Introduction to Long COVID and Chronic Lyme

So both Lyme and its co-infections and the SARS-CoV-2 virus can come and go acutely. They can go but then leave the immune system in such disarray, leave the immune system so confused that now the patient is in a state of perpetual inflammation.

We then have inflammation meaning the organs, inflammation meaning the genes, and these downstream illnesses that are taking place. So both microbes can do that.

The other thing is that both microbes can come and go acutely, but also stay in these reservoirs. And we know that Lyme and co-infections love the nerves and the connective tissue, but the SARS-CoV-2 virus can also hang around.

and low levels and chronically, insidiously, quietly create more inflammation until it's not so quiet anymore. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome back to Lime Bites, Rebuilding Immunity, Reversing Inflammation, and Redefining Recovery. Today, we're exploring where long COVID and chronic Lyme meet, two complex illnesses with overlapping symptoms and shared underlying dysfunction.

Joining me is Dr. Nafisa Parpia, Board Certified Naturopathic Doctor and Director of Naturopathic Medicine at Gordon Medical, where she specializes in Lyme disease, mold illness, autoimmunity, chronic fatigue syndrome, mast cell activation syndrome, and long COVID.

In this episode, we dive into the immune, neurological, and vagus nerve dysfunction common to both of these conditions, the two long COVID patient types that Dr.

Parpia sees in practice, and how she builds individualized treatment plans for this growing patient population. This is Lime Bites. Let true healing begin.

Welcome, Nafisa. Thank you so much for joining us today. Thank you for having me here. Absolutely. Tell our listeners a little bit about why you do what you do.

Well, I love to work with patients at the deepest level possible. I know that if I was just working with the patient for just toenail fungus or a urinary tract infection, which I do also.

But if that was all the only thing I was doing, I myself wouldn't feel fulfilled. So there's a healer in me and our patients are walking through the darkest hours of their life and we're there with them.

I'm there with them as I know you are just on their journey guiding them standing behind them, beside them, carrying a light through that dark, I see just like this dark tunnel they're walking through and we can help bring them out.

And that's just the most rewarding thing. So that's why I'm doing this work. That's wonderful. It is think that, you know, gosh, pretty much every physician or medical practitioner that comes on the Line Bites podcast really is working with some of the absolute most sickest patients that are out there.

And it's tough. It's a tough road. It's a tough journey.

Why Dr. Parpia Works With Complex Chronic Illness

But I think to be there and to be that light and be able to guide those people and really see them through and then see the tremendous transformation on the other side is like an overwhelmingly gratifying experience.

So thank you for doing what you do. Thank you. All right. So let's dive into the topic. So what are the symptoms of long COVID and what are the symptoms of chronic Lyme and what makes their presentations so similar?

So a patient comes into my clinic and they say to me, I have brain fog. I have dysautonomia, meaning they have POTS and tachycardia. I have issues sleeping.

I now have hormonal issues. I have pain in my muscles, my joints. I don't know what's going on. I've been to many, many doctors. Nobody can give me a diagnosis or they say it's just long COVID and all I should do is take some low dose naltrexone and just ride this out, wait it out.

Well, I've waited for more than a year. Okay, so this happens on a daily, right? So a patient comes in and they tell me these things and I think, okay, is it long COVID?

Is it mostly COVID mediated or is it tick-borne illness? These are the symptoms that resonate with both of these diagnoses, long COVID and chronic Lyme or chronic tick-borne disease.

And so these patients have symptoms in virtually every system of the body. Every system has been hijacked. So Starting with the neurological system, they have migraines or chronic headaches, the dysautonomia as I was talking about, digestive issues.

A lot of them have issues in their ears, nose, and throat system that they didn't have before. People now have chronic sinus inflammation, they didn't have that before.

Pain in their jaw or in their teeth, didn't have it before. A lot of people have issues in their digestive system. diarrhea, constipation, gas, bloating, that's new to them as well.

They have issues in the musculoskeletal system, joint pain, muscle pain, they have issues with sleep and their hormonal system. So they've got symptoms in every single system of the body, simultaneously.

That confuses the medical world because the medical world likes to think that illnesses should be one symptom, one system affected, one diagnosis, one way of treating, and it should be the same for everybody.

