The Invisible Enemies: Infections, Antibodies, And Their Attack On Your Thyroid Transcript

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Introduction and Guest Background

Hello everybody. Welcome back to Reversing Hashimoto's and Thyroid disorder Summit. I'm your show host, Doctor Anshul Gupta, and I'm really excited for the discussion that we are having today.

A very great, physician I have with me who is going to talk about Lyme, more disease, thyroid disorders, autoimmunity, parietal cell antibodies, whole bunch of things he's going to talk about.

And and the important thing that he himself went through thyroid disorders and was able to reverse it. So really excited about today's discussion. Let me introduce our guest today.

And then we'll delve into the discussion directly. So doctor Miles Nichols is a functional medicine doctor specializing in Lyme mole disease, gut, thyroid and autoimmunity.

After doctor Miles personally struggled with chronic fatigue in his early 20s, he dedicated himself to figure out the root causes he suffered with and recovered from IRA dysfunction, autoimmunity, gut infections, Lyme co-infections, and mold.

Unless Doctor Myers authored two books, he founded The Medicine with Heart Functional Medicine Clinic in Colorado, as well as a medicine with Heart Institute that trains other doctors in functional medicine.

Doctor Miles, welcome over here. Thank you so much, Doctor Gupta. It's a pleasure to be on today. Absolutely. And as I said, I think it's always so exciting.

And also inspiring to hear personal stories where people have gone through their own health journey and was able to overcome it. So if you don't mind, I would like you to share your story of struggling with thyroid disorders and how were you able to overcome it?

I was having a really hard time to get through school. Actually, it was, I was. I remember the day I was called in to the principal's office and Valerie is there.

I sit down and she says, what's going on? You're academically great. You're going to do great, but you're late and we have a strict policy, and I don't want you to not be able to live your dream, to be able to get through school and I said, well, I want to be on time, too.

It's an issue for me because I am so tired that I sometimes sleep through the alarm, don't even hear it. Other times I'm pushing the snooze, pushing the snooze, really trying to get up, trying to get going, having a really hard time.

Maybe even when I get up and get going, I'm still tired for at least a couple of hours to get going and then again in the afternoon. And I'm really not like, I can do well intellectually, but I'm struggling here.

And she said, well, maybe there's a health problem.

Miles Nichols' Thyroid and Fatigue Journey

And I said, yeah, I hope so. I want there to be that. And I've been to the doctor, I've had labs run. The doctor said everything looks okay and checks out.

And I said, maybe you're depressed, maybe see a psychiatrist. But weirdly, I don't feel depressed. I feel tired, and

I'm not sure that that's the solution.

And I'm also having this brain fog. I'm having these migraine headaches. I'm having other stuff go on. It just doesn't add up to me. Why would this be the case?

She said, I really think something's going on medically. Seek more care. And that woke me up because at that time I was really looking in the mirror and thinking like, am I going to be able to do this?

Am I going to? I was really having a hard time with, am I going to be able to even live my dreams? Should I just resign? Should I drop out, or should I do something different?

Should I try to do less than I aspire to my vision? But that conversation and valley really helped me to feel like, okay, I can figure this out. So first I went to a sleep specialist and and the sleep specialist was able to give me a diagnosis, but the diagnosis didn't really help me.

It was kind of this delayed circadian rhythm syndrome, diagnosis. And and that basically said that I'm, I could go to bed later and wake up later than other people said the morning is hard.

And that helped school give me a little accommodation while I was trying to figure this out. So that was really helpful, but it didn't solve the issue.

I was still tired, even with the suggestions, even trying to move my circadian rhythm earlier, which I like. I like moving circadian rhythm. I was still struggling, still dealing with these issues, and I started to realize that there were more issues to that.

My skin was really, really, really dry, that I was sometimes having this these issues with where I would be, really struggling to get my mind around concepts and very distracted. And finally I found some people who were helpful.

But I went to everyone. I went to acupuncture, I went to, massage therapy, energy work, naturopaths. I went to integrative, physicians, I went to functional medicine people.

