Introduction to Immune Resilience and Longevity

You can do all the stem cells exosomes, kind of like the patient that you talked about with the $30,000 a month in the world, and you can all these wonderful, expensive procedures.

But if you forget that the immune system, immune resilience, is the future of longevity, meaning our basic immune function and the inputs like toxic load, infectious burden, are the most important thing we could address.

If you're overwhelmed with chronic health symptoms and still don't have answers, you are not a lung. I'm Dr. Javan and on redefining wellness with Dr Javin, we'll be exploring root causes like Lyme disease, mold and parasites and I'll guide you with simple and practical steps towards real healing.

Welcome back to another episode of Redefining Wellness Podcast. I'm your host, Dr. J. Ben Moore, and today I have the pleasure of interviewing Dr Jill Carnahan.

She is a bestselling author of a book, Unexpected. she is the person that's even gotten a movie out there, Doctor Patient, that is an award-winning documentary.

As long as I've been in the profession, I have been looking up to her. So I been trying to get her on my podcast because she's doing it. She's working with mast cell with mold, a complex chronic illness, but she is at the cutting edge.

Of course, all the things we know and love, the supplements, different meds, lifestyle changes, now she implementing peptides and has been. So today we're going to talk about how you can work with complex chronic illness, mold, mast cell, and then use peptides to just supercharge your results.

So thank you so much today for joining me. Thank you, Dr. Moore. I'm so happy we finally connected. You know, I still am sad. I've never connected with you besides maybe I think I saw you at A4M in person one time.

But you know I have always looked up to you, always watched your information because you're at the cutting edge like I was saying. And when it comes to complex chronic illness I want you to give a little background on why this is so important to and why you always are at forefront.

Thank you so much. So it's interesting, because often as healers, we have the journey, right? And for me, it started on a farm in Illinois, where I did not know that the cornfields in the middle of the beautiful, black, rich farmland in Elanoi were toxic.

And I found that out, unfortunately, when I was 25 years old, in had third year and found a lump in my breast which ended up being a very aggressive breast cancer.

So 25 year old in medical school training to become a doctor diagnosed with a aggressive form of breast. And many people know this but for those of you who don't it's like winning the lottery to get breast at 25 especially 20 years ago when I was in medical school.

So all of a sudden I faced the battle of my life and I had to put into practice some of the principles. I'd gone into medicine truly wanting to infiltrate and to get to know the best system that was reimbursable in the US at the time, which is a medical degree, but also knowing that there were limitations on drugs and surgery.

Dr. Jill Carnahanu2019s Background and Healing Journey

And because I grew up with a retired nurse as a mother and organic farm food from the garden, and lots of really

wonderful things. I knew in my heart that food was medicine and that lifestyle mattered and all of these things that we weren't really thinking about in conventional medicine as treatments were profound and powerful, but I didn't know all this until I faced my own mortality with breast cancer.

So breast cancer 25, six months later I get through all the treatment, radiation, chemo, lost all my hair and I was diagnosed with Crohn's disease. So this double whammy and now I am 20 years later completely free of both diseases and i credit not only my education on the farm but also my more mindset of what else is possible.

That's amazing story. I mean, it's always tough, right? Like you had to go through all of that, but it shaped into who you are today and what you can do for other people today.

And the number of lives that you change because you've been educating like way beyond yourself, like you educate other doctors with the documentary, with a book, training doctors on stages.

That is where I want to today a little bit is figuring out what it is that you are up to now, right? Where are you at today? What is the most cutting edge part with complex chronic illness?

Because I know that when we're talking about dealing with mast cell, like we need to avoid certain histamine foods. We need bring in antihistamines, whether that be supplemental, quercetans, DAOs, we can bring an over-the-counter Zyrtex and Chromalyns and Cotodifens, Chroma being a medication, but peptides are something that a lot of people don't know a Yes, so for those who don't know, I mean, peptides are out there.

So if you haven't heard it, your head is in the sand. But maybe people don' even know what is a peptide, right? They're hearing all about it. Peptides our amino acid sequences that give a signal to the body.

And everybody knows about insulin because we die without it everybody GLP-1s now because they're super popular for weight loss drugs. So these things are not new, they've been around a long time.

And even though like, for example, GLp-2 drugs, their peptides, these drugs have seemed new because there's a huge insurgence and interest in weight-loss and what can we do with these.

But they've been around for decades. We have used these medications, these GLP-1s to treat diabetic patients, type 1 and type 2, for decade. Like these are not new to medical doctors.

They're just new because all of a sudden there's newer generations. There's new try and buy peptides where they have more than one mechanism of action.

And people are having success losing weight. Metabolically, there is anti-cancer benefits. there are a lot of other benefits that people So now peptides are the word on the street, right?

But the truth is there are a lot, there're literally hundreds of peptide out there. Some with great evidence and safety and some with very sketchy evidence in safety.