But it's just not the same. It's not this, right, in the patients who have complex chronic illness. But I find it really interesting that people who have these two very different inciting events, two very different microbes, SARS-CoV-2 or Lyme and co-infections, but they have a similar presentation, what is that about?

I think the most important thing for people to remember is that at some point it's not necessarily about the inciting event anymore. I know that sounds a little controversial to a lot of people like, what about removing the root cause?

What about root cause medicine? Yeah, of course, I care about the root causes, but as equally I care about what how the body has compensated, what's going on downstream, what are these secondary effects that are leaving the body open to this perpetually inflammatory state that is now creating multiple system illnesses really.

Shared Symptoms and Multisystem Dysfunction

To say these people have multiple diagnoses now, it's not just Lyme, it's not just COVID. So we need to think about the root causes, but also what is the ultimate cause now of these multisystemic illnesses?

What's different for each patient? Are you ready to revolutionize your approach to diagnosing and healing complex chronic inflammatory illnesses in both adults and children?

The Lime Bites Symposium is your gateway to cutting-edge education, groundbreaking research, and innovative

therapeutic solutions. Join us at the 2025 Lime Bites Symposium, November 14th and 15th at the Fort Lauderdale Marriott Pompano Beach Resort and Spa.

Lion Bites is the premier functional medicine conference on complex, chronic, infection-driven inflammatory illnesses. This year's meeting is jam-packed with leading industry experts discussing long COVID, mycotoxin illness, Pan's Pandas, as well as Lyme and other vector-borne diseases.

This conference will arm you with the knowledge, clinical pearls, and practical solutions that you can implement immediately into your practice Monday morning that will literally change your patient's lives and get them on their path to true healing.

So join us at Pompano Beach or virtually from anywhere. Register now at LymeBytes.com. That's L-Y-M-E-B-Y-T-E-S dot com. Yeah. And you know, I am, you know, my, my whole life and well, you're an atropathic physician as well.

Like we are trained in root cause medicine and you know, it's funny because I used to think Lyme and other vector borne diseases or, you know, whether it was Candida or it's it's Epstein-Barr or it's, you know, SARS-CoV-2 now or whatever it is, it's like, oh, that's the underlying cause.

And it's like, well, acutely, that may have been the underlying cause, but the changes that it made to the terrain and to the physiology of the body and the way the body functions, it has now created like 13 other underlying causes.

And now that's what we have to go after and uncover to be able to get the patient well again. And I think that that is missed in complex chronic illness, that people want to treat these complex chronic illnesses as though they're acute.

Just go after the triggers. Well, actually, if we go after the triggers first, it often makes things worse. Often I have to start with the immune system or the detoxification pathways before I even start to kill an infection if I start to remove root causes.

And these patients first, all hell is going to break loose. So what's actually happening in the body? What are the physiological and the immune system overlaps between the two?

So they're such different microbes, yet they do have some things in common in the way that they behave in the body. Prior to the pandemic, I would say the medical world thought that infection, for the most part, could do one of two things.

It could come, give somebody diarrhea, maybe food poisoning or an upper respiratory illness, flu, right, or a common cold, and then go, and then the patient's life would return back to normal.

A bug comes and goes and life goes on as though that never happened or, God forbid, a microbe can come and go and kill somebody in the process. Now with the exception of certain microbes like TB or hepatitis or polio, the medical community really thought that Those are the only two options that a microbe in the system.

But those of us who are Lyme literate, the pandemic came as no surprise because we know that a microbe has other options. So both Lyme and its co-infections and the SARS-CoV-2 virus can come and acutely they can go, but then leave the immune system in such disarray, leave the immune system so confused that now the patient is in a state of perpetual inflammation.

We then have inflammation meeting the organs, inflammation meeting the genes, and these downstream illnesses. that are taking place. So both microbes can do that.

The other thing is that both microbes can come and go acutely, but also stay in these reservoirs. And we know that Lyme and co-infections love the nerves and the connective tissue, but the SARS-CoV-2 virus can also hang around in low levels and chronically, insidiously, quietly, create more inflammation until it's not so quiet anymore.

And we've got the microbe there still causing other downstream issues, which we'll get into later, but so both these microbes can come and go, leave the system in disarray, the systems in disarray, create ongoing inflammation, or they can come and stay at these low levels.

