Introduction and Guest Background

But. Hi everyone. Welcome back to mess during the Menopause Transition Summit. I'm your host doctor Sharon Stills, and I am really excited for my guests.

Today we're going to talk all about some of my favorite topics like environmental toxicity and how to detox and Lyme disease and mycotoxins and all these things that we might not want to talk about, but we really need to know about.

So I couldn't think of anyone better to bring on to have this conversation with me than Doctor Nifty Spa. She's a board certified natural plastic doctor, and she has spent the last decade treating patients with complex, chronic illnesses.

She specializes in tick borne illness, environmentally acquired illness, mold and micro taps and illness, autoimmunity, fibromyalgia and Me CFS, which is chronic fatigue syndrome.

She uses cutting edge laboratory tests and deep intuition applied to the full range of scientific data to create comprehensive treatment plans that are highly personalized.

Her targeted system of care includes a synergistic blend of regenerative medicine, oral and intravenous micro nutrient therapies, peptide therapies, botanical medicine, pharmaceuticals, injection therapies, functional nutrition, and lifestyle counseling.

She is a colleague, another naturopathic doctor, so I always love to talk to another naturopathic physician. And welcome to the summit. I am so excited you are here.

Aaron, thank you so much for having me. I'm so excited to be here and to have this conversation with you. Such an important one, really. It's a very important one.

Environmental medicine and women's health. So before we go there, how did you get involved in all of this? What's your story? Okay, well, when I graduated, from Bastia about ten years ago, I spent a year working in Doctor Clean Hearts Clinic.

I was, I was, I was there shadowing him, learning from him and from. And I just knew being there with these patients that I would be working with these, this group of patients who were quite sick, who have illnesses that are undiagnosed, they're mystery illnesses, and they're really, really suffering.

I just I knew I was in the right place and, and it hasn't stopped, you know, working with this patient population. And it's a blessing to me to be there.

Doctor, clean heart is is a good person to start out learning from, for sure. So we share our love by our regulatory medicine and train based medicine and European medicine.

So yes. Yes, exactly. So let's just let's just do it. How does environmental toxicity drive hormonal imbalance. How does it affect women in menopause.

What a what now here. Yeah. So I'd say menopause is an example of the divide of the diversity of our responses to life. So many people don't noticing that much has changed except their periods have stopped.

There are people like that, not my patients. So other people, they start experiencing transient episodes of brain fog and fatigue and lower energy and irritability.

All these things happen at the same time into different degrees with with different people. And it depends on your genetics, your biochemistry and your environmental exposures.

So then if you're very sensitive to the hormone levels, the dropping estrogen and maybe the rising testosterone, there's you've got a I'm going to stop you for a second.

Yeah. You keep freezing I do. Yeah. Ooh it happened once I didn't say anything. Then it happened again. And now it happened again. Really? Yeah. Something I'm missing pieces of what you're saying.

Environmental Toxicity and Menopause Symptoms

You know, it's interesting because I. Because you froze too once or twice, and I was like, oh, no. And ignore them because it's going to get better. Are you mean I'm freezing?

I thought it was just you. It's me to. I wonder if I need to move somewhere. Are you where you like? I'm where I always am. Are you? Yeah. What's happening?

And most pleasing. If I just go blah blah blah blah. My freezing. No, you didn't freeze just then. Am I freezing right now? No. Say some kid, talk to me.

Okay, I'm going to talk. Okay. So then when you've got the hormone dysregulation, they can, you know, you've got further diminished or you're more you're the hormones are more diminished.

You've got toxins. The infection models froze, froze. Shoot. You just froze again. No, no, no, I mean if has you're not freezing. Now I wonder if I need to move.

You want to try moving? I'm going to try moving. Then I have to. Hi, ladies. Welcome back to mess during the Menopause Transition Summit. I am your host, doctor Sharon Stills.

Pleasure to see you all here again. I'm so grateful for each and every one of you being here with us, and I'm grateful for the conversation that we are about to share with you.

With my special guest, Doctor Nafisa Tapia, who is a board certified Natural Catholic doctor just like me. And she's spent the last decade treating patients with complex chronic illnesses.

She specializes in tick borne illness, environmentally acquired illness, mold and mycotoxins, illness, autoimmunity, fibromyalgia, and chronic fatigue syndrome.

She uses cutting edge laboratory tests and deep intuition applied to the full range of scientific data to create comprehensive treatment plans that are highly personalized.

Doctor part B is targeted. System of care includes a synergetic blend, synergistic and caring. It flows in a big way. Oh my God, I thought I was like a sheep meditating just because I've through enchanted.

You were frozen like. And I was like, oh, maybe she just taken it in and listen. But I think, I think I do want to stop reading it. I was like, either she's frozen or she's in a deep net.

Oh, no. Did I freeze to. Yeah. You you major froze. Oh my God, it's just totally blanked out. What are we going to do? This isn't normal for either of us, so I don't know.

