Introduction and Piperu2019s Origin Story

Hello, everybody. Welcome back. I'm incredibly honored and delighted to have a conversation today from our very own, poop princess Dr. Piper Dobner. So thank you for being here.

You have an amazing journey as to what got you into all things poop, all things microbiome. And instead of me trying to fill in the gaps. Piper, why don't you tell us?

Tell us about your story. How did how did you end up having this conversation with me here today? Oh, my gosh, I love that question. Well, thank you for having me here today. Nasha.

Thank you so much. yeah, I would say my story starts in my medical education experience when I was at NYU, and I always I mean, prior to that, I always loved nutrition and loved how we could influence the body with the foods that we were eating.

And I just felt like it was such an impressive tool to help get people off of different medications, to help them live their highest quality of life, all of those wonderful things.

Then I get to NUNM or NCNM. At the time I started, when it was NCNM, and I was in the microbiology class, first winter term, first year, and I decided I really hated the microbiome.

I thought it was. I thought it was one of the worst topics that I had had to learn. And I ended up getting a tutor. her name is Molly Isabella. She was Molly Parker, but she's Molly Isabella now, and she started tutoring me through micro microbiology.

And I had this moment of defeat when I told her how much I hated the microbiome. And she looked at me and said, this isn't microbiology. This is, like, not even close to microbiology.

And she really introduced me to the docs in Portland, Oregon, who are doing people Transplant, which was Mark Davis and Carmen Campbell. And I got to work closely with Carmen Campbell while I was a student, and I got to learn what the diverse and vast world of the microbiome actually was.

It wasn't this rote memorization story that I was learning in my microbiology class, which is so not how I learned it is. I'm such a global thinker, so being in those spaces where you have to memorize, you know, which one was typhoid fever and which one was you know.

The true food. Yeah. And instead of that, it was taking a step back and looking at the microbiome, truly, as the community that it is, it's it's more than just one bug being the problem, because that one bug might not actually be the problem if the community itself is balanced and in a restorative state.

And so once I started looking at the microbiome that way, it was like a switch clicked for me and I absolutely fell in love. And it became a mechanism for understanding why nutrition was so powerful and why the food we put in inside of our mouth made such a massive impact and difference in how our body expressed itself. So, I fell in love with that.

And then I got into the fecal transplant space myself and started treating patients with stuff, not responding to standard therapy and seeing, I mean, you know, this we're naturopathic doctors.

Our therapies do not generally change people's situations overnight. It's a lot of lifestyle. It's a lot of educating people how to take care of their body.

It's a lot of different techniques and stress management resources to help people really get in tune with their body. But with fecal transplant, it really was an overnight shift.

And seeing that felt like it was a bridge to bring people into this medicine that otherwise wouldn't find it.

Discovering the Microbiome and Fecal Transplant

A lot of people who get that for people who ended up, you know, in a car accident than they were at the hospital and they got an antibiotic, and then all of a sudden they have diarrhea, or they are somebody who had a cat scratch them, and then they got an antibiotic and now they have diarrhea.

So people who maybe not aren't always, prone to stepping into our world and up here because suddenly the antibiotics don't work. Yeah. Interesting, interesting.

And, you know, I mean, I love the story of kind of like the the path you've been on to get to this moment, but I'm certain you've got to have millions of stories at this point.

But are there a couple of examples that just blew your mind that got you even more passionate about this? Oh my goodness. Yes yes yes yes. And yeah, I think one of my most favorite fecal transplant stories was, a woman who had come to see me.

She had been on her fourth recurrence of Zeta, so she'd failed Vanco. She had failed. She failed three rounds of Vanco she had tried to fix had failed.

If I said. Okay. Tell us what c diff is really quick, just in case people don't know. Yes. Yeah, absolutely. Thank you, thank you. That's so good. yeah.

so C diff is it. It's an opportunistic bacterial infection and what that means and and I, I said this in my examples, but people who often get active, we might be walking around this world with it inside of our ecosystem.

And we can live healthy lives having it as part of that internal community. But when that internal community gets degraded or destroyed by things like antibiotics, by things like pesticides, by things like chemo therapeutics, right.

Because they're degrading our microbial communities. When we trim back those other characters inside of the microbiome, C diff is what's called quorum sensing.

