Introduction and Guest Background

Welcome to this episode of the Mycotoxins in Chronic Illness Summit. I'm so happy today to have with me Doctor Joseph Smith. Not only is a dear friend, but he's also a founder of Atlas Health Clinic at the at the Atlas Method.

And, Joe Miller, have you tell our audience about you. Well, hey. Well, thanks for having me. If you. So, if you're coming. I am the clinic director at Atlas Health, which is just north of San Francisco and Fairfax.

I also do a lot of public speaking, and so I lecture on topics of functional medicine, lab analysis, nutraceuticals, and like, hormones, autoimmunity, neuroinflammation all over.

And, I also have a nonprofit where I'm working with schools to help them develop movement strategies to help children that are developmentally delayed so they can succeed academically.

That's really exciting, Joe, I'm so happy you're doing that work for kids. It's not too many people doing that, so that's just great. So one question that I should I'm going to backtrack for a second.

We share a lot of patients, Joe and I do. And so I'm often sending my patients to him to help, with the neurological work when they have issues with tick borne disease, mycotoxins, illness, environmental toxins.

There's a lot that can happen there with neuroinflammation. And so then I send my patients to work with Doctor Joe and myself simultaneously. What we do is very, very complementary.

So very often I send my patients to Doctor Smith and they say, why are you sending me to a chiropractor? I already have a chiropractor, and he's going to give me a high velocity adjustment.

And I say, well, chances are he's not going to give you a high velocity adjustment because that's not the right thing for you. But here's why I'm sending you to him.

So, Joe, if you can tell our audience why I send my patients to you. Well, okay, so you're asking me what's the difference between a chiropractic neurologist and a chiropractor? Yes.

Okay. Well, you know, a chiropractic neurologist is basically a chiropractor with specialized training. I've done 300 hours of post-graduate study and neurology and am certified through the, American College of Chiropractic Neurology.

And so basically what that means is that I have a specialized training, and I understand how the brain fits in with case management. And a traditional chiropractor tends to focus on the musculoskeletal or the orthopedic aspects of conditions.

And that's awesome. What I do is I try to understand the neurological rationale for the orthopedic and musculoskeletal issues. So, you know, we all know somebody that's had a stroke.

Chiropractic Neurology vs Chiropractic Care

They, they walk with their arm bent and they kind of sometimes they have this conductive gait. Okay. And so they have a posturing as a result of that vascular issue.

Okay. What a classic reason that a person would get treated at a chiropractor for something called a subluxation, which is considered a bone out of place.

And the reason the bone is out of place, because the muscles that attach to the bone on a very small level do something similar to this. And so a chiropractic neurologist would try to understand well what's going on in the brain, causing that bone to be, out of place and need to be adjusted.

And let's address that first before we do any adjustments. They may not even be necessary so that the person has a lasting correction. Not to say that chiropractors can't get lasting results, but chiropractic neurologists, I think, take the idea of the supremacy of the nervous system, which is a foundation of chiropractic practice, and say, well, let's if we say the nervous system is the job of the chiropractor to influence, then understanding the brain and what controls from the top down, the entire nervous system is another model and an expanded model.

And that's what chiropractic neurology is. So often I won't even adjust patients. I'll end up doing more extremity or hand adjustments. Then I'll do, for like a spinal complaint.

Then I'll do spinal adjustments and then for extremity issues, I'll often do more spinal adjusting for extremity issues, which is kind of a funny thing, but the majority of patients that get sent to me actually are so sensitive and they've also seen so many chiropractors and so many other body workers in general already, that the last thing I want to do is have a preconceived notion that the first thing I'm going to do for them is an adjustment.

So the adjustment is very useful if a person has a loss of frequency of firing in a part of the brain that would respond to that treatment. So what a chiropractic neurologist does, they actually diagnose kind of like on a map where the problem is in this person's physiological system.

