing from Lyme Disease Summit. I'm your host, Dr. Tom Moorcroft, and I am really, really excited today because actually we're going to be joined with Dr.

Paul Anderson. And it's really cool because I was thinking, I should say, hey, and your co-host is Dr. Darren Engels. And it's really funny. I think Dr.

Paul and I actually were introduced by Dr. Darren. So we were. Yeah. So it all comes around. So anyway, like, you know, me, like, could the intro, I really just like to let you know the doctor.

Dr. Anderson is one of the first people I ever really heard about in the natural medicine field. He's doing a lot of work in chronic illness, oncology, lots of work with HIV and detoxification, and we could talk all you can read in the show notes all about his accolades.

But most importantly, I like to cut to the chase because Dr. Paul's joining us today so we can really talk about detoxification and chronic illness and just figure out like, let's pick his brain, learn more about the keys to this, because I think a lot of times we overcomplicate it.

And I think that's one of the things I've learned from Dr. Paul is you got to really know what you're talking about. But a lot of times it's the simple things that often get overlooked that are the critical parts of healing.

So. Dr. Paul Anderson, thanks so much for joining us. Thanks for having me. I'm excited, man. This is like any anytime we get a chance to talk, I'm like like I think that's why we do all these things, right?

So we can all chat together. And yeah, it's a lot of fun, actually. Yeah. Yeah. So, yeah. Hey, I mean, I'm pretty sure, you know, we're doing a Lyme disease summit here and we're talking about Lyme disease and Bartonella and then of course, we have to talk about mucus and environmental toxins like heavy metals and mold and like.

So we're really just talking about how humans heal. And there's this crazy thing called detoxification, which I don't I can't think of anybody else who knows more about why detoxification is important in chronic conditions or in general.

So I would just like maybe we could just kind of what got you into this and why am I like so enamored to be talking to you about detoxification here? Like, how did you become like the man and go to the doctor?

Well, we'll see how that goes. But I think I mean, I'm, you know, got three, three good decades. Of time here and in the chronic illness and cancer world.

And, you know, you learn things. A little at a time. I always tell people in. My first year and a half. Was kind of a. Standard family. Practice. And then what.

Happened was people found out I did other things and then they started to refer they're sick friends in and my practice completely changed. So it's been all the all the more sick folks ever since.

And I think, you know. Early on, one of the revelations was, is not only is everybody toxic because we're living in this toxic world. But people. Who are chronically ill have sort of.

A very. Tricky brand of toxicity. That is a. Lot harder, not because the toxins are so different.

Why Chronic Illness Requires Careful Detox Support

But the chronically. Ill person may have a lot lower threshold to react to things. Or. A lot a lot more sensitivity to the things we might want to do to help them detoxify, etc..

And so. That was a real big you know, kind of a slow aha moment and learned things the hard. Way. So apologies to all you patients from way back then. But, but what I found.

Was there's a lot of crossover in what got you chronically ill. And. Maybe your your body's constitutional or epi genetic. You know, strengths and weaknesses kind of line up in a certain way.

And you're just much more affected by, you know, toxins, infections, all the things that we work on. Then. Undoing it. You kind of have to keep that in mind because.

If someone's. Really, really sick, they might need to detoxify like, you know, crazy. But if you try and do that, their body can't handle it. So it's always kind of a push. Pull.

That goes on. So that's really what got me to trying to figure. Out the I knew about. The toxicity. Part. It was clinically, how do we detox people? And, you know, so I started listening.

To. People, my friend, my late friend, Dr. Walter Clinton, who passed away. You know, I worked there for years and years and years. And, you know, he knew just a lot, people like that, you know, and then working, as you know, just working with patients is your best education really over time and seeing, you know, how far can we kind of push things without, you know, throwing somebody into a big reaction or, you know.

Upset and then. And then saying, okay, does that then let me treat the other things a little more aggressively and vice versa. So that's kind of this the story.

And it it's. It's gotten more complicated ever since. It seems like. Right? Well, I mean, it is. And it's interesting, too, because I find, like the further down the rabbit hole I go, like the more I realize that I kind of like, overdid it a lot and I always feel like I need to step back.

So, I mean, like, like what is actually like the purpose of this whole detox thing? Because we talk about it like it's some sort of like holy grail of everything.

I mean, like, I mean, sometimes I just think about going backwards and like, what what is the point here? You know, I think and, you know, if. I think probably if we're all honest, you know.

If you're when you're a doctor, you kind of come at things. From the top down a lot of times because we're used to treating things, you know? So it's.

Like, oh, they have a toxin issue. I have to treat it, you know? And and that's when. You can kind of overdo things. And what I've kind of. Evolved or devolved to is especially with chronically ill people or even patients recovering after cancer who are it's kind of a chronic illness.

