Introduction to the Summit and Guest

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This is Doctor Talks. Welcome to the Mold Microtoxin and Chronic Illness Summit. I'm your host, Dr. Anne Shippey. And today we have Dr Isaac Elias, who is a leading expert in the field of integrative medicine.

He specializes in cancer detoxification, immunity, and complex conditions. He's a researcher, best-selling author, educator, and mind-body practitioner.

And he works with leading research institutes, including Harvard, New Age, Columbia and others to integrate approaches to cancer, heavy metal toxicity and so many other things.

He is the founder of Amitabha Medical Clinic in Santa Rosa, California, where he's used many integrative techniques to help people to heal. Thank you so much for joining us.

Thank you, thank you for having me, Patricia. Great, you have such an incredible background for our audience. You wrote a book called The Survival Paradox.

I'd love for you to give us that introduction to some of your incredible work that's a bestseller, because I think it really is relevant to our audiences.

Yeah, the book's manual level is a combination of a few decades of studies and research and clinical work. And it presents a new paradigm that really goes along with functional medicine.

The paradigm and the paradox is that we are wired to survive. We are wire to stay alive at any cost. But the mechanism of survival that are built within us are the same mechanism that actually get us to suffer in life.

that get us to be reactive, that gets us sick on an acute basis and on a chronic basis, and eventually also shorten our life. And it relates to every area in medicine, and it related particularly to the area, to our topic today, the mycotoxins and chronic illness.

And really, because it's innate in us, it is built in. Because it was built on us it automated through the sympathetic system. So the sympathetic system responds with no control in a fraction of a second, as we all know, right?

We're ready to run from that tiger. Without thinking about it, we just do it. Exactly. Because they call it the survival mechanism. And just like a reflex that doesn't go up to the brain.

It really goes either through fighting to survive, which equates to inflammation, or it goes by us running away or hiding, right? Fear of flight, where we shield ourselves.

We hide ourselves from the world. And this microenvironment we'll talk later today is really the ideal environment for mycotoxins. So these two very basic movements of the sympathetic system relates to inflammation.

The Survival Paradox and Stress Response

and relates to creating a microenvironment that has no oxygen, we are hiding there, it's sealed, and to fibrosis, which really causes organ degeneration.

So while we're in a sympathetic mode and we can take a deep breath, go out to nature, relax and shift back to parasympathetic, but if we stay more in the sympathetic system, the system starts changing and when the body is under great stress, for more than a short while and I don't want to go to the question or in the popular topic of stress adaptation and its benefits that you know when we exercise hard or we go people take like ice bath they do it consciously to get better.

When we get stressed because of crisis, it's not conscious. It's very different and people now are confusing thing and think that stress is no. You're making that distinction.

Right, because I talk to some of these people. A scientist is great, but you have to be a clinician and logical. Stress that comes out of pure stress, is not good for us.

So what happens When we are in stress, all the weak spots in the body take the opportunity, right? When somebody is under stress cancer can get worse, autoimmunity can gets worse.

And people with Lyme disease know so well, you are stressed, the spiral cage wakes up. Microtoxins drive this process. So we really want to understand this.

The problem is that when it comes to the sympathetic and parasympathetic, we can shift in a few minutes. But when the biochemical system gets a signal that we need to survive, start a cascade of events, what now is, and I've been talking about it for decades, but now it's so familiar to everybody.

It's called the cytokine storm. I did it now exactly. And then suddenly it leads to devastating effects. So the triggers from a biochemical point of view are certain protein, alarming protein with a key one that I've researched for almost 30 years and made some of the key discoveries called galactin-3.

This protein has to change very little. It has like to double itself. for C-reactive protein to go up a hundredfold or for interleukin-6 to grow up hundred fold.

So we have the biochemical trigger that we are very interested in because there are simple solutions how to block it. But we also want to see how can we change it from lifestyle and especially from mind-body medicine.

because our body is built to heal and if we can change it, so we have the mind level, something I did in the study and I practiced for many decades, and we had the biochemical.

And they all give a complete picture and this is really in a nutshell, the survival paradox and how to approach it. Okay, for the people that really want to understand what you're saying a little bit, let's nerd out for just a minute and just explain a bit more about what the Galactin-3 is and what triggers it and then what happens when it gets triggered.

Just so it really makes sense that, you know, there are all these things that we can talk about that. We have some control over, but then there's this automatic response that happens.

It's so subtle, then so significant with these inflammation that's going on. So the Galactin-3, and in the book I go through the whole story explanation and every organ system and disease and what to do about it in detail, but here briefly, the galactins is a carbohydrate binding protein.

So we can really look at it as the bus, as a shuttle. Okay, it's like the Uber you are calling, you know? Something is happening and you dial, I'm in trouble.

Galactin-3 gets excreted by immune cell, by macrophage, also by many cells, but a lot by macrophage. And it is also triggered by certain toxins. Then it drives to the area of problem and it brings with it different ligands that can help us to repair the injury.