Now, a fire truck just pulled up in front of my. What is going by your truck? We're in the nave just in front of your neighbor's place. Oh, I live in a cul de sac, and it just pulled up, parked and, like, almost in front of my driveway.

Whoa. I, I wouldn't I don't know what's going on. I wonder if there's power issues. I don't know, no, I don't know. It's great. I wish you didn't freeze.

Okay. So we try again. Or are we just being ridiculous? So we're recording all this fire one. Can we try it with what is going on now? Should we try it?

One yeah, we don't have a second. I just want to see what's going on here. It is like all these trucks. Oh. Oh, my. What is going on? Okay, I don't know. There's.

And I don't know what's gone. I don't think it's a fire and ambulance just pulled up. I don't know what's going on. Something's going on out there. So I don't think it's like a power outage.

Yeah, hopefully your neighbors. Okay. Yeah, I hope so. Okay. All right. So should we try one more time? Let's do it. Let's praying. All right. Come on, come on. Energy.

Oh the energy's this is going to happen now. It's going to happen. This 45 minutes of non freezing I like my computer and I never have this happen. So.

All right let's do one more time. Taking time. All right. We're going to start from here at it from here okay. Hi ladies. Welcome back to Mastering the Menopause Transition Summit.

I'm your host doctor Sharon Stills. It's an honor and privilege. I'm so grateful you're here. We have a great talk coming up for you today. It's with my dear friend and colleague, Doctor Nafisa Tapia.

She's a board certified naturopathy doctor. She's spent the last decade treating patients with complex chronic illnesses. She has specialties in tick borne illness, environmentally acquired illnesses, mold and mycotoxins, illnesses, autoimmunity, fibromyalgia, chronic fatigue.

And she uses a variety of cutting edge laboratory tests and deep intuition applied to the full range of scientific data to create comprehensive treatment plans that are highly personalized.

Her targeted system of care includes a synergistic blend of regenerative medicine, oral and intravenous micronutrient therapies, peptide therapies, botanical medicines, pharmaceuticals, injection therapies, functional nutrition and lifestyle counseling, and we are going to have a great talk today about all of the things we just mentioned and how it affects you as you're going through your menopausal transition.

So welcome to Lee's Summit. Thank you so much for having me, Sharon. It's such an honor. The honor is mine. I'm so excited you're here. And we get to connect and get this information out to the listeners. Yes.

So before we before we dive in, I always like to ask, you know, how how did how did this medicine find you and how did you end up doing what you're doing now?

Yeah. So when I graduated from last year, around a decade ago, I was at Doctor Klinger Clinic training with him for a year. And, and his physicians there at the time, and I, I was drawn to to the patient population who suffers with chronic illness.

And I knew there was a healer in me, and I wanted to go deep, deep in medicine and healing with people who really, really needed it beyond maybe just the common cold or the common yeast infection I wanted.

I wanted more and I wanted to give more. And so I was working with, or learning really from Doctor Clean Heart and his doctors there, and it just transformed the way that I practice medicine today.

So I'm so grateful for an opportunity. Yeah. He's a he's a great one to learn from and all of us. And by our regulatory medicine and European biological medicine, we've all been influenced by him in some some way or another.

So I, I love that you get to have that opportunity with him and that you, you are so drawn to this population because so many doctors don't know how to deal with this population.

They tell them, it's all in your head. There's nothing we can do. Take this medicine. That's all I have to offer. And there's so much as we're about to learn that that can be offered and can be done, and healing can occur.

So, we're we're lucky to have you in that position and serving in that way. Thank you. I'm honored. And I, I know you are two serving in that way. So we're both we're both in the trenches together with these people.

And it's a blessing. It is. It is a blessing. I love clinical practice. It is to. Yeah. I don't think you could ever just be a researcher. I got to be in there with the patients. Right.

You know, there is. So I can give it to the people. Exactly that. Yeah. So we're going to talk today about a lot about environmental toxicity and really dive into that.

And so I guess just to start off, you know, how does that affect the women who are listening, who are going through these hormonal changes on their journey?

And what do they. Yeah. Well, yeah. So so I would say that menopause is really an example to diversity of our responses to life in general. So some people can go through menopause without noticing that much has changed except their periods have stopped.

Not my patients. They you know, they're they're the ones who start to really feel transient episodes of brain fog where not just transient, but it might feel like long term brain fog, chronic fatigue, low energy irritability.

And they're experiencing all of these things at the same time for a long time. And, you know, depends on the person's genetics, their biochemistry and their environmental exposures.

And so then, what can exacerbate the situation is a combination of environmental toxicity and infections. And that's what I'm seeing in my patients on a very regular basis.

So I think if we're alive, there's no way to escape environmental toxins. What are some of the toxins that you see most affecting women? That's a great question.

So one thing that I think is really overlooked is mold and mycotoxins. So for our audience, my toxins are the toxins that mold create. And they create this to subdue your immune response so that it's more difficult to fight off the infection.

