Introduction and Kelly Haldermanu2019s background

– Welcome welcome. We have a really exciting edition of Overcoming Long Haul covid and Chronic Fatigue. We have Kelly Halderman with us today, Kellie is an M. D. Family practitioner who with her own health crisis had to turn to looking little other directions for help.

And she did quite a bit of study in traditional natural package training and has moved on into the world of you know of science and research and we're gonna hear a lot about what she's doing today. But first of all, tell me and tell the arms a little bit more about what moved you from family practice to just good health practice. – Yeah, definitely.

Quite a story for, you know, homework of where my life definitely changed. You know, I was practicing medicine and I was really good at it. Dr eric I was scored in the 99% of my boards. You know, I mean like I could match those symptoms and diagnosis is and doing great until I got a diagnosis of M. S. And I realized at that point all the tools in my toolkit. Everything I learned, the $300,000 that I paid to go to medical school, I didn't have the right tools to fix myself.

It's a disease that we call idiopathic in medicine and that means that we don't understand its origins. We don't understand what caused it. And so that was the first time I really was faced with the decision do I stay in this al empathic model where there are no options for me to heal or do I save my own life not to be high hyperbolic, but that's exactly what I did. I went and got naturopathic training.

I learned about nutrition and detoxification and things. You know doctor, we don't learn those things quite well in traditional medical school, I think it's getting better. But at that point I had to go find the education I had applied to myself. I ended up having as my root cause Lyme and mold sneaky, sneaky.

And when I got my diagnosis that helped to start healing and I've been in trajectory since then, it's been about 10 years now. That's really really catapulted me into amazing health. I mean like I've never felt so good in my entire life and I'm just a person who strives for knowledge.

I don't like that. The new England Journal of Medicine says themselves that were 17 years behind what's in the what's in those studies and the, you know, we're not applying it in in the clinic.

And so people like yourself, your clinic that you're running, you know, I'm always looking for, not not what's new and sexy, but really like what are we missing here, you know, and that's what started with myself, my own health journey. So you know, I don't practice medicine anymore. I don't even practice clinical medicine anymore because I moved into the biotech space.

I've been really excited to join up with a company called Leo as their chief medical officer and I get to design clinical trials, but but our company is centered around water.

We're gonna talk a little bit about that because we really underestimate the power of water. There's so much we don't know about it and and just beyond hydration, like things beyond hydration, everybody knows what's good to drink water. But yeah, that's my story and that's who I am. – Well, that is, you know, I'm always impressed by how many, you know, physicians, you know, have had their own health journeys and makes a big difference from understanding where the phallus abilities and limitations are of our training, you know, and uh I always, you know, people have said this a million times, you know, we're great when you get, you know, you're gonna die in the moment, we're really good.

But if you got something that's chronic were not so good. So, on that note, we're going to talk about you know, where the inter the intersections of, you know, things that you've been studying and chronic inflammation and long covid. And I said, we're gonna start with that with the caveat because one of the articles that that I think is excellent

article and that you that you really wanted to kind of riff off today is co authored by Dr. Shoemaker, who I said I have great respect for I long interviews with him on other podcasts in the past. And he developed coined this term um Sears chronic inflammatory response syndrome I believe I was.

And my issue with it is that those of you who've been listening know that. I think yes, I firmly believe that all chronic illness is chronic inflammation and I don't care if it's hypertension, diabetes or long long covid.

It's inflammation depending on different tissues, but it's inflammation. And I do believe that Dr. Shoemaker's model is very powerful and very useful but just remember that it's talking about what I think is a subset, but I think a really important one and one that he has helped us develop a lot of good tools.

So I mean, my hat goes off to him, he and Dr. Hayman have done I think a lot of really good work. So on that note, tell us a little bit about, you know, your your thoughts on ceres in long covid. – Yeah.

So I think what I'm gonna start off is by talking about how it's supposed to go, right so like what's supposed to happen in our body.

Chronic inflammation, CIRS, and long COVID

So we have two arms of our immune system, basically, we have our innate arm and then we have an adaptive arm and our innate arm is the non specific go after things or bodily fluids or neutrophils, things that are just that first line of protection.

So typically if we get a virus, we get a pathogen will be encountered by those foot soldiers. They're out there they're trying to get rid of the infection. Get rid of the pathogen.

And then what happens is is that that adaptive site. It's smart, it's brilliant. It's specific it needs to be turned on and the cell that actually communicates between these two is a dendritic cell.

Dendritic cell will go and it will take a bite off of a pathogen, bite off of covid let's say. And it'll take an epic tope of that and it will present it to a T cell. It will present it to a T cells of the adaptive immune system. And then a T cell Sets off the adaptive immune system so that we can be specific we can create antibodies memory cells.