These are inflammatory. ligands, certain growth factors, cytokines, and then we start getting an inflammatory

fibrotic area. If Galactin-3 could have spiked for a few minutes and go back to normal, nothing would happen.

But even if it spikes for few hours only, it will end up, for example, I do a lot of work with sepsis, which is related, you know, a little bit, I mean, in a certain way to the topic of mycotoxin.

For the people listening, sebsis is? Yeah, it's infection of the blood that if it gets bad and you're in the ICU and have kidney damage, we're talking about 60% mortality, six zero.

So for this, you need a very dramatic work. So, for example, I've been working in the last 10 years almost, only I'll show it because it's moving to clinical trials.

It's a biotech project. I'm working on a filter to take out just galactin-3. Galactine- 3, and you're going to go and take the blood, separate the plasma, the fluid from the cell, take out, remove this Galactin-3.

This Galaktin 3 is present in nanogram, in 10 to the minus 9, 0.0001 gram. Trace amount. Right, trace amount, so the whole amount you pull out of the body is 100 microgram.

You can't see it with your eyes, okay? And what we find is that when you induce sepsis in animals, even in large animals that are similar to humans, Galactin-3 comes up first, before Interleukin 6. And when we put, it's a very unique model, when you put the animal into severe sepsis, where in 45 minutes they go into seposis, and while you're putting them in sepis, you remove Galectin 3. For only three hours, the animal will never go into sepsis, while the regular animal would die.

and it will not get kidney damage. So that's how dramatic it is.

Galectin-3, Inflammation, and Sepsis Research

And in the ICU study that we're just doing, and we will publish the second paper soon, so I can't give the exact data, we are showing that what determines which of the patients who come into the ICU with sepsis in general, 40% mortality, the ones who will die will have a clear curve of Galactin 3 rising in ICU, while the one who survived, regardless of how sick they came in, while the ones who go down will not die.

Interleukin-6 will go patients who die and don't. Really important distinction, which I think is very important for our viewers, is that there may be somewhat of a genetic predisposition who can over-create.

Very important. And so in the sepsis patient, it's probably just part of that acute illness. But what we're talking about with the mold and mycotoxin and other chronic diseases is just where it goes up among that stays up and maybe continue to get ramped up over time.

Yeah, so it's very important. There is a genetic predisposition to how much galactins we excrete and to its present. It can be presented in a pentamer or in monomer.

So when you take it in the monomers, it can penetrate to small areas more easily. And then once it brings ligands, It creates a Pentamer and it creates the coating, a lattice formation.

And this information is the backbone of the biofilm, is where heavy metals, where micro toxin, were pesticides are going to hide in the gut. Now we're thinking about it, and I would love to hear your opinion about people who have a micro-toxin and chronic illness and they're feeling better.

And they go with an environment of a tiny amount of micro toxins, they get immediately aggravation, right? You know, especially the ones who have… The body's like, oops, warning, morning.

We're in danger. Exactly. So it's not that they are overwhelmed by micro toxins from the outside. It's just that the micro-toxins are getting a signal.

Oops, we are home. we're under control. You now, the whole world becomes our biofilm. And that's what really happened. I was thinking today, wow, it really is an outside signal the micro toxin, a survival signal.

Well, the party is starting now. We are safe to raise our head up. I would love to hear what you think about it. I think especially when people are in a recovery stage, they're starting to improve, I do think that aspect of the immune system is really hyperventilating.

That's what I experienced myself. Like I travel to a conference and have to change hotel rooms. hotels, sometimes multiple times to find one that I could actually sleep in.

Whereas now that my immune system is back into a good regulated place and my toxin load is pretty low, it takes a lot for my body to scream at me. I actually was just at the functional medicine conference a couple months ago and it was in Orlando and It was extremely moldy and I would suspect if I Colectin 3 would have been through the roof.

I think I'm probably one of these people from a genetic standpoint that can upregulate it because I started to get all kinds of symptoms that I hadn't had in years, years and years where I was hitting my nose from just holding a cold glass of water.

My body felt like it was hit by a truck. It was in a good morning environment for me and it happened within 24 hours. I have had such an experience with a family member years ago in an online conference and now many, many years later they are they can go into a moldy environment, it's not an issue anymore.

There is a point, you will see, where it is not a issue any more. Where your body regulates to the point where your immune system is no longer recognizing this as a danger, as problem.

We see it as survival response. Your body said, oh my God, I've got to survive. And then it goes into this cytokine storm. At a certain point the comfort zone changes.

That's a big, big topic in medicine in general. We can be on a more and more restricted diet, which often people do. But if we're really healthy, we can eat more things and we tolerate them.

So it's an issue of tolerance of the body. That's the whole topic. We could go so many different ways with this, and you're exactly right. There were times in my life where I was reactive to carrots and blueberries, whereas now I don't even think about those kinds of things.

