Introduction to Lyme and MCAS

I think of Lyme disease really as complex, chronic infections that evade our immune system and make it very, very hard to get rid of. Why do you think patients still spend years of searching for the right diagnosis?

Medicine always wants to try to lump us all together and find one treatment that's going to work for everyone. What I've learned is that according to some of the early studies from 2017, we estimate somewhere around 17% to 20% of population has MCAS.

a healthy point of view podcast, the top rated show bringing experts from all over the world to talk about health, wellness, beauty, and mindset. Today's expert is Dr.

Tanya Dimsey. Dr Tania is a board certified internist, founder of the AIM Center for Personalized Medicine, host of The Masked Cell Matters podcast and one of world's leading experts in masked cell activation syndrome.

Today, she's transforming chronic illness care by uncovering the hidden drivers behind complex disease. When you start looking at diseases like Lyme disease, mast cell activation, endometriosis, how do you actually decipher through them to really figure out what the heck is this patient really having?

A lot of the patients I see have all of them. I haven't seen a only Lyne case in 10 years. In other words, no one only has Lymen anymore. What I say is that you think we're entering an era where immune optimization should be the central of health care.

Yeah, absolutely. Because I think that's. Welcome to another episode of a healthy point of view podcast, your top rated show, bringing experts from all over the world to talk about health, wellness, beauty and mindset.

I'm your host, Sam Tahara. And as usual, we're bringing the experts. What expert do we have here today? The topic we are going to be covering today, this is another Episode in our line disease.

series, but we're going to go a little bit deeper than just talking about Lyme disease. We're gonna talk about mass cell activation syndrome. I'm going talk the different treatments.

we are going about the diagnosis, different type of lab testing that a lot of us functional medicine practitioners that are watching need to learn this and implement it in your practice.

Today's expert is Dr. Tanya Dempsey. All right. It's a pleasure to have you on a Healthy Point of View podcast. Welcome. Thank you. It's my pleasure to be here.

You've been doing a lot of podcasts. How was that? Was that a good welcome versus other podcasts? Yeah. Wow. That may be number one. Amazing. So Dr. Tania, welcome again.

Before we get into talking about mast cell activation, about Lyme disease, and a lot of these autoimmune issues that people are having, I want the listeners and viewers to take a moment here, for us to a take moment and for them to get to know who you are.

But I'm not talking your professional life. I wanted them get know, who Dr. Tiny Dempsey was growing up, you know from, let's go back from like age five.

Wow, that's such an interesting age to start with because that is the exact age that I decided that wanted to become a doctor. Really? Yeah. I always say I was five years old, I remember that.

So I came from a background of my parents and grandparents came all from Eastern Europe. They came here in Poland, Russia, they lived in a lot of different places.

They were immigrants. I was first generation. My grandmother, during World War II and after, served as a nurse practitioner, equivalent of a nursing practitioner during the war and And I grew up listening to stories of how she helped people.

And she was just such an incredible inspiration for me. I remember I was five years old and thinking I just want to be like her, I want go into medicine, and I wanted to help people, so that's really where it all started.

Wow, wow. Then it's been obviously a journey getting to where I am now, but I never looked back because this is my passion, this my love. Where did you go to school?

So I went undergrad, I did I want to Cornell University. Then I wanted to Johns Hopkins School of Medicine for medical school and then I get my residency in New York City at NYU.

Oh, wow. That must have been fun. Yeah, it was. It was everybody showed in there in their youth. Spend a few years living in New York City. I mean, that's a hospital busy, busy hospital.

Can only imagine. And I have friends that in new York that, you know, have worked in the ER out there that have done paramedics and worked on the fire departments and stuff.

They tell me about how busy it is up there. Yeah, and we also had to rotate through various hospitals and one of the hospitals is Bellevue Hospital. And Belleveu Hospital is really serving the underserved.

There's also a prison, at least back then there was a prision on the top floor of Belleville Hospital, there's a psych ward at Bellevieu hospital, so if you wanna learn medicine, that's the way we did it.

We were like boots on the ground, we were running the hospital as residents. We didn't have a lot of support, so we had to learn medicine well because we the ones in charge.

So it was actually a great, amazing experience. That's amazing. So, Doc, you know, we have our Lyme Disease series that's going on that you're a part of, this show here.

Dr. Dempseyu2019s Background and Medical Training

Just in a couple sentences, for any of the viewers or listeners who don't understand what Lyne Disease is, how can you sum up what lyme disease is in few sentences?

So lyne disease Well, let me back up. Lyme disease is one particular disease, one particularly bacterial infection, but we often use Lyne disease as an umbrella term.

And so, Lymedisease is often thought of as also encompassing other infections. It could be acute or it could chronic, But many patients refer to themselves as lyme patients because infections have become chronic.

I think of Lyme disease really as complex, chronic infections that sort of evade our immune system and make it very, very hard to get rid of. That's really what Lyme is, at least in my mind.

But there's so many other infections outside of Lyne. So I find the term actually vector-borne infection to be actually a little bit better because vectors are things that transmit infection.

Tick transmits Lymen, can transmit other infection, But there are other insects, other things, that actually transmit things that are just as bad as Lyme.

Mosquitoes can transmit Babesia, Bartonella, West Nile, and things like even malaria, depending on where you are

in the world. Spiders can transmits things.

Biting flies and lice and fleas, there's just so many. So what I've started to realize is that it's not just about the Lyne disease. It's also about all these other infections.

and what they're doing to our bodies. And even some domestic animals like cats, with the Bartonella, they can easily scratch you and potentially transfer this over to you, correct?

Correct, and it's from the fleas actually. So the cats get infected with flea, the fleece are the ones carrying the bartonell. And then the flea feces actually is what gets under the nails of the cat.

And when you get scratched with it, the fece is where the Bartonella is and that's what's getting transmitted and then transmitting Bartonella. So those poor cats are carriers very often and they're often not even sick, but it's because they've been at some point or someone in their family, whether it was a mother and them they were born with or they got infected through a fleas.

This is all very important to know because sometimes people kind of just focus the microscope just on that Lyme disease but understanding that there's a variety of other infections that potentially can be causing some of these symptoms that a lot of the patients are having are things that need to be considered.

Dr. Dempsey, the National Academies estimate nearly 476,000 Americans are diagnosed and treated for Lyme disease each year. Why do you think patients still spend years of searching for the right diagnosis?

Because what I've learned is that we are all so different. Medicine always wants to try to lump us all together and find one treatment that's going to work for everyone.

