Welcome and summit overview

Doctor Tom, back here with you for this episode of our healing from Lyme Disease Summit live Q&A and healing experience. And I'm really excited to have you all here.

Thanks for joining us for the summit. And thanks for joining us for our live stream here. One of the things I'm super excited about that today as part of our, conversation, we get to do some Q&A.

And I also have an experience of healing directly with a really great friend of mine, Doctor Myles Nichols. We put on, the Microbes and Mental Health Summit together.

We've been working together on and off through the years, and certainly both focus in the in this Lyme community and healing from different perspective.

Doctor Nichols is a has a doctorate of acupuncture and oriental medicine, and he's the founder of the medicine with Heart Clinic and the medicine with Heart Institute.

And we've got so many amazing things to talk about. One of the things I love about Myles, as we were just talking offline, he just finished a week long movement meditation retreat.

You know, he's certified instructor with Wim Hof, who we've talked about previously. And I know that, even in day three here, as we're kind of bringing, you know, everything together, we were talking with Patrick McEwan, and he talked about the benefits of different types of breath retention.

So we'll dive into a little bit of that stuff. And carbon dioxide, nitric oxide and things of that nature a little bit later on. But right now I just wanted to say thanks for being here.

If you want to throw in the chat where you're attending from. That would be really great. And then also, make sure if you're if you're interested in having us answer your question, live right now, please drop those into the Q&A.

And we'll get to those, because that's, one of those. That's why we want to be here. We want to see what, from day three, are those burning questions so we can get them answered right away.

And just as a quick reminder, as we're waiting for those questions to come in, if you are a practitioner or you happen to know a practitioner who's, interested in learning more about effective diagnosis and treatment of Lyme and not doing the constant uphill battle of trying to sort through everything, we have a mentorship program, and if anyone's interested, you can just head over to Tom moorcroft.com/mentorship and learn all about that.

And as a reminder, a lot of these healing sessions that we're doing are ones that we really I want to get the information out about this, the things that you can do at home to really supercharge your healing.

So we're combining the best of what you're working with, your practitioner as well as yourself. And the things that you can do at home. And if you are interested in learning more about my approach to that, beyond just these sessions, over, you can head over to Tom warcraft.com/masterclass and you can we're going to be doing a masterclass at June 14th that's free and going to help you with all this stuff.

So hey, Doctor Myles, why we're waiting for some questions to come in. I want to say welcome. And, how are things going, man? Yeah, thanks for having me on, doctor Tom.

And I'm looking forward to sharing as well as helping to answer some questions. Things are great. Just coming out, as you mentioned, of seven days of intensive meditation and movement practice with a fantastic community, a

fantastic teacher.

I've been filled up and so I'm I'm ready to ready to go here. Great. Well, I think it's so good. It's like one of the things I think is so important for both patients as well as physicians, and other health care practitioners, is really to remember to fill ourselves up first and then we can share with everyone else.

So I just love that the first thing you're saying is, hey, I filled myself up and now I'm here to share with others. It wasn't like, hey, I'm going to just share until I'm like, you know, flat out on the couch.

I'm going to take care of myself first and then, pay it forward, so to speak. So yeah. Welcome, everyone. Once again.

Mold testing strategies and interpretation

Yeah. Welcome, everyone. And just remember, any questions you have, drop them in there and we'll get to them. What are you going to say, Miles? Well, one of the things about going through an experience like a meditation retreat, especially a week long one, is that there's a there's a there's actually some research on this, too.

It's not like a vacation where there's relaxation. There have been some studies that look at cortisol drops on relax, on vacation and on relaxation. You get out on vacation and you're feeling good, you're feeling relaxed, and then you come back into the day to day experience and people pick right back up, usually where they left off.

The research on vacation shows that cortisol drop during vacation goes right back up when people go back to work, but it's actually different on meditation retreat, which is interesting.

It's as if there's a new baseline. It drops during meditation retreat, but it doesn't come back up to the same level after people go back to work. It's as if there's been a shift in the set point or the baseline levels, which relates a lot to the way the brain perceives stress and the stress hormone response in the brain and body.

And so I'm fascinated by that. I feel that in my own experience. And so I make it a point to retreat and do meditation retreats on a regular basis. And I really feel like it's important for not only practitioners, but for people who are looking to get the charge of their own health to do that, to do is such a good point.

And I made the point, you know, yesterday about this really taking care of yourself and doing this on a regular basis and giving you that yourself, that time to recharge.

Because the more you make it a habit, the more you know your nervous system can remain in that sort of relaxed healing mode when you need to, and you can kind of get out of it when you need to.

So, let's see, we've got some questions here. A couple of, actually, very similar. What are our favorite tests for mold at the home and body and also then what is, another question about the best mold doctor Jill Carnahan, mentioned the urine test and then the see for, and three.

And where can we get these? Is there's specific lab company that provides the best test, provoked or unprovoked. So I think what, one of the best things to do here is, I'll, I'll share a little bit of what I think.

I'd love to hear what you think, Miles. You know, in fact, you're a special guest tonight. Why don't you head on, hit this one first? And from your experience, what do you think best? Mold test.

And provoked or unprovoked. Yeah. So I best mom test. Well, a panel, a test. I like to see patterns. It's not just one thing like. I mean, it's great.

It's great if we have one test that shows something. But patterns, patterns are really especially if we're trying to differentiate between is there more of an infectious pattern, more of a toxin like mold toxin type pattern?

Is there more of a pattern that's mixed? And teasing these apart, because the symptom overlap is so similar between line, between mold, between some of these underlying root cause issues that I look for pattern.

So when it comes to the kinds of tests I really like to see with mold, I do like to see, of course, is someone in current exposure that's really, really important.

And one of the first questions, is it current? Is it historic? If someone's ill and they believe that mold is a part of it? Now, if they don't know that mold is a part of it, we can test the body first and try and find out.

Do they have the genetic predisposition. So that's the HLA d q intermediate resolution test that can see if someone's genetically predisposed to be the kind of person whose immune system might not be able to recognize and get rid of mold toxin.

So that's one blood test. And that's just looking for a predisposition, though not if there's an active issue. If there's an active issue really boils down to the combination of inflammatory markers and or urinary mycotoxins screening and or a visual screen.

So I like to do a visual contrast sensitivity test that's a low hanging fruit, especially for people at home. Easy to do from your computer, visual contrast sensitivity or VCs testing.

Visual contrast is the ability to detect slight variances in color that's easy to do when the brain is not affected by certain things. It's very hard to do in.

The brain has been affected by mold, toxins, toxin from infection, or other things can actually impact, including metals like lead can impact the brain's ability to detect those subtle contrasts.

So there's good data that suggests that if the visual contrast is impaired, that is likely an accumulation of toxin that's contributing to that. So I like to do a VIX test from home.