You got to get to the basics of looking at every human is toxic. It's not a nontoxic world. But. Humans have a very elaborate detoxification system built into them.

And. That's used the first place that we have to start to support. And a lot of patients don't really tie into it. A lot of doctors don't change the. Fact that their own.

Internal detoxification system is so potent. But it's probably. Been slowed down and inhibited. And, you know, just. Got too much work to. Do. So the way I kind of come at it now, you know, educating patients so they understand what we're doing is.

You might. Tolerate, you know, a little or maybe medium if you are chronically ill, tick borne disease, etc., you're probably not going to tolerate something really aggressive.

So we won't go there yet. But it's better if we work on the parts of you that already are trying to get stuff out of you, optimize those, and then we start, you know, treatment oriented things that may be a little more exotic in its treatment from the outside.

And that I think. People kind of can tie into that and they understand, you know, especially if someone if you've been chronically ill with anything for more than a few months, you understand how your body doesn't react like everyone else's.

You're not going to get better tomorrow. You know. It's a process. And I think that's really been a big. Help both for. Me, just keep in my mind, but also for the patient.

Understand why we're doing things the way we are. Yeah, I think it's really interesting because a lot of us have that overlap of like mold and cas and like, we got to do this and that before we do that and that and we get to what order?

Everybody in the summit will be tackling a couple of different opinions just so that we make sure we cover it all. But one of the things that really strikes me is like mold patients to me are really great example of people where you can over detoxify really quickly.

We can't handle it. Yeah, yeah, yeah. Mold which as you know, I think we all have. Come to the realization of more and more over the last ten or 15 years.

Mold is behind so many of the other chronic illnesses. And, you know, it's interesting as the world turns, you know, just yesterday I was working, doing a little mentoring with some doctors and.

The topic. Of mold came up and the one doctor. So I don't understand. I you know, they we got the house remediated. And they. Had these findings in the.

Beginning. We've been doing. All of this, you know, appropriate detoxification, etc.. And now they're. Actually their bodies getting rid of more and, you know, even different.

Mycotoxins How do I explain that to the patient? And so I said, well, you know, just like a lot of other toxins, but maybe a lot more complex with Mycotoxins, the human body actually does sequester a lot of them because it doesn't want them around.

Right. And if you've been exposed.

Mold, Immune Suppression, and Toxic Burden

Even if all the exposure is gone or you moved or whatever your body, then eventually on its own will start to send those back out, see if you can't get rid of them being that you're in a better environment.

And then if you are. Getting, you know, assistance, so you're doing some detox with your health care provider, you're moving more out, which we also see this with metals and other chemicals too.

So I think with mold. The one of the reasons it can go too fast is you don't know what the reservoir is on the inside. You know, there's. No way to. Know.

And there so that once you've been sensitized, you know, so we've all had those patients. Where they didn't. Realize their house, the entire attic was full of black mold or whatever, you know, and they're so sick, they get out of there, everything's great.

And then all of a sudden it's like they're reliving all of that. Well, that's because the body's trying to move that stuff out. And this is. One of those places where explaining that, look, your body has a way to deal with some of this, but it's overwhelmed.

So our job initially is maybe let's push a little. Less and less. Support your body to try and bind these things up and move them out, get you a little more reserve, and then we can be a little more aggressive.

And I think with mold. The other real big thing is. All all. Toxic substances have immune inhibition, but mold. Has. A very high level micro toxin at a very high level of immune inhibition.

And if you already have infections, that's the last thing that you really need. So I think. That's why that's become such a core part of what we have to think about.

What's the chronically ill person? Yeah, maybe maybe you can dove into for just a moment talking a little bit about what this immune inhibition is like.

Because, I mean, I think that it's really important for us, for everyone listening here, both the providers and the patients, to understand, like there's a reason that we're doing what we're doing in what order.

And and I think that, you know, immune inhibition and mold and how it impacts this stuff is is a big piece. I know that wasn't kind of on our pre-planned agenda.

I live a very. Open, random life. So that's the. Right. About flow here, right? That's right. Well, why bring the topic. Up if we're not going to talk about it.

Right now? So, yeah. Where would you like me to start with that? I just say maybe I'd just like a quick background on like, you know, like what, what's the interaction between the two and how is it holding people back?

Well, you know, I think one one thing. For better or worse, that I think is a positive is the last three years with the pandemic people have. Well, number one, there's a lot of armchair experts that may not know as much as they think they do.

But people are aware of the complexity of our immune system. And every time. We learn something literally every month, it changes our understanding of how our immune system works and how complex it is.