But really what happens when someone is infected with Lyme or Bartonella or Babesia or all of them, plus more, These infections are living in a body, and the body has its own immune system, has a way of dealing with things, past traumas that it's dealing, other things from the environment, could be mold, something else, that is also dealing at the same time with those infections.

And everybody's load, I think of it as a load on the body, everyone's is different. And so for some people, their load may be lower or maybe their immune system is better.

So they get treated and I have patients like that. We treat them for a few months. They get better, and then they never recur. But the majority of the patients that I see are the ones that have been through treatments of various kinds.

And they've been to Germany, or they been all these different places trying to figure out why they can't. They're looking for that kill. How can we kill these infections?

And what I've learned is that we have a lot of things living in us. And if your immune system is strong and your body can handle it, it doesn't matter.

I like to use the analogy or think of strep. Strep is very common. Lots of kids get streps, adults get Streps. They get tonsillitis. they take antibiotics.

You usually give them amoxicillin or something like that. And after 10 days, that strep is supposed to be gone, right? So the doctors usually say, here's 10 day and the streps will go away.

And then occasionally there'll be like a kid who will get strept, take antibiotics, and then a month later get Strep again. The doctors, the pediatricians will always say oh yeah, it's going around so you must have gotten it again from somebody else.

That kid didn't get it from someone else again, This is living in his body, his or her body. It's living on the tonsils, it's

in the GI tract. These infections just invade.

Once you've gotten it, its there. Its not going away actually. But if the immune system is robust, you will just kind of go into hiding and then you don't have to worry about it.

Wherever its hiding, as long as everything else is in alignment, ill be fine. But the problem is really, and this goes back to the Lyme patients, is that if there's all this other stuff, you know, they're living in a moldy place or they are under a tremendous amount of stress.

They're going through a divorce. There's been a death in the family. The had past childhood traumas or abuse, whatever it is, that they carry all that in their cells, in they nervous system and in there immune system.

And so that changes how the body deals with all those infections.

Understanding Lyme as a Complex Chronic Infection

So it becomes very complicated. Absolutely. So I want to put emphasis on a word that you mentioned just a bit ago. You said load, right? And correct me if I'm wrong at any point in time here throughout the podcast, but load.

We're talking about the load that should put in on your immune system, which that brings me to a point. I remember you said I was watching some of your content online and you were talking how Lyme disease truly is not the problem, it's the immune So when we're talking about that load, you know, right now you just mentioned a lot of different things that I want to kind of unpack that you're.

Talking about childhood trauma, childhood, trauma for some of the people that are dealing with this, these symptoms of what we call Lyme disease or this load that could have been 50 years ago.

When we're talking about stress, maybe something that's happening in the marriage that is causing this stress on the nervous system. How do we start handling some of these things?

Because this load on our immune system, everyone is a little bit different. There is not a magic pill that will fix this. No, that's right. And so what I do in my practice is first take a really good history and really understand, you know, basically my history is starting at either when they're in utero or before, like understanding the mother's health, the family's, well, where were they living?

Then you go through the pregnancy. If they know it, if they weren't adopted, they often will say, oh, my mother had really bad XYZ during the she was vomiting the whole time and was malnourished or whatever.

Those are, you know, clues for me. And then I'm taking that history all the way through, and then, I am trying to focus on, okay, what are the things that I need to really look at to try to figure out the right path to getting them better?

And so, i'm trying understand their immune system. I'll hear clues in what they're saying, that may tell me, they may have this condition, mass cell activation syndrome, And so, maybe I need to do some testing there.

Understanding why I think mass activation syndrome is so important in this whole thing is because if the immune system is not working properly, and in in condition, the new system, is that only working very poorly, but it's also interrupting the way the rest of the system has to work.

So, it is really kind of a double-edged sword. So, if you don't have an immune system, you can't fight infection. You can deal with your environment. So I go after the immune systems.

But ultimately, and we can focus on that, but ultimately I'm looking at, okay, do they have these infections? And very often I find. They have molecular evidence, not just antibodies to Lyme.

We find it in the blood. They can see it. Lyne, Bartonella, Babesia. Sometimes they have other infections. I'm looking at their gut, and I look at all these other things.

Then I can understand where I need to go in first. You know, they may have parasites in their gut. They may other conditions like POTS or postural orthostatic tachycardia syndrome, very, common in some of our patients who also have mast cell activation syndrome.

So you start to identify, not that I want to label patients. This is like my biggest pet peeve. I don't want give patients a list of 20 diagnoses, but I need to understand, again, where I go in.

Sometimes I have to go with band-aids. just to get them through so I can go to the next level. Sometimes we've gotta go right into that root cause, but the reality is it is not easy.

So we're gonna go into diagnostics one-on-one. For some of our viewers and listeners that are tuning in, that're saying, you know what, this is sounding very similar to what I've been experiencing.

I been searching around, I have been to 10 to 15 doctors, or that one patient who says, well I go see my doctor, my family medicine doctor on a yearly basis.

I get my blood work done, I pee in a cup, and they tell me everything's fine, but I still feel horrible. Where are we going at this point? Because obviously the typical blood work that your general family practitioner doctor is doing is a couple pages long, they're looking at a CMP, CBC, very minimal.

I want you to get into a little bit more details of the testing diagnostic tools that you utilize to really give you that guidance of where you should go when it comes to the treatment of these patients.

Absolutely. And it's a lot. Patients sometimes get a bit overwhelmed, but I really do need as much information as possible. You know, I'm going to cast a wide net, is what I say to my patients.

And so we absolutely need to test as many things as possible, but not everything. I am using my instinct and what i'm hearing from the patient to direct me.

Um, i am always looking at hormones. i always look at the thyroid, always at nutritional deficiencies. Those are like basic, the fact that primary care doctors don't look at that stuff, like check a vitamin D, you know, it's very simple.

Even if I just treating vitamin d alone could be, really rewarding. Sometimes that's the answer to a lot of things. So, so it is very comprehensive and it does go pretty deep into those areas.

But then again, if the history is compelling, I'm gonna put them through a mass cell workup. So that will look a little bit different. I'll I gonna test them for infections, because if they've come in to see me, we know, people come and either because they're really sick and they don't know what's going on, or they feel okay, but they wanna feel better, right?

So, how do you determine that? So again, I get a history that tells me, okay, they may have this immune problem. Let's look at the mast cell activation syndrome.