So it can kind of identify what's going on in the neighborhood around it. And when it's like, ooh, there's enough empty homes, I'm going to move in and I'm going to take over the neighborhood.

So has that sense. That's when it kind of takes over and it'll start to produce a toxin. so there's toxin A and toxin B, what those toxins do is they degrade the internal lining of the digestive tract.

And so prior to us being able to identify C diff as the causative agent, we used to call the illness that it created pseudo membranous colitis because people would be passing through their bowels what looked like the inner membranes of their intestines.

It's nasty C diff. Exactly. And painful and uncomfortable. And you got to live here and on a toilet. Yeah. Oh, near and on. Always. most of my active patients are people who are 20, 30 bowel movements a day.

And it's it's basic clean water and they, they suffer. There's a lot of dehydration that can come on. There's, weakness, energy lapses, and then the mental health aspects of it because your microbiome degrades that crosstalk between the gut in the brain starts to be inhibited as well.

And so that is part of that story with this woman is she had come to me, she had had seed of seed of is becoming more and more resistant to our antibiotic medications.

So vancomycin has now kind of become standard of care. And then people get, get switched over to deficit if they're failing vancomycin metronidazole or fragile used to be used prior.

But they're seeing that if you're using that as a first line, your risk of recurrence is actually increasing. And so there's that. We're learning a lot with the game right then and seeing if it's smart.

bacteria grow so much faster than we do. They replicate they share genes. They are able to evolve so much quicker than we are. So when we think we've got something figured out, they're like 20 years ahead of us.

so it's really interesting, as this woman came to me in that failed state, so she failed multiple rounds. She had struggled with major depressive disorder in her past history, and so she had been institutionalized three times in her history.

And when she came to me, she basically told me, I, I am on the edge of of that dark cloud space where I go to when I know that I'm not okay. which is hard to hear from a patient.

But I also was like, yes, and we have to deal with the infectious agent. Now, that's the first thing that we need to talk about. We need to get this figured out.

So we treated her with fecal transplant oral frozen oral encapsulated fecal transplant. So I'll also define fecal transplant because sometimes it is what it sounds like.

But sometimes people don't know what it is. but fecal transplant essentially when you're looking for a fecal transplant donor you are looking for the juiciest, most diverse, happiest biome that a person could present in this world with.

And so if you have a happy card. To find, so you're, you're you're like a detective seeking these people out. As a, and I'm the weird person at dinner where I'm like, can you tell me more about your where they birth, where they breastfed, how long were they breastfed. For?

And they're now 18. Oh, great. I would really like to talk to you about getting your kid stool. it's kind of a party trick. Her friends are always like, can you can you tell people what you do at a dinner table? Will you tell them what you do?

And I'm like, well, we'll we'll talk about it, you know? but yeah, it's so, so, you know, she, she had come in and she had been struggling. She had been struggling pretty severely with, all these types of mental disorders.

And so our donors at Flora medicine at the time, that was my previous stool bank when I was treating her. we were screening again early bird breast fed.

We want people who are eating an organic or biodynamic or permaculture type diet. So reducing their pesticide exposure. We want people who are taking care of their stress and moving their body every day and sleeping well every night.

And you start thinking about all the pillars of health that we address as naturopathic doctors, just on a foundational level of taking care of patients.

Those are all met by the donors. They are people who live these optimal lifestyles and they're taking care of themselves. They're able to tolerate all kinds of different delicious whole foods, and they are omnivores.

And all of the things that we think about when we think about health. And so, I had known we had a really healthy donor for her, got her signed up. She had had, I was curating fecal transplant ads, frozen oral capsules.

You can do them as capsules. A lot of people are more familiar with it being delivered through honest Copic delivery, because that's where they can do it.

C. diff, Donor Screening, and a Transformative Patient Story

In a hospital setting. A lot of people receive it that way because insurance wise, the procedural costs and all this stuff with fecal transplant can sometimes be covered in that realm.

So there's that component of it. But capsules have been shown to have similar, similar efficacy to carpet delivery. So in my personal opinion, I would much rather just swallow a few pills.

And put something from. Yeah, yeah. And then line up for the other end, you know, so I prefer this end. and so she, you know, went home that night or she.

Sorry. She dosed in office that morning because I was treating her in office, so she was swallowing. at that time, I was doing ten cups, on an empty stomach early in the morning.