My research validated questionnaires that would be like a Sirs series chronic inflammatory response syndrome questionnaire together with the VCs. And then do potentially some HLA. Dr.

Deakin or immediate resolution and then inflammatory and or urinary testing, urinary mycotoxins testing is one class. The inflammatory testing is in the blood TGF beta one C for a R and MMP nine are some of the main inflammatory markers, and then melanocytes.

Stimulating hormone, or MSH is another marker that's related to an anti inflammatory marker. And so I really like to get blood testing. And urinary testing can be valuable too.

In the urinary testing provoked or unprovoked. I don't necessarily feel the need to provoke urinary testing for mold, although I'm open to an interested in, more data coming in around that.

I just haven't seen a lot of data showing a big difference. Curious Tom, on your end, do you provoke for urinary mycotoxins screen? Yeah. No, I think it's a great summary.

And what I love about this is I know that Doctor Jill Carnahan and yourself are talking very much the same language. And I'm going to break with the mold a little bit here because I, you know, I one of the things is I do do a lot of challenges, particularly with real time labs and their urine mycotoxins test.

It's been shown to be highly helpful and not detrimental when you do it. And I've also seen people where you don't challenge and you get good results.

Anyway, the whole point of the challenge, guys is like, if you're I use a lot of liposome, will glutathione own if my patients can handle it? And the goal is to just we we're not looking at your total body burden.

So all of the testing that we're doing pretty much across the board, we can't tell you how much you have. We're just trying to find out if it's there and figure out relative levels.

So if provoking just gives us a better chance, you could do dehydration followed by rehydration. You could do all kinds of different, you know, sauna mats is all kinds of stuff.

But the biggest thing, like Miles said, is it's not necessarily been validated. I just know that clinically, we've shown real time, has checked it, and we don't screw up their testing.

Now, if you talked to Doctor Shah, who previously owned Great Plains, which is now, I can't even remember. It's still, if you look at Great Plains, it goes to the same company.

They still offer the same testing. It's just owned by another company now. And, they say don't use glutathione, to challenge because it'll ruin the test because it's a different style of mold test.

I've been doing it that way. People I've studied with, even Doctor Nathan. No one's yelled at me for doing it, and a lot of us still do. So we can get really valid results.

And that's the thing. Work with the provider knows how to get the right results for you. There's been a couple of questions about vibrant popping up their mold toxin test.

I'm kind of, hesitant to try because I don't have a problem with real time because, like, Myles said, I go back and look at your clinical symptoms. Do they match mold toxin? Yes.

Are you exposed in your home? A lot of people. And I think even with Doctor Jill, we talked about the Ami test may maybe not be that environmental relative mold index maybe not being the best test.

But it basically for me I'm like, are you exposed or are you not more likely exposed? More likely not. Because clinically I know how to deal with this.

I've pretty much given up on the blood test, Myles, because, if you don't process a C4 or a C, c, C4 A or a C3 A properly, they're falsely elevated. TGF beta one at the lab doesn't process it properly.

It's falsely elevated. And the reality is C4 A is not specific to mold. It's a part of the complement system. And there's inflammation. So like I really love the way that you present it Myles are like inflammatory markers right.

So if you're looking at as a mold specific marker you're probably not correct. If you're looking at it hey there's inflammation in the body. And it may or may not be directly related to mold.

You're you're more down the path where I could say the science supports that. So I really love that approach. And the other thing so for me, you know, I stopped doing the HLA markers, but because when you look at it's shoemaker's work, about 24% of the population have those appearances.

I'm like, well, that's the people I'm seeing anyway. So I'm just going to go with I go with that. But there are times and places where we need all of these things, and that's why it's really good for you and I to have a conversation myself and Doctor Jill, to have a conversation because we are a little bit different.

And so my favorite test for mold probably has to still be the OG, which is real time labs urine test. They're, you know, there's a bunch of different, other tests out there that like, as we were talking about in some antibody tests, then we also have the home testing.

You can do an army from your army. You can get a Hertz me score. You could do a straight up hurts me all through micro metrics. And then the other thing is immuno latex has nice mold plates.

Mold plates are a little different than Hermes, but they can help you as well. One of the things, I there's a question

from Susanne I want to get to about Sibo and PC, right.

And maybe we should. I'm going to jump into the Lyme question and the other testing questions in a second. I just want to make sure we clump them together if we can.

Let's see. We've got mold, can impact ADHD and cause frequent urination. And Lyme and Bartonella can do the same thing. ADHD dysregulation, does it impact urine volume or bladder sensitivity?

The antidiuretic hormone is going to be the which is what ADHD is, is going to be the thing that helps you hold on to water so that you can create the proper balance of, you know, we're always like, if you talk about normal saline, it's got a little bit of state of salt, you know, sodium chloride in it to kind of mimic that balance of the electrolytes and the other solutes in your blood with just straight up water.

And ADHD, I suppose, is one of the things that can help regulate that. So essentially, it's going to be if you don't have enough of that, you can you you can have urgency, you can have frequency and you can be peeing out more than you want.

There's a question, Miles, about what is the main reason mold exposure causes skin issues. And then I live in a mall, the apartment starting to get super sensitive skin with cystic acne and I would love to roll this question in with the one.

Can Sibo be a reason I can't tolerate fast the title colon which is they said PC but I'm assuming they're talking about fast agile colon because I think these kind of all go at the gut and the mold and the PC all go together.

So I'll let you have at that one the star, because I think it's a great question. Yeah. And thanks for sharing your perspective on the real time lab and the mycotoxins screen and the, the provoking.

And I really want to continue to dialog about these kinds of things with other experience providers, because we don't know when it's coming out in the urine. Is it, you know, what is it, how reflective of it, of the total body burden is it.

And that's really where we're trying to get to. So the other thing yeah, interject real quick Miles that you bring up that I didn't mention is it does not show whether you have, current mold exposure or you're colonized.

Right. So you could have had mold exposure from years ago, or you could be living in it right now and just excreting it. So the test by itself says you're picking out mold toxins.

That's it. Yeah. So we don't know if that's because you were just exposed today or yesterday or because it's living in your sinuses, in your gut. So the tests are always a place where I say before you start to become a doctor and think that you know what they really mean, talk to somebody who's really honest about it and ask them all these questions, because Miles and I are like, look, we're putting together a pattern and I just want to highlight what you said earlier.

It is, one of the most important things to me is there's really no one smoking gun right here. Right? A CDC positive Western blot with that Eliza screening test first, not a smoking gun.

A smoking gun is we added all together, you know, and we get the right clinical picture. So sorry to interrupt, but I just think that your your perspective on looking at the totality of the person and the pattern in their life and within their body is just if we need to highlight that for everyone every single day.