I'm going to go down that path. There's some blood tests that I am going do. And I will do some urine analysis as well. What we are looking for is mediators or chemicals that mast cells are making.

So I'll back up a little bit. The way mast-cells work is they help us fight off things from the environment. There are soldiers on the first line. So when they see something bad, if there is an infection, there's some kind of chemical, some toxin, they're going to explode.

And they release these, we call them mediators. their chemicals, cytokines, they have different properties and they make, mast cells make over 1200 different chemicals.

We can't test 1200. So we have like a couple of handfuls of tests that we can do to see if the mast cell are releasing any of those particular chemicals And we do that in blood and in urine.

And if we find them, what that does, it tells us that the mast cells must be reacting on a consistent basis. Mast cells not only explode when they see something bad, but they also kind of leak.

And they leak when they're dysfunctional. Like all they see is something is bad in the environment. They are under attack and they just gonna keep the person in this kind of fight or flight situation, which is really what it is.

And so when we do diagnostics, we're looking for those things that the body is, that mass cells are making in trying to fight. What are some of those biomarkers identified as?

So, okay, so for instance, one of the mediators that mast cells make… So one the ones that everyone talks about is histamine. Histamine is a very common mediator made by mast cell.

It's also made other cells. And I think there's a little bit too much focus on the histamines problem, at least on social media, that's what I see. But there are other mediators that they make.

One of them is heparin. This is what's really fascinating. Heparin is a blood thinner. It's a drug also, but mast cells are the only cell in the body that actually makes heprin And Heparin is, again, it's a blood thinner, so it can cause weird symptoms for people.

Easy brucibility. A lot of patients will say, I don't know why I'm bruising so much. Or women who have really heavy menstrual bleeding. The question is is some of that due to mast cell activation syndrome and because the mast cells are releasing this heparin, which again is one of the most specific and sensitive markers for mast cell activation syndrome.

So it's done in the blood. It has to be a very specialized lab that can measure it properly. But when we find it, it is also very, very helpful. There are a lot of other chemicals and mediators that they make in cytokines, and there are more and more ways to test them.

Absolutely. So, you know, when you say cytokines and what's happening with this mast cell activation syndrome, I would only assume that there's a lot of inflammation happening in the body.

Right. Are there certain inflammation biomarkers besides the homocysteine that you would be testing for?

Why Patients Struggle to Get Diagnosed

So we obviously test the HSCRP, the high-sensitivity C-reactive protein. What I find so fascinating is as inflamed as these patients are, sometimes that test is not that relevant.

It may be even zero. Sometimes you'll see it a little bit elevated, maybe over two or three. But it's not as high as I would expect for the amount of inflammation that they have and what their body's experiencing.

It's not a great marker, but it's helpful. I'll do some of those things. But the other inflammation markers really have to do more with if the mast cells are making these chemicals, like histamine, heparin, N-methylhistamine is a metabolite, prostaglandin D2, there are a number of them.

That to me actually serves as an inflammatory marker because that means that the mass cells that are releasing these chemical is causing inflammation.

but we don't have a great tool that everybody can be screened with. There's a lot of patients in today's healthcare system that have searched around for answers.

They've seen in the past 10 years, 10, 15 different doctors. In your professional opinion, what is the issue with their

healthcare systems that people continue to search for answer, but they don' get the answers that they're looking for?

There's so many issues. I left conventional medicine partly because of this issue. The issue is that doctors, if you're part of a healthcare system that deals with insurance and the doctors need to see a certain number of patients throughout the day, they get seven minutes, 10 minutes maybe 15 minutes at most.

Which is not enough. You know, I can spend three hours, four hours sometimes more with a new patient. And at least an hour, maybe more for follow-up patients.

Because there's so many details. I'm very detail-oriented. If I understand all the pieces, what's going on in their life, they need to know that. That may be impacting what is going if there is something stressful going.

But then I need understand if they are new symptoms or how the symptoms are relating to things that they're doing. how can a traditional or conventional doctor go through that?

And that was my biggest frustration. And one of the things that happened to me all the time was I would get in trouble with my directors or whatever, because they would say, you're not going to succeed, first of all.

Actually, I was told this in residency at NYU. I had a mentor. I'm going to call him out. Not by name, but I'd have mentors said, I would go in, we would be at this clinic where we'd be treating patients who didn't have insurance, could barely make it financially.

Some of them didn' speak English, and we were there to help them. And I go into a room and I come out maybe an hour, two hours later, and because they had so many complaints and so much issues, but they couldn't get to the doctor that often, right?

So I'm sitting there trying to figure out how I am going to help them in one visit, and my mentor would say, you're never going make it as a doctor in the real world because all you do is you treat one problem at a time.

One problem at a time, you tell them to come back. First of all, I don't know if they're going to be able to comeback. I know they can take off from work.

But second of, what if their stomach pain, their headaches, and joint pain are all related? And how do you look at one symptom without understanding that it's actually all connected?

I started seeing that very early on, but that is really the problem with conventional medicine is that Not enough time, not enough really understanding the connections within the body.

And I don't think that medical students are taught that. I remember learning that, yeah. Would you say our current allopathic traditional medicine system is more of an algorithmic pharmaceutical driven system?

Yeah, I would say it's a big piece of it. And I'm glad you use the term algorithm because that's all we were taught. Right. I remember you go to the ER, you have an algorithm.

If you had chest pain, and there's something to be said about it, let me tell you. You want an ER. you want traditional medicine if you're having chest and a heart attack.

Yeah, for acute illnesses, traditional medicine's fantastic, right? You cut your arm off. Don't come to my clinic. Go to the ER. Exactly, exactly, so I don't want to criticize it because I know how important it is, but it's not good at treating the complex, chronic, multi-system conditions that are really actually rampant right now.

It's really just getting worse and there's just not enough of us to take care of these patients. You know, that's where I really noticed how deep it is into that algorithmic system is, you know myself as a firefighter pair of Medicare in South Florida, working in emergency medicine for 12 years, the ACLS protocols, when someone's in cardiac arrest,

regardless what rhythm they were on, on the monitor, The same medications, the same process, it doesn't matter if I was defibrillating, synchronized cardioversion, whatever it was, I followed the exact same protocols that the ER doctor did.

Paramedic doctor. two significant different type of licensing, but it's an algorithm that we all follow and it doesn't ever defer from that, you know?

And, it is something that I'm putting emphasis on that because it important because the way you practice medicine as a functional medicine doctor, versus a lot of your allopathic traditional medicine doctors is significantly different, right?

