Introduction to Lyme, Mold, and Chronic Inflammation

Welcome to the conquering Chronic Inflammation Summit. I'm your host, Dr. David Jockers. And today we are doing a deep dive on Lyme disease, on mold, mycotoxins, and other hidden culprits of chronic inflammation.

My guest is Dr. Diane Mueller. You can find her website. MyLymedoc.com and Dr. Diane Mueller is the bestselling author of the book It's Not All in Your Mind.

She has two doctorate degrees, one in naturopathic medicine and acupuncture and another in oriental medicine. And she's been featured on Fox News, CBS, and numerous health care summits and podcast.

She helps train other doctors and clinicians, particularly when it comes to addressing Lyme disease, mold, and other chronic infections and toxicity issues associated with chronic debilitating disease.

Again, you can find her website, mylymedoc.com. She has a lot of great resources there. So check her out and let's go into the interview. Well Dr. Diane Mueller great to connect here.

And I know you're an expert when it comes to mold Lyme disease. A lot of these you know toxicity issues infections. And this is an important topic. You know, a lot of these conditions are very under diagnosed.

Most doctors, most clinicians are not very aware of them.

Personal Lyme and Mold Story

And, you know, the testing is not real concrete when it comes to them. And so this is where an expert like you really comes in. So let's talk about your story how you how you really got involved with Lyme disease mold issues and the kind of clientele that you work with now.

Yeah, my story really is related to one of the overarching principles that I think is important to communicate today in our time together, which is really that in order to re to rewind the lyme, you need to rewire the mind.

And I say that that way to help people remember that, because one of the things I found, like with my own treatment was I was 27 years old, I was in Naturopathic Medical School, and all of a sudden I started having these crazy symptoms such as pain so bad, and my leg felt like it was being sort of memory loss, forgetting where I lived, all sorts of these sorts of things.

Right. And so many of the lab tests that I ran, like so many people, when they're dealing with chronic inflammation, it's like, well, you, you know, you run these labs and you see some of these inflammatory markers up and it's like, well, what the heck's happening?

We see some of these abnormalities. And it's like, okay, but why? And initially all the tests that I were being run on were normal and I knew something was wrong.

But like I said, I was in naturopathic medical school. So it was very easy for this to get brushed on the side. As far as just medical school syndrome, I was tired, all my friends were tired, and it wasn't until I graduated and that's when I ended up, you know, fast forwarding years later, finding that it was Lyme disease, mold illness, as well as several other parasites and infections that were really driving the disease.

And I say, you know, that in order to rewind the Lyme, you have to rewire the mind, because in addition to getting to all of the root causes, one of the things that was huge for me, that I see in so many people I treat, is that we have these, these root chronic infections, these root chronic toxins, these root causes of so many symptoms and

disease processes.

And one of the things that we often forget about, I think, in medicine so commonly is like this chronic inflammation, this chronic disease picture is a trauma.

And the brain gets stuck in these vicious cycle, right, of the trauma of the fear of the anxiety, the adrenaline. And then it's kicking out things that are actually, you know, like adrenaline.

That is cause causing more tissue breakdown and actually can be contributing to that inflammatory picture that we're talking about. So really and getting it to the root of everything I did, it was getting to those root causes.

But it was also really in addressing the trauma of the disease process. Yeah, absolutely. And so yeah, I like that that line you said in order to say that again, you got to rewire your, your mind in order to get rid of the Lyme.

You got to rewire. Right. Or your mind, is that it? I mean, that's a. Great way of saying it too. I say in order to rewire your Lyme, you have to rewire your mind.

But we can say it that way too. There's the techy way of saying things. That's just always a good way of like helping people remember around like, yes, we got to get to that mind.

It's not just about the, you know, the physical body. It's of course about the physical body, but it's physical. And dot dot dot. Right. Yeah. For sure.

And typically when people are diagnosed with Lyme or with mold, you know, with Lyme, sometimes they can be diagnosed when like they know they got bit by a tick.

They go in, they got the bullseye rash, some of those classic symptoms.

Trauma, Fight-or-Flight, and Chronic Illness

But most of the people you're working with, they get diagnosed with Lyme disease or mold issues way down the road. Right. Like they've done a lot of things.