And so the inherent problem is that in 22% of the population that exquisite important that piece of physiology that is so Imperative that we get right in immunology in our body. 22% of the population struggle with that antigen presenting. What happens what happens when you don't present the antigen to the adaptive immune system is that the innate immune system stays on full bore.

It sets out inflammatory and cytokines and we're in a chronic inflammatory response syndrome. Now again Dr. Eric nailed it when he said that if you have hypertension if you know high cholesterol things you that is this you know that would be a chronic inflammatory response. So keep in mind that I'm talking about a subset.

Something that was named by dr shoemaker C. I. R. S. Talking about a syndrome that's specific and I want to tie it into a paper. So if I may Dr. Eric I'm gonna talk about kind of now the paper that really sparked this conversation about okay long haul Sears, what in the heck do they have to do with each other? Well I'm gonna I'm gonna read you the title.

So people who want to go look this paper up weekend and I'm gonna give you the Cliff notes. I'm just going to let you know. So it's from January 21 medical research archives. The title is treatable metabolic and inflammatory abnormalities in post Covid syndrome define the transcript atomic basis for persistence symptoms, lessons from Sears. So what this paper found in essence is that in Sears you will have the presence of molecular hyper metabolism, you will have proliferated physiology, you'll have rivals a normal response stress response, you'll have gene activation of T. G T G F. B. R.

And you'll also have co expression of two important the toll receptor in the cd 14. Okay, so those are what we see

in that what they're saying is that there is a definite link between these two because what they did in this study as they said wow you know a lot of this long haul they sure have the same presentation as the Sears patients.

And again, Sears patients, you they have symptom clusters and there's 13 symptom clusters. And if you answer positive in eight of the 13, there's a 95% chance that you can be diagnosed with Sears.

Okay. So what they're saying is that there's a lot of similarities in fatigue, brain fog. You know, definitely like my algae is all these really matching symptoms of people with long haul. So, the question at hand is in the paper, is there a correlation between the two?

And they indeed found that there is a correlation between I can actually go to the exact numbers. It says post Covid syndrome negative patients had an average of 8.2 symptoms and no VCS abnormalities.

Now, that's called a visual contrast test, Just gonna rabbit hole that real quickly. So, the VCS test, visual contrast test, that is a test that you can do online.

It's about $13, takes about 10 minutes. Everybody at home you can do this yourself. What happens is when you have a biotoxin illness, your ability to see contrast will change. And so 10% of the population can have a false negative in that they have some brain, uh, you know, inflammation, but they can pass it. But what they're saying is that 8.2 had symptoms in the negative and no vCS, there's no changes in this simple test that you can use the VCS test and we'll come back to that. We need to talk about it again.

But in the post covid group, they had an average of 18.2 symptoms and 75% showed deficits in their visual contrast test. Again, we're comparing a serious patients.

So someone who's been diagnosed with inflammatory response syndrome to someone who's got long haul. Okay. That's what we're looking at in this paper. – And so that was but that the 18 symptoms were people. So normally those were the COVID, those are the long haul patients. – So that the 13 symptom clusters.

Those are actually, yeah, those are what is used to – That gives you a hint. So the fact that these people have 18, they really passed the test. – Yes. – Okay. – They really did.

– They make the cut and the digital contrast test is something that we've used over the years to look for. You know, just that some some toxin affecting the system. And you know, just that people like baseball players can can beat the test, you know, anybody who can like see really had vision as or designers like interior designers. You know, people who have very fine color and shade discrimination, mostly shade discrimination can beat the test, but the vast majority of us. You know, if we fail it, there's probably a toxin in there or something is affecting the ability of your of energy to get to your retinal cells? So that's always a nice test.

So basically there's seen a really which I think makes a lot of sense because you know the innate immune system is what got turned on with Covid. You know and the adaptive didn't pick up the baton like it should have that's what's gonna get us until long covid and where a piece keeps going.

So continue. So what did they did they were they able to break out subsets or was it just kind of like all long covid? – It was it was basically all long covid. So I haven't been diagnosed with the post covid like a long a long haul type picture. And so you know I think that the interesting part of it is that I don't think that the authors are saying everyone with long haul has Sears that I don't think that's what they're saying.

But that when you look at Sears, okay you look at the root costs and they boiled it down to basically you know, mold, tina my C is and so the authors are saying in this paper that not everyone who has long haul but could you be a person who is stuck in this innate inflammatory storm?

Could this be the reason why? So if that is the reason why if you're in a water damaged building, if you're around Latino my sees if you have mold toxins and then you get Covid on top of that. Could that push you into that?

