## Introduction and Dr. Parpiau2019s Background

This is Doctor Talks, real talk from real doctors on the issues that matter to you. Well, Dr. Nefisa, I am so excited to have you 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. I'm really excited too. Yeah. And I like, like I mentioned when we spoke, I mean, when I listened to the peptide summit, your interview was the one that really kind of stuck out.

And so, and then I heard that I get to 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 all the amazing training and all the amazing therapies that you offer.

So Dr. Nafisa 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-enquired illness, mold mycotoxin illness, autoimmunity, 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. Parpya'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. She is an ISEA ISE board of director that is International Society for Environmental Acquired Illness and is a scientific and medical advisor for Neurohacker Collective.

This is going to 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 you're seeing?

Yes, it is. So basically I'm seeing the patients at our clinic at 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, I tend to find out through diagnostics that they do have tick-borne disease.

Typically, maybe they've got Lyme 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 dysregulation 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 are commonalities for people to kind of recognize that I'm dealing with a complex illness and, you know, yes, I have that, I have this, so I need to pursue this type of treatment.

## Who Complex Chronic Patients Are

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?

So 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. It could be joint pain or it could be pain in the muscles.

They have a lot of GI 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 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 fatigues, 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. I was in one of my interviews that I did yesterday for the Lime podcast that I do, the individual that I was interviewing, I mean, she'd been dealing with this for 17 years.

And 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, no, you're not in that much pain, you know, so you should just suck it up, you know, all your labs and everything, they look fine, they look normal, there's nothing wrong with you.

And in fact, there's even a doctor young because she was so fatigued, there's telling, well, you just need to drink Red Bull, you know, drink, drink Red Bull.

You're antidepressant, you're just depressed. Yeah, exactly. No, it's so much more than that. Yeah, 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 going to tell us.

And then if those are normal, then they think the patient is normal. Yeah. And that is not the case. So then for a person that's struggling with not knowing, not finding solutions, and then they go to someone like you to address these complex illness.

So what kind of labs would you run? I mean, where would you start looking? Another great question. Yes. So I like to look at their immune system first.

So we're part of Dr. Bruce Patterson's COVID long haul group, 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 all kinds of chronic infections or high toxin loads, which would cause immune dysregulation in a cytokine storm.

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. I'm using a German test, it's called InfectoLab, 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 the antibodies as a past test.

Those are two tests that I like to look at for my patients if they come in with symptoms like that. Then I'm also going to look to see if they're having an allergy to mold, or an allergy to micotoxins, which are the toxins from mold.

I'll look for T cell responses to certain viruses or nagalase, 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 in a lot of my patients that's high then I'm provoking it.

I'm looking to see, to 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.

## Common Symptoms and Misdiagnosis

Yeah, and that's what's so important to understand the difference. I mean, a lot of the medical profession, the normal, you go to acute and they, I mean, they do amazing job to control acute scenarios.

They're really poor at managing complex chronic diseases. And that's why many people, before they get to someone like you, is that they have five to some people, I'm sure like 30 doctors, because every doctor is saying pretty much the same.

And you have them doctors going to like an infectious doctor and even them are not taking care of it seriously. Right, because unfortunately they're just looking for 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 than not with this patient population where it's unexplainable, they've been to infectious disease, they've been everywhere, nothing, no diagnosis.

It's often these low-level chronic infections. They could be in the sinuses, in the jaw, tick-borne diseases. They live mostly in the connective tissue in the nerves.

We can't do biopsies for that, but at least we can check in the blood and look at the immune response to those infections now. So there's new ways to understand illnesses that And that's why it's not a cut and drive and it's not like it's always this, it's, you know, you have a combination of different like mycotoxins, you know, has X amount of stress on the body and then the different tick-borne, you know, whether it's Babesia, Bartonella, Borrelia or Chlamydia pneumoniae or whatever it may be that 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 complex mystery.

Right. Exactly. 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 Bartonella or more mycotoxins, are there certain patterns that you see?

Yeah, so people come into me, sometimes 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 that it's just one toxin, people might, with that people might say, I have mercury poisoning.

First of all, it's not poisoning. You're not poisoned, but you have a high level, a high body burden of mercury in your system, and that's causing you issues, or you don't have just, Lyme, probably not.

So I'm looking for the co-infections. And so what I'm often seeing is Lyme, Bartonella, Babesia, it's very often, it's that trio of tick-borne diseases.

Other times it's Ehrlichia in there or tick-borne relapsing fever. So those are the co-infections of Lyme, the infections that the tick will transmit to the person, but very often I'm also seeing concurrent infections.