They've been suffering for a long time, typically. And then finally they see like a Lyme literate doctor or somebody that's actually, you know, understands mold and understands how to test for it and the common symptoms.

And and then they find it. And you're saying that most a lot of these people have had trauma in their lives. So are you talking about like mental emotional trauma.

Physical trauma. What sort of trauma are you. Are you referring to there? I'm talking even about the trauma of having a chronic illness. Right. So that's what I'm bringing light to, like, you know, I have this patient right now on the East Coast.

She's she's mid-forties. She finally was getting better. She was a serious athlete, right. So she was sponsored by a lot of companies. She had a drop out of doing anything athletic.

And her life basically came like tumbling down in shambles. Right? It was a combination of losing her sponsorship. It was a combination of not being able to work then at all, losing her passion, losing her purpose.

And then her house was moldy, and it was that moldy house that was really impacting her and leading to so much inflammation. And at some points, you know, she was barely even able to walk, you know, so fast forward, you know, year later and she's in a moldy, mold free place and things are beginning to heal.

But every time she, you know, she's now going for walks, not runs yet, but every time she's going for a walk and she goes by and she smells something coming out of the neighbor's house.

Maybe it's laundry detergent, maybe it's mold, whatever it is. And that actually kicks her into this adrenaline kind of fight or flight state. And then I'll get an email and saying, like, I think it's coming back right.

So one of the points that I've seen with this is that in order to get people out of these, like chronic inflammatory conditions that are sometimes caused by things such as Lyme and mold, one of the things that we really need to do is to actually get the body out of this fight or flight, because of that fight or flight that we really see, that adrenaline is actually delaying the healing process.

And we even see that in people with Lyme disease, like, you know, specifically scientifically with Lyme, we see that adrenaline, this fight or flight that comes from the trauma of just having chronic illness, that adrenaline will actually increase the biofilms, those kind of sheets around the bacteria that causes Lyme.

And when that adrenaline increases and those biofilms increase, the Lyme bacteria communicate better, right? When they communicate better, they multiply better.

And so we can see this direct relationship of not only fight or flight adrenaline not promoting healing, but essentially also promoting disease. So that's the point I'm trying to make is like that chronic illness when we've had years of missed diagnosis, of wrong diagnosis, of under diagnosis, that actually is a trauma that is leading to part of that perpetual symptom.

And then people are told it's just in their mind and that worsens things even more. You know? Yeah, for sure. It makes a lot of sense. And so what are some signs and symptoms that people should be aware of when it comes to chronic Lyme first and then also mold?

I know there's a lot of overlap there, but be good for it to help differentiate those for people. Yeah. And I'll talk about them together first because I think it's easier to start with kind of the overlap.

And then I'll differentiate from there. Because the easiest thing like the most common thing I will have is somebody walking into my office and they'll say, okay, here, my lab test.

And if you look at their lab tests, it's like, this is where in conventional medicine the labs are basically. And what we need to test for is so widespread that in conventional medicine, you might see a ten different specialist, for example.

So what I mean by that is somebody is walking in and they're like, oh, well, I probably need to see a gastroenterologist because I have a stomach problem.

I probably need to see a rheumatologist because I have a joint problem.

Recognizing Lyme and Mold Symptoms

I probably need to see a cardiologist because I have this heart thing going on. So point is, it's that person that walks in and it's like so many different parts of the body are involved.

And so then when so many different parts of the body are involved, we have to look at, okay, what sort of things cause this widespread systemic type of thing where somebody could have a fatigue, chronic fatigue, fibromyalgia, headaches, menstrual disorders, you know, insomnia, on and on and on and on.

And what things can cause a wide variety of those types of things. Lime and mold are both in that category. They're these great mimics. So we're talking about, you know, just I only have one main symptom, like joint pain.

You know, that's more going to be, you know, something like rheumatoid arthritis or maybe a undergo underlying gut dysfunction that's leading to that rheumatoid arthritis, those types of things.

But if we're like, oh, there's so many different symptoms involved and it's widespread that's like that big clinical, you

know, key that says, hey, this could be Lyme or mold.

And to your to your point earlier where you brought up like the acute with the bull's eye rash, the other thing to say is that less than 50% of people have that bull's eye rash.

