Summit Introduction and Autoimmune Framework

Hi, everybody. Doctor Keesha here. Welcome back to the reverse Autoimmune Disease Summit. Of course this is 4.0. It's our fourth iteration of reversing autoimmune disease information to help you to be able to take charge of your own health.

This particular summit is the Autoimmune Detox Summit because of course, we're talking about the four corner pieces of your puzzle because you're an individual and there's no right diet or protocol or supplement.

That's right. For every single person. And so those four corner pieces of solving your puzzle or your genetics, your gut health, your level of toxic burden, and your body's ability to get rid of those toxins which are really focusing in on a lot on this summit and past trauma and how you deal with your stress is the fourth corner piece.

And of course, they're all interrelated. This doesn't go in a line. It's a big squiggle because your toxins that you're exposed to actually impact how your genetics express themselves, how your gut health is and who lives in there.

And naturally, how you deal with your stress and trauma impacts all of that, too. So they're all interrelated. And my guest today we're going to focus in on one form, two forms of toxins, tick borne illnesses and mycotoxins.

And I'm so excited to talk about this. Doctor Pia has spent the last decade treating patients with complex chronic illness from all over the United States and the world.

Her specialization is with patients with tick borne illnesses, autoimmune disease, environmentally acquired illnesses, mold and mycotoxins, illnesses, fibromyalgia, and chronic fatigue syndrome.

External factors to the body, such as environmental, toxic burden, pathogens, diet, and lifestyle affect the balance of internal factors over or under expression of immunity.

Infection susceptibility, epigenetic expression, cellular biochemical function, mood, and the microbiome. We need to talk more about that and art in your views.

So let's get started. Welcome to the summit, Doctor Tapia. Thank you for having me. Yeah, I was I was reading what we need to be talking about. So. I want to know when we get started.

Your new you're a new friend and collaborator for me.

Doctor Tapiau2019s Path into Complex Chronic Illness Care

And I love your work, and I'm excited to talk to you, but I always want to know how you got involved in this framework of medicine in the first place, because most of us have the story that brought us here.

And so I'd love to hear yours. Yeah. So I, I went to best study, become a natural Catholic doctor because I knew that I wanted to work with the whole person.

Mind, body and spirit. And the more I, the more I learned to nudge Catholic school more. I also realized I wanted to work with people who are having and deep, deep issues of their own.

You know, usually they've been through a lot of trauma. And, you know, I've had my own share of of trauma and really worked through that a lot. And, unlucky in that I didn't have a physical manifestation of that.

But I knew that the more patients I met who've been through trauma, the more I wanted to help them, because I'd see it manifest in their in their whole being, mind, body and spirit.

And, that's how I started. Yeah. Well, I'm so grateful that you did, because this is, you know, I, I am a history of sexual abuse. When I was ten and then I was diagnosed with rheumatoid arthritis when I was 30.

And I was able to make that connection of this has to have had something to do with this 20 years later. And sure enough, science tells us that it does indeed.

And so I'm so happy that you have made that choice, because I see that in my autoimmune patients, whether it's capital T trauma, like, you know, the the ACS, the adverse childhood experiences that we talked about, which are the domestic violence and sexual abuse and psychological emotional neglect of being in that, but then also those lowercase t traumas, right?

The ones of feeling rejected or feeling betrayed or not good enough, not fast enough, not beautiful enough, not whatever it is that the story is. Right. So.

And they all impact our nervous system and how how it behaves and how it responds. And then of course, our immune system will follow. And, who's living in our microbiome?

Right. All of it. So how does all this fit in to mycotoxins illnesses and tick borne illnesses? So usually my patients have had they've had a lot of, a lot of, people transgress them.

Usually it started that way, started when they were younger or maybe in their marriages when they got older. Relationships in between and at the same time.

Then there's that mind body connection where somehow we can't really measure that on the labs, but somehow they're then open to, to further transgressions.

So there's the transgressions of environmental toxicants. They're much more sensitive to the toxins that are that are now in our world. And then they get bit by a tick and they have high emotional burden.

They have a high environmental toxic load that causes immune dysfunction. And because there's already immune dysfunction, now they're suddenly in chronic Lyme.