Those include mycoplasma pneumoniae, chlamydia pneumoniae, and Epstein-Barr virus, cytomegalovirus, HHV6, 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 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 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. And so that's a new pattern. I'm seeing old infections, mycoplasma pneumonia, Epstein-Barr virus, tick-borne disease.

Suddenly people have these infections that they didn't have before, after they've had COVID. Yeah, and it's been fascinating to see that component where latent or kind of lower level infections all of a sudden just becomes very active after COVID or after if they get the COVID shot.

So it's really fascinating to kind of see that component. Right, and I don't think it's being spoken about enough. No, no. And there are papers on it.

There's some research that talks about it now as well, but it's still quiet. Yeah, exactly. It's a terrain we're still trying to figure out.

## Testing for Infections, Toxins, and Immune Dysfunction

So when a person is coming to you, you do the labs and you have people, commonly you're dealing with something that's called mass cell activation syndrome where 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 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 a host of about a thousand other chemicals released constantly.

And those chemicals should only be released transiently if you're having an allergic reaction or a 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 to detox or to kill infections.

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

I like to use KPV KPV has that anti-inflammatory effect and also the mast cell stabilizing effect. And so does

Amlexinox as well. So those two peptides help very much with stabilizing mast cells.

And tell me a little bit about what is peptides? I mean, and why, because it seems to be something that's really, it's like this new kid on the block kind of thing that we really start to recognize the power and the impact and still start to 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. The 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 spectrum of your system and of your cells.

But peptides speak to very, very specific cells. So when I'm using peptide therapies, because they can get so tissue specific, particularly to the immune system, then treatment of my patients is faster.

So, for example, patients who it might have taken two or five years to treat It could take six months, one year, 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 non-toxic. 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, peptides 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.

Yeah. Yeah. Yeah. I mean, it's, I, I use it in my clinic and I, and I love it. I mean, it's, it's, and KPV, like you mentioned, is, is fantastic and controlling that, that mass cell.

How do you administer it? Do you, do you do it oral? Do you do it IV? Do you sub cue? I mean, how, how do you, you know, if somebody comes in with KPV, what, How do you address that?

So recently they've come up with a spray for KPV. I like that. But if I have the patient injected subcutaneously, it can have even more powerful effects.

It is unconventional to do it with IVs, but sometimes we do. If the patient is highly, highly sensitive and they don't want to inject themselves with 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 do the same.

I love the spray. We do sub-Q in some cases. And then also, in some cases, we do IV as well. Right. Yeah. And it's kind of fun to play around with it a little bit.

Yeah. Yeah. And so what are some of your favorite in regards to then working with these chronic complex illnesses? I mean, what are some of your favorite peptides that you use and 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. And the key is to calm down their dysregulated immune system. So when I say dysregulated, they have hyperactive immune system on one hand with mast cell activation syndrome.

They're sensitive to everything under the sun. They have autoimmune conditions. That's a hyperactive immune system. 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 papers that show that environmental toxins do this. We know that infections cause immune dysregulation, stress does. There's all these reasons to cause immune dysregulation.

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 to so badly, but nothing else worked as well as the peptides to just to come in with a quick immune modulatory effect.

So I'm doing that first, and then I'm also giving them foundational support. hormonal support, GI treatments, sleep support, structural integrity support.

We can, peptides can help with that as well, working on their diet because nobody can detoxify or kill infections well at all until inflammation is lowered and until the immune system is more on target.

Then I'm going to start to detox patients and then I'm going to start to kill infections. So I usually start with my first three peptides to calm the immune system.

Depending on the patient, hopefully, not everybody's ready for it, but so generally speaking, I might start with TB4FRAG, BPC157 and KPV. So usually these are gonna help calm down the immune system.

## Patterns in Tick-Borne and Viral Co-Infections

And those you do mostly oral or sub cue or how do you do those? Depending on the patient, but mostly I'll start off with those oral actually. Yeah. Yeah.

And, 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 how did they respond?

Yeah. So for example, I've had patients who all I've given them is BPC 157 and they had their gut felt inflamed. It calmed that down. very quickly or injecting BPC-157 locally, just into the muscle tissue, just a very basic trigger point injection.

I'm not talking about ultrasound guided deep joint, nothing like that. Just very, very shallow into a muscle, neural therapy style. or trigger point style, and pain has vanished immediately, just with an injection of BPC-157.