Right. So it's like significant a number like people you know, that don't have that bull's eye rash. And so because of that, it's you know, and even if somebody does, they could have it in their hairline or, you know, under their scalp hair where it never gets seen.

So just because we don't have that rash initially, at some point doesn't mean we don't have Lyme. So those are that's kind of how I would look at them as far as similarities from Lyme and mold, do you have any other questions on that?

You get me to go into the differences, you know. Yeah. Let's talk about the differences as well okay. So differences. What I'll say here is like, you know, for everybody that's listening to us is these differences are I'm going to explain them like you're a textbook and you are a human being and you're not a textbook.

So I just like to, you know, kind of preemptively say that as, like anything that I'm saying, as far as this is more commonly more this is more commonly Lyme.

I've seen it expressed either way, but there are textbook hallmarks that we can look out for as well. So one of the things we want to consider is both Lyme and mold tend to cause pain.

Not everybody has it. Most people do that. It we're going textbook high level. The pain of Lyme migrates and moves, meaning it's in the shoulder. One day it's in the need. Another day it's in the hip.

Another day. Mold pain tends to be smaller joints most commonly, and it tends to be stationary, meaning okay, I wake up, my fingers are stiff every day.

Mold, pain. Oftentimes there's a little bit more of a arthritis type of feeling to it, but not always. So that pain is like it's always in my hands. It's always in my wrist, it's always in my elbows, that sort of thing.

Another thing is that because Lyme does move and because Lyme and bacteria that causes Lyme, Borrelia is able to to travel around the body and go in and out of dormancy.

What tends to happen is something is truly a pure Lyme is days that are worse and days that are better. So this person that is a pure, you know, pure limey is likely going to say, oh yeah, it's like maddening because some days I wake up and it's like, I think it's like maybe going away and I might be a little bit better and I have hope.

And then the next day I crash. That can happen with mold because we can have days where say, it rains and if we're living in mold and mold is like, you know, multiply more quickly, it can happen with mold, but it's definitely not as common where it's like that regularity of change.

So those are two big things I see, like very commonly I see temperature dysregulation and night sweats. Somebody, you know, a classic thing is a female at she's 33 years old and she comes in and she's like, I think I'm going into early menopause because of all the like that night flash and those flashes of temperature problems.

See that more with mold and with Lyme. I also see way more headaches and migraines. I see almost everybody with mold and Lyme. Not everybody, but almost everybody has some level of headaches or migraines, and that's with mold.

And with Lyme that can happen. I don't see that quite as much. So those are some of the differences. But so many at the time, so much of the time people have them both.

And another key thing, and I don't know if we want to go here or not. So I'll just kind of phrase this and then you can

tell me where you want to go. Is that what often happens is people like it's so common that somebody comes to me and it's like, okay, well, doctor D, I've been to 12 different, 15 different Lyme docs.

What is your special magic secret sauce to kill a line, right. And oftentimes it's like, if we've seen that many doctors, then the problem tends to not be the treatment, especially if you've been working with good Lyme literate doctors.

The problem is it's not only the Lyme and people can get stuck in that diagnosis. So I don't know if you want me to say more on that or you want to drive us to a different place. So I'll pause.

Yeah, I think that's important because, you know, I think that humans, we've always been exposed to different types of Lyme bacteria, Borrelia, but bza, things like that, and perhaps exposed more with our, you know, our ancestors probably exposed more because they're outside, a lot more exposed to a lot of these things.

and yet, you know, they didn't seem to deal with these same types of symptoms. But of course, today we really see a lot of people dealing with, you know, negative ramifications of Lyme.

And then, you know, with mold, right? All of us mold isn't healthy for any of us. Right. But there are certain percentage of the population that tends to be much more sensitive to it.

And then I think it's like 25% they can't detox it, and then about 75% can detox it and they start to have the symptoms more so when they're kind of the load builds up too much.

Right. And the other people have the other 25% is real low threshold. So they start to notice the symptoms right away. In fact, I have a friend like he'll walk into an Airbnb and he'll be like, oh, it's moldy in here.

I got to leave. Right. whereas, like, I could stay in an Airbnb for a few days and mold and, like, not notice anything because fortunately for my body, I'm not as sensitive to it.