So it's kind of like the Wild West. However, from my perspective, what I'm seeing with them is some real power. to transform whether it be mast cell activation syndrome or chronic collagen vascular diseases where people get more injured or more issues with a breakdown of tissues whether its gut permeability or whether just strength and conditioning bone loss muscle loss sarcopenia and for any of these things that I just mentioned there's some pretty powerful peptides out there that can reverse those conditions.

Wow that's amazing. So You know, both of us treat a lot of mat mold, a lots of mast cell, really complex conditions. And if you were to just take me through maybe a patient that walked in your door, I know you're still seeing patients, you are still actively being a doctor, not just a talking head on a podcast and on the stage.

You actually see people in real life, which is why you stay at the cutting edge. What is it that like take me through the journey. Take me though a journey for somebody that walks in that's full on mast cell that has been to 20 other

doctors that had a really hard time tolerating even supplements, tolerated potentially the sun and smells and how are you implementing a process to help them get through this and where do peptides come in?

Got it. So just for framework, I've been doing this over 20 years. If I think about 20 ago, if I had someone come in with Hashimoto's thyroiditis or menopausal symptoms or maybe they're really exhausted and their adrenals are suppressed and they are having HPA axis dysfunction and you would put them on some supplements, change their diet up a little bit, maybe and some people take out gluten and three months later they'd be back and like, Dr.

Jill I feel amazing. I have lost weight. No longer do we get those kinds of patients. Well, we certainly do get a few of them, but most of our patients are coming in with a very, very long list of symptoms and a mysterious presentation that many doctors have been baffled by.

And mast cell activation, even though you and I treat it every day and we can recognize it, it's actually in the conventional system still a bit of a mystery and many doctor's don't even know it exists, so they're not looking for it.

So what we see now, the classical patient that would walk in the door would be like, I'm exhausted. I have brain fog, which just means I can't focus. i'm having trouble doing my work. I feel like I need to take a nap in afternoon.

Um, i literally executive function planning, executing something, um, reading and retaining new knowledge. These things are actually impaired and this might be in a 30, 40, 50 year old. These are not like 78-year-old dementia patients.

And so this is a new thing. So the brain function, the fatigue, and at the core we could say basically a mitochondronopathy, right? Mitochondron-op-athy.

Which means that these mitochondria at cell level are being damaged and what is that what's happening? So in my mind, functional medicine can kind of be simplified by toxic exposure plus infectious burden creates immune dysfunction and inflammation.

And pretty much 100% of the patients that I see on some level will have some toxic load, some infectious burdens, they don't know it. But those things are interplaying to cause serious immune disfunction and inflammation, and that manifests with autoimmunity, brain fog, chronic fatigue, joint pain, muscle pain and you name it, hormone dysregulation, etc.

Complex Chronic Illness, Mold, and Mast Cell Basics

And so my job is to look at the map of all of those things, but not say, okay, this is just menopause. It's menopsause plus inflammation plus toxic load like PFAOs, polyfluorinated compounds, plastics, parabens, mold toxins, metals, air quality, all of these things.

So what's happening is we're swimming in toxic soup, we don't realize it, and that toxic load is having a profound effect on our immune system, weakening that normal barrier to keep dormant organisms like Lyme disease, tick-borne infections, or Epstein-Barr, CMV or other herpetic viruses at bay.

And that weakened immune systems that allows these old infections to pop up, And it's a very complex seeming milieu of things that are really taking people down.

So no longer is it like, you know, one little thing like adding thyroid is going to fix the problem. You have to go to the root. And in these cases, just giving more medications and supplements will sometimes make them worse.

you really have To go back to very basics, which is clean air, clean water, clean mind, clean body, like how do we get these things, these inputs and practices and even something like movement.

There's all this hype out there about, you know, cross training and high intensity and strength and all of this wonderful stuff, but people are forgetting that the most evidence-based exercise modality for all-cause mortality is

zone 2 aerobic.

That's like a slow jog, a walk, or a hike. And people are forgetting the basics and they're not getting their 150 minutes in a week. I tell this all day long to people because it's, like, oh yeah, I'm doing strength twice a day.

Great. Are you doing aerobics activity in zone two because that's the thing that will decrease your risk of heart attack, stroke, cancer, and all cause mortality.

You're hitting me hard there. Cause I definitely enjoyed the CrossFit a little bit more than I did the, uh, you know, go for a jog. It's boring, right?

Like we all get like, it totally gets you. I totally get you it's way more exciting to go to Crossfit, Jen or do the strength or like see your muscles bulge out.

Because you've done a 20 minute super heavy lift, followed by cold plunge, but I'm just going back to the basics because. I think most doctors know exercise is important.

We don't know how to prescribe it, myself and my colleagues, and I it's the next level that we're forgetting is some of these real basic interventions.

I completely agree. And I love how you said you have to go through and clear out air, food, water, hygiene, you know, just like clear it out and make sure that you're not dealing with those topics.

