Gut Restoration and Its Role in Combating Chronic Infections Transcript

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Introduction to Gut Infections and Chronic Illness

Everybody. Great to be back with you. I have a special guest, doctor McCann, with us today. And this is a topic a lot of people ask about. And that is the relationship between Cronk infections and gut health.

And any of those of us who have been practicing for a long period of time, you we find that in medicine, infections of the gut often are underdiagnosed, identified by doctors and practitioners, and as a result, the patient suffers with digestive problems and problems throughout the body.

So we have doctor McCann today who's going to delve into this, explain it and and how she deals with it so everyone can have a better understanding. So doctor McCann, great to be with you.

Thank you so much for having me. Doctor Singler, I appreciate the invitation. Well, absolutely. And you're a perfect person for this. You're a medical doctor. You're an integrative doctor.

You have extensive training and all these different segments of integrative mass, including gut health, including environmental medicine, including infections in the gut.

I know you train doctors on this subject, so you really are the perfect person to talk about this. So maybe tell us a bit about how common of a problem is this gut infection problem or chronic infections go beyond the gut, I should say.

You know, we have infections systemically. Infections and the God of it can affect gut health. But tell us a bit more in the background and how you learned about this connection between chronic infections and get health, if you would.

You know, when I first got into integrative and functional medicine, we're doing food sensitivity testing, we're doing stool testing. And occasionally you find stuff on stool testing, like maybe somebody has H.

How Chronic Infections Affect Gut Health

Pylori, or maybe they have blastocyst as harmonists and their stool tests as a parasite, and maybe they have some dysbiosis. And that's something that we need to deal with.

But over the years it's become much more complicated. Fortunately, we have more sophisticated testing, so we can get a variety of different pieces of information more in depth about dysbiosis.

But my perspective really is more systemic infections impacting the gut. So for example, things like chronic Lyme disease and many of the other co-infections that are that present with Lyme disease or are, you know, related.

So for example, I see a lot of Bartonella and baby Bartonella as otherwise known as cat scratch fever. You may remember that song if you're old like me.

And most people don't have a history of a cat scratch and they don't get an acute infection. But many people will have a Bartonella. And Bartonella loves the mucous membranes.

It loves the vascular system. It causes a lot of pain. It causes a lot of autonomic dysfunction. And so we can really get messed up in our gastrointestinal systems because of the presence of these organisms.

They impact the immune system and then will lead to things like leaky gut, more food sensitivities, etc.. So I do think that there's a relationship between the these chronic systemic infections and gastrointestinal health.

Absolutely. So with your patients, how do you normally screen you go more on their history. And then there's signs and symptoms. I know labs at least my experience have been I mean them aren't don't seem to be definitive although they're better than the standard labs we use.

What's kind of your experience with all that? Patients come to us for a reason. Right. So it's really important to acknowledge and work on the complaints that they have.

Right. So if you're if a patient out there has gastrointestinal issues, I really want to understand how that's affecting their lives. Right. Do they have reflux. Do they have heartburn.

Do they have upper GI symptoms? Do I think that they might have small intestinal bacterial overgrowth, for example, which is very, very common in these patients.

And you know, Lyme and mold can lead to things like Sibo. So depending upon what the presentation is, that will really determine the trajectory that we explore.

Testing for SIBO, Dysbiosis, and Mold-Related Gut Issues

And you know, we used to think of small intestinal bacterial overgrowth or even fungal overgrowth as like last thing that we look at. Right. And really now it is one of the first things that I look at, I want to rule out Sibo as a factor in somebody's presentation, so we can do things like Lactulose or even a fructose breath test where they drink this horrible, sticky, sweet stuff and blow in a tube at various intervals for several hours.

And then we get to see, did the sick sweet drink get fermented by bacteria in the wrong place? And therefore now they have symptoms. So that's one of the first things that I'll look at is bacterial overgrowth.

Now we don't have tests yet for fungal overgrowth. So CFO or small intestinal fungal overgrowth we don't have the testing for that per se. We can do things like organic acid test to see if there's yeast metabolites that are high in the body.

And so that's one possibility. And then it's really more about the history too right. So if somebody we find out that they're in a moldy house, I can be pretty confident that there is a yeast slash mold colonization that's going on in that person oftentimes in their gut.

And so we may treat empirically with some antifungals to see if we get a benefit. And moving forward in terms of their symptomatology, it's quite shocking how many patients are run into who do have mold problems.

