Introduction to the RAD Summit Detox Series

Welcome back to the reverse Autoimmune Disease Summit series everybody I'm Doctor Keesha Gillers. And of course you're joining me for the fourth iteration of the the Rad Summit series.

This is the autoimmune detox portion of it where we talk about the four corner pieces of the puzzle that are the root causes of autoimmune disease, one being genetics, one being your gut health, another being stress and past trauma.

And then of course, that fourth one being the corner piece that has to do with toxic exposure and your body's ability to rid itself of that toxic burden.

And so I'm really delighted to bring to you today, Doctor Peter Kohn, who supports and manages patients with chronic conditions using a comprehensive approach emerging the exciting advances of functional neurology and functional medicine.

He's board certified in integrative medicine, functional medicine and a board certified chiropractic neurologist. He's the creator of the neural Metabolic Integration Functional Medicine program that identifies the root cause of autoimmune and other chronic conditions.

Toxicant Intolerance and Loss of Tolerance

Over 5000 patients from across the country have come to seek out his holistic approach that's changing the lives of those suffering from chronic conditions.

Doctor Khan was born in Taiwan and immigrated to the United States at the age of 13, and has a deep appreciation of the eastern wisdom and Western advances in natural health care.

He believes in the God given ability of the body to heal and regulate itself. We're going to be talking today about how sometimes people with chronic issues like autoimmunity, can get really lost down the rabbit hole of toxicant intolerance.

So welcome to the series, Doctor Khan. Thank you so much for having me, Tisha. It's a pleasure to be here. So as we talk about this, let's first really say like what is down that rabbit hole, you know, people, I always say that oftentimes when patients come to see me, they'll say, Doctor Keesha, I feel like I'm on a shrinking iceberg of choices in my life.

I'm so intolerant to everything, you know, and it just becomes worse and worse and worse. And I don't know what to do. And I'm sure you have heard that story.

It's a very sad one yourself. Yeah, yeah, it's a very common thing to hear from people with autoimmune disease, especially, and, and I think that a big reason for that is, you know, when people have to think it through, you know, when, when you're becoming more and more intolerant to the things around you, like environmental chemicals, toxicity or even food.

It's not that you're exposed to more toxins necessarily. Yes, absolutely. Our environment is toxic, and we have so many things around us that we need to be aware of to reduce exposure.

That's absolutely true. It's not even a question of whether we're exposed, it's how much and how is it impacting you. Now, that question of how is it impacting you is a big one, because it can vary from people to people.

And when you have increasing reaction to food or to chemicals around you, then it's not the fact that not

necessarily the fact that you're exposed to more chemical, but maybe consider the potential that you're just becoming intolerant to them and that intolerance determines your threshold for how well you're going to hold up in the presence of ever increasing environmental exposure.

And so the reality is that I love your, your, your series, where you talk about the four corners and genetics being part of it, because some people genetically just don't tolerate stuff very well, and other people may tolerate it like a champ, you know?

So you have some people who smoke and drink and do drugs and they're just fine. And other people, they're organic, everything. They still get cancer. Like it's not fair. Like what gives.

And I think the genetic piece is a part of it. However, you can't really change your genes. So it's always comes back to epigenetics and what you can do to, you know, change your your body's response to it.

So I think when when people get more and more reactions and they get more and more frustrated, it's one thing to, to kind of, help them to have more hope in understanding that, okay, it's not just the fact that you're exposed, but perhaps your immune system has lost that tolerance.

Right? And I think this this piece is really important because, in the genetic component, people say, well, but my whole life I've done fine, and now all of a sudden I'm not right.

And, and there's a lack of realization that the body who really wants to keep balanced is robbing Peter to pay Paul for years and years and years and years before you find yourself on that shrinking iceberg.

So, you know, this is this is not something that happens all of a sudden. It's something that's happened over a cumulative period of years where the body finally says, okay, I'm out.

I've tried, you know, I can't do this anymore. And then you're going, you know, in your Vedic medicine, which is the 10,000 year old sister science of yoga, where Chinese medicine came from.

Right there. There's this understanding that there's a progression of disease that starts with an imbalance, and it first starts in an area in the body, and then it starts to spread.

And we don't identify it in Western medicine until you're at about stage four of six. Right.

