Introduction and Guest Background

Hi and welcome to another episode of the Healing Line Summit. I'm your host, Doctor Mariah Hinchey, and today we are talking with one of my favorite people, Doctor Neuenschwander.

He is a practicing physician in Michigan with a retired board certification and emergency medicine, and a current board certification in integrative and holistic medicine.

He has been seeing patients in his Ann Arbor, Michigan clinic for over 35 years and specializes in managing chronically ill medically complex children and adults, including those with chronic Lyme symptoms.

He is the current president of the Medical Academy of Pediatrics Special Needs, or Maps, which is an organization dedicated to training practitioners in the integrative approach to chronic pediatric conditions, including autism.

He is also a member of multiple medical societies, including the International Lyme and Associated Disease Society or Islands. Doctor Neu is a sought after speaker on the topics of the impact of the gut on health, biomedical treatments of autism and other neurodevelopmental disorders, management of immune activation and immune injury syndromes, and the impact of the environment on the health of our children.

Doctor new is a tireless crusader for parental and individual rights. When it comes to our bodily autonomy. My favorite fact of all of these accomplishments is that Doctor New considers his biggest accomplishment to be the thousands of patients that he has helped over the course of his career, most of which came to him with little or no hope.

So welcome, doctor New. Thank you so much for being here with us today. My pleasure. Maria. Thanks for having me. Absolutely. So why don't we start off by kind of bridging that gap?

How did you start out in emergency medicine and end up doing what you're doing now? Well, I mean, originally, you know, I went to medical school to learn how to heal people and believe it or not, they don't teach you that medical school.

So I ended up in a surgery residency because at least you're removing disease from people. And it was really cool. But halfway through my surgery residency, I had an epiphany about, you know, there's this whole world of health care out there that I didn't know anything about.

And so I got myself trained in homeopathy and acupuncture, herbal medicine. And I actually left my surgical residency. The emergency medicine part was, you know, I was moonlighting, because, you know, like a fool.

I went to medical school, got married, had two kids. There were bills to pay. And you don't make anything as a resident. So I was already moonlighting.

Loved emergency medicine because it fed that part of my brain that likes the blood and guts part of heart medicine. So I actually left my residency, much to the chagrin of my professors, and, pursued a career in integrative medicine.

So the emergency medicine was there to pay the bills, and it was something that I loved doing. And I kept doing emergency medicine until about six years ago, when I just couldn't escape the vaccine mandates that they were putting down.

This is pre-COVID, and I was just like, I'm out of here. I don't have to do this. I do it because I love to do it, but it's not worth damaging my system to keep doing it.

So I love that. But, you know, in the process, you know, you you hang out your shingle, you start, you know, our tagline was healing illness at its source.

And, you know, you start looking for root causes. What's causing the problem? What's causing the problem? What's causing the problem very rapidly. You're going to end up in the world of chronic Lyme of time society.

You know, I started primarily treating adults, around 2005. I got dragged kicking and screaming into the world of integrative pediatrics. Because my wife thought it'd be a good idea for us to do that since I wasn't busy enough.

But you know, that that's been game changing. I mean, it, it's, you know, you change the life of the child. You just improved the next 70 years of their life.

You know, you've changed the life of a 70 year old. You know, maybe the next ten years, 20 years or so. But that's how I got here. And, you know, back in the 80s, when I was doing this, there just weren't a lot of resources.

I mean, there barely was an internet.

From Surgery to Integrative Medicine

And so a lot of this initially was self-taught, but there's nothing like, you know, the kind of information you can get now. I mean, these, these kinds of summits are phenomenal, you know, to to be able to get the information out to folks and to practitioners as well.

Yeah. And that's part of why I love doing this. I mean, we really have the opportunity to impact, you know, like 50,000 different people's lives who may not hear the information that we're going to talk about today.

You know, and, and a lot of Lyme is very different in the pediatric world. And I think we are so quick to diagnose and slap a medication on all of these kids, you know, especially when it comes to neuropsychiatric issues.

And, you know, there's a lot of there's always a root cause, right? A lot of times it can be infectious, it can be nutrient deficiencies, it can be a multitude of things.

But there's always an underlying root cause. And I think that's why the work that we do is so important, because we figure it out and we focus on healing that.

So let's start off center. This is a mind summit. Let's talk about the difference between, some of the unique features that you would see in a pediatric patient versus an adult.

Patients suffering with chronic Lyme or another co-infection. Well, I mean, kids are, you know, just by their nature, a little bit more susceptible because of their size.