I think the thing for our audience is to let the others hope. by addressing a lot of these things that you really can down-regulate. So what I would love to do is have you dive a little bit more into your thoughts on, you know, somebody who knows that they're in this inflammatory state and their Colectin 3 is likely elevated and they are working through their whole recovery from mold and microtoxin.

Right. So, maybe I'll start by saying that you cannot rely on the level of Galactin-3 to decide if you need to address it. Because of the genetics, you can still have low Galectin 3 and still a major issue with Galctin driving the issue, especially with Lyme disease, with mycotoxins, where the Galactic 3 may be sequestered inside the biofilm.

inside the structure and where we don't have an appropriate immune response. So you will see patients sometimes with Lyme disease with very low galactin 3. You may have seen very low C-reactive protein.

They can't respond, but TGF-beta will be skyrocketed because they are driving fibrotic processes, and T-G-F beta is driven by Galactin-3. When they balance out, Galaktin 3 will go up to a normal level to 7, to 8, from like 4. The lowest one you see in these patients, then CRP instead of being undetectable becomes 0.1, 0,2. And TGF beta drops from 20,000, hopefully to 3, 000. And then, you know, now they have balanced.

So there are going the fibrotic tendencies, the hiding tendency. And this is very critical for people with chronic disease. And I'll get into strategies.

I mean, I'm a practical guy. If you think about, yeah. All right, go ahead. So if you're thinking about mycotoxins, mycotoxin, and you just gave the example from Orlando, Mycotocin don't thrive in dry, warm weather.

They drive in damp, especially hot place, right? In places that are not so warm. Places which are not ventilated or in our basement, right, where it's very humid and not ventilation.

When you have areas in the body with microenvironments where the cell metabolism is also changing, it changes, it allows mycotoxins and fungus to thrive.

It's an anaerobic environment. What happens is that in this environment, the cell has to survive without oxygen. A lot of it is driven a galactin 3 and by this lattice formation.

And then what happens, galactic 3 will block insulin receptors and the cell will get a signal, AMPK gets blocked, what produces ATP in an efficient way.

The cell gets the signal. Oh my God, I'm choking. I don't have oxygen. Then epoxy-inducing factor goes up. Now you can visualize it inside the sale, which again, classical for mycotoxin and for chronic disease.

Mycotoxins, Biofilms, and Chronic Illness

I think my listening might have heard that as mitochondrial dysfunction. So I love it that you're like at the cellular level explaining what's happening.

Yeah, of course. And then the mitochondria gets blocked and then this cell goes into crisis. In anaerobic glycolysis mode and in anaerobe glycology mode like in cancer, in the Warburg effect, we produce a hundred times more energy.

because we're in crisis, but we produce it at 5% to 6% efficiency, which means we are producing, we taking in 2,000 times more glucose, 2 thousand times, with all the lactic acid, all of the byproducts.

And these by-product creates more acidity, less oxygen, and the micro toxins are jumping up and down. We are home, right? It's more damp, it's most sticky.

And that's what happens. So we need to change the environment. The ways to do it is we have to peel off these pockets of mycotoxins. Many patients know when they use binders, they get aggravation.

Why do they have aggravation? Well, if you open all the drawers where you shuffle all of the stuff you don't want and you throw it on the kitchen floor, it's going to be messy.

So it creates an inflammatory cytokine response. Just what happened to you in Orlando, right? Right. When we block Galactin-3 with Modified Citrus Pectin with Spectosol, which I developed almost 30 years ago and I have no longer any financial interest in, so I'm talking as a researcher, when we blocked it, Modifed Citros Plectin is a phenomenal binder.

but it regulates the inflammatory response. So what you hear with so many mycotoxins is, I tried everything and I took modified sit-respecting and it changed my life.

Why? Because it down-regulated the inflammation response, it allowed you to be in a place where, for example, in Orlando, you don't react while it's removing the mycotoxin.

So that's really the fundamental movement. And on this, you can use anything else, whatever you're using. What's so fun for me is I just have found this through clinical practice that if I start with the modified citrus pectin, everybody does better.

But now you've explained the science behind why that is. That's the most gentle and productive way when we get

to that part where we want to start removing the toxins.

So it's very important because, more difficult to speak, it is well-published to remove heavy metals, lead, mercury, arsenic, cadmium, uranium. So you've got the heavy metal which are driving the anaerobic and the candida.

I mean, mycotoxins come from somewhere, right? So, you drive them down, and you don't get the methylation of mercury anymore, so you're not getting it going into the brain and causing We can't isolate mycotoxins in a country where for each of us, there's one pound of glyphosate being sprayed every year, no matter where you are.

If you're in beautiful resort in Orlando next to the golf course, You're being sprayed glyphosate every day on the golf course, and you breathe it and it goes into your food.

And then suddenly, people don't know glyphasate is the most common pesticide use. It's a recognized carcinogen, but it creates havoc on your gut lining.

it creates inflammation in the gut lining, it triggers issues like mycotoxin, and it works synergistically with myotoxins. It disrupts absorption of nutrients and allows myocotaxin to get absorbed systemically.