Or maybe you already had chronic inflammatory response syndrome and then they have published that their protocol helps release the symptoms, helps get you out of like their their steers. Right?

So that's what you're saying. – Yeah, Absolutely. And you know, it's so interesting is that this is a story that we've repeated several times. But I think it bears, you know, const reminding that we don't have a denominator on this.

But it's clear that many, many people with long haul had a pre existing condition that might have been subclinical, you know that we just didn't notice. And we talked a lot about it with the, you know, persistent Epstein Barr things where you know, you might have been the person who got fatigued for three months after you had motto and thought you got all better. But didn't realize that that once that happens, there's something off with your Cd eight cells and that might bite you later.

And the same thing here is that you've been exposed and you have a you know, you but your wounded but you don't know it yet. And the covid will really make these things come out like your sensitivity to them to the mycotoxins that everybody's exposed to, that is very, very, yeah, that's what we see.

and it is nice that Dr. Shoemaker has put all this together in a in a way in a treatment regimen that you know, we find that sometimes is very effective.

– Right. And I think again, it's like it's worth noting that you have, although walking unwell as as Jim Lovell, brilliant Jim Lovell would say like we have this this enormous population who they go to get their checkups and their blood pressure's fine or they're on blood pressure medication to make it fine and their their blood sugar fasting is 99. So you're good.

I mean like all these, you know, things that are screaming no, you know, and then, and then you're talking about like a popular that might be living in a moldy environment, might be at work with a mold infested office or might have latino mrs is kind of their new step up. Is that where that's what they're finding, which is different from old. But again, it's a biotoxin, right? So you're living with something something really like covid really pushes on your system and then now you're really stuck, like you're really stuck in in this chronic inflammatory response and your genetics, we should kind of go into this a little bit. Is that on chromosome six?

The MHC class two resides right there. And so that's where you'll find the expression for that age. – Is four. Is this his for what he used to give a very bad name to that we won't use – Yeah. – Yeah. Yeah. No that was I said I I've learned a lot from Dr. Shoemaker but there's one thing that I think he did a disservice when he gave a bad name to a genetic tendency that made people feel like they were really um going to be in big trouble if they had this gene yet.

20 like you said 20 to 22% of the population has this gene. So it's probably not so bad. It's mitigated by many other things. It's just that in some people it can be but it I was always upset because the way it sounded like oh my God I have this and that's it life is over.

– And I think you're totally right Dr. Eric because you know genetics don't they don't determine what's going on. I mean you know in this instance I would say like this H. L. A. D. R. You know it it gives you the propensity to not be able to antigen present. And again you may say see why like even if you're not a scientist you're not a doctor you may see why there's two arms the immune system and they're supposed to be balanced and doing their job and reactive appropriately handing off handing off. You know if one side stuck on that it just doesn't that doesn't seem right right? So you might have a genetic disposition, But that doesn't mean that you're the f word, – That it's going to happen to you.

It may not. And we have to remember is that anytime you have something that's in 22% of people, there's a good chance that it's probably has something a little positive as well.

Testing, genetics, and treatment overlap

We know we might not know about yet because usually things that are in that many folks have something good or

they these bad traits kind of go away. So, but that being said, this is it's really interesting and important and this is I think it's the 4353 or something like that 4353. Yeah, 4353.

And you know, and there's several subsets of this and, you know, these people do have a higher incidence of some autoimmune diseases as well. But, you know, but again, as you, as Kelly is pointing out, this is not, does not determine your fate much else and how you live your life makes a bigger difference than whether you have this gene or not.

But that being said, it's important. You do I it lets you know, you should be a little careful about getting stuck in chronic innate inflammation, which is what causes lots of our chronic illnesses.

– And that's why I think, you know, like, let's say you do have long haul, you have symptoms of long haul. I think this is like a subset where it's like, well, you know what the VCS test is? $13. Well, first of all, if you can see a practitioner like doctor, go see doctor, right? That's for support.

But like, you know, like we're kind of left in this day and age with, we're kind of getting these, these morsels of information and some, you just don't know what to do and you don't know what, you know, don't you don't want to spend your money on anti covid long haul supplement.

I mean, how dumb is that? Right? Like you know, you really need to be judicious. But some of these things like simply taking a VCS test, like just seeing and recall and remember the caveat that if you are, if you have an occupation or you have a hobby that makes you very attuned to contrast pilots.

You know, tennis players, baseball players, you know, people who have to see things, you may have a false negative, but like if that's positive then okay, then maybe go to surviving mold. Look at the 13 clusters.

Look at it. Okay then, okay then, do you think that maybe you have this this type of chronic inflammatory response syndrome going on? You know, like you go back to foundations again, you go back to, you know, fixing the gut and brain inflammation and everything and it's just kind of a different approach. A little bit more new, I would say nuanced.