You're looking at things how you said, you spend time on just a questionnaire, and diving deep into that patient's health. I use this process all the time where I say, patient comes into a doctor's office, medical assistant, takes their blood pressure, blood pressures high, first thing that they wanna do is put you on a prescription for that blood-pressure medication.

No one's addressing lifestyle, nutrition. Are they actually working out? So one of the things that you were saying when you're talking about your experience working early on and you had that mentor and had those patients with a lot of different symptoms that could have potentially be feeding into the same issue that they're having clinically.

You know, when you start looking at diseases like Lyme disease, mast cell activation, lipidema, endometriosis, you see a frequent overlap of different type of symptoms that they all have that are very similar.

How do you actually decipher through them to really figure out, well, what the heck is this patient really having? Is it endometric or is it Lymed? That's an excellent question and not so easy.

Because the reality is that a lot of the patients I see have all of them. I've tested them for vector-borne infections and they have Lyme, Bardenella, Babesia.

Very few have Lime. in 10 years. In other words, no one only has Lyme anymore, so they have multiple infections. 90% or 95% of my practice is mast cell activation syndrome, many of them have MCAS, and then many have hormonal issues.

They have pain, they meet the criteria for endometriosis in some ways. We they have evidence of lipidema, and they had evidence, we're going to talk about also compression syndromes.

They have POTS, they've a number of these things. And so what I say is this, that there's a reason it all got to this point. If you can think through what the chronological order was in some ways, then you kind of unwind it a little bit.

Sometimes, though, you just have to go in and make some decisions quickly to diffuse the situation, especially if they're very, very symptomatic, and then you start to unwind.

But the point is that I used to be able to, or I use to see patients where I'd be like, yeah, what is it that they have? And let's narrow it down to one thing.

But most patients actually have a combination of all, right? So the mast cell piece is so critical because we know there's an overlap between mast-cell activation syndrome and endometriosis and lipidema and venous compression syndromes and many other things and POTS, EDS, or hypermobility syndrome.

The list goes on. And many Lyme patients or patients with infections have underlying mast cell activation syndrome. And this is the thing that I keep trying to drive home.

I think a lot of Lyne doctors don't necessarily appreciate it. A lot them are my friends, I'm on the board of ILADS, right? So I'll get this comment back a lotta times.

You're seeing mast selectivation syndrome and they'll say, yeah, have a few patients.

Mast Cell Activation Syndrome Testing and Biomarkers

And I'll say that's impossible. There has to be more because if they're still sick with Lyme, there's a reason. And, I'm not saying that it's always mass selectivation syndrome, but it is often MCAS that is at the root.

Sometimes it it an autoimmune disease that occasionally happens and I still think that related to the MCAs, sometimes other things are playing a role.

But I think if you understand that piece of the immune system, then everything else actually kind of gets easier to understand and put together, and then figure out how you're going to approach each of those things.

And what I hope is if I go after the mast cell piece, their immune system will get better. So when I treat their Lyme or whatever infection, they'll get there.

And then then I can go in from another angle. Let's say it's endometriosis and I could say, well, if I treated the mast cells this way, then maybe endermetriose gets better, too.

It may be lipidema gets there, so really, my passion is really finding that way so that you can hit a few things. Basically, kill a free birds of one stone.

Right. In a way. Absolutely. Now, Dr. Dempsey, as I'm going through the different episodes during this series of Lyme disease, I've had quite a few doctors come in here and talk about neural longevity.

Also, Doctor Horowitz talked about Alzheimer's. When you look at Alzheimer in patients that are having some of these type of infections, you're starting to see a lot of patients having these infections getting diagnosed with symptoms of Alzheimer's.

Have you seen that in your practice? Yeah, absolutely. Cognitive issues, cognitive dysfunction is actually more common than you can imagine, even in younger people.

In young, young people, let's say in teens, high school, college, a lot of them have, they don't have Alzheimer like symptoms, but they have a attention issues, focus issues concentration.

Many times they're diagnosed with ADHD or something else. Sometimes we have to work on that. But as they get older, then you start to see more of that cognitive forgetfulness, leaving the stove on, doing things that are really, really scary.

And I think this needs to be studied. This is actually a study that I have some colleagues that we're hoping to working on is to understand with an Alzheimer's patient, let's say, First off, what to do if somebody's been diagnosed with Alzheimer's, but then what do to prevent that from happening?

My guess is it's a combination of factors. It's the immune system not working properly. The bugs getting into the organisms, getting the brain, the tissue, also affecting how the system is working.

Then inflammation. This is all neuroinflammation at the end of the day. And I think that if we can figure out all those pieces a little better and understand how to minimize it, right, or how control it or have to reverse it.

A lot of people think they're reversing it now, and we do it all the time. We help people all time get better. I don't know if I'm reversin' it I, think I am getting people better, but I if think we have more information, more research, then we ultimately can really, really prevent.

But it is scary. Absolutely. Doc, in your years of working in this arena, what is the most common misdiagnosis that a lot of your patients are coming in with when they're having these type of issues or having this type infections in their

body?

What's the common most mis diagnosis they are receiving from other doctors? Yeah, well, often they come in with… Well, so it's interesting, actually.

I'm going to back up for a second. If you asked me this question five years ago, it would be different than now because now, because of social media, Because of AI, patients now are very, very sophisticated.

They advocate for themselves. they really want to figure it out. So now patients come with, I have mass selectivation syndrome as their chief complaint.

and they're pretty dead on. And they are almost always right. I've been preaching that quite often, and I tell a lot of our medical providers, like, you better know your stuff.

You better not well, because I could tell you one thing, I can assure you that the patient who's been trying to figure out what the heck's happening with their health, who've seen 10, 15 different medical provides in the last three to five years, especially with chat GPT, which chat to you and learns you.

Right. Yeah. I can assure you that the information that they're getting on that chat CPT is pretty dead on accurate. And they are coming in already knowing what they need to hear.

So if what you're telling them doesn't match somewhat what had been researching for the last three to five years when they put in all their symptoms, all the medications, Oliver, the diagnosis and everything else, I got news for you, that person is going to run out of that office very quickly if you don't know yourself.

100%. So you have a lot of patients that are coming in, basically telling you, hey, I have mast cell activation. And typically, how accurate are they when you start working them up?