Barrier Dysfunction and Autoimmune Sensitivity

So yeah, you had these little imbalances that have gone along that you've been able to kind of like fatigue, drink coffee, you know, where some of the smaller, quieter symptoms have been happening, that you have an imbalance but you don't you're not trained to recognize the language of the body that's trying to alert you like a toddler pulling on your pant leg, going, mom, mom, mom, mom, right?

So it's not until the toddler gets down there and screams where you kind of go, 0000, right. Right. And we don't want to wait for that. And I love how you express that.

You know, the language, the body. You know your body is always giving you signals. So illness is not a bad illness, just a signal for you to, you know, be aware that things are changing your body and you should probably change your behavior or approach.

So you get a different result. And you know that using Chinese Oriental medicine, for example, that language may be speaking of too much heat or too much dampness.

Now to, you know, Westerners, that's like, what the heck is heat and dampness? And how do I what does that even mean? You know, because heat and dampness is not necessarily describing a diagnosis.

It's just describing a state that you're in. You might be having and it's a spectrum, right. Because there's a yin and yang. So right here you have and the less dampness you have, but there still exists.

So it's very subtle, you know, and this is something that may be foreign to a lot of people, but, you know, and so coming back to the genetic piece, yes, there's a buildup of this.

And then so in in terms of epigenetic, you know, the more exposure to things and you, maybe you gradually ramping up certain gene activity. So then eventually you get to the point where you do get that epigenetic expression and now you express disease from the other side, though, you know, that's genetics.

Today we're talking about detox side. This concept that I want to kind of bring to people. And if people have not, I'm not familiar with it in the sense of, this loss of tolerance.

Because what happens is, as you start to lose tolerance to chemicals, then what happens is your threshold to be able to compensate and not have symptoms started to decrease.

So then the next time you get exposed to the same amount of chemicals, your response may be exaggerated. So this may explain why people feel like you know what, I used to be able to tolerate Clorox or tolerate this and that smell or Cologne.

And now I can't because you you may have blueberries or you have food right and right. Right. Like healthy foods that you would ordinarily not take out of in a, in an elimination diet, you know, coconut oil, the people are starting to become so intolerant that they can't tolerate these things, right?

Yeah. Right. And usually when people can tolerate a whole list of foods, that's usually a loss of tolerance or a loss of barrier integrity to, to to go a step further, because your degree of how well you tolerate things in your environment and the things that you eat, anything that you put into your body, basically, either by inhalation or by putting on your skin barrier or by putting in your, your, your mouth, it's all determined by your barrier integrity.

So if you have decreased barrier integrity then you're going to have problem with tolerance. And the barrier are your gut barrier, your lung barrier, your blood brain barrier.

And obviously your skin is a barrier as well. So, you know, when people have this loss of tolerance, they become more sensitive to various things in the environment and we can become a mystery.

Hey, I used to be okay, why am I not okay? So what's change? Well, what's changed is not necessarily you got exposed to more chemical because although that could be the case, some people just have acute exposures.

But for most people it's a gradual accumulation. And this gradual accumulation get to the point of a tipping point where you mix them, as you said, just those hands up and now becomes dysregulated.

And a big part of that dysregulated dysregulation is caused by this loss of barrier function. And so when you have those type of situation and just remember all the barriers are kind of connected to each other, not just like in a functional way, but literally, anatomically speaking, like the gut barrier.

And the brain barrier is made of the same architecture. It's the same or clued in and zany, one protein that's present. So literally when you have one barrier that becomes compromised, the other barrier become compromised as well.

So this can explain why some people maybe you get. So here's a scenario. You get chronic exposure to environmental chemical for decades. It's gradually wearing away at your immune tolerance and damaging a barrier.

And and now it's to the point where your barrier's completely compromised. You get dysregulation. So now you get this lung barrier issue and you just you smell something, you develop a problem.

But then that same barrier issue can cause barrier problem with the gut. So now you get leaky gut at the same time. Now you also react a bunch of food.

So this is the same person who's reacting to blueberries and but then also reacting to all these chemicals and scents and perfumes. And so that becomes a big problem.

And so one of the things that I've noticed that I don't hear talked a lot about is that when we approach that then and you find out, oh, I've got leaky gums, leaky gut, leaky brain, you know, all this barrier function that's that's been compromised is if you come to it with a perfectionist energy, like, I'm going to fix this, right?

And then get really, really super, you know, I guess kind of, stressed out about it with the nervous system about it and stressed out about it, right?