So we did it. Yeah. And it's hard to explain how to how do you highlight that. Because as a provider and having a lot of clinical experience, it's sort of like a just get a feel.

You know, I did take a lot of data, look at the data, look at the symptoms. And I just start to get a feel like, wow, this really is the direction that I think would have the most leverage in this person.

So it's hard to say what's the best test. It's hard to say what's the best treatment. People want that, but it kind of it does. It does depend on a lot of variables.

So you know that I know that's not satisfying you and I. Right. They went defensiveness. They were like more likely than not. Yeah. Exactly. Exactly. So you know, it's great to be looking at all these things in context of patterns.

So in the context of a pattern, when we look at major skin issues, we certainly see that the when it relates to mold, that mold can create. So there there is a colonization issue potentially.

And if there is a colonization issue, we can have fungal organisms colonize the skin as well. You think of it like this. There's chronic inflammatory response syndrome is another way to describe what mold causes.

Mold tends to cause for there's there's a couple of things. There can be an allergic response that's different. A lot of lung response is or immediate responses.

And some skin responses are actually an allergic response. And these are immediate responses. Histamine driven responses that you walk into a moldy place and within seconds you're feeling it.

Mold, skin issues, and SIBO connections

Things like sneezing, itching, rashes that come and go that are these are histamine like responses that are allergic or IgG. You can do an IgG panels to mold and see if that's an issue for you.

But there's a different accumulation of toxin in the body that leads to this systemic inflammatory response syndrome. If there's an inflammatory response syndrome, almost certainly it's going to be multi-system involvement.

And that could include the skin. It could include pain. It could include fatigue. It could include neurologic symptoms. It can include digestive and gut symptoms.

So when we look at it well one, there could be an allergic response that could lead to skin issues. And that's histamine driven to there could be a chronic inflammatory response that's internal from the toxin building up, that's creating inflammation.

That then affects other systems in the body, including the gut. It can affect the gut and the gut can affect the skin. There can be a colonization. There can be a colonization of fungal organisms that can directly affect the skin.

One thing I learned that I haven't heard a lot of people talk about, but that I like for looking at, is, is there a fungal component to what's affecting the skin?

If you get it's pretty cheap to get a blacklight flashlight and get a blacklight flashlight on Amazon and go into a very dark room like bathroom, close the door.

No lights on. Shine black light on your skin issue. If it glows, then be more suspicious of fungal potential there. So that's one little weird kind of trick to to check out and see.

And if it doesn't glow, then be looking for histamine issues and gut issues as underlying causes. Mold may be driving that, mold may be driving that inflammatory process, and for acne also inflammation and gut issues are going to be significant drivers for acne.

Now there's hormonal acne too. And it kind of depends on where it's at. Is the cystic acne more on this location or is it more on this location? And is it cyclical to the cycle and how hormone related.

But then if the hormones are off and it's hormone related, what's causing the hormones to be off. And then that drives back to chronic inflammation and gut issues too.

So if we're looking at underlying upstream causes it could be allergic. It could be colonization and it could be inflammatory and gut related. And that brings us to the Sibo one with PK.

Could Sibo be a cause? While Sibo is a bacterial overgrowth in the small intestine, and that can contribute to bacteria that are normally in the large intestine.

There's lots of bacteria that ferment things. Small intestine isn't built to handle a lot of gas pressure. Small intestine is more about bringing nutrients into the body.

Think about the small intestine as that's where these transport proteins are driving nutrients into the body, but not taking in things that you shouldn't be taking in.

If there's a lot of bacterial overgrowth in the small intestine, and then food gets to be fermented to early, creates gas, hydrogen gas, methane gas, hydrogen sulfide gas and put pressure, think about that.

Pressure is creating swelling and creating the potential for those tight junctions to get looser. This creates what's called intestinal permeability or leaky gut with leaky gut.

Then not only are you having certain kinds of fibers and carbohydrates starting to get metabolized into gas is feeding these bacteria that are overgrown, contributing to diarrhea, to constipation, to abdominal pain, to bloating you also, and even to acid reflux because you push on that upper or lower esophageal sphincter.

But you also have this permeable intestinal membrane. And this permeable membrane is contributing to these protein, these undigested proteins from food.

Getting into the bloodstream. And also these bacteria that are gram negative that have in their cell wall something called lipopolysaccharide or LPs that get into the bloodstream.

And LPs or lipopolysaccharide is what's called an endotoxin. And it's quite inflammatory. So when I see rash, I'm thinking and when I'm looking at C bone when I'm seeing, you know, is PC potentially related to this?

I don't CPC as being directly related to someone with Sibo can't tolerate PC. I would never say that, but what I would say is that faceted or colon or PC is something that is part of cell membranes and it's part of bile flow information and it's part of cognitive function.

And when I see PC not being tolerated, I get concerned about some of the detoxification pathways in the body more than anything else, more than just an overgrowth of bacteria in the small intestine.

Because the kinds of things that tend to trigger Sibo are going to be fibers and prebiotic rich and certain kinds of carbohydrates. But PC is a fat. So I think of PC more as triggering certain detoxification issues more than triggering Sibo directly.

But Sibo can lead to issues and inflammation and other problems in the detox pathway. That could be creating an issue with PC. Yeah. You know, I think to add a little bit to I, I think about it like also like mold toxins can be essentially like antibiotics in your gut.

Right. So they are bactericidal very commonly which essentially means they kill the the good bacteria you can set. You can get set up for Sibo not from antibiotics but from actually the mold exposure.

And then if you think about what a lot of people are using PC for is if we have that lipid bilayer where you know that fatty bilayer, a lot of it gets open and it kind of holds toxins in between and the goal or it gets broken.

If I'm only on the top layer of the lipid bilayer, it might open up. And now it's broken. And I mean, this is a little bit more of an animated approach to thinking about it, but it's essentially, you know, but it's essentially accurate.

And so if you're getting in between here a bunch of toxins and then I go, oh, or I have a broken lipid bilayer, I want to give them PC. One of the things PC is going to do is mobilize the toxin from within the lipid bilayer.

And so like to your point Myles like a lot of it is simulating detoxification. And so when we're using PC so maybe the Sibo got set up by the mold. And now we're treating the mold.

And now we're mobilizing a bunch of toxins in a Sibo gut. And so yeah. So we're we're Suzanne saying hey I'm overly stimulated by it. Yeah, of course you definitely can be.

And, you know, this is really interesting to say that, hey, you could actually be and this is one of the things when you go back and you look at when I talked to on day one, Ari, when we were talking about her, misses how the body has to have a bit of a stressor for a small, you know, a smaller dose for a shorter period of time and maybe a larger dose and a larger.

But the the appropriate dose, the appropriate amount of time to grow. Like when we talk about breath retention, which we've talked about pretty much every day.

