Introduction and Dr. Nafysa Parpiau2019s Background

– Well. Dr. Nafysa I am so excited to have you on on this segment of Regenerative Medicine Summit. Thank you so much. I'm really excited what we're going to talk about today.

– Thank you so much for having me here and I'm really excited to. – Yeah and I like like I mentioned when we spoke and I listened to the peptide summit your interview was the one that really kind of stuck out and and so and then I heard that I get the interview now so I'm really really thrilled. – Thank you so much.

Such an honor to be here with you. – Well before we start let me let me let the public know a little bit of all you know your background, your you know your your focus and and all the amazing training and all the amazing therapies that you offer.

So Dr. Nafysa Parpia is a board certified naturopathic doctor and has spent the last decade treating patients with complex chronic illnesses. She specializes in tick borne illness, environmental inquired illness, mold mycotoxin illness, out immunity, fibromyalgia and chronic fatigue syndrome. She uses cutting edge laboratory tests and deep intuition applied to the full range of scientific data to create comprehensive treatment plan that are highly personalized Dr. Parpia's targeted system of care includes a synergistic blend of regenerative medicine, oral and intravenous micronutrient therapies, peptide therapies, botanical medicine, pharmaceuticals, injection therapies, functional nutrition and lifestyle counseling. Dr. Parpia is also sought after speaker at medical conferences and summits and she is an I. S. E.

A eyes board of director that is international society for environmental acquired illness and is a scientific and medical advisor for neuro hacker collective, this is gonna be so fun. I'm so excited.

– Thank you. I'm so excited too. – So tell me a little bit, I mean when you talk about complex illnesses, tick borne illness, mold mycotoxin, I mean is this pretty much kind of the main population of people that that you're seeing? – Yes, it is.

So Basically I'm seeing the patients at our clinic, Gordon Medical, we're seeing those people with those mystery illnesses that have been difficult to figure out. So they've been sick for a long time.

It could be five years, 10, 20 years and they've been to maybe five or even 20 other doctors before they've come to us and it seems that every system of their body is now affected.

So they do you know what I tend to find out through diagnostics that they do have take borne disease. Typically maybe they've got lime and co infections and then they tend to have other infections as well.

Maybe they have mold illness or they have parasites or a high viral load. They also have a lot of environmental toxicants. So this together the combination of the toxins and the infections causes a lot of immune dis regulation and inflammation in these people.

So this is who I see – And when they come to you. I mean is there a certain kind of symptom picture that you tend to see that that are commonalities for for people kind of recognize that I'm dealing with a complex illness and you know, yes, I have that, I have this and so I need to pursue this type of treatment.

– Right? Actually, this is a great question. So, thank you for asking that because I bet a lot of people even watching right now might say, how do I know if I have tick borne disease or mold illness?

But so a lot of, a lot of my patients come to me very, very tired. They have a lot of brain fog and they have pain in their body, could be joint pain or it could be pain in the muscles and they have a lot of G.

I. Issues sinus issues, headaches, all of this all at the same time. And so, you know, most of my patients do have all of this together and some of them it might just be that, you know, they were my patient for a while and it started off that they that they had some fatigue, we fixed that. And I don't see them for a while and they come back years later and all of a sudden they have these new symptoms and they're unexplainable.

They've been to many other doctors as well, right? And I'm sure with you also when you see these patients They get the I don't know, you just have fibromyalgia, you just have a lot of pain, you just have chronic fatigue and we don't know why you're just aging.

So that's when they know it's time to come to me. – Yes. Yes. It is. Yeah. It's fascinating.

Who Complex Chronic Illness Patients Are

I was one of my interviews that I did yesterday for the line podcast that I do a page, the individual that I was interviewing. I mean, she had been dealing with this for 17 years. And what, what commonly happens is that the doctor just because they are not able to figure out what to do with the individual, They're telling them, well, it's all in your head, you know, you're just depressed and also know you're you're not in in that much pain, you know, so you you should just suck it up. You know, they're all your labs and everything, They look fine to look normal.

There's nothing wrong with you. And in fact, there's even a doctor because you're so fatigued. There's telling, well, you just need to drink Red Bull, you know, drink drink Red Bull – And your antidepressant, you're just depressed.

– Yeah, exactly. – No, it's so much more than that. – Yeah, yeah. – They get told this. So you're making this up. Maybe you want to be sick or there's nothing wrong with you, just like you said, the labs are normal.

But that's because we're just looking at, they're just looking at the basic labs and it's important that we look at those labs, right to rule out anemia or stress in the liver or the kidneys. But that's all those labs are gonna tell tell us. And then if that those are normal then they think the patient is normal. – Yeah. And that is not the case.

So then for a person then struggling with not knowing not finding solutions and then they go to to someone like you, you know, to address these these complex illness. So what kind of labs would you run?