Tell us more about tell the viewers more about that. I think a lot of people are gonna be surprised how common integrative doctors like ourselves find it to be a problem.

When we address it, it greatly helps the patient tell them about that. Even course goes beyond people who live in, you know, Southern California. I mean, this is a problem across the country.

Please tell us more about that. Absolutely. Yeah. I usually share that. I've lived in ten houses in Orange County, and they have Alden moldy. And so two of them were so moldy that I had to get rid of all of my belongings and and leave.

That's a really terrible thing. I don't wish that anyone. But it is really common, not just in Southern California where we don't build things very well.

Right? We don't have inclement weather, so we have to build things well. But everywhere in the country, if a building isn't constructed properly, you have the potential for water damage and mold growth.

And then when there's mold exposure in, you know, in a home, what happens? Will we inhale that? We breathe it in through our mouth and our nose and some of those mold spores and the combination of yeast and other stuff.

Bacteria can get into the gastrointestinal tract, get into the sinuses, and then set up housekeeping and cause all sorts of problems. So it's actually very common.

And these things cause immunologic changes. So that will drive autoimmunity. It can drive immune depression. It can drive this hypersensitivity mast cell reaction.

And so people can develop allergies and sensitivities to foods that then triggers leaky gut. And it's this whole cascade of things that are happening.

Mold Exposure, Mycotoxins, and Immune Dysfunction

You find one that clues with these patients as you talk to them, and then maybe they go somewhere for two weeks on a vacation or something, and they feel a whole lot better.

And of course, they're thinking, wow, just I wasn't under the stress from work and stuff as I was, but it could be. And they're just not being exposed to the mold in their home or workplace.

Yes, it's always wonderful when we get that history, and it's really helpful for the patient to see that in their own life, in their own body and have that experience doesn't always happen, sometimes longer than that.

Sometimes they're more sick than that. But yeah, I love it when that happens. Do you find the urinary mycotoxin tests are helpful? Your patients looking at the kind of mold toxins embody the kind of the body burden.

What are your thoughts on that? I do I use mycotoxin testing a great deal actually. There is some controversy about them. We know that there are some shoemaker trained doctors who are very anti Andrew Campbell.

Doctor Andrew Campbell, who has my Michael Labs is very against using urinary mycotoxin testing. I have found it to be extremely helpful. I use one lab in particular over the other labs.

Although the science for two of the labs is good. There's a third lab that I. I don't feel as reproducible. And yeah, we use them a great deal. And it's I can't really compare the test of one person to another.

It's really tracking that person's progress over time. And usually what we have, what we see in terms of patterns, is oftentimes the first time we do a mycotoxin test while somebody is still living in a moldy environment is that the levels are elevated but not terribly high.

And then usually what happens is we figure out that mold is the issue, get them out of the moldy environment, and now their bodies like, oh, few. I can start dumping.

And you see much, much higher levels of excretion of these mycotoxins in the urine. And eventually they come back down again. And there's there's certainly a pattern there.

So people get a little wigged out with their second repeat test or like, I'm going to be better, know you're better because it's coming out of you. Yeah.

Kind of see that sometimes when we're detoxing the heavy metals with chelation and stuff. So I know what you mean. Yes, exactly. How about Lyme disease?

It obviously, in my opinion experience it is a problem. It's a lot more common problem than the medical community leads on. The CDC has acknowledged that.

How common of a problem is it that you see? And again, are you, you know, going on history and signs and symptoms and secondary lab tests, or how do you help people with that?

Sure. Not all people who have Lyme disease or, you know, the and we're using Lyme disease as a broad term,

right. So people can have Borrelia burgdorferi, which is the bacteria that causes Lyme.

They can have Bartonella and a plasma Rickettsia, you know, any number of those chronic infections, and they will look like Lyme disease again. Usually it's in the the history.

I sometimes will use a screening test called a CD 57.

Lyme Disease, Co-Infections, and Diagnostic Strategies

CD 57 is an innate immune marker. It's a natural killer cell marker. You know, there's again, some controversy about it, but it can only be run through LabCorp.

Just FYI, you cannot run it through quest. It's not accurate, but if it's less than 60, I'm highly suspicious of a chronic infection. It's not 100%. I've certainly had patients who have had, you know, a CD 57 of 200 and a CDC positive Western blot through LabCorp.

So it's not a perfect test, but it is a helpful screening test, particularly when I'm trying to sort out, is it mold? Is it Lyme? Chronic infections, you know, is in a mast cell sensitive patient with lots of stuff going on.