So that's an example. Part of the strategy, you also have to remove a pesticide, which I've came to the recognition of it, about three, four years ago that, wow, something is missing in my protocol.

We were trained by a big agra that there is nothing we can do. No matter what we do, there's going to be a little bit of pesticides. They're okay, right?

Safe level. Well, I've never heard that poison can be safe in any dosages, you know. So I made a point. Since they're so synergistic, it's not one plus one equals two.

It's one, plus, one might make a hundred or a thousand. Exactly. So, and you can see, of course, the effects on the brain because glyphosate is very similar to glycine.

It can exchange with it. Instead of having a neuroprotective neurotransmitter from the smallest amino acid, glycin, you get a narrow excitatory substance, activates glial cell.

Galactin-3 also activates the glia cell, every metal activates a gliar cell and then you'll get neuroinflammation. And then it's not only the neuro-inflammations that the brains get inflamed and of I'm sure you had people interviewed about the brain-gut connection, so I won't talk about it too much.

It's that when the brains get inflamed, the signal into the body changes everywhere. And then you get the neurohormonal imbalance and all of this started from a disruption to the gut lining that was driven by the chronic predisposition of mycotoxin, hence by glyphosate, and then you get autoimmunity that is driven, the body is trying to get rid of glypha that's with the kidneys, so you've got a dramatic increase in chronic kidney disease, which really, I mean, people are not aware of 17% of the population.

So when you address microtoxins, you can't look at it as one thing. You've got to address pesticides, You got address heavy metals, and you've gotta address your lifestyle.

And you really have to follow the functional route. Within all of this, we have look to the mindset that helps the micotoxin thrive. but in a moment, but I want to talk about what happens if it doesn't work.

And often there are cases where it does not work, right? Okay. Then you have to refer to more dramatic treatments. And the most dramatic treatment that is expensive, unfortunately, it's really, I'm considered a disruptor in this on a global level.

That's what I do research on is therapeutic aphoresis. I am so glad you mentioned this because that has actually been an area that I have not personally explored in my practice, but it keeps coming up and I like, what i'm learning

about is I really want to be able to offer that to patients.

So it is a very unique treatment. It's actually I was the first one to offer it in this country for non-elevated lipoprotein A and LDL. And it's different than people who do it.

Now people do something called Ibu and they also need the blood. It's not the same. Ibo is not therapeutic, there is a confusion. There's the plasmapheresis too.

Well, this is plasma exchange and plasma is a tough procedure because you also removing protein and then also it's usually done in a hospital environment.

It's a risky treatment. Therapeutic aphorosis is extremely safe. Not one person ever in the history of therapeutic aphasia died from it. That's a good sign, right, like 30 years all over the world.

What happens is that you take the blood and you remove selectively things that are not good for you. Now, what's so interesting is the filters that remove LDL aphorases, the bad oxidized lipids, This is where the mycotoxins are sitting.

They like sticky, non-sticky environment. So with therapeutic aphorisms, we have ways to do certain IVs during the process to enhance it. You get people, suddenly they follow up the different labs, and suddenly, they don't have mycotoxin.

It's remarkable. So for certain people, it's a game changer very quickly. For certain, people where the detox pathways are not good and they have a huge load, It takes multiple treatments.

But often that's what you need for the other treatments to really respond. Well, I think sometimes people, so many pathways are jammed with these toxins, proteins not working, cell membranes, not healthy mitochondria, poison, and it can be so hard to just get their head above water and get some of these functions, the processes in the body working together and getting the inflammation down.

So this sounds like a really great thing for people to think about when they're that, just really, really compromised and need that extra boost to get your pathways working again.

Right, so this is exactly, and the one thing that determines, or certain people I will recommend, in certain, people, I would say, you just have to do this.

And which are the ones that I just had to this? The ones where lipoprotein A is genetically elevated. One where there's a lot of oxidized LDL. Because you know, when you have this in the background, It's not going to work because when you have a lot of lipoprotein A, which is a certain lipid in simple language that really affects oxidation of the cell, it's really called the silent killer.

Detox Strategies: Binders, Pectosol, and Glyphosate

The cell is not getting oxygen. It was very popular in integrative medicine in the 90s where it was discovered and people were taking heparin for it. You have something that doesn't allow oxygen to come to the cells anyway, Mycotoxins are going to thrive.

So the real issue can be that you have elevated lipoprotein A that nobody has checked. And so dietary strategy supplement can help, but very limited because it's really genetic.

The one thing that makes things complicated for your work is that the COVID has really shifted this for the worse. Because for many, many COVID patients, even with very light disease, And many people who had issues with the vaccine, it's the same package.

It's that there is a reactivity of the lipid and the vascular and coagulation system with rise in lipoprotein A and rise

oxidized lipids. And that's really It's going to change medicine, unfortunately, it's gonna shorten the life of many, many people.