I mean, what where would you start? – Another great question. Yes. So, so I like to look at their their immune system first. So we're we're part of Dr. Bruce Patterson's covid long haul group and and he's created a long haul panel which is great because it's looking at a whole panel of inflammatory cytokines which, you know, it was not so easy to to find all of these in one place.

Now it is. And so these inflammatory cytokines, they do pertain to covid long haul, but they pertain to to all kinds of chronic infections or high talks and loads which would cause immune dis regulation and a cytokine storm.

So I like to look at that first. How inflamed is the person. I do want to know if they have tick borne disease or not. So I'm using a German test, it's called infect a lab where we're looking at t cells to see if the patient is dealing with an infection right here right now as opposed to looking at their antibodies was passed test. So those are those are two tests that I like to look at for my patients that they come in with symptoms like that.

And I'm also going to look to see if they're having an allergy to mold or an allergy to mike mycotoxins which are the toxins from mold. I'll look for t cell responses to certain viruses or nogales, which is an enzyme that becomes high typically when people have a high viral load. I'm looking at their environmental toxins.

Of course I'm finding a high metals in patients just unprovoked even is this in your blood? Is this in your urine? And of course I'm finding mercury lead arsenic high and a lot of my patients that's high then I'm provoking it.

I'm looking to see, I have an idea of what the body burden is, what's stored in their cells. The list goes on. But there's so much to test for so many infections. So many toxins to look for in these patients.

But I'm not talking about acute infections. I'm talking about chronic, low level chronic infections or low level environmental toxins. – Yeah. And that that's what's so important to understand the difference. I mean a lot of the medical profession and the normal you go to a cute and and they I mean they do amazing job to control acute scenarios.

They're really poor at managing complex chronic diseases And and that's why many people before they get to someone like you is that they have you know five to you know some people, I'm sure like 30 doctors because every doctor is saying pretty much the same and you have the doctor's going to like an an infectious you know doctor and and even them are you know are are not taking care of it seriously – Right Because unfortunately they're just looking for that that acute infection which of course it's important to rule that out. Sometimes these patients have that going on as well but more often and not with this patient population where it's unexplainable they've been to infectious disease, they've been everywhere.

Nothing. No diagnosis is often these low level chronic infections that could be in the sinuses in the jaw um tick borne diseases. They live mostly in the connective tissue and the nerves.

We can't do biopsies for that but but at least we can we can check in the blood and and look at the immune response to those elections now. So there's there's there's new ways to understand illnesses that – And that's why it's not a cut and dry and it's not like it's always this it's you know you have a combination of of different like micro toxins, you know has X. X. Amount of stress on the body and then the different tick born, you know whether it's a busy bar nella borrelia or chlamydia, pneumonia or whatever it may be that has a certain level of stress.

And as a practitioner like yourself then that becomes really important to evaluate, you know, what are the high stressors and where to start to unravel?

You know, this this this complex mystery. – Right. Exactly. – So, so what are some of the, are there certain patterns with infectious agents that you see more than others? I mean like more Epstein Barr or more Barton L or more mycotoxins. Are there certain patterns that you see?

– Yeah. So people come into me sometimes they they know they have Lyme disease, maybe they did a test that looked only for Lyme. Right? And when I tell them it's very rarely that it's just one infection or it's very rare.

This just one talks to people might with that, you know with that people might say I have mercury poisoning. First of all it's not poisoning, you're not you're not poisoned but you have a high level high body burden of mercury in your system and that's causing you issues or you don't have just lime probably not.

So, so I'm looking for the co infections and so what I'm often seeing is lime bart nella busy. It's very often it's that trio of tick borne diseases.

Common Symptoms and Misdiagnosis

Other times it's Merlakia in there or tick borne relapsing fever. So those are the co infections of lime, the infections that the tick will transmit to the person. But very often I'm also seeing concurrent infections, those include mycoplasma pneumonia, chlamydia pneumonia and Epstein Barr virus, cytomegalovirus H H V six um HSV one or two. So I'm seeing often all of these. An interesting thing.

You made me think you didn't directly ask about Covid long haul, but you made me think about it right, when you said, what are the patterns you're seeing?

I'm seeing patterns are are different now with long haul, what I'm finding is, Well, let me just explain a little about long haul for our audience. So maybe you've had Covid and um now now the virus is cleared but six months later or maybe three months later you're still feeling sick, you're not well. So what I'm seeing is that other infections have been stirred up. So that's a new pattern.

I'm seeing old infections, Mycoplasma, pneumoniae, Epstein Barr virus tick borne disease. Suddenly people have

these infections but they didn't have before after they've had Covid.