She'd do that three days in a row. And that was her treatment to start addressing her CTA. And what was really great is I called her after her first night, so, you know, pick up the phone. I was like, hey, how's it going?

And she answered the phone and she I was like, I, you know, how's your stool looking today? Because I just want to know if they're going to I want to know when they start pooping solid, which can happen within 24 hours.

So I'm just I'm always like excited to call them the next day and be like, how's your poop? and she was like, I don't want to talk about that. Is this what it feels like to be happy?

Oh, I'll take that. And yeah, right. And that was I mean, like, still to this day, I can, like, I can still see her in that chair saying that to me and it or like, it can still like, see us in that moment because it's, it was so cool to know where she was the day before.

Like talking to me about suicidal ideation, about her concerns with suicide, with how she'd been institutionalized like we'd done a for mental health history and to have it flip in a matter of 24 hours.

I was like the potentials for this therapy. In the. United States. The only thing we can use it for is if not responding to standard therapy. But we have seen through the literature so many other applications for this through clinical trial.

And I think that it has taught us so much about how much of an impact the gut makes on the. Absolutely. My gosh, you know, something that stands out from this conversation is, is, you know, something near and dear to me, which is the concept of the terrain and that we want to enhance all the things we want to avoid all of our obstacles to cure.

We want to enhance our our diet, our lifestyle, circadian rhythms, our metabolic health, our hormonal modulation and our stress response, our circadian rhythms, like all the things.

And so when we do that, we become more resilient and resistant to disease and more health. Creationists in that fact. And so what I'm hearing you say is that if you sampled the poop, but the vast majority of us walk around the plant today, we would not be someone you'd want to collect a sample from.

We would not have basically poop. That would be, giving health. Right. And so it's interesting that you are literally looking for the people who have to reign centric, who have put the put in the work, invested the time and energy into improving their terrain so that not only are there reseeding and re inoculating themselves through this process, but they become a they become like a pot of gold for the rest of us.

And so I just think that's super fascinating that you brought that up. So I yeah, I just thought that was really interesting. And then the second piece in this kind of segues into where I'd like to go next, as someone who works with people with cancer, there are I can't even tell you how many times I hear the story of someone I'm working with who is now drug resistant to the chemotherapy or to the immune therapy, or they're having a terrible they just now have a massive immune reaction to their, conventional oncology, standard of care immune therapies.

they just came out of a surgery and in, in such they developed, an infection at the surgical site or a port infection. And the very first thing these patients are often put on, I can't even tell you the history and collect this data, by the way, and someday will be, publishing on this.

But I cannot even tell you how many patients are routinely put on Cipro. And the interesting thing is, when I was in, I know when I was in private practice, our local love this man Doctor Zaslow, if you're listening, talking about to my friend, this is a conventional gastroenterologist who gave a naturopathic doctor the time of day who basically said to his patients, I'm the person who can put a camera up your butt and see what's going on.

But when it comes to the end of the day, I'm sending you over to this lady to do something about it. And so, we had what really converted him was the massive numbers of Cipro induced C difficile that he saw.

And so hearing this, like, takes me back to the early days of my career, long before I really started focusing in oncology. But talk to us a little bit about the Cipro C diff pattern.

Talk to us about maybe some of the relationships with, where our gut or microbiome might relate to why we might be canceling to begin with, or maybe why therapies aren't working as well as they could in the cancer space.

Yeah. Oh my gosh, great question. There was a lot to unpack there. You just choose, you know, it's a lot. But I love it because I, you know, it kind of goes back to what we were saying is seeing this overnight shift in a mental health disturbance where I can't as a naturopath, you can't as a nature path.

We can't just say, gosh, you're depressed. Let's try. Let's try the fecal transplant. Yeah, yeah, yeah, yeah. Not an option. For us at this moment in time where we are in our world.

And so, you know, it's it's fascinating though because there have been so many clinical trials. And when we do turn that focus on cancer and we start understanding, like so much of what we talk about in the world of cancer prevention is supporting that terrain and ensuring that our trains are, like you said, resilient, resistant, able to overcome different, perturb says.

Because we're human, we live in this world. We're going to be exposed to things like, you're going to hop on an airplane and have radiation exposure. What are you going to do for that?

