Introduction and Guest Background

Hi, and welcome to another episode of the Healing Lime 2.0 summit. I'm your host, Doctor Maria Hinchey, and today we're going to be talking about Lime and mold and how to decipher if you have lime or mold are both.

Joining us in this discussion is expert doctor Nafisa Papaya and she is the director of natural medicine at Gordon Medical Associates, which is the premier Lyme disease, tick borne illness and environmentally acquired illnesses clinic on the West Coast.

She is a leading expert on peptide therapy for complex chronic conditions. Welcome doctor Nafisa. Tell our audience a little bit about how you got involved in treating, Lyme and other vector borne illnesses.

First of all, thank you, Doctor Mariah, for having me. It's it's a pleasure to be here. So I started a long time ago when I was this is about 2012. I was in Doctor Dietrich clean Hearts clinic, and, I wanted to I wanted to learn from him on how to treat complex chronic illness.

I went to naturopathy school, but knew I needed to learn a lot more because I wanted to do more than primary care. And so I started there. And then I went to Doctor Isaac Elias's clinic in 2014 to 16.

And he he mentored me on detoxification therapies. I put the work of those two mentors together and really created my own practice from, 2014 onwards.

And I'm sure more, more of this will come up as, as we talk. Wonderful. Thank you for sharing. And yes, having those two as mentors. Yeah, I'd love to sit down and pick your brain more someday.

So why don't we start out with, you know, there's so many symptoms that overlap between Lyme and co-infections, as well as micro attacks and illness. So let's start with the basics.

Tell us what you would consider to be the most common symptoms of Lyme, as well as micro toxin illness. And then tell us if there are any sort of hallmark signs or symptoms that you can use to try to decipher between the two.

Absolutely. So when people have chronic Lyme, a lot of the times they don't even know that they have clinical, and they just have these symptoms that seem to affect every system of their body.

They may not have even been tested for Lyme, but they come in, they say things like, I have brain fog, I have nausea, I have pain that wanders from joint to joint, from muscle to muscle.

One day is my left knee, another day it's my right shoulder. And I really don't know when it's going to be or what area it's going to be. I get numbness and tingling in my body.

I'm using my hands or my feet and I don't feel like being social anymore.

Common Symptoms of Lyme and Mold

I feel isolated. So these are typical symptoms of, lying. But we'll talk more later about how it's so much more than that. But usually we've got multiple systems affected.

We've got symptoms in these multiple systems of the body, and there's no diagnosis that has been given to the patient. The patient says, I'm going to doctor after doctor.

They just tell me I have anxiety. I should just take an antidepressant though. They tell me it's just that I have a

sleep problem. So sure, people have anxiety and sleep problems as well, but that's not where it begins or where it ends.

When they have a diagnosis like chronic Lyme, I would say one of the hallmarks of of chronic Lyme disease would be the wandering pain in different parts of the body and the it's random, very random, the sleep issues as well, the brain fog when it comes to mycotoxins, the illness, these two can mimic each other, that's for sure. They're both so neurotoxic.

They're both so pro-inflammatory. But a lot of the times people who have mold and, mycotoxins issues, I see more issues in their sinuses. That's kind of a telltale sign they're going to have the similar symptoms I just described as somebody, somebody with Lyme.

Usually they've got both, but the sinuses or the lungs or the ears, that's a big sign to me. That mold is involved. Okay. And so when you're talking about these areas, are we talking about, you know, feeling like you have a sinus infection or pressure in your sinuses or, you know, feeling like you're under water.

You know, that feeling where you feel like you're underwater with your ears or having like, chronic chest congestion, cough? What what in particular are you talking about?

Or is it kind of like a combination of all of those things? I'd say what you describe is a combination of all of them. Some people, they have significant pain in their sinuses, and it's actually due to, cavitation in their jaw.

They've got they've got dental issues. But on top of that they've got mold. So if there's a lot of pain in there, I'm thinking, okay, I'm going to test for what kind of, colonization do you have in your sinuses?