And so I'm seeing a lot of this in my patients, in fact, illness from mold and mycotoxins, I'd say it's more common than we realize because many people can be breathing in mold from exposure to damp buildings at home or at work.

And 85% of the US buildings have had past water damage. And if it's not correctly repaired, it can harbor the hidden toxic mold species. So not everyone is going to be susceptible.

But my patients are. So definitely I want to talk more about mycotoxins, but metals are a big one that I see in my patients, particularly, during osteoporosis and also osteopenia because metals are repositories or bones are repository for mold.

I mean, for, for metals, bones are a repository for metals. And then repeat that. And so then when we're having bone loss due to osteopenia and osteoporosis, we can have metals, metals circulate throughout the system particularly bad.

And so I see that, a lot and I see glyphosate, I see other chemicals, pesticides, insecticides, things like that. Yeah. You brought up such a good point that we haven't talked about yet, which I see all the time as well led and when bone loss and so it's really something we need to be thinking about.

Everyone's so focused on osteoporosis, but we have to also be thinking about what happens of course we want to

support the bones, but what's happening when those bones are breaking down and what's being put into circulation.

Right? Yeah. So we want to support them at the same time. And the data shows that lower levels of metals, blood and urine are associated with lower levels of US opinion.

Osteoporosis, because the people with more bone turnover have more dumping on the metals from the bone. Exactly, exactly. Yeah.

Mold, Mycotoxins, and Heavy Metals

And I, I it's not even am I going to see lead and also mercury when I test it's just how much am I going to see. How much is the body releasing. It's come to that point unfortunately where it's just common stance that these metals are present.

It's true not not only in the environment right now, I'd say, especially since the fires in California, I've seen a lot more metals in people's blood and urine.

But the interesting thing is that the environmental exposure of lead in children was very significant. Between 1976 and 1980. And so 88.2% of children had ages 1 to 5, had blood lead levels greater than ten.

Which is so significant because now no acceptable level, there's no acceptable level of lead in children. Even the CDC says that. So then people who are 30, an internal source of metals is trabecular bone.

Exactly. We grew up my generation, right. We grew up with lead everywhere, right? It was just ubiquitous. It was in the pencils, on the newspapers, on the side of the road, everywhere, and in the house, in the houses built before 1978, even.

And so we were. People are full of lead, if you will, and it got deposited in the bones. And so now we're having bone turnover in perimenopause and menopause and, and now that increases.

And so there's increased risk of cardiovascular disease. And Cognitive decline pain in the body. You know cadmium is another one actually. So after cadmium enters the body the kidneys and the bones are the main target organs for cadmium.

And so then actually cadmium on bones, that's considered to be a late manifestation of can toxicity, but it's still got it for a long time. Over time you're going to have more of that in my face.

And again no, no. Okay. Good. Earlier you were having technical difficulties. So you're doing great. Yeah. Again. So, so do you see patients who these patients who have heavy metal loads that they're unable to get rid of or mycotoxins.

How how do you see it affecting their hormonal pathways and their hormones in general? Yeah. That that's that's a good question. So, so mycotoxins. So when people have illness from, from mold and mycotoxins, which are the toxins mold create, they can have chronic fatigue and mood disorders, mood disorders and disruption in their hormonal systems.

And so then this can take effect in many ways. I see women go into early menopause or the their experience in menopause is very, very difficult and heavy periods or severe PMS.

And even if they're not going into menopause, it can. It could be infertility or unexplained rapid weight gain or loss, thyroid dysfunction, adrenal dysfunction.

And so, you know, some of some of these symptoms of mold and mycotoxins, illness and environmental toxins can resemble symptoms during menopause. So very interesting.

Right? It's like, oh, the irritability, the depression, the fatigue, insomnia, the waking. Is that from the toxins or or is it from the fluctuating hormones.

So this is one of these topics where it's really important no matter where you are on your journey. But also thinking about, the other women or girls in your life, because these are things that we all should be clearing up and investigating to see if they're an issue.

So how how would someone know? How do you find out if someone is dealing with a mold issue. So there's a there's a few ways. So I think about a few things at the same time.

First of all, I want to know and I ask all of my questions, my patients, this question because all of them come into me with, complex chronic illness and most of them have tick borne disease.

And what I know is that mold illness and tick borne disease go hand in hand. So if someone comes in to me with chronic Lyme, one of the first questions about the bat I'm going to ask about is is mold and mycotoxins.

So I want to know if they live in a building where there's been a leak, that they know of, what water damage that they know of. And then I'm going to test for, for mold IgG allergens to see if the patient has an allergic response to mold.

And then I'm going to also test their mycotoxins load. And I'm going to test to see if they have an allergic reaction to the mycotoxins themselves. I like to test the home.

