The Role Of Tick-Borne Diseases In Cognitive Decline? Transcript

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Introduction and guest background

Welcome to the reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so delighted to have my friend and colleague, Doctor Nafisa Papaya here today.

She has spent the last decade treating patients with complex chronic illnesses from all over the US, and really all over the world. She specializes this and tick borne illness, environmentally acquired illness, mold, mycotoxins, illness, autoimmunity, fibromyalgia, and chronic fatigue syndrome.

She uses cutting edge lab tests and deep intuition applied to the full range of scientific data to create comprehensive treatment plans that are highly personalized.

You can see why I've invited her here today. She is also reversing irreversible diseases and has a clear understanding of how toxins and other complex issues affect the brain.

Welcome. Thank you. Heather. It's so nice to be here. So let's dive right in. What kind of background or history or symptoms might make you suspect? Like a tick borne disease or mycotoxins or any of these things that you really delve into.

What makes you think that that might be part of what a patient is suffering with? That's a great question. So a lot of my patients are going to have issues with autonomic dysregulation.

So, they have inflammatory chemicals that are affecting the vagus nerve. And we see that frequently in Lyme. So they'll have problems also with I'll go straight to the cognitive problems.

Actually they'll have problems with memory, reading comprehension controlling their moods or a lot of mood swings, sleep problems, hormonal issues, and then the autonomic dysregulation.

Recognizing tick-borne illness and toxin symptoms

And that lets us know that there's definitely a correlation here. With some infection typically it is a tick borne disease. And so then with the anomic dysregulation we have these inflammatory chemicals that affect the vagus nerve.

And so we're talking about diseases that have neurotoxins like Lyme or mold. And so we see this frequently with Lyme. So not only do they have brain fog and cognitive decline, but they have a host of other autonomic dysregulation symptoms also things like really fast heart rate or feeling dizzy or also even it affects the GI tract.

I think that this is one of the reasons why these these diseases are so complicated, right, is they affect every system in the body. And then it's hard to figure out where it's coming from.

Right. So a lot of them will have issues with the heart, just like you said. They'll have a rapid heart rate or they'll have pots or their heart beats really, really fast.

And they're just. And of course, I send them to. Excuse me. Of course I send them to a cardiologist for a workup. And then typically the cardiologist says there's nothing wrong.

But this is not about your heart. So usually it has to do with inflammation. It it's about neurological effects and inflammation affecting the nervous system.

So, these patients also have shortness of breath. They have anxiety. Poor stomach emptying like you said. Chronic

constipation. So all of this can be autonomic nervous system.

And so then what I'm seeing is that these patients who have all of these symptoms, plus they have cognitive decline, then that's what I'm thinking. Chances are there's a tick borne disease underneath this.

But now it's never just Lyme. It's usually co-infections. And it's never just Lyme and co-infections. It's usually other bugs, meaning viruses, parasites, bacteria.

It's usually a host of environmental toxins. So it's this this soup of things that are causing neuroinflammation. So where do you even start? I know that so many patients that present this way feel overwhelmed and they don't feel good at all.

Right. And so getting started can often be one of the biggest hurdles. What do you advise patients to do. Yeah. So so first I start with modulating their immune system.

And it was difficult to do that before the advent of peptides. But now I use a lot of peptide therapies to begin to modulate their immune system. So these patients are already inflamed.

They've got the neuro inflammation like we talked about. We see that on labs. I see that on the Cunningham panel or the Nautilus. And we're plus panel.

And they have a high environmental toxin load. And so I want to start by modeling the immune system, because I know that if I start to kill infections first, which is very often where the patient wants to go first, or I start to detox first, then I'm creating more inflammation in the body.

It's just that's just a byproduct of detox or killing infections. So I want to, modulate the immune system. First of the patient is able to handle the the upcoming kill of infections and detoxification.

So modulate the immune system first with peptides. And then I will treat nasal activation syndrome because usually my patients do have that. And so the muscle activation syndrome is secondary to the drivers which is the infections and the toxins.

