Welcome back. I have an amazing interview ahead of us today. I'm talking to Doctor Nafisa Tapia and she's quite amazing, has an amazing background, and she focuses on everything that is important for every patient.

Listening to this interview that what they need to know. She has an extensive background. She works in a cool clinic. I had an opportunity to meet one of her partners, Doctor Eric Gordon.

They're doing some amazing things in the Marin County area, and we'll talk more about that as we get into the interview a little bit later. But I want to welcome Doctor Tapia to the Lime Healing from Lime Summit.

Naturally. Welcome today. Thank you for carving out some time for us to just educate us, elevate our awareness as to the things that you see in your clinic and your experience with Lyme disease.

Thank you so much for having me. It is such an honor to be here today. Wow. It's cool. Hey, Doctor Tapia, can you do me a favor and just give us a little background?

Just take kind of a step back? You know how you kind of got interested in Lyme disease? There are lots of different infectious disease diseases out there, and it could very well be just the demographic or what you saw in the flow of clinic.

Or maybe you have a life experience with Lyme disease that you'd like to share. But let's take a little back step and then let's kind of walk us forward to sort of the things that you look at and the things you see today in your clinic.

Absolutely. So when I graduated from medical school, naturopathic medical school ten years ago, I knew that I wanted to to work with people on a very, very deep level.

I knew that I wanted to do more than treat the common cold or or or just their toenail fungus, or just a urinary tract infection. I wanted to I want to go very deep and and so I searched for mentors and I found some amazing mentors and, and one of them was, was Doctor Dietrich.

So I graduated from last year, and, actually the year before I graduated, taking a lot of courses from him through the Klingon Academy. I wanted to learn more about Lyme, but it was actually more him that I was.

I was interested in learning from because he's a healer. He's a teacher. He, he he understood this deep disease from many different layers and levels.

That's what I wanted to learn. So after taking many of his classes, I wound up working in his clinic. So I shadowed him for a year, and I shadowed doctor doctor Katie Dahlgren there for a year, and, And also I worked in the I. V.

room. It was there that I knew that the. This is the patient population I would work with that I it was serendipitous. And and so I had the honor of being there for a year.

And then I was mentored by Doctor Isaac. Elias was a very well known integrative oncology doctor. And and he taught me, the deeper levels of detoxification therapy.

So then I merged those two worlds together and created my own, my own ways of practicing. And now I practice Accord Medical in the San Francisco Bay area, just over the Golden Gate Bridge.

We have people come from all over the country to to work with us for Lyme disease and other medical mysteries. A really interesting. Yeah, doctor, clean heart.

I know Doctor Clean Heart is part of the academy. That doctor Lee Cowden has assembled. And so I often see him. What we used to do when we have more formal conferences.

But since Covid, we're not doing that all that much these days. And. But we've been following him. We know him. And if you didn't know this, the co-host of this large summit is Doctor Christine Schaffner, who used to be partners with Doctor Clean Heart for many years.

I know it's very exciting. Yeah, so it's kind of cool. Everybody's getting to know her. She's really well read and just an amazing dynamic personality.

All heart, just fantastic. So it's kind of interesting. Again, back to serendipity how we get to know and how we get involved. So you got exposed to Lyme doctor climates practices basically, and mostly Lyme and cancer.

And so you got a chance to see a lot of different things. And from that, you just made a personal choice. This is the road that you want to go down. And, you know, it's interesting to me that you even bring that up because Lyme isn't an easy one.

It's so complex and the bodies of complex. And so it's interesting to me that you would take on that challenge. Right? So wow, really amazing. Well, I just want to let's dive in a little bit and kind of talk about the backdrop.

So Lyme is often, you know, misdiagnosed. And there there's always this big question, you know, as the lying patient, you can have two people in the same room and one person, they're both exposed to Lyme.

However, maybe you got tick by a tick or there's different ways you can get exposed to the line and or the co-infections. One will become symptomatic and one won't.

And then what if it's the person that gets symptomatic? They're always saying, why me? Right. So I you may have some experience with this, and I think it's one of the big questions that everybody always asks, why me?

What is that about? Could you kind of unpack that a little bit for us and and kind of explain how is that some people do get symptomatic either right away or never get symptomatic, you know, and then there's some degrees of that where it may take years before they become symptomatic.

So however you feel that comfortable talking to that question. And I'd love to hear your answer. Yeah. And what you're saying is absolutely true. I see people who get bit by a tick.