And the fact that they're the ones that are going to be running through the tall grasses and the woods and all that stuff, more likely than their parents are.

And because of the size difference spanning the age of the kid, you know, they're more likely to have, tick bites, places that aren't obvious, like the scalp or the hairs covering, you know, necessarily see it.

If you're not doing a good neck evaluation. And then the other thing is, you know, if you're living in an area that's endemic near parrots, you know, they're much more likely to be all over the pet.

And the pet may have the text and the kid can get it from there. The other big thing with with kids is whether it's because the tick bites are more likely to be in the head neck area, or whether it's just, you know, less mature blood brain barrier or whatever it is, these kids are more likely to have neural line than adults are.

So the rate of a neural time in adults might be in the 10 to 15% of all, you know, clinical cases. With kids, it's more

like 25%. So and the trouble is, it's not going to manifest as necessarily, you know, your classic, bull's eye rash or a swollen joint or whatever.

It may just manifest as a behavioral change. And, and then that becomes very, very difficult. And we also know from studies in areas where it's endemic, you know, that that 20, 25% of kids in these areas can have antibodies to Lyme, not have any symptoms, you know, so they're more likely to get, you know, the neurologic stuff, but they're also more likely to just blow it off, you know, to be able to have the appropriate immune response and get rid of the the fire key to not actually get one.

But the important thing for everybody to understand is, you know, if you have a kid that you know is going down certain road and all of a sudden, you know, the devil inhabited them and changed in their OCD, or they're anxious and they're, you know, aggressive and, you know, they don't want to do things they did before.

And, you know, you have those kinds of changes. There's going to be a reason for it. And Lyme is one of those reasons. And it always has to be in the back of our thought process when we're looking at these kids.

So kids are more likely if they do. You know, if they do have a joint, it's more likely to be inflamed and swollen than an adult. Again, they're they're going to have a more aggressive immune response usually.

So those are some of the main differences between kids and adults. Right. And so one of the big red flags being that abrupt change in personality behavior or cognition, anything like that.

Not to explain that away. And you know that the trouble is frequently it's going to be in kids that already have some of those symptoms. You know, I, I deal with a lot of kids on the autism spectrum.

So, you know, they already have, and neurologic issues. They have, you know, putting it in quotes, psychiatric issues that are associated with their normality.

I mean, if they get exposed to Lyme and, and an immune response to a, to neuro line in particular, then, you know, you're going to see an exacerbation of what's already there.

So it might not be a new symptom, but, you know, volume increase and what, they had a past. Yeah. I always like to say Lyme and co-infections. They tend to prey on our weaknesses and vulnerabilities, whether they're genetic or just, you know, a past injury or something like that, because it likes to go to the areas of dysfunction and inflammation, you know?

So do you think that in sort of, you know, like the in the autism spectrum, right. It's all of these various pieces of the puzzle. You could have three children on the spectrum.

Spectrum sitting in front of you. And they might have, you know, five different combinations of various characteristics, right, that are, that are the root cause of their autism.

How much of a role do you think congenital Lyme or congenital Bartonella or other co-infections are are a piece of that puzzle? Let me say definitively, I have no idea.

Not I, I know, I mean, we don't really, you know, at least at least in my research, we don't have great, research on that.

Pediatric Lyme vs Adult Lyme

You know, that that the bottom line with the in general Lyme or the general Bartonella, I think Parnell is a lot worse than Borrelia, which is the lines via acute.

The issue there is twofold. I mean, number one, you have the organism itself is being transmitted. And it can I mean, it, you know, is does it get transmitted?

Who knows? But it can same with other illnesses like HIV and those kinds of things. You know, it's not 100% transmission. It's not even very great transmissions.

But that's one thing. The other thing is if mom has, and mom has immune activation as a result of having it, the immune activation of the mother will affect the neurologic development of the of the baby in utero, you know, so that fetus brain development is going to be influenced by inflammation created by mom having that.

So once a child is born, I mean, it's interesting because, you know, we're back to this Louis Pasteur thing. You know, we focus in on the bug because bugs cause Z's, but not really.

I mean, it's it's your response to the bud that causes the disease, you know, the symptoms that we call the disease. So if you have a baby, an infant that is developing an immune system, and that immune system can adapt to what's there, you know, in the same way we adapt to all the normal bacteria, you know, inside, on top of our body if, if the, the, the Bartonella, the Borrelia is part of that ecosystem, then you can actually have immune tolerance to those organisms.

