Healing From The Inside Out: Lyme, Menopause & The Power Of Self-Awareness Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

Hello, hello and welcome back to Mastering Your Menopause Transition 4.0. Fourth year added. But all new speakers, all new conversations and still the same host though I'm Doctor Sharon Stills and I'm still here with you to learn and grow through your menopausal journey.

And today I have a dear friend and colleague who I've never gotten to interview before, so I'm super excited. Doctor Tom Moorcroft, who I'm sure many of you recognize he treats some of the sickest, most sensitive patients from chronic Lyme disease, tick borne co-infections, mold illness, as well as children with pans pandas.

And he has a prolific amount of inflammation. He is the doctor's doctor when it comes to this. He he teaches physicians. So you want to listen to what he has to say.

If you're a practitioner watching or if you're a patient watching, because then you can share information with your doctor and you can have them get educated if they're not up to speed.

So he his goal is to empower everyone he works with to get in touch with their inner source of health so they can experience optimal health. So we're going to talk, you know, we're gonna talk medicine, but we're all going to also going to talk the emotions and the energetic of healing.

So here it is. Welcome. Sure. Thank you so much I'm so excited to be here. It's an honor and really excited to see where our conversation goes and help share some knowledge and help people heal.

Yes me too. So I guess you know, a common thing is just to say, like, how'd you get here? Like, why? Why Lyme? What? You know, tell your story because your story is quite inspirational.

Because if you're watching and feeling like, you know, there's no hope for me. Doctor Tom has, you know, a home and also going to talk about, you know, Lyme and menopause and hormones and the major interaction.

Yeah. You know, I think the starting point was I was just living my, my dreams. Right? I was out in nature playing outside. Anybody knows me, it's like if you can't find Tom, it's because he's skiing or mountain biking or hiking and outside with the dogs in the family.

So I've always been like that. And I was like, I was really inspired to just like, have the planet be around for more than just my lifetime. And, you know, I got in the natural resources.

I saw that we did a lot of scientific research, yet we didn't take a lot of action. We just went back and talked about it. And then we did another study, and then we talked about it and did another study.

Tom Moorcroft's Lyme Illness and Recovery

And I'm like, by the time we actually start taking action, the planet's going to be, you know, it's such a miserable condition, it will survive. But maybe we won't.

So I was like, who would actually get stoked and make a change? I'm like, well, if we could teach kids and get them excited about this, they're going to bug their parents, motivate them and inspire them, and they're going to make some change.

So I started teaching outdoor education with children, and it was going really well. I mean, I was literally living my

dream and I was like outside getting paid to do it. I mean, it was amazing.

And then like, one day my boss comes up to me and literally had to shake me awake at my desk. And she was like, Tom, what the heck's going on? And I was like, completely out of it.

And I was like, Chris, like, what? It was like. I literally was like in this big daze. And she said, hey, look, the last couple of weeks, your performance has gone way down.

And I'm like, what do you mean? I'm here all day and everything. She's like, yeah, but you usually cut out early and get done more work in one day than most people get done in a week.

And I was like, you know, I guess that's true. And then we looked at the computer screen and the cursor was at the exact same spot. It was an hour ago.

And then I looked down and found that I had been drooling on myself. And so eventually we put two and two together, like my brain wasn't functioning. And I realized that I was really tired.

And then, oh, by the way, joint pain and brain fog. So I go to the doctor, by the, you know, three days later, by the time I got there at a big old rash, he goes, hey, Tom, you've got classic Lyme disease.

Take doxycycline, a type of antibiotic, for ten days, and you'll be good to go. So I was thicker than snot for four days. By ten days I felt better. And then in retrospect, about 3 or 4 months later, I just started getting worse and worse again.

And over the next eight years, I'd gone through depressed major depression diagnoses with failed treatments. I then they're like, you have the type two bipolar, like all the good doctors and lawyers do.

I'm like, I don't know any bipolar doctors that stay that way long. And then they're like, you have ADHD, which everybody knows is true. So that wasn't any, you know, revelation.