So we're talking solutions here. And really just changing the whole way that we think about cholesterol. I mean, people either think of it as just something genetic or lifestyle.

But what we know is that it is just part of the body's response to what the environment is. toxins to deal with, or there's some kind of repair process that needs to be happening.

And so the body's actually regulating. You can see people with the, you know, 300-something cholesterol that have no cardiovascular disease, yet other people are walking time bounds in their 40s.

Right. Yeah. So one very often is the lipoprotein A and you know, what now finally is being done, finally, is I'm talking, I checked lipo protein A since 1993 on every patient.

but it's people looking at the fractionation of lipids. You can have normal lipid and you are so oxidized and have tiny particles, you're going to be in trouble.

And you can't have cholesterol of 250 and your HDL is 130 and the cholesterol is all in the green and normal level, all your particles. you aren't going have a problem cardiovascularly, of course, in orthodox regular medicine.

It's all goes by standards, right? And clinical trials, the individual doesn't have a place in this model. Right? I mean, I think, you know, really just think that the regular cholesterol panels with the five readings.

It's a waste of time. It should not be done because… I agree. But in other certain countries in the world, because they work internationally, where you can't get the differentiation, the fractionation.

And people are treated just based on their cholesterol. So it's very big topic. I mean, I love it. We are going a little bit beyond, but for example, do you give a statin drug to somebody who has elevated levels of cholesterol, right?

Nobody wants to figure out what's causing it. Right. Or the time that you should, the times you shouldn't. So you look at the metabolism, as you said, what is happening?

What's happening to the hemoglobin A1C, whatever need to lipoprotein A? But with mycotoxins, they're almost the canary in the mind. When something is wrong in mind, when there's no oxygen coming, it's going to scream.

And that's where our mind response comes because many people with mycotoxin, especially people who have chronic mycotoxins with muscle activation and a new popular term that is valid, but it's also labeling people as a condition, which is contrary to the concept of function.

Function means change. When things move, everything can change, Right? Microtoxins mean a static environment when things get stuck. They get moldy, they get sticky.

So one of the issues with this group of patients is that, and I know from my own journey, from our own health, how I recovered, you know, is When they get a symptom that relates to mycotoxins or to muscle activation even more, it triggers in their mind the whole cascade of now this is going to come and this going come.

They put themselves in this road and they tighten and go into this inner survival protection contraction mode, which is exactly what the mycotoxin want us to do.

So that's why working on the mind and using tools like meditation is so important. That's a key, the most important component of my work and my training.

Again, it's beyond this interview, but that is where we shift. The way our mind functions, we move from the head, from ego-driven reactivity, which creates inflammation, to the open heart, that is all about flow, right?

In the heart we are supposed to stop and analyze. In our heart the moment we stop we're dead. So the art is about the flow. And when the hearts flows, not going about this spiritual aspect today because we don't have enough time, when our hearts flow then there's oxygen everywhere in the body.

and the vascular system relaxes and tension goes down and neurotransmitters of tension and stress go down, and then the gut lining relax and whole system changes and inflammation goes.

That's what you experience in your healing. So that's part of the journey. The journey of mycotoxin is addressing, I just touched a few points, but also bringing into it our response and our anticipation.

Very important. What is an allergic response? It's an immune response when it's not supposed to be there. It is being hyper-vigilant. In this sense, it is like somebody, the Chinese image of this ancient, if somebody is sitting in the house and 10 days away, there is somebody coming on a horse.

They may come their way or they may not. And they're already worried. or distressed, that's the MCA. And we're in distress. This is going, I'm going to react to this.

I know I am going react even 0.1 gram of modified introspective. Guess what? I reacted to it. You told your brain to. Yeah, you knew it, self-healing prophecy.

So we have to give ourselves the opportunity and the space and recognition that we can heal. And when we connect to this, what I call open heart medicine, anything and everything is possible.

And I love using the phrase, not everybody will be a miracle, but anyone can be miracle. because anything is changed and everything is changeable. And that really is the hallmark of functional medicine.

That either the function and through function, the end results can change. I love the way you've articulated this message because if anybody has one message to take away from it, it really is the inspiration and hope that their body can heal.

You just nailed it. So that's so beautiful. I'd love to spend a minute on the practical side of using modified citrus pectin. Things like dosing, things to look for, anything.

Because I can imagine people listening are like, okay, this is going to help me in so many different ways. So you really have to build to the full dose of 15 grams of pectin.

And it's important when you use a modified with pektin, that you used pectorinol. That's the one modified peptin that has been researched, all the research, only over 80 published papers, including a lot of papers about biofilm and microbiome with the USDA.

So, you start with one scoop a day or six capsules, better to use the powder. And five grams, you start with five grains and most people will tolerate it well.

If you have a little bit of bloating, a bit gas, it's normal. It's a fiber. The pH is balanced with sodium and potassium at a ratio of potassium of sodium of four to one, the healthy ratio.