And I know we'll talk a little bit in a minute. It's a hermetic stressor that stimulates growth. However, if you go too far, meaning I like push a little bit too much, you can flush it out.

And then, you know, also talking about CFO, came up, you know, small intestinal fungal overgrowth. And we have a fungal biome, right? We have a talk about a microbiome.

It's like, but we have all these different balances, but we've mold toxins our type or mold and mold spores and spore fragments are types of fungi. And it certainly could one set you up for other ones to be more likely to get that.

But also they in and of themselves are essentially fungal overgrowth. So one of the things so thank you all for those amazing questions. I do want to make sure before, we don't run out of, time for the other ones here.

And there's a couple of lime questions and one of them is, is lime always somewhat dormant in your body once you have it, or can you officially get rid of it?

This is the age old multimillion dollar question, and the answer is we have no idea. The reality, though, is I had, I got lime and the acutely I got treated for ten days with docs a cycle and so did nothing for the year.

I was sick for eight years until I got a diagnosis of chronic Lyme and chronic like the year I got treated for about four and a half years. Admittedly, there is about, you know, a 14 month break in there because of my medical training and travel.

So, I mean, call it, you know, three and a half years it took me to get better once I started treatment. I haven't had a symptom right now in over 12 years that I could for sure attribute to Lyme.

Now, my shoulder, which got beat up in hockey and mountain biking. Every once in a while I'm like, oh God, for like ten minutes or even like ten seconds some days.

But I'm like, is that? And then I'm like, it's better again. I'm like, well, is that just because I beat it up before? And I, you know, had a pizza with my kid the night before and my guts telling me, and now I'm inflamed because I ate something that I knew I'd pay a smidge for.

Or is it from Lyme? I have no idea. But the idea is our bodies we live with, we are just talking about the microbiome and, you know, and all the bacteria and the fungi that can be in your gut, this is normal.

So we can be in synergy with all of these bacteria as long as they're not overgrown. And to me, like if I have dormant Lyme in me and it comes out once every nine months, 20 of them try to reproduce, or 2000 of them, whatever the number is, and my body kills them all off.

And except for the few that go back to sleep. But I'm in perfect harmony and my body's working the way it's evolutionarily been able been set up to do that to me is fine, you know?

But the goal, I would say that you can definitely get better. I mean, I've been literally miles knows me. A lot of you guys are starting to get to know me.

I burn the candle, man. I do not play easy in life. I love play, I love mountain biking and skiing and meditation and working hard and taking on extra projects to help you guys like, you know, it's like, I love filling up my day and if there is a chance for me to overdo it and chronic Lyme to come back out, it could have.

So I definitely know there's a whole bunch of people who can get completely better and never have a symptom again, and there are people who relapse. So but there's a lot we don't know.

But I would say that if we can give you one message from this entire summit is you can get better and you can stay better, right? And that's why I keep saying all these Q&A is here.

We're going to give you these these question and answer periods with us live. And then we're also going to give you some tools that you can use at home to make it more likely than not that even if Lyme were a little bit left in your body or mold or whatever else it is that you can, you're.

But I think of it like Miles, I'm a really you know, I mean, we all know all this, but I will say, I break it down to two things. There's the amount of crap you have to deal with and the amount of crap you have to deal with or you can deal with.

Lyme recovery, relapse, and testing debates

And if the amount of crap you have to deal with is more than your ability to deal with that crap, and guess what? You feel like crap. So I got two jobs.

Bring down the amount of crap that your body needs to deal with, and improve the ability of your body to deal with crap, because as soon as you get to being having less crap to deal with, then you can deal with, you feel fine.

And that's really like, I mean, sometimes I want to boil it down because we make it so hard. Let's do the double dose daptone in the five year mold protocol.

These are all really critically important in the right context. But the tools that Myles and I are going to teach you today, and the tools that I've taught you earlier in the week, and what be going over in the rest of the the sessions, here are tools that will work no matter what, because they're helping you turn on your physiology and get re kind of get back in touch with your own physiology and so whether it's cancer, diabetes or heart disease or early dementia or whatever, it'll still help.

And whether it's chronic Lyme or chronic mold or chronic Bartonella. Guess what. It's still the same body processing things the same way. So it's going to help.

So that's anyway, that's my, rant for today. The other question is, we talked about, the I genic immuno blot in the summit. Are there other companies doing this type of test as well?

And then a question about vibrant. So the problem with the word immuno blot, and because I want to make sure we dial this in and give Miles the time to do our session here is, an immuno blot is essentially a Western blot, right.

It's essentially the exact same technology, except if you go to I, Gen-X because they're using immuno blot to mean we're doing we're testing for more.

So a Lyme immuno blot is available at quest, but it's looking for Borrelia burgdorferi based on the B 31 strain. So Borrelia burgdorferi sense so strict do.

And the problem with that is it's not going to pick up mahoney or California Answers or any of these other emerging. The Lyme symptom causing Borelli is because it's not looking for that.

And so when you look at the term immuno blot, you have to be a little bit careful, because at I, Gen-X it means they're looking for essentially all Borrelia that are Lyme that cause Lyme like illnesses that are not tick borne relapsing fever like Borrelia.

Miyamoto. But if you were to say, hey, I want to order a non tick-borne relapsing fever borrelia immuno blot, people would be even more confused. And they already are.

So they're actually looking for a lot more when they look at the BBC immuno block. We're looking at the Beasley at Dunn County and Mike Crotty as well as any other BBC on the planet.

So they'll name two, the other one, they'll just say it's the busiest species. And with Bartonella, same thing they're going to name for Bartonella is for you.

And if it's any other Bartonella, it'll still come back positive with the Bartonella species. So Bartonella genus with just ESP after it meaning species meaning it's one of the other ones.

So you're not going to miss it. And that's the thing that no other test company does. Doctor Darren and I both have some concerns about the validity and, of the vibrant testing.

My personal, pet peeve is that, offering you a ton of tests, many of which that are not even relevant to anywhere where any of us are living at the moment.

And saying by offering more for less, it's better. I don't agree with that. And I haven't seen the documentation to show that we've got the proper third party validation. And so that's just my opinion.

I know a ton of my colleagues use it, but I am using the testing that I know 90 if it's positive, it's positive, and if it's negative, it's probably 85 to 90% for sure.

Negative. Right. Which is pretty good for an antibody test in this kind of situation. So that's sort of I think it's really important to understand that there are tons of information out there or tons of different tests out there.

I Gen-X recently throughout the three IB and the four IB panel. So the three IB panel is you pick three of the, well, let me start for IB is Lyme tick borne relapsing fever, Bartonella and the Bézier immuno blots.

So you'll pick up any of the species known to science on there. And then they'll name each one they name different ones. If you do a three panel you can actually order any three of those.