And then select treatments that specifically address that neurological system. Instead of having a dogmatic preconceived notion about what's going to happen before they walk in.

So that's the that's the difference between a chiropractic neurologist and a chiropractor. Most people with a simple orthopedic issue will probably do really well as a chiropractic neurologist or a chiropractor, but if they need somebody to take it a step further to understand why they have repetitive issues that need a lot of adjusting, or if they have things like vertigo, dizziness, depression, digestive issues, autoimmunity, loss of chemical sensitivity, these type of things that are more chronic issues that are slipping through the cracks of the standard medical model or the alternative model, needs somebody to really diagnose what's going on.

A chiropractic neurologist can be a very useful part of the care team. Absolutely. Thank you for that. So our patients do have a lot of these issues. They've got autoimmunity.

They have neuroinflammation which we're going to talk more about. That's going to be part of our big topic for the day. But before we go there, don't tell our audience the difference between a neurologic chiropractor and a medical neurologist.

All right. That's another big question I get. So okay, medical neurologists will look at somebody with severe medical like neurological pathology, like they have severe vertigo.

Like they can't move or they have neuro issues that are related to, for example, a tumor, or they have advanced neurological disease like Ms. or Parkinson's, and they require some sort of medication to function, or they require some sort of surgery to function.

And that's what medical medical neurology generally treats. There's some sort of numbness and tingling vertigo, neuro autoimmunity like Parkinson's, Ms. ALS.

And so they need to see a medical neurologist for the right prescription to help their body function because so much tissue damage has taken place, usually 75%, when it's diagnosable for neuro autoimmunity that they will not respond strictly to the functional model.

That's what a medical neurologist sees. A chiropractic neurologist sees everything in between severe medical conditions that require treatment. And often I co-manage with those doctors as well.

And then people that are functioning really well. So let's say, for example, somebody with severe cerebellar disease has something called a taxi where they can't really walk.

They look like they're drunk all the time. They have vertigo, they'll fail things like, finger to nose on a, on a bedside test. Okay. But then I see people that intermittently have difficulty with vertigo.

They intermittently have difficulty with, tightness in their spine. They intermittently have issues with balance, but they haven't met the full diagnostic criteria of a medical condition that would require a drug or a surgery.

They don't have a tumor. They don't have 75% tissue destruction in that area. But they're not doing very well. They're depressed. They have anxiety. They have insomnia. They have digestive disturbance.

They're fatiguing when they're driving sooner than they used to. They're fatiguing when they read sooner than they used to, and they're looking for an answer to get their function back.

But unfortunately, the cutoff for the medical model is when you have a condition that requires medical treatment, which is basically drug surgery or radiation.

So for chiropractic neurologists, we're more like, well, if somebody is missing their finger to nose, for example, they're like maybe a little have a terminal tremor, but they're not like way off and they don't require a referral for an MRI.

Then I might work with them. And if they're missing their finger nose, I may do a treatment. And then they're like, right on the money. And with that, we've regained function.

And with that regain function, they may also see things like reduced anxiety. They may start sleeping better. They may no longer have depression. They may have awesome digestive function.

They may be able to get on top of their infections or autoimmunity. Whereas before they were having trouble, they may no longer have brain fog. And so basically a chiropractic neurologist works in that gray area between, hey, I'm doing perfect and I need a medical condition diagnosed and treated by a medical professional.

Often I do refer to medical professionals that are doing medical neurology, and often I co-manage those clients as well. Right? Speaking of of co-managing or referring, let let's talk to our audience a bit about what you and I do together.

So I'll give an example of, a typical kind of patient that we might share. So patients come to me and Gordon Medical for complex chronic illness. So they have tick borne disease.

Usually that's Lyme Bartonella. But these like your best way Bartonella are like yeah. Tick borne relapsing fever. One or many of those.

Working Together on Complex Chronic Illness

They've got a combination of that along with mold toxicity and mold allergies. They have parasites and they have yeast infections typically. And they might also have a high viral load.

