Introduction and Guest Background

Welcome to another episode of Mold, Mycotoxins, and Chronic Illness. I'm your host, Dr. Ann Shippy, and today we get to talk with Dr. Nafysa Parpia. She's board certified in naturopathic medicine and she specializes in this topic that we're covering, which is chronic illness, and that's ranges from tick borne illness to mold and mycotoxin illness, autoimmunity, fibromyalgia.

Chronic long haul COVID, chronic fatigue. She's involved, heavily involved in the organization ISEAI and neuro hacker. And today we're really going to delve into the mulled wine connection, which is so important.

Thank you so much for joining us. Thank you so much for having me. Did I leave out anything important? Is there anything else for the audience to know about you before we dig in?

No. You covered it. I'm just, you know, delighted to have you here today. So let's dig in. With what? Lyme and mold have in common. And when we have patients with chronic or severe illness, why, we need to consider them both.

Right. So many people have. Actually, you know what? I might start by telling our audience what Lyme is because some people listening might not know what chronic Lyme is.

So Lyme disease is caused by a bacteria called Borrelia burgdorferi, which you can get from the bite of an infected tick if it's treated within the first 4 to 6 weeks.

Usually most people are cured now when symptoms persist for more than 4 to 6 months, whether it's six months post-treatment or they've had no treatment at all.

Then it's called chronic Lyme. And the classic the classic symptoms are very similar to the classic symptoms of mold illness and toxin illness. And we'll dive deep into that as we talk about them.

I would love for you to really talk about what the most common symptoms that you see in patients with Lyme or tick other tick borne illnesses as well.

And even how you might think about some of the different ones and yeah, how you start that process of distinguishing whether you need to consider one or the other or both.

Right. Okay. So the classic symptoms of tick borne diseases are joint pain, muscle pain, neuropathy, nervous system dysregulation, brain fog, GI issues, hormonal imbalances, chronic fatigue.

Now in the different tick borne diseases, they're also going to have different different symptomatology.

Lyme, Mold, and Chronic Illness Overlap

For example, the joint pain, the neuropathy that's very much bartonella Icepick pain, headaches, radiating nerve pain, the diffuse muscle pains. It's more lyme. Now.

The nervous system dysregulation that this adenoma that can come from anything anything that that I'd say is tickborne related or related to mold the brain fog the GI issues, the hormonal imbalances, the fatigue.

Same thing. But the thing about chronic Lyme is we call it that when it's clear from the lab testing and or history that that really and this co-infections are in the picture the Lyme in the co-infections are active.

But once it's a chronic illness, all of the symptoms of various diagnoses start to mimic each other. So tick borne

diseases, mold, mycotoxins, illness, COVID, long haul parasites, environmental toxins.

So when it's a chronic illness with many diffuse symptoms, it's all of these of the same timing in one person. It's never just one bug, it's never just one toxin like mycotoxins, for example.

So it's a multi causal multisystemic and multi symptomatic illness. So then it becomes hard to tease it out like, is it Lyme? It's acting out? Is it mold that's acting out?

At some point or both, Right. Those are all and there's the interplay, right? So there are causing all of these are causing immune dysregulation and that immune dysregulation causes more inflammation in the system.

And at some point the body doesn't. The body's it's more an ecological model. So like for example, in a salad, we can say there's a tomato, there's a cucumber, there's the lettuce, but the body, the body sees it more like a soup.

We try to distinguish it is more linear because that's how our minds are. Human minds need to think about it in a way, but at some point it becomes inflammation.

I love the way that you just put that together with the body. It's it really is soup, right? Because it's what's in the in a you know, in this cellular materials and it's what's in the liquid materials.

You know, the lymph, the blood and all of the liquid. So it is really it's like a soup floating around. And it's kind of it's our bodies are so amazing.

It can be aware of all of those things at the same time and be very carefully trying to regulate what it needs to do to get things back to homeostasis.

Right, Right. Yeah. It's an important concept for people to understand. Is that chronic Lyme or Mycotoxins an illness, it's not just about the Lyme or the mold.

It's not just about both of them. It's about the person and how they specifically are affected by a variety of issues causing immune dysregulation and inflammation.

So it's a highly personal process when it comes to a point when the patient has a multi, multi, systemic symptoms. It will. Just back to your first description about the Lyme and the timing of things.