So I think everybody has a different threshold and different kind of tolerance point to it. and so I think that's really important to understand. And like you said, a lot of times these conditions are together like, like why is why are people dealing with Lyme more?

You know, and I think the hypothesis is that our immune system is weaker. Right. And there could be a number of reasons for that. But one is certainly mold exposure.

Yeah. And the comment I'll say on that too, that I think is really important for people to hear something that you said is just so pivotal, which is the 25% of the population, because it's so common.

I can give 30 different stories, at least of conversations I've had with working with people in a relationship, and they're married or they're partnered and they're living with their, you know, their spouse or their partner.

And I'm trying to convince them that the mold in their body is coming from their house, and they don't want to get inspected. They don't want to remediate, they don't want to do all these things.

And they, you know, the argument is, well, my partner's fine or my kids are fine, so it can't be in the house.

Testing, Biomarkers, and Mycotoxin Labs

And it's a key thing that sometimes I spend months really working to, to help people understand this before they can conceptualize and be and they're willing to actually test for that.

So I really appreciate that you bring up that point, and I hope it's one of the take home points that all the listeners get today is that because of this genetic anomaly and the way I, I've come to find the easiest way of explaining that genetic anomaly is an anomaly in the immune system where the immune system doesn't recognize the toxins from mold, and when the immune system doesn't recognize and tag the toxins, it can't remove them.

So the toxins more easily build up because somebody without this genetics, like you said, they go to an Airbnb, they're living in this house, and their body can actually see the toxins and their immune system sees the toxins.

And when it does, it removes them. And I just think it's such a such an important point just to understand here, because if you're sick and you're listening to this and you're inflamed and you're like, what the heck is causing this?

And you hear this like the last thing I want people to think is like, well, it can't be my house. We got it. You know, it's definitely not mold because X, Y and Z person in my house is fine.

Well, it might be that x, y, z person in your house doesn't have that mold genetic. And so their body is detoxing. Like you said, it's below that threshold that is like built up enough in their body gets that mold toxin out enough where it doesn't cause inflammation, it doesn't cause those symptoms.

And for everybody else, we have this huge problem of this, you know, this inflammatory load really building up. So we got to listen to the test, you know, run things like urinary mycotoxins test.

We got to figure out what is actually going on. And remember that just because your family or your roommate or other people that are living with you just because they're fine, doesn't mean the house is like, yeah.

Yeah, it's important. What are some things in the patient history that you look at, like the the initial intake forms that people are filling out when they come to see you that could clue you in to perhaps Lyme or mold issues.

One of the biggest things that helps me with the patient intake forms is less about in some way is about what the specifics they say and more about tracking.

So from a standpoint of like, you know, what we're looking for, it is looking for these widespread symptom picture. But largely what I'm looking for is what are the things that they're having.

And are we on the right track. Like for example, I had this patient come in. The number one thing she had was as facial neuropathy. Her face was like, you know, going numb, sometimes tingling.

Sometimes it was just bothering her every day. And the number, you know, she had a huge list of symptoms. And so of course we're testing for Lyme and mold and all these different things and co-infections, toxic metals, nutrient imbalances.

You know, it's, you know, widespread testing. The one thing I did while we're waiting for the test was I changed her diet. I took her off gluten. So she comes back to me, you know, but three weeks later.

So and we're going through some of the labs that have started coming in and I started going through the symptom list that I took at the beginning. And first thing I ask is, has anything changed?

No. Doctor D everything's fine, everything's fine. And so then I started going through the symptom list. Well, how about that facial tingling? Is that gone? And she looks at me.

That was the number one symptom she came and saw in to see me for. And she's like, Doctor Diane, I completely forgot I had that. It's been gone since I changed my diet. Right.

So you know so from that tracking standpoint, this is what I tell people to around this is why, you know, working with somebody that can help, you know, track like myself, like yourself, like, you know, the these amazing people that you're interviewing on the summit is super important because some of what we're doing, as you know, medical providers, is taking that history.

And the brain is so oriented to focus on what is going wrong that sometimes we don't actually realize that have symptoms gone away, that we're actually moving towards health unless somebody is like actually tracking those things.