Or they've got chronic mycotoxins illness, which is the illness removed. And now they've got the soup of all of these things that we have to work on together.

And I've heard that chronic Lyme and chronic mycotoxins, all of those are considered autoimmune now. Yeah, yeah. Underneath them all, almost all my patients have an autoimmune condition or at least an autoimmune tendency.

So almost everybody has Hashimoto's or they have aura. A lot of them might have lupus or an autoimmune tendency in the gut at the same time as all of this.

So I used to work for the Forest Service when I was a teenager.

Trauma, Autoimmunity, and the Infection-Toxin Connection

I can do hundreds of tick bites. It was just like a normal part of life, you know, we would we would actually play a game with each other when I when I was 15 and 16, I went two summers out into the woods and worked for the forest Service in the Youth Conservation Corps.

And everyone would come back with ticks every single day, and we would go searching for them at night before we go to bed. And then we would we would play games with each other where we would hold a lit match underneath the tick to make it back out.

Right. And and that was like the it was like monkeys grooming each other, like that's what we were doing right?

And just tick off and getting them out of us, like you go to sleep.

Yeah. When years later, I started, the dangers of tick bites. Right. I, I thought it was pretty get myself tested for line. And sure enough, of course, I replied.

Right. I've never had any kind of Lyme syndrome. And then this house that I'm speaking to you from, we we moved our furnace to have that replaced and they had the wall out and it was just filled with black mold.

I mean, it was unbelievable. It's the only way that we discovered that we had a leak from our third story down all the way down to our great place, three bathrooms.

It was a nightmare. Okay. Yeah, I, I but in both instances, I didn't get sick, I didn't notice, I didn't have any immune response. There was nothing. And that's because I'd already done the work of healing my R. A.

back when I was 30 by dealing with my underlying trauma. Right. Getting my lifestyle so that it didn't flip on my genetics. My grandfather got RA doing all of this work back then, created this emotional, physical, spiritual, mental connection and resilience.

Right? Yes, absolutely. Yeah. So I would love to hear how you approach that. It's for our folks. And maybe we should start with like what are the symptoms of each one of these.

Right. What what what happens when someone how can someone know. Do I have a problem here. Yeah. So most of my patients are adults and meaning 20 years and older.

And they come to me at this point, maybe not thinking so much about their past trauma, but the imprint is already in their, in their in their in their mental patterning or emotional spiritual patterning.

It's there, but it's not actively being thought about anymore. They've even been to therapy a lot. But then they come to me and they have, symptoms from head to toe, literally.

They have headaches, brain fog, neck pain, sinus pressure, pressure in the eyes, literally head to toe. A lot of gut, gut issues, and pain, pain in their muscles.

Pain in the bones, pain in the joints, and numbness. Tingling. And then they wind up in, in in a, in a rheumatologist office. And then they're told, here, you've got this autoimmune diagnosis, take some steroid, take an antidepressant.

This is just, it's just your genes. You're just getting older, you know? Yeah. And then they've seen many doctors before they come to me and, they know they're not fine.

They know the steroid isn't helping. I know very often. The, the, the antidepressant is not working, or it's making them feel worse. Even more depressed.

So that's when I start to hunt for all the different reasons that they're that's making them sick. And that's that's leading to this autoimmune diagnosis.

And so what, are the root causes besides trauma? Some of these diagnoses that you find. So usually it's a combination of multiple infections and environmental toxicants.

When, you know, I, I went and I'm on the faculty at, Institute for Functional Medicine, I remember going to one of Bob Brown treats, talks and really learning for the very first time the difference between a toxicant and a toxin.

So maybe you can actually define that for our folks that are listening and saying toxicants, that's not really a word that I've heard before. So those would be low level chronic burdens that you that you experience over time, things that aren't going to cause you overt poisoning.

Right. But but low level toxins or. Keep going. So low levels of of of a chronic exposure and and those toxins they, they end up in, in our cells, in our fat cells or in the cells of our organs.

And they're not typically found on, on blood tests, although often lately I, I'm finding them on blood tests. Even so, that's what the environmental toxicant is.

Okay. Yeah. There's also, a difference between a man made man made compound and one that comes from nature. Right? Like a viral tick borne. Yes. Versus, BPA basically.