That makes a ton of sense just putting people up for success. So creating those foundations so that they can get the most out of whatever interventions like the bug killing or the detox that comes next, but and also be able to just get through that with a little bit smoother process.

Immune modulation and peptide-based treatment

We both have heard for years the stories of people just going through feeling terrible to start and then going through hell as they try to treat these complex diseases, and that if we can set them up for success, they are so much more likely to cross that finish line, really feel better, and also even feel better along the way.

Exactly. So a lot of patients think that they should feel bad when they're killing an infection. They say, oh, I'm just hurting. Doesn't that mean that we're killing the infection?

And I say, yeah, it doesn't mean we're killing the infection, but I don't want that effect. There's often damage happening to the mitochondria. You know, it's not just, a hurricane or what we thought of as a hurricane in past years, realizing that's actually cell activation syndrome.

So we can get people in a mess. So flare that doesn't stop if we keep pushing them. And they think, oh, it's just a kiln. But that's not the case. We need to dial it back down and really work on the foundation again.

So again, it's immune modulation, massage activation, treatment. I'm also working a lot on their hormones. It could be their sex hormones. It could be, their thyroid.

A lot of times they have GI and malabsorption issues. Constipation, Sibo. These patients don't do well on detox or killing infections. So we have to set the stage, like you said, to get them ready for for the big guns in treatment.

So this can take a long time. But with peptides, actually these treatments have become way faster. It's so exciting. So what are your go to peptides. This is like five.

It's an alpha one BPC what else do you use and how do you use them. How do you decide which ones are best for which people. Yeah. So I start with, usually I start with a trio BPC 157 TB for frag and kp v, so BPC 157 to for cellular repair to bring down inflammation in the gut and also throughout the whole system TB for frag to modulate the immune response and kp v to help with mast cells.

Also if they have massive issues I'm adding in. Lexa knocks to begin with also. And then then I might add in to one that we don't have to one available anymore.

But when I did, you know, I would I would add it in later. What I found out is that when people a lot of people would have come in to me, maybe already onto one, and it backfired.

And that's because it's already kicking up an immune storm. It's starting to to help the patient kill an infection. But we don't want to start that kill first, and especially if somebody already has autoimmune diseases, you bring in something 1 to 1.

It's going to kick that up. So timing is so important. So I start with the trio usually TB for frag KP and BP I'm 57. And then I'm going to give MSL support with with IRBs or H1 or H2 blockers or mast cell stabilizers could be drugs, could be IRBs and then it could be a peptide KP, VR or Alexa NOx.

And then and then there's other peptides I use to kill little 37 to one if, if I can get it again. Yeah. Well that's such a crucial I think point is just this order of operations.

What do you do first? What do you do next? And a lot of that is very individualized. I'd imagine so with each patient, as you go through this process, I'm sure you're reevaluating what they need next.

So there's kind of a formula, but we tweak it and that individual comes through the process. Right. And one thing I didn't talk about is how we evaluate speaking of order of operations.

That's the first thing I do. So I'm going to take a very clear history. And then I'm going to do a bunch of laboratory work based on what I hear. So our clinic is involved with the work of Doctor Bruce Patterson for long Covid.

And so he's developed a panel for I'm involved in inflammatory cytokines. Now, whether someone has long Covid or whether they have, post-treatment Lyme disease or any other, complex chronic issue, they're still going to have high inflammatory cytokines.

So this panel is appropriate for anybody who walks through our doors. So I'm testing the inflammatory cytokines and I'm testing, infections. So now we can tell if somebody has a current tick borne infection or not.

We're in the past. We just have to use antibody tests. We should tell us about the past. But now I know about right now using the T-cell tests. Look at interferon gamma and interleukin two.

And and then also looking for the environmental toxins glyphosate, heavy metals, other toxins, testing their gut. If their gut is an issue, usually it is of course, their hormones.

Testing inflammation, infections, toxins, and genes

So really it's doing it's like when people go, and get an MRI, we're scanning for their whole body instead of an MRI. And I know you do this too. We're looking at the biochem history of the whole body.