I went to energy workers. Everything I could find and think of and a lot of things helped a little bit and helped me stabilize a little bit. And I got some value out of those things, but I really felt like there was the main things weren't getting resolved, and I had done a lot of dietary change.

I had done a lot of work with stress. I was doing meditation, I was doing movement practices, and those helped tremendously for the some of the brain stuff.

I was really starting to concentrate better, focus my mind better. But I was still tired and I was still having migraine headaches. And so when I started to learn more about functional lab ranges, I did find that my TSH, my thyroid stimulating hormone, was in the threes and sometimes fours, which lab normal from the conventional lab range.

But once I learned more about thyroid optimal function, and once I learned about the. If you rule out the the if you really go healthy controls, you see this range is really more should be less than 2.5 or some studies even suggesting less than two.

And so I realized, oh, oh, this isn't this isn't really optimal thyroid function. There's something going on here. And of course, I had not had free T3 measured reverse T3 thyroid antibodies, these others.

So I went deeper and I started to look deeper. And I was having I was actually reading papers. I had a really good mentor on board with me, and I was reading papers and I learned things.

I learned things like that in 20 to 40% of people with thyroid issues, that parietal cell antibodies are elevated. That's something we'll we'll talk about later.

I tested those on myself, and I found them to be elevated and it was after that and I gave myself, treatment for that, that I got substantially better.

So that plus knowing thyroid was going on, doing some natural things for thyroid, and there was a time where I took thyroid replacement and then not anymore.

And, and that's been incredible to feel that I'm able to get to this point of where I have my energy. I very rarely get migraine headaches. I have the ability to focus and concentrate now, and it to a large degree was thyroid.

But there were some other pieces that came along. You mentioned some in the intro. Later, Lyme co-infections, mold, illness and environmental things actually became, pretty significant.

And, and these weren't things these unfortunately, I wish they were things that I got support with, but these were things that, mostly had to figure out on my own, together with some mentorship and and some people I knew and digging into the research myself.

So I really decided at some point, once I was on the other end of this, I really, you know, I here's what I wish I had. I wish I had a process, I wish I had someone who was can attest pretty comprehensively from the beginning.

I was going to do a full thyroid panel. I was going to look at other antibodies and look at infections, look at toxins and give me the lay of the land so that I could have really taken a faster path towards getting better.

And someone who would retest and help me get to these optimal levels and, I didn't. So that's I decided I need to to do that. I need to put that together for others.

And that's where the Medicine with Heart Clinic was founded. Absolutely. That is so inspirational story. And I think a lot of people who are over here will have similar story, where they have been struggling with all of these symptoms, have been to a number of doctors.

They have been told nothing is wrong. The labs are perfectly fine. They need to see a psychiatrist or somebody else who can help them out, and they really, really want to get better.

They're trying to get better, you know, is trying different things. And the only thing which is missing is the whole process of working on all of the root causes, finding what the root causes are and getting better.

So thank you so much for sharing this inspirational story that once you find the root causes and address them one at a time, then you all can get better.

So thank you for doing that. And I would like to get into this discussion about you mentioned about parietal cell antibodies. Most people over here will have no idea what they are.

So first of all, can you shed shed some light. What are parietal cell antibodies and like how people get it and why that has been associated with thyroid disorders.

Right. All cells themselves are cells in the stomach and they're cells in the stomach that make stomach acid. Stomach acid helps us to digest especially proteins.

Break down those proteins into smaller chunks like amino acids and also helps us get minerals, minerals like magnesium and things that a lot of people might magnesium, calcium, but also trace minerals, things like zinc and copper.

And these minerals are really, really important.

What Parietal Cell Antibodies Are

I do nutrient status and micronutrient testing with patients, and I find nutrient status to be poor in a lot of people, and there's a lot of reasons for that we don't need to go into.

But that there's a lot of, nutrient deficiencies and suboptimal nutrient status. And sometimes, in some cases, even nutrient excesses that get in the way of function.

We know there are these co-factors for thyroid and there are these there are receptors on the T regulatory cells that will relate to the antibodies that we'll talk about in a moment, that have receptor sites for vitamin D and vitamin A on the T regulatory cells.