So it takes time a. Little bloated, just deal with it. You've got to adjust. Yeah, don't worry. And then go up to the full dose. You can take a scoop and a half, seven and half grams twice a day.

Or if you really have time, you can think five grams three times a and it's fine to take it only 10, 15 minutes. Prior to eating, you can take it without the supplements.

It's fine. You can't take with other supplements? I created the restriction in 1995 and then we did studies and we showed it doesn't affect absorption of minerals, it removes every metal, so it's not an issue.

So you don't have to worry about pulling out too many metals? No. No, because it doesn't pull them from the tissue. It pulls them form the circulation and then through a gradient, no, it will go down.

So it sounds like it pulls out the microtoxins, the heavy metals, pesticides. Is there anything it does not take out? Well, you know, so it pulls out heavy metals and it breaks the biofilm.

It pulls up some of the micro-toxin, definitely. But because you can add other binders if you want with it. And you take the other binder at the same time.

Yeah, yeah, but you often don't need to. You'll be surprised. I mean, now in the United States, quite a few large limes and micro toxins clinics that automatically every patient is put on multifaceted respect because of the benefits and because you look at the effect on longevity of a lower level of galactin.

So that's one thing. And then you really want to get to the 15 grams a day. Then some people will find that afterwards they can keep the benefit in a low dose, you can go down.

But give yourself a chance at 15g. For how long do you usually see that? Sometimes for people with tendency for a long time, people who is cancer for life.

I mean, I try to take 15 grams when I don't, when i skip my evening dose, i see the difference. My hemoglobin A1c won't be as low, you know, definitely because it really, Galactin 3 drives diabetes.

You know it's the same mechanism, right? The same mitochondrial issue. If you are younger, if you have a good baseline, If your eating very well, yeah.

You can go down, but in my opinion, it's the most important supplement one can take because it does something that nothing else can do. The research is supporting it and it is synergistic.

You see it in cancer with chemotherapy, with radiation. Why? Because it allows anything we want to do to get to the target tissue in a better way. So that's one part.

And then you've got to address pesticides and negatively charged ions like fluorides, chloride, bromides. And while you deliver nutrients to the body, and this is where I developed glyphodetox, a very unique product.

Therapeutic Apheresis and Advanced Detox Support

that is focused on removal of glyphosate and pesticides specifically. We haven't finished our clinical trial, so we need a few more cases to show a clear statistical difference, but there is a very dramatic difference.

That's a big deal. There's really probably would be the first time there will be a supplement documented specifically to pull out glyphosate. And this is available already?

Yeah, of course. It's unique product because it includes regular pectin, so it doesn't get absorbed systemically. It has a greater affinity for fat-soluble toxins.

It includes alginates, which are similar but have a little bit of a different profile. Both algenates and pectins are considered as swamp cleaners in the environmental industry.

Then it includes kelp because kelps is a remarkable substance. Kelp as seaweed has alginates, but it's also rich in organic iodine and in minerals and nutrients and proteins, so you're getting the live nourishment.

Then, it has fulvic acid from Shilaji. Fulavic acid is an amazing agent that is documented to bind to glyphosate balances the gut lining, but also reduces neuroinflammation and delivers all the trace elements.

So for our listeners, I just want to say, like I do a ton of testing on my patients to look at their toxin levels at the best

that we can. And pretty much everybody that has high microtoxins or has a mild exposure, they have high glyphosate.

They have heavy metals and many other toxins. So having this kind of approach where there are multiple ways of pulling out the toxins is, it's so important.

Nobody's immune from glyphosate. Everybody has some. Exactly. I mean, I've yet to see one patient where the urine test has no glyphasate, you know. Even a little bit.

And then also, there's glycine, so it helps glutathione production. It exchanges with glyophosates, it help the brain. So this combination is the winning combination for mycotoxin.

it's like the rescue kit. Top of feed, then you do everything else. I have a couple of supplements that are on my, what I call my desert island. If I can't live without them basically, so I'd have them air-dropped in.

So phosphatidylcholine, and myphosamylglutathione, now I'm adding this. Right, exactly. Interesting. Phosphatide and glutathion are two things I use during my aphoresis process.

during, so I'm exchanging, I am exch- it was iron afterwards for whatever I didn't catch because aphoresis catches oxidized and positively charged ions.

So I, am using phosphatidylcholine, i'm exchange with fat soluble toxins on the membrane, right? Phosphatidylicoline is fat-soluble and the filter takes it out.

That's why I say it's so dramatic for microtoxin patients because If our body is compromised, we are getting for a few hours a filter doing the work for us.

And I am fortunate to be able to see what's in people's blood, like no one else, because I'm seeing the bag. I've seen how it looks. So I can diagnose people just by looking at what came out of the back.

It's surprising. The mycotoxin patient will be the ones where it's supposed to change color, but not have any sticky stuff. And you get clumps of sticky stuff coming up, clump of growth factors, clamp of fibrinogen, and clups of, you know, of mycotoxin and oxidized lipids that are coming together.