And so what I love is the four panel is retails. If you were to buy it all separately for somewhere around 2900 bucks and you can get it, at least through the end of May and hopefully longer, we're working really hard on that for about 1300 bucks.

And then the three IB panel, depending upon what you order, is anything from 1500 up to $2,300 worth of testing for 999. Not perfect, not cheap, but you're getting accuracy and we're getting discount.

Finally. And this is taken myself and their marketing team like over a year to get them to do this. Really, that's one way I know a lot about it, but I just think it's really important to to let you know that, like, you get what you pay for a lot of times, you know, and it's not like we should be frivolous, but we got to focus on and a lot of my practitioners in our mentorship miles, I go, oh, I why, you know, why would you do this? Why do you get the tests?

It's slightly more, like, because people come to me and they want to know the answer and they want to get the best test but not overspend. Right? Like a $4,000 panel? Not necessarily $1,000.

Maybe if it's done properly and put in the right pattern that Myles is talking about. So anyway, I think all these questions are super amazing. So one other question.

Where can you find a practitioner who can order that test for you? That's another big challenge. But a lot of the people in our mental, well, everybody in my mentorship group can order it for you and you can find those folks under, we have on our origins, the health website, their services.

And under there, if you click on practitioner training, you can see people have gone through it. And and the other thing is we are working to solve that problem.

After the summer, we're doing a lot of training for practitioners, and I am working on a solution to potentially offer it to our group coaching as well.

So if you want to learn the latest update on that, that will come out on June 14th, just join us for that masterclass at Tom moorcroft.com/masterclass.

And hopefully we'll have some more. And then let's see, we've got a few other questions about eating and anxiety. Let's see if we can do it quick. Because I want to give you your time here, Myles.

Because I'm pumped for our session. Eating disorder and anxiety. Yeah. Mode exposure for a long time. Would it be safe for me detox with my eating disorder?

You know, I think that one of the things we do see is that we. Low and slow. I mean, definitely the right time on that to work with a provider who's highly skilled at this.

And this is where I love Jill and Neil, Nathan Miles Nichols, these folks know that some people with mold, you can mobilize things really quickly, but other people, like we're talking earlier about leaving a little bit of PC can blow some people out of the water, so work with someone who can help you.

Like mold is, for me, getting a little more out today than you did yesterday. That's it. And that could be microns rather than pounds, right? I mean, a whole fleet on pounds more than you.

But you know what I mean. It's like low and slow over time is really important. And I'd rather just set up a really slow siphon. We're a little more today than yesterday, and I remember really clearly, Miles, we were talking one time with the, you know, I interviewed Neil Nathan, a couple of years ago.

We're talking about somebody on a Bartonella formula. Right. And they're on one drop every nine days. And then it was every seven days. And after 9 or 10 months, they finally got to one drop a day.

And I was like, God, that's brutal. I mean, I've done it too, but that's horrible. And he's like, yeah, but you know the difference. They took their time and at nine months they're about 50% better despite only just getting to one drop a day.

So there is hope. But just listen to your body and then let's see the last thing. Yeah. Which molds are toxic. Maybe what I'll do, Suzanne, because that's kind of a deeper topic.

I can, I can, I what I'll do is I'll pull up a list and just share it tomorrow if you're here. And if not, I'll also throw up on on social. And just quickly jot down some of those because, otherwise we're just going to get too distracted here.

Like I said, Myles, yesterday I got so excited by the amazing. I was telling Miles before we started, the questions are so amazing. And you guys are so engaged that I went a little bit over on questions.

So if there's anything you want to add in miles as you move us into our, you know, the session that you were going to present for us? You know, we're kind of we've got a good 22 to 23 minutes.

So let's go for that. Yeah. I'll just boil it back to the, you know, patterns and individual, minimum effective doses, sort of what you were getting at that it doesn't have to be this specific full protocol for dosing.

And I'd be wary of, you know, I like that that people can standardize things and and try and I mean, it makes sense from a perspective if we can find, oh, this is and that it's what the the modern medical lens appeals to.

We have a pill for a condition and so if you have this condition, you take this pill and you know, it's it's tempting. It is I have Lyme and so I take doxycycline and it's really tempting.

But that's not how chronic illnesses work. And we need a shift because we're chronic illnesses are on the rise. Six out of ten Americans, according to the CDC.

And that's conservative. That's really conservative. Six out of ten Americans with one chronic disease are more four out of ten with two or more, according to the centers for Disease Control, which means it's maybe much higher.

That's like diagnosed confirmed chronic illness. And it's on the rise, meaning the solutions in the way of thinking is not working in the conventional medical paradigm.

So for chronic illness in particular, it works when you have pneumonia to take an antibiotic and to be cured, it works. But when it comes to chronic illness patterns and individualized approaches and comprehensive testing, and not shortchanging on these things is incredibly important for getting to long term benefit.

If you've already gone through the basics because don't go eating a standard American diet and a lot of processed and refined carbohydrates, and drink a bunch of alcohol and say, oh, why am I ill?

Of course, you need to deal with the basics first, and then if there's still chronic illness that point, it becomes important to get this kind of pattern based, individualized, customized care with comprehensive testing.

Really, really important. I just want to emphasize that to wrap this section. Then let's shift gears. Let's go into practice here because it's we're getting cognitive here.

We're getting in our head. And that's good to understand. It's good to understand. But it's sort of like when I was on my own spiritual journey, trying to understand more about how to get access to my heart, to a place within me that was happy and content and joyful and unaffected by the stresses and concerns in life.

Internally feeling complete, feeling at peace that I, I sought out. I wanted a solution in the same way I wanted like, oh, what's the one practice? Or what's the one thing that I can do to achieve this internal thing?

And I was seeking, I was seeking and I was trying. I was doing some yoga here and some qigong there, and some tai chi and some looking at this, all these different breath practices.

And, I mean, it went on and on and really, it wasn't one in the end of the day, it was a combination of practices. It was it was movement together with non moving meditation, together with breath work, together with looking at some cognitive based gratitude and reframing practices together.

I mean, it was a it's a mix, right? It's a lot of things together that create this right synergy. And the same is true in in so many areas of life where it's not cut and dry, black and white.

So when it comes to practices, I really appreciate your time for putting together the opportunity for people to get exposure to various practices. That's really important, to look at a variety of mind body practices and to work together with them.

Now, I know that Tom mentioned that I'm certified in Wim Hof, so I can go through a little of that breathing. But also, I know you had a there was a talk from Patrick McEwen, and I really want to go first into an overarching concept because this can get really confusing.

Wait a second. Patrick McEwan's talking about this reduced breathing, slow breathing, slow minute volume, reducing the minute volume of air in the lungs.