And so without. Getting into that level of granularity. The immune. System has under, let's say, quote unquote, normal circumstances, a very elegant way of responding to an invader that's a microbe of any kind, calling on your hormones and your immune cells and everybody else to orchestrate.

Together and. Either kick it out or give you an illness that might help kick it out or let you know you're. Sick. And then it sort of modulates downward.

So our immune system is always kind of like a sine wave. It's going up and down. And the reason we don't feel sick every day is because it's in the background, you know, shoving the bad guys. Out.

In order to pull that off. There's literally hundreds of signaling chemicals that all work together. And when you get to. Things especially like Mycotoxins, they can imbalance the signaling chemicals to a degree.

Where. The immune system doesn't do any of this response. And so you. Become you know what, I very lovingly tell patients. A bug. Collector, you you literally get one infection that your body should do something, that it doesn't notice it, and then you get another one.

And then that opens the door maybe to some real bad ones. And so and I do, you know, I think both of us probably remember back to the days before we were really thinking a lot about micro toxin, in fact.

And you would wonder, why is this person got so many infections. So sick. And. The person they live. With doesn't have any, you know, and then, you know, you move forward.

And so what often tell a patient is, look, there are some mycotoxins that actually the same chemical is used as a

drug, as an immune suppressant. So they might use it in cancer therapy or some rheumatologic disease, etc..

And that's how powerful they are. Just naturally, they just naturally can derail your immune system. So if you're looking at. Okay, well. If we're trying to treat cause areas sometimes coming in, sometimes you have to kill some bugs.

But the reason the bugs are there is maybe more important than the food and what bugs are, you know, playing in the game. And the frustrating. Thing for patients and providers is there's no magic eraser for mycotoxins like it's it's a process.

It depends how, how much your body's soaked in and hold on to. And then it's how gently but quickly can I help you get rid of them? Which is different for everybody.

But I think. Just that core idea that Mycotoxins can be some of the strongest immune suppressants, even that that we use them as drugs, that really gets a hold of people's attention.

And it's like we can keep trying to kill bugs forever, but if your immune system is never going to turn on appropriately, you know, it's it's it's going to be a very frustrating trip for everybody.

I mean, I think it just hits on so many important points. I remember when I learned about micro phenolic acid and I was like, hey, that's like micro ventilated, like cell stuff and something like, this is one of the most potent immune suppressants in the entire world.

We use it. So if we give you somebody else's kidney, you don't lose it. Right? I mean, and now are mycotoxins are generating this. Yeah. Yeah. They were the first to make it actually.

They're Mycotoxins. Hey, Penicillium kind of did a lot of stuff, right? Medicine is expensive. Immunosuppressants. It's it's amazing. Yeah. Yeah, it's, you know, and I'll share.

That with people and they'll say it. Really? Yeah, yeah, yeah. I mean, if. Yeah, if you got somebody else's organ, you probably need something like that.

But if you're trying to get away from chronic infections, it's not not helping, you. Know, and I really like the way you put it pause, like where you're talking about people are like bug collectors, right? And because so many people, you go to the doctor and like, I mean, like you can't have 16 viruses at once like that are fully active and kicking your butt, otherwise you probably wouldn't be here.

But so what are you doing that I mean, I was actually thinking of a different I was just kind of pointing out like, hey, it's easy to get Lyme disease in Bartonella if you're immuno suppressed, but then it's like, but then people are, you know, they're picking up the mycoplasma or the chlamydia pneumonia from their environment.

And rather than let it then just going through it, it's like they're actually not even really responding to it. It's kind of like floating around and it may or may not contribute.

And then we have this whole phenomena of like every single virus we check and see through the roof. So how do you how do you think about this in a person like this?

I mean, everybody's like I mean, they come in with a litany of stuff. So doctors other than us think they're insane, right? But they're actually telling us the truth.

But I'm also trying to tell them not all of these 27 positives on your bloodwork are probably priorities of your body at the moment. So how are even how do we engage in that?

Supporting Natural Detox Pathways

Because we want to you know, our patients are so sick, but where do you even start? Yeah, I you know, I think now. You know, as opposed to maybe 20 years ago.

What has clinically worked the best with the the more. You know, the bug collecting type of patient is first, you know, acknowledging that you're not out of your mind.

This does happen, you know, even though we're taught in medical school. Well, it's you know, nobody should have Epstein-Barr after they get mono or whatever, you know, I mean, the primary care doctors saying this. This.

This doesn't make any sense, right. So it's it's. First, you know, acknowledging like, no, this is a phenomenon. It's a phenomenon of the slice of people in the world who have chronic illness and immune suppression, etc..

So, you know, just it kind of makes sense. Most of these bugs are opportunistic. Some are not. But but most of the the HIV virus family, which EBV is in and mycoplasma and committed pneumonia and all that, they're they're around us every day.