So we know that nutrients play a big role. So parietal cells are making stomach acid is then helping to be able to digest proteins to digest and metabolize minerals, and to kill off some bacteria that might get in otherwise.

And maybe overgrown cause problems in the body. And so not only that, but these parietal cells also create something called produce. Something called or related to something called intrinsic factor.

Intrinsic factor is responsible for helping to, metabolize vitamin B12. And vitamin B12 is a really important nutrient for energy for neurological function.

So for brain, for energy and we see these weird nerve pains, neuropathies, numbness, tingling. When B12 is a problem, we also see a lot of energy issues and, and issues with, problems with people feeling like they have enough energy and sometimes even problems with the red blood cell production, a certain kind of anemia that can come from, B12 deficiency.

And what's weird is that, I had tested my B12. I was taking B12, and I, was taking quite a bit of B12. And my B12 status in the blood blood test. B12 looked actually high on the normal range, which is okay, because it doesn't.

The studies show no toxicity there, so I'm fine with that. And I tell people usually in, in the clinic who are concerned about those levels that it's, it's okay to have them be a little higher in the lab says.

And but I still I still when I tested prior to cell antibodies. Now what's an antibody that's the immune system's creating. We want an antibody against for example salmonella.

We want an antibody for example against Epstein-Barr virus. There are antibodies that are useful and helpful against pathogens. That's the immune system's way to say I.

I can identify this as an issue and attack. So that's an oversimplification, but that gives a sense for what's happening there. So an antibody is great.

Not though against itself. We don't want the antibody against our own tissues, our own cells. So the parietal cells in the stomach when we're talking about parietal cell antibodies, we're actually saying the immune system has started to produce something that indicates that there's an attack and that the immune system may be attacking these cells that are in the stomach, that are making stomach acid an intrinsic factor and important for digestion, important for B12 metabolism, important for red blood cells, important for energy, important for brain function.

Now that might lead to a lot of other problems. And so when I read a paper and this paper said that there's while the general population has about 11% of people with prior to setting antibody elevation, that people with thyroid issues have, 20 to 40% of them are struggling with a parietal cell antibody elevation.

I wondered, why has no one suggested that I get this tested so far? And, But I read the paper, so I said, I'm going to test it. Let's see. And it was elevated.

Sean. Behold, now I then it was, well, how do I deal with this? How do I treat this? And so I started reading other papers about it. And weirdly, it said that if you inject B12, these antibodies go down.

But I was taking oral B12. So I thought, well, what about sublingual? What about, you know, another form, didn't work. And I've tried it with patients too. Just hasn't worked.

We tried, sublingual. We tried oral. We tried really high doses. We tried different forms. We tried topical. We tried liposomal, injectable makes it go down.

Nothing else does. And the research says that, too. So I said, okay, I can give myself injections. That's okay. And so I started injecting B12 on a weekly basis.

It has to be weekly to get these down. Usually for most people, monthly it'll keep them down, but weekly to get them down. And it's not a short process.

The studies go 30 plus weeks often. And so it can be, better part of a year. It can be even in longer than a year, in some cases, to normalize these. And weirdly, I read some papers that were saying that, oh, there are these oral symptoms associated with parietal selling antibodies.

And and I was noticing that I had this kind of dry mouth, sometimes a sore tongue, and I read papers saying like, that's a very high percentage of people with those symptoms.

So now on our questionnaires, when people come in, we have these questionnaire three questions that we have that make it a very high chance even above 90% chance, the parietal selling antibodies are elevated.

And as I started to do this, I had already been working thyroid. I had already been working on my gut. I had already been working on diet. I had already been working on lifestyle, had already been doing stress management.

I had already been working on my sleep. And yet these injections made a tremendous difference. I thought, wow, you know, this is pretty incredible. And as these antibodies went down, everything was getting better.

I was digesting better. I was having more energy. I was feeling like my brain was working better. And so it's one that, it's one of many things that I did and many things that helped, but it's one that I don't hear a lot of people talking about, which is why we're spending a little bit of time talking about it here.

Absolutely. Yes. You know, like, you know, it's so common that people have a lot of B12 deficiency and they do not know that the reason could be these parietal cell antibodies causing the intrinsic factor deficiency.