And then they almost become like probiotic organisms, relevant disease causing organisms. Again, all this is based on you know what I've observed, what I've seen with my patients, I don't have good data on on those points at all to say if mom has, has, you know, a subclinical Lyme, she has aspire a kid.

That means that 27% of all babies born in that state are going to have congenital Lyme and 80% of those kids are going to develop neurodevelopmental issues as a result of it.

I just don't have those kinds of numbers, to describe it. I mean, to me, at the end of the day, kids are healing machines, old farts like me. We're going to have problems. Kids, not so much.

I mean, they just, you know, they have the ability to adapt to what the environment is throwing at them. And so even if you have those congenital issues supporting their immune system, supporting their digestion, you know, all the things we do in integrated medicine, that's key to helping them develop and not necessarily OG.

We need to put the six month old, you know, Ivy, right? Seven or something. Right? So, you know, you kind of bring up the point that in, you know, conventional medicine, infections are treated with antibiotics and infections, you know, thinking about bolstering the immune system or healing the body.

When someone has an infection, it's kind of like a foreign concept, right? Like we use manmade antibiotics or sometimes herbals to really focus on killing that organism.

And so I know that you and I kind of have the same opinion when it comes to using, you know, very strong combinations and excessive amounts of these antibiotics.

You know, that that's not the best idea. So talk with us about how you think that these antibiotics are a dismal failure and can actually worsen the situation by further weakening the immune system.

Right. So you've got, you know, antibiotics and drugs in general. I mean, I'm taking an antibiotic, say, but drugs in general, the drug has toxicity, right?

So if you're going to take a drug for a week okay, you know, you probably can recover from that toxicity if you're going to take a drug for a month, it's going to be tough if you're going to take a drug for six months or a year or however long some some of these folks are on these antibiotic protocols.

You're going to have problems with that, right? You know, we've seen drugs like, statin drugs, you know, Stanton drug. If you have heart disease, you're a high risk of having a heart attack.

That drug will reduce your risk of a heart attack 30 to 40%. Okay, that's not great, but it's just unproven. But that Stanton drug really is not going to make you live any longer, you know, because you have to take it every day for

the rest of your life.

And eventually the toxicity of the Stanton drug is going to exceed any benefit, and you'll die of something else at the same age. You would have died of a heart attack, right?

So it doesn't really you know, that's a problem with pharmaceuticals. So the antibiotics, we've got a few things going on here because is that just the toxicity, the antibiotic.

We're going to take this antibiotic okay. What does it do to your liver. Your kidney. You know that sort of stuff. That's one set of toxicity. The biggest thing with antibiotic toxicity is what do you do in the gut ecosystem.

Right. Because if you want to say, okay, doctor, do I want to improve the function of my immune system, what should I do? The first thing I'm going to talk about is your gut, because the immune system basically lives there.

You got 8,085% of all immune function is the lining of your gut. That is the interface between the inside world and the outside world. Because we're taking in food that's not sterile.

We have to have a way to prevent ourselves from dying of food poisoning every time we eat. And so the gut has this huge immune system. We know that there's signaling between the gut ecosystem, the bacteria in our gut interact with our immune system.

There's signaling back and forth. And if you want to have an intact immune system, you have to have the right bacteria in the gut. You know, we know from animal studies you have these mice that are they're sterile, that got sterile.

They're born without any bacteria. Their immune system can't function, you know, so you have to have those bacteria. So if I come in with these antibiotics and I change that gut ecosystem, we're screwing things up.

Now again, what's the difference between children and adults? You know, I'm 64 years old. You give me an antibiotic, chances are my immune, my gut is going to bounce back to whatever I was at before I started those antibiotics.

But if you give me a six year old or a four year old, or especially a six month old, and you give them antibiotics, you can permanently all to that gut ecosystem for the rest of their life.

Gee, why don't you have any beef it offers? Oh, that's a good start to look at me. You know, on Augmentin when I was six months old. That can happen, right?

And so you have to be very, very careful when you're using these things so that the success rate even, even for, you know, you walk in with the turkey and you got a bull's eye rash and my knee hurts even for you know, that type of Lyme.

I mean, the success rate is less than 50%. I mean, it's it's pathetic, right? And people need to understand even if I give you antibiotics for strep, you know, rapidly divides response to antibiotics.

Why do I give you an antibiotic. The incoming was strep throat. The difference between taking the antibiotic, not taking the antibiotic. You know, if you take the antibiotic, you're going to clear the trout in 3 to 5 days.