So they just find the weak member and jump on it. They go to somebody who has a robust immune system. Most people. The immune system either marginalizes it or just kills it.

So it's not really a problem. But our patients are not most people. So the next step after, you know, acknowledging this is this is a thing and, you know, the labs are.

Part of you. But the. Next thing is you. Can't fight. That many fronts. At the same. Time. And so you have to have. This balance of we need to do a bit of anti-infective work and maybe we pick the ones that are giving you your most symptoms, most likely here.

Just to. Just to beat them back a little bit while we work on some of the why you got so sick, which then would be. Looking. At Mycotoxins and other toxicities, which really are probably some of the biggest immune inhibitors that that global umbrella of toxicity.

Is. Probably one of the biggest areas that you have to work. So they feel. So then the patient feels like, well, okay, we're not it's not like my primary care doctor.

So that's all a bunch of B. S. And it doesn't matter. But we're saying it does matter, but it matters in context. We cannot and. We. Can't just go on a killing spree.

Because, you know, you. And I have seen this. In. The evolution of, you know, tick borne illness. You get, you know. Time period where people are, you know, they're.

Getting. Reports put in people and do an I. V. And I, in fact, is and. And that's fine. You know, I've done a lot of it. But it but in context. If you just kill, kill, kill and.

Your immune system isn't waking back up, you're just going to be doing that forever, you know? So you have. To kind of have this balance that says, we've got to start to support your body to get back on track.

So the immune system's working. That means slow and steady, removing the toxicity picture. Some people actually will have other immune problems that we look for in their labs and we need to support that.

And we probably need on the killing side, if you will. To at least put. Pressure on the organisms that are going to derail you more. You know, and the.

Generally a patient will tie in to that as an idea that, yes, you can't have the death of bugs. And. Have them not resurge if the immune system can't handle it.

And their big problems, probably their immune system. And then. That starts to make more sense for them. But it's.

Then. It's a matter. Of, you. Know, one person might not need a lot of anti-infective work right away, but just some basics.

Another person might, you know, for safety reasons, need some big, you know, big time work there. But we can still work on the other problem, which is that toxicity picture.

And I think there's there's a I think it's very interesting and I want to just make sure I correctly I'm hearing you is there's so many people who lots of and I in fact this or lots of detox reminders or both all at once.

And I kind of in paraphrasing little but I almost think I heard you say we have to find the unique balance for the individual who's sitting in front in front of us.

Yeah. Yeah. And that I wish sometimes I wish. That was not the case, but because, you know, it frustrates patients. And as someone who mentors other doctors, it's very frustrating not to have like.

A. Locked in protocol that if you do a and be in the right order, see will happen. But with these things it's it's literally like their. Their system is sort of juggling, you know, their problems and you don't, you.

Know, you got ten people. They all feel. Sick basically the same way. But constitutionally, genetically and all that, we're all different, you know? And so.

My. Sensitivity to a particular toxin may be way worse than yours, you know? And so your cause and my cause really might be very different. And so while there's patterns that we use and we kind of follow with people, how you as a patient specifically respond is what tells us what to do next.

And. How much we you know, we read into your pattern versus somebody else's pattern. Yeah. It yeah. It's so interesting because like for me, like I also, you know, in like and tick borne illness and mold and moccasin patterns and pandas mentor other physicians.

Everybody's like, I get the question on ten, what's the protocol? And I'm like, Well, here's the protocol. And if you want to know how to actually use it in the real world, let's do mentorship, right?

Because it's like there's this thing that we learn with the experience of how to interpret that and use that in the real world. So I just think I'm really excited that we can really highlight these for people because I think you bring up so many good points and I want to highlight a couple as one is, so all of you who have a bazillion of these bugs on your your lab sheets, you're not nuts.

And if you feel crazy because other people don't understand you, that just may mean that they're not understanding this field, not that you're crazy. And sometimes our bugs can actually make us feel crazy, so we can have a little bit of everybody crazy, you know?

So and then, I mean, I think one of the things I really love, too, is that when we sort of talked about doing this, you talked you hit on some of the things that are near and dear to my heart, like there's this crazy idea of like, you know, in what ways that the body actually naturally detoxify.

So before I start to support it and the example I like to give in is, you know, everybody asks me like, what's the best detoxification supplement for my brain?

And I'm like, sleep, yeah. And I'm like maybe a little bit of water and maybe make sure your neck is loose. But but you know what I mean? And none of these are pills, so. Right.

If we can dove in a little bit about the body, actually naturally detoxify so that we can understand how to better actually support it with our art because our supplements that our other therapies I think are really potent if we understand what we're actually supporting.

Yeah. And, and I think that's, I think that's something that we're all. You know, much more comfortable and familiar with. And maybe we're aware in the past that.