But let's also look at the teeth. Some people have a chronically runny nose. Some people. It's very hard for them to take a breath in through their nose.

Some people, they have issues in their lungs. They have a chronic cough. So it manifests differently in different people. Okay. So what do you do when you have a patient that comes in and they're presenting with what could easily be either Lyme or mold?

Okay. I'm going to test them for both. At this point I you know, well before I test them I'm going to ask them a multitude of questions. I'm going to ask about their environmental history.

When I'm thinking about mold, I am going to ask them, have you ever lived in a home where there's been water damage? People will say no or no. I haven't lived in mold, and I think it's really important for people to understand that your house can look clean, it can be pristine, it can be new, and you could have a cleaned very regularly.

It's not about how clean or dirty you are, but mold is prevalent in the cleanest of homes. There could have been water damage and you didn't know. So I'm asking about exposures.

I'm asking, have you had a tick bite? Where did you grow up? A lot of people haven't, or they think they haven't had a tick bite. But then when we test them for tick borne disease, we find out that sure enough, they did at some point that could been on their head or the back of their neck, a place that they wouldn't have noticed it.

How to Tell Lyme from Mold Exposure

So I'm taking a clear history first, and then based on that history and based on their symptoms, then I'm going to order testing. Okay. And so, you know, you talk about people not knowing that they were bit by a tick.

And I think the statistic is like less than half of people who are diagnosed with Lyme and co-infections. Ever remember a tick bite or a rash or anything like that?

But why do you think it is that some people get bit by attack or, you know, live in an environment or work or drive a

car that has had water damage and has had mold and they're fine and they never have symptoms, while others have such an extreme, and devastating reaction to either mycotoxins or a vector borne disease.

And so we see these patients in our practice, right? They come in and they were bit by a tick ten years ago. All of a sudden they're in chronic Lyme. But the past ten years there were healthy.

Or we then see patients who we see it on the labs but they're healthy. There's no evidence in their in their walking normal life that they've had tick borne disease.

So some people react horribly to this and some people are fine. And the other evidence is people's home. We have people who are members of the same family living in the same home.

One person just has a stiff, a sniffly nose and the other person their whole life is taken down because there was mold. So I think it's really important to think about chronic illness versus acute illness.

And in the acute model of care a goes to being goes to see it's a predictive model. Most people's bodies are going to behave the same. Broken bones, heart attacks and acute infection for the most part, most of us are going to have similar symptoms, and there's going to be one treatment that's going to be the same for everybody.

But when somebody has a complex chronic illness, I think of this there in this this black box of healing, the illness has become their own stick. It's because there are multiple things going on at the same time.

It's not just line, it's not just mold. In fact, I think that we should be able to live side by side with these bugs, with these microbes. And we did.

We were able to do that up until 25, 30 years ago, which is when suddenly we start to see people with these mysterious illnesses. And I think there's a really good reason for that, which I'm about to get into.

Yes. Please do. Yeah. So I tell my patients, there's five reasons you can be sick. And and most of my patients have all of these going on concurrently.

They have infections, not just Lyme and co-infections, but they've got multiple chronic infections. Lyme co-infections, multiple viruses can be Epstein-Barr virus, cytomegalovirus, bacterial infections, funguses parasites and in different locations of the body.

So colonization in the sinuses, the lungs, the ears, on the skin. I mold, for example, can be in all of these places, or there could be a cold. Dental infections, microbiome imbalances, tick borne disease, love the connective tissue and nerves.

So they've got these multiple chronic infections in multiple systems of the body. And nobody's diagnosed that until they come to someone like you or me.

So they've got multiple infections. They have a high environmental toxin load, glyphosate metals solvents, pesticides very, very common. They've got structural integrity issues.

Why Some People Get Sick and Others Don't

So a lot of them have tight fascia or old injury sites. So now they're not getting appropriate blood flow or oxygen or lymphatic flow. If you've got an injury here think how close that is to the brain.

