Solving Chronic Illness & Mast Cell Activation Mystery Transcript

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Introduction and Guest Background

Welcome back to our Reversing Mast Cell Activation Syndrome and Histamine Intolerance Summit. I'm your host, Dr. Meg Mill. And today I'm joined by my esteemed colleague, Dr. Nafysa Parpia.

She is a Naturopathic physician and has spent her career helping people around the world with complex, chronic illnesses. Hi Nafysa, thank you so much for being here.

Thank you so much for having me. Well, I. Am excited to talk about all of the great things we're going to dive into today. But before we get started, could you just give us a little bit of your background so everyone can get to know you and how you got to this space of chronic illness?

Sure. So I've been working with patients who have complex chronic illness for the past 12 years. When I graduated from naturopathic medical school, I worked for a year in Dr. Dietrich Klinghardt's office, and I was actually shadowing him and I was shadowing his top doctors, really learning from them about patients who have complex chronic illness.

And it was at that time I just knew one day I was just sitting there with one of his doctors, and I was covered in goosebumps, and I just knew, this is the patient population I'll be working with.

And ever since then it has been the case. So now I'm at Gordon Medical in the San Francisco Bay area, where people come to us from all over the country, all over the world, actually to work with complex chronic illness like the ones that are going to be describing today and how they connect with Mas Cell Activation Syndrome.

Well that's great. Yes, it's so meaningful. And so let's just start by talking about what really makes someone susceptible to a complex chronic illness.

And we're thinking about things like chronic Lyme mold related illness, long haul Covid, fibromyalgia, chronic fatigue syndrome, and things like that.

Yeah. These are these are very poorly understood illnesses. Now in medicine, it's like to look at these conditions as though they're acute conditions.

All of medicine really is based on the acute care model where there's one diagnosis, one system affected, one treatment, and it's the same for each person.

Now, for these complex chronic illnesses, it's not like that at all. Not at all. The secret with these is that there are multiple root causes, multiple root causes causing multiple systems ah sorry, multiple symptoms in different systems of the body.

Why Complex Chronic Illness Is Multifactorial

There are multiple diagnostics, multiple different treatments, and it's different for each person. So medicine likes to call these complex chronic illnesses by one name right?

Like say long Covid or Lyme disease, when in fact I would say there are multiple disease processes going on, but then bring us to to this final and diagnosis really.

And it's such a great point because I think that that's really just nailing it. And because not everyone's the same. And when we're bucketed to the diagnosis, then we're looking at it from a single lens rather than all of the lenses that are contributing to that unique person.

Right. Exactly that. And so I tell my patients, there are five reasons people get sick infections, toxins, structure, integrity issues, diet and lifestyle.

So now when it comes to infections, these patients have multiple different infections in multiple sites of their body. For example they can have viruses, bacteria, parasites, funguses and in different areas of course the gut microbiome, the sinuses, the mouth.

And then if we're talking about tick borne diseases like Lyme or Bartonella, for example, these bugs like the connective tissue and the nerves. So we're now we're looking at multiple chronic infections in different systems of the body.

They have a high load of environmental toxins, heavy metals for example mercury lead arsenic, aluminum, cadmium. These are the top metals present in my patients bodies and in the environment.

Glyphosate. pesticides. Now for structure integrity issues, a lot of my patients have either tight tissues or their tissues are too lax. Now, when the tissues are too tight, we're not getting adequate blood flow to the area, not getting adequate lymphatic flow so inflammatory cytokines can land and stay in those areas.

In fact, if we're talking about tick borne illness, they stay in those connective tissues where there's not enough flow. Now, some of these patients, on the other hand, they have lax ligaments.

And this is where mast cells really play a role. When patients have lax ligaments, they just they're born that way. The chemicals from the mast cells can tenderize those ligaments.

So imagine a patient has lax aleks ligament, the left ligament here that holds the brain stem up. And we've got mast cells flaring or mast cell chemicals flaring in that area.

It's going to tenderize that ligament. Put pressure on the brain stem that we have a whole host of other symptoms going on diet. So of course I'm thinking about the standard American diet diet with pesticides or foods wrapped in plastics.

not whole living foods. And then I'm talking about lifestyle that includes sleep. But I'm also going to put trauma into this section. The trauma of being ill a lot of my patients have trauma because they haven't been acknowledged by the medical system or, their family or their friends might not believe them that they're this ill.