Do you ever see people I think I have seen a few that had no awareness that they had actually even had a tick bite, or if they haven't had a tick bite, do you just kind of rule it out?

You know? A large majority of my patients have no idea that they've ever had a tick bite. It could happen. Could have happened when they were two years old, for example.

And no idea. And their immune system was able to keep it in check, just like I think the immune system should be able to keep it in check. But then they had other things happen, which I'd love to talk about, actually.

Why? Why is it that somebody has no idea they have a tick bite, but then all of a sudden they're in chronic Lyme? Let's go for it. This is so important.

So so I'll say this. Almost everybody who walks through my doors has various other low grade infections, co-infections of Lyme. That could be Bartonella.

Babesia, ehrlichia tick borne relapsing fever. For example, viruses, parasites, mold, bacteria. They've got all of this going on at the same time. So it chronic not talking about acute illnesses but chronic.

So there's this interplay between these various chronic infections. For example, babesia can suppress the immune system's ability to clear intestinal parasites.

So very often we find intestinal parasites in our patients, parasites, sequester, funguses and metals. So we have to think about all of these. At the same time.

We have to consider all of these chronic infections. And then there's various locations of the microbial colonization, the gut, sinuses, dental, even the jaw.

And we need to think about environmental toxins, various toxins, mycotoxins metals, microplastics, glyphosate, pesticides. It's the spike protein, so it's important to consider their genes also, right?

So I often see snips in their genes of detoxification and in their inflammatory pathways. They often have structure, integrity issues, lax ligaments or tight fascia.

And so when there's inflammation in the body from all of these various reasons, the inflammation is going to land in the areas where there's structure, integrity issues, stress.

At this point, they're very stressed out because they're sick. And there's this area stress is such an important factor to. Make. So then all of these together cause immune dysregulation and inflammation and cellular stress stress in the nervous system.

So there is an art to it that's a skill set, just teasing it out, using the appropriate tests.

Symptoms and Co-Infections

Link You alluded to this earlier, like how do we how do we tease out what what it is with the patient? And that is the art of medicine, right? Which it it depends on the budget.

Some of these tests can be so expensive and I can imagine the people listening might feel a little overwhelmed about all those possibilities about what's gotten in there.

So I would love you to I know you're very thoughtful about how you work up each patient, and you probably have a little bit of a different approach with each patient, depending on the clues that you get in their detailed history.

But I think which is I think, you know, just a beautiful approach to this. And I know your patients are so lucky to get to have your particular heart and mind signed on their feelings.

Yeah. So I'd love to hear, you know, some general principles for how you make those big decisions on where you start with the work up and then most important things that you like to include and even talk about the testing companies.

It's all I think. I think that's actually an important piece of of sharing even which companies you like to use that you've gotten the most reliable results from.

Sure. So I am casting a wide net with respect to infections and toxins. The reasons I'm doing that, the reason I'm doing that is because if somebody well, everybody I've seen 95% of my patients who come to me are chronically ill and they've got these diffuse symptoms throughout almost every system of their body.

Now, how do we piece that out? Right? Usually it's a combination of many infections, and they're chronic. They're often low grade and toxins and then snips and their genes of detoxification, structure, integrity issues.

There's there's there's so many different layers to this. I'm casting a wide net to the infections because I really don't know what infection it is. I can have a hint that it's tick borne disease.

So when it's that the patients are talking about pain, a lot of pain in the joints, in the muscles, in the bones, even if they don't. Play that the immune system trying to regulate, but creating so much inflammation.

And then I think of it as just settling in where there's been some wear and tear. Right, right, right. Which is where the structure integrity piece comes in.

But so I'd like to test with two different tests for tick borne diseases. I like to use I Gen-X and I also like to use infected lab. So with I Gen X, we can now do a culture, we can do a PCR test, we can look at antibodies.

So we have a sense of if the patient has had the infection in the past or if they, if they are, if they do currently have it, if it's, if it's in the blood or cultured out, we know it's there now.

So which of those are you finding, Where do you start? Like which one of those are you finding most are reliable, especially if you're suspicious that there's going to be a tick borne rate.

If I'm suspicious that this patient is having this infection right here, right now, I'm very interested in looking at at their T cells, in which case I'm going to use infected lab.

Yeah. So interferon, gamma and interleukin two. If interferon gamma lights up, it means this patient is fighting it right here, right now. If interleukin two lights up, it means they've recently seen the infection.