That it makes things worse and so we can talk about healing all of these, these, you know, systems and these barrier functions. But what I don't find people saying is how you approach the barrier is really essential.

Avoiding Over-Treatment and Supplement Overload

You know, that that you come into it with this sort of collaborative, compassionate curiosity with your body instead of a combative, I demand that you get fixed.

You know, I'm going to give you all the right nutrients. I'm going to give you all the right food. And why are you not doing this? You know, and and that's a, that's a real combative energy with the body.

And I find that that's kind of common in people with autoimmune disease. Do you notice that? Yeah, definitely. I'm really glad you brought that up. I'm such an interesting point.

Gosh, I love being in your interviews. It is. But, yes, I find that people tend to get a little militant about it because they're so determined to overcome this.

And so they they become kind of, as you say, perfectionistic. They want to do everything possible, but then end up like throwing everything and the kitchen sink at the problem.

And they're just doing way too much taking like 50 supplements. I literally have somebody, a client that I was working one on one with and this person was taking a 100 supplement.

Could you not like 100 like literally 100 supplement? Are you taking all the stuff? You know, pretty much like, who told you to take this off? You know, somebody who muscle tested me and another person who.

So she's seeing, like, ten doctors and every doctor tell him to take, you know, a few more things. So next thing you know, you're taking. So what are we really doing here?

You know, she's no better. I want to posit that right there because that's a that's a taco by itself. Right? Is I had a client last week who I found out after three months that she had herself on a low histamine diet and a Sibo diet before she ever came in and didn't tell me.

And so months into it, she was still on those. And then when I was working with her, right, since she had all these supplements that she had to put down and talk to me about, and she was kind of embarrassed about it, she said.

But it really hurt her at the end of the day. Right. And so that right there is a is a thing that I have never heard anyone talk about either. And Doctor Khan, when you just said it, I was like, oh, that needs to be highlighted.

Really. Like when you go to your practitioner, make sure that you're saying, and what about these other supplements that I've been taking? So what should I do about those, you know, instead of just continuing to add to it?

Right. That just makes everyone much sicker. Yeah. And the reason I brought that up, that this person was taking a lot of supplement, a lot of people with autoimmune take really just way too much supplement for me too, comes from your question of how do we approach this issue, right.

The toxicity problem, the barrier. And I think the tendency is for people just like, okay, I'm going to doctor Google and find every supplement I can take for this thing.

And if you Google, you're going to find. But that doesn't mean that's the thing for you, right? Because when you find some article on Google or even a summit talk, we're speaking about certain topic, but just because it's appropriate for that topic doesn't mean it's appropriate for your specific case, because everybody's a little different.

So I think the approach is not to overdo it, but come with a I love the word compassion. I mean, that's a great way to look at it. If I have a cut on my skin and then I'm like, oh, she is bleeding, I don't curse at it.

Like, oh, you stupid cut, you're bleeding. Why don't you get better now? Like, you know, let me put like 50 Band-Aids on this one. Cut. Like we don't do that.

But then when it comes to, like, supplements and autoimmune, people tend to kind of take that type of approach. So we want to say, oh, gee, you know, gosh, it's cut.

That's a bummer. You clean it up. You you protect it, right? You you do stuff that's appropriate to that, but you don't overdo it and say, oh, I need to take Louis iron for my cut.

I mean, not necessarily. Right. So I think we have to come with it from a rational kind of approach and really try to identify what's the biggest thing.

Right? It's kind of the 8020 rule, you know, 20% of what you do get you 80% of the result. So what's the thing that you can do that's going to give you the most impact?

And I talk about a lot about this. And you know, in my own masterclass in my own, you know, you know, programs where, you know, you have to take kind of a you should be a guiding roadmap.

And that doesn't mean the roadmap is inflexible. It's a law, but a roadmap just guide you so that you're able to take a step by step and address the most important thing first.

And the not so important things. Maybe leave it till later, because some people really just do have like ten issues with them. They have Sibo, they have mold, they have lined.

Some people just do have a lot of problem, but you can't fix them all at the same time necessarily. So you got to go after the thing that's going to give them the most, you know, a hermetic effect or an impact multiple system in the body in a way that helps and be able to get better or move the ball down field, so to speak.

And that way it creates some simplicity to the protocol. It creates, a better chance for healing. And also it lets them know what's working, what's not.