Okay. They might have a lot of adverse childhood events or other traumas they're going through right now. So each one of these issues on their own, when chronic, it's going to cause immune dysregulation and makes them susceptible to illness.

But these patients have all of these things going on at the same time. All of this contributing to, an inflammation, including Mast Cell Activation Syndrome.

And that inflammation then causes genes to express. And then we get that end illness. And that's what the susceptibility is about in these illnesses. I love that you brought up trauma too.

I last week was talking with someone who was saying, well, I'm not really worried about I don't have a lot of stress in my life. I'm not worried about all these other things.

And he was he was looking outside of himself at all the other things. I said, yes, but you're so folk like his health is a constant worry and a constant source of trauma.

And because of everything that's going through and, you know, people don't realize that all the time where all the where it can come from. It's sort of like, oh, well, I don't have those things that I would count as should be considered trauma, those I haven't lived through those experiences and they're not looking at the whole picture sometimes.

Right, exactly. So sometimes I have to remind them that what about what you're experiencing right now? Is there a trauma to your sickness right now? All these thoughts you have about this and they say, yes, there is that trauma.

The other thing about trauma is a lot of these patients are highly, highly sensitive. And so what is, what might seem traumatic, or. Sorry, non-traumatic to another person.

This person might take it on as a trauma because they feel it even more. And that's that's a common as well. So it doesn't have to be a big trauma. It could have been something small that really festered in that person.

Trauma, Sensitivity, and MCAS Susceptibility

And I love that you're saying that because we think of sensitivities more towards foods and toward supplements, you know, towards reacting to things, but including that in the trauma response is that that's really a good that's a great point.

Thank you. Yes. Yeah. Well, so why are people with chronic, complex illnesses more likely to be susceptible to Mast Cell Activation Syndrome. Okay. So we've got these multiple root causes infections toxins structural integrity issues, diet lifestyle including trauma.

All of these all of these triggers creating immune dysregulation. That immune dysregulation creates inflammation that inflammation causes genes to express.

Right now I want to back up to the immune dysregulation part because this is where Mast Cell Activation Syndrome comes in. Now a lot of these patients have a, a an absolutely out of balance immune system.

That's when I mean when I say immune dysregulation. On one hand, they're they have a weakness in their immune system. They can't mount the appropriate immune response to kill off the multitude of chronic infections that they have, or their bodies are more permissive to the chronic infections that they're exposed to.

So I'm not on that. And they have a weak immune system. On the other hand, they have this hyperactivity in their immune system. They've got Mast Cell Activation Syndrome.

They've got autoimmune conditions. This is going on simultaneously. Right. That what a curious thing. how many patients are listening today. Might saying, you know what, that's me.

I have all these chronic infections or I'm the first one to catch the cold. It takes me a month to get over this. The same thing that took something else a week.

And I have Hashimoto's and I have, rheumatoid arthritis and Mat Cell Activation Syndrome, for example. Right. So these two things are going on at the same time in these illnesses, very, very common.

Now the key point here is it's inflammation that caused this to keep going on. So we want inflammation to be transient. In fact we need inflammation. We need our mast cells to be able to flare at the appropriate moment.

And we need oxidative stress at the appropriate moment. Those two things need to happen in order to contain the original insult, whether it's a toxin or an infection or multiple infections.

And we need that at that moment. But the key is the punchline is that that inflammation and that oxidative stress, that mast cell activation flare should have been transient and at some point, likely due to the multiple root causes, inflammation.

Stop being transient in these patients. Inflammation is an on going process that is that's the the key point. Now I'm talking about the cell danger response here actually.

So this is this is cedar one where inflammation that's supposed to be transient just isn't any more. And that's where

muscle activation syndrome fits in.

And I'm speaking of the cell danger response I want to bring up Doctor Navajo. Here he is. he's a dear friend of Doctor Gordon in mind. And he used our patients in 2016 for some research on the cell danger response, chronic fatigue syndrome, and metabolomics.

And Doctor Gordon, I met with him recently and he he shared some information with us, which I'd love to share with our audience today. And it relates to mass cell activation syndrome and susceptibility, actually.