Oh, you know, don't know if I should say 100% in medicine, but they're pretty darn close to 100%, they'll reach out and they say, they will say I've read your content or they read my blogs or whatever they've seen me and you're hitting every symptom I had.

I must have mass activation syndrome, can you see me? So we're getting a lot of that. There's still occasionally people who have, they don't fit, I don' want to say typical, there's nothing typical about MCAS, but if you look up the number of symptoms that MCAs can have there are some that fall into sort of the general categories that a lotta patients have.

Some patients allergic type symptoms, anaphylaxis, It's not all patients, and it's a percentage. But a lot of patients are thinking, oh, I don't have that symptom, so I must not have it.

Or inflammation is a big one. They have joint pain, they have other things. It hard. You know, They don' jump to mass activation syndrome. Oh, must have rheumatoid arthritis or osteoarthritis or something else that causes joint.

So occasionally we'll have patients who will come in almost with a mystery illness. They have weird symptoms. I saw a patient recently actually with diagnosis of a very severe autoimmune disease.

I think I've seen one patient with this condition in my career, and she's been put on immunosuppressive drugs. And guess what? She's not really getting better.

They're sort of holding some of the symptoms at bay, but not getting really better, she didn't know anything about mast cell activation syndrome. She didn' know about Lyme or anything else, right?

she just wanted to see if there was a way that she could improve her quality of life. What can I do? Because I don't feel great. I'm in my 50s. And she's in her 50's.

No one talked to her about hormones. Not at all. She's already, I think she actually already menopausal. It doesn't matter, even perimetabolism, someone should have had a conversation.

No one talked to her about that, no one talk to here about how some of her symptoms could be related to something else. They just put her on methotrexate or some immunosuppressive stuff and said good luck.

So sometimes in patients like that where they don't know, I'll go through the disease process. I send them to my reels and my videos and then they'll, oh my gosh.

Yeah, you're right. That must be it. And then I'll test and it's there. So patients often do know something's wrong if they don't know what the diagnosis is.

Not often, they always know there's something wrong. Have you seen that more people, when we're looking at the whole population, have you have seen more that people have gotten sicker with mast cell activation before COVID or post COVID?

Yeah, post-COVID. Why do you think that's the case? Just ramping up. And I think there are a lot of reasons, but I that there's something very specific to COVID and the COVID vaccine that have really, really brought out this underlying problem.

So this is what I thing. I there a a of people who have the predisposition to getting mass selectivation syndrome. And according to some of the early studies from 2017, we estimate somewhere around 17% to 20% of population has MCAS.

They could not know it at all. Very, very mild. Maybe they don't even have any symptoms or prominent symptoms, and then to the very extreme. So if 20 percent of a population had it, it's very common, one in five.

And so I think what happened was a lot of people who had very quiet MCAs You know, maybe they had some headaches. It's okay. They, you know they were told here, take this medication and your headaches will go away.

And they occasionally feel maybe have irritable bowel. A lot of these patients had very mild things and then COVID came and it unmasked what was kind of going on.

An increase in that load. Yeah, increase the load, you know, whether it's the spike protein, I think I keep going back to the spiked protein because we talk about that a lot and there is something special, unfortunately, about the Spiked Protein and what it is doing to Not only the spike protein, some of us believe that maybe the virus continues to live in some people.

Limits of Conventional Medicine

Maybe there's reactivation of virus. It hasn't been proven, but I've had some patients where I'm very, very suspicious. So that, I think, has really just ramped up what we're seeing.

Wow. So let's go into some of the talks about treatment, right? You know, when you start looking into the functional medicine space or the longevity space, there is just a lot of technology, a lots of new medications, you get the different peptides.

You have different technologies when it comes to the plasmapheresis, the EP02. What are some the technologies and tools that you're using to address these issues?

Yeah. Well, I love my toys. I do. You know, look, you have to pick the patient selection is number one, right? And you to figure out for each patient what's going to make the biggest difference.

One of my favorite tools for a patient who is a little on the more sensitive side that may not be able to do the most aggressive therapies will be to something like IV Fossil Title Choline or IV QC.

And I can just kind of get them to, like it ramps down a lot of things that can help with detox, but it can also help, you know, your rebuilding their cell membranes, or helping with their mitochondria.

You know that most of these patients are really depleted. So giving them PC and some vitamins, You start to rebuild. And that actually, for a of them causes the mast cells to relax a little more.

It's one of the tools we can use as a mast cell stabilizer. There are lots of other things we use, But that seems to be working really, really well. And then once I get them to a certain place, then I can figure out what I do next.

So for some patients, I feel like I've gotten their mast cells pretty well controlled, let's say. They do some PC, they're less reactive. Then I have to make a decision if we're going to do something to more against the Lyme or we are going do do more for just overall detox or overall health.

So I love doing, there's a technology or technique we use for Lyme disease and for these infections called SOT or saw therapy. It's also called Q-restrain.

I don't know if you've ever heard of it. What is it? Break it down for us. So it's molecular treatment. Its basically a small little protein that's created that would match, let's say if had Lymedisease, We would send your blood to the lab.

They would identify the line. We'd find a protein that matches it. targets, the individual bacteria, parasites, or whatever we're looking at, just like individually.

So it's not, if you're doing Lyme, you have to, but you didn't do anything for Bartonella, then you do another one for Bartenella, do it another for Vivica.

Sometimes that's a nice thing to do after I've done some PC. How effective is that, based off what you've seen? It's actually quite effective. You do need to do it repeatedly.

Like you might need two or three times for Lyme, three time for Bardenella or more. Because this is my way of getting away from antibiotic use. A lot of my patients can't tolerate antibiotics.

They're very sensitive to antibiotics, I don't love antibiotics so I'm really trying to find a way to do it that's a little bit more natural. So I think this is a more a natural way of doing it because it's directly targeting without affecting the gut or anything else.

So it just needs a little, you need a lot of patience with it, but you also need to combine it with the other things. So sometimes I'll do plasmapheresis, for instance, therapeutic plasma exchange, and maybe I will do some PC, maybe some TPE, then I maybe follow it up with PC and then maybe do this SOT therapy at the end when I feel like, okay, we've cleaned things out.

Tpe is so effective because it removes those cytokines. those mediators that mast cells are making, that other cells they're making. And so many patients, beyond what they have with Lyme and all these other things, have so much of a high toxin load.

I can't believe the amount of BPA, plastics, and forever chemicals that we're finding when we test. That just stresses the immune system tremendously.