– Yeah. And it's been fascinating to see, you know, see that component where, you know, latent or kind of lower level infections all of a sudden just becomes very active, you know, after Covid or after if they get the the Covid shot, you know, so it's really fascinating to kind of see see that component, – Right? And I don't think it's being spoken about enough – No. – Clinically. But it's and there are papers on it, there's some research that talks about it now as well, but it's still quiet – Exactly, we're still it's a it's a terrain, we're still trying to figure out.

So how when when a when a person is then coming to you, you know, you do the labs and they, you know, you have people commonly your deal with something called mast cell activation syndrome. You know where you know, they're very inflamed and they've tried to detox but they just get worse when they detoxify, they've tried to take things to kill, but they just get worse.

Everything they do, they just feel worse. How do you address that kind of a person? – Yeah. First of all I tell them this is very common because then they think, what's wrong with me, why why do I reject every possible treatment?

Well, I tell them, first of all, your immune system is stuck in a loop of inflammation and it doesn't know how to stop yet. So we need to cut that loop and you have mass cell activation syndrome, likely. Right?

And so you've got this flare of inflammatory cytokines just released histamine and host of about 1000 other chemicals released constantly. And and those chemicals should only be released.

Transient li if you're having an allergic reaction or sensitivity to something. But now you've got these chemicals released on a hair trigger from anything including the herbs or the medications I want to give to you the detox or to kill infections.

So, so we need to calm that. So, so very often I'm treating mast cell activation syndrome. Um I might be giving them a mast cell stabilizers or histamine blockers with herbs, but there's also peptides we can use for mass cell activation syndrome. I like to use K P V.

K P V. Has that anti inflammatory effect. And also um the muscle, the mast cell stabilizing effect. And so does um lexan box as well. So, so those two peptides help very much with with stabilizing mast cells. – And tell me a little bit about what what is peptides I mean and why? Because it it seems to be something that's really it's like this new kid on the block kind of thing that that is we really start to recognize the power and the impact and and still start kind of play around with it to see how effective it can be in all these different areas.

– Right. So peptides are chains of 20 or less amino acids, amino acids are the building blocks to your proteins. So they're smaller than proteins and they're very, very tissue specific in a way that a lot of other things that we use are not. So usually if I give herbs or medications, they might affect a broad, a broad spectrum of of your of your system and and of your your cells. But peptides speaks very, very specific cells. So when I'm using peptide therapies because I can get so tissue specific particularly to the immune system.

Then treatment of my patients is faster. So for example patients who might have taken two or five years to treat it could take six months when you're two years. This is still with intensive therapy using other agents. But the peptides make things go faster because they're so tissue specific and they're gentle.

They're nontoxic. Of course. Any medication any herb is toxic at the wrong dose, right or in the wrong person. The right medication at the wrong time at the wrong dose.

We don't want for anything. But generally speaking that guides are are are safe and gentle and just work magic with my patients as far as I'm concerned with the immune system and helping to kill infections.

Testing for Infections, Toxins, and Immune Dysfunction

– Yeah. Yeah. Yeah. I mean it's it's I I use in my clinic and I and I love it. I mean it's it's and K. P. B. Like you

mentioned it is fantastic and controlling that that mast cell.

How do you administer it? Do you do you do it oral? Do you do it ivy do you sub Q. I mean how how do you you know somebody comes with K. P. V. What address that?

– So recently they've come up with a spray for K. P. V. I like that. But if I have the patient injected subcutaneous lee they can have even more powerful effects. It is unconventional to do it with IV's but sometimes we do if the patient is highly highly sensitive and they don't want to inject themselves just a very very small dose starting with that and some of our patients have severe mast cell activation syndrome when you give it to them intravenously it helps for sure. How about you?

– Yeah I mean we would do the same. Well I love the spray. We you know we do sub Q in some cases and then also in some cases we do ivy as well. Yeah it's kind of it's kind of fun to play around with it a little bit. – Yeah.

– And so what are some of your your favorite and in regards to them working with these chronic complex illnesses, I mean what what are some of your favorite peptides that you use and what what do you use them for? And when do you bring them in?

– Yeah. So whenever I'm working with my patients I want to start with immune modulation um and the key is to calm down there. Dis regulated immune system. So when I say dis regulated, they have hyperactive immune system. On one hand with Masala Innovation Center they're sensitive to everything under the sun. They have autoimmune conditions that's a hyperactive immune system. And on the other hand they have a more weak immune system and that they can't mount the appropriate immune response to kill off infections that they should be able to. So there's there's papers that show the environmental toxins do this. We know that infections cause immune dis regulation stressed us. There's all these reasons to cause immune dis regulation. And so I come in with peptides first to modulate the immune system. Now prior to peptides I couldn't do that as well. I wanted I wanted to so badly but nothing else worked as well as the peptides to um just to come in with with a quick immune modulate orI effect. So I'm doing that first and then I'm also giving them foundational support, hormonal support G.