So what Doctor Neville was saying is that we can have many different genes at play in different individuals that then caused the same diagnosis. So he's saying that no one gene is responsible for the same diagnosis in different people.

In almost all of these acquired, complex chronic illnesses, including Marcel activation syndrome, including chronic Lyme and fatigue syndrome, for example.

So he then talked about the exposures the multitude of exposures. He says he talked about the, the the the toxins. He talked about Agent Orange and metals life estate.

pesticides. He talked about these causes when he talked about the causes of the the bugs brought up Epstein-Barr virus, cytomegalovirus, mycoplasma molds, tick borne illnesses.

And he was saying these are the myriads of causes that then cause and ultimately cause of illness. The ultimate cause of illness is the patient being stuck in different stages of inflammation in various tissues.

Hence the ultimate diagnosis.

Why Symptoms Persist After Trigger Removal

And then he goes on to say that these are hundreds of biochemical, and hundreds of biochemical and genetic variables that are different in each person.

So basically what he's saying is that the the inflammatory methods by which we got to an illness like muscle activation syndrome is different for each person, different genetic variables, different biochemical variables.

But arriving at the same diagnosis. And I asked him, so, what how does someone arrive at the same diagnosis when it's different chemicals, different genes?

And he said that's about the vulnerability of the end organ, the end tissues. That's that's the genetic the genetics playing out now. The way it's the way you're responding is the the way the genetics are playing out, but not how you.

Treat it. Right, right. So I just want to thank Doctor Robert Navarro for this, because, you know, when he told me this, it sent chills down my entire body.

I've got goosebumps now talking about it because it's what we see in our patients every single day. Right. They have these diagnoses mast cell activation syndrome, for example, or Covid long haul who who with Covid long haul doesn't have casts?

I'd say almost all of them do. Right. But we have these different diagnoses. I'm gonna say. So someone will have the same sense, somebody will have em cast, but it's their own stick at this point.

The way they respond is going to be different than the person next to them with the same diagnosis. They're given that same label, but the way they got there is different.

The way they're responding is different. And so that's that's really key in understanding these illnesses. And then how to treat them has to be individualized as well. Yes.

That is that's really important. And really you know, it's profound. And what we've been like you're saying what you've been doing, what we've been doing the whole time is and and I think that's where the, the disconnect sometimes when you're just getting that lab, we're talking going back to that diagnosis label of that label, when it's unique to every person, and every person is going to have a different combination even of what they have, what they're experiencing.

The toxin load, the heavy metal with the infections. All of that varies individually. So you have to make sure that you're working with someone who really is going to pay attention to you.

And that is, you know, when people are coming all over the world. I've had people say to me, you're the first person that really saw me and really looked at my individuality in this and that's, you know, keep searching until you I mean, just sending that message out there till you find someone that is going to do that because it is it's so individual.

Right. And it's so important you're so well aware of this. Two Meg. Right. Like we we look at the patient for who they are. Right. Not only their biochemistry and their genes and their susceptibility, how they're responding to their environment, to the stresses around them, to what we find on the labs, the biochemical expression of that, but also the humanity of the person really respecting the individual in front of us.

How they respond to treatment is absolutely different to some people. You have to give them light, light doses. Some people you have to give them Herculean doses to make anything move.

And it's really getting to know the person, their responses and also, like I say, their humanity, because that's a huge part of the healing, really having respect for the patient, coming to them with love, coming to them with compassion and an open heart to really, really look at them and and accept everything that they're they're saying.

I agree with you 100%. Absolutely. Yes. And so another thing that your that you have said is that sometimes you see that remove. So we're talking about having the load of all of these things that are on them.

And sometimes removing that trigger initially doesn't always resolve the illness. So can we talk a little bit about that? Right. So taking it back to this inflammatory process that was supposed to be transient but is now stuck in a loop right now, I tell my patients that I'm going to back up a little bit.

So I have someone come in to me. They have Lyme, mold and metals. And then I treat these three things. Usually it's much more than Lyme mold, metals. It's there's many more root causes.

But to make it simple I'm just going to talk about three right now. So I treat those things okay. And on the labs I can see there's no the Lyme is an active.

The metals have gone up. We've treated the mold and the mycotoxins. We treat the allergies. It's all it's all you know, it's all clear. But the patient still has symptoms.