But honestly, for most of the people that I work with, They've done that, right? There are definitely those who I run an ERMI and then I have a building biologist come out and I'm like, oh, I just had a family come to my clinic.

They'd been to a clinic where they literally spent 30,000 a month for three months because they were doing IVs and e-boos and all of these things. And they moved there, they move to this clinic for like three month.

I know who it was and he's a really smart doctor. He was doing a lot of the things right. And I kind of looked at him. I'm like, there's something missing.

Like that guy's way too smart and did way to many good things. and I looked the list and it had all the good stuff on there. There's absolutely something I need to figure out what that something is.

The first thing I found was she was eating 400 calories a day. And I was like, that's not good. Well, I tried to work with her and get her to eat more.

She was 16 years old and just not feeling well. And to be honest, still haven't gotten her eat much more than that. Like I'm, we identified it. We're working on it, they know it all.

The whole family is trying, but so I said, okay, well, let's keep going. and remember she moved out of her house to go to this clinic in another state.

I run an ERMI on the house and Chitonium was 7,000 particles and on an Ermi needs to be below a hundred, easily below 100. And I was just like, what? And the dad goes, Oh crap.

I go, What do you mean? He goes. Well, we left the apartment we were in in Florida because it had mold in it while we're doing treatment and went back to a moldy house.

What do we do? And I was just like, you get somewhere safe. I love the clear out part. That said, so many people that come to me, they've done that kind of work.

So if they're living in a clear environment and they still can't get moving forward, I'm just so curious what you're doing with peptides. Yeah. Where does that come in?

Yeah, we're teasing the audience. I will go there, I promise. A couple little comments and I promised you guys I'm going to talk about peptide specifics, so stay tuned, don't leave.

Okay, first thing is environment. Maybe 80% of people who are stuck and not getting well are a story exactly like what you said, where there is a hidden reservoir of mold, even in what they think is clean or this has been remediated.

And what I always say, for example, mold is kind of like a fire in your house. So say in the middle of your living room, you're like, oh man, the carpet's on fire, quick, put it out.

You put out and you like okay, carpet is burning, wood is partially damaged. you go in there, tear all that out, get rid of all the fire damaged material and then you repaint, re-floor, add in all of the things, adding carpet and your back to normal.

But what you forgot is while that fire was burning, there was smoke coming out of the fire. Your curtains got smoke damage, your books got smoked damage.

All of your artwork got damage and it still smells smoky in the house. So you are still going to feel unwell in that house until you do a full remediation of this smoke from the And so most people take out the mold, they take it out appropriately, and they contain it.

They keep it at negative air pressure. And then they go away and say, okay, why am I not better? What happened was those mycotoxins, which are smaller than 2.5 microns, smaller that a virus particle, are the equivalent to the smoke of that fire analogy I mentioned.

So if you don't remediate appropriately, keep it contained, negative air pressure, take out all the particu-, and then afterwards fog and do a deep, we call it fine particulate clean or small particulant clean, which is wiping down every single thing in that home or apartment.

It's a big deal, it's large job, It is not hard. it just takes a lot of detailed information. And anyone can do it, you do not need a specialist, You just need detail.

then you're going to still get sick and if you have still clothing or especially mattresses or pillows where you put your head on something that got, again, smoke damage is equivalent to the mycotoxins.

That's one of the reasons why people stay ill. Second reason is they didn't get all the mold. There's still an issue or they think let's move to an apartment or another place that's safer and they move from bad to worse.

They move into a place it's actually more moldy. For example, I've been recently looking for a house I have looked at in the last three months 40 homes I made eight offers and I'd been under contract four times who does this right except for me and because I Have a good inspector 80% of the homes that I seen have been not just mildly moldy Significantly molding and that's in a beautiful Boulder, Colorado neighborhood Like this is beautiful homes, you know high-end price and they're moldi and there all over the place and the majority of them are So that just the standard in America And newer homes aren't any better because you see the wood sitting out there.

It's not dried before it's put in. And then someone drills a hole in the pipe when they're installing the cabinets and there's a leak. So I have just as many people in brand new homes that are dealing with toxic mold as in older 30, 40 year old homes.

You know, I want to jump in there and say I completely agree with what you're saying. And just to reinforce your experience on houses with the inspector.

Yeah. I had this bright idea back in like 2019, 2020, because I'm like, i like to travel. i Like to go places. and airbnbs aren't normally the most like mold free environments.

Hotels are awful. Yeah. So I was like, what if I came up with like a mold Airbnb like kind of thing, right? Like we certify Airbnbs to be mold free. So I spent a stupid amount of money on this idea to go and look at the backend APIs for connecting to these sites.

And, and then got with some of the owners that owned Airbnb and this was in the Nashville area. Um, because my, my tech buddy that was going to partner with me live there and we ran 20. Hermes correctly.