And it didn't tell me why I had pain then. Then they said I had chronic fatigue and fibro myalgia. And I remember that primary I went to almost punched him.

I came in, I said joint pain, brain fog, fatigue. He goes, oh, I know you have fibromyalgia. And I'm like, what's that? He's like joint pain, brain fog and fatigue.

I'm like, well, what causes it? We don't know. How do I get better? No one knows. I'm like, okay, you're useless. So at this point I was just I found myself staring at a wall again in medical school going, my life is going that way.

I don't want that. I want to go over there and do the things I used to do and I had no idea how to get there, but I knew that that path was easy. I wake up in the morning, I put on the same shoes, follow the same path, the same story, and it's leading me down misery and getting worse every day.

So I'm like, I just try that one. And as soon as I did all these, you know, coincidences came into my life. I got introduced to a certain type of yoga and a particular teacher, and then I went down this long healing path.

My body started to say, don't drink Coca Cola and eat pizza all the time, because back then we thought there were food groups. And then I listened to my body.

And literally over the next two years, I was about 70% better. And then I ran in the doctors who diagnosed with chronic Lyme and the viruses because I was at their office and all these people.

Finally I met after seven know, eight years. At this point, I met people who sounded like me for the very first time, and then the fast forward, 70% of it was what I did, the other 30% I needed the doctors.

But at this point, it took me about four years to get better. But as the time we're recording, it's over 13 years where I've had no symptoms. And that, I think is the most important part, is I've been there and I know that you can actually get past it because so many people say you can't.

So hopefully someone listening will be inspired to know that even though I was sick for over eight years and it took a long time to get better, I'm completely better at Mountain bike ski.

I. Right before I turned 50, I learned how to cliff drop skiing and stuff so I'm insane. But I love doing what I love doing, and I want each and every person to feel the energy and the passion to do what they love the most.

Exactly. Yeah. I mean, it's inspiring already. So let's get into a little of the nitty gritty. I think there's, you know, some of the typical questions.

How do I know it's Lyme? What's the best testing? Do I have to have a rash. But I never had a tick bite, you know. So maybe you could just give us like a good like for the women listening.

Like, what do they need to know? What can you arm them with, too? Yeah. I think the first thing is, you know, Lyme disease is a bacterial infection that's transmitted through the bite of a, a type of tick called zoetis.

And on the East Coast, it's the blacklegged tick. On the west coast, it's the western blacklegged tick. I think most people know it as the deer tick. The important part to remember is, if you get hit by one of them at most in most places in the United States, it's high risk. More so in the upper Midwest and New England and the Mid-Atlantic states, for sure.

But you got to be, you know, your Spidey sense should be going off if you get bit by one of them. The the big challenge is that you highlight that come out of that is most people are familiar.

If you're familiar with ticks that you look them up, you're going to see a female deer. Ticks can have a little black dot on its back and then its backside is going to be that like orangish color that that transmits.

About 5% of Lyme estimates are upwards of 95% of the people get Lyme. Get it from a nymph, which is like the baby. And so it's not the it's not the newborn, but it's like the toddler that can run on its own.

And so the thing about the nymph is it's the size of a poppy seed. And it likes warm, dark, moist places. So really easy to miss it behind your ears or in your hairline or in your groin, behind your knee and so the nose kimtech the the micro one the nymph gives us almost everybody who gets Lyme gets it from that.

Now the challenges the CDC, center for Disease Control and Prevention says, hey, about 80, 70% of people get a rash challenge is medical research. That's not accurate.

It's somewhere between 40 and 60%. I call it 50%. So there's a 5050 that you're going to get a rash or not. And then most people think of the rash as the bullseye rash.

But the bullseye is that ring rash. It looks like a bullseye of the 50% of people get rashes, only about 30% of those have roughly 15% of all people get Lyme are getting a bullseye target lesion.

Other people it's a red or black, or a purple mark.

Recognizing Lyme Symptoms and Misdiagnosis

It might look like a bruise. It could just be this big halo of red around this weird looking thing. And you're like, what is that? And then it goes away in a week and you're like, oh, went away.