I give them the right antibiotic. They've just been bit by the tick, you know, in the past couple weeks or past month, they get acute Lyme treatment. They do just wonderfully.

It was just a blip on the radar. Life goes on. They forget about it. Then I see people who they've had that same treatment and it just didn't work. And and now they've seen five, ten, sometimes 20 doctors before they come to me.

Now they've been sick for years and I've seen some people who've been sick for years. You give them the right antibiotic and they recover. That's few and far between.

It's very, very rare, particularly in my practice. Most people I see they've been sick or and they've been on antibiotics for a long time already. I didn't put them on them.

They're coming to me from other doctors having been on antibiotics a long time. It didn't work or it backfired. And then no matter what, killing modalities are used just didn't work.

So they say, why me? Exactly that. Robbie. Why me? Why? Why why is it that the person next to me got healed and I didn't? Well, first of all, I say, don't take this personally.

It's not about you as a being. A lot of times people will come in and think, what did I do wrong? I've done everything right. I've eaten organic diet.

I'm a kind person, I why do I deserve this? The why me question on the deep level needs a lot of internal healing work. That question often has to do with, deep internal trauma.

A lot of my patients have had that before, so we do work on that and work on depersonalize and that because it's not it's not as much as it might feel like it is.

It's not your fault. Not at all. So you're now you're addressing kind of the emotional constitutional part of it. And I don't really, truly believe you can fully heal and recover unless you address the emotional.

Whether people think like, I've got emotional trauma, I've got PTSD, there's all these letters associated with things and, and, but they but, you know, on a street level, people say you're getting emotional if you're not crying, screaming, yelling or jumping up and down.

That would talking about a different emotional. You're talking about almost the emotional DNA like what is inside of us. And and I believe that that is another one of those stressors.

And unless you understand going in that, aside from all the physical stuff and the chemical, biochemical changing your body's blood chemistry, all that to go after the underlying root cause, you need to address the emotional side.

Hands down, it's a big piece because it's a trauma to be so sick for so long. So that's definitely one of the pieces. And then I say, okay, you know, we're going to be addressing you as a being.

Your, your your mind, your spirit, your emotions. And let's talk about what made you susceptible to this. And that's how I like to reframe the why me?

Well, why did why was your body susceptible to this? Well, there's a few reasons. And they have to do with much more than Lyme or much more than than Tickborne disease.

It's about the terrain of the prison system, the terrain causing immune dysregulation. So our immune system is designed to protect us. It's armed, but if it gets the wrong information, it can hurt us.

Not not just the bugs, not just the infections. So usually my patients have many primary issues going on, not just tick borne disease, but they have many more infections that are overlooked.

A lot of times they don't even have a diagnosis of Lyme disease. I'll make that diagnosis and then I'm going to diagnose other infections. So of course other tick borne diseases and and look for parasites mold, bacteria, viruses.

Usually these patients who suffer from chronic Lyme, they have a combination of all of these different infections throughout their system, in their gut, in their sinuses, dental infections underneath root canals or, or old, or where wisdom teeth have been pulled underneath those sites that can be festering.

Subclinical infections that are that are causing inflammatory cytokines to to cross through the via the olfactory nerve up to the brain, or issues in the gut dysbiosis, parasites, different bacteria.

They could be autoimmune triggers. They're creating inflammatory cytokines that that cross the blood brain barrier via the vagus nerve. So it's not just the line that's causing brain fog, but it's infections maybe in the sinuses, the gut in the mouth that are also causing inflammation in the body.

Usually these patients have a mold issue as well. I find that that these go hand in hand. I really go deeper into this. But I will tell you categorically, and we're so fortunate we have one of the top biological dentists, doctor Stuart Nunnally, that we're that he's going to opine on that very issue about dental health, oral health and so forth.

And you talk about the other thing about mold. We we've seen this in our clinic that many people, that are functioning Lyme patients, they're doing great.

And then all of a sudden they get exposed to mold that there's many molds out there that's thousands of mold species, species. But the ones that are, problematic for the body.

And when mold and Lyme or mold and the co-infections. Berbizier Bartonella hook up. Oh my God, they go from completely functional to almost bedridden overnight and they don't know where it came from.

Absolutely. Yeah. It's a big, big problem. And it's one that I'm hoping will really dive into deeply if not on our interview particularly, but just to raise awareness to understand that it's really a it's not your fault.