Exactly, exactly. Between you and your colleagues, have you seen anyone utilize certain things like that missing Alpha one for any of this stuff? Yeah, I love that.

That's one of my favorites. Yeah. What about CBD? Yeah, yeah, somewhat. I mean, CBD is interesting because mast cells, so they make all these chemicals, but they also have receptors on their surface.

And the receptors are reading the environment. Mast cells have CBD receptors. They have cannabinoid receptors,

meaning that for some patients using CBD, combined, and you can do it IV, right?

Or you could do an oral, or there are other ways, it can bind to the mast cell and actually be a mast-cell stabilizer. to can actually help to modulate that immune system.

Wow. Yeah. I mean, these are great. These are all great, great tools. And I guess what we need is more studies, you know, like to be able to kind of support a lot of this stuff.

But, yeah, we actively use the Pico CBD IDs. You know we've seen a. A lot. Of success. We're just starting. Now we're. Just starting really. So. Awesome.

So now there's other type of treatments that you do for the mass cell activation, utilizing things like stem cell derived products, correct? Like what?

Stem cell-derived products? Yeah, you can do, we sometimes will use exosomes after TPE. That's one of my favorite sort of combinations. Well, my favorite combination would probably be PC, TPE, then a little more PC exosomes.

But that's for a patient who already has some, we've done a lot of other work. We've gotten them to the point where their immune system is better, but it's just not where it needs to be.

I'm always a little concerned about using exosomes or, let's say, going right to TPE and someone who is highly reactive. I have patients, for instance, who are, you know, they just, eat something, take a bite of something and they're reacting either anaphylactic or anafylactoid or they are flushing or sweating, whatever it is, or have abdominal pain.

So, I am always very cautious with my patient population. what I do, but once we do TPE and then we infuse exosomes, for a lot of them, I had a patient recently where six sessions of TBE over the course of, we probably did it over four to six weeks, and the last T PE we followed with an exasome infusion.

And she said, or I saw her a couple months after that, she says her mast cell symptoms are completely gone. Wow, that's amazing. So I know that it's working.

It's just finding the right combination for the individual patients. Absolutely. Dr. NIH estimates more than 24 million Americans live with autoimmune diseases, with millions more experiencing undiagnosed immune-related illnesses.

Based on your professional experience, do you think we're entering an era where immune optimization should be the central of health care? Yeah, absolutely.

Because I think if you fix your immune system or you're able to modulate your system, then everything that we're faced with, whether it's what we are breathing in, what is coming in contact, eating, parasites, E.

coli, you name it, there's all these things that our bodies are constantly in contract with now more than ever, Yeah, so if your immune system works properly, then it almost doesn't matter what you're being exposed to.

I look at that as like the Superman of health. If you can have a great immune, system then you could overcome anything. Absolutely.

Overlapping Conditions and Cognitive Symptoms

Now, you know, when we're looking at our patients, especially patients that are coming from the traditional world to a functional medicine doctor, many chronic illness patients say that they feel dismissed before they even receive lab results.

What would you say to your colleagues that out there that treating a lot of patients coming into the door based off of

what I just said? I think they need to stop and listen to the patient and believe in the There's a distrust in a lot of conventional medicine, like distrust of the patient, that the patients are somehow not telling us the truth.

We're somehow changing, it's not really what's happening, or it is a hypochondriacal way of explaining it. And at the end of day, patients know their bodies better.

If you listen to them and you trust them, And they will trust you in return. And then you create a relationship that you could help heal them. As a doctor, as a provider, you don't have to know everything.

You really don' t. Well you should. But if you're there and listening and accepting what the patient is saying, then that will take you so far and that'll help lots of patients.

Because all they want to feel is that someone is understanding them and they're being, They wanna feel heard. That's for sure. Yeah, that's it. 100%. Now, doc, you do practice in New York.

And I wanna bring this question and this opportunity for you to comment on this because I have met many functional medicine doctors that are in new York and it's not the easiest for them to practice functional medicines because there's a lot of specialty tests that they're required to utilize to really give their patients true optimal care.

If there's any legislator or politician that can really help make a certain change, what is it that you want to go ahead and get off your chest about certain rules and policies and stuff that are in place in New York?

Well, my understanding is most of these rules are antiquated. Most people in New York don't even know, and I've talked to a few politicians. They don' even why this is in place.

And what it has done really is that the labs that we're not allowed to do, those labs have to go through many, many more hoops to get approved in new York, where they don''t need that approval in, you know New Jersey, Connecticut, California, wherever.

And so if we can revise those laws, which again, are apparently very old and no one even knows how they got into existence. If we could revise that and make it easier for labs to get the approval, then it will be easier.

Listen, why can't patients know certain things in New York versus Florida? What's the difference between a patient in York and a patients in Florida in terms of doing a certain test?

So the patients in New York are not allowed to know that they have a vitamin deficiency because certain labs, we can't do certain assays, or gut, like a gut test.

My favorite are like gut zoomers and things like that. New york, patients are now allowed know about their microbiome, but in Florida or other states, they're allowed about the microbiomes.

I don't know what that's about. That's crazy. I mean, here in Florida, we use labs that are outside of the country. We send stuff out to Greece, to Germany.

So I can only imagine the frustration when you feel like your hands are tied as a physician. Now, there's a big movement that's happening right now. It's called the MAHA movement, Make America Healthy Again.

What's your input on this movement of what's happened? So, you know, what I think is that what's exciting is, that we're finally talking about wellness.

We're, finally, talking, about health, healthy eating, and all those things. And what is exciting, is as an ILADS board member, we are now working with HHS to help us promote knowledge about Lyme and education and, all these things, right?

That's a big step. That is a huge. It's huge. Because Lyme is one of these conditions that a lot of people don't

believe in or dont recognize. A lot these patients, right, not getting help.

And I would lump into that Lyne world, mast cell patients and all that, because there's so much overlap. So I think that to me really means that we're going to finally help people who we were not able to help before.

Yeah, yeah, I'm excited about it. And, you know, what R. F. K. Junior is doing to really move this part when it comes to the Lyme disease and these infectious diseases, moving it forward and putting the right groups together.

So hopefully we can also get some funding to be able to research more of it as well, too. Yeah. That's that's the key research. So, you know, obviously with a lot of the things that you do, it's a part of a health span and lifespan.

So when we talk about the longevity space, what is one of that craziest things you've seen out there treatment wise or whatever that falls under that longevity umbrella?