If you don't take the antibiotic, you're to clear the strep in 5 to 7 days. So why the heck do we even use it, right? Today's it's because it prevents the autoimmune disorders that can be created with strep.

That's actually why we use it. We're not asking them to kill bacteria. So we got the same issue here that, you know you're dealing with a a different type of bacteria.

You know, antibiotics are kind of a dismal failure. And because they affect the gut so much now you're screwing up

the immune system. The immune system is your one, not one is your biggest ally in terms of trying to get rid of, infections in the first place.

Congenital Infection and Immune Tolerance

So here you take an antibiotic. It has toxicity to organs. It has toxicity to the gut. It's going to make your immune system weaker. And that's just going to allow it to persist over the long run.

And I really think that's a big reason why it's been a failure. And particularly with kids, you know, and again, say it again. Kids are healing machines.

Give them the right stuff. Most of the time they're going to be able to take care of it. Yeah. I think one of the most important, important points to make on on the back side of that for our listeners is I think a lot of people think that an antibiotic takes whatever this infection is, any infection.

You mentioned strep and it takes it from like, you know, the trillion organisms that it is to zero. And it's like there's no antibiotic that completely obliterates any bacteria.

It's like the antibiotics lowers the load to the point that the immune system can then come in and eradicate it, right, or hold it in remission. Whatever the case may be, it makes it, you know, low enough that it's not causing an issue any more.

And so that, for me was my moment. I did a lot of integrative treatment. I was like, why are the people that refuses antibiotics and only want to do herbs getting better and actually able to stay in remission?

And it was when I realized the connection between the immune system, the gut, the microbiome, and that you literally can't rebuild the immune system while you are destroying the microbiome in the gut.

I mean, you know, this was a lesson we learned from HIV in the bad days of the HIV epidemic because these patients without zero help response, their T helper cell count would be zero, and these patients would die of simple infections.

And when they died, they were on three antibiotics antifungals, antivirals, every anti whatever that we had and they still died of infection. So it's true.

And you know the other thing is it's just simple math. Sometimes you know if you're looking at an acute strep infection well will divide every two three hours.

I mean it's very rapid. So if it if in order to bring the numbers down, let's say you need 20 cell divisions. All right. So at two hours per cell division you need what 20 40 hours.

Whatever it is 2 or 3 days of antibiotics will back out strep. But if you're talking disparity even, you know bull's eye spider case. Maybe it divides a couple times a week.

So if you need 10 or 20 divisions, that's ten weeks of antibiotics for a bull's eye graph. If you're talking a persistent form, you know, a form that might be dividing once or twice a year.

Okay. Well, 220, that's ten years of treatment. I mean, who the heck is going to take ten years of antibiotics to try and bring this down to a number that might work?

And what are you going to do, the body of ten years of antibiotics, right? I mean, that's the whole issue with antibiotics. And, you know, for me, especially with adults, the whole thing for me is that the reason why any of us even consider it is because we've all had those patients that come in and they've had five years of symptoms, and you do the testing and you go, man, you look like you have lying, and you put them on a month of antibiotics and you cure their symptoms.

I mean, that's happened and that's why, you know, those of us with that stupid MD after our name still think allopathic, and we still have that on our list of things we use.

But I'm just saying with kids, most of the time I think it's a mistake to use them. You know, and again, I know there are many people out there that that's sacrilege.

But I mean, that's been my experience with it. I don't have great success with the antibiotic protocols, and I do have much better success with the herbs lifestyle, the, you know, fixing the gut, that sort of thing.

And, you know, we've lived and I know infection was a problem, but we lived for gazillions of years without antibiotics, you know, and again, in the wild, if you look at animals, they tend not to die of infection.

They tend to die of starvation and predation. Right? Yeah. Those are the biggest killers. Well, and I think, you know, there's there's so many people and kids running around with exposure to a lot of these organisms and other viruses and parasites and all sorts of things.

And I think that if the immune system is functioning robustly and if we're not poisoning ourselves with what we're eating, what we're drinking, what we're putting in our houses, what we're putting on our bodies, etc., etc.

you know, these are immune system, does a good job at keeping these organisms in check, you know? But when we have all of this chronic stress and toxicity and, you know, poisonous lifestyle, it's a perfect storm for these organisms to start working synergistically in our bodies and kind of take over.

So I know that you believe a lot in lifestyle intervention, nutrition, cleaning up, environmental toxicity, etc. so share with our listeners kind of your take and your approach on utilizing all of these things to help a child heal.