Yeah. So I test for those. So there's toxins that come from mold. Those are called mycotoxins. And most of my patients have a very high toxic burden of mycotoxins in addition to, to the manmade chemicals, for instance, perchlorate or glyphosate.

Yeah. Right. And we are a little bit like, I talked to Roger Murphree a little while ago, and we were just talking about the boiling frog scenario or the canary in the coal mine.

Recognizing Symptoms and Understanding Toxic Burden

And I realize I just sort of rattle those analogies out, and people may not know what I'm talking about. You know, the the coal miners used to bring a canary in a cage down into the mines.

And if the canary died, that meant there were too many fumes in the air and that they needed to actually get out of the shop. And so the canary is the one that shows everyone else that there's a problem.

Right. And that's missed. It sounds like, of your clients and mine, are ones that would be considered multiple, chemically sensitive or sensitive, you know, and consider themselves to be very, very fragile because that's what they've noticed about themselves, like their bodies and their genetics, their detoxification systems, or maybe not as robust as another person's right.

Exactly. Yeah. And I measure their, their genes of detoxification and see, I'm using a new test where I can look at the genes, the snips and all the different systems of the body and how those genes are into playing with one another.

Which, which is really, really helpful in these misery illnesses. It really is. And I'm glad you mentioned that because, I did genetic testing at 100% of my patients.

And the reason for that is sometimes they're anxious about it. You know, you're going to tell me that I have that or I mean, yeah, and that's not it. It's it's looking at what you're just saying.

At the inter relationship between the different single nucleotide polymorphisms and the different parts of your body. And it's actually getting an explanation.

I call it the X marks the spot on a pirate's treasure map. Right. Like yeah. Dig a little deeper. This is probably a place where your genetics are showing us there could be a challenge.

So let's do some of this testing that has to do with this snap and dig a little bit deeper. And I think people look at genetic testing as the final end all be all.

But we never treat the snap right where we have to actually see like, is that really true for you. Exactly. Yeah. So I'm looking at the snips and then I'm looking at the toxicants and and saying, okay, look there is a match.

Usually there is almost 95% of the time there's a match between what I'm seeing on the genes and what I'm seeing in the biochemistry in their body, and then they're relieved to see this.

Actually, they say, finally, I have a diagnosis. Or finally I understand why this is happening to me. I get people both

like, I'm not crazy. Exactly. Yeah, yeah, I actually, I, I can, I can actually tell my family I'm not just lazy right.

Or crazy, right. Yeah. And and then you can help them release that identification of being the same person. Yes. That gets cemented into. Right. It's true.

I've noticed that when, when people really identify with the diagnosis and they call themselves a lie, me or what? We're saying, it really reinforces the mental patterning.

It's harder to to get well when they're deeply connected to the diagnosis. So we do work around that. No, there's just there's just some infections going on.

We're going to deal with them. There's some toxins. We're going to deal with those. We're going to do the the work in your spirit and your mind and, and we get to turn this ship around.

You're not a limey. You're not a limey. No. Michelle Poole yesterday and she was talking about her experience with mice and how it eradicated all of her eyes.

And at first I was confused. I thought she thought I might have physical eyes, but she's talking about the letter I, the identification of. Yeah, I'm a marathon runner.

I'm a, CEO of a nonprofit. I'm, you know, I'm healthy, I'm vibrant, I'm this and that. And that kind of took away all of those self-identification and left her with, I'm weak, you know, I'm sick.

And that if you then replace those, self identifications with the identification of the self as the disease, you're doing your favor, I know. Oh, you know, I always think about disease as a pathway towards expansion of consciousness.

And so it really is about releasing your identification to what your ego says is you to more, who are you really? Yes. Which is not aligning. No. And and you know, and at the end of it, at some point in the middle of it, most of my patients will say, you know what?

This is the best thing that happened to me. I have just evolved. I've just grown. I've just I just become deeper in my own wisdom and my own strength.

I love myself more. I have something to give back to people. Yeah, I know, and that's the evolution, right? And the realization that, oh, I'm more than this body.

I'm more than this body functioning in a way that I thought it should. I more than that what I, what I am in caregiving or doing right. And it comes into a more solid alignment of self with as spirit, you know and and what your essence nature is and who you are and what your role is on this planet and the gift that you are.