And as you suggested, that the normal B12 test might show that you are normal. But in reality, like your cells might not be getting the actual methylated B12, or they might not be converting it.

So, so very important to test all of these different parameters so that you know the complete picture. Now you're also mentioning about other antibodies.

So are there other antibody associated with it or you were talking about mainly the parietal cells. We do also see that H pylori is associated. So H pillar is a bacteria can live in the stomach is I mean incredible that the discoverers of H.

Pylori, they got laughed off stage as saying a bacteria can live in the stomach because of the stomach acid situation. Actually, one of them ended up winning the Nobel Prize because of in drinking the bacteria himself and then, infecting him, creating gastritis and then treating it himself with antibiotics and getting better.

But there's a bacteria called H. Pylori or Helicobacter pylori. It's a big issue. It's a big issue worldwide. It some estimates are half of the world population may be dealing with an H pylori infection.

It it's debatable sometimes maybe protective, sometimes may be pathogenic, sometimes may be neutral. So there's a lot to unpack with H. Pylori. But I had no digestive symptoms.

And H. Pylori sometimes comes with acid reflux. It sometimes comes with gastritis or inflammation. It sometimes comes with ulcers. I had no ulcers. I had no signs of gastritis, and I had no acid.

I had no, ulcers or reflux. So I it didn't fit the picture. But I read the paper that H. Pylori is associated not only with and antibodies, but also with thyroid antibodies, and that if there's an H pylori infection in someone treated thyroid antibodies tend to go down.

And the theory is there's this cross-reactivity with this bacteria that maybe when the immune system is trying to deal with the byproducts of what's happening with this bacterial infection, that it may inadvertently start to attack the parietal cells, and maybe also in people who are genetically predisposed, also attacking the thyroid tissue.

And so when I saw that, I thought, oh, I need a test for this. And I tested and I sent one stool sample off with a stool antigen and it said negative, I decided to run a second stool antigen through different lab, same antigen, same FDA approved antigen, same test.

But this lab actually had to freeze the sample immediately. And then send it off. And I thought, okay, you know, maybe.

Infections, Cross-Reactivity, and Autoimmunity

And then they found a positive. And I thought, oh, okay, here we go. So that that may be part also of what's contributing to not only your thyroid, the parietal cell antibodies, but also thyroid antibodies.

And so so so there's and when there's one autoantibody, there are greater chances that there will be other auto antibodies as well. So I like to, with patients and with myself, have run a full panel of many different antibodies that, I want to screen for against different tissues when we see even one because there can be overlap with multiple and so H pylori has been associated with thyroid antibodies.

So that gets into the infections world. And there are other viral infections that have been associated with thyroid antibodies. And there are antibodies that have been associated with some of the other issues that I've dealt with, actually, even Lyme disease.

Interestingly, Borrelia burgdorferi bacteria has there's one study that looks at the, protein structure of the DNA, and it finds a segment of that is a match to a segment of, of thyroid tissue.

So it this is where we, we it's theoretical. We don't know. But we assume that part of the way that these antibodies happen is there's a genetic predisposition where a person might get it.

And when I look back, when I look back to my dad, you know, who he unfortunately, he was a doctor. He was a really wonderful person. Beautiful, amazing man.

Did amazing work in the world, became a politician, was working on a lot of public health policy. He had a master's in public health as well as teaching in the public health medical school, and were was working for people who fell below the poverty line, getting them access to health care.

Just incredible work. And one day he was in the, the Senate office, and he passed on suddenly and unexpectedly. I remember the call. I remember thinking, what just happened?

We didn't see this coming. I had no idea. And, well, that was a tragedy for my family. And that I want to not have that happen for for my family someday, for other families. And. Well, it took a lot.

There's a lot to unpack there. The one of the things when I look back is I wonder, I wonder if he had a subclinical, an undiagnosed thyroid issue. Despite that, he was Stanford trained medical school and everything, but but we didn't understand the same things about the subclinical thyroid issues at that time.

And it was very, very uncommon practice to test thyroid antibodies unless TSH was sky high. And he had some signs, he had some signs that I now that I know some things about, you know, the eyebrows, the outer third, the eyebrows.