Cause I just wanted to see what I would find. Half of the houses, I would have just burnt down. Not remediated, they were that bad. And another 25%, so we're up to 75%, significant remediation needed to be done.

Yeah. There were only like two out of 20 that I actually would've stayed in myself.

Why Environment and Immune Safety Matter

I was just like, okay, so this is not going to a business that is functional. Totally, right? That's exactly, and that's where people think like that, like traveling is like, I would say 80% or more of the hotels or, or same thing.

So it really is a big risk. Back to the patient is not getting well. It's so common for them to still have mycotoxins in their environment causing harm or still mold that is unremediated or they move from bad to worse and they think they're getting better.

That is the first framework. The second framework I want to address, you mentioned something really important. like what's going on with the immune system and what happening here and that whole exercise thing and why we need to go back to that.

But October, 2025, I was in Switzerland speaking to an amazing group of worldwide regenerative medicine doctors. These are Dubai, UK, like the best in the world who are doing amazing things with exosomes, stem cells, you name it, right?

Peptides. And they all got on the stage and it talked about these incredible advances in AI and peptides and exasomes. I'm like blown away. This is so cool.

I get on the stage, Dr. Moore, and I'm like, OK, who am I to talk about anything? Oh, I feel really small there. But my lecture was on immune resilience.

And my opening line was, you can do all the stem cells exosomes, kind of like the patient that you talked about with the $30,000 a month, in the world.

You can all these wonderful, expensive procedures. If you forget that the immune system, immune resistance, is the future of longevity, meaning our basic immune function and the inputs like toxic load, infectious burden are the most important thing we could address.

And then this leads back to mast cell and mold and all the things that we started with because when someone walks in the door, usually that dysfunction is immune and inflammation creating.

So cytokines excessively creating inflammation or an impaired immune system. T cell function, B cell functioning or something on that level, and sometimes excessive cytokines or low immunoglobulins.

And so for me, I usually actually start with the immune system and work backwards and say what triggers or exposures or things, diet, lifestyle, exercise, toxins, infections, or otherwise, even mental patterns, or thought processes or unhealed trauma, what things are creating an unsafe environment for this immune system that it feels like it has to overreact.

And what I just told you there is basically the definition of mast cell activation. These primordial cells are our immune protectors and they get overwhelmed, overloaded and feel like they have to protect us.

So this is what's happening all over the world, not just in the US. We're having an unprecedented level of mast cell activation and immune dysfunction because we feel like we're under threat all the time from the hotels and the homes and toxins and infections and then lack of movement and Wi-Fi.

I could name 101 different things in our environment. And we're slowly drowning, just like the frog that sits in the pot and slowly boils. We're slowing drowning in an environment that's incredibly toxic in every way, psychologically, physically, toxically, and every other way.

That's where we see this increase in complex chronic disease. Back to all the wonderful things we can do, axosomes and peptides, those are icing on the cake.

And that's why I'm spending so much time talking about the rest because if you don't deal with the root issues, even beautiful peptides are not going to completely reverse that challenge to the immune system.

Oh, I completely, 100% agree. The top of my note for every single person that comes to my clinic is, do you live in a place that is safe? Yes. You used the word clear earlier, but it's safety.

Your body has to feel Not feel, your body has to be safe. The feel part is the second part of my note, which is now that I've created an environment for you that is actually in reality safe by measurable data, because we've tested for mold and radon in my basement, Which was, hey, by the way, Dr.

Jill, as an expert here, my Basement, when I moved into this house, I bought a Airthings Radon meter and it's off of the Amazon 300 box, throughout the basement.

14. Holy cow. Yeah. I know the numbers that needs to be below four. That's like, that's, like smoking a carton of cigarettes a day or something is what they equate that to.

And I was like oh crap. Well, my house is also spray foamed, which great energy efficiency might be a little toxic for you. So we had a lot of air filtration, but airfiltration does not capture radon.

Correct. Then my upstairs in the top of the house, Which is supposed to dissipate eight. Wow. Oh my goodness. Spray foam works. Yeah. I had to fix that, of course.

But yeah. So it's like, okay, so we, we get people into a safe environment, all the stuff you're talking about. Then the second part that you were talking is those cells have to be told like hey, you are safe.

You can come down out of cell danger response. you can turn off the fight or flight. And you get back out. That you could stop degranulating when the wind blows, de-granulation for everybody is your cells will release all of the contents inside them, such as histamines and all the cytokines very, very rapidly when they're in a state of fight or flight, because they are not looking for, you know, was that strain that you put on the body a workout?

Was it you brushed against the door as you were walking through? Did you eat a food that isn't bad for you? It doesn't have time to identify that. It just says something happened.

immediate danger react. So my entire top of my note is identical to yours. I probably listened to one of your lectures and pulled some information to help guide myself because I think this is the only way having that mindset that you can work with people with mast cell.