The. First order of business is to make sure that the patient is able to do the things or be helped to do the things that the body naturally would like to have available so it can get a job, you know.

And of course. You know, which we can segway into. But with certain. You know, toxicities, if you have a lot in the body, the body does have natural detox pathways, but not for everything.

And it does. Have natural detox pathways. But I would say when you get to Mycotoxins, it might get part of the way through and then go back into your bloodstream if you're not helping it, you know.

So and I like. The, you know, the analogy of like detoxing your brain. Yeah. Having a fluid, moving through it, moving your body a little bit, you know, your, your spine working all of that's probably more core than anything else.

And another. Much like. The brain, another area that everybody thinks about but. A lot of times don't realize how impactful the organ system is for detoxification.

Is. The GI tract. So, you know, in the. Middle we know about, you know, the liver and the kidneys and you know, and all of really most of our cells having pieces of phase one, two and three. Detox.

But if the GI. Tract is. Both affected. By toxins and infections, which is a huge reservoir. For. And it's inflamed, etc., it can't do the right things either at home, you know, move things out of the body.

And we all. Kind of know that. I'm like, Your grandmother's probably thought that was important, too, but the complexity of it, especially when you start to work on micro toxins and some metals and even some chemicals, it's a huge part of the puzzle.

And and that starts with basic things like are we. Eating in. A way where our microbiome is being wrecked every day? Are we hardly hydrating enough? Are we getting enough food.

That. Has enough fiber in it to actually carry things out? You know, all of these sort of basic things. So. You know, if you consider so we talked about the brain in the gut.

So in the middle. You know, and. We always blame the liver for everything. But really, many cells have phase one and two enzyme systems, etc.. But if then we look at have we.

Done anything to really slow down our natural safe phase one system or the phase two system, which is a lot of things. Let's clean that up a bit. So toxicity will just gum up the works.

You know. Metal toxicity really slows phase one down because it's it's based mostly on metal ions.

Advanced Detox Tools and Individualized Treatment

Phase two has all of these wonderful detox intermediates cycle this ion and and glycine and all the other, you know, good urination, etc. that we support.

But again, it can only handle so much. And a lot of times when we've got a lot of chemical toxins, they get to that point slow down. And then phase. Three is literally carrying the stuff.

You detoxify it out of the body either through your GI tract or your kidneys in urine. So if you think. About it from that. Point of view. In a real sensitive patient, the first order of business a lot of times is getting the basics going and then seeing does that create a better symptom picture or does it aggravate them?

So if you. Give a person the basics and they start moving stuff through their natural detox system. And. They

aggravate it, it just means then you need to add support in to help those things work.

And I think that. Although it's slower and it's more frustrating. For. Everybody, that's a better direction to go than just suddenly start to detoxify whatever you find.

And then the person's real sick and you can't kind of get the genie back in the bottle, you know, for a while at that point. So I don't know if that makes any sense, but that's kind of how I think of it now.

And it does seem to work better for people. Yeah, almost sounds like you're saying. And I mean, this is a maybe an oversimplification, but a lot of this is it's kind of starting with phase three, which is the final exit and and then kind of evaluating backwards from there most.

Yeah, yeah. It's it's and that's not a bad way to think about it because. Let's. Say, you know, I mean, there was a reason they named the phase one, two and three.

Let's say one and two are everybody's operates unless they're dead. So let's say they're working. But phase three has become the bottleneck. And then suddenly you get that working.

That. Might make a person might lift the fog a little bit because they're actually removing things. And then sometimes it might be like almost diagnostic and saying we really need to support maybe that that complex phase two part or we need to look and make sure there's not just a lot of toxins really clogging up phase one.

So yeah, kind of going in reverse order makes it it does make a lot of sense and it matches you. Know, especially. In a very sensitive person. It matches what seems to work the best.

I mean, I feel like a lot of what we see is we a lot of really well-meaning providers or well-meaning patients who are like, you know, I read this and I'm gonna go get, you know, help my kid or whatever.

And they do all this and they're like, Why is everything exploding? I'm like, Well, if, if we're not exiting the system, we're going back to my brain.

Example, it's not just exiting, but it's the system doesn't have the raw materials to work, which I guess is kind of gone to the other side. And the thing is like, but you know, like sleep drives, brain detoxification and fluid is how it is, is the Mac and is the the vehicle.

So we kind of need those raw materials, but then we need the drain needs to be open. So I guess again, going back to that simple thing, so if we're doing these things and we know the body's trying to remove these things, we've kind of evaluated them.

I think you really hit on another really important part of what about like if our body is doing its job, but it's not getting rid of everything and we need to support people.