There were a few things that I thought, maybe, maybe this this was an issue. And then, having some, some, another family member that I have definitely has thyroid antibodies.

We confirmed this on, on blood test, and so, so, so now I'm thinking, okay, so there's this genetic predisposition, and, we know this infection like Borrelia burgdorferi, Lyme has this overlap.

Maybe the immune system. Maybe this is the trigger that turns up the expression of the gene that's associated with the attack against it, because there's something that looks like an exposure or a trigger in the environment, and that could be infectious, that could be toxin, that could be food, that there's lots of possible triggers.

And unfortunately, the research isn't there to say the exact list of which ones. But we certainly know some infections, some toxins, some foods may be related.

So we have this, cross-reactive autoimmunity. So I'm looking for in my patients and myself, these other antibodies and tracking those as well. When we have protocell antibodies or thyroid antibodies or both.

Sometimes even we're looking at brain antibodies. That may be a whole nother discussion for a different day. Absolutely. So, you know, like basically like, you know, you need to check in for a whole autoimmune panel by looking at all the different kind of antibodies, because, you know, as you suggested, absolutely.

Once you get one, autoimmune diseases, very high chances that you are already developing other autoimmune conditions too. So unless you check it, you don't know it.

So thank you for sharing that also. So, you know, you mentioned about a whole bunch of reasons. So these varietals, the antibodies being high chronic infections like Lyme you know Epstein-Barr other viruses maybe toxin exposures obviously H.

Pylori and other gut related infections. What are the strategies or things, you know, like that you have seen that has worked for people so that they can lower these antibodies?

Well, as I was mentioning earlier, the one that's in the research, it's very clear that works almost every time I've tried it in clinical practice. It's worked for me. It's worked for many patients.

Is weekly B12 injections. Now, if you go out and you just go to B12, injection, it's likely to be cyano Co element. I do not recommend cyano cobalt. And for patients we usually recommend either methyl cobalt or hydroxyl cobalt and and and we don't have time to get into all the nuances for that.

But just cyano is like cyanide and it's just it's bound. It may or may not be a big issue, but but there are methylation issues, and there are other reasons why hydroxyl and methyl group element are, preferred.

And weekly in research has shown reliable lowering of those antibodies. Now, does that take care of the underlying reason why the antibodies elevated if there is an H pylori infection?

No. B12 injection won't take care of an H pylori infection. So we still need also to test for and eradicate an H pylori infection if it's presence. And we do know that regardless of what else we do, we can lower them with B12 injection weekly.

And it's the minimum is a thousand micrograms per week injectable. And then sometimes iris is we will use but the research is on a thousand micrograms per week.

And then once they lower to a normal level, and usually labs are going to measure them. Some labs have a titer,

others will measure them on a scale. In in the US most labs are going to have less than 20 is normal.

We'll still go weekly until we're less than ten, and then we'll switch to monthly. And we'll be also testing for H. Pylori also looking at thyroid because of that connection, there.

And then thyroid antibodies and encephalopathy are connected as well. Encephalopathy are function or structure changes in the brain. So especially if we're seeing brain symptoms and cognitive related and neurologic symptoms, we're also going to consider that there may be some overlap with, brain issues.

And we're going to work on that. And we're going to look at some of the similar things infections, toxins when we're looking at other infections and toxins and a gut workup, a lot of times we'll do something like a stool test and a small intestinal bacterial overgrowth breath test to look for not only H.

Pylori, but parasites and fungal organisms and dysbiosis and bacteria that we know. There are some bacteria that are starting to gather more and more data about being potential autoimmune triggers.

Klebsiella is one of those that we'll see in stool sometimes. And we also do a sinus swab because sometimes I'll see actually Klebsiella in the sinuses.

Or I'll see another bacteria that work. Sometimes we'll see it in the sinuses and the gut.

How to Lower Antibodies and Practical Testing

And then if we just treated the gut and it was still in the sinuses, especially with parietal cell antibodies and impaired stomach acid, we might actually get a re infection there.