And to your point, when I was in practice prior to COVID, I saw a few people ever that were like reactive to a drop of a homeopathic. that were that level.

Now it's like all day, every day. And the percentages that I've seen, I saw a study out of England where it said a third of people are experiencing significant histamine mast cell reactions to where they know it, like they've identified it.

And another third, it's kind of under the radar and it showing up as hormone dysfunction. I can't tell you the number of women that come into my clinic that are in their like mid thirties and they're like, I'm perimenopausal.

And I like what? I mean, symptomatically I hear you and lab wise, you're not far off. Your body shouldn't be here. So yeah, I know we're running toward that peptide talk.

We're keeping people on the edge of the seat. They're like, when are you getting there? Okay. Let's talk about it. Yeah. So peptides, so like I said, amino acid chains, these are things often produced by our body, but there are actually created in a lab types of peptids as well.

So top five peptides I'll give you that I like to use in clinical practice, and they're different categories. Repair and recovery. BPC-157 is a really popular one, quite safe.

It's incredibly effective on the lining of the gut, but it also helps with repair and recovering the body and the tissues. And part of a triad of mast cell activation is the MCAS, So I particularly like this because there's a collagen vascular component of mast cell, meaning if someone is prone to more collagen-vascular issues and they have mast activation, they're going to have more wear and tear, aches and pains, torn ligaments, issues like that.

Plus you throw on the menopausal population and we know that as estrogen lowers, Tendons and ligaments are more likely to stretch and tear and cause the shoulders that women at 50 have some chronic tendonitis there.

That's all part of this as well. So BPC 157, not only safe, very effective. I usually combine that with TB 500 or thymus and beta 500. Thymous and Beta 500 is particularly good at tendons of ligament, so I like that combination.

In my experience, which I've used both, I find that when I work out regularly, maybe sometimes a little intensely, just don't get sore with that peptide.

So the typical soreness post recovery, right? Let me ask you a question. Is this normal? Oh, see, you got the, me too. Me too, right? So yeah, we're in the bucket.

We're. Yeah, I've got massive flexibility. When I was in elementary school and I, was like competing against all the gymnasts to see who could do the sit and reach the farthest.

I don't even know if that's a thing anymore. And you were like, Gumby, Right? I was Gumby. So when you're talking about all this collagen, I'm like, yep, got it.

I know how that works. Literally my medical doctor that was the sports med doctor for the chiefs back in, you know, when I, 2002, he's like well you have two choices.

Peptides for Repair, Recovery, and Immune Support

Either you can use surgery to tighten your joints or you get so strong that your joint won't come out of place. Wow. Yeah, exactly. It's amazing. comes with its own problems anyway I started to stop you I was just like you're talking about this college and I'm like yep I am super bendy.

Totally and most people don't even know it as we start to talk like oh yeah I have a very long wingspan I' m very flexible and these are the people who should not be doing yoga by the way that's the worst thing you could do is get more mobile like that and again I m all for yoga for the right person but Some of these people, that's all they do, and it's the worst thing they could do because they're creating more flaxness in their flexibility and flex, you know, tendons, ligaments.

So that BPC 1×7 combined with TB 500 is a great staple. It's quite safe. There's no harm as far as risk of, some of this could increase risk for cancers, so we need to know which ones we're using.

Another really wonderful one that has been used in Europe as an antiviral anti-hepatitis is thymus and alpha 1.

That's one of my favorite basic T cell function supporters, also super safe because it protects against cancer and it helps antiviral activity.

And like I said, they're using it in Europe as a drug for hepatitis and certain types of chronic viral infections. So that's another incredibly powerful, just immune supportive one.

Also very, very safe. There's not a risk. Then we get into the ones that increase GNRH or DH, which is growth hormone and growth hormones releasing factor.

These are more in the realm of CJC, ipamoralin, samoraline, tessamuralin. Now, these you have to be careful if you've got mast cell issues because all of the moralins can increase histamine and I've had two people with Neuroanaphylaxis from using the Moralins and not realizing that they were having hives and a reaction.

So those you really need to careful and people who are willy-nilly prescribing or getting them on the black market. Literally two of my patients, again without my consent or oversight, used these peptides and both had very severe like ER anaphylaxis where they were so hypotensive they unresponsive.

So it's a really big deal to be safe with those. If you have mast cell you want to careful. Those are often combined with CGC. Now these are amazing. So if someone doesn't have reaction, CJC epimoryl is probably my biggest go-to for growth hormone agonists.

You combine that with the GLP-1 and you get increased muscle, decreased body fat. People feel great. They feel strong and they can often work out less and maintain better muscular strength.

Again, not that that's advocated, but it's really powerful to keep that musculature and bone strength and all of that bone health and muscular on because growth hormone is what we have tons of when we're 20 and we had beautiful hair and nails and bones and skin.

And so doing that really helps optimize kind of the anti-aging strategy. Those are growth hormones, which if you have cancer, it's completely contraindicated.