I think you'd agree because the end step of the pyramids always V. I. P. Which is basil intestinal peptide, which I don't necessarily when I practice, I don't agree with.

You know, so I think that the shoemaker protocol, which is the Sears, they try to put everybody in this. Like this is your and we talked about this doctor organized this is your pyramid and this is how we're gonna get you better step one.

So it's kind of like all over the place, right? It's really really – Useful and it's up to you and your doctor to figure out which ones you need. Yes. It's a dad.

But no, but again, and this is why I really appreciate Kelly bringing up Dr. Shoemaker's work which we hadn't focused on. And I think we use a lot of parts of his protocols over, you know, for our patients because there they are very, very helpful and useful. And it's really, and this is just another piece. And that's what I keep telling people is what's frustrating is if you're sick, you need an answer, you want an answer you and you need an answer and it can be difficult when you're being presented with like this smorgasbord if you will this buffet like all these different things and that unfortunately is where, you know, it's good to listen to these things, see what resonates with you read, find practitioners talk you know, because you got to find what works for you, and I think what, what Dr. Halderman is really being clear about Is that it's a dance, but the most important part is there are answers, you know, maybe not for 100%, but there are a lot of answers out there.

And what I like to make sure that we have, we have time to talk about to what excited me, the more I talk to you before we started was about the water piece.

Okay, because inflammation water, I mean, we didn't do a lot on water in this series yet. But we're gonna because,

you know, just as an aside to people, you know, if you ever read Dr. Pollack structured water thing, it's just revolutionary way to think about the body and and there's many Dr. Colin he wrote this book about cardiology, cardiology book that he wrote again, fascinating way to realize how, you know, their alternative stories of how the body works. And I believe they're accurate, I say alternative because it hasn't made mainstream yet, but I have great respect for Dr. Pollack just research and work over the years.

And he's yeah, I just think like many, many brilliant thinkers, nobody quite when you're getting a new story, No field likes new stories, – Nope, that's right, science evolves one funeral at a time.

– Yeah. Yeah. I mean it's very frustrating cause people think science is science, but no science is ego and and and and power and money. And there's science In there, but it and the good part is eventually the quote unquote the scientific truth does come out, but it can take 30, 40, 50, 60, 70 years, it's not always quick.

So talk to us more about water. – Yeah. So you know water, it just sounds boring. It sounds like we've heard this from like the day we can remember like drink water, drink water.

And so I think we're just we're dulled to its powerful nous. Like you're saying to what we don't know about it. And so I've always been mildly obsessed with water along this journey.

I knew there were there were aspects of water that we didn't quite understand. You nailed it when you talked about Dr. Gerald Pollack's work in the fourth phase of water.

I mean how absolutely mind blowing. And you know, that's just like that's just the surface because if you look at Asia and Europe what they know about water just it's just so enormous compared to what we over here in the United States understand about water and there's so much that we do not understand, we just don't understand. And so what I was recruited into come into this company called Leo to do was to run clinical trials on the water that we have because we have a patented technology that transforms water, it augments the water into different components. So it actually like will restructure the water. It will three components that have known are actually known to be in the literature, like very well studied anti inflammatory.

So one of the components is molecular hydrogen. Just one. So just let's just highlight one. So with this let's kind of tie it back to like if your brain's on fire, if you're Blaine's inflamed if you have long haul you really need to call that inflammation right and root cause. But like we can use some really strategic band aids. And so I like molecular hydro because it's a selective antioxidant. When you take antioxidants like vitamin C.

And vitamin, they have to be recycled and they actually turn into oxidants in your body and they just, they scavenge everything now. Molecular hydrogen and it doesn't need to be transformed. It does its job, it donates electrons and it doesn't scavenge the signaling molecules that are oxidative but helpful.

They're helpful because they attack cancer cells in your body. So you really don't want to just bombard your body with a bunch of antioxidants. Just literature would say that's a bad idea. And so the selective antioxidant hydrogen.

It's really a powerful one. I mean we look at exercise performance, we look at anti inflammatory markers markers of longevity telomeres telomere length methylation status and we look at all the things that can do that.

But here's what I really think it's cool. It's very simple. We really need things to get to the brain, don't we? I mean, we really need to reach that brain that's on fire.

Okay, Molecular goes everywhere. It's the smallest molecule, like on the atomic and the atomic chart. And so I just absolutely love that component of using. So if you're going to drink water again, there's so many different options. You can go low deuterium, like a structured water, you know, like the wave water works in our body is is phenomenal, it's not just Fill up your glass from your tap water and drink it.