And literally you can see what was happening in the body and what the patient will often feel is, wow, I can think. Sometimes within the treatment, you know, and shortly after.

So how many treatments do people usually make a day? For mycotoxins, I always say not less than two. Because what happens when you clean the blood one time, then the tissues can let go.

And if you don't, people can get worse. Then it's so important to do these things as a maintenance so they're back in that state again. People have mycotoxins, the spark ones will do maintenance even once a year or twice a and then they really prevent the need for crisis and for intense therapy for four weeks.

That's great. So one other question on the practical side of things. Are there labs that you like to do to monitor your progress with things like TGF-Beta?

Do you have some lab results? Yes. Tgf-beta, actually LabCorp is very reliable because I've done a research on T gf beta for between 2014 and 2017. I did like hundreds of patients.

This is so fun. Yeah, you know, so they are very, I mean, there used to be a lab, THD, and if I remember total health diagnostics, they went out of business.

They had great panels. So, for VGF plasma, not VF serum, because it's affected by platelets, and then I really like to do LEPCOP also for HNK for natural killer cells.

We want to see where is the immune system. Then the interesting thing about the different urine tests for microtoxins, it is a little bit better for micro toxins is that nobody has taken the time to study what does it mean.

Is it a one week? Is a long term? Or is it what was excluded in the last 24 hours? That is a very successful lab that I really challenge because I took a different road.

They need to put money into research. You need tell us what it means. So for me, it's more documented. When I do a microtoxin test in different labs and I see that it is elevated, then it tells me that there is an issue.

And then I will follow up just to see, hopefully, just see if there's a change, but often you will see it doesn't directly, as you know, reflect how the patient is doing.

The clinical picture is really very, very important. Eventually, we tweet the person, and we don't tweet labs, but the labs become light signals for us.

For example, with Galactin-3, if your Galatine- 3 is even above 14, 15, or about 12 if you have microtoxins, it's elevated already. Now, the standard will say normal under 17.8 or sometimes 22 even because initially the approval was on a patient with congestive heart failure.

Most of them have kidney problems. They can't excrete galactin 3. The standards are higher and above 17, 8.80, they die in a much greater percentage than below.

But now with a new automated platform, I mean, really being probably the most experienced person in watching Galactin-3 in patients, anything 10, 11, 9 is our normal range.

Because I check as part of my research, I get plasma from multiple people who give blood, who donate, and I check plasma levels because I need it for my research about depletion.

Most of them are around 6 to 8. You would never get 6-8 with the manual kits of 10 to 12 years ago. But if your galactin 3 is over 17.8, then you have an illness, you will need 20 grams of modified citric acid.

because you got more galactin 3 to remove. It's simple equation of bullet blocking allowed. And you will see as the inflammation gets better, it's not that modified introspection removes galactic 3. it blocks its place where it binds.

As the information is reduced, galatic 3 will go down. I love it that you know the details of what's happening on a cellular level. It makes the clinical so powerful with the level of research that they've done on this.

Yeah, so I'm curious. I got my mind going on so many things. I'm just so enjoying your brilliance here. So the aparesis, does that take out some of the collective?

Yes, it does. It does, so it doesn't do this filter. this filter will remove 100% of what goes through the blood. And that's what you need. That's why I'm testing it for sepsis, really for issues of emergency.

But for chronic basis, aphoresis will move about 20, 25% organic. So it will be removed. Is that a filter that you use with aparesis? The latency filter is in development.

It's a regulatory process. You need to raise tens of millions of dollars and you need safety studies, but you know there is a reason for it. it has to be safe.

Because especially if you do something that is new, it takes more time, right? That's the idea of a new invention. But there's reasons. There's reason to the regulatory system.

So there an element of protection there. If it's being abused sometimes, that's different story. But the regular filter that I use right now, it's more for removing LDL and lipoprotein A.

This also takes some galactin 3, but it takes all the oxidized LDl that comes through.

Lifestyle, Hydration, Fasting, and Healing Mindset

So eventually you filter enough plasma, It will take 80% because it gets diluted in the blood, right? It will remove 80% of lipoproteinase. It would reduce the heavy metals, then it will reduce mycotoxins very dramatically.

One other reason for doing two treatments In the second treatment, there is much less cholesterol in the blood. It didn't come back. So the filter has more room to really focus on the micro toxins, on other sticky.

And that's why you would think, wow, the bloody is going to be clean. On the secondary phrase, I will have less in my bag, right? Usually you have two to three times more in your bag because the body is now let go and it's collecting it.

We've covered so much at such a detailed level. I'm so grateful. It's my fault. No, no, this is great. Like, yes, I think it's so important to know not just what to do, but why it works.

To me, that gives hope. Even if, you know, people listening were using terms that they haven't heard before or that don't necessarily make sense, it still reassuring that there is a lot of detailed science behind it.