And secondly, this is our environment. But before we leave this topic, because I hear the word terrain a lot and we did do an interview with Doctor Gabriel Cousins and his whole topic.

This whole discussion had a lot to do with the terrain. So how do you define the terrain? It I mean, give us a you know, it's a word but it we need to understand what that means. It's very complicated.

So just spend some time and just give us a little feel for what that your definition of terrain what that means. Absolutely. So I'm looking for for the different biochemical, imbalances in the body in the different areas of the body.

So I'm looking at the gut okay. So I'm looking for parasites, bacteria, viruses, inflammation markers, dysbiosis in general. And we know that the gut creates, about 80% of our immune system and the large amount of our brain chemistry.

So, so I'm looking at the gut as to how it connects to the rest of the body. So that's a part of our terrain. I'm looking at the sinuses. I think a major overlooked piece is the sinuses and our microbiome in our science in in our in our sinuses.

So we know, you know, the gut is the big sexy term in functional medicine. Right. But the sinuses there can be dysbiosis there. In there is hands down in almost every one of my patients, I'm seeing funguses or mark ons in the sinuses.

And and I treat it just like I'll treat the gut and think of how close it is to the brain. Right. So that's a part of our touring. So I'm also thinking about, as I said in the, the dental piece, lots of infections in there that people might not understand.

Thinking about environmental toxicants. This is a huge one, often a very overlooked one. And so mycotoxins, which are the toxins from mold, we can test for them.

They're actually easier to treat than people might think. And I'm thinking my other environmental toxins as well heavy metals, mercury, lead, arsenic, aluminum I'm seeing these in higher levels in people in California since the fires in California, I always did see them and take them out unprovoked.

Right now, just in the blood. You just go to lab poor get your blood drawn. I'm finding mercury and aluminum. Arsenic in almost every every one of my patients.

And so I'll also test it. As it is, it's accumulated in the cells as well with the provoked test with EDTA and DMPs medications, which will draw the metals out of the cells the patient collects the year.

And then we get a sense of what their, of what their bioaccumulation is of these metals. I'm seeing glyphosate high level. That's the big one. Yeah. Yeah.

Glyphosate. I'm seeing other pesticides, solvents, industrial chemicals, things like perchlorate. So when I see these very, very high in the body, I know that there's immune dysregulation.

There's research out there that that shows that these environmental toxins are not animal poisoning. So poisoning

is. So you had a thermometer in your mouth and it broke.

You swallow the mercury. Well you'd be in the hospital right now dizzy vomiting. It's not that, but it's low levels that are chronic and insidious, slowly building up in the body, causing immune dysregulation.

And so the research shows that the immune dysregulation that's cause can be hyperactive immune system or, or a dampened immune system. And that goes on simultaneously in my patients.

So on one hand the immune system is hyperactive. They've got mass and activation syndrome, autoimmunity and hypersensitive to light and sound to be nervous system dysregulation the same time they don't have they can't mount an appropriate immune response to kill off the infections that we live side by side with for hundreds and hundreds and hundreds of years.

And so I think a lot of the immune dysregulation leads right back down to environmental toxicants. Oh. Very interesting. So just to sort of compress that, I know I asked you to unpack it, but now I'm going to pack it back up for people that just tuned in.

Now the terrain is really a combination, of the, biochemical environment inside of you and the relationship of your chemistry to the, the microbial, farming, and, organisms that live in harmony in your body.

And there's this term called epigenetics, which is are this foods and the choices that we make, our environmental influences, and then how that affects our DNA, which is also part of our chemistry, our blood chemistry.

It's really warehouses. All of our healing properties. And that's carried in every blood cell. So it gives the body an amazing opportunity to to bounce back and to heal.

But if that DNA is altered because of the environment, now we've got a change there. And so when we're when we're trying to heal, we may not heal as fast.

And also those epigenetics or the choices and the environmental influences on our body can turn on and off certain genetics that, recessive traits that we had that may never have surfaced.

But because of our world and our environment these days, now they're coming to surface. And how that translates is something it could be, you know, the soaring trends of chronic ailments that aren't coming down, no matter how hard we try.

But with things that bother me the most when I see what we see in clinic, and certainly with all the collaborative efforts and sharing information from doctor, doctor and our network, is that the ages of the people that are that are getting affected by the environment and by their genetics and by their symptoms that are expressing are coming down.