So they have that in common. The next thing they have in common, and I alluded to this earlier, was that they do cause immune dysregulation, this abnormal immune response.

So we can have autoimmune manifestations with molecular mimicry. There's research on that on both of these microbe types.

Root Causes vs. Downstream Damage

We can have mast cell activation syndrome. We see that in people who have long COVID and people who have chronic Lyme. We see a weakened immune response, meaning their immune system is permissive to other infections or they can't mount the appropriate immune response to kill off other infections that they have.

So We have this immune dysregulation and perpetual inflammation that these two microbes cause. The other thing that they cause is the waking up, so to speak, of dormant infections.

So particularly the herpes family, Epstein-Barr virus, cytomegal virus, HSV1 and 2, HHV6 and 7. So these viruses lay quiescent, quiet for many, many years for many, many people.

And then along can come COVID or Lyme and co-infections and wake those up. And now a patient has multiple infections going on. We see it with mold. We see it with mycoplasma.

chlamydia pneumonia. These are common in our patient population. It's not just COVID reservoirs. It's not just Lyme and co-infections, but it's multiple infections.

And we're also seeing a lot of people with long COVID who have chronic Lyme or a lot of people who have chronic Lyme and co-infections with SARS-CoV-2 reservoirs.

So we're seeing this sort of this intermingling of the two infections with multiple other chronic infections. But there's more in common that these two bugs have.

They can both cause endovascular inflammation. So this Lyme spirochete itself can embed into the endovascular tissues and create localized damage there, create inflammation in the blood vessels, and the SARS-CoV-2 virus through ACE2 receptors can also enter the endothelium and disrupt it and as well cause vascular issues, specifically microclotting.

And we think that's very possible that Lyme and co-infections also cause microclotting. And it's also proposed, right, that this microclotting, these vascular issues are the driving force between the driving force for these multiple systemic issues we're seeing in long COVID.

I think that could be the case for Lyme as well, that the research isn't there. But from enough clinical experience, I could say it's probably True. Are you suffering from Lyme disease or another complex chronic illness and aren't sure who to trust when it comes to herbal supplements?

Hi, I'm Dr. Mariah Hinchy, founder of Lyme Core Botanicals. As a naturopathic physician specializing in complex chronic infection-driven illnesses like Lyme disease, I needed herbal medicine I could truly trust.

That's why I formulated Lyme Core Botanicals. where our herbal tinctures are handcrafted in small batches right here in Connecticut. We use the whole herb, never isolates, to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency, and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients

and family members heal, too.

And now I'm making them available to practitioners and patients everywhere. Lyme Core Botanicals, herbal medicine you can trust from a doctor who lives this work.

Learn more at Lyme Core Botanicals. That's L-Y-M-E-C-O-R-E dot com. Yeah, it's uncanny how many similarities there are between Borrelia and the inflammatory cytokine cascade that it ignites.

And then therefore the shift, especially with like the T cell, the T helper cell branches of the immune system. And then if you look at COVID, it's almost the exact inflammatory cytokine cascade that gets ignited.

It's the same pro-inflammatory cytokines. So it makes sense. If you have SARS-CoV-2 there, it's going to literally make the body hospitable and cause the same sort of damage and the same immune imbalance as Borrelia does.

And so they actually, if they're both present, are going to work more synergistically, I think, to basically use the body as a toast, you know, and to break down and feed off the body.

So yeah, and then we're seeing different people responding to it differently. So I'd say what we have in common is we all have this body in common with all these different systems, the cardiovascular, the musculoskeletal, the endocrine, all these systems.

But each patient is their own snowflake, right? They have their own particular presentation. But what's in common is that every system is now trying to compensate.

But when it's complex and chronic, it's the patient's own stick, even though there's the same causes.

How Lyme and COVID Affect the Immune System

So just like looping it back to that first question we were discussing, Yeah. So I know in practice you've actually taken this very complex total body encompassing every single system of the body.

And you've, you've actually been able to kind of tease it out into, you know, you talk about two distinct types of long COVID patients in your practice.

I've yet to hear you talk about this. So I'm really excited to hear you run through this. So talk about the two different types of long COVID patients you're seeing in your practice describe how they differ.

And then let's talk about like, you know, would your approach to treatment vary depending on which group the patient falls into? Absolutely. So we've seen many, many patients with long COVID at our clinic.