And so, I want to know if the patient has a current exposure or was it just a past exposure. So there's all these different tests to, to look at. We can look at organic acids in the gut to see if they have, funguses in the gut as well.

So I'm looking for all over the place. The sinuses is a big one actually. Mycotoxins can can cross, the blood brain barrier and cause hormonal disruption, by affecting the limbic system in the brain.

So that's another that's another thing I'm testing as well is, is mold in, in the sinuses and other bacteria in the sinuses as well that don't belong there.

So for someone listening who is thinking, I live in Arizona, it's dry mold. Couldn't grow here if it tried. But could they still have, are there other ways that they could could get mold exposure or have a mold issue from past?

Or how does that work? Yeah. So a lot of times there could be a leak in someone's home. And it's been like that for a long time, no matter where they live, even though it's it's dry in Arizona, if the leak is in, you know, behind behind the walls or under the floors, the nice hot weather you have over there won't dry it because it's deep in the in the fabric of the building.

So that's that's one way that people can have a mold issue. It's a big way. They can have a mold issue in a dry climate. But it's true that I'm going to see it happen more in areas where I live, like the San Francisco Bay Area or Washington areas like that.

I remember when I was in India doing Punch of Karma. It was so moldy there and moist. It was rainy season and I had a pink baseball cap and it just grew mold all over it just I was like, bummer.

I love that thing. What's going on, you guys? What's that? You get sick? No, I didn't, because I was there doing cleansing. I was doing that to karma, but I.

I tossed that hat. But it was a it was an interesting environment to be in right there. Right. And so. Oh go ahead. I was just going to say, so if someone should do you feel like everyone should be checked for mold?

Like how often do you see it as an issue and what is your advice to the listeners? Yeah. So bring it back to hormones and menopause. Usually I'd say that, you know, once we correct for the hormones and we fix the

lifestyle piece, we'll make sure that diet is good, lifestyle is good, stress is taken care of.

And most of my patients, actually, they've already got that dialed in because they've been sick for quite a while that they've they've had to dial that in.

But they're still sick. So then say I correct for the hormones, I give them some bioidentical from one therapy and, and then they don't have as much brain fog, which is great.

And they're less depressed and that's great, but they still have joint pain or they still have nervy issues. Then I'm going to start looking around, start casting a wider net, because I know when your hormones are taken care of and your lifestyle, your diet's taking care of the foundations of health are being taken care of and you should be feeling back to normal.

But you're not. Let's let's dive deeper. Let's figure out what else is going on here. And so then I'm I'm take a clear history, a thorough history, doing the review of all of the systems in the body.

And that's going to that's going to guide me to do further testing. And I also do an environmental assessment as well. At that point, someone is just not healing and expect them to be.

And then I'm testing for mold and the toxins from mold, mold allergies. I'm also testing for tick borne diseases based on their symptoms and other infections and other environmental toxins.

Because now we're in a a soup of inflammatory cytokines and toxins from molds and other infections and, all these different things that can cause hormonal dysregulation beyond menopause.

So you said an environmental history. What are what are some questions that people can be asking themselves to kind of see they fall into that that box. Yes.

So one of the questions is have you lived in the home with water damage, or do you have mold exposure that you know of. And you'll be surprised. People will say, no, I don't have well, there's no mold.

But then I dig a little bit deeper water damage. How about, a few years ago in your house? Oh yes. That's right. There was a leak in the bathroom. I forgot about that.

Oh, and we redid the walls. You know, or. Oh, in my childhood, the basement flooded and, was flooded for a long time, and the house wasn't redone. So when you dig, you find answers like that.

The other thing I ask is, have you lived on or near, a vineyard or a golf course? I, I mean, the amount of glyphosate I've seen in my patients who live near a golf course is baffling.

I haven't seen glyphosate higher. Know my golf courses. It's like, oh, it's, I we lived on a golf course for a couple of years, and it's like, oh, it's this prime thing. You want to live on a golf course.

It's so prestigious and so pretty, but you forget that all they're doing is spraying the golf course continually with pesticides. Exactly one of the most toxic places you can eat out.

Right. And a lot of people have grown up on farms. So another is I ask about, Mercury amalgams in the mouth. And so a lot of patients will have that. These are people who you see 35, 40 and older and then sometimes they've had they had a lot of them and they were removed, not by a biological dentist.

So then mercury can vaporize a cross, a blood brain barrier, it can vaporize down, and cause issues. So I ask those questions, and I've done the big thing I see with Mercury is even if you have had it removed correctly by a biological dentist, did anyone then go in and check your body burden and then help you?

Testing for Environmental Exposures

Kealey. What what had already dripped out and stored in your fat tissues. And I see that a lot in patients where they're like, oh, yeah, I had my amalgams removed.

And then I'm like, you know, when someone says that, I'm always like, oh, please tell me it was a proper dentist. And then they say it's proper dentist, but then they no one ever followed up.