Craziest thing? Hmm. Well, gene therapy, I think is really exciting. That's exciting, for sure. But you know, using the folistatin gene or clotho gene, therapy.

I know that there are some clinics outside of the US that are looking into that. To me, that's incredible. Yeah, I love that. Anything shocking that people should probably stay away from or that she's just like it drops your jaw that you can't believe that's happening.

That's a good question. I just found out one the other day when I was in D. C. And I did it. You know, he was actually he's an investigative journalist from Epoch Times.

Oh, yeah. Yeah. I'm actually bringing him on the podcast and he says, oh, you know other countries, what they're doing for longevity. It's this black market of organs.

Oh my God, I think I read that in an article. Yeah, yeah, he's been talking about it all over the place and he has the real proof and everything. He says there's like two million people underground in these countries and they have everything mapped out and some high profile person needs a particular organ.

But you know, the part that makes me start scratching my head, it's not like some street guy started just doing this. You have to have highly, educated individuals that are conducting these surgeries on these high profile individuals.

Absolutely. So the amount of people that involved in this, it's a scary thing. Wow. Yeah. Well, that does scare me. When he told me, he says, Have you heard about this part of longevity?

And then a young lady that was with him, she says Oh, this is going to get very dark. This is Oh God. Oh, God. This is not the longevity I signed up for.

No, no, I don't think we're ready for that. Not at all. So, Doc, want to get to know a little bit about what you do for your health, right? What are the top three things that are non-negotiables that you based off of your expertise that do you for health?

Number one, sun, first morning sun. New York is challenging during certain parts of the year, but even if it's not in the morning, although that's my preference, definitely at some point during the day, you need your brain, your eyes, the body needs light.

You guys have a lot of this sad, seasonal affective disorder. That's a real thing. Yeah. So if not that, let's say it's very rainy day and I'm not going to get enough sun, then I get in my red light bed.

Red light for me is just like, I have it there in office. I can do it at the end of the day before I leave. I love that. And then non-negotiable is exercise, lifting weights, number one.

I've been lifting weight since I was in medical school, before medical, and so I think that that's really critical for

longevity, so that is non negotiable.

So I have to find time during the week to lift. And I guess I would say diet, I have more than three, diet is really important, eating clean, staying away from all the garbage, but also I love infrared saunas, we have this machine, it's called the Nano-V, So it's so cool, I love this machine.

MCAS, COVID, and Rising Chronic Illness

We have it in the office, we do it on patients when they're doing IVs. So, it is distilled water that goes through this machines and turns it into structured water.

You breathe in structured and what it does is it helps with protein folding. But it also helps the body in doing that make its own antioxidants. So it increases glutathione levels.

It increases the ability to recover. And so a lot of athletes use it. But my patients find that it helps with clarity and cognitive performance. So I'll do that sometimes when I'm actually working, doing charts or whatever at night, I will be hooked up to that.

So it's always a battle finding time, but I always have to prioritize those main things, food, diet, exercise, sun or red light, and then all these other things are extra credit.

That's amazing. You know, I think that Therisage came out with a technology like that where you breathe in and, you know it infuses it through light therapy, creates a structured water.

So I have to look further into that. I'm gonna look into it too. Yeah. Um, so, Dr. Sinclair, have you heard of what he's got going on? No, um, with the new study that's going for longevity.

Yeah, I heard I've heard of the study. I don't know all the other other new details. But I'm not too sure. Yeah. And I know that there's there has been a little bit of a buzz going on there.

What do you think about someone like Brian Johnson, who's out there, the two million dollars a year? What what do think? About that? Well, look, if you have the money, I think of Brian Johnson, Dave Asprey, lots of people in the wellness world who want to live as long as possible, but for different reasons.

So if have money you can certainly spend it on all that stuff. I guess I wonder how much his research team really knows their stuff, because I would probably recommend different things to what he's doing.

You know, so I think the money would spend whatever money you want on yourself but you know I Think it would be great if he can donate that money to to others who need it But um, but I also think you knew he was doing a very highly plant-based diet for a while Which I don't think is particularly healthy for lot of people So some of the things yeah, I could argue, you you're right.

Not perfect. I agree with that so So you have the new book that you're working on and then you also have your podcast that's your you are active on. What message do you hope to reach out to the people, you know, spending all of this time and doing what you do?

Yeah. The main thing is really to provide hope that there's solutions, there are ways to get better, and that you can get. You know, I love it when I had one patient who said to me that we helped his MCAS, we cured his Lyme, or however you want to say, cured.

A lot of things are better. And he goes, now I want to be your longevity patient. I don't want be a medical patient anymore. So the point is that I think we can do a lot to help people through chronic illness, to get them to the other side where we think about health span and longevity.

But I also think that there is an increasing number of patients who have chronic illness, and I think it will continue to

get worse, particularly not just COVID and all those things, but also the environment that we live in is so toxic that it just is, I mean, humans were not designed to deal with what we're dealing with right now.

And so I do think that the incidence of chronic illness is gonna go up. And, so, this message about Mass Electrification Syndrome, about all the inflammation, all these things, are important for everyone to know, not just the people who are sick, because the reality is that this will touch you in some way, whether it's you or a family member or, you know a loved one, or another loved.

It's just all about, I think, getting the message out that there's, there are answers and there is hope. Absolutely. And if this in a perfect world in the next five to 10 years, what would that look like for you?

A perfect world would be that I would have enough other doctors trained. So we'd have doctors or nurse practitioners, other providers trained in every state that could take care of patients with this.

They'd be following my protocol, essentially, or protocols of colleagues of mine that we all work together. to try to promote so that patients would have a way of getting in, getting diagnosed, or getting treated, you know, and getting better.

So my dream is to train the medical students, to training the next generation of doctors, the train those that are already practicing so then more patients can get the help that they need.

I love that, love it. We're going to have little fun here. Okay. I'm going to grab that. So those cards were put together by Stephen Bartlett, the CEO, and you're just open up that sleeve and just pick two cards out of there.

OK. And you'll read it and answer it. Okay, I nervous. Yeah, not too sure what you've got to get out there to pick to. OK. OK, we'll have you move the mic a little bit closer to the area.

Oh, God. Well, let me see what you first. Yeah. Okay, what do I want? Well, what do you want your tombstone to read about you? Oh boy. Dedicated mother, wife, doctor.

Something like that. I don't know. It's kind of a morbid thought. Yeah, it is. My mind's going, more legacy. What do you want your legacy to be on that?