We're not getting enough lymphatic flow or oxygenation here. Right. This is an area I've seen patients with a lot of brain brain fog issues, cognitive issues on top of everything else we've just talked about.

Or a lot of them have lax ligaments. Hypermobility syndromes. Now the chemicals from mast cells can tenderize the ligament. So if the ligament over here holding up the brainstem is is more lax than the normal because you've

got a bunch of inflammatory chemicals Tenderizing it then then they're going to have a tendency to cranial cervical instability.

So the structural piece is really really important and I think forgotten. So they've got infections toxins, structural integrity issues issues in lifestyle.

That could mean that they have poor sleep. Most of them do have poor sleep. It could mean that they have had adverse childhood events. Most of these patients have had adverse childhood events.

Not that that has caused the Lyme or the tick borne illness, but it's that people tend to be more open to these things due to immune dysregulation from those.

Or they have current stresses. Poor diet. Most of our patients have their diet dialed in by the time they've come to us, but over the years has been the standard American diet.

And then there's genetic susceptibilities. So they've got all of these issues going on at once. It's not just the link, it's not just the mold. It's creating.

Stress in the system, immune dysregulation, constant inflammation. So, the people who have had a tick bite and they're just fine, they're not going to end up in my office or your office.

They don't have these other, other stressors going on. They just have most of the tick bite and they're fine. So I think that's important to understand.

Yeah, that it's very, very important. And I mean, I would say, you know, even if you had three out of the five, you're not going to deal with the infection or the, you know, the micro toxin filled environment as well.

As if you were like this pristine, healthy, you know, body just dealing with that infection. And I think that's so important. I think a lot of people, you know, they've been through the wringer.

They've been to God only knows how many physicians and other medical practitioners who have told them, you know, that there's nothing wrong with them, or they're a hypochondriac or it's all in their head or, you know, there's nothing wrong with you.

And I think that by the time people get the diagnosis of tick borne disease, they're like, oh my God. Like, thank you. Like there's the underlying cause.

And I will often say to people, you know, like, yes, that is a underlying cause, but it's no longer the underlying cause because these infections alter the terrain of the body and actually get the body to generate inflamed ation and alter the immune system in a way that it actually damages other body systems and causes all of these other root causes.

And it's like if we don't figure out what these other root causes are, which, you know, you named like five of them, or, you know, four of them for sure, plus others.

It's like you're never going to be able to get those infections out of the body, much less have a chance of healing anything in that person. So it's just so complex.

Is so complex. Yes. So I think, you know, the next question I was going to ask you is why does not removing the trigger or why does removing the trigger not solve the issue?

And I think we've been dancing around the answer to that. Absolutely. So we'll get we'll cut straight to the chase. But it actually is a it is a road of discussion before we get there.

So people have these multiple root causes, right? Infections, toxins, lifestyle issues, structural integrity issues, diet,

genetic tendencies. All of these things are creating inflammation.

Even one of these things clinically is going to create significant inflammation in the body. You put all five of these together and then we get epigenetic genetic expression due to significant inflammation.

Talking about the cell danger response cell danger response part one range senior one. We want inflammation and we want oxidative stress at the right time to contain the insults to protect our body.

But the inflammation oxidative stress, it needs to be transient. It needs to stop in these patients. Their immune system does not know how to stop. And that's about being stuck in cell danger.

Response one the inflammatory part of the healing cycle. So now they've got inflammation on repeat that inflammation creates more immune dysregulation.

So now when I'm talking about immune dysregulation I'm saying our patients have simultaneously a hyperactive immune system and a weak immune system. So on one hand it's hyperactive.

They've got autoimmune conditions. They've got mast cell activation syndrome. They've got hypersensitivity to many, many things. That's a hyperactive immune system.

On the other hand, the immune system is weaker. They can't mount the appropriate immune response to take care of the multiple infections. They've got.

So they've got Hashimoto's and rheumatoid arthritis, mast cell activation syndrome, hyperactivity.