They also might have post-Covid syndrome. So these patients are are inflamed all around. So I work on killing infections. I work on decreasing the toxin load in the patients.

At the same time, I'm working on, on their gut and, and get them better. Sometimes, though, even after we've killed the infections, even after we've decreased the environmental toxicant load, the patient still has some neurological disturbances.

So it's at this point when I've done everything I can and I'm still I'm seeing some big differences, but not in the, in

the neurological system. That's when Doctor Smith can really come in and make a big difference.

So, tell tell us more about that, about about working with us and, and what you do with our patients. Well, yeah, we do work quite a bit together and quite well.

And the number one referral I get from Gordon Medical is somebody that has symptoms of brain fog or vertigo or anxiety or insomnia that seems to have a neurological component to it.

And so I use my diagnostics to evaluate the different networks in their brain. I'll use cognitive testing, I'll use video, and I'll use post geography.

Sometimes they use a tilt table, different blood pressure tests and figure out, you know, where in all these different networks are they not working. And then what do we do to get them back up and running?

When I see clients that I need to send to Gordon Medical, it's generally somebody that I've done my exam on. I've run labs on them, I've made my diagnosis.

And so the cool thing about chiropractic neurology is, let's say somebody has vertigo, okay. And which is common. That means that the room is it feels like the room is spinning or you're spinning or it isn't. Or let's say they just have dizziness. Right.

Maybe they are sitting and then they stand up or they get out of bed and they're like dizzy for a second. They feel like they're going to blackout. Okay.

That could be something like orthopedic hypertension which is just a blood pressure drop. And we may identify that as having an issue in the brainstem, or in the cerebellum, which is in the back of the head.

And so I'll do my workup and I'll see that. And then the cool thing about chiropractic neurology is I'll do the exercises that would activate that network.

And what I should see immediately is their blood pressure now responds properly. And it's not as severe or the room may actually stop spinning with that activity when I do my thing at the bedside, and I'm not able to get that going.

Typically, I find there's some sort of immune or metabolic component that isn't allowing that switch on that network to turn on, okay. And at that point, I may do some lifestyle work with them, really, to diet related to stress management, related to blood sugar, related to environmental toxicity, related to relationships related to exercise, alcohol, things like that.

And if those things just aren't moving the needle, and there's really evidence on the labs of significant mold issue or significant Lyme issue, or they have a high viral titer, and I just don't have the that herbal shotgun that is going to work.

I just don't have the tool that's going to get it done. I'll refer to Gory Medical and the use of IVs and the different therapies, all the different therapies that you have, including medications, which I don't have access to, become intra in their recovery.

So then that's when I start co-managing by sending people that way. That's a common scenario. Yeah. Very common thing that happens every day. So, so just so nice.

I have to tell you, it's so nice that you're just, like, down the road, because for so long before we had this relationship, it was very difficult to find somebody local for local people to help, but also for people that are traveling in from out of state to be able to send somebody over for an IV if they need.

That is super, super, super helpful. I can't tell you how awesome this is. Yeah. I mean, we're such a great team,

truly. I mean, it feels like you're part of Ward medical, actually.

Well, it feels like you're part of Atlas Health. It's crazy. Right? So so, Joe, let's talk about neuroinflammation. Tell tell the audience how you see it manifest.

Well, I can I'm so glad we're talking about this because this is the number one, one of the number one unchecked or difficult to manage issues that I see when I, when I get referrals from other clinicians.

And basically neuroinflammation is brain fog, right? A person will just have brain fog, but the brain fog will be after they eat something, they get brain fog, or maybe they don't get a good night's sleep. They get brain fog.

Maybe they get exposed to a chemical and they get brain fog for a little while. Or maybe they, just got kind of stressed out that a stressful conversation and different parts of the day, you know, there's different levels of neuroinflammation.

The first level is basically intermittent. And or you know, minimal, where basically they have these transient levels of brain fog throughout the day, decreased function fatigue, and it basically comes back.