And I just think you can't hop to that too quickly, though. That's. Roses. It's such an honor. Truly an honor to work with people at that level. Yeah. To guide them.

Well, I'm with them for however long we get to, Yes, I love you.

Testing Genetics and Personalizing Detox Support

Yes, you love you. So, yeah, this is really important. And my daughter and I were watching, I'm probably the last one on the planet that's heard of this Netflix, series called Queer Eye.

I just am in love with it now. Yeah. We were watching this episode where they went in and they were helping, a young, man of color who at the age of 24, had been shot and was wheelchair bound, and he started a nonprofit.

So he'd been in a gang. It was a gang related violent episode. Right. And, and he started a nonprofit when he got through his two years of pity feeling terrible about everything.

Anger, you know, the processing that has to happen. Yeah. When it was able to start a nonprofit of, Oh, I can't remember what it called it, but it was, oh, disabled, but not really.

And, you know, it showed pictures of him teaching CrossFit to people in wheelchairs. And he was just this powerhouse of, you know, transpersonal wisdom that had come through this experience.

But it also showed the pictures. And his mom talked about this two years of real hell that he went through where he grieved his body the way it had been, you know, and then and then he could look back and say, seven years later like, oh, I was headed to death.

And here I am in a wheelchair, living a life that I couldn't have had in the game prior to being shot, you know, and that that was a seven year process to get there.

And I just want people to understand that, like, this is a digestive process. This and I'll work is it's deep. It's really the final calling for you to walk the planet is your is your highest self right.

It's calling. Right. Yeah. Oh so when when you discover like these mycotoxins for example, and autoimmunity is really that's one of the triggers. It's one of the four triggers for an autoimmune flare is too high of a high environmental toxicant load and two low of the ability of the body to get rid of it.

Right? Yes. Ratio is not not doing its job. And so then what? So then I want to I want to tap on their system really gently. A lot of the times if I start to come right in with modalities of detoxification, we start to mobilize more toxins in their body can even handle because that ratio is low.

They're not they're not able to really send that out of their body. So we need to, we need to give them cofactors of their detoxification system using.

That's amino acids and minerals. Some b-vitamins. So for some people I have to start really slow and low by giving giving them those cofactors. And then I can come in with with deeper, detoxification modalities.

This is why you're a guest on this summit, because a lot of people that are in the natural pathway, functional medicine, ortho, molecular medicine, holistic world, just go in with all guns blazing, like, oh, you've got heavy metals.

We've got to do. I've and get that out of there. And I get people in my practice that are just sort of like washing up half dead on the shores, you know, to my practice of there's so, so much sicker because their bodies had not been gotten, you know, they weren't they weren't ready.

In your native medicine, there's, an axiom that you have to build the body up before you can detoxify it. Right. And they knew thousand years ago that through the work of, you know, you build it up, then you eliminate.

Yeah, that's really important to, to make sure to highlight. I really appreciate that about you. Thank you. You know, we have to work on that for a long time.

Sometimes the patient wants and gets drink to kill this infection for me. Now I say if I do, that's going to backfire. Yeah. Because because you can't handle the load of, of, inflammatory cytokines and more dumping of toxins as we kill, it's going to be more difficult.

So then and they they accept that. Okay, fine. So we're going to, we're going to set you up to detox. Detoxify you. And then we're going to come in and kill the infections.

And at the same time we're detoxifying while we're killing the infections. Yeah. Like I don't want to point to for those of you that have been to Lyme letter doctors and had all guns blazing, and then you have, I call it whack a mole, you know, another infection with these co-infections.

Yeah, right. It's like Hercules and the Hydra monster. You do one hat and three hop up right quickly. That's what's happening. You know, that's not a normal line progression, by the way.

No practitioner instigated line, you know, and yeah, well, no. Yeah. All the time line up to make that. Literate. And I'm like wow. And then their guts are getting destroyed from all the antibiotics.

Exactly. It's a big mess that I have to undo when they've been on antibiotics for a year or longer than I went up with parasites. And yeah, I know. Yeah.