Yeah. I mean, for me, you know, it it really starts with basics like, you know, what is your kid eating?

Why Antibiotics Often Fail

You should I mean, you should go through your house and and not just for your kid, but for yourself and everybody else in the family. I mean, the basics of food are eat real food.

Okay? I'm not even talking organic and free range. Just eat real food. Let's start there. Okay, so if it comes in a box and it's been processed, don't eat it.

Right. You know, and and if you're, if you're, you know, I want to eat bread or whatever. Okay. Then go to a bakery where they get up every morning at nine earlier the clock and they make the dough and they break bake the loaves and that's what's available to you. That's what you want to eat.

Don't go to the grocery store and buy a package of bread that's been sitting on that shelf for a week. God knows when it was made that full of preservatives.

And there's also fires and all the things that screw up. So real food, you know, and I always say, if you read a label, if there's more than 4 or 5 ingredients, throw it out.

If there's anything you can't pronounce but throw it out, you know, if there's anything that's not food on the label, throw it out. So again, you know what?

Why is carrageenan in my food? I think I know what that is. It's emulsifier. And the reason why we hate carrageenan. It emulsifiers the lining of your gut.

So that is really going to mess you up. But, you know, start with real food. The next step is let's get into organic food. All right. Because we know, you know, there's studies out there if you take kids measure their urine. There's all these pesticides and glyphosate and all that stuff in your yard.

You put them on organic diet for a week, a week, and those things disappear for the year. You know, so it does make a difference to take organic food.

And, you know, it's expensive. And so one of the things is, all right, learn which foods are really important, that they're organic and foods that are not, you know, so banana that's all important if it's organic or not.

An orange, you know. Yeah. If you get organic it's going to have more nutrients and all that stuff in it. But you know, if you have a grape, every organic, if you have a strawberry, better be organic, you know.

So there's something called the Dirty Dozen or the dirty 30 or whatever. It's go online, there's different organizations. Environmental working Group is the one I like, but there's a bunch of them there that are list foods.

You know, here's the here's the clean 15, here's the dirty dozen. You know, the clean 15 are the ones that you don't necessarily have to get organic foods, but the dirty dozen, you know, I don't eat strawberries if they're not organic.

I just don't. Celery salary, you know, I don't need it if it's if it's not organic. So you really want to know what those are. And then, you know, the next step is okay, what about the meat?

What about the dairy? What about those kinds of things? And that's where how the animal waste matters. So again, for me the best thing is, you know, find your regenerative farmer and start buying their stuff.

You know, and you know, yeah, it's more expensive than what you're going to get it, your local grocery store. But the nutritional can get so much better.

It's so much cleaner and so much better for you. So we start with that and then you have water, right? I mean, it's like all a there are people that still drink tap water.

I mean, to me, in in my world, I mean, I don't think I drink tap water since forever, you know, maybe at a restaurant. I was in a desperate moment. Drink some of their water.

But, I mean, I don't drink tap water, you know, and I'm not saying bottled water is any better. You want to drink clean water? The best thing is to have some sort of water purification system at home.

You know, a Berkey filter, or I use something called zero water. It's just a multi-stage filter. You know, there's all kinds of systems out there, and I want to get into it, but you want clean water and then the environment in the house, the environment in the school, the environment in the workplace, that's also critical, but especially at home.

So water leaks, mold carpeting looks pretty easy to clean. Get rid of it. You know, you need solid surfaces. Same thing with furniture. You know, cloth furniture.

It's very easy for that to take on mold, take on dust. And those kinds of things are becomes hard to clean. It's much better. Again, you know, this is where you're going to pay for it.

It's much better to get leather furniture or something that is easier to clean. And then and I'm a fan of using air purifiers, you know. But again, if you're going to use an air purifier, make sure it's good quality, make sure it's purifying the things in the air you're worried about.

So typically we're recommending Hepa filters down to point one microns on the air purifiers. And there's companies that make those that will actually filter out mold toxins.

Some of the really small ones. Right. And then the the the other big thing is plastics. And I don't know what to do about plastics, but for at the very least stop using them.

Right. Because we know there are micro nano plastics in every municipal water supply. Reason 47 not to drink tap

water. All right. You know, and don't use it in cooking.

And even with showering I mean, you know, nano plastic particles are small enough that they go right through your skin, right to the cell wall, right in the nucleus, into the mitochondria, into the ribosomes of the cell.