I. Treatment, sleep support structural integrity support. We can peptides can help with that as well working on their diet because nobody nobody can can detoxify or kill infections well at all until inflammation is lowered and until the immune system is is more on target. Then I'm gonna start to detox patients and then I'm going to start to kill infections. So I usually start with my my first three peptides to calm the immune system depending on the patient.

Hopefully you know not everybody's ready for it but so generally speaking I might start with TB four frag Bpc 1 57 and K. P. V. So usually these are going to help calm down the immune system – And those you do mostly oral or sub Q. Or how how do you do those – Depending on the patient. But mostly I'll start off with those oral actually. – Yeah. Yeah and what are some of the effects that you've seen? I mean what can you tell me some examples of you know a patient came was really bad off and you gave them some of this and then how did they respond? – Yeah. So for example I've had patients who all I've given them is BBC 1 57 and they had their gut felt inflamed calm that down very quickly. Or injecting BBC 1 57 locally just just into just just into the muscle tissue. Just a very basic trigger point injection.

I'm not talking about ultrasound. Ultrasound. You know guided deep joint nothing like that just just very Very shallow into a muscle um neural therapy style or trigger point style and pain has has vanished immediately.

Just with an injection of BBC 157. Or I had a patient with a lot of um allergic reactions showing up around her eyes. So the eyes were the skin around the eyes was flaring.

But she she sprayed K. P. V. And B. P. 1 57 3 sprays three times a day. And that started to go away after. – So they just used the world spray that exist. They just sprayed that on the eyes – Or sprayed orally in the mouth – Sprayed oral in the mouth. Okay – if there wasn't a mint on there I would ask Dr. Holtorf if that would work you know ran on the skin.

But I think the mint the mint. – Yeah that's going to just burn in the eye. – Right. Right. – And we've done like with

TB four and and Bpc which we've had people with like the respiratory and and just done some of the inhalation and that's worked really beautifully. – Yeah these peptides are magic.

I'm so happy that we have them because that makes makes my job easier. Makes the patients better. That's the most important thing. We can get them their lives faster. – Yeah. Yeah.

And so how how would you say that peptides work? I mean what what so we know that they are you know short chain I mean assets 2020 or less. You know K. P. B. Obviously it's a very small you know I think it's only like three amino acids and and and it tends to be that the smaller they are the more effective or almost faster effect they have. Right.

– It seems like it doesn't it. – Yeah. Yeah. So how do they work on the bottom there tissue specific? But I mean what what kind of action do they do? – Yeah. So different ones have different actions.

So BpC 1 57 specifically has anti inflammatory effects. So when taken orally very specifically for the gut but also it helps systemically. BpC 1 57 helps to modify epigenetic snips So if we have genetics that aren't expressing correctly it's gonna help with that. So A po A A po B A P.

E. B. B. C. Seven helps to modulate that. And then G. H. K. Is also a genetic modifier. So the copper part of it if you use G H. K. C. U. We need the copper part of that to open certain pathways for enzymatic functions.

And also in D. N. A. So it helps to modulate that and then t before frag it helps to stimulate the production of T cells which are an important part of course of the immune system. And also to help in developing the B cells to plasma cells to produce antibodies. So it's essential for protection and repair and tissue regeneration and lowest pro inflammatory cited kinds.

So they all have their own properties and they work. – And that's I mean for for people not only just kind of the complex illnesses which where the I mean it's like a game changer bringing in the peptides in this process.

Mast Cell Activation and Peptide Support

Like you're saying you do the treatment protocol but you're able to move through it much faster. I mean instead when you start to do a little killing you know if you have the immune model Torrey peptides onboard, you're able to go after the pathogen more efficiently because you're neutralizing the pathogens defense, you know where it's spewing out all these chemicals that normally would just make the immune system go haywire and we neutralize that, – Right. Because anytime we kill an infection we get more inflammatory cytokines. Same with detoxification it's just part of detox create, we create more inflammation when we detox and when we kill so a lot of my patients just they can't handle that inflammation that comes on board every time you kill or detox them. So this helps to model it.

That's like it puts a cap on it. I tell them it's like I'm putting a nice band aid on you so that I can I can treat the causes. – Yeah, I love it. Yeah. And what people don't realize when you're then moving toxins, I mean, you move it from wherever it's stored and you're moving it to be eliminated, its path passing through a lot of areas in order to be able to get out and the immune system is going to react as it's passing as it's moving out.

And so yes, detox is good. But you need to be able to control that whole process. – Right? And that's why when people talk about casual detox, you know, I just think, I don't think so. You know, it's just not, you know, a lot of times that's failed.

I'm sure it's happened to people come to your clinic and they said, you know, tell me you're not going to detox me because I was just detox at another clinic and this backfired. This made me feel worse.