And so the rash is challenging. And then we look for, you know, the classic symptoms back before we had Covid all the time. And people are getting flu at weird times of the year.

We call it summer flu. So, you know, acute Lyme looks like maybe a fever. But you get joint pain, brain fog, fatigue, muscle aches and pains and you know, you just feel crappy.

And so that's challenging, especially if you know, we think about it mostly in the summer because that's when most people are exposed. But ticks are around all year round.

And sometimes you get bitten August or September and you don't show symptoms until the middle of December, January. Everybody's like, you have flu or Covid or some, and then or it's just a virus for the season and they chalk it up to that.

The biggest challenge I think sharing is, that we they're all, you know, people call it the next the great imitator. Right. And it looks like so many other things because we do it's like if it gets longer, we start to have more aches and pains in the joints.

We might have a swollen joint, we could have cardiac abnormalities and dis arrhythmia. A lot of, teenage women I actually see get a lot disruption of their menstrual cycle.

I see a lot of boys who are four to 10 or 20 years old who look like they're, you know, having menstrual, you know? Perimenopausal. Symptoms of sweats and chills from Lyme in some of the other infections you can get.

But, and then certainly we I've seen early onset menopause and weird hormone dysregulation or disproportionate menopausal symptoms for people. The problem is it's a it's a nervous system and soft tissue organism.

So when I'm, you know, going to tell you, hey, if you have migratory joint pain, that's probably Lyme disease. And luckily I've got a car, you know, gonorrhea or hepatitis.

Outside of that. That's the one thing that people can look at if you have migratory symptoms, that's a big deal for Lyme. But outside of that, it just looks like it's almost like in my story.

It looks like a major depression, like your old man. But my old man went on treatment and it helped. I went on treatment, did nothing except give me side effects.

And then I went on the next diagnosis. And and when they're saying, hey, you're. I've never seen anyone react like this or this is very uncommon. Usually people get better from this treatment, you know.

So if you're doing this standard hormone treatment and it's not working out, or your doctor is like, wow, this is like the hardest case I've ever treated.

And oh, by the way, why do you also have muscle and joint pain? You know, it's like there are things that make me start to think about Lyme. You know, and there's all kinds of GI dis, you know, gut dysfunction.

And I gotta say, brain fog and joint pain that moves around and some weird skin sensations are big ones as well. But it's like when you're looking at it and you're like, this doesn't make sense.

That's typically when you should pull out one of the Lyme questionnaires and start just checking. You know, and the other thing is it wasn't this way before.

So like as an example, my dad basically had depressive symptoms most of his life. Right? I was a little irritable at times, you know, like my dad taught me to be.

But that was me, right? And it's like, but I never had like, I wasn't pissed off and depressed and life didn't suck until I couldn't think my if I slept for 4 hours or 14 hours, I was it didn't matter.

And, you know, everything hurt like I just I mean, you know, Jill, like my wife, we we just celebrated 24 years of marriage, but it's like we were married for like, a year and a half.

And if she touched your elbow on my arm, I would feel weird stuff go down to my fingertips. The second it hit my fingertips, it felt like Darth Vader shoved a lightsaber all the way up the side of my arm, in my shoulder, and into my skull.

That's not normal, right? Right. That's not myasthenia gravis. That's not multiple sclerosis is. That's effed up. And so when you're looking at it going, this is the this doesn't it doesn't add up, or they try to shove you into a box where it's like 50% your symptoms make sense, but the other 50% have nothing to do with the diagnosis.

I think of a couple things. One is it could be that diagnosis and something else. Or maybe it's not that at all and it's something else. So maybe start looking in the tick borne illness, arena.

Awesome. And how do you wrap? Like, you know, now we're in this post-Covid and it's really changed medicine because it's this, you know, thing in the room.

So how do you look at like what has Covid or the vaccines? What's the interrelationship and what about mold and what about oh my God, have this. And like I just open up the whole this is the can.

And then you're like and then you're going to say, and we have 3.5 minutes. So this is a great question because I think one of the challenges that we run into is, is and I didn't touch on this a minute ago.