You know, there's just so many other aspects to it. And we could talk a whole hour about the importance of water for bile flow. I mean bile is your exit strategy for your toxins.

I mean you are constantly being bombarded with toxins. You have to have an exit strategy. Bile is 99% acquis 98 and you have got to have high immigration on board just for that reason. And then your kidneys are gonna be excreting toxins and things too. And we're going to take it on back again to chronic inflammatory response whether you are, we're talking about the shoemaker syndrome or we're talking about chronic inflammatory response.

Like doctor said, it's in everybody who has chronic illness, you have chronic inflammatory. So I think that's a strategy where it's like, you know, you need to drink eight glasses at least of water a day.

You know, you have to do that. So you know, why not choose something that has all these other properties that come along with it. – And you know, so what more than because hydrogen water is something that we've used for a while with good results. I mean it's interesting as you said, it immediately quenches those hydroxyl radicals in the brain, which is really difficult thing to do and nice, you know, even after head trauma and stuff, we we find it helpful.

But but what's you have, what other qualities, what other things are you're you're using that's making this water different. – Yeah. So, you know, we used a diamond boron coated doped electrolysis process.

So we really use a pretty complicated process to actually electrolysis and change the water. And we're putting energy in the water, right? So it's like everybody's walking around energy depleted. It's like, you know, we put things in, we eat foods that are alive, plants are alive, you know, for that energetic, we go in the sun for its energy, you know, the water has been through electrolysis. Energized and so we're drinking that energized water, we have dissolved oxygen in it as well. We have a micro dose of ozone in there as well. We're studying some of the properties that we, We are just discovering, we've been around for about 15, 20 years, we've been in agriculture, we are in agriculture were helping to grow healthier animals with no pesticides, no hormones or anything and better agriculture.

And so now we're shifting into humans and again all the research has been done and and internally we're seeing things that were helping the evidence. These aren't published studies. The evidence we're seeing is that we're increasing the immune balance. We're studying breast cancer, we're studying athletic performance. We're studying cellular senescence which is a hallmark of aging which you know I read a paper Dr. Eric two days ago colleagues shared a paper with me saying that the the larger your burden of sin essence cells which for everybody there just zombie cells that just stop dividing. But the zombie cells spit out really inflammations. The higher burden of those, the more likely you are to have long covid. So if you could be preventatively drinking water or using something that will decrease your senescent cells that that might be might be a long term a good strategy. – Yeah. Yeah. No I mean just we one thing I don't think we we've done what we were thinking of doing is just you know strategies to perhaps remove spike protein which is kind of in the same in the same ballpark is because many, many, many, many times Spike is hiding in a cell that is in essence that is no longer responding to the signals which it should be getting to die.

And if you can get that cell to either rebuild or die, move on, you know, move off, move off its butt where it's stuck is so important.

Water science and Leou2019s clinical research

And water just to let people know what's so fascinating about the structured water concept is that water has a charge at the border where borders of surface. Okay. And when you by adding more energy into water, you increase that charge. And that's why, you know, they find that you know, just little things that people have done in school experiments forever. Like you know, put water out in the sun for a day and then feed your plants. You know, they grow better.

I mean and this is the stuff, but unfortunately in America there was some debunking of water science back in the 60s and 70s, there were some studies from Russia and then somebody decided that they couldn't be reproduced.

And it became, you know, a pylon that after that by a pylon, it's sort of like everybody jumped on the on that on that research is it's all bogus. And and it became like nobody studies water much in America because we know all about it. It's water. Yeah.

And you know, I mean it's been very difficult thing because okay, I want to keep criticizing medicine and science, but I can tell you it works this way.

If I don't know about it, it can't be that important. Okay. And I mean I suffer from from the same, I mean I have to watch myself if somebody tells me no, but it's true if somebody tells me something new there is that spark in me for a moment that wants to go, I don't know about it probably isn't worth anything until you go, wait a minute, but you gotta catch yourself. And that's the nature of ego and that's the nature of doctors and scientists. So it's really hard when something has been pushed into the edge as being obviously obvious and kind of, you know, not very good science. If you're going to look at it, you have an uphill battle and and that's where I'm excited about the work you folks are doing and the fact that you're designing experiments because that's what we need.

You're actually planning to do like human experiments because I mean most things kind of ended the test tube. – No, no, not at all. We that brought me into design human clinical trials.

So we're going to be doing those this year. Yeah, we have the compendium of really robust research with partners from all over the world and like you said ex vivo in vivo, you know, so compelling that it's like okay, time to put this into you know, human in come up with some great data again, you know, are we have so much evidence that's why I took this role because I was just absolutely blown away blown away with our evidence. So, but it's going to be the icing on the cake.