So if have active cancer or history of cancer you should not be using the Moralins or the CJC. Once again, because of that, we need some pulsation. The dosing on those is like a Monday through Friday, off Saturday, Sunday.

Usually every six to eight weeks you take a break. So these you have to be much more careful. And again, because I've seen several anaphylaxis with these, I'm very cautious.

Now what happened is the FDA took out some of these that I mentioned and some other popular ones. What happened was it pushed everything to the black market.

I am not a fan of just going online to get these because they have contaminants. good reaction, un-good, that's a very nice scientific term, really poor reactions to these and allergies and things.

So if you're gonna get it, get from a company pharmacy with a physician or some sort of oversight because online you just don't know the purity. And like I said, I've really seen some dangerous situations where people are trying to get peptides and they don' get them from good source.

At least get a source that is FDA regulated. Now most of these have been changed categories and in the midst of being approved statewide. So states are going to have more jurisdiction, but a lot of the ones I just mentioned are now going likely be available much easier.

Mitochondropeptides are another class. I'm a huge fan of mitochondrial peptides like SS31 and MOTC because all of us have mitochondroidopathies, like I said.

So these issue with our mitochondria. And these are the most popular, I think, for me, prescribing with mold cases because they often have severe fatigue and they have trouble kind of overcoming.

this toxic load and so I'm a huge fan of using the mitochondrial peptides in mold cases. I could name a bunch more but those are probably the most popular ones that I tend to use that are on the market.

So I want to go through a few that i didn't hear you say that, I am curious about but also just some of your experiences with a view of these. And I love the histamine comment for all the moral ends as you said because that's a really important thing for so many people.

Long COVID, COVID mold, just the burden. You know, when you were saying all the different lists of things that were a problem, I call that, initially started calling it stress and everybody thought I meant mental stress.

I'm like, no, stress on your body, like even workout stress, on you're body. Like, all right, Imma change my words. The burden of energy on body from living in mold or working out or whatever.

When it becomes too much, you get histamines and when You're up regulating things in your body. Yeah. Moralins, growth hormone, you get histamine. But what about you mentioned mitochondria?

So something I've experienced is with giving people anything that benefits mitochondrion. If they're in a truly cell danger response kind of state, they've their fight or flight, their MCAS, They end up having potentially more side effects initially because their body, what I always say, their bodies are turning on the mechanisms.

They start turning out mitochondria, they start trying to detox. Would you caution people to make sure one, of course, to be guided by a provider, but just be very careful of kicking up your mitochondrion before you bring in the appropriate binders, getting the right environments because it can actually make more histamine response.

Brilliant. I am so enjoying our talk because you're right on with everything that I believe when I see with patients and that, I think, and things that are many docs, many practitioners are not talking about.

So what you just mentioned, super important, for example, NAD, Super Popular. Notice I didn't mention N. A. D. or NMN. which are two NMN, nicotinamide riboside NR or NMM.

Those are all precursors of NAD. You can also get IV or injectable or intranasal or oral NADA or forms of precursor. They're all on the market. Nada is a powerful thing that we need for pretty much every cellular activity.

It helps us make ATP. However, That's one in particular that uses methyl donors. So if you have someone who we unbeknownst to us is depleted with B12 or methylfolate and you throw in a bunch of NAD, you actually make them worse instead of better because you create a deficiency of these basic methyl doners.

Same thing with methylation in general. People are like, oh, I have MTHFR. Let me take five to 10 milligrams of methylfolate. It blows them out of the water because all of a sudden you upregulate detox and methylation and all these processes that are kind of pulling out the toxins.

But the way I think a toxic load is when we breathe, for example, in a moldy environment into our lungs, Those microtoxins that I mentioned, like the smoke from the fire, are smaller than 2.5 microns.

There's no barrier that small. So they go directly from alveoli into the blood. This is why an ingestion of mold like from peanut butter is far less toxic than an inhalation of more because we have no barriers.

Whereas in the ingestion, it goes through our gut, then has to go to the Blood, and the liver filters. there's a lot of filtration that happens. It's way less Toxic.

And it's usually aflatoxin versus trichosethanes. If we inhale in a ketomium-based environment, like your patient, we're inhaling tricosanthines, the most toxic immunosuppressive mycotoxins out there.

They go directly into our bloodstream, which is why in moldy environment within seconds we can have symptoms because we are inhailing and it's in our body.

So if it is in your blood, then your body starts to deposit it into your tissues. our fatty tissues is what carries this toxic load. So we get a tissue burden of toxicity over time as we inhale the toxins in an environment.

Then we want to go backwards and heal someone. We have to mobilize that toxin from the tissues back into the blood. The blood gets the liver, the kidneys, and the sweat and all the ways that we filter that toxins and excrete it out of the body.

We know a million, 101 ways to increase mobilization. Infrared sauna, all these minerals, nicotinamide riboside, folic acid, and all the kinds of things I mentioned, or glutathione are binders.