I can't do that. And I say, you know what, it's not that it was wrong to detox you, it's just that timing is critical. We have to time it, we have to prepare you to detox and once you're ready then you won't have this difficult situation afterwards.

– And in addition I want I want to go back to peptides a little bit. But as we're talking about detox you know one of the things that I know you you use a lot is binders you know and the importance of binders.

Can you talk a little bit about that as well? – Yes so binders actually Dr. Eliaz is binder is my favorite binder ever. It's called Castle and its modified citrus pectin and his binder he's done the research to show that it binds inflammatory cytokines.

I don't know if any other binders do that. Maybe they do. Maybe they don't. But I love that he's done the research to show that it does. So that's my favorite binder.

But binders are gonna bind um well they're gonna find anything that they're near. So if you take them with with food they're gonna bind the nutrients of your food.

We don't want that. If you take them with medicines they're gonna bind the medicines we don't want that. But if you take them on an empty stomach they're going to bind the inflammatory cytokines that are floating through your system that you don't want and they'll bind, they bind toxins.

So when I'm when I'm giving people detoxification therapies I'm giving therapies that that pull the toxins from outside of the cells from outside of the sell off of the cell membrane. So toxins stick onto the cell membrane.

You pull say it's a metal you pull the metal or maybe glyphosate off and then like you said earlier it's gonna pass through the system though the organs of elimination that the gut, the liver, the kidneys, the skin and I want to I want that toxin bound up so once it's bound it's gonna exit the system instead of recirculate back through. So binders are important but when you take them it's very important so they don't mind everything else.

– It's kind of like you you have a rowdy bar and and you need the bouncer to just neutralize you know the rowdy individual, walk him out you know through the the exit and it's kind of like what the binders do it it grabs that that rowdy that component and just walks with it until it's out of the body. And that way – I love the way you just did that. Yeah.

– And so the kind of going back again so you have the three that you use quite a bit then to control the inflammation. You have the TB four, you have the K. P. B. And then you have the BPc 1 57.

And so those tend to be kind of that that initial as your preparing the environment for doing more detoxification or killing you know than so the body the immune system is modulated and ready to be able to handle it – Right.

And one that I didn't mention yet is Alexa knocks that also directly inhibits the release of histamine and Luca trains from mast cells, basal cells and neutrophils.

This one's been clinically used in japan for treatment of patients with bronchial asthma and allergic rhinitis. – That's amazing. And you sometimes bring in other things like Zyrtec and Allegra and those type of things to kind of layer along with.

– But you know what's interesting. I used to do that a lot more. I used to use Allegra um and singular along with guitar, Goffin and Cromelin. And now I can I seem to not have the need to use Allegra in singular instead.

I can use the peptides. I'm still using Qatar dolphin to stabilize the mast cells and and Kremlin for the gentle urinary system. If people have have weakness, they're actually a lot of people.

They the people who have interstitial cystitis. I've noticed if I give them chrome Ellen and then I add on the rest of the mass cell treatment. It turns that around, which is pretty amazing.

So I've seen it work on on the on the mucosal tissue so prominent and I rely on and then I can just give those peptides with it and it's it's healthier I think.

– Yeah. Absolutely. Absolutely. And then you don't feel bogged down, you know feeling dragged up and and Yeah. So. Absolutely. Yeah, that's fantastic And yeah. So an interstitial societies.

I mean that that is a big deal. I mean there's so many females that come dealing with that and I mean yeah the suffering that that they have to go through and it just keeps recurring so to be able to break that cycle that that's tremendous – Right And so for for maybe I'll tell the audience if you don't know what that is. It's it's it's chronic irritation of your of your bladder and of your urinary system. And you feel like you have a U.

T. I. But you get tested over and over again and there's no U. T. I. So typically then the urologist might work you up for interstitial cystitis. It just means inflammation in that area of your body. But but treating with mast cell support, I've seen it turn that around. – That's wonderful.

– Yeah. – So after you then prepare the body then for you know the detoxification and now you're stepping in to do more of the killing. Are you able to use and peptides in that process as well?

Are the peptides that help to kind of go after and and support the immune system in that process? – Yes so I like to use ta one so it's going to help with the inflammatory conditions but I don't want to use it too fast because it's gonna kick up an immune response is going to start killing infections.

So if somebody has autoimmune conditions or someone just not ready for a kill yet if you give them ta one it's just gonna knock them down. So I've had people tried tried ta one they come to me and say you know I tried ta one it was awful again could have been the right medicine but at the wrong time.

So so ta one after we've modulated the immune system um an L. L. 37 again that that works so well with the tick borne disease patients or people with high viral loads are high bacterial loads of course that includes the tick borne patients because they have that too.

So it helps them to mediate that insult from the different infections. And then and then they go in conjunction with the other medications that could be antiviral medications or anti viral herbs.