If you're taking 100 supplement, how do you know what's working and what's not? It's impossible to track that. So when you're doing one step at a time, then becomes easier.

So I'll just give it one quick example. An example of this will be somebody who's, you know, anemic and they have autoimmune and they are told that they have low progesterone.

So then they go straight for the progesterone, ignoring the anemia. Well guess what. If you're anemic, I don't care how much progesterone you take, you're still anemic.

You're going to be tired and nothing's going to work. Because what else? Cellular energy without oxygen delivery, it

just you're not going to get better.

So this is an example. Somebody just let's add heavy metals to that. But then heavy metals to that. And and you know practitioners will oftentimes go oh we need to get these heavy metals out of you.

But your low progesterone anemic right. And so you're going to put your body under by going after that. You know, when your body doesn't have its foundational building blocks in place for energy production, you cannot go after heavy metals first thing.

And then when people feel bad that you are doing that. Yeah. And when people feel bad when they do stuff out of sequence, then it's blamed on, oh, you're just detoxing.

It's good. Well, it's not necessarily good, right. You know. So. Right. That's a similar reaction. We look for that. It's okay. You know it's like well no no no no no no no no. Right.

Or another favorite question I have is I got put on the supplement or medication and I've been having this symptom, but the provider who gave it to me, my doctor said there's no way that it's the supplement or medication that's causing that symptom.

Detox Foundations and Metabolic Priorities

And I always say it is absolutely 100%, you know, likely that something that we give you could cause a problem depending on what your body is doing. And so let's take it away and see how you feel, you know, and so that idea that there are no side effects to what we do also right now we're not causing a toxic reaction.

Right. You know, that's a that's something that I always kind of find amusing and say, oh no, I could definitely be responsible for what you're feeling right now.

Take that away. Let's see how you feel. And then we'll approach the problem. And you know differently once you're on stable ground again. So I think that that's really important also.

Well that's a great point. Not to shout because, you know, when one practitioner says tells a client or a patient that, well, it's impossible, he's saying things almost.

He's saying one like what? The patient is lying to you, like, what are you doing? It's impossible. And secondly, it's assuming the practitioner knows everything.

I mean, you know, I don't claim to know everything you know of. Absolutely. You can have a reaction, you know, now, sometimes there may be a a low, lower probability.

It's from that maybe if we ask questions, you know, and what else has been going on, maybe we find there's something else that was happening at the same time.

But to say that it's never possible that some, some natural intervention can cause some type of reaction or symptom is not true because it can. So it depends on so the practitioner have to work with the person, really just listen and not talk so much.

And then so we can listen to what's really happening. And in my perspective I always take the person's word at the word I mean that they come to me for help.

If they tell me they have reaction, I'm not going to assume that they're lying to me. So I'm going to trust them and I'm going to try to work with it.

So, so, you know, coming back to the approach to the barrier, I think, there's two aspects to it, to to that question, I want to make sure that I leave audience with when it comes to toxicity and barrier function and autoimmune, there's

two primary things that we can work on.

Number one is reduce exposure. And that goes without saying we all can reduce exposure to plastic and phthalates and EPAs and pesticides and so forth.

So that comes with awareness, right. And again, you know, you can get yeah, you know really deep into it. And some people, you know, it. Can you really overdo it on eliminating toxins?

I guess not because you can always just be really clean with the personal care products and the things that you use in the house. That's a good thing to do.

So one way is to reduce exposure, because when you have a lot of exposure, the exposure to things over many, many years of time is what you eventually wear down the barrier and get your immune system dysregulated.

That's how you got to the point where you become chemically intolerant. So we do think exposure reduces, you know, the reason or it reduces the chance that your immune system will have an excuse to react or something.

Right. So we do think exposure is really important. And that's not necessarily a supplement. You take that might be just, you know, just changing out stuff that you use the other.

And but it can also be detox, right. You can also do detox to reduce the amount of toxins in your body. But I think reducing exposure to the stuff in the first place is better than detoxing after you've been exposed.

And then the other side of it is not about the toxin themselves, but really to modulate or dampen the autoimmunity whenever possible. And there's there's a few things that really has been shown to help with that, you know, to modulate the T regulatory cells.

So things like vitamin D, glutamate, iron, you know, these things that we know help to modulate and dampen, you know, auto immunity. So so then always my approach is how can I help you to reduce this reaction to nutrients that you may be deficient in?