So supporting the gut, the liver, the kidneys, the skin, the lymphatic system. And then I also make sure I do adrenal and hormone checking, you know, if the adrenals are flatlined, then that means the body can't handle the stress of this.

This is the biggest event when we're doing detoxification. Yes, yes, yes, definitely. They're adrenals are usually flatlined. Sometimes they're way overproducing.

They're still in that stage. Most of my women, their, their hormones are tanked, all of them.

Detox Sequencing, Binders, and Heavy Metal Chelation

And same with my men, patients, young men, you know, they have testosterone levels of of as like a seven year old men and dominance. Yeah. Seeing that in so many men.

Do you know that I send men now to get Dexa scans? That makes sense. I'm finding I one day I was looking at yet another man that had estrogen dominance and, that I, you know, initially do.

And I thought, oh my gosh, I wonder what this guy's bones are looking like, because we always assume that osteoporosis is a female disease. Dexa scanning is always put in a women's health imaging center, right? Yes.

I started sending my men and and a third of them are having bone density. You know, I know of osteopenia and osteoporosis, and no one's looking for it.

No. Yeah, well, I know, so, ladies, if you've got a partner that's got man boobs and a gut, right, then they need to have this chat. Not just a testosterone blood level, but they need to make sure that they're not estrogen dominant.

Yeah, yeah. You give them more so that I know so often times and you know, dealing with the hormones and the adrenals detoxifying them, modulating the immune system because detoxifying them will modulate the immune system.

And then I can come in and kill infections while we're doing all the other than I just mentioned at the same time because we don't stop that. Yeah. What about, the use of binders?

Yeah. I use binders a lot. So binders are going to, bind the toxicants that are floating around or the ones that are bound on the cell membranes or even in the cells.

So I like to use modified citrus pectin a lot and charcoal, Chlorella, diatomaceous earth. And so those, those are wonderful binders. So that then, we can both reduce the surface area of the toxicant and also have a bound up so it can be excreted through the organs of elimination, the gut, kidneys, skin.

So should people use those because they heard us talking about them. May not they might not be to witness, Your Honor. Right. And these can kind of take people.

Someone might already be constipated. And if I put them on a binder while they're constipated, it's just going to make things worse. Sometimes we have to deal with the gut first and other issues first before we can even put them on a binder.

Yeah, yeah, we we do a thing in the United States where we say if a little bits good, a lot must be better. Yeah. You can also overdo and bind your nutrients, you know, like I've been teaching and have been reading about things and I get very intelligent patients.

I have very smart people in my practice. And I research and they know what they're doing, but they're not testing them. You know, they're not getting tested first to find out what their body needs.

So they're going off of information that's been done on somebody in a study, you know, and so they do themselves harm. It's true. Oh my arm. It's too much information on Doctor Google.

And they're right. And so patients of all of us we all do blogs and we do summits. Yeah. Exactly. Yeah. And then patients want to be informed and they're still they're so smart.

They really are. But then sometimes there's misinformation out there and then they'll apply it to themselves. Yeah. Not the right thing or it's right information to the wrong person.

Yeah. Right right right. Information in the wrong amount of the day at the wrong period in your healing. You know, like meanness that needs to be considered.

Yeah. So you can take a binder close to your thyroid medicine and guess what's going to happen, right? Medication. And more than you and no mean. Oh yeah.

So this is important. You know, like how we finesse this, doctor and I, you're talking about, like, what we do, but you have to know how to do it for you, and you're not the same as everyone else, so.

Yeah, exactly. That's be highly personalized medicine. Yeah. Which is what you. Yeah. That's the same with amino acids. What are amino acids that the building blocks to proteins.

And it could be too much for somebody's system, too much for their kidneys to handle. Maybe their kidneys are under stress. You don't know until we tests find out.

And they can be precursors to really important neurotransmitters. But yeah, you're building up one neurotransmitter that shares the synaptic surface with another one.

You can make that one go crazy. And yeah, you can wind up in a world of hurt with amino acids. So if you are dosing them inappropriately for what your body's needs are so and that what might be right for you and this minute won't be right for you in three months because things are right.

Yeah. Patients are moving target. Yeah. Watch them. Watch them so carefully. I'm one of them. Like a hawk, actually. Okay. To today, you know, after I give them some pretty big interventions when they're ready.