How Peptides Work in Chronic Illness Care

Usually I'm not using these alone, I am using antiviral other antiviral support whether it's medications or herbs but again it makes it go faster. – Yeah it's all about potential creating you know the other therapies to make it more effective.

And then also so that when you do an antibiotic for instance for some infectious agent it will then reduce the pathogens ability to become resistant and having you them to kind of shift and antibiotics. – Right.

So like LL. it perforate the cell wall of these infections. So literally like poking holes in the cell wall and that's going to help potential at the kill that we come in with with the with the other medications or herbs that we're using to actually kill.

– And one of the issues that when you're dealing with these patients something, you know, it's called biofilms. You know, we have this and as a practitioner obviously you want to get rid of the biofilms but if you open them up too quickly then it's like opening up Pandora's box. You know, all these different infections underneath can just all of a sudden spew out. And you have created a monster.

– Right. I tell my patients, I don't wanna ask. Maybe we should tell them about biofilm is in case they don't know. So biofilm is this carbohydrate rich matrix that that bugs whether it's bacteria, parasites or molds they create to surround themselves with.

And it's a way that they encapsulate themselves. It's like they're creating a home to live and they live in community. So all these different bugs live together in this home.

And then like, like Dr. Michael was saying if you open the biofilm too fast, bugs can come scurrying out and it wreaks havoc in the system. So a lot of my patients are very eager to start a big kill, right? And I say just hang on, wait a second, I don't want to open the beehive yet. I want to go after the bugs.

– That's what I was thinking about, – Right? Then we'll open the Hive, You've got to be ready for this. Your music has to be ready for this. You've got to have less inflammatory set of kinds Now.

We can measure them eat more easily on the labs then we can open up the beehive, you know? – And what lab do you like to measure the different side of kinds? I mean, do you do like the limb from the panel with cyrix? The, what was that called?

– The lymphocyte map? – Yeah. – I like that one. But but lately we've been using Dr. Bruce Patterson's one it's called the covid long haul panel. I think you might have discontinued it temporarily right now, which to me is very sad because it was great information.

But I think that quest labs actually has some has some good panels for inflammatory cytokines also. – Yeah, great, great. And what other type of what are some of the other tools in addition to the peptides and when you go for the kill, What are some of the things that you've seen? Be very effective because a lot of patients that go and I mean one of the things you have like faisal fram is a lot of people use different antibiotics and you have different herbals, you know, whether it's cat's claw whether Yeah, yes have sisters.

You have. I mean what what are some of the things that you that are your little love babies, you know that you kind of resort frequently to that effect. – It's interesting. You just name them really.

I like the self from four line. What I haven't seen is that I sell from working for the other co infections. Haven't seen that as much. But I haven't seen it work for everybody either.

50 50. I really really love the Byron white remedies. They're powerful and they're very very effective. The great thing though is that once I've modulated the immune system once I've detoxified the patient sometimes I don't even need to kill infections because the immune system knows how to take care of it on its own that's happened.

And I definitely I like I like Dr. Bronner's protocol. I like his herbs a lot. The Byron White dr clean hearts cocktail. Of course I like that. Yeah and it depends on the patient if somebody's really really sick um If if lime has affected their nervous system those are the people who might need I. V. Antibiotics. They're few and far between.

My patients don't usually need that because because I've supported their system so much beforehand. They don't need something so drastic. It's very rare that I'm giving people oral antibiotics because I've seen that trash the gut. I've see I've had people come to me who have been on years of oral antibiotics and no other support and um their microbiome Zara mess. There's parasites.

There's bacteria that are autoimmune triggers. There's not enough beneficial bacteria and they have diarrhea or I. B. S. Now because of being on long term antibiotic use. So I have seen no need for that at all.

– That's wonderful. And so one of the things that you want to go next and you actually mentioned a lot of these dealing with chronic illnesses they're dealing with neurological conditions as well. So tell me a little bit about peptide use in that area because I know that they're very powerful you know to help people dealing with these conditions. – Right.

So what I've noticed is that these are going to be more effective towards the end of treatment just like mitochondrial repair. The patients want to repair their mitochondria right away. But that's not gonna work until we we've removed the insults and modulated the immune system.

Because the mitochondria are just they're behaving in a way where they're where they're they're more quiet meaning talking about the self danger response actually um whether A.

T. P. Is not being produced as much and and not for intracellular use but it's being sent externally to to the cell as a as a way to to quiet down and warn the rest of the system here that we've got a pathogen here we've got a toxin here we've got a problem here. So mitochondria not broken.

Same with if the patient doesn't have a neurological illness that's diagnosed by a neurologist. Their neurological system isn't broken either.