So we can wrap it in here, but Lyme diagnostics are tough, right? They're really tough. And, and I'll come to Covid in a minute. But the original Lyme diagnostic criteria that most of your primary care, your internist type people, even the neurologists and the infectious disease doctors look at are, from 1996, in a closed room meeting that basically more than half of the people didn't have representation when they disagreed.

It was like the people in charge had the trump card, and they made these Dearborn criteria very restrict active. And there also were made for research, to do epidemiological research and to make public policy that is not for clinical use.

That was to because in Clinton, in our medical practices, we want to on the side of protecting the patient and not missing a diagnosis because we're going to work with them over time.

And if we make a wrong turn, we can turn around, back up one step and start over. That's normal in medicine. Every branch of medicine does that. Now, if we look at research and I trained, I do all this research.

I include a bunch of people who don't have Lyme disease. I make a public policy that then harms a large number of people in the country. It's a different purpose.

So we adopted these as clinical. The problem was when they looked at it and studied it, it only if you took true positive people. It only picked up 54 out of 100 true positive.

So it missed 46. No. Sorry 50ft. Yeah 44% were missed anyway. 56% were caught. So anyway, that means 44 out of 100 people who have Lyme or missed. Yeah, we can't do that in clinical.

So now over the last several years, people have seen and I think Covid opened the door for this. We needed to have advancements in in testing. Now in Lyme disease, we were making advancements.

But the regulatory bodies like the FDA weren't really open to evaluating them. Once we started to see Covid and everything coming out and realizing we needed to pivot quickly and we could evaluate data rapidly and make decent decisions, believe vaccines for later.

But but the testing is pretty good. And we had advancements in testing. So through this, some of the Lyme specialty tests have companies have actually done work with the FDA.

And usually what happens is when we get a new drug or we have a new, test that's, approved, we say we have to

prove non-inferiority, meaning it's not it's no worse than anything on the market, but it doesn't have to be better, which makes no sense to me.

So one of the companies we work with actually worked with the FDA, and they proved superiority to the, over any other tests in the market for diagnosing Lyme.

And the benefit of that was they actually changed the Lyme diagnostic criteria after nearly 30 years of being inappropriately used. So that's huge news.

It only happened last November. Within a week, the CDC changed their stance on testing because the data was so highly driven.

Testing Advances, COVID, Mold, and Co-Infections

So there are people out there working with the government and some of the people who look like Satan in the past. They're actually working together for your benefit.

And that to me feels good because I don't want to misdiagnosed you or your child with Lyme, but I also don't want to miss it. And then through Covid, we've had advances in DNA technology.

So one of the gold standards in infections is to find a part of it or the whole thing. But the problem is Lyme doesn't live in blood, it lives in tissue.

It just travels in blood. So we miss it a lot. But through Covid and advancements in DNA technology, we're actually looking at instead of having to get 70 organisms in a in a microliter of blood, we can get 1.3 and still pick it up.

That happened because of Covid, I mean, which so if you want to look for a silver lining and then to kind of ground the question where you can't. So the testing is getting way better.

Now the question is mold. It looks like Lyme and all the Lyme co-infections, the other infections you get from the same tick, the overlap is really hard to tell the difference.

So many of our people are exposed to mold and Lyme because, you know, molds ubiquitous in a lot of the country. And it's not about do you have no mold?

It's what's the concentration of mold you're exposed to and what's your vessel? What are you able to deal with? What's your immune system able to deal with?

So all the things that you and I always talk about offline together, and I know that you share with everybody and your summit and all your patients is focusing on optimizing your self-healing, because then your body has a better ability to detoxify and deal with the toxins it's presented with.

And a lot of our children that I see, their immune system is dysregulated because their gut is a disaster and their diets the math. And there's a lot of stress at home.

These are all things we can't be perfect at, but we can improve. It's not about perfect. It's just a little bit better. And then we get exposed to something and instead of needing 1 or 2 exposures to get pans or pandas, it's like acute onset neuropsychiatric crap.