What are some of the ways that you know, that we can get started? Common ways to maybe support people in this detoxification journey? Yeah, I think that one of.

The most common things I see and I've probably seen it forever, but once I recognized what I was seeing, it made more sense. Is when you get to that. Interface between phase two and then phase three elimination.

A lot of times the the phase one two part has actually. Done its job. And it's moved a toxin into. Really one of the few compartments, either into your plasma.

So you can either urinate it out or sweat it out or breathe it out. Those are the big three ways the plasma toxins. Leave or it's decided. Well, this would be better going out bound in your bile and which is part of what we use for digestion.

But it's also where your liver gets rid of fat soluble and other toxins and some metals, too. And so the problem that occurs then is let's say we sort of open the gates and we're hydrated and we're sweating somehow and we're, you know, we're doing those things for the plasma based toxins and, you know, so we're urinating on, etc..

But then we often forget, well, there's a considerable amount that goes out through the bile system which goes back into your digestive tract. And if there's not something to bind that and enough movement to get it out of you, you'll literally just reabsorbed into your blood all the chemicals that you just detoxify right?

You know, the poor liver and everybody else is working on this sees these things again. It's like we're never going to get rid of these because we send them out and they come right back in. And I. Think, you know, I.

Know every. Clinician has seen this, but we. We have. Always and we put it on people's walk out instructions, but they forget about it. We always have this saying that says if if.

You become constipated at all, you need to call the clinic because we have to do something about that. If you're actively detoxifying and you get constipated, not only is this recirculation thing going to be a problem, but there's a lot more time for a lot of other stuff that's unfortunate, like toxins to go back in your blood.

And we've had people being doing great. And then all. Of a sudden their case just goes right downhill. And, you know, I'll ask the the attending doctor, was there anything new?

Like did you change it? No, no, no. As like have they gotten constipated? What's usually. Oh, I forgot to ask. They ask and. Oh, yeah. Something about the treatment slowed down to your bowels.

And. Suddenly they're just detoxified, you know? So it literally makes that much of a difference. And I always tell people. That. Just like drinking water is such a core thing for your health and you know, it's, you know, everyone knows that.

But like there's research now that's come out that shows even in cancer, if you get dehydrated, you're much more likely to have you know, you're pushing on the cancer side of metabolism just because you can't move stuff through your cells.

Well. Hydration so important, but then also dietary sources of fiber molecules that can help bind stuff. And then. Add extra on top of it if you have to.

And that way your every day you're doing something for yourself through your diet and your lifestyle to help move stuff out that we can give you more, you know, but the job is let's see how far we can get with what you can do.

You know. It's so critical. Apply me and think to be focused on hydration, sleep eating because if we if if the engine doesn't have fuel, you know, we can tune it up to raise speed.

But no fuel, no air and tires, no lube, no oil. How's it going to run? Right. You know, and I think that a lot of people come in and they're just they're overwhelmed.

It's been too long. They've been to a lot of people who have maybe accidentally or otherwise betrayed their trust and invalidated their personal experience of chronic illness.

And now they're like, I'm just snake, go away. And I'm like, I we need to do this as a partnership, you know? And I think about like Lyme and Bartonella.

Yeah, it's very interesting cause a lot of people come in, they go, Hey, my Bartonella is acting up or My Lyme is acting up, and. And then you ask him the questions and you say, Well, can you tell me what's really going on?

It's like, Well, I got constipated and then X, Y and Z, and I'm like, Well, maybe it just got constipated because we've also found we've been able to biopsy Lyme disease of bartonella and even mycoplasma pneumonia out of the gut.

Wow.

So it is possible that some of the constant I have more people get constipated than get diarrhea on antibiotics by a long shot. So I just think it's such a good point that like we need to really be focused on what we can do to keep the things moving out while we're doing the other treatments.

Not not like one is at the expense of the other. But I can't I can give you all the mag citrate. I can give you all that, whatever you name it. We can just make up all the different things that can help you get on constipated.

If you don't eat a decent diet and drink some fluids and move your body. It's going to be a hard show. If I'm very much, yeah. So if there's a lot of those basic things, I mean, and I think one of the things that I sort of when I first learned about who you were, was really like some of maybe the more intensive approaches to supporting detoxification and supporting other things.

I mean, can we just touch on it for a moment, just kind of some of the things that might be out there that somebody might call maybe a little more intense?

Is that because I think that I want to know what works for everybody who's listening. I want them to be exposed to it. And then if there's anything in your mind that's like, hey, you know, everybody talks about this that you really shouldn't be doing it.

Feel free to. Well, I think, you know, and I think that's always is. Part of the earlier discussions with patients is. Look it is not that these other.