And they screw up our biochemistry and molecular level. All right. They screw up our hormones. They screw up our energy production. They screw up our DNA, our idea, and they're here to say I don't you know, the problem with that is I don't even know how to filter those out, because you'd have to get a filter so tiny.

I think your water pressure would go to zero. Right. So yeah. And now all of these new houses that are being built with all of like the piping, right, like the flexible plastic instead of the old copper piping, you know, so, just constant, constant exposure.

Yeah. What could go wrong? I don't know, I don't know. Yeah. I think we should all go back to living in teepees and, you know, getting drinking water out of Brooklyn nearby.

Yeah. And, you know, the other big thing with kids, the other big thing with kids is, is, you know, they need to be outside, get them off these screens, get them away from the electromagnetic fields.

I mean, you can't you can't get away from people. Forget you go back to, you know, 100, I'll say 120 years ago, you know, we really didn't have non-native.

You have our electromagnetic fields, all the EMF came from the Earth and, you know, magnetic field and all that stuff. You know, first we had telegraph, which not much, but then we had radio.

That was really the first big EMF. And, you know, now every house is wired with electricity. We've got a gazillion different channels in that EMF band that we're being exposed to.

So, you know, whether you're holding a cell phone or not doesn't really matter. You're an antenna in this big EMF field, and we didn't have that before.

What does that do to the human body? We don't know. And I'm not even talking, you know, 5G and all that stuff. All that's doing is ramping up the intensity of those cells.

And there's almost nowhere in the world you can go without getting a signal, you know? So again, that's the other thing of what do you do about that? You know, keep yourself grounded.

You know, I use grounding now. So my bad. But, you know, encourage kids to be outside, encourage kids if you're near water to be in the water, on the sand.

And you know, actually being, you know, barefoot in the grass kind of thing, you know, I know we're in a one time protocol. I didn't hear my son's feet touch the grass until I knew that he could walk and talk.

And when I say developmentally typical, a child might just check afterwards.

Diet, Water, and Home Environment

Yeah, they're a good teacher every day of his life. Yeah. No. And, you know, the other the other big thing is check your house. I mean, I, you know, I've got kids who live nearby and, you know, we checked their house and, you know, especially an older house, you know, where people have added on to it.

And, you know, I found out one of their houses wasn't even grounded, like the entire house was. Wow. Which is not only not bad for you in terms of emfs, but like, you know, it's a fire risk.

It's like, yeah, hope you don't get hit by lightning. Your house is going to explode. Yeah, right. Yeah. And another

super cheap, cheap thing that you can do is just get one of those timers, you know, where you plug the, you know, your modem and all that stuff into it.

And I like, you know, say a p m it all shuts off. So at least from like 11 to 6 or 10 to 5 or whatever the case may be, you know, all of that is turned off when everyone is there in the house sleeping.

And you can get those things for like, I think 30 or 50 bucks. Yeah. No, I mean, for me, you know, if I have patients that, you know, I know, I know, you're certainly Intel's proudest achievement is the thousands of patients that help.

But I don't remember any of those patients. What I remember are the hundreds of patients that, you know, don't have symptoms. So we're always looking for what else is stopping.

And I mean, my fundamental principle in treatment is if a person is not getting better, then there's something you're missing. There's a block that you have to figure out what that block is and how to remove that block.

So that's when you get into EMF, you get into light, you get into magnetism, you get into water quality, in the food quality and mold toxins and heavy metals and, you know, the million other things.

It's like, oh, wait a minute, I thought we were talking about line right? Those aren't line, but those are the things that prevent people with chronic symptoms from getting better.

Right? So that that's, you know, a big part of what we do is try to evaluate that environment and then determine what might be getting in the way of this child getting better at this adult getting better, right?

Yeah. It's a giant puzzle. Yes. It will keep me occupied to the end of my days. You know, I have enough A. D. D. that I need to be challenged on a regular basis, and my patients do that for me every day.

Thank you. Patients. I really appreciate it. Yes, they keep us entertained in a in a medically detective. Sort of. No, absolutely. I mean, you know, what it's like.

I mean, I it's I don't think a day goes by and certainly not a week goes by, and I've been in practice for like, I like to say 35 plus I'm just stopping there.

I'm not along. Right. But, you know, I've been in practice for over 35 years and, you know, it's there's not a week that goes by that somebody comes in and, you know, at the end of their I call it the tale of woe at the end of their tale of woe and evaluation.