It really is and we're really very very – That's great. But then you got to get it published in something that people will read. That's the next step in science.

But, you know, with this, but with this in mind I'm now saying so you've got the water because that's the anti inflammatory effects of of water and yeah, tying it in for everybody and with the you know, we're going back to Sears, I keep thinking about you know, just from your experience because you you spent you spent a fair amount of time with with Dr I believe with Dr. Hayman, right? You know, So what did you find when you were measuring things and looking at people? Because I said in my mind, you know, again, the long covid or long haul is just another inflammatory, just another. But it's an inflammatory condition.

What were your big things that you that you thought really stood out to help you make a make a decision point for people. Okay, I'm going to do this instead of that.

– Yeah, I think that we should probably talk about the genie test then, because, you know, the genie test is the test that Dr. Shoemaker and Dr. Hayman and the series community will recommend. It's a nano string test that basically measures the proteomics and transcript of what's going on in your body, right? And so you can use this test and it has several categories um with genes that are turned on and turned off and they've done they have so much data that they can kind of tell like where do you fit in, do you sell of lime, you know, your history and genes acting up, you know, like the Sears genes turned on turned off and that gives them I think like a p like a piece of the puzzle now, do I think that it's imperative.

No, because as I just said, and this is published in their paper, if you answer yes to eight out of 13 categories you're looking at. You know, a diagnosis is pretty close to what they're looking at.

And then you combine it with the VCS test and now you're like even closer to what you know, their treatment protocol would be, I would say that like we were just talking about, you know, they have a specific treatment protocol like step by step and I would think that I in my opinion that it's more uh nuanced, it's more of a patient by patient.

You know, I do believe that I had full blown Sears I failed my Vcs test, I had Lyme, I had mold, I had everything I had the biotechs and I think that I was in that in the immune system was on fire. Everyone always asked me what did you do, Dr. Halderman to get better, what did you do? And I'm like, I just kept unloading the stress is just one by one, you like, like Horvitz when he says that you have 16 nails in your foot and we're going to take out three. You know, I just I still felt like crap, but I just I'm like I'm just gonna take this and I'm going to start doing this and then, you know, like just keep on keeping on. And I don't think there's not, I mean I believe in principles, not protocols

and so especially with long haul.

I mean especially because there's like a lot of things out there and I don't like people get taken advantage of, I don't like people who get over promised and under delivered upon.

And so again, I think my takeaway was like I in my opinion, you didn't really need to use the triangle approach. Like you didn't need to use that protocol on everyone.

Not everyone in my opinion needed to end with V. I. P. To get better. – Right, right. It's yeah, step by step. But again, you know what one thing that always I've been finding very intriguing since, since we started the the long the long covid long haul series has been, you know, just like what you went to study, you know, in the natural empathy. It just go it keeps coming back to sleep and you know, sense of you know, a little bit of be able to relax and feel safe in your body and the right nutrition and the, you know, right amount and a little bit of activity whatever your body can tolerate. And now, you know, making sure the water is included in the nutrition but it's and then, you know, and then maybe when you're ready, a little detox you know, we have lots of, I mean I have to admit myself as a practitioner because I spent so much time in my younger days in the hospital medicine.

And just enamored with medicine, which is magic world of, I'm going to give you this and you're going to be better, you know, which doesn't really work. But we can make the symptom better.

And that love of symptom relief that I have sometimes gets me to uh you know, jump the gun and not be patient enough because the sleep and nutrition and feeling safe. I mean those are it, those don't come into play. It's rare that people really get, well – That's right. That's 100% right.

I totally believe in those foundations. It really is. But you know, a lot of patients, you know, their melanocytes stimulating hormone is in the toilet and so their guts leaky because of that. And that kind of goes back to ceres so that, you know, there's there's all kinds of different, like you said like a lot of people are, I'm gonna need a very skilled practitioner to go in and not just cover up symptoms.

Like we were really good at that, right? We have M. D. After our names. Like we can totally do really dig dig down and maybe, you know, like if a practitioners listening maybe just read this paper and just put it in your toolkit, just put it on in just kind of think like, okay, perhaps they have like they're living in a mold building or they visited their their family in south Carolina and they were there for a month and they got sick with Covid. There are some, you know, just put it in your toolkit and if you're a person who has long haul again, like maybe finds like, you know, like a practitioner like Dr. Eric he knows these people, he knows Dr. Shoemaker. I mean he knows Navio, you know, he understands this and he's not gonna like throw a protocol at you and wash his hands, Right? I mean like – Yeah, that's, you know, I mean, you know, the good news is that for the people who do use protocols is that sometimes they work, – Sometimes they do that. – I don't use them.