And I have to be honest for them. Yeah, just with bioidentical hormones, you know, I'll tell my patients this is for a five month period only. And then I need you to retest, and I need you to promise me you're going to retest and not stay on this forever.

Because if you if I go back in and you're not actually getting rid of harmful metabolites that you might be holding on to in your liver, you're at a risk for breast cancer.

So you have to promise me that we go back and we take a look, you know? And so I think that's important to kind of reiterate, you do an intervention and then you look to see like how you respond to it. Yes.

Right. Exactly. Yeah. Testing. Keep testing as we as we know you're going to change along with the symptoms can be frustratingly expensive. And you know, that's that's the thing like we know that.

Yeah. And we're not trying to break your bank. We're trying to help you. And we're frustrated with the fact that our

insurance companies don't pay for this kind of testing, too. Yes.

But it's essential to find out how is the operating with your system, right. Because the testing that the insurance companies do cover their important tests, but they're just going to tell you if you're dying, right, if you're right, or if you have anemia, right.

You know, but there's so much more going on beyond beyond the very basic elementary tests that are covered by insurance, that we have to use the functional medicine test to really understand the full biochemical expression of what's going on.

You know, things, but then they appreciate it, and they want the data I find, like, give me that. You know, nobody else has. Yes, it is important. Yeah.

And it does kind of I always say you want to be in a collaborative relationship with your body. I mean, it's it's a gift and a blessing for you to have, and you are in charge of it.

Yeah. And being responsible for it. So the testing, it's actually asking with compassion and curiosity like what do you need. Body. Right. I really want to take good care of you.

So I'm asking and then that's the data the body is giving back gratefully you know. Yeah this is happening. So I am board certified and heavy metal collection.

And there are a lot of, ways of doing this. And I know you have a method. And I wanted to open up that discussion because people will read different things about, chelating of heavy metals.

And I always think about heavy metal is kind of far down the list. You know, first we get those adrenals and hormones. We get that gut that it's going, okay, your liver is detoxing, your kidneys are strong.

You're sweating. Right. We want to get those things in place and we release it out of cold storage. You know where it's been stored. Thank you very much. Away from your brain.

Yeah, we're taking it out. We want to get rid of it out as quickly as possible. Right. Yeah. So better the methods. And how do you think about heavy metal chelation?

This is a big subject these days. Yeah, it's a big one. So I think that there's, there's a, there's a, there's an improper way to do this.

Supporting Elimination, Hormones, and Recovery

And that would be to just come in and do it right away before doing all of the things that you mentioned, dealing with the hormones and the adrenals, the gut, making sure the liver in the kidneys are ready for this.

So sometimes people come in and they do that first and that the body is just not able to to send this, this toxin load through it, just recirculate and it can recirculate into the brain if that gets done.

The other thing is a lot of times people will have done therapy, but they don't have the support, that's needed to deal with these metals as they come through.

So when I'm killing people, I'm supporting the organs of elimination. So the gut, the liver, kidneys, the skin and doing this with herbs, to, to tone ify these organs because, you know, there's going to be, inflammatory cytokines that are also going to be released.

And, as I'm killing infections. Right. But at the same time, this byproducts from dying cells and dying bugs coming through. So the organs can be stressed.

So it's really important to tone of them to strength to strengthen them. I did that with an old marathon runner. Is to have a fanny pack that I would take on my 26.2 miles, and it would be filled with things that I needed as I went.

And, and, you know, a liter of fluid and electrolytes was part of that. And so I think about, like, heavy metal accumulation without those supportive mechanisms, without being on the Earth that are required to and to help with all of the detoxification processes.

Yeah. The other things that you can do for support that that's like going and running a marathon with no water. It's true. Is exactly that right? Yeah.

It's going to wind up in the medic tent. Yes. Getting an IV. Right. Because your body is like, I'm out, you know. Yeah, yeah. And then I do give them binders because as we're, we're pulling the metals from the cells, usually from the cells of the organs.

That's where the metals are then. Then they're free floating. And I really want to capture those with binders. I want to bind them. So it's more, easy for them to, to excrete through the organs of elimination.