But it's basically the person's body and brain telling them, hey, look, when I can't think straight, when my memory goes, when suddenly I'm depressed after a meal, when suddenly I have vertigo after a meal.

Or if I have alcohol and it's not like it used to be. When I have alcohol, I literally can't tolerate alcohol. Or if I work out and I cannot exercise the way I used to anymore, I fall apart.

That really tells me that they have neuroinflammation, and that is like a moment where, like in a history, I'll drop my pen because at this moment we are completely out of the single therapy is going to work model.

Absolutely. Yeah, yeah. And we, you know, the like elated single approach to case management is completely out the window. And we have to understand at this point what are the lifestyle factors driving this.

What are the infectious disease factors driving this. What are the environmental toxicity factors driving this. What's the stress at home. What's the relationship stress looking like.

How much alcohol is there consuming. Are they exercising enough or not enough or too much. And you know what kind of diet is going to, you know, make this worse?

And are they sleeping? And like, you know, the patient dream because I teach all over, you know, how to use supplements and how to diagnose things based on labs.

The patient dream is that I'm going to put them on one supplement. Or since I'm the neurological dude, I'm going to give them like one brain exercise and rainbows and unicorns are going to come out and they're going to do awesome.

I mean, that does happen, okay. But if they don't address the lifestyle factors that are driving it, then it becomes a problem. And let me just describe a little bit about what's happening in our inflammation so people can understand this okay.

Understanding Neuroinflammation

So for every network, for every cell in the brain that would like make us focus or have memory or allow us to speak or allow us to just go about our day, there's ten neurons that are immune neurons.

And what neuroinflammation is, is when the immune cells in the brain are no longer working to support those networks. So 90% of the brain are actually immune cells, the 10% that people are focused on, like, you know, I'm having insomnia or anxiety or I'm depressed are supported by this 90%, and there really aren't great medications

that have long term outcomes, specifically as a single therapy that support these glial cells.

So what we have to understand now is when we're born, theoretically, unless like a child has autism, it's a little different typically. But when we're born we have these white blood cells, the 90% okay.

That support of neurons, they have like arms on them and they have legs on them. They're like little octopus. They're called Rama five and they're called, steady state micro glial cell.

Okay. And they're called glial cells because they used to be thought that they were glue. And so they just thought they glued together the 10% that actually did the function.

But now we understand that they are dynamic systems. And in a steady state, what they do is they help you with neurotransmitter function, they help you make new connections.

They help you prune off, no longer needed connections. They help with plasticity. And when they're working, awesome. You feel amazing. You have clarity of thought. You have good energy.

You have no dizziness. You are not depressed. You don't have any anxiety. You pretty much just feel amazing. Okay? But what can happen is you. Unfortunately, the big things that caused this are inevitable for some people, which is like a blow to the head.

Okay, so like how many times have you seen a little kid, like, fall off the couch and they just whack their head and you're like, okay, are they okay?

Or they have a person has a concussion and they hit their head skiing, they're in a car accident. They slip and fall. And what, once those glial cells get a shock like that, they know a lot.

They lose their arms, and they're permanently forever changed into what's called a primed glial cell. That prime glial cells now becomes, basically ready to go for the next thing that happens.

So maybe you've heard of somebody who had Lyme, and then they got a blow to the head. And instead of recovering from that blow to the head, they have like persistent concussion symptoms.

But the reverse is often people will have a concussion when they're a child or unfortunately, things like being molested or being sexually assaulted or having severe neglect.

Psychological trauma will also prime these glial cells. And then by the time they get there, Epstein-Barr infection, or by the time they get their sensitivity to gluten, or by the time they get bit by a tick, or by the time they get, live in that house that has sticky mattress, they already have so many of these, 90% of glial cells are just ready to go into this pro-inflammatory cascade that dominates their life.