Or I had a patient with a lot of allergic reactions showing up around her eyes. So the skin around the eyes was flaring, but she sprayed KPV and BPC-157, three sprays, three times a day, and that started to go away.

after so they just use the the oral spray that exists they just sprayed that on the eyes or sprayed orally in the mouth oh sprayed oral in the mouth okay no if if there wasn't mint on there i would ask dr holtorf if that would work you know spray it on the skin but i think the mint yeah that's gonna just burn in the eye Right.

And we've done like with TB4 and BPC, we've had people with like the respiratory 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 it makes my job easier, makes the patients better. That's the most important thing.

We can get them their lives faster. Yeah. And so how would you say that peptides work? I mean, so we know that they are you know, short chain amino acids, 20 or less, you know, KPB obviously is a very small, you know, I think it's only like three amino acids.

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 body?

Are they tissue specific? But I mean, what kind of action do they do? Yeah. So different ones have different

actions. So BPC-157 specifically has anti-inflammatory effects.

So when taken orally, very specifically for the gut, but also it helps systemically, BPC-157 helps to modify epigenetic SNPs. So if we have genetics that aren't expressing correctly, it's going to help with that.

So APOA, APOB, APOE, BPC157 helps to modulate that. And then GHK is also a genetic modifier. So the copper part of it, if you use GHK-CU, we need the copper part of that to open certain pathways for enzymatic functions and also in DNA.

So it helps to modulate that. And then TB4FRAG, 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 lowers pro-inflammatory cytokines. So they all have their own properties and they work.

And that's, I mean, for people, not only just kind of the complex illnesses, which were the, I mean, it's like a game changer bringing in the peptides, you know, in this process, 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 modulatory peptides on board, you're able to go after the pathogen more efficiently because you're neutralizing the pathogen's defense, 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. We 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 modulate that.

It puts a cap on it. I tell them it's like, I'm putting a nice bandaid on you so that 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.

## Mast Cell Activation and Immune Stabilization

It's passing through a lot of areas in order to be able to get out. And the immune system is gonna 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 detoxed 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 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 use a lot is binders and the importance of binders.

Can you talk a little bit about that as well? Yes. So binders, actually Dr. Elias' binder is my favorite binder ever. It's called Pectisol and it's 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, well, they're gonna bind anything that they're near. So if you take them 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 toxins.

So when I'm giving people detoxification therapies, I'm giving therapies that pull the toxins from outside of the cells or from outside of the cell 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 going to pass through the system, the organs of elimination, the gut, the liver, the kidneys, the skin.

And I want that toxin bound up. So once it's bound, it's going to exit the system instead of recirculate. back through. So binders are important, but just when you take them is very important.

So they don't mind everything else. Yeah. It's kind of like you, you have a rowdy bar and you need the bouncer to just neutralize, you know, the rowdy individual and 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 Yeah, I love the way you just worded that.

And so the kind of going back again, so you have the three that you use quite a bit then to control inflammation, you have the TB4, you have the KPV and then you have the BPC157.

And so those tend to be kind of that initial as you're preparing the environment for doing more detoxification or killing, you know, and 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 amlexanox. That also directly inhibits the release of histamine and leukotrienes from mast cells, basophils, and neutrophils.

This one's been clinically used in Japan for treatment of patients with bronchial asthma and allergic rhinitis. That's amazing. And do you sometimes bring in other things like Zyrtec and Allegra and those types 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 and Singular along with Gatotophin and Chromalin. 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 ketatophin to stabilize the mast cells and, and chromalin for the genitourinary system. If people have, have weakness there, actually a lot of people, they, they, people who have interstitial cystitis, I've noticed if I give them chromalin and then I add on the rest of the mast cell treatment, it turns that around, which is pretty amazing.

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

Yeah, absolutely. Absolutely. And then you don't feel bogged down, you know, feeling dragged up. And yeah, so absolutely. Yeah, that's fantastic. And yeah, so and 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, you know, and it just keeps reoccurring.

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 UTI, but you'd get tested over and over again and there's no UTI. So typically then the urologist might work you up for interstitial cystitis.

## How Peptides Work in Treatment

It just means inflammation in that area of your body, but, but treating with mass 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 then to do more of the killing, are you able to use some peptides in that process as well?

Are the peptides that help to kind of go after and then support the immune system in that process? Yes. So I like to use TA1. So it's going to help with the inflammatory conditions, but I don't want to use it too fast because it's going to kick up an immune response.

It's going to start killing infections. So if somebody has autoimmune conditions or someone's just not ready for a kill yet, if you give them TA1, it's just going to knock them down.