Five Root Causes of Complex Chronic Illness

On the other hand, they've got a mango virus, Epstein-Barr virus, Mycoplasma mold issues, Lyman co-infections the weak immune system all at the same time.

So it is absolute chaos in the immune system. There are multiple signals that are that are going off in immune signals that are going off inappropriately in the immune system.

Now, what happens from there? We get these secondary illnesses, which are now illnesses in their own right. Diagnoses like long-covid, chronic Lyme mold illness, chronic fatigue syndrome, fibromyalgia.

These are illnesses on their own, but they've been created due to the cell danger response being stuck, the inflammation being stuck, the cell dangerous parts.

I'm not going to say stuck. Stuck in loops is what I'm trying to say. Multiple loops of inflammation going off in multiple different systems of the body now.

So I want to tie that back into the root causes. Right. The root causes are over here. Right on this side over here is the inflammation that they have caused.

The cell danger response being stuck in loops of inflammation oxidative stress creating immune dysregulation over there are the secondary diseases. So now so often we're like okay I'm going to remove these root causes.

So say for just for simplicity person has Lyme mold and metals usually much more than this. If there are patients. But they've got these three things.

We've removed the trigger. But the patient is still stuck over here. With the diagnosis of chronic fatigue syndrome, fibromyalgia, and their body is acting like they still have Lyme disease.

Those symptoms that we first talked about at the beginning of this interview, right. The the wandering pain

throughout the body, the brain fog, the fatigue, the nausea, these symptoms, they're still going on even though the Lyme is gone.

We see it in the labs. We know it's been treated. So one thing I think that's really important to understand is the body has this neurotic tendency, these neurotic tendencies.

Right. Once the body learns a pattern, it's easy to go back there. I tell my patients, it's like you had your first primary triggers slime, mold and metals.

For example. They lit up Christmas lights along the pathway of your immuno, your immune along the the symptomatic, sorry, the symptomatic pathways of your of your neuro immunological system.

Those are your symptoms, right. We remove the triggers. The Christmas lights start to dim, they turn off, but in comes the next trigger. Could be Covid, could be a huge emotional stress, a divorce, whatever it is that's going to create immune dysregulation has access to that switch.

Again, it can turn that pathway on again. So it appears that you have Lyme mold and metals again. But this time it's something else. It's the now it's about the person and their pathways that have been turned on.

And Doctor Norville talks about this. He talks about how once the ATP from from inside the mitochondria gets sent outside as the first step of the being of the cell danger response to send a warning signal to the rest of the body.

Hey, we've got a problem here. There's inflammation here. This now happens more easily. The signal to send ATP externally becomes more accessible. It's kind of like blowing up a balloon.

I tell my patients, the first time you blow up a balloon, your cheeks are going to hurt. You're blowing it. It hurts by the time you've blown that same balloon up four times, it's it's easy.

So it's the same way with the body. The inflammation is the is stuck. Even though the the root causes are gone. Yeah. That's a really good analogy. So how do you approach this.

This is you know it's different for each person. I think the first thing we need to do is, is approach that person with their own clarity. You can you said maybe ten minutes ago something to the effect of these patients have been told there's nothing wrong with you right.

They've been gaslit for years. Yeah. There's nothing wrong with you. Look, you're you're CBC in your camp look normal. You're fine. Woman. Take this. And a depressant. Right.

I think that that one of the most most important things is that the patient feels safe. And it starts with. Does they feel safe in the presence of us?

They're their doctor. So I think it's important that we do our own internal work to keep ourselves clear and non-judgmental and offer a loving, safe space to our patients.

That step number one was the patient feels witnessed, heard, seen, safe. They can they can breathe much more easy. There's a level of anxiety that goes away.

There's trust that's important. And some people want to dive right into working on the nervous system and working on emotions and working on a spiritual path.

Some people that want to do that for a while, I, you know, I think that that comes in whenever it's right for the patient. So that that could be one of the first things I'm doing.

One of the first things I am usually doing is having them work on structural integrity. So we have some amazing, we have an amazing body worker and healer who works with us at our clinic.