Yeah. You get a complete scan of what are the things that we know impact cellular function. How can we systematically go through it and say, okay, yep, that one's hurting you? Yep.

That one's helping you. You have enough or you don't have enough or and and then we can we can be very specific. And I appreciate this about what you're describing. Right.

When we know that Randy's is elevated versus alt ten or IL six, we can make different decisions about treatment interventions and get more space. And then we can expect better outcomes.

Yes, exactly. And I love to look at, at their genes. There's certain genetic tests I like. It's called intelex DNA. And so we use that one to yes yes yes yes Sharon has been co and developed and she's also featured on the summit.

And yes can give us that precision medicine not view of what's going on for that individual. Yes because it's looking I love that test because it's looking at combinations of genes instead of just one snip.

But what genes are combining and what effect could they have on possible illnesses. And then when you marry that information with with what's showing up on their biochemistry, there's a little bit more of a predictive factor, you know, never to use genes to diagnose anything.

But but to confirm what we know or to confirm what we, a confirmation that we're, that we're looking for, but we're not quite clear on. So, yeah, it definitely helps, I think probability and risk and I think it also helps people feel like the story is clear.

Like you're saying confirmation that like, all right, it's all adding up. The data over here matches the data over here which matches my symptoms. And my exactly.

And then it feels really good to start a plan, right. When so many people unfortunately, you know, the people that we tend to see are complex chronic illness patients.

And even in my case, dementia patients, they show up to a conventional doctor and they're told there's not really much we can do. Your labs look great.

We could do this. You know, looking at the basic labs which which will tell us if a patient is maybe dying or not. But our patients are not are not in that category.

They're just really, really suffering. And that's not going to show up on the standard basic labs. So let's look for the imbalances and then fine tune and optimize because our patients show up wanting to be healthy. Yes.

And then they're so happy when they finally have a diagnosis. Right. Like when you diagnose me with that. They've been to five doctors at least some sometimes 20, sometimes 50 before they come to either of us.

And no diagnosis or misdiagnosis or you're just aging. It's just genes, right? Right. You just have to kind of suck it up and get through it. It's so sad.

And I know you and I are both very dedicated to reducing the suffering. That's the suffering that doesn't have to happen. Right? But there are solutions.

In fact, sometimes it gets almost overwhelming, with how many solutions there are. So you kind of spelled out the beginning. Take us through an entire treatment protocol.

So you definitely want to start with reducing inflammation, modulating the immune system. And then we kind of as you get those under control we're going towards detoxification and treating bugs.

What happens after that. Are we cured. Well some people are some people I don't even have to kill their bugs. If I modulate their immune system, like detoxify them.

They're killing their bugs, their immune system is set up to kill the bugs on their own. Some people, that's not the case. And and so now, every time I'm killing an infection, I'm always detoxifying.

Because when we kill infections, there's byproducts of dying cells, dying bugs and parasites and moles. They sequester metals. So when we kill those, there's going to be higher metals in the system.

So we're always keeping this balance. It's very much a dance with each patient. Now that really good question you ask after that. Are we done. Well very often these infections and these toxins, they set up a pattern of of immune dysregulation or neuroinflammation so we can remove the inciting event.

But the patient still has a pattern of of an inflammatory response or a neurological response.

Why symptoms persist after treatment

And and like I alluded to maybe ten minutes ago, maybe in the past, I would have said, all right, let's run an antibody test or a PCR PCR test even. And let's see if you have tick borne disease.

Now I can say let's run the T-cell test. Do you actually have a tick borne disease? It turns out often that even after an infection is killed. And we can confirm that finally, with this T-cell test, it's by in fact, a lab.

They're not done because they still have some symptoms. And that's that's when the patient is stuck in the loop of neuroinflammation or immune dysregulation.

Usually those go hand in that. And so now we have to figure out where are we going to break that loop. How are we going to do that. That's when I start to use regenerative medicine.