So we're seeing women, you know, 14 and 15 that show signs of infertility. And we have guys that are showing up. They'd be, you know, younger than 20 that have low testosterone.

This is not a genetic challenge. This is something that is coming from all of those combinations. And so I love that you address the terrain because now you're addressing the whole person, not just breaking out one little part or saying Lyme or the sections are the enemy.

It's really just creating a healthy, primal platform for healing. So then the body will do all the rest of the heavy lifting. Wouldn't you agree? Exactly.

I want to go back to the genetic piece. Actually, Doctor Robert Miller did some excellent research on people who have chronic Lyme and and snips or snips are just for the audience who may not know.

Single nucleotide polymorphisms is a fancy way of saying a genetic mutation. They have they have more snips in

their genes of detoxified than people who don't suffer from chronic Lyme.

And so I, I test their environmental toxicants and very often I'm testing their genes. I'm looking at their genes just just to see if they do have snips in their genes.

That detoxification is going to give me a bigger hint as to as to how I'm going to treat them. And I'm confirming what we already know. And inevitably, people who suffer from chronic Lyme very, very often.

I'm seeing that they have problems with detoxification, genetically that have been, as you said, triggered from outside from other influences. Right. The big one that everybody references that they have bar.

Right, right, right. And then these guys can get turned off for whatever reason. We can turn those switches back on again. Right. That's the important thing for people to know.

And for anybody out there that might be a little bit under the weather or, you know, sort of depressed because they've been trying and they're not moving forward.

The body has an incredible innate way to heal. It's meant to heal. And we have multiple systems that help with healing. So it's not just one or the other, but I want to I want to touch back on something you just said in passing before, and it really kind of bothered me a little bit because I've been, you know, I'm on the East Coast and South Florida.

You're actually kind of on the almost other side of the country from where we and as I was watching all the, the forest fires and the stuff that hit California and devastations, it really saddened me because of how many lives were affected.

But then I was kind of thinking about the environment. And when you talked earlier about what the blood testing and the various different, higher, higher levels of certain toxicants that are appearing in the blood these days, it occurred to me that, you know, when you have a fire and it's burning a house, that house is filled with stuff.

And whenever you use a high temperature on stuff, it releases what's called a VOC, which is a volatile chemical that's going up into the air. It's, you know, it's smoke.

It's incredibly toxic. I mean, you know, the firemen, the frontliners that are out there, they really are. It's not just the fire when they bring these, elements in.

And, you know, part of it we see from what happened at nine, nine, 11 in New York City, many of the first responders, they all were getting cancer and many of the chronic diseases.

Now, because they were exposed to these toxicants that came into the body, they didn't we didn't properly detox them. And so now that their bodies are now showing those signs years later, same situation in California, I believe, and just seeing it on a micro level.

But essentially this is our environment. And so you mentioned glyphosate. That's a big one that's in our air, water and food now. But even the local ones that happen from the fires, you know, detox is a big issue.

And I'm hoping that we have time today, that kind of touch on that a little bit. And some of the solutions that you have come up with that talk about that.

But but, you know, you think about the fire and you just think, well, let me just get out. I'm not sure if I'm going to save any. You know, if I save a life for my animals and I can get them, that's the important things.

The stuff, you know, the material stuff. I mean, some cannot be replaced. And that saddens me that you may lose some of those memories, but you're still saving your life.

Now we have to deal with the clean up. Not just the mess, but what's the mess that's going on inside the body, right? I think it's huge. Thank you for bringing that up.

It's definitely something I want to talk about as well today. The environmental toxicants. So I'm seeing loads higher and higher not only of metals but of VOCs all kinds of chemicals.

They're always there in my patients. But now there's fire season and every time there's fire season, a few months later, I'm getting more and more people that are sick, more and more people who, have a who are suddenly in chronic Lyme.

They had no idea they had Lyme or Bartonella or some tick borne disease. And I really believe it's about those environmental toxin loads that that are there causing immune dysregulation.

And now suddenly the person isn't able to handle Lyme that they've been able to handle for 20, 30 years. But but the the the toxicants are causing immune dysregulation.

That's now giving Lyme a chance to have it have have its heyday in the body. And and so I measured the toxicants in the body and, and I look at the genes of detoxification and then I begin detoxing people of course.

So, so usually, even before I start to kill Lyme or any other infections, these people, my patients are many, many infections. I'm not just killing Lyme, going after lots of bugs, but even before I do that, I'm wanting to detoxify them first.