So, so I see this a lot. I see people who have done gut treatments and come in and they're like, why is in this clearing? And we test the sinuses and we see, oh, well, maybe that's why.

And you know, we have impaired stomach acid. We have it in the sinuses. It's colonized there. And and strep can can same thing. Strep can colonize and strep can be an autoimmune trigger as well and contribute to the encephalopathy in the brain.

A lot of people have gotten I had recurrent strep throat when I suspect this is a trigger for me because I got strep throat after strep throat, after strep throat, after strep throat.

As a kid, there was always this rare kind like they we go in, they do the swab, they say, oh you don't have it. And then they call like 3 or 4 days later and they tell you actually it's a this rare kind.

We usually don't see, you know, this other species. And so, so I suspect colonization of strep may have played a role for me as well as H. Pylori. And, and we see on the stool report will measure strep levels and we'll see.

Is it colonizing the stool on the sinus swab. We'll see. Is it colonizing in the sinuses. And then a huge one that's missed a lot are environmental issues now mold.

We you mentioned in the the bio in the intro that mold is a big issue. And it is and actually bigger issues are there are some bacteria in the environment and some bacteria that can be both in the environment and growing on the skin, colonizing the skin.

They're both gram negative and gram positive bacteria environmentally, that in addition to mold, can contribute to immune function dysregulation, chronic inflammatory response syndrome, and a greater dysfunction in T regulatory cells.

A greater propensity towards development of some of these autoimmune conditions. Absolutely. So that is a very, very detailed list. You know, most people might not even understand or like grab hold of all this information, but if

you may be able to listen to this conversation again, that you might be able to understand that it is pretty complex.

And that's the reason, you know, like a lot of times you will need some help in deciphering and ordering these advances so that you know exactly like which bacteria, which virus that you are growing, because the treatment protocols obviously differ from, you know, one bacteria to the other.

So thank you for sharing that great list. In very detail. A lot of people have this question. Well, okay. Well, I have parietal cells or maybe I have this thyroid disorder, maybe I have these antibodies, you know, like if, you know, I don't have access to an advanced specialist like you, you know, then what can they what can they do? So.

So tell us a little bit about maybe some practical tips or things that you would suggest people can maybe start doing today so they can address these antibodies at least, you know like on their own.

Yeah a fantastic starting place is it is it is fairly inexpensive to get the Parata selling antibody blood test. Even just I think, I think most states allow for walk in cell phone order, lab tests and you can walk into one of the big labs and ask for a prior to selling antibody test.

And, and in most cases, I think people can get that or ask your primary care to order it for you if they're willing. And the, but even out of pocket, it's really reasonable.

Usually it's less than $100 for people and sometimes substantially less depending on the lab and where you are. And if it's elevated, then finding a, location or a center that will either do B12 injections for you or that is willing to sometimes once you have a brighter cell antibody elevation, because the research is there, a primary care physician will be willing to prescribe and and help set you up for, self injection.

And if you're comfortable with that and teach you about that and how to do that, otherwise there are lots of centers around. Some of them are weight loss centers, some things that give these B12 injections.

And even if you can't access the best forms of B12, it will still work with the standard form. Although I do recommend trying to get the better forms, if you can, the methyl Co element or that Hydroxycut element.

So if you test Protocell antibodies and they're positive and then you get weekly B12 injections every few months, you can retest those prior to selling antibodies until they're normal.

Then the data and the research does suggest that if you stop injecting B12, it is likely those will go back up unless you really have identified and eliminated any of those underlying causes.

So to maintain research says once per month B12 injection will maintain it typically in most cases so weekly until it's normal and then monthly after that.

That's that's a good starting point. And then once you can get in to work with someone on finding those underlying causes, then please do that so that you can, you know, not just mask what's going on underneath, but but it's still helpful.

It's still helpful to get the cells functioning again. And it can actually make a big difference in people's both energy brain, and some symptoms like neuropathies.

Absolutely. And those are so common symptoms. You know, like almost each of our Hashimoto's clients, you know, feel tired. They have brain fog. You know, a lot of have neurological issues, you know, tingling, numbness or.