So it's important that you understand that one if you have them in your mouth, you've got to see a biological dentist who understands how to prep you and how to do it properly and protect you.

They should be protecting themselves. And then you want to work with a natural Catholic physician, and you want to make sure that your key laid it out afterwards so that it's truly out and truly a thing you can put behind you.

Right. And so then it's important to test. Well, is there still acute mercury or other metals in the blood. So just testing straight up blood or urine and then and then doing a test to see if there's what the body burden is.

And that's going to give us a sense of, of what's stored in in in actually metals store in, in the cells of the organs and the bones, particularly the kidneys, liver, even the thyroid.

And you're right, certain people aren't testing that. And then it's controversial to treat that. Which we can talk about could be a whole other topic.

Why that would be controversial is kind of strange or strange to me. Okay, okay. So important thing to treat as we see when when as we just talked about when women have bone loss in, in osteoporosis and and they're flooded with metals cadmium lead mercury.

What do you do with that. We've got to get rid of it. And, and it's important also to think about that when we test, when we do the provocation, you know, it's like the gold standard, but it doesn't really give you it's not like.

Exactly. Because then you'll go in and start chelating. And often when you do another check, the levels can be higher and patients will be like, wait, this isn't working, but actually it is working.

It's kind of like we've now opened up Pandora's box and inviting your body to release, and this is a good thing. And I say this all the time, but heavy metal detoxing, any kind of detoxing, it's not like, a weekend event.

It's not a I'm going to do a five day cleanse and get rid of my heavy metals. Thankfully, it's a it's a you're going to be in for the long haul. It takes a long time.

It has to be done properly. We have to make sure those metals don't recirculate back into the system. Exactly. Women in menopause are more susceptible to this, and it's so.

I think it's such an overlooked thing. Yeah. No, it's a really, really important topic. And it's it's why I wanted to do this summit and not just talk about hormones consistently, because hormones are super important and I love them.

But you've got to do all the surrounding things, and these are the things we want to go through menopause and we want to live long, healthy, active lives.

And so we don't we can't do that if we're going through our transition. But we're bringing metals and mycotoxins and pesticides and glyphosate with us.

We have to be wholly looking at our bodies. And it's just gotten to the point where detox is it's and it's not optional. I fully agree, and like you said, I want to drive that point home. Sure.

And to our patients that it's not just a weekend thing. It's not like, you know, I love yoga and a lot of, a lot of yoga studios might offer all your detox or, the grocery co-op might offer that, but it's not personalized and it just touches the tip of the iceberg.

You may not even be ready for for that. I've seen a lot of people they backpacker from that because their system wasn't bolstered. It wasn't prepared for detox.

So there's a lot of a lot of personalization that goes into detoxification. Like, well let's talk about pretax because that's something you and I share a passion for that.

You know, even before you get to the detox you have to pretax. And what does that mean. And what does that look like. Yeah. So it means the patient has to be ready to have that burden of toxins exited from their cells, exited, then exited out of their bodies.

So now if somebody has constipation, for example, and you try to pull toxins out of the cells, then those toxins are just going to recirculate. Or if somebody has consistent urinary tract infections, that's not a time to detox as well because the toxins need to come out via that avenue.

But if you're inflamed there or if you have interstitial cystitis, for example, it's not a good idea to do it if your hormones are not balanced. I don't believe it's a good time to detox as well.

So there's a lot a lot of preparation. Liver enzymes are often elevated in people because they have a high environmental toxin load. So we need to support the liver first because the organs of elimination are responsible for for that load of toxins that are going to come through as we do the detoxification process.

So we want to make sure that all of your systems are supported and ready for this, or it can backfire. That's such a good, point to what you were saying about you can go into the health food store and there's the five day cleanse, and but why do some people do it and not feel good?

Because they haven't pretax because their liver isn't functioning. So they're they're stirring things up, but then they can't excrete them. And so we want to think of it, you know, backwards.

You want to open up everything you want to. You wouldn't sweep the dust off the floor if you didn't first open the windows. And so pre detoxing is opening your windows your eliminar organs.

And I think that's such a I think we just so want to jump in and do it that we, we need to like take a breath and know it's going to it's going to take time.

It's just like our hormonal transition and our hormonal life is a journey. So is detoxing and pretax saying it's a journey not to be rushed? Absolutely.

So point what about Lyme disease? What what can you say to to Lyme that's such a huge I think Lyme and mold is such a overlooked contributor to to chronic illness. Yes.

You know, certainly people's I'm so glad you asked that because that's what I see in my patient population. So the immune system becomes more sensitive as your hormones change in menopause.

And so with menopause, there's an increase in pro-inflammatory cytokines like interleukin one to Lukens six and TNF alpha. And and then there's an increase in response of the immune blood cells.

So these cytokines a decrease in in T and B lymphocytes and a decrease in the cytotoxic activity of the natural killer cells. And so for our our audience, what does all this mean.