Because when we kill off infections, there's byproducts of dying bugs, dying cells, there's inflammatory cytokines released. So if the toxic load is already high and I start killing infections, I'm increasing the toxin load.

I'm increasing the inflammation in a system that's already inflamed, that's already dysregulated. So typically, one of the first steps I'm going to do is detoxify the patient.

And it's so important. And I often say this even in my own clinic, that the order that you do the your, your protocol and the way you dose your protocol makes all the difference.

And that's really what you're talking about now. And I so appreciate you saying this because oftentimes line patients, they mean a line literally doctor.

The doctor puts them on a protocol. They're the doctor. And sadly they they oftentimes they say to the patient, well, I'm going to put you on this antibiotic or whatever, and you're going to feel horrible before you start feeling better.

Now that's a detox response, feeling horrible. People know that sometimes when it's a little bit more extreme as a herbicide or herbs reaction. So, so to me, you can avoid all of that feeling horrible and potentially getting worse, which is really just your body saying, I've got too much toxins and now you've added more toxins to the load or the burden.

Kind of like throwing kerosene on a flaming fire. Right. And and it just seems logical to me that if you just take a step back or you take the first step to be lower the toxic burden on the body, then whatever protocol you do.

Yeah, if it's good is you're going to go after source, right? But you're also creating another toxic event in an already inflamed toxic environment. So the toxic load and burden on the body, wow.

Make the ride easier for the patient if they're already probably chronic by the time they see you. And so, you know, I just say, hey, you got toxic over time.

Sometimes people's bodies respond quicker, but sometimes it takes ten, 20 years before they become symptomatic. Right? So you're in these toxins and then there seems to be a tipping point.

Which really brings me to two things that you just mentioned for the topic we're on now. Earlier we talked about why me? Now I want to talk about why now?

Why am I becoming toxic or symptomatic now. So I think this is all of that what we're talking about now. And certainly the solution, our solutions about the order in which we do things to kind of unravel or come out of that rabbit hole.

So let's talk about why now. Right? So that definitely has to do with our environmental toxicant load. So we're all walking around with these with these low levels of toxins in our system.

I measure them every day in my patients I know that. So we're walking around like this and our immune system knows how to regulate that to some degree.

Our body does know how to detoxify, but we didn't evolve to to detoxify with such a high level of toxicants. We we didn't we didn't evolve to to to live side by side or live on a planet that is this toxic.

This is the first time in maybe 15 or 20 years that the planet has been this toxic. But our bodies did not evolve, got fast to be able to handle this.

This is why I believe there's a why now in general for for why we're suddenly seeing people with these mystery illnesses that were not there over the past 15 to 20 years.

So people have a high environmental toxicant load trauma is a huge one right now. We're in a global trauma with the pandemic. I'm seeing people who are so sick from so much for so many other reasons.

Not not just Covid that I'm seeing also, of course, but but people are coming in now. They're more sick from Lyme. They're more sick from mold. Why? They have way more stress in their lives.

You know, with this pandemic and politics and everything, we've always had stress in our lives. But I believe this is one of the times where there's more stress for in human history, at least in recent human history, I'll say, we know that stress of the virus and the politics, but there's also the separation anxiety.

Just before the holidays, I was asking all my friends and people that I see locally that we just interact with, so what are you doing for Thanksgiving?

And they would say, I usually go to my Aunt Sadie's house, but this year, because half of us are, you know, believe one way and half of the other would divide it.

I'm not invited this year, and it was just going to be by myself or just with a friend. And I mean, this it it's emotional, but it's also another stress.

So it really is. And then there's research that shows that stress causes immune dysregulation. All of this I believe, points back to immune dysregulation.

The why now? Because because we've got things in our world now that we didn't have before that are causing a certain level of mean of immune dysregulation that weren't that wasn't seen in the past.

So so that that's the why now in a general sense, society sense. But a patient could walk through my door and say I was fine and all this I was fine. All my life I was healthy.

And now over the past two years, I'm really, really sick. I just don't want to go to bed in the morning. I'm in pain. Why now? And then I go back. I take a thorough history very often.

The why now for them is wow, you lived in a house with mold. You were exposed to mold. Well, let's check your tick borne disease panel as well, because you're showing symptoms of that.