Detoxification, Binders, and Preparing for Treatment

It's just that those systems have needed to to quiet down at this at this point when when they're full of toxins full of bugs and so once I've once I've addressed the infections and the toxins that's when the neuro inflammatory baptized are going to work.

And same with mitochondrial repair. And so the I. P. This acts as a as a chemical messenger and it functions as a neuro hormone and a peregrine mediator.

And so it's often given to people internationally with mold toxicity and other biotoxin illness. And so this helps support their hormone levels and helps to limit inflammation and regulate the immune system.

You don't want to give it early on. It also helps in healing the activity of the brain and then there's RG three. It's not a peptide but it comes down microbial inflammation and then sealink sealink will help to increase BDNF to for for protecting the brain cells and it helps with some detox it's cerebral protective and cerebral license that also helps the detox neurologically. It will help it will grab up the neurotoxin and pull them out. I'll use it with other modalities like glutathione or VPC 1 57 as well and then see lank will help with anxiety.

Again people might want to just you know squirt that up their nose to help them with their anxiety right away but it's not going to it's just not gonna work until we've killed the infections and detox. You then these things are fantastic with preparing the the inflammation in the brain.

– Yeah. I usually tell tell my patients, you know, there's no, you know when there's a fire you need to get rid of the fire, you can't start repairing the house while the fire is still ranging.

– I tell them that I use the same words. – So yeah, so that that that's the case. I love you, I love you very system. You know, systematically, you know, you go through, you modulate the immune system, calm down kind of the inflammatory components. Then you you start to help a little bit with open up for the detox pathways and then go after the infections and and then grab gradually work your way up then to more of the mitochondrial repair the neurological repair.

And and so yeah, that's fantastic. – Right. It's a long haul, right? – It is, It's a journey and people, I mean we're the Americans, they want to take a pill and be done.

But when you deal with these complex disorder, you can't do that. You have to, it's like a house, you just get a build from the ground up. It takes time. – Exactly. And I think that's a big problem with the medical system. Is that this acute care of model which works so well for that. Right, Broken bones, heart attacks if they're caught in time. Acute infections, all of our bodies are for the most part going to act the same, right? The genes haven't been um the epa genetics haven't been sparked yet to to create the chronic conditions then.

But so I think what's happening is in this country, the acute model of care is being superimposed onto people with chronic illness but it doesn't support that model.

So we need a new model of medicine. But I think naturopathic medicine is a great model for that kind of care really. – Yeah, because you need to address it from its a multifactorial and a multipronged approach.

And the pharmaceutical is when you do the different any when you do test on any kind of pharmaceutical, you do double blind study and you have this disease this drugs, you're just looking for one action with one component and

that doesn't work when you deal with a multifactorial where you need a multipronged approach.

And it is interesting just because you know, we we look upon, we see the success then of the acute care and and we feel relieved that it's there and so we look upon the medical as a kind of heroes in you know, when they're able to help, you know, you got cardiac cardiac arrest, they can come there and the can save lives bleeding and they can come in and they save lives. So you're thinking that because they're heroes in that area then they should be heroes in these other areas as well.

But like you're saying that same model does not fit, – It doesn't fit. And that's why these patients have suffered so much. They've gone there, gone to multiple doctors who are heroes in their domain, right? But just don't know what to do with with these patients. And so then they come to us and we help them. So, – And so because I love how we're going through kind of using peptides through this whole process. So now the next step we're talking about is the mitochondrial repair. So and their peptides for that as well.

Right? – Yeah. So there's one from Canada, Do you remember the name? I forget the name. A. R. A. I'm trying to get my hands on that. – You have, and you have, you know?

and yeah, I think it's just A R A R A H R. – I haven't used it yet.

Killing Infections and Managing Biofilms

I would like to use that one if if I can get it in this country, you know, – That's been one of the challenges is that FDA sometimes have kind of thrown a little curve balls and make it hard to to get the different peptides that we would like to use. And it's not because they're harmful because they're completely harm less. But for whatever reason they feel that they're important to regulate, – Right? So we're lucky to have the ones that we do have.

But I do love moxie and I've also seen Nazi help with um with people who want to lose weight, it helps with metabolism and insulin, insulin sensitivity. And mitochondrial repair.

– Yeah. Yeah. And and and then one component as well. I mean when when your your sick a lot of times send you um kind of the intimate relationships and and you know the kind of the sexual aspect, you know be it disappears. And with that then you because you're losing that frequently. People are then feeling disconnected or not connected with their family, they are feeling depressed.

So are there ways to kind of help people and that way as well, you know, to support their sexual health which which is so important emotionally for individuals. – Right? It's so important in people's relationships that you know, when they don't have that intimacy, they start to feel bad about themselves. Maybe they can't perform or they feel bad about their their relationship. It's just so it's kind of a glue that helps that that intimacy. It helps keep people connected.