Right. It's immunology. And but it means that we're we're less able to recognize and fight infections. And on top of that we were more inflamed. That's what all that means.

So really, it's the bite you had ten years ago from from from attack. Not necessarily that you just got bit last month. Maybe you did, but more often than not it's that old tick bite you forgot about.

We absolutely can't recall. So Lyme often appears in women after menopause, childbirth, and we have more inflammation and stress in our bodies at the time of menopause, and more stress at the time of pregnancy.

So all of a sudden, a woman can be in chronic Lyme when she's in menopause and she's never had Lyme before. And so because so Lyme is an interstellar infection.

And so we're viruses. And so you need your natural killer cells to recognize that there's Lyme or a virus.

Detox Preparation and Lyme Disease

And if your natural killer cells are depleted then and they help to kill sick cells but also signal the rest of the immune system to kick in, you're not you're not having all of that happen.

So so now we're inflamed and, we have, immune dysregulation. And if we have an old Lyme infection that your immune system has been able to keep in check, might not be able to now.

That's such a great explanation and important because we tend to think like that. Oh well, I haven't gotten bit by a tick. We we don't realize the whole immune system and keeping things at bay and how things can resurface.

So let's talk for a second about, diagnosing that, because I think in traditional so much gets missed and the co-factors get missed. So how do you like to test your patients?

Thank you for asking that. So a lot of patients will come to me and they say I've got these chronic symptoms. And they they're describing symptoms of tick borne disease and mold mycotoxins.

And they say but I have a negative Lyme test. And they say, okay, let's re test this with with a test that's a lot more sensitive. And and with the test is going to look at what's happening today.

So the the Lyme tests from the standard labs are not as sensitive. They're not looking at as many immunological bands as say and I Genex test is looking at.

And so I like the genetics, but I also like in fact, the lab. So once again. So in fact, a lab it's a German test and it's looking at T cells. So looking at interferon gamma and interleukin two.

So what it's doing is it's it's taking your blood and it's exposing it to Lyme and co-infections which are Bartonella that Basia or Loukia did when relapsing fever.

And then it's also exposing it to concurrent infections. These are viruses and other bacteria that people who have Lyme. They tend to be more susceptible susceptible to these other infections.

These include mycoplasma pneumonia, a chlamydia pneumonia, Epstein-Barr virus and a Megalo virus. HSV six, HSV one and two. The the herpes simplex virus is one and two, and so it's taking the blood, exposing it to all these bugs.

And if interferon gamma lights up, it means that you are fighting this infection right here, right now. If interleukin two lights up, it means you've recently seen the infection.

You've got some inflammation left from it. So now we have a test at our fingertips which can show us something actionable. Are you fighting this right here or is it just an old infection which the antibody tests will tell us that.

So there's no more guesswork in my mind anymore. So I like to use that test. Yeah. So I you know that that's a great test and take home message is there's so many different ways to diagnose disease processes or toxins that you really can't trust, just a traditional M. D.

or your primary care who's not trained in these things. It's not to say anything bad about them, but if you're if you're

not trained and you don't know how to look like, I'm assure you I'm constantly studying and learning and finding new tests.

And, you know, my patients are. Nope. We don't use that test anymore. We use this test now, finding a better, more accurate oh is right. We have the same thing.

And and and keep learning. Keep growing. So we can offer that to one patient late. So so the message is you know find someone that you know if you are suffering from chronic illness, find someone who understands this who can help you get through it.

So suffering can be a thing of the past. And traditional medicine just doesn't have a lot to offer in that area, unfortunately. And I'd really say it's because traditional medicine is built on the acute model of care.

So for heart attacks, broken bones, acute issues it's great. We can rely on it. Right. But then there's chronic illness. And in, in traditional medicine we're trying to put the model of acute care under chronic illness and it just doesn't support it.

Absolutely not. Because now we're looking at immune dysregulation. It's not one size fits all anymore. It's about your genes how they're expressing what's triggering the genes to express all of these things.

But we've just been discussing. So we need we need a new model of care, which is what we're discussing today actually. Exactly. I always say, you know, God forbid you get hit by a car.

Don't don't run to me. You know, I might be able to be empathic in and help you with your inflammation, but, you know, go go to Western medicine. That's where they excel.

I mean, they do fantastic surgical things in acute care. And, you know, they shine there and see exactly. So solutions. What are some even easy tips that women can institute right now?

If they have heavy metals, if they have mold, if they're dealing with Lyme. Yeah. So speaking of Lyme there about that. The symptoms of perimenopause and menopause can look like chronic Lyme.

But I don't want to go chasing that diagnosis. Right. I want to work on you know, if once we've corrected the hormones and, and maybe you're sleeping better and your mood's better, but you have the chronic joint pain and you have these other mysterious symptoms, fibromyalgia, or you still have autoimmune diseases, you know, Hashimoto's maybe, or rheumatoid arthritis or these unexplainable symptoms.

