Introduction and Guest Background

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

He is a practicing physician in Michigan with a retired board certification in 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 new is a sought after speaker on the topics of the impact on 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 Mariah. 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. 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 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 toxicity. 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.

Pediatric vs Adult Lyme Symptoms

I mean, it it's, you know, you change the life of the child. You just approved the next 70 years of their life. You know, you changed the life of a 70 year old, you know, maybe the next ten years.

20 years. 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.

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, 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 the 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 since 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.

Right. 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 the 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 are obvious, like the scalp and or the hairs covering it. You don't necessarily see it if you're not doing a good, tick evaluation. And then the other thing is, you know, if you're living in an area that's endemic to a patch, you know, they're much more likely to be all over the pet.

And the pet may have the techs, and the kid can get it from their. 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 Lyme that adults are.

So the rate of neural Lyme 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 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 antibiotics 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 spirit key to not actually get Lyme. But the important thing for everybody to understand is, you know, if you have a kid that you know is going down a certain road and all of a sudden, you know, the devil inhabited them and they changed and they're 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.

And 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 deal with a lot of kids on the autism spectrum.

So, you know, they already have, neurologic issues. They have, you know, particular psychiatric issues that are associated with their allergy. I mean, if they get exposed to alignment 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.

Congenital Infection and Immune Tolerance

So it might not be a new symptom, but, you know, volume increase and what they had in the 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 a piece of that puzzle? Let me say definitively I have no idea.

Nothing. You know, I mean, we don't really, you know, at least at least in my research, we don't have great, research on that. You know, the bottom line with the with in general Lyme or the general partner, I think Bartonella is a lot worse than Borrelia, which is the lines via Kate.

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, you know, it's same with other illnesses like HIV and those kinds of things. You know, it's not 100% transmission. It's not even very great transmission.

So but that's one thing. The other thing is, you know, 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 it's it's interesting because, you know, if we're back to this Louis Pasteur thing, you know, we focus in on the bug because bugs cause disease, but not really.

I mean, it's it's your response to the bug 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, the inside and 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 rather than 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 those, points at all to say, oh, if mom has as, you know, a subclinical Lyme, she has a spirit key.

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. You know, 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 one of the, environments thrown 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 integrative medicine, that's key to helping them develop and not necessarily OG.

We need to put the six month old, you know, Ivy Rock seven or something, right? So, you know, you kind of bring up the point that in, you know, conventional medicine in 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 is kind of like a foreign concept, right?

Why Antibiotics Often Fail

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 thinking of antibiotics, 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 gonna have problems with it, 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. Stanton drug will reduce your risk of a heart attack 30 to 40%.

Okay. That's great, but it's just an improvement. 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. Pharmaceuticals. So the antibiotics, we've got a few things going on here because it's not just the toxicity of the antibiotic when they 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, they've 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 alter that gut ecosystem for the rest of their life.

Oh gee, why don't you have any beef it offers? Oh, that's a good start to look at me, you know, 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. You know, the the success rate isn't even for, you know, you walk in with the turkey and you got a bullseye 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 pathetic, right? And people need to understand even if I give you antibiotics for strep, strep, you know, rapidly divides response to antibiotics.

Why do I give you an antibiotic to come in with 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 store out in 3 to 5 days.

If you don't take the whole backyard and clear the strep in 5 to 7 days. So what 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 actually going 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. So here you take an antibiotic. It has toxicity. The organs.

It has toxicity, 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. You know, I did a lot of integrative treatment. I was like, why are the people's 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.

So, I mean, you know, this was a lesson we learned from HIV in the bad days of the HIV, epidemic, because these patients would have zero, helper cells, 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 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 scrapple 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 that a per cell division you need what, 20, 40 hours, whatever it is, 2 or 3 days of antibiotics will knock out strep.

But if you're talking, disparity, even, even, you know, bull's eye, maybe it divides a couple times a week. So if you need 10 or 20 cell divisions, that's ten weeks of antibiotics for a bull's eye rash.

If you're talking a persistent foreign, you know, form that might be dividing once or twice a year. Okay. Well, 220, that's ten years. Yeah. Of treatment.

I mean, who the heck is it 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 after 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 Lyme.

And 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 used.

Diet, Water, and Environmental Healing

But I'm just saying with kids, I 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 kind of AAC protocols, and I do have much better success with the herbs, the lifestyle, the, you know, fixing the gut, that sort of thing.

And, you know, we've lived, you know, no infection was a problem, but we lived for gazillions of years without antibiotics, you know, and 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. So. Well, and I think, you know, there's, 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 our selves 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 your I mean, for me, you know, it really starts with basics like, you know, what is your kid eating?

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 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 literally a 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 lots of fires and all the things that screws up. So real food, you know, and 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, throw it out. You know, if there's anything that's not food on the label, throw it out. All right. So again, you know what?

Why is carrageenan in my food? You know, if you don't know what that is, it's emulsifier. And the reason why we hate carrageenan is emulsifiers, the lining of your gut.

All right, so that is really going to mess you up. But, you know, start with real food. Then the next step is let's get into organic food, 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 urine. You put them on organic diet for a week, a week, and those sticks disappear for the year, you know, so it does make a difference to know 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 the organic and foods that are not you know so banana that's all important if it's organic or not.