They're not fighting it right now, but there's still some inflammation left. Now, some people can't can't mount an appropriate their T cells. Aren't. They can't response. Right.

So it's very often that then I've done both tests I've had to rely on both. I said, okay, you're in fact a lab shot is not showing but you've got this happening.

Let's take a look at I Gen X because I'm highly suspicious of symptoms. They're screaming to me that this is tick borne illness. So then we use eugenics and and the antibodies show and I can say, all right, look, we can see that you have had this infection in the past, or maybe we can even see they have it now.

You're this other part of your immune system, which is making the antibodies, is showing that this is here in your body or now the culture. I haven't done the culture yet.

Yet. It's so new, but I'm looking forward to using that. And I was hoping that you had because I haven't yet either. So. Yeah, yeah, yeah. So I like to use those two tests for test.

Are you, do you ever use t lab? No, I usually infect a lab and I generally. You need between those two. Okay. Yeah. I like the strategy. So you're you, you do the infected lab.

If you get the TNF alpha and the and C. And, and the interleukin. And you look into then you, you. That's enough. You can stop there. And if you don't then you move on to graduate.

Right. Right. Because sometimes if we provoque with an Ivy and about it we don't like, we don't usually need to give Ivy antibiotics to our patients. If Lyme is neurologic and I strongly suspect it, we might provoke with an I. V.

antibiotic. Then one week later we test infect a lab and see if if there's a bump up because that that antibiotic and can really get the immune system to start doing its job.

And so it's very often that we do that as well, just to double check. Mm hmm. Okay. So I like this. You've got you really have a great strategy to make sure that you don't don't miss it because.

Right. That's the problem. It's most of the time it's been missed. It's getting missed very often. And then I like to look at what other infections are there.

So with Lyme, there's co-infections. These are infections. This is for our audience who might not know there are infections that one can get, but when one gets bit by a tick, they're infectious.

That tick can transmit to the person Lyme bartonella. But these are like a tick borne relapsing fever. So these are the co-infections of Lyme that's very, very common, that people have concurrent infections.

These are infections that these patients are more susceptible to. So when people have tick borne disease, their immune system becomes so disregulated that it becomes more permissive to other infections, these other concurrent infections.

So that I'm looking for the herpes family of a viruses. So Epstein-Barr virus, cytomegalovirus, HSV six, age 67, HSV one and two. And also very commonly these patients have chlamydia, pneumonia, mycoplasma pneumoniae.

So these I can just look at on LabCorp. And if if the patient wants to spend the money, they can on infect a lab where they're going to look at the T cells.

But really looking at the antibodies gives me a sense. But I also tell my patients, look, when I'm looking at the antibodies for viruses, I can't say for sure that you have this virus currently or not because viruses insert pieces of themselves into our cells.

That's normal. It's not replicating virus. It's it's what happens to us on a daily basis. And our immune systems should be able to walk by that and not care.

So a lot of times people start to mount immune responses to pieces of virus that that's not active. So the patients have this hyper active immune response.

Testing for Tick-Borne Illness

So when I'm looking at at the at the antibodies of these viruses on lab work and if there are high, I'm really thinking that the patient probably has hyperactive immune response to pieces of virus.

We can verify on in fact, a lab if indeed these viruses are active in the patient. I'm what I'm seeing sometimes in my patients is that especially when they're toxic load has gotten high and probably really dirty.

So pride that a lot of these responses are upregulated. Is that what you're seeing to. 100%? And so the next thing I'm doing is testing the environmental toxins.

Of course, I used to use Great Plains. I know so bad. And then I thought, All right, I'm going to use Mosaic because Great Plains during the mosaic. But that isn't happening.

What I'm using now is ideal. Have you been using English? I love IDL. Yes, it's my favorite is the whole whole shipping issue is a little tricky. That right?

We have to figure out how to work around it because it's for the for the listeners, it's it's you have to send blood to Germany. Yeah right. Which is. What.

I we need to get one here. Let's make it. Yeah. Yeah. Two or three times the expense but. But yeah. Yeah but anyway so yes. Here's why we love video. Right.

So we can look at various different environmental toxins. We can also look at different funguses as well and metals. So we're getting, we're getting a very good idea of what kind of environmental toxins can be stuck on the membranes of of our cells.