So this explains why somebody can all of a sudden be in chronic Lyme when they just got their tick bite three months ago. Exactly. It also explains why, yes, somebody could live in a house.

They can move into a house with their spouse and kids, and they absolutely fall apart from black mold, whereas everybody else is fine and it drives everybody kind of crazy because it's like, well, maybe this happens to the husband, and the wife is like, well, you know, I'm I'm okay.

Like, you know, or why aren't the kids having issues? It's because they actually have a brain that is able to process their environment and help them with detoxification, and they haven't lost tolerance to the mold in their environment.

And the person with prime glial cells, they go into that situation and they will go into what's called an M1 activated glial cell, which is pro-inflammatory.

That's the brain fog. And whatever network goes down is going to describe what symptoms they have. So they may get memory loss. They may have trouble finding the word.

They may just feel like not doing anything. They may feel and feel like lack of motivation. They may get difficulty driving sooner than they used to. They can have a constellation of findings based upon which network actually has the prime glial cells.

So that's absolutely what's happening. But the sad news is that's permanent. But like folks don't freak out because there's a way to get that prime glial cell and activated from what's called an M1 designation to an M2.

So think of think of a activated glial cell or prime glial cell like an egg. Once a ram ify glial cells, which is a raw egg, gets put into the frying pan, that egg yolk changes forever.

Okay, but it can be like a nasty egg yolk, like the one you see that's kind of turning like green that you want to avoid. That's the M1 one that gives you brain fog and symptoms.

Or it can be like the nice looking egg yolk that actually looks like you could eat and would be super helpful. And that's from that moment on that has to be accounted for.

And the clinical picture for that patient. Thank you. That that just brings brings to light the answer to the question why me. Right. Like why why is it that I'm suffering in this way in somebody isn't it.

Well, at least from, from from the from the neurological perspective. Right. We can ask that question of the genetic perspective as well. So a lot of people actually, there was research that shows people who have who suffer from chronic Lyme disease have more snips in their genes of detoxification than than do people who don't suffer from chronic Lyme, people who get bit by a tick and they can just walk away.

So it's it's this combination of what you talk about, the glial cells, past trauma, whether it's physical, emotional, biochemical, the genes, all of it coming together.

And then the symptoms are different for each person. And the treatments are going to be different for each person. So it's highly, highly personalized with respect to what's showing up for each person and then how we treat each person.

Because what could be absolute medicine for one person could just be the wrong medicine for another person. And timing is critical. It could be the right medicine at the wrong time, or the right the wrong treatment at the right time.

And I don't know, you know, so we just don't we don't, what we could perceive as the wrong treatment at the right time because it was wrong for one person, but right for another.

So it's highly, it's it's a it's a very intricate and intricate web of diagnostics in treatment triage becomes basically prioritization becomes as big as a factor as just diagnosing what's happening.

You have to do the right thing at the right time and the right amount for long enough, and then understand when it's time to transition to the next modality or therapy so the client can continue to progress.

It's like a Rubik's Cube, right? Get one side to match. And like let's say they have a non complicated case. And that one side matches. They feel amazing okay.

But that same person could go home, celebrate with a glass of awesome champagne, totally wreck their glial cells and everything. Looks like it comes back.

And they could literally spend thousands of dollars. And we're not given that information. And then they're back to where they started or maybe not. They don't have the chronic infection anymore.

Okay, so that side of the Rubik's Cube is still there. But now these other factors, the neurological biological issue really needs some emphasis at that point.

Right. And so. Let's talk about cure. So I know for for tick borne disease you know when somebody has had chronic Lyme we can never eradicate it. We can bring down the microbial count so low and modulate the immune system so efficiently that it becomes something the patient doesn't notice anymore.

And that's something that the immune system actually knows how to handle. And that's what I call remission cure in my mind would be, oh, we've completely wiped out that infection from your body.

Not that's not possible with chronic Lyme people who tend to have, consistent fungal infections. We can kill them. We can kill as much as we want. We can modulate the immune system as much as we want.