You're actually reducing your breathing and you're breathing less. But then Wim Hof is over here talking about taking this. Big deep breaths. And so what's the difference here? What why why do we why would we do both of those and and what what's going on here?

And how can they both be helpful. Because they're almost opposite in certain ways of what they're doing in the body. So first I'll do a brief overview of the different breath work.

And I'm just going to class it into over breathing and under breathing. Over breathing means you're actually intentionally breathing more volume of air per minute in the lungs.

Under breathing I'm defining as breathing a lower minute volume of air into the lungs versus what you normally do. So we have normal to baseline and then we have over breathing techniques that bring more air per minute in through the lungs and under breathing techniques that bring less air per minute through the lungs.

What are the applications of these? Well, we know in research that under breathing can do amazing things when it comes to parasympathetic nervous system activation.

So when a person is stressed out, many times there's this sympathetic nervous system activation. And we want to drive parasympathetic activity in order to relax in order to restart the digestive process, in order to reset the vagus nerve, communication with the gut and with the heart, and increase heart rate variability.

So when we're looking at heart rate variability, which is a reflection of how stressed or anxious is a person, we can actually stop panic attacks sometimes with thunder breathing, like literally a panic attack is occurring under breathing can stop it quickly.

In some cases. So under breathing really can bring that parasympathetic relaxation response in. If you're feeling anxious and tense under breathing is a fantastic solution.

Also circulation issues. If we're dealing with cold hands, cold feet circulation can improve because there's nitric oxide. Nitric oxide under breathing increases nitric oxide.

Nitric oxide is involved in cardiovascular heart health. It's involved in circulation to the hands, to the feet, to the nose. You have a cold nose, cold fingers and toes under.

Breathe, and you'll actually generate more circulation into those areas. Also, under breathing can be helpful with clearing the sinuses. If you have a stuffed nose, that's a sign that your carbon dioxide levels are too low.

On average, an increase in carbon dioxide can increase nitric oxide in the sinuses, clear the sinuses, and help you breathe better. Now wears over breathing fit into this.

We just talked about under breathing for all of these wonderful things. Wouldn't over breathing be the opposite? Wouldn't it do the negative aspect of all those things?

Well, it is sympathetic. Activating it does activate the sympathetic part of the nervous system, which normally people say, oh, that's bad, but not necessarily adrenaline plays a role in reducing inflammation in the short term.

In the long term, it can increase inflammation. It's complicated. But I will say that a healthy stress response, a healthy stress response, meaning the sympathetic is activated and then it comes back down, does tremendous things that are beneficial for the body.

It can reduce inflammation on par with work in comparison to what a steroid medication can do. It can help to remove and eliminate toxins from the body much more quickly.

It's there's an endotoxin study that showed toxin clearance from the body. There are studies that show that depression can reduce that stress can reduce that energy can increase.

People can get more energy from over breathing and even have spiritual experiences, intense spiritual experiences and pain reduction. So there are lots of aspects over breathing that are helpful.

And on the breathing that are helpful. I'm going to boil it down to this. Consider under breathing like the the walking of exercise day in, day out. You want to be under breathing more often, more people.

This isn't universal. Every once in a while there's an an exception to this rule.

Breathwork theory and under-breathing practice

But in general, for most people, especially those who are chronically ill, you're okay. You are over breathing most of the time and you will benefit from reducing your breathing, minute volume of air in the lungs, and training your body to operate on a lower minute volume of air.

Most of the time will increase and improve your health dramatically. In most cases, over breathing is like the weight lifting of breathing. It is fantastic to do for many people, maybe once a day, maybe twice a day.

But you don't weight lift 24 over seven and expect you weight lift for, you know, half an hour, an hour, maybe not more than once a day and maybe just a few times a week.

And your muscles respond to that. So I consider over breathing daily is just fine with over breathing for most people. And not all day. That's not how you breathe all day, every day.

That would be detrimental to your health. So think about over and under breathing in these different ways. Now I want to start with an under breathing technique and then an over breathing technique.

For under breathing. We're going to start with a bolt score. This bolt score is going to give you a baseline. I'm just going to tell you where you're at in comparison to where we know is healthy in terms of your ability to hold your breath.

So get out a timer if you have one. Just a your phone and push the the clock so you have the stopwatch function on your clock. So if you push a little clock stopwatch, get ready to start this in a moment.

Here. What I'm going to have you do is take a few normal breaths. Don't increase or decrease the breath at all for three breaths. Then on the exhale of the third breath, I'm going to have you hold the breath.

Start the timer until you get the first urge to breathe. When you get the first urge to breathe, stop the timer. And then I'm going to tell you what that means.

So go ahead and three breaths. In normal inhale through the nose and exhale. Again. And on the third exhale hold your breath and push start on your timer.

Relax. Close your eyes if you like. Go inside. Take a moment for yourself while you're doing this. When you get that first urge to breathe, stop that timer.

By this point, most people have probably had their first urge to breathe. So I want you to look at your time, and I want you to type it into the chat for a few people.

I'd be curious to know where you guys are at with that first urge to be. So it's not how long can you hold your breath? It's not pushing as hard as you can.

It's not forcing your spasming and it's the first urge to breathe. So curious where people are at now. You don't want

to do this bolt score this baseline while you're walking around, while you're exercising.

This is a while sitting down in a relaxed state, kind of a thing. So we have 27 seconds, 24 seconds, 21 seconds. That's actually pretty good. So a lot of people are doing this, Quite well here in the clinic I'll see a lot of five seconds 10s seven seconds, sometimes 1525 plus is a good place to be.

The first thing I like people to do with breathwork practice is achieve a 25 plus bolt score. That is something that I feel is quite helpful to overall health, and I recommend that before doing any over breathing technique that you have at least a ten volt score, and preferably at least a 15 bolt score before really engaging too much in over breathing, because it might.

If your CO2 tolerance is low enough that you're getting a seven or 10 or 15, I don't have time to explain what that means, but I'll just say, let's do a practice and retest this bolt score to see if we can improve it.

So breathing in and out through the nose, I want you to every time you breathe out, I want you to without taking a deeper breath. Normal breath in out.

Pause on the exhale for a little bit extra than you normally would. 10s ish. Maybe. Of course, if your bolt score is seven than not that, but a little more than you normally would.

And when you inhale, inhale a little slower than you normally would. Not any extra deep, just a little slower than you normally would, exhale a little slower than you normally would, and hold on the exhale for five ish 10s.

So go ahead and do that as I'm talking here. So you're just gently breathing in slowly, gently breathing out slowly holding on the exhale. And then as you're ready.

Gently taking another inhale. Slowly. Another exhale slowly. And you may achieve something along the lines of five breaths per minute. As you're doing this.

And if you are able to achieve something along the lines of five breaths per minute, that's going to start to increase the CO2 in your brain. The carbon dioxide.