So most environmental toxins can can get by. They accumulate in our fat cells on the memories of our fat cells. We can tell that from the IG out test.

Now, there's a lot of research out there that talks about how environmental toxicity can cause immune dysregulation. So our patients have this hyperactive immune system in this weak immune system.

At the same time, hyperactive meaning we're seeing autoimmunity, we're seeing massive activation syndrome, we're seeing this hyper responsiveness to pieces of virus when it's not replicating.

So there's hyper activity in the immune system and simultaneously the immune system is is weak. It's they can't mount the appropriate immune response to kill all of these chronic infections.

So I want to bring up. When when the these infections really are having a party, they're just living it up. They are because they've got these these toxins, they're causing inflammation, the bugs are causing inflammation.

And the toxins make us more permissive to to these infections. And I also test for metals using doctors data. So out of the person, I'm doing this testing for my.

Study how how similar. Are these things? That's great. Yes. You talk about how you like to do the metal testing. Right? So I'm testing first just using blood in urine in the standard test, like in lab works.

I want to understand if there's an acute exposure, if there's an acute exposure, then I want to stop that exposure before I begin to even start the detoxification therapies, because I could do chelation therapy or detoxification therapy until the cows come home.

But if there's an acute exposure, it's a waste of the patient's time and their money. So we've got to rule that out. Talk about the most common causes of acute metal exposure that you're seeing.

Right? So led I'm seeing a lot of lead in women too, right? This is awesome. Yeah. Yeah. We haven't seen that it's happening, but awesome that we're finding it, right? Yes.

Yes. And so. So the bones are a repository for lead. No homes built before 1978 have lead pipes or lend the paint. So even though that has been banned from use now, it doesn't biodegrade.

It's still in the environment. And and our bones are a repository for lead and other metals, but mostly for lead. So those of us who were born before 1978 had higher exposures to lead for sure.

And and it by accumulated in the bone. And when it's there in the bone, it's not it's stable pretty stable. But then when when when women hit menopause, when we start to lose some bone, you get bone turnover and we can become our own internal source of exposure for lead.

So when I'm finding lead high in in my patients who are it's not only women, it's men to write. So men can have ICP as well. But I think that people forget about that.

So when someone is over 50 and I'm seeing a high lead, I'm thinking about that for sure. And so I want to I want to do a deck, a DEXA scan or I understand if they have osteoporosis because if they do have osteopenia or osteoporosis.

But to put a stop to that bone loss before I start to treat the metals lightly. Otherwise it'll just keep worsening. Exactly. And I like I like people to test their drinking water, actually.

So my tap scorecard is a great test. I like to have people test people look at their water, even their filtered water. So it looks at all kinds of metals and even other other toxins as well.

So it's very often I'm finding that my patients water has lead in it. And good a good resource. My taps. Gawker.com. Yes. Yeah. The patient just wonders themselves, have them test their filtered water and non filtered water will find arsenic more in well water.

That's very common. It's very often my patients have mercury, so it's very often they have mercury amalgams and those amalgams are leaching or they don't have amalgams and they eat a lot of fish.

And I know that, you know, certain fish are supposed to be higher than certain lower. For example, salmon is not supposed to be that high in mercury, but I have patients who don't have mercury amalgams.

They only eat salmon. No tuna, no swordfish. And their blood blood or their blood mercury levels are very high. Saying the same thing. I'm really starting to think that.

I mean, definitely pregnant women should never eat fish, right? Yeah. And then the rest of us need to really consider whether to eat it or how often to eat it.

Right. I tell my patients it's like birthday cake. Now let's see here. Eat your or, you know, at a birthday party. You really want to indulge in that cake.

And and so then I have my patients to have fish fast for a month and then the mercury levels come down. But speaking of amalgams, it's really important that they have those removed by a biological dentist who's following the Huggins protocols of protocol, where they're making sure that the mercury doesn't vapor because the mercury can vaporize up, can vaporize down when it's being pulled out.

So they need a dentist to go. Right, because otherwise it really people don't do that and they remove that noggins. It can really tip them over much more drastically than they were before.

Right. So even have them, you know, get them a little stabilized and then take them out. How about you? Yes. Yeah. Sometimes they're just not ready to actually lit.

Later on, we'll talk more about methodology, but it's very often our patients are ready for. I think you're thinking the same thing. They're not ready for detox because detox causes inflammation.