You're going to take care of yourself, right? And so there's there are those, components. But what's fascinating, what they've been looking at with fecal transplant, specifically in the PD1 checkpoint inhibitor aspect of fecal transplant, relating with cancer therapeutics and, you know, it started in mouse trials and they've looked at mice with, melanoma and PD1 checkpoint inhibitors.

And what's really fascinating is with the mice that responded to the PD one checkpoint inhibitors versus the ones that didn't, if they took the stool from the responding mice and they gave that fecal transplant or copper phage meal to the other mice that were not responding, those mice started becoming responders.

Amazing, which is amazing. Also highly unethical in the world of human research. Those poor little mice. But like also fascinating learning experience, because what we learned from that is if you can shift a biome and somebody is not responding because of whatever, whatever's happening in their current standing biome, if we can shift that, we might actually be able to create a potential for response.

Which is huge. That's a huge potential for people. And what's fascinating is, prior to hopping on with the, I was like, I know we're gonna talk a little bit about cancer, so I want to see what else is, in the literature.

And in 2023, Wuhan, China actually looked at adding fecal transplant as a third line therapy option for individuals who were on, PD1 inhibitor and, another immunotherapy.

And so it was basically those two. And then adding in fecal transplant at the end. And they actually did see more progression free survival. And so it was another like let's have a conversation about what fecal transplant might be

able to do in this space.

We're still limited here in the United States. So it's a hard thing. But I mean I had a patient who had, sarcoma. She had a stage four sarcoma when I had met her, and she had acquired cedar from, low dose erythromycin therapy that was part of her cancer regimen.

And, you know, we see that a lot in the cancer space because we're constantly killing all of these organisms inside of the system, not just with antibiotics.

I mean, suppose there was, like, one of my least favorite antibiotics planet. I may not be on the market, in my opinion, but that's. Yeah. Yeah. Danger. Danger. Yeah. Not like.

Major danger. Like everyone should have flashing red lights, you know? but I, you know, every once in a while, it's like, okay, do you need that? Do you like, you have to balance and weigh the options.

And so much of what my follow up is. But post it up with patients who have done fecal transplant. They're in remission.

Microbiome Therapy in Cancer Care

They do great is suddenly they've got a dentist appointment or they've got something coming up and they're being told to take a prophylactic prophylactic antibiotic.

And we have to have that conversation because you're not just a normal human getting an antibiotic anymore. You are somebody who has had this significant degradation event to your internal ecosystem, your internal environment.

And when that happened, we need to ensure that it doesn't happen again. And so our over dependance on antibiotics in this world, I often times and faced with, I don't know if I would necessarily take that antibiotic in that instance.

You know, here are some other things we can do to support you in the process. Here are some signs and symptoms you can look out for just in case something were to happen.

But we have to have that conversation of how are you going to trust that internal terrain that we just restored your biome with, that we just made you a quote unquote healthy human by providing you, how are we going to continue to ensure that we're supporting that as best we can, so that it's going to protect you?

Because we forget in our world that if we have solid internal terrains, we're protecting ourselves. Totally. If you started there, you wouldn't need the fecal transplant right?

But if you haven't started there and you've been kicked down for whatever reason, even because of lifesaving medical interventions, and now everything's like shifted and you're like, oh, I gotta, I gotta do something here, I gotta intervene.

This is something that I think is a very powerful tool to our disposal. And so one thing I want the listeners to know is that, you know, I don't know if it's necessarily a panacea, but I would love for you to list off.

Now, we know that it can help potentiate and overcome drug resistance in cancer environments, but what other indications is it currently accepted for?

And what off labels is it currently? looking hopeful in. Yeah. The only thing it's approved for at this moment in time is CHF not responding to standard therapy.

So we've got two drugs that hit the market late 2022 and kind of early mid 2023 that are now the fecal transplant

drugs on the market. mixed results with patients who are taking those.

And that's fine. But they're they're hard. Because of the sample start the sample stores. Just curious. You know what's really funny that you I it's funny you asked that later because, one of these said pharmaceutical companies when I was in Portland, Oregon, they had just launched.

They had just gotten their FDA approval. They were coming into town to talk to the fecal transplant docs. And so I get a knock on the door. It's a sales rep, and he's just like, come to this fancy dinner.