I don't use them because I usually wind up, you know seeing people who fail the protocol's already. But you know you know I have to look back and remember that the reason they're out there is that some people actually work.

But I think you saw sick enough people over the years that you realize you got the people who the protocols didn't work for and that's what happens. You know in that first year you can use protocols and you do well but by the second or third year they're not working so well anymore if you're paying attention, you know because you start getting more and more complex patients who need pieces and that's what I love. You just mentioned like the D.

M. S. Stages a great thing because you know that's something that I sometimes I'm okay. I just had three ideas. I didn't say anything. What I meant to say is that um sometimes things I use for symptom help symptoms also are working at deeper levels.

So I don't give because I sometimes a little disrespectful of my own style, you know because it's got a medics such a medical overlay of like oh I want to I want to mitigate that symptom you know? But now I guess the trick is is to mitigate the symptoms which with something that actually helps the symptom hell rather than something that merely suppresses it you know? And that's why we brought like something like M.

S. H. And the peptides that will help heal that are things your body makes for this purpose. It's just that right now you're not making enough of it. So maybe if we give you the right signal your system will then begin to respond and enter this healing phase.

You know something we talked about a bit is that it's the signaling issues. You can't scream at the body very well. It's best to just give it a little hints of where you want it to go – And the body is so intelligent.

I mean we you have to remember that when you're sick it could be appropriate completely appropriate. Like if you know if something's going on in your mitochondria are not responding in that then you're not.

Your your physiology is actually like the opposite you know Like people say my body is broken, I feel horrible and it's like no no no no your body is getting the exact stimulus.

It needs to act this way. Right? So that Dr. Eric ball cabbage and I wrote a book about thyroid debacle because people think oh my gosh my thyroid has turned against me. Like my body is broken and making all these antibodies my doctor told me like you know broken because I'm making antibodies like no hold up hold up you're actually responding appropriately to your environment.

You're responding appropriately and I mean this is the king here of the cell danger response is all the research came out of your collaboration. So, you know, I think people might ask if they're savvy like what's the correlation between a cell danger response that's been set off and like a serious chronic inflammatory response?

I think they're you know, like it's like you said when we started, it's a concept, right? – Yeah. – More of a concept. – It's a concept. It's a concept that you can fit in.

And by the way, it's Dr. Naviaux. I talked to him a lot about it, but it's his I wish I yeah, it's you know, I fell in love with it because it explained nothing. I couldn't understand how all these antioxidants which in, you know, in the 90s, that was the game, but they didn't work in my pain.

And I kept feeling like what was wrong. And then I read this paper and it was like, oh okay, it made so much sense from what I saw that you had to get the body ready to change. You know, it's an old story.

You know, you can't you know, you can bring a horse to water, but then you gotta entice it, you can't force them, you know, and that's what it's like it's this healing and these are all and that that's it. You know, at the end of the day Sears or two cell danger response. They're always that we're all concepts that we use to try to understand, you know what what what what what's appearing on the planet right now because you know we have more of these chronic illnesses than we've ever had.

Yeah. No and I said and you hit it's like you know when you're talking about the thyroid it's your environment. If your body is responding to the environment, don't kill the body, change the environment. I like that.

I like that a lot. I think that should be uh a thought. You know we should all every doctor should keep in front of their eyes when the patient comes in. Is with with these illnesses.

Especially the autoimmune illnesses is you know our tendency is to look what's wrong with the body and we should be looking first what's wrong with the environment?

– That's really good. That's super. You know I like that we're going to write that one down but you you spark just two things that came to mind. I really wanted to mention is that when you're looking at the F. L. C. C. C. Protocols, they're really heavy on L.

D. N. Right? So I wanted to mention that L. D. N. Acts on the toll like receptors and the toll like receptors are up regulated in Sears.

Practical takeaways and closing thoughts

Okay so you know I'm like okay so this is working in this patient population and we're also seeing it in the series patients there's a little bit of overlap there. I thought that's really interesting.

And then the other part is how they're going heavy on the mast cell activation syndrome. And so a lot of the F. L. C. C. C. Will bring in a lot of anti histamines and things to really help that in Sears, every nuclear hated cell in your body's histamine genes are turned on.

So you really don't have mass L. I mean just mast cell, right? It's every nucleotide gene you are histamine storm. And so we're seeing this the the F. L. C.

C. C. We're seeing how they're treating and it's working and I can see how that would work for Sears as well. You're following with that kind of overlap there.

– It's because it's yeah, I mean, this is why I always want people to remember that these concepts are our ideas and would describe, you know, it's back to describing the elephant, you know, everybody's yeah, yeah. You know, and sometimes it's actually both the trunk is just we're speaking different languages.