You know, I have to tell them, look, I have no idea what to do, but I'm going to figure it out, and we'll work through this together, you know? And that's really what you have to do, because I don't think, you know, nobody has the answer for everybody, right?

You have to figure out that patient in front of you. And what's unique about that patient. And how do you move forward with that patient? I mean, that's a big part of why I do what I do with, Medical Academy pediatric special needs with maps, you know, and why we're so interested in training practitioners on these integrative approaches and why I wish every doctor, and not just doctors, but every practitioner out there was more aware of this.

You know, most practitioners are MDS deals, not so much. Right. But to understand that pharmaceuticals you know, that schools change. I mean how it's just symptom pharmaceutical symptom, pharmaceutical symptom pharmaceutical.

There's there's almost no attention to what's causing the problem. You know what. What else can you do for this person? Right. You know, when I started practicing or when I was in residency, it was, you know, if you're patients on more than three drugs, you're bad, doctor, you know, now it's the opposite.

If you're patient isn't on at least three drugs, you're a bad doctor. Right. And so, you know, we have to keep in mind

that every pharmaceutical doesn't know what you're taking, which pharmaceutical you taking.

Every single one of them has toxicity associated with it. And it is the big reason why. The dirty little secret of drugs is that almost none of them help you live longer.

I mean, that's the dirty little secret of pharmacology. And and it's scary because, you know, how many people, even my age, you know, how many people my age are on no medications, how many?

I can say my mother is 77 years old, actually, she just turned 78 and she is on zero medication. But she also has to deal with. Know. So what would you tell our listeners who who know or think that one of their children are a child that they know or is in charge of, is suffering from Lyme or another vector borne disease?

What advice do you have for them? Well, like I said, I mean, there's a lot of things you can do on your own in terms of just cleaning up the environment, cleaning up the diet, get good nutrition in there, that sort of thing.

The second thing is, I mean, this is a complicated issue. You probably need help in dealing with this. And, you know, to me, there's a couple of big resources.

One is pilot, you know, the International Lyme Associated Disease Society. They have practitioners now. There are across the board, you know, and and this was always my problem going to islands conferences because you would have people that were like, you know, bigger, stronger, longer, more antibiotics, blah, blah, blah, blah, blah.

And then you'd have the other group that's like, oh my God, don't ever use an antibiotic, ever. And, you know, somewhere between there is the truth. I'm sure.

So there's a big difference in the types of practitioners, but that's one resource. You know, the other research for kids is just maps. It's that meant maps.org is our website.

But this is the Medical Academy of Pediatric Special Needs. I'm a little biased because I am the president of an organization, but our goal is to train practitioners in the integrative treatment of kids with chronic illnesses.

So you're going to have practitioners there that are, you know, that have gone through our training. They're familiar with the integrative approach. And then it's a matter of finding.

Are they also familiar with line? As you know, we've done the whole Lyme weekend's, camps. Right. So we've done conferences explaining line. We work with Elad.

So we actually do a pediatric themed segment for the eyelids complex as well. So that's those are two good resources to go to. You know, the trouble is you live in Michigan.

You know, in Michigan, there's this delusion that there's no line in Michigan. Right. And I always say, if you look at the map, you know, the map of the U. S.

where they have a dot for every case of line. You know, I always say all the dots you see in Michigan are probably my patients, you know, because nobody's even looking for it, because they have this delusion that even though 5% of all the ticks along Lake Michigan have Lyme, there's no Lyme disease.

Michigan. Right? I mean, it's but so you're going to a mainstream physician is probably not the way to go. You know, you really have to look at an integrative practitioner and most integrative practitioners that don't have MD or DL after their name are familiar with most of the concepts we're talking about.

You know, it's not necessarily Lyme unique. This is what do you deal with do with suddenly this chronically ill, what do you deal do with somebody that has immune dysfunction?

And at the end of the day, that's why you have symptoms. A blind system, right? Your immune system is not

responding the way it's supposed to.

EMF Exposure and Hidden Treatment Blocks

Almost any integrative practitioner can help you with that wonderful. Any other exciting news, either you know for yourself or for maps that you want to share with our listeners?

You know, I mean, the big thing with maps is, you know, because people always say, you know, on the one hand, it's like, well, I'm, you know, I'm a chiropractor, I'm massage therapist.

You know, I always say, if you if you've got a certificate hanging on your wall and you see kids in your practice, even, you know, kids up to 21 years old, you should come to a maps conference if you want to learn integrative medicine in what I think is the most exciting, unique throw format, it's maps, fellowship.