But if we're mobilizing at a rate that's quicker than we can excrete, we get really, really sick because we are pulling that out of the tissues and the body cannot get it out the blood fast enough.

that makes someone very, very sick. So many of these things like upregulating methylation, supporting mitochondria, amazing. But if you're so toxically overloaded and you push that process too quickly, you mobilize and if think of an equation, it out rates the excretion equation and get really, really sick And I see that happening to a lot of patients.

And then you became super sensitized because your mast cells got exposure to toxic load and they're like, what's going on? Mast cells go crazy. Then all of a sudden you're seeing these patients who are so sensitive to homeopathics or water because they have been pushed too quickly without proper excretion.

Spoken beautifully. I've been on this bandwagon of you cannot go too fast on people. It will become a major problem. Do not try to accelerate the body.

it will be a problem for a long time. And people are like, no, you got to kick up the mitochondria first. and I'm like kinda like open up drainage pathways, get some binders in there.

Go for walk. Yeah. Yeah. Like it has to be at the pace their body can handle. Okay. So then my next question is you did not mention KPV, which is something that helps a lot with mass cell.

And I hear that a. Why not say KP is one of your pieces. Okay, so that's it up there. And if I say top 5, top 10, it's going to hit the second list for sure.

So let's talk that. Lerozotide KPV. These two are my new favorites for gut and mast cell specifically. There's not a lot of contraindication. Larozotid was studied for a drug and it was an anti-celiac drug because it is an antizonulin peptide.

If you think about the trapdoor that opens and closes leaky gut, It's zonulin. So they made a drug called laryzotide, which is a peptide that is incredibly effective against zionulin and it was quite effective in clinical studies, clinical trials.

It was going to market and the drug company decided at last minute, there's not enough celiac patients to make this a blockbuster. They kind of dropped it like a hot potato and now it's available to us through company pharmacies and certain companies.

So that combined with KPV or either one alone is one of my favorite things because many people's mast cells, the 80% of the immune system lines the gut.

Mitochondrial Support, Mast Cell Sensitivity, and GLP-1s

So often that's the ground zero for this activation. zonulin peptide with KPV, which tends to calm the mast cells, you

can get a pretty good reaction in a positive direction for that mast cell activation.

Also, these are both very, very safe. They can be taken orally, Which is a little bit unusual with peptides. they do have quite efficacy. Both BPC-KPV and Laryzotide all have efficacy oraly as peptids, which is not the case with some of the other peptid.

Yeah. You know, I like that you just tapped into that and I'm typing out some questions for you that I am just thinking through because I've given BPC and KPV orally and I have seen some results.

I tend to find two things. One, injection just seems to be generally even for the gut more effective. Do you agree? I would agree. 100%. And then second, anybody with true mast cell, because the age-old statement, 70% of your immune system is your gut, right?

Yeah. So if that's all in your got and you put something orally in, even if it's a good thing, you can generate a mast-celled degranulation. Even if its KPV, if is thiamin-synophil-1 oraly, or even is BPC-TB500, people react more because there's so much more immune there versus if you go systemic and let it calm the fire from the outside in.

Are you seeing that too? A hundred percent. Yeah. And again, because a lot of you are weird about injections. I totally agree in the severe cases, but then I would say like with my experience with some of the CJC, it was an injection that caused a hive and then they didn't stop and they had anaphylaxis.

The injections for mast cell can be because dermis is where the other large portion of the mast cells lie. So I do think the injection, even the needle, which is probably stainless steel, but some people, you know, I don't know what all the reactions are.

Let me just think about my patient population. I would say 80% of them I put on a combo of oral, KPV, BPC, and laryzotide, they do pretty well. The other 20% I put on injectable BPC.

I don't do a ton of injectible laerozotide. And KPV I find it more often of orally available, but you can inject it. So I'd say the Bpc definitely more effective injectble and rarely have a reaction.

But I still use a lot of oral Kpv and laerosotides. Nice. So I'm going to ask one more peptide question and kind of bring us to a close. We've been talking for 40 plus minutes and we'll have to do a second round here.

I feel like we're really getting a good vibe with just, we both have some similarities and I think people are going enjoy just hearing some of the back and forth of like peptides right now, because so many people are out there just spewing peptide information that aren't working with this population that don't actually see results.

It's just like, well, you know, Chad GPT said. So then I have been finding a lot of success. And even when I post on social, I'm like hey, what is the top thing that's helping you with MCAS?

A micro dose of a GLP-1. What are you seeing? 100%. I've got a free webinar I did with Dr. Tanya Dempsey, who Tania Dempssey Lawrence Afrin are some of the leading mast cell experts.

She's been a good friend and we've talked about this for decades, but as what we started seeing, and then they wrote actually a clinical study on case studies that they saw in clinical practice.