We need 10 or 20 or it never happened. And so we need to, I always say, become the world's worst viral and bacterial host. Have Covid or a deer tick. Look at you and go, yeah, I'm going to go to the other person because I'm much more likely to succeed over there.

But the other thing that came through Covid, to kind of wrap all that up, is there are inflammatory markers that they found that are associated with long Covid, as well as other inflammatory markers that are associated with post-

vaccination vaccine spike apathy, if you will.

So it's long Covid, but from the vaccine, because the vaccine is actually way better at making spike protein, then then Covid is at least in the way it stimulates your body to do that, to function with it.

But then the other part is in their research, they're like, wait a second, there's a whole bunch of people who look more like something else, and there's an arm of inflammation that's starting to look more like Lyme disease.

And they've got like well over 50,000 people in a data set where they're they're starting, they're able to pull this out. So I can do an inflammatory panel and say, this is probably long Covid.

This is probably post vaccine. It might be both or this is more likely Lyme. And so the the way we look at the inflammation will treat it very similarly.

But if you have like long Covid I just need to work on your immune system. If you have the vaccine, I might say don't get more, but I also I'm not going to unvaccinated you.

We don't know how to do that yet, so we have to work on those areas. But if you have like Long Lyme, I actually have to then figure out is it long Lyme?

Like I don't have an infection anymore and you're just having inflammation from persistent pieces of DNA, etc.. Or do you have active chronic Lyme? And so that's where it's really helpful.

And then in that data set they're trying to figure out what's mold and maybe babesiosis versus Lyme. But we have a decision making tree that's very helpful clinically.

And I will say we a lot of us have gotten Covid like most of us. So I do see a lot of people with long Covid long, you know, post-vaccine type of injury and inflammation and Long Lyme, if you will.

And that's good because some of them aren't like that. Some people don't have long Covid, so it's like it really helps us to pull it apart. And I and I think the last 5 to 8 years, we have more we have better research on diagnostics, and we have better research on treatments than we've ever had before.

And I've been in this world since. I mean, I knew I was in this world since 2020. 22,003. I always try to say 2023, since 2003 and I got infected in 2000, in 1997.

So I've been in this game for a long time. The last five years has been phenomenal. If you're a patient, you don't want to be a patient, but if you ever had to be, now's the time to do it, because we have so much more hope for figuring it out more precisely and then giving you better treatments.

So for someone who's listening and is like, oh, this sounds like this could be me, what would you recommend? They do both diagnostically treatment wise and then self-healing wise.

Another well, yeah, I love it. That's another three 32nd answer. I think the best thing is to do two one advocate for yourself, because a lot of primary care docs just don't know.

It's not that they don't care if they just were told something so clearly that is not that we know today is not true. And it wasn't true back then, but that's what they were taught.

So when you're learning Harrison's Textbook of Internal Medicine, which is this big, and you have to memorize the whole damn thing in like three weeks, you're like, oh, shit.

You know, I have to believe at one point that what they're telling me is truthful. And a lot of doctors are starting to see it and open to it. So I would go to them with science, and I would also cut him some slack, because if you just don't know, it's not your fault.

The system is broken here and the system is actually working to change itself. It might be a little slow, but it's really happening. So that's good, but I would log.

I mean, our YouTube channel has a ton of free information on the signs and symptoms of Lyme. There's great validated questionnaires out there. I write blogs on this all the time, and part of it is like it's just do a little due diligence.

You know, not everything is Lyme disease. My favorite thing to do is when somebody comes in with all the symptoms of Lyme, and I diagnosed them with something else, like I had a guy come from Florida, I saw family of theirs from the upper Midwest.

They had Lyme and mold, and we treated them like mom and three kids, super successful. So sends her, her sister and her sister's son and then all of a sudden they're like, well, you're helping us.

What about dad? Dad's got joint pain, brain fog and fatigue. Sound familiar? Right. So he comes up and apparently the story was he went in, he told the doctor, hey, my wife and everybody thinks I have Lyme.