And so there's so many different types of patients, but there are definitely two types that I've broken it out into based on my observations over the past four or five years.

So the first type of patient is the patient who, actually let me backtrack, type one and type two, their symptoms are the same, all the symptoms that we just spoke about, right?

But type one is the patient who everything is driven primarily by spike protein, or by virus and that's clear cut. So we know that they have microclots or we know that they have the spike protein itself, reservoirs of it or reservoirs of the virus itself.

We can do some inflammatory cytokine testing also to see if they've got some inflammatory markers that are particular for long COVID as well. So all the testing shows that they've got issues that are driven very particularly by SARS-CoV-2 and they get treatment for these issues.

This patient, the sort of protocol cookie cutter treatment plans work for them, right? So we could give them

Maraviroc, for example, right? So Maraviroc will help decrease the inflammation in their monocytes.

We could give them atorvastatin or pravastatin that will help decrease inflammation in the blood vessels themselves. So this is talking about Dr. Bruce Patterson's protocol, which worked for many, many people.

Didn't work for our patients. Our patients are usually type two, but we'll get into that in a moment. So Dr. Patterson's protocol is wonderful for this type one patient where everything mostly is driven by SARS-CoV-2.

So they get Maraviroc, they get maybe a Torvastatin or Pravastatin, maybe they have LDN or metformin, or melatonin and some curcumin, and after three months or six months, life goes back to normal.

When that happens, God bless, right? I'm so happy when that happens. Those are not the people who came. We have some of those people, but really the people who have come to our clinic are those who failed that, didn't work.

So then we have to think, all right, What else is going on? Of course, it's fine to assume when a patient first comes and they know that they have long COVID or they know maybe they have a vaccine injury.

We can try these things first. If it works, great. If not, we've got to move on. Well, we know that COVID, just like Lyme and co-infections, it does wake up the other dormant infections.

So we're testing for those things, treating those things, looking at the hormones, looking at the microbiome, because COVID does disrupt the microbiome.

So we're looking at every system, right? In environmental toxins, these patients typically have high loads of microplastics, heavy metals, glyphosate, other environmental toxins.

They've got issues with their structural integrity. So they may have had an injury 20 years ago and they were walking fine, it was their left ankle, for example.

Now, all of a sudden, that injury in their left ankle has blown up and they haven't noticed it for 20 years, things like that. They've got all of these multi-systemic issues with multiple causes and multiple compensations, so we're peeling back all of that.

They also treating the issues that they have for long COVID because we know they need help with their microclots. We know they need help with their inflammation, but looking at all the other things I talked about is unique for each individual and working on those things.

So do you find, so it sounds like the type one are kind of like more cut and dry They don't have all this like collateral damage, right? They just need to like maybe detox the spike protein.

If there's active virus, it's like, you know, you, you truly need to. kill the virus, it's maybe more short and sweet. But then you have like this other group, the second group where there's a lot more terrain damage.

And then I would suspect, so I don't know the answer, tell me if I'm wrong. I would suspect that there's probably a lot of other microbes that have re-emerged in this scenario, right?

So is this the reactivated Lyme and Bartonella and Babesia and Epstein-Barr and all of these other, you know, bacteria, viruses, et cetera? Yes, and thank you for asking that because this is where Lyme and COVID meet, right?

It is very rare that I'm going to see a patient like this who does not have Lyme and co-infections and also who does not have a mold issue, while also who doesn't have a microbiome issue.

Many of them have Epstein-Barr virus or cytomegal virus. How common is that? Mycoplasma, chlamydia pneumonia, they've got all of these bugs going on. at the same time.

And so we've got the issues of Lyme and co-infections with the burden of long COVID on top of it. So that just, it's like putting gasoline on the fire.

Two Types of Long COVID Patients

So our patients who had Lyme and co-infections five years ago, life was a lot easier than the patients who come in now with Lyme and co-infections and who have issues of spike protein and further micro clotting and further inflammation, further immune dysregulation, people with people coming into the clinic.

Now anybody who even comes in and says, I know I have Lyme disease. I also am thinking, well, do you have long COVID? Let me check. And most of them do.

And how do you check? Do you look at the cytokine profiles or are you looking at antibodies against the spike protein? Like what, what are you doing to anal or something else?