They're not ready for killing bugs because treating infections also causes inflammation and our patients are already highly inflamed. So we want to bring when to bring the inflammation under some some level of control before we start to do those things that we so want to do but will cause more inflammation.

That may be a great segway unless there's anything else on testing that you want to talk about. One more test I want to talk about. I love the Intelex day. Oh my gosh.

I don't know where this interview is going to end up in the order, but I just interviewed Sharon Houseman Cohen yesterday. So we're on the same boat about what to your life.

So tell me more about what you're loving about Intelex trained. I'm loving that test because it's looking at how different genes from different systems are interacting with each other.

Environmental Toxins and Metal Exposure

So how what what different genes patients have in the different systems of their body. And then they've called the research about which genes can interact with one another in back in 2014, remember MTA, EGFR was a sexy gene, right?

It was the one that everybody was talking about was in functional medicine. And now we know it's not just that one gene, but it's this interplay, says orchestra of genes acting together.

And it's different in different people's bodies. And then they've really culled the literature to look at what what different genes acting together can can contribute to specific disease processes.

So it's giving us a lot of insight into why our patients are are are behaving symptom illogically the way they are for sure. So I usually order tests on myself just to see like, is this going to how well is that going to work for my patients?

And when I did the Intelex test, I felt like I was getting a whole encyclopedia into like understanding why I've had the issues that I've had with autoimmunity and get stuff and neurological things for mold and say, Oh, okay, this makes exact sense.

And now that I have those details about what some of those exact mechanisms are, I know more precisely what I can do to be preventive. So I don't have these very tenuous run ins.

Right. Right. New things I need to learn. Right. Sometimes patients freak out when they see that test because they think what I have this ahead of me and I tell them, you know what, actually let's be happy that we're looking at this right now because we're about to prevent this.

Your genes don't need to express. In fact, everything you're doing right now is preventing those genes from expressing. And the reason we're looking at this right now is it gives some insight as to why your particular symptomatology is happening right now.

And then they feel this sense of relief, right? They're like, oh, this makes sense. This is why I can't get rid of my metals. In fact, I'm seeing with patients who have chronic Lyme, chronic mold, all these other co-infections and concurrent infections along with their high environmental toxin load.

I'm sure you're seeing it too. They have many snips in their genes of detoxification or or in their in their inflammatory pathways. Exactly. There's always some in both. Right.

And then often the histamine pathways and. Yeah. Yeah. All of it. Yeah. Okay. So then the testing that we have talked about is what you like to do to test for mold.

Right. Okay. So when I'm thinking about more than thinking about how it can be affecting my patient in various ways, I'm thinking are they allergic to the, the mold spores themselves for that I'm looking at mold IgG allergens, not IgG.

We can look at it too. But usually they come out zero in looking right in looking at the fungus. That's where we're seeing the possibility of a sensitivity.

And we learned this from old E. A. Doctors who actually taught us that as doctors at Gordon Medical back in the day, they taught us that that the ECGs are the ones are the proteins that we make in response to seeing because when we have a sensitivity to it.

So I'm looking at that I. Am due to that through the laboratory is one of the specialty that's. Just lab core. I don't have the specialty lab the does it, but it's good that most of most people's insurance covers that.

I know. This Yeah. Which is great. And so I'm wondering do they have an allergic response to the mold itself Then I'm wondering do they have a high load of mycotoxins?

And then I'm wondering, do they have an allergic response to mycotoxins? I'm wondering where is the mold? I'm wondering do they have an exposure, a current exposure?

Where is that exposure? So there's so many things I'm thinking of I'm considering when I'm diagnosing my patients with mold or mycotoxins illness. So there's many tests for all of these various possibilities.

So mold, IgG allergens, like I said, to understand if they're having an allergic response to the bug itself, to understand if they have a high mycotoxins load, I was using Mosaic and Great Plains.

We can, we can look at IgG al now to understand that to understand the location of where that mold is. I'm thinking about the gut. I'm thinking about the sinuses or the skin.

And so in testing the gut where there's so much testing to do, but in testing the system. You're the first person that

I've really gone into such depth on this.

This approach. And I think it's really important for people to know it really is complex. And there and we've we've really done our homework to figure out the best ways to get enough of the puzzle pieces together that we really understand the person.