They're the first published authors of this out there was we are all like, huh, what's going on? I'll never forget a year ago, maybe 18 months ago. Patient a little overweight, probably 40 pounds overweight.

severe, severe post-COVID mast cell activation. And again, she had the triad, for sure, POTS, dysautonomia, Ehlers-Danlos, hypermobility, and severe. One of the most severe cases of mast-cell activation and her whole family probably had genetics because they all got COVID and four of them, five of had severe severe reactions.

because of her weight, we're like, okay, let's try some Tira's epitide. Let's cry at low dose. She came back a few

months later and just like first of all, she looked like a different person.

Her face looked, and this wasn't the weight loss. she maybe lost 10 pounds of the 40, but she was like Dr. Jill, I don't know what happened with this peptide, which was Tera's Epitides, But I am a difference person, my mouth cell is 90% better.

And she named off all the things, Potsysautonomia almost gone. And I was like, huh, this is not expected. Because again, it was before people were really talking and published about it.

And then I started talking to Tanya and Lawrence and my friends that are in this world and they're like yes, we're seeing something big here. So then, I start prescribing and now I probably have over 100 patients on low-dose GLP-1s.

I tend to pick terezeptide, but semaglutide can have similar effects. And they are almost all having improvements. And some of these are normal weight individuals who do not need to lose weight.

This is not a weight loss prescription. We're using 1 milligram, 0.5 milligrams, 2 milligrams. The starting dose is 2. 5 milligrams so we're going really, really low.

They're having incredible benefits on inflammation, mast cell activation, pain, brain fog, things that I would never expect. But yes, yes and yes. There is another mechanism at work here, broadly speaking.

And I think this is what is happening. If you look at the cases, many people with mast cell activation actually gain weight. We don't associate it, but I there is a causation between mast selectivation and fluid retention and all of the things that dyslipidate.

So there's a bunch of things to kind of go along with that because the HPA axis is actually inflamed. And so people will often gain weight with this. And it's a very different kind of weight gain because it is almost on a lymphatic level where instead of having like, you know, just around the belly, they might have their whole trunk or their limbs just be thicker.

Like what's going on? I just feel things are thicker, right? And yes, it can be fat, but it could also be just fluid and lymphic accumulation. And then when they get on these low dose GLP ones, a lot of that obviously comes off because they're losing a little bit of weight.

But the bigger issue that they all say is, I feel so much better. Can I stay on this? I've definitely seen a lot of what you're talking about. The fact that you just said HPA access affected just, it takes me down a whole rabbit hole in my brain that now I have to go reassess.

I know, right? I'm like- I wrote an article, by the way, there's a blog article on this because I saw weight. Mass cell causes obesity. There's the connection between mass cell and obesity, we need to be talking this, because what if this is part of the mechanism of why these are actually effective, change in HP axis metabolic dysfunction is actually driving the mast cell versus vice.

You know, it's this whole new way of looking at it, of this is so connected to our obesity problem and our mast activation, and these GLP1s somehow happen to hit all prongs in this equation.

Where to Find Dr. Jill Carnahan and Closing Remarks

So interesting. Yeah. We're going to have to dive into this. All of these people that are on thyroid medication that they're TS or not on their medication, but their TSH looks great.

And their tea trees are trash, which can be so many other things. Right. But the effect of histamine amassal on the HPA access. I mean, I'm even thinking about, yeah.

Alright. Number two here, This has been amazing. I have loved this conversation. Obviously, as I came into this saying, you're the educator, the teacher.

You've been doing this, like you said, 20 years of this and from the passion of your own experience. So I just want to thank you so much for this. How do people find you, find your book?

Because I think everyone's going to be running for that right now. Thank you so much. It is such a pleasure. I want to come back. You're going to be on my podcast too, so we're gonna do a flip here.

So everything including link to my podcasts, to the book, the movie, and all of my literally thousands, maybe two decades of blogs is on 99% of it is free because that's what I do in this world is try to get information out.

So all my blogs, all, my podcasts, the movie is actually free with commercials, book costs a few dollars, but you know, everything else is. Free. so it's all available there.

If you are a practitioner, particularly, I'm so passionate about educating doctors. There is a link at the top of my page. It says for practitioners, please, Sign in there because you will get my free newsletter and it is non-commercial.

It is just these studies, these interviews with people like Tanya Dempsey and you, Dr. Moore and all the kinds of things that I've done over the years.

And it's for practitioners. You can sign up there and, you know, once a month, just the best of the research. I recently wrote a white paper on the COVID link to cancer.

I'm working on a 90-page peptide handbook that is literally the prescriber guide. So these are the kind of things you're going to get access to on my practitioner list.

Please hop in there. Absolutely amazing. Thank you for doing all that. For everybody listening, go and check out Dr. Jill. Obviously she's brilliant. And thank you so much for jumping on here today.

Thank you for tuning in to Redefining Wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

Also, consider leaving a review. It helps more people find the show. See you here again.