And he's like, well, you live in Florida, you don't have Lyme. And he's like, why I hang out in Connecticut, like all summer, every summer for the last 30 years. So it's possible.

And the guy's like, whatever. And he did analyze the test, that screen that misses everybody. And, he was negative. So the guy is like, forget it. So he comes up to me. He flies up to Connecticut.

At the time from Florida, I did a full workup. Sounded like Lyme disease. But I'm like, you got to do your hormones. You got to do the endocrine workup. You got to do a full year.

We're doctors here. We're not Lyme people. You know, we have expertise in line, but we're physicians first. His PSA was 97, so he had severe hypothyroidism.

But because he went in well, I think it was his wife who went in Adversarially but went in and said that. Then the doctor went on the defensive and instead of trying to help, they both kind of were at loggerheads.

The guy flew up to Florida, paid me a, specialty physician consultation fee to find out that he had hypothyroidism. He flew up every like four month for two years until he could find another doctor that he trusted.

And I felt so bad because it was like the doctor was put on the back on his heels and the gut, but they went in with the guns blazing. So I to say, I'm wondering about this because when you partner with your most health care practitioners, actually care about what they do and they want to work, you know, they want to help you.

So that's the first thing. Like if you go in with a negative attitude, you're going to be met by a negative attitude.

Finding the Right Practitioner and Treatment Approach

And as we'll get to with the self-healing part, the negative attitude is why you're still sick, right? I mean, so I would do that. One of the things I also found is everybody's hanging up a shingle these days.

If you put Lyme on it, people show up. But if someone's trying to cure you with IVs and procedures and devices first I use all these things. But when they're like, you know, and the I. V.

is like a $5,000, you do it every month for the next six months, and you'll be cured six months sooner than you would have otherwise. And like, well, no one can tell you how fast you're going to get better anyway.

When when they start leading with that, maybe step back and find somebody else. So a lot of the major Lyme organizations like the International Lyme, an associate diseases, found in society and islands and then places like LDA, Lyme Disease Association and then Lyme Disease morgue.

These are three places where people can get referrals, but they're only people who will go on record as saying they treat Lyme. They are not vetted. So I Lansdale has a fellowship, but it's in its infancy.

We just have our first round of fellows approved. So in the prior to this, I saw a big gap. That's why I started training practitioners, because they, they they live in isolation.

They talk at conferences and they do weekend workshops. And I'm like, we need mentorship. So our program actually is training them for a year. And over 80% of our practitioners stay on for ongoing mentorship, because it's the community support and the direct, you know, kind of consultation with experts to bounce your ideas off of before you do it in clinical practice.

And then once you do it, you're like, well, I need a feedback loop, as if I were in a hospital environment. And that's really the big thing. So if you're looking for people who just look for people who really are doing the work, not just saying Lyme, and then really just treating you with IVs that have nothing to do with Lyme disease.

That's just been my sort of buyer beware thing. So look for people that I hang out with, look for people who are active in the community. And then again, just, you know, a lot of doctors out there are treating line, but they don't have a big name for Lyme.

They can still do a great job. I would just, you know, ask them the questions. And if they're talking to you about masks and laser lights and all this other stuff as their primary modality magnets as a primary, you know, these are things that are just not proven now.

It doesn't mean they don't work, and it doesn't mean that I don't refer some people for them. But I like to start with like the thing that we know is going to work for the most number of people.

People understand combinations of antibiotics and botanicals and homeopathic and at the same time work on your gut, and at the same time they ask you to do the lifestyle, dietary modifications and work in your lifestyle.

Because, like, you know, to the self-healing part, like I mean, that's why I put up all these things on the YouTube channel, because I could lecture all day long about how to use different medications, and it only is going to work that way a few times.

And then we're going to have to individually apply all this. We have to look at that unique individual in front of us, and we start with the unique individual realizing how unique and wonderful they are, how worthy they are to receive healing.

And I just recommend, hey, like stand in front of the mirror and say, hey Tom, I love you. And if you can't stand in front of yourself and say that to yourself without freaking out, then you have some work to do.