And how can we reduce toxicity or exposure to things? And in detox may be part of that equation. So those are the two primary way. If we can think about it that way that becomes easier.

It's not so overwhelming. How do I fix this? I gotta dig in. The same for leaky gut and the same for leaky lung. And think for leaky brain and think for and becomes way too much.

Not to mention is a priority leading up to, as you talked about earlier, you can't just jump into metal detox because you might just not do well or you may not be ready for it.

So there's a roadmap to navigate that. So we're not we're doing the we're doing the first things first rather than, you know, something that's some fancy sexy sounding stuff that probably not going to matter a whole lot unless you get the foundations right.

And I love that about traditional Chinese medicine on your Vedic medicine is they, they, they really specify you don't start eliminating until you've built the system up.

You know, you've got to have a strong enough system to do that detoxification process. And I think that's really important thing to to recognize. So when we're talking about the kinds of toxicants you've mentioned, phthalates and you've mentioned, some of the other things like parasites and molds and the things in the environment.

What about, you know, there's this word toxicant and toxin. And so what's the difference between those two? Yeah, that's a that's it's, it's an important distinction, you know, toxins, maybe something that your body can even produce itself, you know, so your body can produce that bio toxins and so forth, and, you know, and your body has a capability to actually do toxin.

Toxicant is things that you're exposed to in environment that you don't necessarily get rid of that easily. Okay. So toxicant is usually from xeno biotic sources from environment or toxin could be from, you know, like for example, mold can produce toxin.

That's Michael toxins, you know, so there's various bio toxins that can be produced. Your body can even make some toxin as a metabolic byproduct, but toxic and will be something from the environment. So the approach to that is the toxicant may need some help, as far as you know, doing detoxes to facilitate your body's ability to get rid of, and that's where detoxification is helpful.

And a lot of people do benefit from it. But just keep in mind that for you to detox, there's phase one and phase two and phase three detoxification pathways.

And you know, for much of these pathways, the foundation to them is like the foundations of the this clinical roadmap that I've developed. Like, for example, your blood sugar has got to be stable if you want to detox.

Well, glucagon, which is one of the phase two liver detox pathways, really important for helping females eliminate estrogens and hormones and eliminate different chemicals.

Glucagon addition requires stable blood sugar function. So if your blood sugar is not steady, you're not going to be able to detox that well. And also, for example, cytochrome P450 enzymes in phase one requires iron, you know, good iron status and requires ferritin level to be optimal for that phase one enzyme to work.

So if people are anemic or iron deficient, or the phase one not going to work very well, so you're going to have trouble with detoxing. So there's a lot of examples of that.

The point is when we want to detox, we have to set the body up to get ready for detox. If you go too aggressive into it right upfront, then even if you were able to detox, you still have anemia and you still have blood sugar problem that still need to be fixed.

Eat away. And in fact, the anemia in the blood sugar is what I call metabolic. They're metabolic priorities. A metabolic priority is something that impacts multiple cells in multiple systems and multiple function.

So if you think of oxygen and glucose they deal with fuel delivery does not every single cell and every single system in the body dependent on fuel delivery, oxygen and glucose for them to function.

So so if you can do that, then the detox that you do my work better, the hormonal stuff that you take my work better like everything else works better if you can have the foundations in place.

So that's why it's important to take a step by step and also help you to not get overwhelmed by taking 100 supplements. You know, on average, people that I work with, they take between 5 to 7 supplements at a time, and that's enough.

And the reason that's enough, because we're working on these priorities. And, you know, we get laser targeted to what needs to be done right now. So, you know, if people are taking ten supplements, you know, under my care, I'm already like, you know, when can we, like, get rid of a few?

You know, I'm always trying to work to streamline it. And I'm not saying some people don't need 10 or 12 or so, but, you know, when you're taking way too much and you don't even know why you're taking them for, that becomes a problem.

Right? And I'd like to just name out some of the things that you just mentioned. And, you know, people might say, well, what is a ferritin level? That's good.

And I like to keep my you know, cycling women at at least 60.

Ferritin, Estrogen, and Environmental Load

So, they're at some level, because the ferritin range on a normal blood work is going to go from like 15 to 250. It's a very wide range. And so, you know, your provider may look at and go, oh look, you're good.