And I'm not going to say no to a fancy dinner. So I'm going to show up. That sounds. Great. Portland, by the way. I've had dinner with her. It's awesome.

We love. Eating. We love food. That's just who we are. so I was like, great. Portland City Grill. Like, I get to go be like, up on this beautiful tower in downtown Portland.

and I was like, great. Yeah. Let's sit and have a conversation about what it is you guys are doing. And my big question to them was, you know, a remote viewing with the head ups in the company and my big question was, how are you screening your donors?

What are your donors screening? What is the criteria that you are using to screen these humans? And how? I would say the answer was it was very it was too superficial for me to be excited about.

We'll put it that way. It's like, well, we're screening really healthy humans. What does that mean? Thank you. Yeah. What better. Exercise that. Look at how great that advice is served our world today a little bit more details needed. So interesting.

So I appreciate that. So knowing like you said these these two pharmaceuticals that have been approved for a pregnant with the diff infection, I know because of the marks of the world and the people who mentored you and your work and the things I've been reading in the field of oncology and many other places, there's actually a lot of off label drug utility for this.

So what are you most excited about? Where does it show the most promise with understanding that the research needs to be done? along with that, to really make this, not an off label drug, application.

Oh my gosh. I like, where do I even start any neurological complaint? I mean, I'm thinking neurodegeneration primarily. I think that a lot of our aging elderly are really struggling with mentation and the inability to, you know, Parkinson's is real.

Alzheimer's is real. early stage dementia is people who are in their 40s and 50s who are getting dementia early on. I 1,000% think there is a microbiome component there.

And I think that that's a huge place that we could see mass shifts and changes. I even think about things like. Multiple. Sclerosis. Right. Like all of those emergencies and earthquakes.

Yeah. Absolutely. And I mean, the I guess the more obvious ones that I don't like that word because I don't think anything's obvious to anybody until you're in the space long enough.

They're like, of course it's obvious. And it's like it's really not like. None of none of it's that obvious. but I think about, you know, ulcerative colitis, I think about Crohn's disease.

I think about, even thinking about allergic type, cast disorders. I'm very curious about where that could potentially plan, because the immune system is educated by the gut microbiome.

And if we involve. System is mostly housed in our gut. So of course there's a relationship I love this. Keep going, keep going. Sorry. Yeah. Exactly. Exactly.

So, you know, I think about all of the immune media, gated, immune regulated chronic conditions that we see in the United States on hyperdrive. Right.

Because we are inflamed, we are so inflamed. And I think that it's it's more than just our gut microbiome. It's the fact that our food and agricultural systems, the way that we treat our soils here, the way that we grow and distribute different food sources for our populations.

We've got to address food systems in America like. Yeah. Amen. Yeah, yeah. Huge. You know, curious. because this is your area of expertise. And though I'm excited about it, I've read some things in literature and it to me has I have an intuition and an instinct about this.

But I am curious. Today, the fastest growing cancer type is colorectal cancer under the age of 50. Okay. What research should be run across or what utility do into it or that needs more research?

Might a fecal transplant discussion, might help be able to play into something like this. With colorectal cancer specifically? I mean, that's actually what the Wuhan trial from November of 2023 was on what they were looking at, colorectal cancer, solid tumor, colorectal cancers. And, I, I think it's the future.

I think that it's a big component of how we're going to start addressing cancer while we again work on all of the other components that are adding to cancer, because I think, you know, this kind of takes me back to when I was in environmental medicine. But.

Today, infants today that are being born into the world, their cord blood has so many chemicals that's not being filtered by the placenta. We've always thought that the placenta was this beautiful filter.

And it is I'm not saying it's not. It's just that it is not doing. It cannot take on the toxic burden that we are being slathered in on a day to day basis.

And so I think that we are starting to see cancers in earlier generations purely because of our environmental exposures. We're coming out of the, you know, DDT population from 70 years ago.

And now it's like, okay, now we have to continue to detox that we had all the remnants of Chernobyl, which will not be on in our life durations. Yeah. Generations impacted. Yeah.

Well, you know, I think about that and then I think about, okay, what we do need to do is start figuring out what we can do now to restore ecosystems, to restore biomes, to restore our soil.