That's when that's when I want to, go to the testing. But as for solutions, most of my patients have all of these issues, all of these issues we've talked about today.

The line the mogul mycotoxins, the metals, and my women in menopause have the menopause issues. And on top of all of that, but I want everyone to know there's hope, right?

Because we do this every day right here. And we give hope to people every day. And we work to, to to turn our patients around. So, so I start by measuring the last start with diet and lifestyle.

So I, you know, an organic diet, maybe the person needs an autoimmune paleo diet or a Fodmap diet or whatever diet the patient needs. And we have to assess for that.

And I know you do that also. So really getting diet lifestyle right, stress management, sleep hygiene. And like I said before, most of my patients already have that set.

They've got that, because I've been sick for so long and they're still there even after diet, lifestyle, sleep hygiene, they're still not well. So we want to make sure this foundational support is there.

Then I'm coming in and connecting with bioidentical hormone therapy, not synthetic hormones, because the synthetics as people have talked I'm sure about synthetic hormones versus bioidentical. So I won't repeat that.

But then I want to, I want to I want to get the bone turnover stopping. So so I'm treating that with different supplements, and testing, you know, testing with an N polypeptide or a Dexa scan to look at what the osteoporosis looks like.

And at the same time, I'm pulling the heavy metals out of the patient. Sometimes using key lation therapy when it's appropriate, sometimes not. Sometimes that's not the right thing for the person.

And, I'm working on, on immune dysregulation with, I like to use peptide therapies for that. So now we're going through the things we don't do at home necessarily on your own.

But the things to start with are the diet and lifestyle, eating organic and managing your stress and then and then and then it comes in to, to treatment.

Yeah. I think that's, that's the way I look at things to, when I first created my, my read program, it was kind of like, what are the things everyone can do?

The diet, the hydration, the sleep, the the gut, the the exercise. Because sometimes when we just do those things, we get better. Right? And so we have to really layer, like you're saying, the foundation of those things and then see what's left.

Sometimes nothing's left and you can just go on your merry way and other things are left that are deeper. And we need to do deeper work with. But if we don't do the foundation, we just never know.

We skip these important steps, you know? Are you do you have brain fog and fatigue because you're just not hydrated? Exactly. Doesn't have to be Lyme or mycotoxins or the high glyphosate.

It could be a lot easier than that. But if it's not, then we have to cast a wide net. Yeah. So I just think it's important to understand that there's so much you can do on your own for taking charge of your health.

And and the bioidentical hormones are a big piece. You can't do those on your own. But like, I won't even give my identical hormones to my patients unless they're doing everything else exactly.

Neutral. Otherwise, it it's they need the foundation and everything else, which is the the diet and the lifestyle first. Yeah. And I definitely see because I test for glyphosate all the time that I'm sure you see it too, that if patients who have been eating consistently organic, their levels are so much lower than patients who are.

And it's true. And so, yeah, you hear, oh, organic, manic, whatever, you know, but it really does make a difference. And really does. It really does. But then I also like to test to see how much of a book like the side or the other, the other toxins are stored in the fat cells.

So the, the metals are stored in the cells of the organs. But the glyphosate and the mycotoxins and the chemicals are stored in the fat cells. So I give them I haven't done and I've used glutathione on or, or oral glutathione for a week, every day, you know, and then provoke.

So then I can get a sense of the body burden because somebody might say, okay, I'm eating organic and the glyphosate is low, and I say, perfect. Your acute exposure is low and so happy.

And now let's just see if you've got a body burden.

Treatment Strategies and Root Causes

Sometimes many times they do. Right. Because we all started eating organic, that at some point not many of us. I

wasn't born raised in a household where we were eating organic.

I was eating right. I was very sick right. So that's a that's a good point. So do you do a just days. So you do a urine test for the glyphosate and then you provoke them and then you do it again.

Right. Or a lot of times I'm just provoking just to see what the body burden is because then it's expensive to do it both. Some people really want the data.

So then I'll say, okay, let's do unprovoked and let's do it provoked some people, you know, if they don't want to spend the money on both, I'd rather just have the provoked to understand the body burden.

Do you ever see anyone who doesn't have glyphosate? Because I find everyone has glyphosate in the lab says, you know, it's okay unless you're in this high percentile.

But I'm like, no, it's not okay. It's not. And especially because it's never just one toxin, right? So they might be at the 50th percentile of glyphosate, but then their perchlorate is through the roof or the mercury is through the roof.

So it's that Adam had a burden of all the toxins. If you've if you're a 50th percentile of glyphosate, but you have a lot more than that 50th percentile or even 25th percentile means a lot.

I see perchlorate all the time. Yes. Me too. And I'm. And it has such a negative effect on the thyroid gland. We see so much thyroid disease. And I think of it also mercury.

Creating autoimmune activity against the thyroid. So so many issues can really when we start going back and digging into the root cause we really always end up at these and we end up with these environmental toxins and we end up at stress.