Things are bad. You know, it might be if we come in too soon with them, your body's not ready and you're not going to feel very well because, you know, it's like we we have no base and then suddenly we, you know, operate your system and force it to do things which, you know, and I, I know early on when I was starting to do, you know, oral and intravenous chelation with people.

You know. Some people the people. Who were had. Toxicities but otherwise were healthy. You can do one whole different thing with them, the people who had toxicity and it was part and parcel with their infectious illness and no toxicity, you can't do that same thing with them.

It's just not going to work, you know. Because the. System is not ready for. It. So I think. That, you know, I always tell people it's like. Nothing excludes.

The other thing, but let's say we've got the base going and. Our. Diet and lifestyle, hydration and movement and all that is we're doing the best we can there.

Then if if. We go past sort of the middle there or interventions, there's these sort of high level interventions, which. Is I think. Because I teach about them a lot, people think that's all I do sometimes.

But actually if I just did that, I would be making people sick most of the time. So. So some that's sort of like a at least a three layer sandwich, you know.

And so they all have a. Role to play. So what I usually do with somebody who's very sensitive. And. Maybe had a lot of treatment before and kind of went in the circle of treatment and disease treatment.

Disease. Is will work on the base and the middle part is a little more, you know, oral things that one might take that would support these other processes.

So maybe some. Food. Based binders and things to help phase one and to do their job, you know, intermediates, etc., antioxidants, you and all the good is there.

And then we take a look and we say, Yeah, I think you're ready. Or I think it would really behoove your body to do

something more interventional. Now one area that is.

As old as time and is easy to sort of blow off and say, Oh yeah, and whatever. But. But actually, as more and more research as time goes on about helping helping those processes we talked about do their job is.

Heat and a lot. Of our patients will say, well, I tried to use Sana but I got so sick. Well, it's. I'll say it's the same. As if you tried to detox and then you got constipated.

You know, you can't push. Without the door being open. You know. And so with with. Not all, I mean, some people love heat no matter what. Like he does.

So many interesting things in our body. If you have that right combo, you'll always feel better. But for people who may be very poor, detoxify it. It gets the ball rolling.

And then if the toxins can't fully move out, that's where they get some trouble. So a lot of times I would say, okay, if you had that bad experience this may be frustrating to you.

But A. To hydrated and all. That. B, we're going to start with just a few minutes in the sauna or whatever heat we're doing and we're going to work up really slowly.

And you'll your body. Will tell you, you know, this is good, this is not good. And. It's not a race and you're not comparing yourselves to everybody else.

Besides, it's like whatever you need to do. But he. Can be incredibly useful and fairly cheap to. Do. The other things that are much more interventional would be trying to help toxins leave the body through, say, intravenous therapies or some oral therapies.

And. There you might be really focusing on metals can be related. You can do that orally or intravenously. And that's basically a binding to the metal, but you're still got to have a way out for it.

You know, still the door has to be open or people get a real sick chemicals. You're actually better off because they chemicals, different structure, they don't bind to things very well.

You're better off by. A little heat, a little. Phase to detox support, which often includes some good advice and support, I would think. And then enough.

Hydration and and bowel movements, etc. to make sure it leaves, you know, and some binders. And so and then there's other things which are and again, interestingly, with the pandemic, there's a few very conservative medical, you know, outlets that have talked about. Gee.

We got this, you know, we have damage from, you know, whatever related to pandemic. But we now have research, even some controlled trials. We're doing red light therapy like you and I talked about for a long time or patients turns out that it in in a randomized trial with two arms and people who got the sham therapy so they it was a vest and they put it on button and plug it in.

And then the. Other people, they plugged in and actually had resolution of not only symptoms, but some biological markers, which, you know, we've known for a long time.

But light therapy can be very, very useful as well because your body responds to. It. Much more strongly and we think and also there's there's generally not a heat component, so it's a little more tolerated.

So those interventional things then you could look at say, hyperbaric and all the other things all very useful. A lot of it is just how much do we need to push from that level down?

What can you tolerate and what would be good to start with you to not again out of the.

Hope, Recovery, and Closing Remarks

Water. Because that's the other you know you can look at hyperbaric not only is going to support your overall oxidative reductive mechanism which is hugely important and usually way skewed when you're chronically ill.

But it's also going to help your mitochondria rid themselves of things like micro toxins and other toxins. So again, we stir that up. Are you ready for it?

You can't get out. So I think and you know. To be realistic, unless a patient comes in and they're just they they can't even breathe, they're sensitized, you know, but if anyone has any amount of, you know, reserve in their constitution, usually we're trying to work on all three of those levels, just maybe a little tiny bit at a time, then move forward with whatever they need.

And I think it's so important that really like highlight that the individual constitution, you can have similar symptoms to other people and your unique genetics, epigenetics and all these other factors can play a huge role in what you can handle.