But people have have a tendency to to go back to, a state of inflammation that they once knew. There's this neurological patterning that gets created.

And so, instead of cure, I think of it as remission. And we patterning the brain, we patterning the immune system as well, so that they can handle the person can handle an onslaught of, of infections if they if they come on again.

Right. Just saying they get bit by a tick again or they have another mold exposure again. So I want to talk to you about, what it means to be in remission from these from these issues.

Yeah. So I mean, in remission basically that that's telling me that the surveillance that the immune system is doing in the periphery has now been successful.

And so what the immune system is designed to do is determine self from non-self and basically go out and be like surveillance robots and determine who belongs and who doesn't.

And if the immune system has been supported sufficiently with therapy that, successfully eradicates the level of infection and surveillance, is able to stay on top of it from that point on, then I would consider that remission.

In the case of a virus, we know that they embed themselves in the DNA, and so it only will replicate when conditions are right. So like for example, Epstein-Barr virus, you know that conditions are right when their early antigen is up for sure conditions are right.

Remission, Set Points, and Recovery

So that person might be doing therapies that make them feel amazing, but they're technically not in remission. And that would not be the time, in my opinion, to to, cut them loose from any sort of therapy that would actually at that point, right.

And then in the parlance of neuroinflammation, we just got to get them to M2. And if they're in that M2, if it's if they're primed, okay. So let me just back up for a second.

So not everybody that has neuroinflammation has a primed glial cell okay. A prime glial cell person is somebody that if they have alcohol, they'll figure they'll feel hung over for two days if they, get into an argument with somebody, for four days, they can't function straight.

A prime glial cell person is the person that gets into an Uber and they get exposed to, like, ax body spray. And they're they have a such a bad migraine by the time they get where they're going, they have to go home.

A prime glial cell person is a person where if they try to start exercising again, the stuff they used to do, like jogging, now, gives them vertigo and they might have a good day, like every now and then.

They're like, wow, I don't know what happened, but I feel amazing today. But most of the time they're just kind of

depressed. They really don't want to get out of bed.

Or they have trouble doing it without stimulants. And so those people really, need to get to that M2 state, and we need to make sure no new glial cells go from that steady state to the prime state.

So that would be remission in the parlance of neuro autoimmunity or, excuse me, neuroinflammation, that what that looks like is basically we have their food dialed in that doesn't cause symptoms.

We have their exercise dialed in. That doesn't cause symptoms. We figure out how much sleep they need to get so they don't get symptoms from that. They are out of the toxic relationship there and that was killing them.

They are out of the toxic work environment that is killing them. And basically at that point, they are now in neuro inflammatory M2 smiley heaven. It's beautiful right?

It takes a lot of work. It takes a lot of work, not only with us as your doctors in that dedication we have to you and then that you bring to you patients bring bring to the table.

I mean, my patients are warriors. They're so dedicated. They're inspiring. You know, there's that. But then there's also what the patient is doing at home.

Well, 100%. I mean, that's the thing with inflammation. Yeah. Yeah, yeah. So it takes a lot to get out of that toxic relationship or that toxic job. But people people do it, they work at it or they have to remediate the mold in their house or move, you know what I mean? The thing is, is, like, I just can't emphasize enough, like, look, there's awesome things you can do with nutrition and IVs and brain activation.

And I've seen what feels like miracles. Okay. It's not because we understand the physiology, you know what I mean? But really, it's unbelievable how quickly things can turn around.

But people want the first. The next question I get after they feel better is how long is that last, doc? And I'm like, listen, what? So what are you willing to change?

Or what factors can I identify for you that need to change for you to facilitate that lasting, transformative experience? And by the way, transformative experiences sometimes happen very quickly.

Okay. But sometimes it's more like climate change, you know what I mean? Like, there's been a degree of toxic activity, either in the environment from stress or from chemicals or from infectious disease that has created some significant plastic proinflammatory loops that are always going to require some level of vigilance.