Okay, look, there's tick borne disease. Look at that. Not you have a mold allergy response, but you have more mycotoxins. Okay. Let's look at the metals that's there.

Are you hyper flexible? A lot of my patients are hyper flexible. They might have Ehlers-Danlos Ehlers-Danlos syndrome or they might have cranial cervical instability.

And so or other structural issues. So all of these pieces come together and sometimes the body can, can handle it. The immune system can handle it until there's one event.

It could be a big stress, could be a big exposure, might be Covid causing Covid long haul. But one one single event on top of on top of the system that's barely holding it together.

And then boom, the whole system flares and the person becomes sick. Yeah, I was very intrigued with, I call it a tipping point. It's just to get to what I would just sort of tips on.

Right, exactly. And, and sometimes you actually know what that is, right? Most of the times you don't, because it is like you described an accumulation of days, years, weeks, months of building up.

Now, what's interesting to me and, I love this young doctor, doctor Javon Moore, because he actually addressed this on one of his, live, Instagram Live or Facebook Live sessions.

And you think that, okay, what that if you even know what the straw was that broke the camel's back and then you could go, well, let me just take that back.

Let me just take that straw off the back and now I'll be okay, like I was the day before or the week before. It doesn't work like that. Absolutely not.

Yeah. And that's really kind of frustrating in general. And people don't realize that. You get to a point. It's almost like critical mass where you body has just it's because we're so complex inside and there's so many systems that are at play that when you tip over, it's not just pulling that one straw back, but you really need to address the body.

And as a whole, we can look at it and create a healing platform from a holistic point of view, the whole body, all the systems and understand and this is the hardest part with people that are chronic, because for the most part, they're pretty sick of being sick.

They're sick and tired of being sick and tired. Right. So so they're very anxious right there to try to get their lives back in order. And, you know, we spent a lot of time just saying, hey, it may have taken years or months for you to get here.

It's not going to be fixed with one little magic pill or just overnight. This is going to be a process. We get them on a plan and we just are diligent and, you know, methodical about it.

And so that's really the way back. You had to almost claw yourself back. So I think that that's really a great thing or a bit of a little snippet for people to understand that, you know, super important, I agree.

You know, and it's such an important point, just removing, removing the trigger and then thinking that we're going to heal right away. I know that, you know, in, in functional and naturopathy medical school, we're taught to treat the cause and everything will heal.

But that works well if the system just needs some rebalancing. If the person just has some issues, we can remove the cause. But in in complex chronic illness, we can remove the inciting event.

But the system is already stuck in a loop of healing, and that loop of healing could be that loop that they could be stuck in the loop of inflammation.

So inflammation is such an important part of the healing. Cyclist's the beginning of the healing cycle. But our patients, they got stuck in this loop of never ending inflamed action.

You pull out the inciting event and they're still inflamed. And then and then they think, oh, I just need to keep treating the line. No, there's no more line.

Your body's in that reactive mode still. And so we have to calm that down. Okay. Yeah. Well you've mentioned a few times already about detox and you've also mentioned inflammation.

And for us, we understand that inflammation and toxicity or toxicity and inflammation, they kind of travel on the same road together. So we can lower toxicity.

Then we can lower inflammation. And if we can do that now we're talking about that overall getting the body's systems back in order. Tuned turned on. Oftentimes when I talk about this, I fashion our bodies as if we were a fast driving car, like a Lamborghini or a maserati.

Right. So. And, we're just out of tune. Maybe we're only, firing up eight cylinders or six cylinders. And how do we get the other 12 cylinders turned on so that we're able to win the race right now?

So, you know, that's your job as a practitioner, you know, to try to guide us, understand what cylinders need to be tuned up, and then create that order in which to do that.

That is, you know, slow and and conservative, but gets the body turned on and it's really important. Let's spend a few minutes on toxicity. And so you mentioned heavy metals.

And we talked about the and how in testing and rebalancing the terrain, we we noticed that there's high levels of or imbalances of certain toxicities.

Can you explain to me just some of the steps that you would recommend or what you would do to address lowering somebody who's toxic carbon? Absolutely.

So there's some steps people can just do at home. The first one is is to avoid toxic burden as much as you can. Of course eat organic your, your, personal products and beauty products for those to be organic and green.

That's the first step. Second step is remove yourself from the environment. If you if you happen to live in mold, that's a tall order. But but do that.

We can talk about that another day. That's a big topic. Maybe moving houses, but, you know, avoid first. But then there's the cleanup piece, and this part is big.