So, you know, from that initial intake, like I, I do have a very thorough initial intake, as most of us in this field do. And largely what I'm looking for is are there multiple symptoms involved?

A lot of times when people or systems involve meaning organ systems, you know, heart, lungs, gut, skin, joints, etc., etc., right? So we're looking at all these different areas of the body see if it's involved.

So I'm looking at those. And then oftentimes too, by the time people have gotten to me they have run the basics right. They looked at they had MRI's to see what their brains doing.

They've loved, they've done all the basic labs. They looked at thyroid, they looked at adrenals. A lot of those basic things. As far as the big, bad, scary things with imaging and the basic blood work has been already evaluated and eliminated.

So then I'm, you know, looking at these wide symptom picture. And what I'm saying is, like, if we're seeing so many different areas involved, then that's when I go after these sorts of things.

Times I would not is let's say they came in and they had all the basics done, and they've had some higher level test done, and the only symptom they really actually had was say gas and bloating.

Well, you know, that's probably going to be an indicator that I should likely start with small intestinal bacteria overgrowth testing or something like that.

That is not always looked for in conventional medicine as compared to Lyme or mold. So I'm really looking for that. How do we have so is that is that list like long.

You know, is it like a grocery list long of of things going on. Yeah. That makes a lot of sense. And are there any particular lab markers, let's say like blood labs that you see, maybe common patterns that you see associated with mold or Lyme?

You know, I, I know a lot of people use the classic Shumaker markers, right. So there's the markers that Richie, that Doctor Richie Shoemaker really coined as far as oftentimes being out of balance for mold.

So these are things like, you know, our veg f our visit which is vaso endothelial growth factor. Looking at Ada antidiuretic hormone things like MMP nine TGF beta one those inflammatory markers.

So I tend to use inflammatory blood markers like that less for diagnosing and more for tracking progress. So yeah. So sometimes you run a TGF beta one I'll sometimes run like a high sensitive sensitivity CRP or ESR.

These inflammatory markers and what I use those for is less to say, oh, this is more but more to track progress, you know, kind of like symptoms to say, okay, you know, look at how your inflammatory markers are actually changing.

Look how your inflammation is going down. So if that's the case, even if symptoms haven't changed yet because sometimes inflammation changes and labs change first, sometimes symptoms change first.

So it's just kind of I use them as like a bi directional way of saying, okay, well if your symptoms aren't changing yet, but your inflammation level has cut in half, this is still telling me that we are tracking correctly versus if the symptoms are not changing.

And some of these other markers, like inflammation are also not changing, then that tells us, hey, we are missing something. We got a part a detective hat back on and, you know, kind of go into the, you know, the the landscape of the body and figure out what else is happening besides what we've tested for.

So that's generally how I approach some of those basics is, you know, less as diagnostics and more as trackers of, of progress that are kind of these land, you know, flags that let us know if we're on track or not.

Yeah, that makes sense. And you also mentioned urinary mycotoxins earlier. Are there like that. Is that a test that you're using frequently. Are there other tests that you're looking at when it comes to these conditions?

Yeah, I my favorite lab company on the market and I don't get paid for saying this. I just think they're the best is vibrant wellness. And I say that because they have the most thorough urinary mycotoxins tests on the market.

As far as the different types of these mold toxins. So I run that a lot. I run that at the beginning. I run that in some way. So we can even tailor treatment based upon the mycotoxins that we find.

I run that to track progress. I get really nervous, you know, because I've had people come to my clinic with things like ALS and Alzheimer's. There's limited, but still research that is showing a connection between things like to toxins and these crazy neurodegenerative diseases.

Treatment Philosophy and Avoiding Herx Reactions

When people come into my practice, when people come into my practice with Alzheimer's, I've been able to help their quality of life. But at that point I have not been able to reverse it.

Right. And when molds there and I've seen more that these crazy high levels where I know that this is likely a huge component of that. And at that point there's so much damage done.

Now, I do really believe in the technological advances of medicine. So I really believe, especially with some of the cool animal studies we're seeing on light and sound therapy with Alzheimer's.

I think we're going to get to a point where, yes, we will have better treatments, but for right now, there is a point where it's like so much damage has been done that it does seem like it's hard to reverse.