It's not like for most people, they're just going to go back to they can't wait to get back to the life that they had, where they're staying up whenever they want and eating whatever they want, and drinking as much alcohol as they want, or going back to like, CrossFit.

Some people are going to have some permanent lifestyle modifications, but if they can live within those modifications, maybe they're not doing CrossFit for an hour, but they're doing CrossFit for three minutes twice a day.

They can still thrive, right? Exactly. And people just have to figure out what that what's going to work for them. You know, people are generally so happy.

I mean, they come into us with maybe 20% of their life, 20% of access to their life as they've known it in the past. And when they get up to 50, 60, 70, 80, 90%, they notice a difference.

And, with that difference comes, comes that worry very often that, that it could go that it could slide backwards. Right. And, and I tell me, you know what?

If you're if you're at 80 or 9, this is someone who's really, really sick, like this is this is a place where we're going to stay to hold. We're going to do more therapies to hold you right here and and keep this for a while before we even go on to the next treatments.

I just want your body to understand this place, make this your new set point. And and that works. They love that new set point. And and at the new set point, it can very often be that, okay, they can have, a donut once a week, for example, you know, and, and they're happy with that.

And, and they don't, they don't need a donut with breakfast every morning anymore because they, they themselves start to recognize that that wasn't helping them in the first place made them feel bad in the first place.

What I'm saying is people start to become more sensitive, more knowledgeable about how they're being affected by their diet or, certain relationships in their life.

They have more antennas up, if you will. They have informed consent. Yeah, yeah. Absolutely. So tell us what your best protocol is for helping people with neuroinflammation.

Yeah. So you know there really isn't a protocol you know that's the thing. It's a process. Right. Evaluating what I like to start with people is lifestyle.

So I what I, what I realized is that I'm just not going to be successful with somebody long term. Like when I got into more chronic cases, I would have these really awesome situations where people would turn around very quickly and then they would go back to whatever they were doing, whether diet or exercise, whatever it was, and their life basically, and without any sort of, ideas about what got them in my office.

Maybe they just thought it was bad luck or they, you know, it was an infection. Or if somebody did have a concussion and I rehab their concussion and they don't have neuro autoimmunity or significant inflammation, they can literally go back to their life.

That's awesome. And that's the goal, right. But what we learn when people go back is that with a little bit more emphasis on what got them here, we can keep them out of here, keep them out of my office, you know what I mean?

Actually, the idea is, is I like to start with identifying what food plan is going to work for them in the short term. In long term, you know, but a lot of people get diets based upon what the doctor's into.

If the doctor's in a key to everybody gets keto, if the doctor's in the eye, they all get that if the doctor's into vegan, they'll get recommended that.

And so I really don't care about any of these diets. In fact, I really don't like diets. But, you know, there are definitely food plans that if they're not implemented, the person will fail.

And so like if like for example, the donut example, like I love that example because maybe it's a gluten free donut and they're awesome. But let's say somebody with celiac and they didn't connect their vertigo and their depression because three out of four people with celiac, which is autoimmunity to the body from gluten, don't have small intestine or digestive disturbance.

Three out of four people have things like severe depression or not severe, but depression that isn't responding to meds, okay. And so that person like needs to be told forever.

They need to avoid gluten forever. Otherwise they're just going to struggle. So like I really like to start with identifying what lifestyle factors need to happen.

Building the Foundation for Treatment

I like to spend time with them before I start doing a lot of treatment with them, so that we can create conditions that are right at home for them to succeed with whatever we do, whether I send them to see you to get the IV for their Lyme detoxification or treatment, or for the right antiviral medication for their like, viruses that have gone off the rails.

If I don't help them understand that going to CrossFit when you feel better could actually completely make your investment of time and money into these therapies moot, and you'll feel like you're failing, then I didn't do a good job.