As the carbon dioxide increases, you may notice a slight feeling of air hunger, like you want more breath. As long as it's not uncomfortable, continue to allow that feeling.

Continue to do reduced breathing. If it becomes uncomfortable, breathe a little bit more. If it's not uncomfortable, continue to experience and be curious about that feeling of hunger, and know that you're training your brain to increase its carbon dioxide levels as you're reducing your breathing, as you're holding on the exhale, your brain is learning.

It's learning to increase its capacity to hold on to more carbon dioxide, which will increase nitric oxide in the blood and circulation. Relax your nervous system.

And some of you may start to notice that you have some draining in the throat, perhaps a warming of your fingers or toes, perhaps a warming of your nose, perhaps a sense of an inner settling.

All of those are fantastic signs that you're on the right track by increasing CO2 in the brain. Stop the practice on your next breath. Notice how you feel.

Tune inside. Close your eyes for a moment. Breathe naturally. Now. A few natural breaths. And do what I call an inner smile. Smile to yourself. To your heart.

You're taking time for yourself to do a practice. Inner smiling. Then open your eyes. And we're going to do another bold score. Three breaths. Normal. Natural. In and out.

On the third breath out. Hold and start the timer. And continue to be relaxed. Continue the inner smile. And as you start the timer, you can close your eyes and go inside.

Smiling to your heart. Knowing that this practice increases heart rate variability. The communication between your heart to your brain and your brain.

To your heart. And then stop. Of course, when you had that first urge to breathe. I'm curious if it changed. I see we had 27 to 33 here for one person, and usually, in most cases, doing this kind of practice, you'll notice an increase in the score.

Not always no judgment. If it doesn't increase, no judgment if it even goes down. This practice isn't in order to achieve a certain score, it's to start an experiment, a curious, a curiosity and engagement with yourself in order to feel how it feels to do this practice.

Like I said, a majority of people benefit from this practice, not 100%. So be curious about yourself, your own body and see see how it increases. And I see a 7 to 11, a 21 to a 24, a 27 to a 33.

So that's fantastic. Now take stock of how you feel in your body and see if that feeling is one that you like and one that, and just notice what it is.

It doesn't even matter necessarily if you have a good or a bad label on it. Simply notice what has changed and that'll be information to become curious about as you experiment and explore breathing and breathwork in the future.

So that's a practice in the under breathing technique. I described a little of the over. Not going to practice that now, but it's very, very powerful and I, I really it's worth taking a whole, class or doing a whole training if you're going to dive into over breathing, to a significant degree.

And so workshops are fantastic for that kind of experience. So wonderful to be able to share this technique with you. I hope this has been helpful, informative, and helps you understand breathing in your breath a bit more, as well as having a practice that can help you to improve your parasympathetic nervous system activity, circulation and nitric oxide in your body.

Miles. Wow brother. So good. And there's a quick question about can we access the recording? I know that the recording of this, is included in the summit replay, if you purchase that.

So, and the beauty is, with the summit replay, you can also now you get it for $67 and gift it, you it's a buy one, get one free with our summit, which is really kind of cool.

So if you know someone you want to split it with or someone who really is in need, you can share that with them. And you can both benefit from this amazing practice.

And, you know, one of the things that came up for me, Myles, other than I'm just feeling like super smiley at myself on the inside, is, you know, there's a few there's 1 or 2 people might have gone down.

Some people stayed about the same, some went up. It's really I think what you said is so key. It's about just getting that inner experience. And we all meet our nervous systems where they're at, because one of the things people ask, like we talked to yesterday about peptides, it's like, well, sometimes it's the order you do it and, and maybe your nervous system as it relaxes, actually needs to kick up a little bit before it comes down to what we call normal.

So this is one of those non-judgmental places. One of the things that I can that I do is like, I have a bunch of practices. One thing is tomorrow in our session, we're going to be doing some breath to beats of music.

We're going to be doing kind of like what we did a bit yesterday, but upping the ante a little. We'll be doing a little bit of over breathing followed by breath retention in a very guided way.

So if you're interested in that, join us tomorrow for a session. Same bat time, same bat channel type of thing. But one of the ways it I remember to do this is like and especially like if you wake up in the middle of the night or you're just kind of thinking about a lot is I'm doing my four inhale for four, exhale for eight.

And when I was started there, like, I'll just hold your breath out for four. And I was like, all right, cool. But I'm an overachiever, so I'm going to go from four to 6 to 8.

And then I'm like, well, if I breathe in for four and I breathe out for eight, or maybe I want to hold my breath for 12, and I just started to come up with a game with it.

And I have my own, you know, and I just goof around that. I see how many multiples of my inhale and exhale I can hold for. But my point is, you see how stupid the grin on my face is?

And Miles is smiling too. Like, have fun with this stuff. Because like, this is your body healing you and this is you healing your own body and getting in connection with that.

And I love what you said. It's like that inner smile. Don't get too serious about that. And the other thing that you know too is like, I've got all this junk on my desk, right?

All these supplements that I take at different times. And it's funny, I goofed by saying junk, but a lot of people to start throwing it in their mouth and they're like, oh my God, I'm working really hard and I have to do this.

Turn that into a ritual signifying that you are so committed to yourself. You love yourself so much, and you're so grateful for the ability to make a change in your life and to help heal your body that you're doing it, and then take credit for that.

And then, like Miles just said, smile at yourself and love yourself and be so thankful that you're doing it. And with your breath. Practice this simple practice at Miles.

Tortoise is so profound, so I would just highly recommend it. And one thing I wanted to point out, Miles, we talked a lot about mold in the last couple days in the summit, and we talked a bunch about mold stimulated by our dear friend Jill Carnahan.

Today, one of the biggest, toughest things to do is clear the mold, mycotoxins out of the sinus cavity. So one of our two main places to be colonized, you know, our nose, the other one being our gut, I should say our sinuses, primarily.

If you want to get all your treatments to work, open up your nose if you want to. What's the world's best detoxification supplement for your brain? Well, that's sleep number two is a painting nose, because 20 to 30% of all the drainage of the dirty water, if you will, coming out of your brain comes out of your nose.

So this practice, if you get in that little bit of dripping one, maybe a little more saliva and parasympathetic, but you could be opening up your nose and bringing it down and so Miles, I just and again also you, you kind of do it like I do two you start you know like lots of circulation everywhere brain hands and feet.

So thank you for sharing this. What a wonderful gift to everyone here. Yeah. And thanks for saying that about, supplements too. In my practice, I hand I have an article that I wrote that I hand out how to take supplements because it's not just about taking them.

And if you take them in, especially if it starts to become a burden to take them, people get overwhelmed. And, oh, it's a lot of stuff. But there is an opportunity with supplements to make that a mindful moment in your day to have that supplement.