So I think we've talked a lot about why we don't need to compare ourselves and contrast ourselves with other people, you know, which is I think one of the things we do a lot in chronic illness, you know, and and I really like the way you said your body will tell you.

And it's said I hear myself saying this over and over and people like, well, how much of this or when should I do that? I'm like, Well, one, you should learn to listen.

Your body number two is, you know, send us a message and we'll get back to you because you're unique and that's beautiful. I mean, I think it's really amazing.

So I'm so happy that that's a piece we've brought together as a kind of like land detox vacation for. I mean, we could talk about this for like the next 800 years and I'd be happy to do it.

But you know what? Is there any kind of take home messages on detoxification where you want to? Anybody thinking, any patient listening, any practitioner listening just really needs know.

And also, I always love to be a hope dealer as a friend of mine always has. So I always like to share a little bit of hope in our in our summaries here.

Yeah. Yeah. I mean, and hope is. Usually the first casualty in chronic illness because inside your brain, in your body, you're thinking, I'm never getting in, I can.

And it's, you know. So I think that. It's important to. Have the. Context that even with all the broke down parts and the interfering things, etc., your body has most of what it needs with some help from practitioners to move you from as sick as you are to better and better in steps.

And, you know, we have to realize that it's it's a linear line going up, but also be sort of like a roller coaster. But the trend needs to be up. That's what we're going for here, because as soon as you give your body a little reserve strength, you take away something that was bad.

Your body will back up and say, Oh, we're stronger now. Let's have an immune response to this or let's do something else. And so really more of it is and we talked earlier about, well, there, you know, there isn't a protocol.

And that's. Frustrating for everyone and patients especially. And what I would usually says were. It's not that. We don't have a plan. We don't know where we're going.

It's just that at each step your body gets to decide how much we can do next. And if if in. You know, a month we're reading, we're checking in and you're here, we might do all this stuff if in a month we're checking in.

And, you know, we've uncovered something that your body had suppressed. We might focus on that and get that work done. And so it's. Always you know, it's not that you're not going to get better.

It's just that you're going to get better the way you get better and be responsive to what your body's telling us. Your body has this, you know, it's screaming out this language that's not verbal, which is your symptoms and the way you feel.

And it's our job, you know, you and me and everyone else to to listen to that and say, we're going to go here next and this is going to do this for it.

And so I do. Think that's really important as you move forward that first you understand, you. Know, everything. Can be improved upon. It may not be as fast as you or your doctor wants, but it can be improved upon.

And if you have a hiccup in the road, it's usually your body saying, I want attention over here and you do that and then you can move on. So It is it is hopeful.

It's just, you know, you. Usually the people that come to us may have been the providers who gaslit them and said, oh, my God, right now it's all in your head.

Or. Whatever. And it's like the furthest thing from that, you know? It's just that nobody in medical school ever warned anybody that this could happen.

So so it's, you know, that. But with with the growing amount of providers who are open to it and, you know, people like us who are sharing very hard earned knowledge about what not to do, maybe here what to do, I have a. Lot.

A lot more hope for more people now than, say, 20 years ago. Certainly. You know, I love it because I I think that we're having a conversation where we are bringing hope.

Know gaslighting has actually come up in a couple of our interviews which. Yeah. And I think it's, it's a word that we all know to describe an experience and I think in medical school when I started, we were still trying to make everything fit.

This whole Occam's Razor conversation where, you know, you have a single bug creates a single complex of symptoms in almost every single person, every single time.

And if you give them this exact treatment, they will get better in this exact amount of time like, that's not the world we live in. And yeah, I just it's interesting and I just think I appreciate the way you put it all together.

So I'm sure that this conversation is going to help so many people and it's also going to really inspire them to learn more about you and your work. And for anybody who's interested in finding out more about you, how can they reach out?

Where can they go look for you? Well, we our Web folks. Put together what I call a hub website, which has links to different. You know. Newsletters and media and other things.

And if you're a practitioner, it's got links to that. It's D, a A. W. doctor an outcome. And that literally has links to all the other things that I do.

I do a lot of patient education now and both audio and some videos and do a lot of writing, and that's all there. So Dre and RW become cool. I love it. Well, thank you, Dr.

Paul Anderson, for being here. We'll make sure we've got all the links down in the show notes for everybody and everyone. I'm Dr. Tom Moorcroft. I want to thank Dr.

Paul Anderson and all of you for joining us. You know, this is a service of gratitude and love for where I've been

and where I've come. And really just so blessed to have people like Dr.

Paul coming and sharing their wisdom and their healing knowledge and all this hope. With all of you. And so thank you for joining us for this episode of The Healing from Lyme Disease Summit, and I look forward to seeing you in the next one.