What are you doing to analyze that? Yeah, I'm doing a few tests. So first of all, I'm looking at Dr. Mozziani's T-Labs test to look for spike protein.

He's looking for spike protein itself. That plus I'm using InfectoLab's COVID spot test. It's looking at interfering gamma and interleukin-2. If interfering gamma is high, it means that there's a reservoir.

Now, we know the scientists very well behind that lab and he's told us, well, we don't know if it's a reservoir of the virus itself or of spike. Okay, but if we can look at the Infectolab test and we're seeing interferon gamma elevated and we can look at the spike protein test, just say there's no spike but interferon gamma is high, then I'm going to say that is most likely a reservoir of virus itself.

If we're seeing spike protein on Dr. Mozayani's spike test, and we're seeing interfering gamma-high for SARS-CoV-2 virus, then I'm going to say, well, we know it's spike-mediated.

You might have some viral reservoir there as well. So I'd like to use those two tests in conjunction to tease out as much as I can what the reservoirs are, viral or spike-related.

I like to use the Med-Help microclot test. Now, I believe that microclots can come about from Lyme and co-infections. I don't see why not considering they can create such endovascular damage.

There's no research showing that Lyme and co-infections cause microclots themselves, right? But that microclot test was created for helping with the diagnosis of long COVID.

So I like to look at that and know if there's other other issues on the other tests I just mentioned, then I can say these microclots are related to spike protein or COVID reservoirs.

We can look at the inflammatory cytokine tests by Radiance Labs or by InfectoLab as well, and that can give us an idea. But again, when I'm looking at inflammatory cytokines, it's very hard for me to say, yeah, that's just from COVID or that's just from Lyme.

Right, because they're such an overlap. Such an overlap. So have you noticed a difference between your patients who have had, like in my practice, I just call it wild COVID, meaning you got it out in the wild, right?

So that's your exposure to spike protein versus those patients who have been vaccinated and, and, or receiving boosters. Do you see more problems, more resistant to treatment in the vaccinated group versus those who have let, you know, call it wild COVID or do you not see much?

difference. Something I'm seeing is, and this isn't going to be for everybody, but it's for my patients, the people who've had five vaccines, they tend to have more neurological issues.

I've seen that. I just want to make this very clear to people who are listening. There are many of you who've had five vaccines and you're fine. The people who come into my clinic, they're not fine.

It's because they maybe had a genetic propensity to an inflammatory pathway to multiple inflammatory pathways. The vaccine has saved many lives and it's injured many people.

Both those things are true. So I've seen a lot of vaccine injury because our clinic helps people who have long COVID and I sort of lump long COVID in with a vaccine injury.

Yeah, a lot of these patients just can't tolerate it. Like symptoms like MS get worse after that. I've seen that before. I've seen ulcerative colitis and Crohn's come on after five vaccines.

So I've seen ulcerative colitis and Crohn's and MS come on prior to the pandemic from tick-borne disease. It's hard to know exactly where it all comes from.

I think that it's this soup, this this combination of multiple factors like we've been talking about how that person's body has responded. Do you have a different approach that you would take with someone who has received even if it were just the first two vaccinations or with five?

Do you have a different approach if you know that they have you know, that they have this mRNA technology that could be potentially perpetuating spike protein generation in the body.

You know, it's not a different approach. I'm going to treat them the same way, whether it is spike from COVID reservoirs or from a vaccine injury. Yeah.

And you have good results with both. I think that's the thing that the listeners need to hear, right? Absolutely. This can be resolved. You can be healed.

We resolve this every day. It takes a long time. I want to be clear, right? Like, again, we've got the people who can do Dr. Bruce Patterson's protocol and they're good in 12 weeks, up to six months.

Great. But these other people who've now been sick for a long time, some people say, I know this happened after that. Some people, many of my patients say, I know this happened right after the vaccine.

I'm so disappointed. I thought I was doing a good thing for myself. And right after that is when my life just changed and I'm dysfunctional now. We have people saying that, or I have other people saying, no, I think I was actually fine after the vaccines.

It was after I got that last COVID that this happened.

Testing for Spike, Reservoirs, and Microclots

And maybe it's the cumulative effect of spike protein. I don't know, really, but I know that these people have spike protein, they have microclots, then they have Lyman co-infections, They've got mold driving it, other chronic infections, other environmental toxins driving this perpetual state of inflammation.