Why Removing the Trigger Is Not Enough

And his hands on therapies are incredible. And just being able to to feel where it is in the structure that the problems are in releasing them really helps a great deal starting there.

Another place I'm starting is on the immune system over here. This this pathway where inflammation is on repeat. It's nonstop. Because if I start here with removing triggers, which means killing bugs or detoxification, doing that creates inflammation.

Doing that is going to create a release of bio toxins and mycotoxins and neurotoxins, and they'll be byproducts of dying cells and dying bugs. The patient is already highly inflamed.

So if I start to kill the infections right away, I'm further agitating a system that's already inflamed. So I'm using a lot of peptide therapies to calm the inflammation down.

At first, it absolutely is. Band-Aid therapy, those peptides, when you've got a bunch of triggers, are fantastic Band-Aids. But then when we remove the triggers, the peptides begin to retrain the the immune system.

That is for sure. But then I start to detoxify the patient, and then I start to treat the infections, and it's all layered on top of each other. It's very much a dance.

It's different for each person, but that's the that's generally how I'm going to work with people. Yeah, I love that. And I want to point out for everyone listening, the last thing that you said was focusing on if there's still an infection, killing the pathogens, because if you don't go through all the steps and prepare the body to be able to handle all the endotoxins or bio toxins that they're going to release, they're going to become more inflamed, more immune dysregulation.

And and you're actually making them more the you're making the patient more hospitable to the infections and allowing the infections to really get deeper and actually thrive.

So just pointing that out to everybody, you have to prepare the body and get through the steps before and make sure that that person is detoxing before you start trying to kill things and mobilize toxins out of the body.

Right. How often is it that you have a patient who's come into you? Right. And they've said, I have, somebody just use a lot of antibiotic therapies on me, didn't do any detox, didn't do any immune modulation.

And now I'm in a mess. People say that or people are so many times or I have people come in, they're like, just, just do it. Just kill the bugs right away.

I'm like, then you come to the real person and. I can't do that for you're running when you're not, you're going, you are gonna go running away from me.

If I do that right, you're not going to like this process. You're not gonna be able to tolerate it. No. And, you know, the crazy thing is, is, you know, for for as long as you know.

So I've been doing this for like, 17 years and for a period, you know, if a patient just wanted to, like, hunker down and push through a Harkes, you know, I, I'd say, okay.

And I'm not the type of doctor that like stops treatment during a herkes I'm the type of doctor that's going to really, really push out colonization, anti-inflammatory and detox when somebody is heard saying, but, you know, it's going back to what I was saying.

It's funny because like the patients that just want to push through, it's like, but realize that it's not about being tough. It's not about will. It's not about pushing through.

It's like if you're saying you are actually driving these pro-inflammatory cytokines levels through the roof, causing cell damage, you know, causing damage to your body, causing oxidative stress, causing all of these things that is completely working against you, and you're actually going to be worse off on the other side of it. So, I just I think it's so important to understand, like the physiology of a heart and what you really need to do from all of these different angles to be able to resolve it so that we're not causing further damage.

Right. I think that when we allow someone to keep working, to keep pushing through without having to detox in the immune, the immune stabilization that's needed during that hurts, we're just going to cause those infections to fester even more, because you're then creating the conditions for that even more, and you can't get rid of the infections.

And that's going on. Exactly, exactly. And there's, you know, obviously no healing occurring. Right? Yeah. So, I want to talk about Gordon Medical Associates and, and all that you do there.

All of the different modalities, that you offer.

Treatment Approach and Healing Journey

But first, before we get there, if there was just sort of one thing in summary that you would say to our listeners struggling with whether it's Lyme and vector borne disease or mycotoxins illness or really any complex chronic illness, what would it be?

What would your advice be? The first piece of advice would be for you to know internally, deep from within. Know that there is hope. There are doctors like Doctor Mariah or myself, the doctors at my clinic who who have been working with people just like you for a long, long time.