And so stress has many different variations. And environmental toxins is certainly one of them. Right, right. And the stress and inflammation and then immune dysregulation and hormone dysregulation and all flows.

But there's hope. And we always take it back to that. Right. That we have answers for you. Yes. There's always hope. I always I always I, I have seen so many patients over the years who were, you know, told they're going to die or there's no hope.

And, and they go on to live long, happy, productive lives. Right. Or they're told, yeah. Or they're told, you just have to live this way. You have to live with this pain.

You have fibromyalgia. I don't know why. It's just the way it is. You're getting older. No, you don't have to live like that. Know reverse that. We do.

That all the time. So what would you say spiritually to the women going through this hormonal journey as we wind down? I, I you have such a beautiful spirit and I know you work intuitively and I just love to hear what you have to say about menopause and what it means on our journeys.

Thank you. You have a beautiful spirit to sharing. Thank you. Yeah, I think a lot of women sometimes think of it as a time of loss for themselves, maybe a loss of what they thought was a certain expectation of of beauty.

But you're even more beautiful. And I'm not being cheesy, I mean, truly, because now there's more wisdom, there's more wisdom accumulated, and you get to share that with the planet, and you get to share that with the people around you.

I goosebumps, and that's beauty, you know, and, and and I think there's women age there that even the physical beauty shines because you're carrying carrying that wisdom knowledge you can share.

That is beautiful. I and I wholeheartedly obviously agree. And and I think about that a lot sometimes I think I think

sometimes women want to reminisce about their lost youth and how they're, they don't have perfect skin or they're don't have they're not 5 pounds lighter or whatever.

They can fit into their jeans. And, and I kind of look back and think, God, those were some of those where I know they I needed them and I know they were transformative and I was learning.

But that was kind of like wasted years, like I was worrying about the wrong things. I, I wasn't honoring myself. I didn't love myself enough. And like, what a great season of life this is.

Yes, this is the season where we can actually come to self-acceptance because we've been through enough life, enough experiences. We've had a chance to get to know ourselves better.

Yeah, carry that in the world. We walk in the world knowing who we are, and if we don't yet, that's okay. Because guess what? We're changing. Constantly changing.

And we're used to that. And to we get to know ourselves through all of these transitions. It's amazing time to be curious, really time to be curious about who you are, who you're becoming, right?

You, who you can be right. And to really increase your joy, joy. Joy is good medicine. If we could put that in a pill I know right?

Hope, Spiritual Perspective, and Closing

I mean I be don't then I would say yes, there is a magic pill. It take joy one time. That's sold three times a day, right? And we can all retire. But unfortunately, joy doesn't come in a capsule.

We have to cultivate it from within. Right? But we've had time and experience and, it might be easy to say. I know some people might be listening to this and thinking, well, that's easy to say. I'm depressed.

It's okay. We're here to work with you. We're here to work with you. Exactly. Yeah, exactly. And you know that that that's such a good point, because it is easy to say.

And there's been a lot of work that goes into getting to a place of that. And if you are depressed and you've just been given an antidepressant, no one's really stopped to look at what's going on.

And there's so many reasons you could be feeling depressed. There's so many reasons you can not be losing the weight you want to lose. There's so many reasons you can feel anxious.

And so we're back to there's always hope actually that always. Yeah. Yeah. It's just looking in the right places and. Yeah. And you know not everything is physical.

Some things are on the energetic level. They're on the vibrational level. They're transgenerational. They're they're they're in your issues. But you're you've taken them on from your ancestors.

So there's so many. So if you're listening and you're not feeling good, whether it's emotionally or physically, I hope what you leave from this conversation, what you take away, is that there's hope.

There's doctors out there like Doctor Nafisa, who's in the trenches like myself, that there's hope that we find solutions for you. You just have to sometimes dig a little deeper.

Thank you so much. Well, this is so great to talk to you, Sharon. Yeah. So what a what a what a fun time. And. Yeah, thank you for all you do in the, in the world and the work you do.

I know you're up in Northern California and I got to get get up there and come, come see you. You know I can't wait. I know you're going to you're gonna come visit me.

I'm going to make sure. And I would. Yeah. So I know you have a free gift that you can tell us about. And also, where can women listening find you? Where's your clinic? Do you have a website?

How can they learn more about you? Yeah, absolutely. So the free gift is going to be about how to talks, when you're going through menopause. So how to prepare yourself for detox when you're going through menopause.

And you can find me at Gordon Medical. So the website it's just that Gordon medical.com. And we're in the San Francisco Bay area. Wonderful, wonderful. Well thank you.

Thank you for being here. And thank you, everyone for listening. And, you know, we're here to support you. So if you if you are struggling with chronic illness, we we know it's not a one trick pony.

So reach out, get the support. We're here to help. Yes. We are. Thank you. Thank you so much, Karen. Sharon. Thank you. And that same blessing for every blessing by.