So more peptides maybe exosomes mean yeah, there's a lot of a lot of amazing things that are available right up to rebels because that damage has been done by those infections and those toxins.

And so just getting rid of them isn't always enough. Right? Right. The mitochondria can be stuck in the loop, of of inflammation. So, so dangerous. That's a whole nother topic we can talk about another day.

But but you know, there's so many areas where the body gets stuck even after we remove the insults and we have to remove those insults. But do you remember at school they always taught us remove the trigger and the patient's going to get better.

But when I know you and I have both learned, is it's not always the case, we do have to remove the triggers. There's a lot more else that we need to do.

Structural integrity is a big issue as well, so sometimes we have to do it. What was that? How does structural integrity show up in your in your model.

Yeah. So. I want to bring it back to cognitive decline. So a lot of my patients will have structural integrity issues in the neck. Maybe they have cranial cervical instability or or their neck is just really, out of alignment.

It's very often that, that there's something wrong with their teeth in the, in their jaw, in the sinuses as well. So then they have no inflammation, no inflammatory cytokines.

They, they get they end up getting stuck. They end up accumulating in these areas because they're swelling now that decreases the blood flow decreases the lymphatic the lymphatic flow.

And that's irritating the nerves. So not only that, but there's inflammatory cytokines which can cross the blood brain barrier via the olfactory nerve, or just even through the crimper from plate in the brain that connects to the sinuses.

And so now, structural integrity issues with somebody who has inflammation, the tick borne disease or which is

what we're talking about today. But other infections as well can cause further issues in cognitive decline, but which is actually quite reversible.

So we have to, you know, clean up the job, work on the sinuses, work on the neck. And and it's going to help a lot with the cognitive decline. And which is really downstream downstream from that is the is the inflammation.

It's this is real structural degradation. Yeah. Such a hopeful message right. Is that there's something that we can do about it. And there's certainly if somebody is suffering with cognitive decline and they're fearful of developing dementia, that there is a way that we can systematically approach this and look for the things that might be causing that inflammation, and the inflammation might be what's causing the cognitive decline.

So take us through maybe a couple of cases that you've seen in your clinic where where you've seen this sort of happen. Are you talking about the cognitive decline piece.

Yeah. Or any any cases where you've seen something where people weren't getting better and all of a sudden, you know, or maybe through your process, right.

Somebody was transformed. Yeah. So, I'm going to talk about somebody who came to our clinic, from another country with ALS. So he first and and along with the ALS came a lot of brain fog.

And what he thought was cognitive decline.

Structural issues and cognitive decline

He was a man in the 60s, and he came, and he had Lyme disease. No, his Lyme was treated in, in, in by Linder, a doctor in his country. And then he came to us thinking he still has Lyme and wanting treatment for ALS.

Of course, now, I did the T-cell test to see if he does indeed have Lyme. And boy was he. It was his body acting like he had Lyme right? He had all the telltale signs the brain fog, the neurological issues, the mean and the whole thing that the pain.

So we thought, well, maybe the maybe the Lyme and the other tick borne diseases have not been treated yet. Well, let's test that. Oh my goodness, they have been treated.

There is no Lyme active here in this man okay. So what else. What else is going on that's causing inflammation. So this was prior to the availability of the cytokine panel that I left that doctor Bruce Patterson developed.

So we didn't test inflammatory cytokines yet. But I did test toxins. Mercury was through the roof. So he had mercury. That was high, unprovoked as well as a high body burden, which I saw that was provoked.

And not only that, but he he worked and he lived in an area where there was a lot of environmental toxins and right near a golf course, glyphosate was higher than I've ever seen in anybody, hands down.

So the good thing is we didn't kill infections because we didn't need to kill those infections. And so I did a lot of a lot of detoxification for him. So, heavy metal collection.

As I colored of him, I saw that the circulations in his body started to decrease. By the way, he came to us in a wheelchair. Okay. We gave him a lot of fast footed colon IVs to help with, with, with the nerves and to help with detoxification and and so he was doing these IV treatments two times a day, four days a week for I can't remember it was 2 or 3 months, but 2 or 3 months, I think it was three months, actually.