Great. Yeah. So you do evacuation in your practice. Yes. Yes. And so you have people come in physically. And where are you located. So we're located in the San Francisco Bay area.

So in, in Marin just over the Golden Gate Bridge. People come from all over the country actually to see us for tick borne illness. And then usually they have a high environmental toxicant load.

So we're we're doing all the other therapies that go along with that to clear the toxins. But like I said, usually with supplements first building the building up and then getting them on the IV's.

Right, right. I can tell you a personal story. After I was after I got certified, I decided to do it on myself and I went batshit crazy and and that the, the way that I think about like, oh yeah, the Mad Hatter in Alice in Wonderland, you know.

Right. The milliners actually did go bat crazy, because they were working with Mercury to make sure. That's right. And, and I remember my husband looking at me and saying, what is happening for you right now?

And I and I said I was crying and I said, get me down to the clinic, I've got to get in the sauna, you know, and and then he got me down there. I got in the sauna and within 30 minutes I was normal and I. Yeah, that's great.

I could watch my emotions doing this thing. Right. And and I were, you know, and it was such a good lesson. I do everything on myself before I, I. Yeah, I'm home.

I always tell that story because I like please. Yeah. It was really important. Just 30 minutes of sweating in a sauna. That's really important. I tell my patients to do.

A lot of times I'll buy a sauna, then, because it's that important. Yeah, yeah, yeah. It's skin. The biggest organ of elimination. Yeah, yeah. And you also enlisted, you know, because that all of the strain.

I'm just your poor little liver and kidneys and colon. Oh yeah. So fantastic. So yeah. Yeah 30 minutes of was a normal being again and was like, wow, don't ever forget that lesson.

Right. So what have we not talked about that you would like for our viewers to know about this subject? Big subject. Yeah. The the way that autoimmunity develops from the combination of environmental toxicants, infections and emotional burden.

So really tying in these these things that we've talked about, tying it together because the research does show that toxins stress and infections will cause autoimmunity.

And and I know that that's why most of my patients have an autoimmune condition, if not several of them, because they've got all three of these factors all at once.

And so we're dealing with all of these things all at once, all the time throughout the journey of healing. And then it is a journey and when you're done chelating, done.

We still live in the soup of our world. Yes. And so that's another thing that I always say, you know what? It's good to since you have had this, you know, like every year it's good to just do sort of like an oil dipstick check.

Yeah. See, like, where are your levels, what's going on? And and then I mentioned Dexa scanning. I send all my patients that I've done heavy metal and with after check bone density.

Because where did all those metals come from? I think it's stored in the bone to our, in the bone. And we just get. Yeah, exactly. Or when when patients lose weight.

Yep. So the, the other chemicals are stored in the fat cells, they lose weight. And then there's a big burden coming through. And they don't understand why they feel sick after they've had major weight loss or where there's so crappy.

Yeah. Exactly. It's like oh, your adipose tissue or your fat tissue has just become another endocrine gland. Exactly. Oh, it really which is really why I mean, people really want to lose lots of weight all at once, but it's a really good reason why we say slow and steady, because your, your organs of detoxification have to keep up with what's being released from the accelerating your fat tissue.

Yes, we're wringing them out and we have to be able to get rid of it. That's another good reason why it's on as a good idea. Yes. Yeah. All right. So I so appreciate you taking the time with us today. And, I don't know, do you have a free gift for our viewers?

First of all, I so appreciate being on here. Thank you so much. And I don't have a gift, but I will make one. I guess. I will have one. Okay. Wonderful.

It's usually like a Lyme disease or micro toxin kind of guidebook for people because, okay, all of these interviews, it's really nice if they can have something that they can download that sort of reminds them.

One of the things that, we've been really careful in this summit to really say is, you have to take it a chunk at a time. You know, overwhelm is the gateway drug to perfectionism, which is going to tie up your nervous system again. Right?

And so, like, yeah, that's why buying the summit is so important. It's so that you have it and you can take it in these times. And so it's, it's, gradual just like weight loss.

Right. Gradual. Yeah. Yes. Absolutely. So I'll have a Lyme and mycotoxins and other toxins inspired here. Both inspired here. All right. Yes. Again, I really appreciate your work.

Thank you so much. I speak the same language now. Until next time, be well.