You're 15. And that is not accurate. You know. And so just kind of naming some optimal ranges for some of our clients to really understand like oh yeah 60 is a good target for ferritin, right.

I don't know what you're what you. Absolutely. Yeah. Ferritin for menstruating female. In fact, the World Health Organization have stated that for a cycling female, their ten levels should be at least 50 or above.

And that's a World Health Organization. That's not like, you know, functional medicine people. So it's already medically recognized that you need at least 50 for cycling female.

So 60 is a great number. Could be even higher. Of course ferritin that's your body can indicate inflammation right. So it's it's a balance right. It's something to look at.

And and for guys you know their ferritin level, the normal range is a little bit higher because guys just have more, you know, myoglobin and then more willing muscle mass to store that.

So for for female you'll see the medical range as you say 15 to 250. Basically you got to be almost like, you know, in the toilet before they say you're you're sick.

And that's just not good enough. So for a menstruating female, typically and you're not just so you know, you're not getting oxygen to your tissues if that's happening.

So you know that's that's that's more important than hydration. So it's so important. And I love that you brought this up as a foundational principle.

Yeah. Absolutely. Because so many people don't get so many people don't have that looked at properly. Right. They're using the 15 cut off when they should be at least 50 for cycling female for menstruating, for menopausal female.

It shouldn't be much lower than that either. I think they should be about 40 or above. For guys that range, it can be the lower end could be even a little bit higher.

But certainly, you know, when you get above, like, you know, 200, then that very tends to high that can indicate some kind of inflammation. So, you know, in working with a practitioner, it's important for the for the client to know that, you know, if the practitioner missed this, this could be, you know, red flags.

Okay. What if this is a person's what are they really focusing on? You know, if you go to a hormone replacement person and all they do is just dull out for bone replacement, but they don't look at blood sugar and look at a ferritin level and really keep an eye on your, you know, your red blood cell indices.

Then, you know, you may be having some things missed that could be really critically important for you. Another thing that I'm noticing, a lot of you mentioned estrogen and females that I'm noticing estrogen builds up.

And then, you know, we have so many of the estrogen mimicking and reproducing chemicals now in our environment that are, you know, just creating an intolerable load for people that have phase one, phase two liver detoxification mismatch fat in their pathways that I'm seeing, you know, and men with ACP1V1 for example snap right that there's high estrogen.

I've actually started sending men for Dexa scans if you can believe it. And finding osteopenia you know like this is stuff we never used to think about 15 years ago.

You know, it's really, really interesting. And kind of alarming. So, yeah, it's a signs of changing, in our environment. And I think, you know, in some, in some sense that there's an, you know, you know, the acceleration, you know, of inflammation and toxicity across the population.

And then so people are showing up with autoimmune disease, you know, in more numbers, and people are showing up with more you know, a mystery illness and chemical sensitivity and, and just this chronic malaise.

And by the way, I want to say something about since Covid started, I've seen more suboptimal low white blood cell count just since March 2020. In this past year, than I have in the previous ten years combined.

Like I've seen so much, you know, white blood cell just, you know, it's not like below the medical range, but it's certainly below the optimal range. Typically I like to see it above five.

I'm seeing fours. I'm seeing you know, it's point five. Yeah. And and I don't know, I can't put my finger on what the exact mechanism for that is. I can only suspect that Covid has caused people to be more stressed or more indoors or more sedentary.

But that's a pattern I'm seeing. So what I'm saying is that I'll tell you my theory, Doctor Khan, and you can tell us a bit about this, because I have been really seeing this too.

And I started thinking about it, and I thought 95% of Americans have Epstein-Barr virus, and the entire planet is now more stressed from a global pandemic.

I'm wondering if this stress is kind of like instigating more EBV coming out of remission in their systems. And there's a chronic like the white blood cell count is coming down because the immune system is trying to push back against it.

That's what I've kind of thought about. It's like, well, if 95% of people have Epstein-Barr, I wonder if more people are having that come out of remission and be a player in the immune system having to battle it.

And so we're getting these low white blood cells. It's possible anyway. It's possible because, but you know what? I'm noticing, though, is just people have low white blood cell count, even though they're pretty asymptomatic, they're feeling pretty darn good.

There's still a lot. So it could be still Epstein-Barr causing that. But, you know, another possibility is just people have just higher cortisol. You know, if you have a high cortisol your white blood cell. Yeah.