Personally, I use I whenever possible as my test of choice. Identical is really in my mind the gold standard for Lyme testing. And you know, there are a couple other tests.

MDL is a pretty decent test for Lyme, less so for the co-infections. Infected labs is a good test for Lyme and co-infections. And then there are some German tests that are very good to arm and labs.

More often than not, we'll get positive tests. And usually by the time patients come to see me, they, you know, rather than pussyfooting around and trying to guess, we just do the test right.

Let's done. I used to try and help people save money, and then we would be fumbling in the dark trying to figure out what was happening. So at some point you just kind of got an anti up and like bite the bullet.

The positive thing about it is that they take Medicare. So for all Medicare patients who have who I suspect might have Lyme or a chronic infection underneath, there are presentation to the test.

And that's been a huge game changer of being able to really identify what's going on. They have up leveled their technology. They use immuno blots for all of the major infections in California.

Lyme is present, and I actually see a lot of tick borne relapsing Borrelia, which are not really a Burgdorf or I, but rather Braley and Miyamoto or Turcotte.

And those are actually very common in California. And then for some people, you know, if I have a young person who really can't afford to do the kinds of testing that needs to be done, sometimes we'll just start with empiric tinctures and see how they respond to the tinctures.

The tinctures are usually targeted towards the individual infections if they respond favorably, either with hurting, which tells me that you're killing something and they're having a response of by feeling better.

Sometimes we can do it clinically that way. To a lot of the doctors I've talked to in practicing 20 years plus of them, start off with a lot of antibiotic therapy for Lyme and Lyme related illnesses, the tick borne illnesses.

And then at some point, it seems like they switched more dominantly to the herbal like tinctures and herbal treatments, like you said. And been more happy with that approach.

Now, of course, depends on the patients. Sometimes you got to use antibiotics, especially if you catch it early and all that. But what's your take on that?

I agree. Yeah, I started with antibiotics.

Treatment Approaches for Chronic Infections and Gut Repair

Now I really try and minimize the antibiotic use for chronic infections, but it depends on the patients. I mean, sometimes people just do better with the antibiotics.

Maybe they tolerate them better or if there's a lot of neurological symptoms and we really need that, that IV antibiotic to get penetration into the brain.

So it really is case specific. I do use a lot of anti parasitic. If somebody has for example, trying using things like a tobacco cone or nit is oxidized, which is or Alinea whenever possible, because we're not going to have that deleterious effect on their gut microbiome.

For for Bartonella, I've been using methylene blue in combination with China's all compounded Chinese, all is actually an antifungal, but taken orally has a great effect with some of the species.

And so you're not going to have that delicious effect on your gut microbiome either point. So connecting it to the gut summit, then you often find as you're treating these chronic systemic infections, then these chronic gut problems often improve.

And then when you improve the gut, then of course the whole body gets better too. Is that kind of the cycle you see or. Absolutely yes. Yeah. I mean, obviously, like I said at the beginning, it depends on the presentation.

So if people have really prominent gut symptoms, I'm going to do the best that I can to identify what the problem is, specifically with the gut rule out, you know, things that are going on with people.

I've been using a lot of low dose allergy therapy or LDA training that's done by the American Academy of Environmental Medicine to help reduce allergies and sensitivities, and that's been a total game changer.

So when you've got this immune dysregulation, gut symptoms, immune symptoms and then you're fighting all these infections, maybe you have Marcell activation and everything's on fire.

Using something like low dose allergy therapy or immunotherapy can calm down the immune response. Help with the food sensitivities that often can exacerbate leaky gut.

And so everything gets slowly better. Oh that's great. That's great. Well, can you tell the viewers more about your practice, how they can get Ahold of you the best websites, because they need doctors like you to access and get help?

Dr. McCannu2019s Practice and Patient Resources

Thank you. So my clinic is at the center.com. It's a membership based practice, and we do have patients who come in from outside of California. We ask that people who live in a state where I happen to have a license, they still have to come in person in California to be established.

And then we can often do telehealth for a follow up visits outside of this, outside of the state. So you can contact the contact my staff and figure out if you are eligible.

If I happen to have a license in the state where you live. If you are not able to become a patient because you don't live in a state where I'm licensed, I do have an online webinar series that you can access through doctor Kelly mccann.com, as well as an online community with plenty of resources.

And I have a couple of courses there as well. Excellent. Well, doctor McCann, thank you so much for your time and helping the viewers today. You're welcome.

Thank you so much for your invitation.