So I've had people try tried TA1, they come to me and say, you know, I tried TA1, it was awful. And again, could have been the right medicine, but at the wrong time.

So, TA1 after we've modulated the immune system. And LL37, again, that works so well with the tick-borne disease patients or people with high viral loads or 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 they go in conjunction with the other medications.

It could be antiviral medications or antiviral herbs. Usually I'm not using these alone. I am using other antiviral support, whether it's medications or herbs, but again, it makes it go faster.

Yeah, it's all about potentiating 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 pathogen's ability to become resistant and having you then to kind of shift antibiotics.

Right. So like LL 37, it, it perforates the cell wall of these infections. So literally like poking holes in the cell wall. And that's going to help potentiate 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's 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 wanna get rid of the biofilms, but if you open them up too quickly, then it's like opening up Pandora's box.

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 want to actually maybe we should tell them what biofilm is in case they don't know.

So biofilm is this carbohydrate rich matrix that that bugs whether it's bacteria or 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 in. They live in community. So all these different bugs live together in this home. And then 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 wanna open the beehive yet. I want to go after the bugs.

That's what I was thinking about actually before. You've got to be ready for this. Your immune system has to be ready for this. You've got to have less inflammatory cytokines.

Now we can measure them more easily on the labs. Then we can open up the beehive. And what lab do you like to measure the different cytokines? I mean, do you do like the lymph, the panel with Cyrix?

What's that called? The lymphocyte map. Yeah. I like that one, but lately we've been using Dr. Bruce Patterson's one. It's called the COVID long haul panel.

I think he 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 good panels for inflammatory cytokines also.

Yeah, great, great. And 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 disulfram is what a lot of people use, different antibiotics, and you have different herbals, whether it's cat's claw, whether you have cysts, you have, I mean, what are some of the things that you, that are your little love babies, you know, that you kind of resort frequently to?

It's interesting. You just named them, really. I like the cell from 4Lyme. What I haven't seen is the death cell from working for the other co-infections.

I haven't seen that as much, but, and 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 Dr. Buhner's protocol. I like his herbs a lot. The Byron White, Dr.

## Detox Support, Binders, and Preparing for Treatment

Klinghart's cocktail, of course, I like that. Yeah, and it depends on the patient. If somebody is really, really sick, if Lyme has affected their nervous system, Those are the people who might need IV antibiotics.

They're few and far between. My patients don't usually need that 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 had people come to me who've been on years of oral antibiotics and no other support and their microbiomes are a mess.

There's parasites, there's bacteria that are autoimmune triggers, there's not enough beneficial bacteria, and they have diarrhea or IBS 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 I 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, you know, 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 going to work until we remove the insults and modulated the immune system because the mitochondria are just, they're behaving in a way where they're more quiet, meaning talking about the cell danger response, actually, whether ATP is not being produced as much and not for intracellular use, but it's being sent externally to the cell as a way 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 are 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. It's just that those systems have needed to quiet down at this point when they're full of toxins, full of bugs.

And so once I've addressed the infections and the toxins, that's when the neuroinflammatory peptides are going to work. And same with mitochondrial repair.

And so VIP, this acts as a chemical messenger and it functions as a neurohormone and a paracrine mediator. And so it's often given to people intranasally with mold toxicity and other biotoxin illness.

And so this helps support their hormone levels and it 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 RG3. It's not a peptide, but it calms down microglial inflammation. And then C-LINK. C-LINK will help to increase BDNF for protecting the brain cells.

And it helps with some detox, it's cerebral protective and cerebral lysine. that also helps the detox neurologically. It will help to, it'll grab up the neurotoxin and pull them out.

And I'll use it with other modalities like glutathione or BPC 157 as well. And then C-Lanc will help with anxiety. Again, people might wanna just 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 detoxed you.

Then these things are fantastic. with repairing the inflammation in the brain. I usually tell my patients, 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. Right, I tell them this, I use the same words. Yeah, so that's the key. So I love how you very systematically go through, you modulate the immune system, calm down kind of the inflammatory components.

Then you start to help a little bit with open up for the detox pathways and then go after the infections and then gradually work your way up then to more of the mitochondrial repair, the neurological repair, And so, yeah, that's fantastic.

Right. It's a long haul, right? It is a long, 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 disorders, 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 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 the epigenetics haven't been sparked yet 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.

## Killing Infections and Managing Biofilms

It's what we do. Yeah, because you need to address it from, it's a multifactorial and a multi-pronged approach. And the pharmaceutical is when you do the different, when you do tests on any kind of pharmaceutical, you do double blind study and you have this disease, this drug.