And I love that you went through puzzle pieces because it is each each person is unique. And so I'm running tests for the same tests on people with similar symptoms.

But but really how the person's going to respond. The treatment is different. Their genes already have things to address and yeah, right. Right. So I'm looking for I'm looking to see if there is fungus in the gut.

I'm looking for them in the sinuses. I like the microbiology, the x test for the sinuses, where we can look for bacteria, fungus is mold, biofilm and for the gut we can look at.

I like the parasitology center test for two reasons. They're more sensitive for Candida in the gut, but they also will. They'll find the nematodes of parasites.

So earlier on, they talked about how parasites are common in this patient population. They sure are. Most PCR tests great PCR test get can pick up on on parasites because within 2 hours of somebody whooping a parasite send an enzyme that makes them disintegrate so we can't find them on the PCR test.

We can't get that get that stool sample to the lab within 2 hours. Right. So the cytology center test in Mexico there, I don't envy the person their job, but their equipment to manually look through the stool, to look for eggs.

So it's very often finding the eggs of the nematodes. When I'm finding the eggs, inevitably I'm finding the candida because remember the parasite sequester.

Yes, this is great. A great tip because I haven't found any U. S. companies that do a great job. So and I have not tried this parasitology center. So I'm going to definitely get their information from you and sending stool samples and sometimes blood, because sometimes they'll actually pick up the tickborne in the blood because they're looking doing high powered microscopy and special stains.

And so I send it all the way to Nigeria. I haven't used that lab. Yeah, it's been great. Yeah, it's a little pricey. And it is, you know, the samples have to be sent on Wednesdays and it's a little bit for patients to orchestrate it all.

So I definitely will get this information from you afterward. Thanks for that tip. Yeah. I because I'm seeing it too. Like if you still have that, you know, push up information with the the colonization or infections of the fungal families or the parasites, it's it's much more difficult to get things to start to come into balance. So.

Yes, so it's really, really a puzzle piece. Truly beautiful. I, I love your approach. This is a very comprehensive methodology. And I think by doing this kind of comprehensive look and thoughtfulness that you're doing, the way that you're really thinking so deeply about each person and really helps to expedite their healing process, it does.

You doing all this testing can be very expensive, but we tell them this upfront when they when they call the front desk inches an appointment like right away, we tell people you might spend a lot of money on labs, but this is because these patients have been to they've been to a minimum of five doctors.

I mean, usually ten at least. Right.

Mold, Mycotoxins, and Parasite Testing

And so they've been to so many other places, they haven't had any diagnostics. So diagnostics, yeah. No, right. Just just the basics that tell us they're not dying.

But thank God we know that. Right? But they've been actually these patients have been shamed. They've been told they're not sick, they've been told they're lying and told they're making up or they've been told that they're lazy so much that there's just so much trauma.

This is a whole nother topic of your area. It is. But a lot of times the people don't look sick. You know, they look beautiful. It looks so beautiful.

And so it really is hard for people to believe them and then wait when they've done just the basic labs, like it's like flying over in an airplane and to figure out what's going on in a leaf on the tree.

Neat. Yeah. Can't find that. So so we're so we're cast a wide net too, to really understand what's what's going on in medical school, we're told don't cast a wide net.

Just look for the thing you you think it is right But in complex chronic illness I think it's important to cast a wide net. We don't need to do that in the acute model of care.

There is no model of care for chronic illness. That's what we're creating ourselves through our experience. Right? Because when it's complex illness, it is all about inflammation.

It's usually about several toxins, several infections, the structure, integrity, just back to the beginning. That's what we were talking about. So we've got to understand what it is in each patient that's driving that inflammatory process.

So I'm with you on, you know, really individualizing the treatment for each patient. What I'd like to make sure we keep some time for, though, is when you find somebody who does test positive for Lyme and has a mold exposure.

Like what? How do you start the cause? That's very complicated, right? So it's very. Yeah, it's very complicated. It is very common. Right. I'm sure you too.

I am going to say that in the majority of my patients who have Lyme disease, there's also active mold issues or the majority of my patients who come. They say I go mycotoxins, I've got a mold issue.

They run down their symptoms and I think you're sounding like you might have tick borne disease as well or these other infections. So let's test them.

And eventually, most of the time it's 80% of the time that both are there in my patients and so I want to I want to modulate the immune system first, actually, because I know that once they start to treat the infections, once I start to detox the patient, I'm going to more more inflammation is going to be created.