And so we named them differently. And that's what I mean, you know, for practitioners and patients because I just, you know, there's so many vocabulary wars or semantic wars, you know, I mean like in fact, you know, the letter in just this isn't this is germane to to long haul because you know what years ago if somebody had still to this day, somebody will come in and they have chronic fatigue, God forbid I suggest that they could have, you know, a tick borne disease illness underneath it. You know, and the same thing can happen.

People can come in and be sure that they have, you know, tick borne disease and looks more like a chronic viral thing with the, you know, mold thing. And again, we all get sometimes we can get wedded to what we understand is happening in our body.

And I encourage people use your intuition but understand that you know, be still be open because sometimes intuition gets locked into the first story you read that kind of fits it. So keep an open mind and just know that we call that we sometimes we're treating the same thing with different names and just read and go back to like, okay, so we're treating inflammation and and as kelly pointed out, you know, sometimes we're treating mast cells stuff.

It's not you know, mass cells produce 1000 chemicals and lots of other cells in the body produce history. So it's not always so straightforward. – Yeah, no, I think that's so important because I see a lot of people going to like a lime doctor and getting diagnosed with Lyme or going to a mold doctor and go, you know, like whatever the soup du jour is, you have to be careful like and this is why I really appreciate what you just said. I think it's understated is that people have their idea of what they have or a doctor has an idea because they're doing the best they can.

Like you know that they really are, there's no ill will but like maybe they treat Lyme and so they're you know, treating you for line. So it's like I really do rely heavily on intuition. I really think that is very important, especially when it's your body, it's your health, make sure that whatever you're doing is well with your soul, make sure that you're you know, you're doing it for the right reason not because your neighbor got better for and that I bring this back again is that that's when people say Kelly, what did you do to get better? I don't ramble off like because it's like that's what I did right? That's what I did.

You know? So I don't I don't know. But I think this is a really great discussion about how like your analogy with the elephant, we're all hanging onto different pieces or they were hanging on and calling it a different thing. It's just like we're seeing like all the protocols that are working. There's some there's some similarities, there's some things that can help. But again, I think I'm always preaching about the foundations of foundations foundations right?

Like really you gotta sleep and poop, that's your job. You have to sleep and eliminate and then we're going to talk, you know, like other things, but that's just such a great message.

– Yeah, well thank you know, that that is it's the basics, basics and the other note is that I'm hoping that more and more doctors who are in this field of you know, I can even, like I said, I spoke with, you know, we interviewed Dr

Corey and the F.

L. L. C. C. And he is really interested in learning more and more as he's realizing that my God, you know, we weren't taught any of this and we all need to share because there are so, I mean, and that and it's happening, I really see it happening that so many doctors who focus on line also really really very much more aware of mold and nestle and the same thing with a lot of the people who have been hung, you know, focused on mold, you know, being just more aware and of the other possibilities because, you know, I mean, this is an argument I had with the good doctor shoemaker.

But I don't think people get, get mold sensitivity or mycotoxin sensitivity unless they had an underlying infection. That's changed their immune reactivity because I just that's gonna get, you know, yeah, I mean like I said, there's always, we always lived with it, you know, and that's why, you know, you have five people in the family and only one person is reacting, you know, because something else turned on the or turned off parts of the cell parts of this communication system because that's the point immune system is a big communication system and it's not a system, it actually is just part of your body, which is one big bag of soup and everything talks to everybody.

Okay. There's no systems. We made systems up because we need to break the body to conceptualize stuff, but you know, your, you know, you your your nervous system and your immune system use the same means of communication, they're the same system, you know, so anyway, but so it's everything and yet when you're sick we need to get down to specifics and so we just have to hold those two opposing thoughts all the time. It's everything.

And yet I need the one thing, okay, and just keep bouncing back between those things and know that you're gonna find practitioners who are going to give you some answers and just keep looking because no, I mean none of us have all the answers.

I mean, I'm learning every day and I think that's one of the reasons we do these is because it's this incredible chance to like talk to smart people and go like, oh, that's a good idea. So anyways, I'm rambling, I apologize to our audience if they heard this talk before.

But Kelly, you gave us some great ideas and you know, and, and the water thing, I'm just, like I said, I've been fascinated with water, with playing with structured water, playing with hydrogen water.

And it sounds like you guys have, I found a way to mix it all together and I will look into this. It's called we-o – Yes, we-o.com. You can learn all about our science and our team.

We have amazing team and researchers, engineers. I mean like we're stacked and we are just 2023. We're going to come out blazing with clinical data, so it would be really great.

– Okay, we're looking forward to it. So thank you very much. I really appreciate you being with us. – You're welcome. Thank you so much for having me.