So you're just looking for one action with one component. And that doesn't work when you deal with a multi-factorial where you need a multi-pronged approach.

Exactly. Exactly. And it is interesting just because, you know, we look upon, we see the success then of the acute care 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've got cardiac arrest, they can come there and they 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 these patients. And so then they come to us and we help them. Yeah. 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 there are peptides for that as well, right? Yeah. So, oh, there's one from Canada.

Do you remember the name? I forget the name. I'm trying to get my hands on that one. I haven't used it yet. I would like to use that one if I can get it in this country.

And that's been one of the challenges is that FDA sometimes have kind of thrown a lot of curve balls and make it hard to get the different peptides that we would like to use.

And it's not because they're harmful, because they're completely harmless. 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 MOTC and I've also seen MOTC help with people who want to lose weight. It helps with metabolism and insulin sensitivity and mitochondrial repair.

Yeah. Yeah. And then one component as well, I mean, when you're sick, a lot of times then you kind of the intimate relationships and, you know, the kind of the sexual aspect, you know, it disappears.

And with that, then you, because you're losing that frequently, people are then feeling disconnected and not connected with their family. They are feeling depressed.

So are there ways to kind of help people in that way as well, you know, to support their sexual health, 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 relationship.

It's just so, it's kind of a glue that helps, that intimacy, it helps. keep people connected. And so they do feel disconnected often when they've been sick for so long because that part of their life is now affected.

And so a lot of young men, I can give them Caspeptin. This will help them build up their testosterone, not rapidly, just slowly for several months. Also a little bit of Melanotan too can help with that for erectile dysfunction, PT-141.

can help a lot, given that injected subcutaneously just in the abdomen. And then for women, PT-141 as well, if they have anorgasmia, you can also give them that little bit of oxytocin, that will help them as well.

## Neurological Repair, Mitochondria, and Sexual Health

That'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 build up their testosterone, but now we can give them Kispeptin, which is here.

Yeah. And I always love, I mean, kiss Pepton, then you think that, well, that's going to bring some relationship together. Yeah, just with that name. And my daughter said, is there one called hug Pepton?

Exactly. When people go through, I mean, what are some of the results? I mean, do you have a few kind of a person that came in, you know, you started with this program, this with the symptoms they were dealing with, we did all of this.

I mean, 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, you know, when 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 does the other end look like and where do people start in your…

Right, right. So people come in usually very, very fatigued. And with brain fog and GI 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, you know, she, she had been given dysbiosis treatment.

So herbs, herbs to help with dysbiosis 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, the functional medicine doctor or naturopathic doctor wanted to do was treat the gut.

That's what we're taught in school. Treat the gut 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.

And so what happened? She took those herbs for dysbiosis 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 started off with peptides. I said, all right, we're not, it was the right treatment just at the wrong time. Let's give you some BPC 157. This is going to bring inflammation down in your gut.

And TB4FREG to modulate your immune response. I hadn't used KPV yet, even on her. And then a month later, oh yeah, the inflammation is better. Okay, that's good.

And now Well, 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 did give her herbs to kill tick-borne diseases because 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 does all better look like? I mean, no gut pain, good with energy. Yeah, no gut pain, good with energy, brain fog gone, throat gone.

She was an athlete. She could go back to her sport. She was a competitive athlete. She'd be back. Yeah. And what's great with that, like the BPC 157, as an athlete for tissue repair, it's tremendous.

So it works all over the body to repair tissue. Right. Yeah. Wonderful. And I'm curious, because I know that you worked with Dr. Klinghardt for a while.

So do you use, as you go through this process, do you use any of his technique, the ART, as well? I don't use it. Not that I think it's not a good thing.

It depends on the person, but I don't. If a patient wants it, then I'll send them to maybe Scott Forrest-Grinn, the better health guy who lives in the Bay Area as well.

## Patient Success Story and Closing Remarks

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 that is harder to muscle tester that. Yeah. Well, it's been such a pleasure. And and you're 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 just incredible.

So thank you so much for sharing your wisdom and your knowledge and your experience. 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, right? It is. And that's what we as naturopathic doctors and also integrative doctors, I mean, that's what you live for.

You have a person, their life has changed and you get so, yes, it's so exciting. It's like I'm doing what I'm meant to do on this planet. And that is a blessing in itself.

Thank you so much. Thank you so much for having me here. It was such a pleasure to be here. My pleasure. Likewise. Thanks. Thank you for tuning in to Doctor Talks.

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