And the beauty is, the discomfort that you feel in that scenario points to where you can start to do the work, you know? And simple things really help.

We have a lot of nervous system hijack that goes on. We have a lot of people are super tired. They can't get these things done. They're definitely wearables that are coming out that can help calm your nervous system.

If you're so jacked up, you don't even feel like you can do deep breathing. But ultimately, things like breathing and just literally recognizing you're breathing in through your nose and out through your nose and just put a timer on for five minutes.

And if your mind wanders, it's awesome. Just come back to it. I mean, it's like cheap cheater meditation. I remember like when I was really getting in the meditation, I was like, this is basically just being okay with what's happening no matter what.

And coming back to the present moment and the breath is so easy and it's free. We're already doing it just pay

attention to you're doing it. And then I found these studies that if you practice breath awareness, that's all you do is pay attention to where whether you feel it in your nose, your mouth, your throat, your chest rising, whatever you feel for five minutes the day you turn off certain breast cancer genes.

So, I mean, if there wasn't any other reason to spend five minutes a day focusing on breathing, you might decrease your risk of breast cancer. I mean, there's literally publications on this shit.

I'm a student of study it. Sure. So anyway, then and then what? I, what I love to do gratitude is a huge, cheater to get your nervous system from this hijacked fight or flight or freeze state into a parasympathetic rest, digest, heal, rejuvenate, feel social again, regain your connectedness.

So I found I heard an exercise, where it's, you do at the end of the day, you give yourself three minutes no more. Because if you do it more than that, you're you're not doing the exercise.

It's too complicated. Write down three wins you had from today. No matter how big or small. And I found out that ultimately, the smaller they got over time, the more it was like savoring a sip of really good red wine.

I could sit there for hours. This is so good. And that's when you really kick it in. And then after you write your three down that you're happy for today.

And it could be the world's worst day, crappiest day in the in the history of your life. What lesson did you learn? It doesn't. This is not rocket science.

Just write three different things down and then get super crazy and double down on yourself and say, I'm going to what, three wins? Am I going to have for tomorrow, no matter how big or small?

And then you know, again, three minutes, write six things down and then read them over, go to bed, wake up the next morning, read them over. That's it.

And what's really cool is I've never had anyone do this for for somewhere between 4 and 7 days. It's not like, oh my God, that just changed my entire life.

They start sleeping better because gratitude gets you improve heart rate variability, which brings down your cent, your, parasympathetic nervous system and boost immunity.

Right. So you get boost immunity, you feel better, you sleep better. And then people are like, well, why do you do this? Three for the next day? Because your conscious mind goes, there's no way this is going to happen.

I can't do this. Right. And then you go to bed, you dissociate from your, you know, conscious mind, and then your subconscious plugs into the divinity of the universe or life, whatever you want to call it.

And as many of our friends call it, it becomes the Superconscious mind. And now you're open to new possibilities of healing, new possibilities in your finances, new possibility in your relationship, in your parenting.

And you wake up the next day and you're like, this is crap. But I did it because Tom said so. And Doctor Sales had come on and must be worth trying for a week.

I challenge you all, do it for a week and write me a DM on something on social. But seriously. And let me know how it goes. Because invariably by day 4 to 7 people are like, oh my God, these little things are popping up.

These coincident.

Self-Healing, Breathwork, Gratitude, and Closing Thoughts

My day was so much better than I thought, and my hair is standing up and tingling as I'm talking about it. And I feel

so good. And by the way, I slept an extra hour.

Wait, what? Why do I feel so good? And it's free. It takes you three minutes and then in the morning, 15 seconds. If you're not worth three minutes and 15 seconds, you might as well quit right now.

Don't do that. Just call one of us. We'll help you not do that. But. But I mean, like, you're so worth it. And you, it's all inside. 70 to 80% of my healing was what happened in here.

And I never knew what was wrong with me until I took all those actions. And then I had a last minute shift that got me in that doctor's office. It was literally a couple days before I was supposed to do something completely different.

And there is another coincidence. The reason there was a coincidence was God or the universe, or whatever you call the divinity that breathes us, and the connects to us all.