And yes, we get people out of this. It takes a while. It can take a few years depending on the patient. Well, and I know that in addition to everything we've talked about so far, you do a lot of therapies and approaches towards helping to stimulate the vagus nerve and reset the autonomic nervous system.

And that is extremely important in healing both Lyme as well as long COVID. So talk to us a little bit more about you know, what the vagus nerve dysfunction is, how it plays a role in both Lyme and long COVID, and what your approach is to helping people balance that out and resolve that dysfunction.

So for our listeners, some of them might know, some might not know that the vagus nerve is in charge of our

autonomic nervous system. All the things that we do to function subconsciously, breathing, digestion, our heart, beating, right?

So it's in charge of those things, but something that a lot of people don't know because it's newer in the research is that the vagus nerve also helps to tamp down an inflammatory response.

So when we have an inflammatory response that's perpetual due to maybe chronic low levels of microbes and environmental toxins, all the things we've been talking about.

And maybe it's time to turn off that inflammatory response because we've treated the bugs, we've detoxified the patient, the patient is still stuck in a state of inflammation.

It's time for the vagus nerve to tell the immune system, okay, now we can quieten down that immune response. We don't need to be in a state of inflammation anymore.

We needed it, yes, to contain the insult. We needed the oxidative stress to help deal with the bugs and the toxins, but now we're done. The immune system says, okay, I'll quieten down.

Well, we know that both Lyme and SARS-CoV-2 can irritate the vagus nerve. They can also have reservoirs in the vagus nerve. So then we get this vagus nerve dysfunction and a lot of our patients have have POTS and dysautonomia that the Lyme community saw these patients every day all day long.

But now people with long COVID also have these same issues. tachycardia, POTS, issues with digestion, issues with sweating, all these things that are mediated by the vagus nerve.

And so I think that the tree in the vagus nerve, working with it is so important. I love the primal trust program for that. We also have an amazing osteopathic.

He's not a doctor, but he's an osteopathic. He's got training from the osteopathic school in Switzerland. He's got amazing hands to help work on the autonomic nervous system I mean, people walk out of there and they feel the difference.

I think that having people who know how to work hands-on is really important. Cranial sacral therapy, acupuncture, breathing exercises, I think that once we can calm down the vagus nerve, there's a lot more that we can do because when somebody is constantly in the state of feeling unsafe, we can't treat anything.

The medications, the herbs, the supplements, everything, feels unsafe to their body. That's how they're primed. So some people we have to work on calming the vagus nerve first before we can even start to treat them.

Vaccine Injury, Neurology, and Treatment Response

Absolutely. So in addition to working on the vagus nerve and balancing the autonomic nervous system, since there's so many other potential root causes for both Lyme and long COVID, what is your approach?

Like how do you kind of set up an individualized approach with each patient to create an effective treatment plan? The first thing I do, and I know you do too, is take a thorough history, do a thorough intake.

My first appointment with patients is at least two hours, and we book them for two hours, but sometimes I need three, sometimes I need four hours, because the history is so deep.

There's so much information that we find out. First of all, I want to know who am I talking to? Who is this human being in front of me? That, just acknowledging the person in front of us, witnessing that they're ill, verifying it.

That is just even the very beginning of healing because they have been ignored or they've been told there's nothing wrong with them or they've told they're going to have to live the rest of their life like this.

So the first step is really being present and listening and doing this thorough intake. Like what are your symptoms? When did you first become ill? The medical history, going through every single system and finding out what is What is going on?

Are there diagnoses that have already been made? Are there diagnoses lurking that nobody's made that I'm thinking of based on this history? Doing environmental assessment and from that figuring out what labs they need.

Most patients I am doing labs to see if they have reservoirs of spike or the virus itself. I want to know, do they have microclots? I'm looking at their inflammatory cytokine panels starting there.

If there's a tick bite history, of course, I'm looking for Lyme and co-infections. Even if there's not a tick bite history, and I suspect it. I'm also testing for Lyme and confections because how many people get bit by a tick and they don't know it was when they're two years old or on the back of their neck or their head?

Places that they just can't observe. So doing all of this testing and every patient of mine also gets tested for heavy metals. I'm seeing a lot of mercury, a lot of lead in people, even just in their blood, in their urine, unprovoked.