And so they do feel disconnected often when they're when they've been sick for so long because that part of their life is not affected. And so a lot of a lot of young men, I can give them kiss pepped in this will help them build up their testosterone not rapidly, just slowly for several months. Also a little bit of Milan attan to can help with that for a reptile dysfunction PT 1 41 can help a lot Given that injected subcutaneous, we just in the abdomen and then for for women PT 1 41 as well. If they have an orgasm mia you can also give them that little bit of oxytocin that will help them as well.

They'll help them enjoy that part of their lives. And so we can help these patients actually in the past. I would have to give younger men Clomid to help with their help build up their testosterone.

But now we can give them respect in which which is very yeah – And I always love I mean Kiss Pepped and then you think that well that's gonna that's gonna bring some relationship together just with that name.

– My daughter. Is there one called hug? – Exactly. – Right. – So when you when people go through, I mean what what are some of the results? I mean if you have a few kind of a person that came in, you know, you started with

this program this with the symptoms that we're dealing with.

We did all of this and you don't have to go through all the treatments you did. But just so people have hope what it looks like on the other side. Yeah. When when they they're they're feeling hopeless, they're in pain. They've been suffering for you know like the person I spoke to yesterday 17 years. You know what what does the other end look like?

And where do people start in your – Right so people come in usually very very fatigued. And with brain fog and G. I. Issues they have those three almost always very rarely do they not have pain in some part of their body?

Usually they do. And so I can start people off with the peptides. I'll give you an example of a lady who um you know she she had been given um despite aosis treatment. So herbs herbs to help with the symbiosis in her gut. And she was given this and it just made her feel terrible. Absolutely horrible.

Not only that but she had brain fog and she had pain all over her body. So of course the first thing you know the I can't believe the functional medicine doctor or naturopath doctor want to do is treat the gut. That's what we're taught in school.

You don't treat the got first, that's what we're taught in naturopathic medicine and usually that works. But with these patients you can't even do that yet. So I'm looping this back to the beginning of our discussion when we started talking about killing infections.

Some people can't even tolerate that. Well she couldn't.

Neurological Repair, Mitochondria, and Sexual Health

And so what happened, she took those herbs for dis bio sis and they're great herbs just given to her at the wrong time. More headaches, more pain more diarrhea and a constant sore throat. So I started off with peptides.

I said all right, we're not was the right treatment just at the wrong time. Let's give you some BBC 1 57. This is going to bring inflammation down in your gut and before frag to modulate your immune response.

I hadn't used K. PV yet, even on her and then a month later. Oh yeah, the inflammation is better. Okay, that's good. And now, maybe three months later I could start killing infections in her gut and she started to feel so much better all over, you know. And then in general, of course I I did give her herbs to kill um tick borne diseases because she she had them.

So I did use the Byron White remedies for that. Just one at a time. And while I was modulating the immune system and after I cleared the gut but didn't clear the gut until I had the immune system stabilized and brought inflammation down in the gut. And now she's almost all better.

It's been it's been about a year. – That's awesome. And what is all better look like? I mean, no, gut pain, good with energy. – Yeah, I know that pain, good with energy, brain fog gone, constant throat gone.

She was an athlete. She could go back to her sport. She was a competitive athlete. She back. Yeah. – And what's great with that like the BPC-157 as an athlete, you know, for tissue repair it's tremendous. So it works all over the body to repair tissue.

Yeah. Wonderful. And I'm curious because I know that you you work with Dr. Kling Heart for a while. So do you use as you go through this process to use any of this technique the A. R. T. As well?

– You know I don't use it. Not that I think it's it's not a good thing, you know, depends on the person. But I don't I don't if a patient wants it then I'll send them to maybe Scott forest grin, the better health guy who lives in the Bay Area as well. But typically I haven't needed it.

The other thing is now with the pandemic I'm working out of I'm working from home more often than not. So that's hands on. But yeah. – Yeah then it's harder to muscle tester that yeah I love it. Well it's been such a pleasure and your I mean the work that you do is so amazing and what you're doing for people helping people with no hope and to to kind of turn that around so that they can get a life again.

I mean that is that is just incredible. So thank you so much for for sharing your wisdom and your knowledge and your experience.

Patient Outcomes and Closing Reflections

– Thank you so much and I want to thank you for doing the work that you do because you're also working with people who don't have any hope and so we're both doing this for helping to turn their lives around, isn't it? Such an honor?

– It is, and that's what we as naturopathic doctors and also integrative doctors. I mean, that's that's what you live for. You know, it's you have a person, they their life has changed and you get so yes, yeah, it's so exciting. – Like I'm doing what I'm what I'm meant to do on this planet, and that is a blessing. So, thank you so much.

Thank you so much for having me here with such a, such a pleasure to be here. – My pleasure. Likewise, thanks.