So there are some parts you can do at home. I love saunas. Sauna therapy is one of the most important. I find we can we can get rid of heavy metals that way, especially with infrared saunas.

I like your sun up and and so it, saunas. It's very, very important. So I'm thinking about the, the organs of detoxification, the skin, the largest organ that we have.

That's why I bring up sauna. The next is the kidneys. The liver, the gut. So the toxins are released through all of these systems. So all of these systems need to be supported.

Right. So we talked about the skin and then the the liver and the kidneys I use herbs to support them. So I'm using herbs to tone find these organs, but also to to, to get them to detoxify more, to rev them up a little bit more.

So I'm supporting every single organ of detoxification I mentioned with herbs or the sauna. And lymphatic massage is also very, very important to get that lymphatic flow going.

So I'm supporting the organs of elimination and I'm using binders. So binders will will will will bind the toxins. So now if you have binders with food it's going to bind the nutrients in your food or with other medications.

It'll bind that. So it's important the binders are on an empty stomach. And now some people though they can't they're not ready for detox yet. Even detoxification therapy is going to be hard on their system.

They're going to reject that. They're going to reject the herbs or they can't. They can't mobilize enough toxins through the system yet. So so then I have to come in with immune, immune modulatory treatments before before they're even ready to detox.

A lot of patients. Detox is the first thing I do because they're ready for that. Other times I have to prepare their system for it. And great advice. One thing I forgot to say is I also like to use ID therapies for vacation, so I like to have an oral route, an intravenous route, depending on how high the load is.

So if the load is very, very high, I'm using choline IVs, glutathione IVs, possibly chelating therapy. So phosphate IL choline makes the cells flexible to let nutrients in toxins out.

Glutathione is also, you know, a huge detoxify to the liver makes it so people come to our clinic for those for those therapies as well. That's the big guns and detoxification therapy.

But the detox therapies have to be personalized. Some people are ready for it, some people are not. Some people need deep, deep detoxification therapy right away.

Some people cannot tolerate that. So so it's really getting to know the patient first and what their genes of detoxification are and how they're going to respond to therapies.

Do they have co-factors for detox? Amino acids, minerals? A lot of times people are ready for quesadilla choline and glutathione. Yet because they're mineral status, their amino acid status isn't isn't appropriate.

They're just going to keep recycling toxins. If I try to recycle, if I try to pull them out of the system, but they don't have the cofactors yet. So detox is very, very detailed and highly personalized.

Thanks so much. That's amazing. I've therapy, which, even though it's invasive because you're you might be sitting in a chair for 4 to 6 hours, you're, you've got some cocktail that's dripping down slowly and it's going to rectally into your bloodstream.

But it is super effective, because it does main line and you're not going through liver or you're not going through your GI tract to get a supplement, in or some biochemical change that's happening through your digestive tract.

You're going right into your bloodstream. And again, you know, as the clinician, based on the symptoms and the history that you assemble on the patient, you make the determination which is the best route.

But, just into lowering the toxic burden before you get started and then starting those systems back up so that they're standing on their own two feet as they want to.

Exactly. Then it really gives you the practitioner there a lot of time to go after the root cause before you even start going after the root cause. So you just lower the burden.

And what does it do for the patient? They get their their lives back. They, you know, get much better sleep, which is another challenge that they may, they may find that they're getting less brain fog, for instance, or chemical or, food sensitivities start to sort of suddenly go away.

So I just love what you said about taking care of, like, your house, get your house in order. And one of the things I wanted to add was that there's a there's a stressor out there that people are now becoming more aware of.

That's called electromagnetic fields, EMF, and it's another one, but it's a silent one because you can't see it, you can't hear it, you can't taste it, you know.

So you don't really know, like the impact. But we do see a lot nowadays when you are chemical sensitive or food sensitive. Now most of your sensitivities are really dialed up because we have patients that tell us, I just walked into a room and instantly I got a headache.

And, you know, like they couldn't see what was going on. I couldn't smell anything. But yet they their body responded from the electromagnetic fields.

So that's another, more modern stressor. But it is in our lives. And now we've got 5G networks, the government and the, military. They're using seven and ten G.

So even those, those micro towers, you think it's just for three four and five G, two for cell phones. Now our government is using the same cell tower to generate frequencies that are even dialed in higher than 5G, and that's affecting all of us. So, and, I think it was Doctor Clean Heart that did a blood study there.