So I get very, very cautious of making sure with things like urinary mycotoxins test, that I'm not just running it at the beginning to track treatment, but I'm really encouraging all my patients to run it at the end to make sure there's not a last little bit.

Because I want people's brains, I want people's neurological systems working at, you know, full potential. And, you know, while this is not the only, you know, the only things contributing, you know, to this, we're learning more and more about blood sugar and dementia and, you know, those sorts of things.

But we definitely know that there is also a link here. And the last thing I want people to do is to be not finish the last little bit of cleaning out that trash from their brain and those toxins from the brain, and set themselves up where there this neurological inflammation that, you know, perhaps potentially in my fear world could set them up for one of these neurodegenerative diseases.

So I use that as like a beginning marker tracking progress and also again at the end to wrap things up. So and then for a line I do also really like vibrant wellness.

There are a lot of great, lab companies on the market that do do a pretty good job with Lyme, the virus where I found to be the most thorough as far as especially because we classically think of Lyme disease as caused by the bacteria Borrelia burgdorferi.

And there's a lot of other Lyme, there's a lot of other species, a Borrelia. There is Borelli Miyamoto, there's Borelli Stella across California nieces, I could go on and on and on.

And a lot of these lab companies are not testing for this wide, you know, these wide profiles of this bacteria. So it can get messy. So that's another thing why it's just really important to like make sure that we're not, you know, when we come it comes down to testing for these things that we're not just going to somebody that is not a specialist in these areas because we can get told that we're fine.

It's actually like, well, that's a false negative because the either the test was run incorrectly or somebody is not trained in the specifics of interpreting that test.

And, you know, and we're told that we're fine. And it's actually the blaring, you know, obvious answer as to why somebody is inflamed and not getting well.

Yeah, for sure, man. It's a really great rundown as far as that goes. And just looking at those tests and monitoring the progress. So, you know, if the treatment models that you're using are really working and getting people better.

And that's also interesting when you're talking about neurodegenerative conditions. You know, we know that mold mycotoxins really neurotoxic. Right. And so you know, a lot of association with that for sure.

Let's let's talk about some of the treatment strategies that you like to use that you've seen be real successful with people with these kind of conditions.

Yeah, I love talking treatment strategies, and there's so many different things out there. And I think one of the biggest areas that people get confused is when they listen to these things.

And when doctor says this and another doctor says that. And so I want to, you know, introduce this topic with saying the biggest treatment strategy that is going to work is one that you respond to and your body doesn't inflame or react to.

So many times when we are dealing with Lyme and with mold, as well as other infections and other toxins, other things that require detox, we have this situation where we can have this Horkheimer event, and I imagine other people are talking about that on your summit.

And so that essentially just for that two second review is where we are releasing more toxins than our body is able to to detoxify. And we can have flaring of our symptoms, we can have flu like symptoms come up.

And my personal and professional philosophy on the concept of Horkheimer is it's not good. I don't like when people have these events. I think it inflames the body even more.

I think we can get more tissue damage and destruction. And what I've seen is that when people go into feeling worse, they from the treatment, oftentimes they experience longer time before they're actually well.

So I say that before talking about specifics of treatment, because I feel like people are going to hear so many different things on the summit and can be confusing around, like what this doctor said that and that doctor said that.

And what do I do? Well, what you do is you try things slowly and cautiously under, you know, under the care of somebody and you find what works for you.

So I can talk about treatment strategies around like, oh, the most common things that I see in a lot of my patients. And then you know, the caveat that I just want everybody to be listening to is, you know, it does depend.

So if you hear something that I didn't mention, maybe that's the right thing for you, but just. Needs to be personalized. Correct. There's a lot of things that, you know, we could talk about.

But yeah, there's a level of personalization that's going to be different from individual to individual. And yeah, you're right. Like when people have the same reaction, their trust in the practitioner goes down and their overall compliance goes down as well.

And, their trust in their body's ability to heal goes down. Right. They kind of say, hey, I tried and I got worse. Right? And so, yeah, I think as a practitioner, it's important to have a slow, steady approach and, you know, to really help kind of gradually, in a sense, what we do as a practitioner is kind of help nudge, gradually nudge the body towards the innate healing response.