Absolutely. I think those are great tips that you have shared with people. And, it's such a cheap chest, you know, like, that's what the big, you know, like, the thing is about you don't have to spend like, thousands of dollars cheap tests that you can get to any lab.

So please, guys, get it done and see if you have those antibodies. And then, you know, you can easily work, you

know, with them to lowering it. So thank you, doctor Miles.

I know like, you know, this was just scratching the surface because it is this is a intense topic and we can keep going. But in respect of time, I think we have to stop over here.

Any parting words you have for people over here? I, I, I can't tell you how many people I've seen who have antibody elevations and to to parietal cells and, and and get great results with treatment.

But I'll tell you just a couple that one she was very elevated on antibodies. Pretty sensitive pretty.

Patient Stories and Hope for Recovery

And she really was working on, trying to, to deal with extreme sensitivities to things. And so when we started on B12 injection, she felt worse before she felt better.

So we had to go low and slow and work up. And she thought maybe it wasn't a good treatment for her. But when we did go low and slow and work up and continued, she her brain symptoms did get a lot better.

Her energy did get a lot better. In fact, she thought she was infertile and wound up getting pregnant and was, amazed by that. So, so, And it worked. We did other work, too.

Not just that, we did a lot of other work on, toxins and infections. Another patient in is in the 70s was, showed elevated protocell antibodies. We had already done a lot of other work, a lot of diet, lifestyle.

He was already feeling really, really good, but he was getting some pains and numbness and tingling. We found protocell antibodies. And and he really didn't want to inject himself.

And so we did try all the other forms with him. It didn't lower them. And we he finally agreed to do the injections, and, and he was actually scheduled for, surgery on his neck.

And several reasons, also, infections were, playing a role in that, but between the right. So antibody treatment, the infections treatment, he actually canceled his surgery and his numbness and tingling got a lot better.

His his brain and neck got a lot better. So I have lots of stories like that. I just want to end by saying there's hope, for, for for people. And and this isn't this is not the solution for everything.

But this is one thing that may be missing piece for a lot of people. I know it was for me. I know it is for several. The patients. So please do, know that even if this isn't the piece for you, that there's still hope.

There's still many, many, many other things that can move the needle. And I've seen people who they are about to give up. They are about to go on heavy drugs.

They are about, to to resign to their circumstances and think that they just have to live a life that isn't worth living. I've seen many of them get better.

So, want to share a message of hope here? You know, I, I was question. I was almost giving up. I was thinking, should I just resign on my dreams? So I get it, and, please don't give up.

Please do find. Continue to seek help. Continue to seek support. There's a lot of support out there. We can't help everyone with everything, but, there, there may be someone very well out there who can help you.

So please do continue to seek help and support. Absolutely. Thank you so much for sharing this kind of message of hope. Where can people find you? And I think you have a very active blog which is research based.

So share that information with people over here. Yeah. So we have a blog at medicinewithheart.com and the clinic.

I really what I want out of care for myself is this, this care that recognizes the heart centered nature of the healing process.

And you know, I think the care has been kind of taken out of health care a little bit in this world with systems that just make people move really fast and it's loving people.

But in a system that's, that's challenging to be present and connect. So, medicine with heart is the name of the clinic, and we have medicinewithheart.com as a fantastic resource, for the community.

There's many blogs that come out that are related to these very topics that we've discussed and ones that we didn't get to the infections piece. Toxins, peptides.

If you're interested in peptides, many other things are we have we put a lot of time, energy, effort and resources into providing this completely free resource of the blog on medicine of heart.com.

So if I were you, I'd go check it out, see if it's something that is resonates with you, and if so, then then follow us please. And you can also find out about working with the clinic there.

So if you want to schedule a call with a staff member, even if it's just to point you in the right direction, or find out more about whether working with the clinic is possible for you, then please do schedule a call as well.

But you can do that through medicine with heart.com. Absolutely. Thank you for sharing that. And doctor Miles, thank you for coming over here and sharing the wealth of information that you have done today.

Appreciate you. Doctor Gupta, thanks so much for your work to spread these messages and and these, insightful strategies with the world. Thank you so much.

Absolutely. All right, folks, this is it for today. We'll see you next time. Take care. Bye bye.