You know, lowered as well. So or there's some, you know, unknown factors like just not enough sun exposure is causing more eyeballs. I don't know I don't know the exact reason, but I'm just reporting that I'm seeing that.

And the point of that is that we're living in unprecedented times and things are changing pretty quickly globally, you know, not just with the Covid, but also the number of toxins that people are exposed to.

And so I think this is impacting people and creating this, you know, this, epidemic of chemical intolerance and chemical toxicity that's driving people to have autoimmunity and poor health and sensitivity.

And so, you know, at the end of the day, you know, latch on to that. The the main principles that's going to help people get there. So that's doable. And I love that you're you know, we're bringing some reason and rationality to the conversation.

And I just I oh yeah, just take a bunch of supplements and you're going to be fine, but rather is just recognizing the problem and then, you know, having the proper mindset so that you can slowly work yourself toward healing.

I'm going to do a surprise question for you.

COVID, Immune Changes, and Vaccine Discussion

I just I'm we're doing the rabbit. I know the rabbit hole of intolerance. And we we're talking about Covid. It kind of brings to mind what are your thoughts about the vaccinations and people with autoimmune disease and intolerance?

Well, what I, what I say to the vaccine, and this is what I say to all my patients, is that I don't know, because it's new and because we are having a global pandemic.

But the truth is, you know, Anthony Fauci said this himself. He said that this is the first virus in his whole entire career. And this he's been around the first virus in his entire career, where 80% of people is asymptomatic or mildly symptomatic, and for the other 20% of people is just downright terrible for them.

Right? Like, if you get HIV, you pretty much know everybody with HIV is going to have a similar course. If you get Ebola, you know, everybody where you Ebola is going to get a similar course.

And their condition with this covet 80% are pretty mild and 20% is just terrible for them, you know? So so I'm not going to say like Covid doesn't exist because that just that you know, that mean that's just not true.

It does exist for some people is deadly. But, you know, for most of the people it's okay. So, you know, what I tell people is I don't know about the vaccine because it's brand new to, but there is a new research that just came out by doctor, crazy and, and Doctor Vostochny, that study cross reaction read that study.

Yeah. Of the antibody. The covet SARS-CoV-2 antibody can potentially cross react to, you know, human tissues and about half of the out of the 50 antibody they tested, about half of them.

This shows significant, enough response to show that the SARS-CoV-2 virus can cross react. And some of these vaccines are based on these, you know, antibody.

So could have potentially caused cross reaction and cause autoimmunity. We don't know that. It's just, you know, something brand new that they're putting forth.

So I think a lot more has to be studied. And I leave that decision to individual, you know, if people feel like they they get protection from the vaccine, then they should be able to go get it.

If they're concerned about a vaccine, they don't want to get it. They should have the right to decline it. I don't think, you should make it mandatory for everyone because some people, they just react to every single vaccine they ever gotten.

Why should those people be forced to get something if they know that they really had two vaccines previously? You know? So, I think it's an individual choice and simply there's just not enough data if you, you know, and I hope there's more light that can be shared by people who know a lot more than I do.

Well, and I agree. And I say the exact same thing that you just said. And it has to be very individual. And we are embroiled right now in the biggest science fair experiment ever in the history of this planet.

You know, like we're gathering data as we're doing this, you know, and so we don't have any longitudinal outcome studies on these vaccines because we haven't had longitudinal time.

So we we just don't have data. So it's, it's definitely, an interesting time to be alive, you know, and to, to wonder about these things. And so that's exactly there's no data.

There's no we don't have longitudinal stuff on it. So, you have to go with your gut. And that's basically all we have for you right now. You know, maybe literally going with the gut, like, heal the guy, you know, which circles back to this, you know, so in the absence of.

Yeah, you know, I don't tell people what to do with the vaccine. You know, I have my personal opinion on what I do for my family, but I don't tell other people what to do for their family.

But, you know, at the end of the day, as Fauci said, 80% of people are pretty mild, 20% of the people are still terribly. And those are 20% of people usually have underlying conditions.

So get yourself up on that right side and get yourself to the side of 80%, and that's something you can do, right? You can reduce risk factor, you can detox, you can improve your immune tolerance so that, you know, even if you choose to have it, your adrenals healthy.

Yeah. Balance your hormones keeping your vitamin D level between 75 and 90. Like all these things. Yeah. Sleep that you either choose to get the vaccine then you may have less reaction.