Yeah. The legacy is to hope that there's other generations behind me that will continue this work.

Treatment Approaches and Advanced Therapies

And to always be curious. Never stop thinking. You know, I love that you just brought that up before we move on to the other card, because, you know my mentor, Dr.

Willis, who, published over 15 different books, would speak on the stage on all these accredited platforms, A4M, AMG. And I was very close with Dr Willicks, and I remember just about a year before he passed away, I was on the phone with him.

He called me up and said, Sam, you know, I've put all of this together and I created this certain way to practice medicine. But, my time is getting close, where I either retire or I'm on my fourth quarter of my life and.

I don't really have anyone to take it. You know, so that kind of just made me think and I bring this up to a lot of doctors that have been practicing for many years, you know knowing what Dr.

Willis's mission has got given purpose was. So do you have someone that you've been really working with and training and You know, someone that you could take a lot of the knowledge that she built throughout so many years that can pass that baton to, you know.

The reason why I say this is because so may doctors like yourself put in so much work and if it doesn't go to the

next person, what happens is the person has to start where you started from, to try to crack the code.

And the only way that we can really move things along is if they can take over from where we left off. Yeah, 100%. So I have, you know, I train nurse practitioners in my office and I trained other providers, right?

So part of that is basically downloading my information into them so that they can help see patients. But ultimately, believe it or not, not enough people who are really hungry to do this type of work because it's hard.

It's hard. Yeah, I mean, the I don't know maybe it's because of who I am I never stop thinking about my patients. I Never stop like I'm researching at night.

Um on PubMed I've trying to figure out things and I come from that generation, you know that that there's not always a lot of great work-life balance I do my best though because I understand the importance of it, but I think younger generations don' necessarily not criticizing people I just don"t see that same Yeah, it requires a certain level of passion, a drive.

There's got to be purpose behind it. It requires. A lot of research. What you do, you know, I think a lot. Of people and a. Lot of times it's not even their fault.

Alot of these medical providers fall into this algorithmic system. Right. Or the get comfortable and then they become a little complacent, in my opinion.

And right, and I get people who ask me, can you just put together the algorithm for this, like how you want me to do this? And I'm like, well, if I did, it would be super easy, right?

But you know, I tell people if you wanna algorithm. Study and learn the metabolic pathways. Understand the Krebs cycle. Right. Because there's so many medical providers, physicians that will just not even dabble back into that.

You know, oh, that was the first couple of years of medical school. I'll never. And I remember Dr. Willis, the First time I want to go watch him speak on stage, it was at the AMMG.

There was about a thousand medical Providers. Before he went onstage, he said, Sam, watch about 30 physicians get out of their seat and not come back in.

and I didn't understand why, right? But the first thing he started talking about, he put the whole, you got the little circles, the gears of the Crip cycle, all the different metabolic pathways, and he's started going into those details.

And no lie, about 30 doctors got up and never came back in, just because they don't want to understand that. But when you actually go deep into the biology, physiology of a patient, I mean, in my opinion, That's how a medical provider can truly reverse disease.

Yeah, I agree. And I remember when I first started really dabbling in integrative and functional medicine, when i learned that I that i needed to learn that stuff again, i actually got excited.

I thought, oh my gosh, because if this is a piece that was really like, yeah, you need to. Learn this in med school or in biology or whatever. You need.

To learn this stuff, right? You memorize it and then you forget it. There's a reason you need to memorize it and remember it. But a lot of people are not excited to do it, I was, yeah.

That's how your body functions, you know? And when I got into the IV therapy space, and initially this was what, 15 plus years ago, And I started seeing the medications that were put into these bags, or should I say the vitamins that we're putting into bags.

I start looking, it says magnesium, sulfate, calcium chloride, potassium. These are all the same drugs I use in

emergency medicine. This is how your body functions.

We use these as anti-dysrhythmic medications as well to get them out of that dysrhythmia. So that just shows you even traditional medicine goes back to the basics of vitamins, minerals, and amino acids.

Exactly. What else we got there? Okay, last one. Oh, boy. Is there a time in your childhood when you could look back and think this is the reason why I'm sitting here and why?

So what I think about, it's just in my brain and whether it applies to this 100% or not, I thing it is very relevant. Growing up I mentioned that my grandmother was a tremendous influence on me.

Longevity, Advocacy, and Closing Advice

And I have these memories of, you know I was probably around five-ish, maybe even a little, like between five and eight, when I would crawl into bed with her, we would sleep over her apartment, And my favorite thing was snuggling up with her, especially in the morning, and she would tell me stories of the lives she saved.

Of the things she did. How she persevered. It's not just who she was helping, but also just her own life and what she and how she lived her life. That really set that example for me.

And so sitting here, I think about… I wouldn't be here had it not been for the influence and from what I heard from her growing up. That's powerful.

She's still living with you. 100%. So Doc, as we wrap up here, if there's someone listening or viewing this podcast that truly resonates with today's message, what is that last thing you can leave them off with?

Keep fighting. Just keep fighting for yourself and advocating for your self and researching because the answers are out there and there are people out that will help.

It's a little harder to get through but to those people but keep finding. Absolutely. And if people want to find you where can they find? So my practice is aimed center for personalized medicine.

We're in Purchase New York, which is a suburb of Newark City in Westchester County. I have a couple of other providers with me right now. also one of the world's experts in mass selectivation syndrome, and I have a couple of nurse practitioners.

And so I'm not taking on new patients right now, although I hope to open up in the near future. But they are, we have IVs and we all the different services, plasma freezes, et cetera, because our goal is to really help as many people as we can.

That's amazing. I have also social media, you know, dear Tanya Dempsey, MD. And that's Instagram, Facebook, Dear Tania Dempssey. and then my podcast Mass Cell Matters, which I just keep putting out, we're doing deep dives on Mass cell activation syndrome.

We're going to include all the links down below and make sure we're collaborating with all of your patients as well. I want to say thank you. Thank you for what you're doing in the world of medicine.

We need more people like yourself, like the doctors that are working with you, that's the only way that we are truly going change the course of the medicine and really help people optimize their health.

Guys, you heard Doc here, keep on fighting. You have to keep fighting, there is hope. There's people out here. Just how you've heard Dr. Time here talk about the things that she does, the deep dive that you can do to really figure out what the root issue is and why you're feeling If you have any friends, family members that you feel that would resonate with today's message, make sure you share this podcast.

Make sure to subscribe, like, do all that other fun stuff, and we'll see you for the next one.