Because the more that we do that from that larger scale, the more it's going to rub, it's going to ripple out to humans. And, you know, I just it's spring right now, and I see so many backpack sprayers and it just makes me cringe because I'm like, I would so much rather you get a little like, you know, shovel to go dig out your dandelions if you don't want them in your yard, or let them grow and like, clip them and dry them and make a tea because they're amazing for your digestive tract.

But yeah. And their job is to collate and heal the soil, which is ironic. Yes. Some walkers do another and they do a very similar job.

Future Uses, Terrain Health, and Lifestyle Foundations

So like have beautiful things in your yard that are cleaning and chelating the soil because that's what we really need to start like that connection back to nature I think is a big component.

but I also, you know, I think about there's a lot of other things that I think are also contributing to our younger age cancer developments. I think that there are we have a major dependance on medications in this country, and we have a major dependance on UN telling people that their body can't do something, and we're going to give it something that's going to make it able to do what it can't do.

And I just call massive B. S. on that. I think that our bodies are fully capable. They want us to be here. They need us to be giving them the tools that they need to be here.

I think that when we have some sort of an infectious disease that comes through, the more healthy our terrain is, the better we're going to fare. One of the reasons I think the United States did so poorly during the pandemic is because we are chronically ill on a really high percentage scale in this country.

We are not people we want to sample our our poop from to help heal others. Oh no. And you know what? That's a beautiful point because, one of my, like, favorite, like, female pioneers in this space is Doctor Sabine Hasan.

Out of San Francisco. Right. And so she is doing amazing work through her company, and she's analyzing different biomes, and she's looking at what, like, we have so much diversity, amongst us, our microbial profiles are more like fingerprints and they are anything else.

We're so unique. And so when we think about that, there's also some concern with like mono cropping a healthy stool, but we don't have much healthy stool.

So mono, you know, that there's intermittent concerns that come with fecal transplant in that realm. But, you know, she was speaking at a conference at the end of February, and she got up and was basically like, I'm really concerned that we might not have any more healthy stool.

they feel that. Yeah. And I think, you know, I think that's the part of this where I do think it has potential. I also think that we have to be stewards of our land, too.

And in order to ensure that we have this, this therapy be an option for us going into the future, because it really I genuinely believe it's about the health of the donor.

And kind of going back to that earlier question of what other things could this be used for? You know, there's things like insulin resistance, there are glucose dysregulation, which all contribute to cancer development in the future.

And we've been able to see through some of the data and some of the science that fecal transplant may be a potential in that area as well. But all of that says to me is that all of those disorders are mediated by the gut, and that we need to be addressing gut health.

And that fecal transplant is it's over here. It's a hard to access therapy. It's kind of the like last ditch effort that a lot of people end up running towards because it feels like that panacea last, like this is going to be the thing that that saves me.

But we can do so much of the beginning foundational work through diet, through exercise, through sleep, through drinking clean water, through moving our bodies, through taking care of ourselves and and being in our own communities, like communing with other people and interacting with people and sharing dinners and like laughter and engaging in social interaction with people.

Those are things you can do for your microbiome every single day. I love it. I love that you mentioned this, because one of my concerns is that whenever we find a pill for what ails us, I always worry that people will neglect all the things they should be doing to create and maintain health.

And so do you see that there is a risk that when this does pick up momentum, that everyone's like, I can still live a crappy lifestyle and eat crappy food and not care about the environment and just pop a poop pill from from somebody that we were able to find a halfway decent donor to, like, do it all for me.

I mean, do you do you think there's a danger in that? I mean, yes and no, yes and no. I mean, I agree with you. I do think that people find a pill and they're just they're like, well, I can just follow this tone.

I'll feel better. You know, I hear this a ton with people in the type two diabetic space where they've got their

metformin. So of course they can still eat their donut or have the piece of cake or, you know, it's like there's no ownership of what is being consumed.

It's more like, well, I have the thing that's going to make me feel better. And I think that the more people can realize that thing is inside, the healthier we're going to be as, as a society.

But I also think that with the transplant, what's really interesting about that is I had a I had a patient who had to eat if not responding to standard therapy, came and got his fecal transplant, was feeling great, stoked, wanted to go eat a burger from McDonald's.

And he did. And his symptoms started to come back pretty quickly. They're laced with antibiotics. Well and life stage and all the things that all which is basically an antibiotic.