Right. So if you're the person that's like, you know, I really want the vaccine, great. Why don't you do all the stuff that we're talking about a doctor is recommending so that you get yourself healthy and get into that camp where you're going to have less underlying risk factors.

So then when you do get the vaccine, you'll have less reaction or even better. Yeah, maybe you just become that group where it's mild and you don't even worry about it.

Like for myself, I personally, even if the vaccine is completely safe, I have we have data. I'm not getting the vaccine because I'm not I believe I'm an 80% where I don't have underlying risk factor.

You know, I don't I'm not like 100 years old. I don't have diabetes. So I'm not worried about it. I mean, I don't want to get Covid, neither do I want to get the flu or toenail fungus.

I don't want to get anything, but it doesn't mean I'm afraid of it. Right. So I just do my best to improve my risk factor so I don't get there. So there's two ways to look at it.

But either way, I don't think that, you know, exam people from doing what they need to do to, to be healthy, which is, again, as you talk about the four pillars that you describe the gut, the immune system, the detox.

And then, you know, look at the genetics. Yeah. I, I appreciate you answering that question because it's, it's the most frequently asked question I get.

I'm sure it's right up there for you too. And so I like to be able to have us have open conversations about this. You know I did a webinar about ivermectin as an alternative.

You know, it's like, well, look, this has very low side effect profile if you, you know, so it's like there's an eye mask protocol that's already been studied by physicians that are in critical care who have been really looking at this.

And so I think sometimes it's made into a black and white situation, and there's just never anything that's that simple. There's a lot of gray. So absolutely.

And I also, All right, I can add to that one more. One last thing is that, you know, if people choose to get the vaccine, or choose not to eat away, like, I have no judgment for people who want it, I don't I think that's the most important thing.

Like people need to make their own, be allowed to make their own decision and not be looked at like with a side eye, like you're not getting the vaccine or you are getting the vaccine, like, right?

Or B, you know, let them choose what they want to do that's best for them. I drove my mom to the clinic so she could go get it because that's what she wanted to do, you know?

And I said, alrighty then, let's go do it. You know? And so it's it is really important that we're all allowed to go with

our own individual intuition and instinct for ourselves.

Closing Advice and Smoothie Recipe Gift

So I appreciate you bringing that up to, well, Doctor Khan, when we talk about going through the rabbit hole of intolerance, is there anything that we didn't talk about that you wish we could and that you want to end with?

Well, what I would end with this is with this, and perhaps just one last concept is that, you know, the more toxicity you have, the more likely you are to develop autoimmunity because you're basically ever ramping up your immune system response to something that's foreign in your body.

And so and when you develop autoimmunity due to this, you know, toxicity build up, you get this loss of, you know, toxic and loss of tolerance, toxicant induced loss of tolerance.

And then you also start develop these, you know, increasing sensitivity, which further exacerbates autoimmune. And then again, with when one barriers compromise, the other barrier becomes compromised.

So you start developing gut issues, brain issues. You started developing these chemical sensitivity which all drives up the inflammation response. So then now you have like 20 problems and you're trying to fix 20 problem with 20 supplements or whatnot, when in fact you know, what we need to do is focus on that.

The main thing, right. That the 20% is causing 80% fruit of the tree, you can call it the root cause or the 8020 rule, but the idea is similar is that we want to, you know, put all of our efforts in the thing that's going to give us the most impact.

And then once you mop up that, you know, 80%, then you can go after the 20%. That's perhaps lower impact. If I can just leave that with people and help people to make better choices for themselves.

And I think, my job has done beautiful. Thank you. And I know you have a free gift for our viewers. Smoothie recipes. Yeah, yeah, it's called and I call it I give it a fancy name.

It's called Neuro Metabolic Smoothie Recipes. And the reason I call it neuro metabolic, because, these smoothies are designed to help stabilize blood sugar.

And remember, that's one of the foundation things that I talked about the need to stabilize blood sugar. So when you say, you know, there are no no neuro metabolic because it impacts brain function and impact metabolism.

So these smoothie recipes helps you to, you know, improve your metabolism, stabilize your blood sugar, reducing inflammation and reducing food sensitivity.

All right. Beautiful. Thank you so much for taking the time to share even a fraction of your wisdom today. Really appreciate the work you do. I really appreciate the opportunity to do so.

So until next time, be well.