So at least patients have Marcel activated syndrome. You have someone talking about Marcell in Summit. I do. And it comes up in every talk. Good. Okay, so I don't think. Where we're going to go.

Yeah. Perfect. Good. Good. Yes. But I'd love for you to still include, you know, the basis of how you you think about it and where you include it in your process.

Sounds good. So I'm starting on it very early because most of my patients do have mass cell activation syndrome and I tell them mass cells are located in various parts of the body.

They're in the bones, they're in the muscles, they're they they line the nerves there in the genital urinary tract. So people have symptoms in all of these areas.

And mass activation syndrome is is a secondary illness. And so there's one thing I want to talk about, which is when we have Lyme and mold and all these other illnesses, these these these primary triggers, what happens is those primary triggers cause inflammation.

That inflammation causes immune dysregulation. The inflammation and immune dysregulation cause secondary illnesses. The secondary illnesses are those of the hyperactive immune system.

Typically autoimmune conditions, mass activation syndrome, the hyperactive response to viruses, other bugs, for example. And so they've got this hyperactivity in the music.

I want to come that first. I want to I want to start to to to to put some water on those secondary illnesses that have been caused by the primary ones like the Lyme or the mold.

So I'm often using their basic become absolute magic in my practice to start to modulate the immune system. So I might use things like KP, which is a mass cell stabilizer, basically 57, which brings inflammation down in the gut and also in the rest of the tissues.

T Before frag to modulate that hyperactive immune response, I'm like Xanax, possibly. So I'm using those peptides to modulate the immune response first.

I'm also treating Marcel L'activation syndrome, some of it with those peptides, sometimes some very often I'm using Cotard, often because it's a mass cell stabilizer.

Some people need to take it a few times a day and a higher dosage at night, or Crumlin to to calm the mass cells in the gut. Also in the gentle urinary tract.

I found that when patients have symptoms of a UTI, they think they have UTIs. But not that you give them Crumlin, it calms down the gentle urinary tract.

They stop having those symptoms of interstitial cystitis. So I'm modeling the immune response. First I'm treating mast cells and once, once that that's more under control then the patient will tell me they'll say wow my, my psoriasis is gone or my interstitial cystitis is gone, or I'm feeling less pain, I'm feeling less brain fog.

The symptoms are still there, but they're really starting to dampen with some starting to modulate the immune system first. Then I want to start to remove the triggers.

Now, typically, before I treat infections like Lyme and mold I'm working on and removing toxins from the patient. But of course we want to make sure that the patient is ready for removing those toxins.

And we talked about that earlier. Right. Want to make sure they're not constipated or they don't have recurrent UTIs when to fix their hormones first before I even begin to detox them, set the set them up for detox.

So then I start to bring them like a toxin load down If my good toxin loads are high or if Mercury's high, I'll bring that down. It's never usually never. Just one toxin.

I found that. So I'm doing multiple detox therapies at the same time.

Treatment Strategy: Immune Modulation and Detox

Why am I doing that before I kill bugs? Because when we kill infections, they release toxins, they release bio toxins, and there's more byproducts from dying cells, dying bugs.

And that's going to create more inflammation in space. And patients are already highly inflamed from environmental toxins, from mycotoxins, from the bugs themselves.

So I modulate the immune system, bring detox down. Then I start. To talk about what you like for detox, what like what kinds of things for? Yeah. Sure. So sometimes people don't have the cofactors available for detoxification.

So I want to look at the mineral status there, amino acid status there be vitamin status because those are the

cofactors for our detoxification pathway.

So I can start to try to directly pull toxins out of someone's cells. Right. But if, but if the person doesn't have those cofactors available, then toxins are just so common.

Almost every body needs them. Right? Right. And so so that's my first step. Just making sure that they have the appropriate minerals and amino acids testing for them, treating that and even giving somebody minerals and amino acids begins the detox process because I tell patients it's like your detox process is like, imagine it's a wheel and I need to press certain buttons to make that will turn well.

The minerals and amino acids are addressing that, and I don't want to put the pedal to the metal on that wheel by pulling toxins on off telling the body, okay, it's time.

It's time to begin to detox slowly here. Ah, here's what you need to make that happen. The minerals, amino acids, and then I'm looking at their genes and thinking about their glutathione.