That was the thing that said, oh, hey, I gave Tom a little and he said, yes, please, thank you. I'm going to cherish that. And now I want more. And it trusted me with more because I was grateful for the little bits I got.

So the gratitude for little things brings the big things in. If you're waiting for the big thing, you're going to be waiting a long time. Oh my God, beautiful, beautiful, beautiful.

And really the true, the true art of healing. Yeah. And or a physician's the. These are the things. So you can see how passionate you get about it. And fortunately, we're out of time.

But where do you give doctor Tom sermons like on YouTube or something? Because I do. I'm actually if you just look up Origins of Health on YouTube, you'll find all the Tom sermons and there's a lot more coming.

So, because I feel like you should do that. I feel like that would be a good thing, you know, nondenominational, but, like, you know, because of course, it is really the wisdom.

Right? And we, we are so trapped into I need the magic pill. And it's not to say that some pills aren't magical, or taking a pill can be part of your journey.

But the pill? Without this foundation, you're missing so much of the richness of being a human and being on a journey and having a healing experience.

And yeah, both of us are really passionate about like shifting that where like the pill is secondary because where we're doing the gratitude, where we're breathing.

I mean, I was introduced to mindfulness based meditation from John Kabat-Zinn back in 1997 when I became a med student, and it mean my life changed who I became as a doctor, because I realized how much power there was in simply doing nothing except paying attention to the present moment.

It's so amazing. And, you know, like one of the things for me is like getting in our bodies, feeling it, not not being uncomfortable with what we are not used to feeling or that doesn't feel right because the disease state.

It's this ease. And like when I study with some shamans in Peru, they were like, they define trauma in a beautiful way. They said it's negative energy stuck in the body and their focus was stuck.

They don't care because to them, in their tradition, positive and negative don't really have a lot of meaning. It's almost like a polarity. But they're not saying negative is is what we would call in the West negative.

It's just like a pole, right? Like we know in chemistry and physics. So they're just like it's stuck. So let's just allow it to finish its journey and move on.

Be grateful that it's there to teach you. Allow it to flow. So I love doing breath and and then movement comes out of

it. We're actually trying something that we might be doing sermons on YouTube.

We'll see how it goes in a couple of days. Actually, tomorrow night, which will be many moons ago, by the time this airs, for Lyme Awareness Month, we're actually doing a I doing a I do a lot of breath work, combined with meditation.

But we're going to do a shaking practice to calm our nervous system, do the breath work into a meditation, and then we're going to do a bonus for anybody.

Say they're not doing an ecstatic dance. That's. I'm hoping to do a lot more of that. And it's just about moving your body and getting comfortable in your.

Because when you do that, you're also optimizing detoxification, calming your nervous system and connecting with something outside of you. The music, other people, these are the things that promote healing.

So whatever it is for you, get lit up, go do it, have a blast with it, and reach out if you have if questions, you know, love it, I love it. So where are you under your name on social or are you under origins of Health?

Yeah, so we're on YouTube and Facebook at Origins of Health. I think Instagram and is doctor Tom Moorcroft and it's like Tom Mercado on LinkedIn, but it's easy enough if you just throw in, you know, doctor Tom lime or Origins of Health, and that'll get you to everywhere.

So thank you so much for allowing me to share that too. Well, thank you for being here. And thank you for being who you are and what you're putting out in the world.

It's really powerful. And what a gift this was. So go check him out. Go follow him. Hopefully he'll have another ecstatic Things party that we can absolutely check out.

The one that happened because that really is medicine. And I love I want to just reiterate and you know what you said about the shaman saying like it's stuck and let that let that emotion let your trauma finish its journey.

And when we look at it like that, it shifts rather than, oh my God, this, you know, it has a being, it has a space, let it let it live and let it finish its journey so that you can learn from it and move on from it.

I think so much as perspective and how we view things, and we can learn a lot from the perspective you shared today. So thank you for being here and thank you for having me.

It's an honor listening. And, stay tuned. We'll be back with more right.