And what, what what are you taking them for? To remember the purpose. If you remember the purpose, oh, because I want to start to feel better. I want to start to feel like I can do what I love, that I can help people, that I can

serve others because I'm so focused on just getting through my day to day right now.

And to remember that to almost have that sense of, this is why I'm taking this. So that I can get back to living my purpose. I can get back to doing things I love.

I can get back to travel. I can get back to spending more time with my family and to to feel that, wow, I'm doing this for myself in order to achieve this place of and isn't.

And even stepping into feeling what it will feel like when you arrive there, and to have that sense in your body to get that sense. And as you take the supplements to feel that, wow, I am doing this for achieving this, this, this, and the to really have that gratitude while you're doing it.

I think so important. I really think that that's a missed opportunity by so many people. So thanks for bringing that up. I think that's just so important to mention.

Thanks for having me on and lovely to share with all of you. And thank you too. I mean, it's like that's why I always want to do these kind of things with you because we come at it a little bit differently, but we're in that same space, in that same heart space.

And even I was just like, as you're talking. I took a quick sip and I, I, like I told everyone my back was against the wall. I just knew I had to count on myself or I was going to be falling off the face of the planet.

And then I went on this amazing journey and the goal for my masterclass and the thrive with Line Blueprint and this summit, and bringing Miles here for this special event, is to shortcut that for you.

And as Myles said earlier, there's a lot of different. The reason we're giving you a lot of different options is find the one two things.

Closing reflections and next session preview

One is a few people said I had I have under breathing is new to me. Right. And I take it for granted because I've been doing it for a really long time.

But there's other stuff out there I don't know about. So we're sharing options, and then we have options to figure out which one resonates with us now, but also what resonates with us later on, because it might be different.

And so we may have taught you a tool this week that doesn't fit now, but it might fit later. And the fact that you're aware that it's out there and it's in your tool belt for if you need it in the future, it's beautiful.

I would say under breathing, pretty much everybody can use. But when you were talking, Miles, I took a little sip and I just remembered that, like, because it was funny, you were talking about this and I just feeling it go all the way down, right?

And I'm just like, going, wow, I can you can really feel water going. And one of the gifts that I think that. So when I was young I was very sensitive.

Then I as I got older they everybody thought I was weird. My mom went to it. Would love me so much, wanted to save me from being a weirdo, and being ostracized and all this other stuff.

And so they kind of try to beat this sort of being myself out of me because it's so sensitive. I could feel water in the trees, the sap flowing, the earthworms, like four feet underground or, you know, and it was like, this is so amazing.

And then when I got sick, I got really sensitive again. And I was like, oh, wait, this is actually not so. So many of us say we're sensitive and we use this word two way.

It's like sensitive, like we're we talked about I'm sensitive to fossil title colon, a little bit different than what I'm talking about right now. But when you're noticing everything in the environment, right.

And it's overwhelming to you because you're paying so much attention to all the little nooks and crannies, that is normal. The only thing that we need to do now is learn how to turn the rheostat, the dial down, or up as we want to.

So when I'm out in the woods, I crank it way up most of the time so I can really love, love, love the environment I'm in and experience it. But then when I'm driving home on the highway, usually I turn it down because I don't.

I feel the cars going by, but I don't want to be like, you know, getting overwhelmed. I want to be a little more sort of in, in normal life mode, but we can turn it up and down.

And one of the ways we learn to do that is by being part doing a practice such as this, whatever one resonates with you, which will help you drop into where you are.

And then over time, you learn how to turn the dial up on your sensitivity because I would say that one of the greatest gifts my illness gave me was a recollection of my true nature.

And I know a lot of people don't like that here, that Miles, because I've told them that I've gotten this shit in return. But I'm being honest here, and I'm not saying that it doesn't take time to learn how to deal with it.

And I'm definitely not saying the word sensitivity, like mast cell hyper activation stuff and pissy over detoxing me is the same. There's a similar word, but we're talking about it in a little different way.

But it it's really incredible to me that I have a barometer around me. And I'll close with one thing, on the breathing part and then just do a quick intro to tomorrow, because one of the questions that's outstanding is answered in tomorrow's, well, day four stuff, which is live as of eight minutes ago.

And thanks for sticking around a few more minutes, everybody. I'm not seeing for. I don't even know if I knew what I was going to say. Now I'm so excited about tomorrow. I'm looking at Doctor Darren Angles here.

He texted me because he was flying and he just landed. He's going to join us tomorrow and Sunday, but he is one of our speakers for tomorrow. And one of the questions about mold and desensitizing mold, I know I answered it in the chat, but he also will talk about ways.

If you do have a mold allergy to desensitize that. So they for is live. Guys, thank you so much for joining us. I will remember by tomorrow what I was about to say, but I do think it is about dropping into your heart, being just doing the thing that resonates with you, learning how to oh, I remember.

I'm so glad I started to ramble one more time. One of the things I learned in my healing journey before I met the docs I needed to finish up. As I said before, is yoga, and it was a series of coincidences that I brought into my life that I now realize that allowed me to.

And I was taught that it's not about contortion ism, it's really about movement on breath and the litmus test that I learned, and I just resonate so much with everything Myles said tonight is if you can't, if you're in a posture or you're doing something where your mind's not equanimity and your breathing is not full, you're pushing too hard.

And so in the beginning with yoga, the mind was never equanimity, but the breath was always there. And my practice was 90 minutes long, and you could only go in a particular straight line.

And when I was totally blown out 90s in, they just asked. They said the rest of the time you just sit and breathe or lie down and breathe. So I got really comfortable with breathing, but that's how much I cared about myself.

And I know everyone is making the time to be here. Cares that much about themselves. So dive into it. Enjoy the this. Go get the recording and play it over.

And thanks again for staying a little longer today. We're going to keep doing all of this. And thanks to doctor Miles Nichols, from the medicine with Heart Clinic and Medicine with Heart Institute for sharing this amazing under breathing practice with us today.

So thanks, everybody for joining us. Thank you, Tom, and thanks for mentioning the moving with breathing again. That's I just came out of a retreat doing moving plus breathing together.

And you you combine those two and it's like you know you can have inhale and exhale you know and and slowly and as you open the heart open the chest and then slowly out and it just it can feel wonderful while you're also getting and achieving.

You're under breathing. So make have fun with the combine it with movement and and make it, make it play for making an experiment for what works for you.

Thank you Tom. This is wonderful and thank you everyone for participating. Thanks everyone, and thanks to the Doctor Talks team for helping us out here.

Thanks everyone and we will see you. Hop into the summit day four. We've got some amazing speakers and then join us tomorrow at 5 p.m. eastern, 2 p.m.

Pacific for another live session and a little bit of doctor. Darren Angles too. So we'll see you then. Thanks, everybody for.