And a lot of people have snips and they're good at their own pathways. Those people are not ready for glutathione, and yet they need more cofactors. I'm looking speaking of labs, I'm looking at the at the Health Diagnostics Methylation pathway lab to understand.

If the yes. So. Right are they in oxidative stress right now? How do we need to support their methylation so that we're supporting their, their detox system in general so doing that now when the patient is ready to have toxins pulled out, we found the source of the metals, we stopped the source.

If that's the case or they have a high a high load of toxins accumulated in their cells and I like to use phosphatidylcholine, we're often using little choline IVs or that we need to assess if a patient is ready for occupational therapy, if that's appropriate, that will happen.

But that's a whole other conversation. Which I being a whole nother lecture. Another day. So it sounds like we try to do things without that, like just getting the body and its own detox pathway working better.

Right, right. Right. There's something that's really, really important I want to bring up, which is the feeling of safety. I think we're almost maybe we're even almost out of time.

But I just want to bring this up. It's the emotional, the spiritual part of healing, because our patients feel unsafe. They feel unsafe in their own bodies. And I can really understand why they've got symptoms everywhere all the time.

How can they possibly feel safe in their bodies? And I think that this this really needs to be addressed. And so we're working on that piece with with healing.

So I do a lot of healing myself. We also have other healers that we work with energy work, body work, meditation, and accessing whatever is sacred to that person.

It could be. Said that because accessing the sacred is part of feeling safe in your being. That's beautiful. Right? Right. And it's different for each person.

So for some people it could be indigenous healing practices. It's some people, it's prayer, some people, it's art, some people are connecting with nature.

These are the foundational aspects of our wellbeing. It's it's coming home to ourselves and what is sacred to ourselves merging with that. And I think that that's the glue for, for everything else we can, we can do all these tests and understand the biochemistry and the genes and get get to the nitty gritty and have our plans for gene the patient.

But the patient needs to feel loved. They need to feel safe. And once we can bring about that feeling of safety, that that feeling in the in the in the psycho emotional space, it ripples out into the cells, the immune system feels that the patient knows they can put their defenses down.

The immune system will feel that. And I think this is a very important part to healing. Yeah, I love the way you said that and ultimately really help it.

You're helping your patients tap into their their bodies and her wisdom and ability to heal by getting them away from the burning from the tiger. And right in that they're at body deteriorating.

Right. And I want people to know there's hope because. Well, there is. We see our patients get better every day. And the other thing is, I tell my patients, you know, there's a silver lining to this.

Safety, Healing, and Closing Reflections

You might not know what it is yet, but almost every single patient says, you know what, after they're healed, I'm happy this happened because I've learned something, I've grown, I've evolved, I've come more into my own internal power.

And it's a beautiful thing when when someone is healed and they they say that they they found what is sacred within themselves or or or what sacred connection is for them in this life journey. Too.

And I feel that in my own body, you know, the things that were the hardest, the scariest have helped to propel my health so that it's okay. I feel better than I do.

Ryan is 30 and and the true the true healing. Right right here for. Well you are such a gift. I love how you bring this all together with the very analytical mind.

Thank you. Good puzzle what it like puzzle extraordinaire. And. Then they bring such a beautiful healing presence and the willingness to really think outside the box and learn something new from each patient and that willingness to, you know, really help people being in that gap of that uncertainty of how things are going to go, where things are going to go.

You just you just have a beautiful way about here that I think makes people feel like they're not alone. And journey I appreciate you saying that. Thank you.

And I'm a reflection of you because you're seeing that because it's you as well. So I definitely see that in you and appreciate it very much. And thank. You.

I'm so grateful that you've shared so much of your wisdom. I would really like to make sure that we let our listeners know where to find you. I know you're putting out good information all the time and have lots to share.

Thank you. So they can find it at Gordon Medical and it's GordonMedical.com. We're in the San Francisco Bay Area people come from all over the country.

Other parts of the world come and they get treatment and and they get better. So yeah. That's great. Well, thank you so much for all of your beautiful wisdom and heart and I really look forward to more conversations.

I thought about ten more I'd like to have with you. So we work hard and doing this summit. I'm so excited for you. Just it's going to be beautiful. Thank you.

Thank you. I hope it really gives hope to a lot of people. So thank you for helping. Me with that effort. Thanks for having me.