To us, this is not, out of the ordinary. It is our ordinary. It's what we see every day. And and we walk people through this. The other thing is, is that it's a journey.

I think it's really important to understand you when you're working with us. You are literally in for a healing journey. We're working on the physical pieces.

We're working on the biochemical, the genetic, all of this. But something in you shifts. I. I say that in a good way, right? Something shifts beautifully. Beautifully.

I it's very rare that I've seen a patient I think probably never where they've come out on the other side, they're healed and they're, they're stronger on the inside.

They're more in tune with themselves, more in tune with the world. They can manifest things. Yeah, for their life. Much easier. So there's something on the other side.

You don't know what that is yet, but there's something magical in this healing process. And I think it's important that people understand that. I don't know if this is going to come out right.

But like, what's coming to mind is that like, there's almost like I think like we all feel like entitled to our lives, you know what I mean? And it's like after you've been through something like this, like there is just like a man's gratitude that like you're alive and you're not in pain and you're not suffering anymore.

And I think it changes your whole mindset, you know, and kind of it just puts everything in perspective. And somehow like, that is very, very healing.

I agree with you there. Absolutely. Yeah. All right. So tell us, what do you guys do there at Gordon Medical Associates. What modalities do you have to offer?

I mean, in addition to everything that we just talked about. But tell us what your center is all about. Yeah. So we

have people come from all over the country, other parts of the world.

They come and they they stay with us and they get their lots of hands on treatments over there. We do have I. V. therapies, which I won't go into detail about today, that it's a whole long conversation.

So but we do have that, and, there's a few resources and, there is, there's, there's a healer that we work with who is amazing and that I already spoke about him, but I'm not in with the other therapies is actually, quite magical.

So that's what we do. Wonderful. And but you guys also provide a ton of education, right? Like, you have educational platforms and you have seminars, and I know you have a Summit series coming out next month in May, so I'm just gonna I want to plug that first, and then I'm going to let you tell me about your other educational platforms.

But you're doing this Summit series, on Lyme mold and environmental toxins. And in May, you're actually going to in honor of Lyme Awareness Month, you're going to be doing, kind of like a mini summit, right?

On vector borne diseases. We sure will be. And you're going to be on it. So I'm very excited about that. Well, so am I. Yeah. Yeah. And so yes, there's going to be we put together a lot of educational platforms for people so that, people who might not be able to come to us for various reasons.

Gordon Medical Associates and Educational Resources

They, they have some more information at their fingertips to give to their naturopathy or functional medicine. Doctors. We want people to to be able to use their own holistic doctors first, to see what actually can work for them.

If that doesn't work, then they can come over to us. So we have done, many summits. We hosted the the mycotoxins and Chronic Illness Summit 1.0 and 2.0.

We hosted the Long haul summit. We hosted the Cracking the Chronic Illness code Summit. And now we're going to be doing these mini series at this forum.

We also have the Gordon Medical Forum. That's our that's our podcast. So there's a lot of a lot of information for, for, potential patients and the general public to access, we want this information to be out there for people because it's really lacking in the medical community and all that can be found on our website.

Gordon medical.com. Okay. So if you go to Gordon medical.com, everything that we've discussed can be found like through that funnel. So whether it's the the summit or the various educational series or the podcast, or if someone even wants to set up an appointment with you, all of that can be done through Gordon medical doctor.

Yeah, yeah. And it's really easy to access all of that there. We also have ebooks on various topics as well. You can access there lots of information.

Okay. Wonderful. Yeah. Well thank you so much for joining us tonight. Is there any any last words that you'd like to say to our listeners before we end?

You know, I just want to reiterate the hope, the feeling of hope and that this is a healing journey. You're healing your body, but your life is going to be healed as well.

Awesome. Thank you so much. Thank you for being here with us. I really appreciate it. Thank you for having me. Absolutely. And to all of you at home, I hope that this was very, very helpful to you and it furthers you along your journey.

Healing from Lyme. Take care. Have a good night.