Is there anything else with people helping to recover from old mycotoxin chronic illness as it relates to cancer, autoimmune diseases, diabetes, all these things that are being caused that we want our listeners to know about?

So I think it's a very basic and difficult to keep all the time. We got to stay away from refined sugars, really, with anything that spikes insulin. And one of the secrets of doing it is drinking enough water.

We are all chronically dehydrated. I mean, you will be surprised, we really have to drink about three-quarters of water every day and very few people do.

So as simple as drinking two glasses of waters when you wake up and two glass of And then remember to drink two glasses of water twice in the day and before bedtime if it's okay or after dinner enough, you don't want to dilute the digestive process.

And the moment you hydrate, the sense of hunger goes down, leptin goes up. insulin goes down. And what happened, the best way to satisfy your hungry insulin and the demanding dopamine is with refined sugars, right?

So it also has to be in a way that we don't feel deprived. So, it's very important, you know. I mean, doing diets that deprive us is not a good idea. The other thing is really important is that the gut needs to repair time.

relaxation time. In this sense, intermittent fasting is a no-brainer. Really, if there's one thing in dietary regimen we can agree, it's the benefit of intermittent fast.

We give a break and we give autophagy a chance and the cell gets cleaned. It can recalibrate itself, which is especially critical for a microtoxin patient because the cellular feels more refreshed.

He took a good nap. And once there's more oxygen coming to the cells, mycotoxins are losing the battle. They can't survive, they simply can survive. You know, we don't have a place.

We can get cleaned up more easily and they can accumulate. And then over time we get better. I love it that we're wrapping up on just very simple things to implement and so powerful.

Yeah, totally. I'd love it if you would share how to find the pectusal and then how find you. Yeah. So people can go to Dr. Elias, D. R. Of course, they can search Pectosol, it's made by a company called Econugenics.

And I really recommend the survival paradox, not because I wrote it, but because it really offers for patients and for

health providers, a different way of understanding how our body functions, how life functions.

It really goes through a philosophical journey, scientific journey and practical journey. And then there are three chapters about solution, detoxification, where I give a little bit of a broader understanding what it means, healing your scars of survival, genetic, epigenetic, and then freeing the survival paradox, how the mind.

And once you go through this journey, you get about 80 pages of protocols at the end of the book. So the book really is a journey, it's tools, and then the details are there.

You have details, this is the detox diet, then this and this, you do for that. Yes, but it is not a recipe book. It's a book about, It is journey. So we shift our survival because when we move away from survival, when there is something that comes to us and we all fall into it, we have the capacity not to fall in it.

And we don't respond with anger or with fear. but we accept and we open our heart, it changes our life. Now, this is not cliche because every cell in the body wants to get nourishment and throws away toxins.

It wants us to survive. The only organ in their body that with open arms takes the blood that everybody let go and doesn't want is the heart. Their heart has to take all the dirty blood in order to connect with the universe.

change the quality and give blood without discrimination, right? The aorta is a stiff artery. It gives without discriminations. So the hard survival is to give, to, give to.

In order to do this, it has to take the dirty blood. No dirty It can't be alive. So we are built to transform what our cells consider toxins, our suffering, on an emotional, spiritual, physical, toxin level, and use it as a substrate, as the wood for the fire of nourishment.

And the heart, once it gives blood, It relaxes and only then it nourishes itself through the coronary arteries. But right there, closest to the heart, so the out nourish itself in order to nourished others and as part of nourishing others.

And that's self-love as a part loving others, and that is very important in healing. Don't be hard on yourself. It hasn't helped one person ever and will not help anybody.

Just be open. So we all have capacity for this. We all fall. I fall, you fall… Everybody falls into this, right? But we have the ability for our heart to just open and the closure, the contraction, what allows mycotoxin to thrive, that's our genetics, our epigenetics, and our trauma.

It's not who we really are. we really are is just love, because that's how we are wired. That's why every spiritual tradition has the heart in the center, you know, of the mind, or the consciousness, the divine within us.

So every cell has this quality, and that is why anything and everything is possible. Everybody can be a miracle. The moment we connect to it, that an on-off, it's like, wow.

That's the goal. That is the ultimate medicine. It's really what I'm interested in and what teach. I teach for many years, mainly in Israel, and I am going to start teaching.

So I will offer a free Zoom seven days. Even though now I have a day probably in January of 2024. and take them through a simple process so they can have these tools and then start eating face-to-face retreats because it's amazing the transformation that happens, especially for patients with mycotoxins and autoimmunity and chronic disease because they just peel off.

We all have the ability to do it. Oh, I have goosebumps. In addition to this brilliant physician scientist, you have such a beautiful heart and your heart has as much wisdom as your brain, which is quite phenomenal.

Thank you. I just love speaking with you and I look forward to more times. Absolutely. Enjoy. Take care. Have a great day. Thank you for tuning in to Doctor Talks.

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