Right? Getting the healing response moving in the right direction. Allow the body to really to do to do the work. Yeah. Yeah, exactly.

Rebuilding Phase: Nutrition, Drainage, and Hormone Support

And it's I do a four kind of a four phase approach and my general overarching kind of standard and then of course modify it from there. But it's started, you know, that sort of like way of looking at it.

Like I remember I had this patient early on in my practice of Lyme, and I was using bee venom therapy for treating Lyme disease back then and still recommend it.

now, because it definitely helps venom therapy. That's interesting. I haven't heard of that one. Yeah, yeah. So yeah. So some people do be venom therapy and they actually take the bees themselves and sting.

And then I was actually sourcing and I don't know if this guy's still in operation anymore. I was sourcing my bee venom from somebody in Canada. And he actually had this, this system set up where he would have the bees walk across this contraption and would lightly stimulate their stinger, and they would drop the venom and sustainable the bees would not die.

And so that was really cool. And then I would mix it partly with the, the bee venom, also with lidocaine. And that lidocaine then would serve as kind of that, you know, numbing agents and help with the bee, you know, not not.

So bee venom has a natural antimicrobial effect that helps to kill Lyme. It's a combination of an anti-microbial effect. Yeah. As well as triggering the body's own innate immune.

Yeah. Right. Makes sense. It's really interesting. So you think about it from an ancestral perspective. Ancestors would have been stung by bees more often than the average individual today who's, you know, living inside all day, you know, and that and that would prime to help prime their immune system.

Yeah. Exactly, exactly. And some of the initial research started when people were doing people with arthritis that were actually beekeepers were realizing, oh, they would go to keep their bees and they were getting stung and their arthritis was going away.

So that was kind of how that built into, you know, the therapeutic side was just, you know, anecdotal from people with arthritis. And but it was interesting when I started using this therapy.

And one of the things I was doing is like, okay, fine line. This was very early on in my line career. I fine line got to kill the line. You know the lines. You know, really a problem.

What I was finding is using these, you know, these strong microbial therapies to say it's a microbial therapies. People were reacting really, really intensely.

And I saw that, you know, several times. And that's when I really began to reformat my protocol. And now the way I do things a lot of times, most of the time is actually in this phase one of care, which I really call like the rebuilding.

So phase one, you know, people get so excited, be like, oh my gosh, we finally found the micro. We finally found the toxin. Like, let's get it out. Yes.

But because of all, you know, it's like we know in, you know, biochemistry. Right? We know in the processes of our body that we need B vitamins to detox.

And if somebody is like deficient in B vitamins, you know, somebody's thyroid is, you say, dysregulated, their adrenals are dysregulated, they're deficient in DHEA, cortisone, all these things that give us energy.

Their mitochondria are destroyed. All these things happen with Lyme and mold and all these other processes that

there is literally not the reserves that I have found for their body to heal.

So, you know, some of those earlier treatments with things like bee venom therapy, while I still love BT for, you know, supporting Lyme, I definitely don't recommend those types of therapies early on in the process.

And from a therapeutic approach, I was like, what do I do with? The first thing I tend to do is like, okay, does this person any thyroid support? Do they need adrenal support?

Are they nutrient deficient? And looking at labs for those things and really helping to build up the body's stores and reserves, which I have found to make treatment go so much better?

And while, you know, sometimes we still have to go slow and, you know, with situations like mast cell activation where people are super reactive, we do have to titrate, you know, things and add things one at a time.

I have found it to go so much better from a treatment perspective by starting with that, that rebuilding phase before really launching into some of those other therapies.

Yeah, that makes sense. That makes sense. And so diet changes, getting them sleeping right, getting stress under control. You know, just some of the foundational things are you trying to open up the drainage pathways and detox pathways while you're doing that.

Yeah. So phase one is all about rebuilding. Phase two is actually when I tend to dry them into all those things you just mentioned, because I have found that, like from a dietary standpoint, a lot of people come into my work, like already having a good sense of diet.

I have more of a problem of people have read too much and now they're on low lectin and low oxalate and autoimmune paleo and, you know, so many different diets that they're now eating seven foods and then you start reacting to those foods.

But from that dietary lifestyle sleeve, I have found that people, when they had tend to have more energy because of doing that rebuilding, then we have more, you know, more reserves to say, like, okay, now I can do something to move my lymphatic system.