He actually tested people in the urban areas. Pacific Northwest, kind of where you are and the urban, the urban in the rural areas and the measurement of the mycotoxins, the byproduct or the poop from these microorganisms, from mold and the anaerobes, you know, like wine parasites.

Berbizier, bacterias. They were highly elevated in the blood from the city areas and much lower, like almost 80 times less in the, in the, rural areas.

And really, if they're all drinking the same water and eating the same food, breathe the same air generally because in the same area, the big difference is the concentration of cell towers in the cities is so much higher.

And those energies are actually feeding the bugs that are now doing what they their made to do replicate is their number one function. They poop in the process and then then, they use up your body resources in order for them to survive.

And so really back to the question about terrain and rebalancing the terrain. These organisms have lived in harmony in our bodies. We all have a little cancer, a little Epstein-Barr, a little streptococcus.

We all have a little bit of all these different kinds of organisms. And they've lived in harmony for thousands of years, like you said earlier. Why now? Why me?

These are the big questions. I love that we're going here, but we are kind of running a little bit out of time. So as we get closer to the end of our interview, I just wanted to offer or ask you, is there where wait, where you start?

It talked a lot about a lot of great things. Can you offer me? I'm your line patient now and I'm presenting kind of not really symptomatic. What would you suggest I do maybe tomorrow to inspire me to kind of get out of bed or to get on track, or just something I can do as early as tomorrow that will really rock my world really changed my trajectory, as they say.

Yeah, the first thing I would do is internal work. If you haven't been already, if you haven't been meditating, try that. If you haven't been grounding your feet in air, trying that.

A lot of my patients, they already have been doing that even before they come to me and they're still sick. So that's a piece that's a really, really important piece.

But those techniques, those those internal, the internal work, nobody else can do that for you. You don't need to go to a clinic for that. It it really sets the foundation for for the biochemical pieces to work.

So it also doesn't cost a lot. Right? I mean, for me, well, you know, I know why your patients because here in

California, everybody, California kicks their shoes off and hugs palm trees and on the sand.

So they really touch the earth. But well it is winter time. So maybe it's a little harder for all of us to do that. But grounding, getting touching the earth and bringing nature and its charge into the body is super important.

And Doctor Zach Bush talks about getting it out there and communing with nature so that we actually rebalance and reset our microbiome, that relationship of the external environment to our internal environment.

That's super important. And, and, you know, I just love the idea of the guided meditation or doing affirmations or doing prayer work or it's not about religion, it's about spirituality and making that connection and releasing a lot of the emotional stress and things that we hold on to these things.

One more thing. Give me one more tip. One more tip. If you're not getting enough sleep, and chances are you're not really talked to a functional medicine doctor about that.

Maybe you need a sleep medication, but there are other ways. A good way to get sleep is the grounding. The earthing techniques. For sure. The meditation techniques.

There are a lot of herbs you can use, but if you're not sleeping then there's not. You're only going to heal so much. Our body detoxifies when when we sleep.

Our brain, our lymphatic system detoxifies when we sleep. So definitely, talk to your functional medicine doctor about sleep. If you're not getting that, I love that.

Actually. I have a dear friend, one of my mentors, doctor Bob Marshall, who passed, but he was a top nutritionist in the in the country for sure. And he said, as good as I am, as great as the nutrition that we make here at, Premier Research Labs, if you gave me a choice of great nutrition or a better night's sleep, I would just sleep every day of the week.

That's how important sleep is. Amazing. Wow. Wow. Doctor papaya today was really enchanting. I loved your soft spoken way and approach to, healing and treating something that's really serious Lyme disease.

Sometimes people don't understand how deep and how serious it can go, and not just that it affects the patient, but it affects every single person that comes in touch with that patient their family members, their practitioners.

It's very frustrating. It's often misunderstood, and it's somewhat complex. But what do you give us is real primal understandings of some of the mechanisms at play, in simple ways and simple approaches to start getting your house in order.

I really appreciate your time and the time that we spent together getting to know you and and certainly the information that you offered us today as we unfold this healing from Lyme Naturally Summit.

Thanks again for joining us. Thank you so much for having me. Such an honor. Hey everybody. It's Robbie best in. Thanks so much for joining us today. Please share this content with anyone that you think might benefit from it.

And we're looking forward to having you with us tomorrow for another great interview.