So coming to the conference automatically that first day, you take the first course in the fellowship. So if you choose to do the fellowship, you've already got one of the courses under your belt.

But it's you know, again, it it's going back to the roots of what medicine was based on, which is biochemistry. It's wasn't based on pharmaceuticals originally.

So it was based on biochemistry. And then also understanding how you can manipulate that biochemistry through a bunch of different mechanisms. Again, working on the gut, working on the diet, working on detox, working on the immune system.

How do you optimize that? And that's what that's all about. Maps is exploding. I mean, I think the need for what we do is phenomenal. The forum for Integrative Medicine conference, that's going to be in Austin.

I'm excited about that because they're actually allowing me to speak on that which shall not be named. But, you know, basically how people can suffer injuries from vaccines.

You know, we know it happens how often we roll, but nobody wants to look at the mechanisms they think, you know, it's all but that's what I'm talking about.

There is really and that's both practitioners and laypeople are welcome to t I am, but that's what I'm talking about. There is really you go through the mechanisms of how this can happen and the you know, again the solutions are universal.

So whether you're treating, an injury from a vaccine or you're treating an injury from the chronic infection or even, you know, close head injuries, chronic infections from Epstein-Barr and all this other stuff, the concepts are the same.

And that's really what's exciting about, maps and, and what we're doing there. And plus, you know, I mean, she she didn't know she's one of our fellows.

I'm one of them faculty. So, you know, what's what's great about that is it's also a community, you know, because I always thought for years and years and years, I thought I was a lone wolf in the wilderness.

I didn't have any sense of community. You know, I felt like I was alone, like all my colleagues thought I was wacko. Although they'd send me patients that they couldn't deal with.

But, you know, I wouldn't be part of that group or this group or whatever. And then, you know, you find a community like maps, and it's like, oh, these are people.

And we're all focused on what's best for these kids. It's not about politics. It's not about, you know, indication or or, you know, revenge or whatever.

It's it's about what is best for these kids. What can we do to improve outcomes for these kids? And that's what's exciting about it, because, you know, our future is dependent on these kids.

As I like to say, somebody's got to pay for my Social Security because they already spent the money I put into that. Right. So somebody's got would pay for it.

That's why I'm the president of maps. And to do it healthy kids. I just want somebody working for social care. Yeah, yeah, we all know you're a big softie.

Well, you know, I, I will I will tell all of our listeners I am completely biased. One of the best things that I ever did was got my fellow with maps.

It helped to solidify everything that I was already doing and everything that I had learned 20 years ago now in medical school from a biochemical standpoint.

And I really enjoyed doing it. It was, you know, it seemed like it was overwhelming. And the feedback that I got from some other people is that it's it seems like it's going to be overwhelming, but it's not.

And whether you're a fellow or not, like maps is one of my families and I love maps dearly.

Finding Help and MAPS Resources

And it goes beyond the science. It goes to really having the support and the resources and knowing that no matter what, it's like somebody start your back and like you said, like, these are my people.

So I love maps. I highly, highly, recommend that, you know, if you're a medical practitioner of any type. Again, like you could be a health coach or a massage therapist and you might be the person that speaking to that mother or to that adolescent, you know, that is like, hey, wait, you have this diagnosis, you have these symptoms, and nobody has told you that simple dietary alterations or pre and probiotics or maybe looking at the underlying viruses or parasites or bacteria or, you know, etc., etc., etc.

could literally change your symptoms, the quality of your life and the course of your life. And that's really what it's about, right? Changing the trajectory of all of these kids lives and making their daily lives better.

So absolutely. And, you know, again, these these principles that we teach, they're applicable to anybody. It's not it's not stuff we made up. This is pretty much the principles of how you become and stay healthy.

Right. And again you mean you same thing. Right. And one of the amazing things is like you know, so a lot of these families that I see, it's like one child brings the family in, but then the whole family alters their lifestyle, right?

Because they don't want to single out that one child. So the whole family changes their lifestyle, their diet, what they're doing, what they're cleaning with, how they're thinking, you know, taking certain supplements that they're deficient in.

And you see this whole family's health elevate. And, you know, it could be things that the parents are suffering from. And all of a sudden, like those disease processes are reversing.

So it's just it's amazing. Thank you for being here with me. I really appreciate you taking the time. We all know how busy you are, but thank you. I appreciate you having me.

I, I really enjoy doing this good. All right. And for all of our listeners at home, I hope that you found this helpful and it helps you on your journey to healing one.

We'll see you next time.