At least in my office. That's that's my I feel like that's where I like to start. So I'll look at things like alcohol, exercise, diet, the stress they experience and sleep.

And so I like to start with those things in my regular assessment. And at that point I'll identify from history where they're kind of stuck and what's worked for them and what has it.

A lot of people have tried diets that work for them, but they just stop too early. And so the idea is, is I try to help them get all that lined up and then basically whatever network is off line.

So if they're dizzy and they have vertigo, I'm probably working with one network. If they have memory issues and language issues, I'm working with a different network.

If they're just feeling lack of motivation or insomnia, I might be working with a different network if they have like, nausea and IBS or chronic Sibo and constipation, I might be working with a different network.

And what that means is I will actually be in my office stimulating their brain with different therapies to get those networks to communicate properly.

And so then once we get those networks going, they typically will have symptom changes pretty quickly. Okay. But then if the lifestyle place, the factors are in place prior to that, then they go home and they stay better.

And if they have neuro inflammation and or if it's worse and they have neuro autoimmunity, which means they have antibodies to their brain, then I try to help them understand that this is remission, but it's not a fixed position.

And if you do get symptoms, the most critical time to reevaluate you are those moments. Okay. And we understand what was the lifestyle factor that caused us to come back.

And what we learned from that will help us adapt your care plan so that you can continue on this arc of recovery and have fewer setbacks and fewer medical expenses.

Right. I want to go back to the foundation piece because that's so important. We'll have people come to the clinic and they want regenerative medicine right away.

They'll want they'll say, give me, give me exosomes right away, or give me these fancy IVs right away, or, certain peptides right away. It's like, well, you're not ready for that.

So I tell them, what we're doing is building the foundation of the house first. That includes diet, lifestyle, and lifestyle is sleep and stress. All all the all of these things that you've just talked about and that I tell them if if we don't build that foundation layer of the house, then I can give you all these exciting therapies.

If I give them to you, they're going to fall through the cracks of the house of the foundation. So first the foundation and then like we're talking a little forward.

Timing is critical. Then I like to start bringing immunomodulatory therapy, certain peptides and then well most people most of my patients have muscle activation syndrome.

I have to modulate the immune system in that way as well. And then finally I can come in and start treating the infection. So so people who want infection treatment and regenerative medicine first, it's just going to fall through the cracks.

If you don't do the foundation layer first and then all those fancy therapies. In addition, with working with Doctor Smith, create some very less. And that's what's cool if they do work well together.

Right. So like you medicate the overgrowth of the infection, they're no longer having peripheral issues driving up their neuroinflammation. Now I can work with brain plasticity.

And I want a really nice theory of somebody with neuroinflammation. And because their brain is inflamed, their networks aren't firing into their brain stem.

And for that reason they can't detoxify. Or for that reason they can't have gut motility. Then, you know, the therapies that include antimicrobials or detoxification strategy, they're not going to be effective either.

And so the idea is, is the right thing at the right time for long enough. And really cool things happen. And, you know, you really do need a team of doctors that can actually cover your bases.

And so it's really nice that we have this relationship. It's been very helpful for my clients for sure. Same with mine, Joe. Really really helpful. Yeah.

Thank you so much for this interview. That was a lot of fun. Yeah. Let's do it again. Absolutely. Is there anything else you want to say to the audience?

You can do it. That's right. No, seriously. Like these things are complex and it can sound overwhelming, especially when you hear permanent and progressive.

But that doesn't mean remission is unattainable. And but really, like we really need to understand that there's so much that you can do on your own. We just need to get to what those things are and you can have a lasting change.

Absolutely. We see it all the time. Yeah. Well thank you again. Oh thank you Joe. Tell us tell them how they can find you. Okay. So go to, Doctor Joe smith.com, or go to Atlas Health method.com.

And you can email us that contact at Atlas Health method.com. If you need to get a hold of me. That's probably the best way. Great. Thank you so much.