I mean, it's another form, you know. So yeah. Yeah, exactly. Killed off all the stuff that you just refer rest. I didn't even. Look at it. And I mean, he called me.

He was like, I don't know, my symptoms are coming back. What change? Like, does this not work? And we and questions like, what did you eat. Like what's going on?

And he told me he's like, well I was just I have this like I just really wanted to go get it. I was so excited. I was feeling better. I really wanted to go get like a Big Mac from McDonald's and I was like.

What? Why? Why would you know? And then I and then I took it on myself, you know, because I should have been so much clearer. And after that, I mean, it's in my, like, post.

My post where I'm like. Even if you don't eat McDonald's, do not eat McDonald's after you have done this. Because, I mean, I do think that because of the world we live in, it's it's I educate my patients that they have to now take care of this new ecosystem.

Yes, you have to be a steward of this, of the all of the ecosystem that you were born with and the one that you might be replenishing or replacing. If you've come to the point where life or choices in life or medications or things in life that kept you alive, you now have to take care of what this new gift has given you.

Yeah. And it's it's really just radical self-empowerment of now it's this is your second chance. This is your opportunity to do it the way that you wanted to before.

Or maybe you didn't have the tools to before, because what I'm also coming to find is I think we assume that people know how to take care of themselves.

And I think what we're coming to find is that it's not as it's not as black and white as I think a lot of people think. And that's why so many people are going online and looking for resources and trying to figure out how to heal themselves because they're at these lost junctions, these end points where they're just not sure which way to turn.

And there's so much information. I was just having a conversation with a friend of mine about this. There's, you know, if you're really good at marketing, you can have 100,000 followers on your Instagram or a TikTok, and then suddenly you're a voice of, you're a voice of knowledge and it's easy.

Yeah, yeah, yeah. And I was yeah, yeah. And I've had. You know, I've had people come who are like, I'm already doing this cleanse. I'm doing this diet, and I've got this figured out and I read all of these blogs and I'm like, and I'm really sorry, but I'm gonna have to undo a lot of that because it's really it's not about seeking the next thing. It's about looking within and seeing.

You. Can do this. Your body can do this, that you're able and capable of living a healthy, happy life in this world and in this body. We just have to make sure that we teach you the ways to do that and.

and. Take some time, but you'll get there. I love it. Well, I know we didn't even get a touch on your other area of expertise and interest, so fecal transplant is one part of the equation, but the other is helminth counseling.

And it is, as it sounds, warm therapy, for various things. And so we we'll just like leave that as a little worm for the bird to, to get, to get curious to follow you for more information.

Helminth Therapy and Closing Remarks

But Dr. Piper, tell us how people can learn more about you of you see what's coming. how can people stay and stay in touch? Yeah. Great. Awesome. Thank you.

so people can follow me through my Instagram. It's @drpiperdobner So, Dr. Piper Dobner, and then you also follow me at my new, rebrand clinic, which is biome basics.

So that's where I'm doing fecal transplant and my helmet, helminth therapy counseling. And yes, we will dive down that wormhole someday in the future.

Yes. Really. You know, it's it's about what the company's title is. It's about going back to the basics. And there's really something valuable about, again, doing taking ownership of your own health, taking ownership of what you can do to make yourself feel better, but also looking at one of our best sources of post biotics for the microbiome is sauerkraut like fermented foods and and thinking about those types of things.

So, I'm working on developing some educational material through biome basics and, providing people transplant for patients in need, some who have, if not responding to standard therapy, and then also the autoimmune realm with helminth therapy.

It has been nice. Thank you for making my job so fun. I mean, I had a conversation with a woman this morning who was we met probably eight months ago, and she was in dire straits with ulcerative colitis and in a really severe flare.

And she told me that she's 90 to 95% like she's feeling great. And we did worms. So, you know, it's really fun to it's just fun to know that there's other things out there and that our microbiomes are so powerful and we can make such immense changes by some little tweaks, and then also owning that our bodies are capable and we just need to give them the things they need.

how beautiful Dr. Piper Thank you so much. We will post all the things of ways that people can find you. And I do look forward to future conversations because I feel as you do, that there is a lot on the horizon of hope in this arena that can really enhance our our livelihood.

So thank you so much. Thank you.