I'm seeing glyphosate, microplastics. So I'm looking for multiple different bugs, multiple different toxins, of course, testing the microbiome as well, testing their hormones.

If we need to, testing their sinuses. We're finding a lot of molds, funguses, bacteria that don't belong. in the sinuses there. That's creating brain inflammation.

So really by taking a thorough history, I'm understanding what tests I need to do. Sometimes I need to do a genetic test. My favorite test is the Intellix DNA test.

It's thorough and they really called the research to look at what genes work with each other to maybe create the state that the patient is in if we've got epigenetic expression from all of these different causes creating inflammation.

Vagus Nerve Dysfunction and Autonomic Healing

So there's so much to really dive into with not only who am I talking to, who is this human being, but how are they presenting and what is underneath all of this.

And then comes the treatment plan based on the testing based on talking to the person. Very often I'm having people on Ramesh. Ramesh is our amazing healer with hands-on osteopathic techniques.

They're going to him first very often because I need the vagus nerve calmed. Then I come in and I start to modulate the immune response. I like to do it with peptide therapies.

Then I'm working on detoxification, working on mold. It's very often, but not always, that until we deal with mold it's very difficult to work with Lyme and co-infections.

Some people I can work on it all at the same time. Then the viruses. Some people I need to treat the viruses first, so we've got this way that we think about the order of treatment.

Sometimes that's not right for a patient in front of us, so it's really understanding who is in front of me, the human, their heart, but also the labs and how they're going to respond to treatment.

It takes a lot of, I'd say it's an art. It's a science, but also an art of knowing where do I enter the system from first. Different people will want a different point of entry.

Their body, their system will want a different point of entry. What works for one person might break another person. So it's being very careful in understanding the patient.

And I think that just comes from experience. You just, okay, pick up this piece first. Well, thank you for sharing that with us. You definitely have a unique approach to treatment with us and I love how you encompass all of the various parts of naturopathic medicine when you're coming up with these individualized treatment plans.

Thank you. Is there anything else that you would like to share with our listeners before we end for today? Yeah, I want people to know that there is hope.

People come in and they've been sick for 10 years, 20 years, or five years now because of the pandemic, or two years now because of the pandemic. And we've been turning these patients around for a long, long, long time, long before the pandemic, long before the fallout from this pandemic.

And so we see people heal every day. And doctors like myself and you, we're with our patients. throughout the process. It's not just an eight minute visit and then I'll see you later.

Try one medication. I'll see you again in three months. No, we're walking the journey with you. It's a journey and there's hope. There definitely is hope.

Individualized Treatment Planning and Hope

And if you aren't feeling it with the person that you're working with, I think with the practitioner. So like for patients who are listening, if you're not feeling it with the practitioner that you're with, I think it's important to to find one that you really resonate with and that instills hope in you.

That is so important, right? I actually, you know, I pray for many things. One of the things I pray for is for the right patients to work with me because there is a patient who is right for another doctor and not right for me and vice versa, right?

So there's gotta be that. So what gives you the most hope right now, Nafisa, with these patients facing chronic misunderstood conditions? What a great question.

You know, what gives me hope is seeing them get better all the time. I'm seeing them get better if they're at the end of their being sick. I have goosebumps as I talk about that, like telling a patient you're done.

I'm so happy for you. That is what gives me hope every time that happens. And it happens very, very often every time I'm, I'm filled with so much joy and that that's what gives me more hope.

It's like that. It feeds itself. Yeah, that's wonderful. So Dr. Parpia, why did you want to be a speaker at the 2025 Lyme Bites Symposium? What drew you to this?

So this is the only conference that caters to both doctors and patients alike that is on this subject. We have Eyelads and I love Eyelads. It's mostly doctor geared.

And I think that the public needs to be educated on this and on this, on Lyme and co-infections when it's chronic. And Lyme Bites is the only one. So I'm excited for that.

Well, thank you. We're excited to have you. Thank you. Awesome. Well, thank you so much for joining us. And to all of our listeners, thanks for listening to Lime Bites.

We hope this brought you one step closer to true healing. And if it helped you share it with someone who needs to hear this too, because together we all heal stronger.

We'll see you next time. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies,

subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks. Real talks from real doctors on the issues that matter to you most.