And and then we gave him exosomes. By the end of it, he was able to get up out of a chair on his own. Wow. He was able to walk down the hall and through the parking lot, where before he couldn't take a step on his own at all.

Wheelchair bound, his arms were locked in like this. He was so suddenly gesticulating. He used to talk really, really

slow. He couldn't swallow liquids. Well, that was gone.

And then his his his mental functioning was starting to come back. Now there's there's a piece that's not treated. And by the way, he's not he's not better.

Case study: reversing severe neurologic illness

He needs he needs more treatment. And he still has to be in a wheelchair a lot. But he's so much better in just three months of treatment. I mean, so much better.

And so he, he has a bunch of of cavitation, and so he needs he needs dental work, which he's going to be getting soon. And, and I have a feeling that's going to even that's going to lift, the, the cognitive stuff even more than, than the other therapies already did.

So, you know, here's somebody who, who just with three months of treatment, significant changes and still has a ways to go. But it was it was just so rewarding to me.

That's incredible and so inspiring to all of us to hear these miracle stories. Right. It's like we know that this is possible and I hope it inspires people to do even more of and, you know, getting help.

It's getting help early, right? We go in with doctors who think through these concepts and who can put the the treatment plan in the right order and, and appreciate the complexity of the disease process and all of the different things that are going on, the cytokines and the toxins and the tick.

More diseases and, and all of these pieces and the, you know, the importance of sleep and dental work and all of these components that we really have to hold.

It's a lot it's not as simple as just writing a prescription for one pill. It really is about about this harmony between all of the systems and hearing that, you know, that, that ALS has been reversed, essentially.

And, and, you know, of course, he's not 100% better after three months, which would be amazing too. We all want that, right? That that he can recover as much function as he did.

Imagine if he'd seen you 2 or 3 years ago at the. Symptoms. Those people can be turned around like that and nobody can believe it, but they can be the people who come at the beginning.

We can we can turn that. There's so much in. There's so much simpler, so much less expensive. And so I want to encourage everyone to get help early things like dementia and Alzheimer's and Parkinson's and all miss all these neurodegenerative diseases.

The sooner we can figure out what those triggers are and get rid of them, the faster you get better. And so imploring people like, don't make us your last stop.

Exactly. You know, we don't need to be the 20th doctor. Come now, because we can shift this. Yeah. Oh, exciting. So I want our, participants here to understand how to find out more about you and where where they can go.

Are you seeing patients? What's going on at your clinic? And we're. Yeah. So, we're in the San Francisco Bay area. We're in Marin County, in San Rafael, but people come from all over the country, even other parts of the world, to our clinic.

Clinic information and closing remarks

They come in, they stay at, at a local Airbnb or at a local hotel, or they do, a long term, a short term rental. Sorry. Nearby. And they come and they get a lot of intensive treatments at our clinic.

And so the website is W dot Gordon medical.com. And so I am seeing you patients and we have of course doctor Eric Gordon. It's his clinic. He's also seeing patients.

And doctor Jamie Kunkel is also on board with us. I think you know Jamie, he went to school with us. Yeah. Of course. Yeah. And he's a very line literate doctor.

Very, very well informed, super smart guy. Yeah. That's great. I mean, you guys make an incredible team. All three of you. I know and love and appreciate.

And then you are also the host of the Mega Toxin and Chronic Illness Summit. And so people that can also head over to that summit and, and although it's not available for free right now that is available to purchase and recording.

So if you have additional questions about this or you have additional interest, and you think that this might be part of what is contributing to your cognitive decline, I highly recommend that you check out Nafisa and Eric's, summit as well.

Thank you. Heather. Of course, of course. It's been such a pleasure. It's always a pleasure connecting with you. It's always, always so much fun. Now, I'll be looking forward to the next time.

Thank you for sharing your time and expertise. Thank you so much for what you're doing, Heather. So excited for.