And 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 better be 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. If you 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 that 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, celery, 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 race matters. So again, for me the best thing is you will find a regenerative farmer and start buying their stuff, you know, and, you know, gets more expensive than what you're going to get at your local grocery store, but the nutritional content so much better.

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

I mean, to me in, in my world, I mean, I don't think I've drank 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. Right. All right. You want to drink clean water?

If you know, 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. I don't 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 it. Cloth furniture.

It's very easy for that to take and mold take and dust and those kinds of things becomes hard to clean. It's much better. Again, you know, these are going to pay for it.

It's much better to get leather furniture or something that is easier to clean. And then I'm 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 0.1 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 other big thing is plastics. And I don't know what to do about plastics, but at the very least stop using her.

Fine. Because we know there are micro nano plastics in every municipal water supply. Reason 47 not to drink tap water. All right, you know that. 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 to your skin, right to the cell wall, right in the nucleus, into the mitochondria, into the ribosomes in 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 and 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, to keep drinking water at a 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 know people forget you go back to, you know, 100 miles, say, 120 years ago, you know, we really didn't have non-native EMF or electromagnetic fields.

All the EMF came from the Earth, and, you know, magnetic field and all that stuff. You know, first we 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 no where 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 that somebody 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 lime countertop, coffee. I didn't like my son's feet touch the grass until I knew that he could walk and talk.

And we'll say developmentally typical child by the teacher afterwards. Yeah, they're a good teacher to check 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 that live nearby and, you know, we check their house and, you know, especially an older house, you know, where people have added on to it and, you know, found out one of their houses wasn't even grounded, like the entire house is. Wow.

And 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 because your house is going to explode.

Yeah, right. Yeah. And another super rare, cheap, cheap thing that you can do was 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 11 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 if I have patients that, you know, I know, you know, you said in the intro of Proudest Achievement is the thousands of patients that helped.

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 topical.

I mean, my fundamental, principle in treatment is if a person is not getting better, then there's something you're missing.

EMF, Mold, and Other Hidden Blocks

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 the water quality and 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. Yeah. All 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, you know, what might be getting in the way of this child getting better at this.

Are this adult getting better? Right. Yeah, it's a giant puzzle. It 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 a long 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 and what's unique about that patient and how do you move forward with that patient. So I mean, that's a big part of, you know, 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, medical school has changed. I mean, now it's just symptom, pharmaceutical symptom, pharmaceutical symptom pharmaceutical.

There's just 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 your patients are more than three drugs, you're a bad doctor, you know, now it's the opposite.

If you're patient is in a 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 matter what you're taking, which pharmaceutical you're 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 it's scary because, you know how many people, even my age, you know, how many people my age around no medications, how many? I can say my mother is 77 years old.

Actually, she just turned 78 and she is on zero medications, but she also has to deal with so. Yeah. So what would you tell our listeners who, who know or think that one of their children or 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 and 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 highlighted, 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 highlights 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 that about you. Ever. Right. 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 researcher kids is just maps. It's meant maps. Dot org is our website.

But this is a medical academy of pediatric special needs. I'm a little biased because I am the president of an organization. But it's it's you know, we 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, you know, the integrative approach.

And then it's a matter of finding are they also familiar with line, as you know, you know, we've done the whole line weekends. And. That's right. So we've done conferences explaining line.

We work with Elad. So we actually do a pediatric themed, segment for the eyelets conference as well. So that's those are two good resources to go to. You know, the trouble is I live in Michigan, you know, and in Michigan, there's this delusion that there's no line in the sugar.

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 Lyme. You know, I always say all the dots you see in Michigan are probably the 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 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 M. D.

or deal 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 do with somebody that's 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 of lined system, right. Keep your immune systems out responding the way it's supposed to.

Almost any integrative practitioner can help you with that. Wonderful. So I know that Maps has its spring conference March 13th through 15th. And that's in Myrtle Beach this year, exciting new venue for that.

Finding the Right Practitioner and MAPS

And then you are also lecturing at the forum for Integrative Medicine April 3rd through fifth. And then we also have the Fall Maps conference, which is in the beginning of September.

It's always like the first full week and in September. So the fourth through the sixth in Scottsdale, Arizona. 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 a, you know, I'm a chiropractor, I massage therapists, I, 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. All right. So and, you know, 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 is based on, which is biochemistry.

You know, it wasn't based on pharmaceuticals originally. So it's based on biochemistry. And then also understanding how you communicate 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. You know, the the forum for Integrative Medicine conference that's going to be in Boston.

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

You know, we know it happens, how often we know, but nobody wants to look at the mechanisms. I 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 try. I am but that's what I'm talking about. There is really if you go through the mechanisms of how this can happen and, you know, again, the solutions are universal.

So whether you're treating, an injury from a vaccine or you're treating an injury from a chronic infection or even those 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, if you didn't know, she's one of our fellows.

I'm one of the faculty watch. 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 the examination certainly couldn't deal with, but, you know, I wasn't part of that group or this group or whatever.

And then, you know, you find a community like that and it's like, oh, these are people. And we're all focused on what's best for these kids. You know, it's not about politics.

It's not about, you know, vindication 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 would pay for it. That's why I'm the president of maps not to do it. Healthy kids. I just want somebody working for care. Jake. Yeah, yeah, we all know you're a big softie.

Hahaha. 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 get from some other people is that 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, 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's got 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, 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. You know, 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 know medical school 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 I 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 out.

I really enjoy doing us 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.