Now I can work on this sleep hygiene now I can add that visualization mindset practice in. And I do find like the lymphatic draining, you know, pathways.

Like the biggest thing I start with, most people on that and kind of this phase two really is in just opening, just doing self lymphatic massage, even just on the neck and through the collarbone, just to kind of help with that place where the lymphatic system drains back into our circulation.

And doing that also also helps a lot with the rest of us. And and I go through all of that also in my book. It's not in your mind, are. You using castor oil at all to help with detoxification and drainage?

You know, as a naturopathic doctor, castor oil was a huge thing that was emphasized. I, I use it some, you know, I use it some. It's interesting. I find that, you know, kind of like sauna or HBOT, like oxygen.

Some of these, like, side therapies. I have personally found that people, when they have so much inflammation and so many toxins, can react strongly to anything.

So I've had people from two minutes of sauna. I've had people heard from two minutes of right from, you know, using castor oil packs for only a few minutes before they take it off and wash off the castor oil.

And, you know, all those things. And so, yes, cautiously in certain cases, but always for these alternative therapies when people are this, just regulated and there's so many things going on always in just like small little increments to like test and see how their body responds.

Yeah. What are what are the most important elements of the rebuilding phase, like the most important things that you see consistently moving people in the right direction in that particular phase? One, I would say it's going to, of course, depend upon labs, but I do find that people are tend to be B vitamins deficient.

So, you know, B-Complex, I do find that people are mineral deficient. So minerals, zinc comes up a lot as a really important one, which is no surprise since we need it to detox metals and and support of DHEA.

You know, those DHEA levels and even the lab ranges of those are so abnormal. You know, most women I find do best with lab ranges of DHEA.

Hope, Self-Advocacy, and Closing Remarks

Ask the sulfate for between 2 and 300 and men between 3 and 400. And it's so common. You know when I test those I see DHEA like a 45 or something like that, and we just don't have the energy and the reserves to heal and rebuild muscle and to repair damage with, you know, with DHEA like that.

So most people I always test, but most people wind up like being on DHEA. Yeah. Are you using like DHEA tablets? Are you using like a liquid form or using like adaptogens?

Because some adaptogens can have a beneficial effect as well at at helping boost DHEA and balancing stress hormones? Most people I have found, I mean, I do use adaptogens in combination a lot.

The most people I have found really love that boost they get from giving a straight DHEA when people are really so. I use oral a lot when people are really sensitive.

I do use liquid just because a lot of the, you know, drops are around like 1.2mg or in that range where it's so easy to start small and titrate people up cautiously.

So it really kind of depends upon a few different factors. But yeah, I mean, I also love the adaptogens, like they're so good at normalizing and regulate regulating and help give people energy without increasing anxiety.

Yeah, yeah for sure. Well, this has been a really great interview. I mean, we could talk about this stuff all day long. And you're a wealth of knowledge Dr. Diane Mueller.

And guys you can check out her website, myLymedoc.com She's got some great podcasts there, blog articles. And also she's got her bestselling book. It's not all in Your Mind as well, that you can find on her website and also on Amazon.com and, Dr. Mueller or any last words of inspiration here for our audience and, anywhere else where they can find you or anything that we need to add at the end here.

The last thing I would say is just, you know, hope, like it's all about finding the right kind of treatment for your kind of illness and whatever is happening with your body, whether it's generalized inflammation, whether it is, you know, I could list about any other symptom.

Your body doesn't just have symptoms for no reason. There's always a reason. And if you haven't found somebody that can really say why and by why, I don't mean a diagnosis like chronic fatigue syndrome or rheumatoid arthritis, like, why are those things actually happening then keep looking because there is somebody out there, you know, whether it's, you know, myself, you know, doctor Jockers or somebody else in the summit or somebody else in your community, somebody is going to be able to, you know, help you find out the why.

So, you know, the final message is just self advocation. Right? There's a reason your body doesn't do this for no reason. So just keep, you know, working to find that right person.

And I truly believe that you can. Yeah that's perfect. Thanks so much for your time Dr. Diane Mueller. Guys check her out and we'll see you in a future interview.

Be blessed everybody.