They have, issues with cognition. They have neuro immunological issues. They have pain in their joints, pain in their muscles, GI issues still. So how can it be that we remove the triggers but the patient is still symptomatic, right.

So it can very well be that we've removed the triggers.

Treatment Order: Calm the Immune System First

But these that the Lyme mold and the metals, for example, I tell the patients, look those, those three things have lit up neuro immunological pathways, your neuro and logical pathways with your particular genes, your particular biochemical expression of that, those pathways have been lit up and that then causes you your symptoms.

We remove the triggers, but those pathways are still lit up. Now that's because they never learn how to calm down. So sometimes we have to work on reeducating the immune system or the nervous system.

Other times we remove them. Most of the time it's this way we remove the triggers and those symptoms start to that start to die down. They quietened down and then they resolve, okay.

But I tell my patients it's like those triggers put they lit Christmas lights along the pathway of your neuro Emmy. Logical, of your neuro and logical state.

So then we, we remove the triggers, the Christmas lights, those lights go down. But then there's another trigger. In comes another trigger. The conflict that switch on and turn that same pathway on.

So now it's not about the original trigger anymore, but it's about what those triggers set up in your system. So I tell my patients it's like this. So you get you eat some bad food and someone else that you're with eats the bad food as well.

And it's just a simple food poisoning. The person you were with just gets diarrhea, you get diarrhea, and all of a sudden you're in. You've got your neurological pain again, you've got your muscle pain again, you've got your joint pain again.

It's the same bug that's affecting you and the other person. But those pathways have already been lit up. Once the body learns a certain set of symptoms, it's easy to go back there again.

It's like blowing up a balloon, right? The first time you blow up a balloon can be hard on your cheeks. You're using those cheek muscles a lot, right?

But by the fourth or fifth time you blunt the balloon, it just opens like that. So it's the same way with complex chronic illness. The original triggers could have come and gone, but those pathways, there's still a familiarity in the body.

And it's then that. But we have to work on. Yeah, that's those are great points. And I want to get into that kind of the way you order your treatment.

Could you discuss a little bit with us of the order of treatment and where Marcus comes in for these complex chronic illness? Treat. Absolutely. So the first thing I want to do is help our patients put their defenses down.

Right. These are these patients have the hyperactive immune system and the weak immune system at the same time. The first thing I'm addressing is what is hyperactive.

These patients are highly defended in their immune system and also in their nervous system. We were talking about trauma earlier, right? They're in in sympathetic overdrive.

They're easily startled, easily afraid. They're sensitive to light, sensitive to sound, sensitive to foods, sensitive to smells, sensitive to emotions, overly sensitive.

They'll say that themselves. That they're just I'm just too sensitive. Right. So we need to help them bring those defenses down. So treating muscle activation syndrome is one of the very first things I do.

That's how I biochemically help them put their defenses down. Now the other thing we need to do is work on nervous system regulation. I want to get them back into parasympathetic mode.

A lot of this happens even when we just I know you know this, Meg. Let me just acknowledge their trauma when we just acknowledge there the the what they're seeing is real.

When we come to them with love, their defenses start to melt. We might have been the first people, right? The first doctors who have ever really listened to them or thoroughly looked at them in and out, body, mind, spirit, the whole

thing.

So putting the defenses down. So massive activation syndrome definitely comes in early on, because I know that I also have a lot of, infections to treat.

I have a lot of detoxification that I need to do now. If I try to detox a patient while they still have a muscle activation flare that's going to flare their gas even more.

A lot of patients have a, a sensitivity to the herbs or the supplements or even the medications that we use for detoxification protocols, or if they're not sensitive to those, I might detox them and they're going to be sensitive to the entire process of detoxification because inflammation comes with detox.

It just comes with the territory. So patients with active cast that active inflammation but not going to do well with detox therapies or with treating multiple chronic infections.

Their bodies just aren't ready for that. So I'm treating Marcus first, then I'm starting their detoxification protocols. At the same time, I'm still pressing on those inflammatory pathways because like I said, when we detox, we create inflammation and and then inflammation will fairly flare the mast cells.

So pressing on the mast cells while I'm detoxing. And then I'm going to bring in infection treatment after I've started detox. And then all of these are going on at the same time.

It's a dance and it's different for each person. The the medications, the supplements. the cadence of treatment is all different for each individual. Yes, but that's a general order.

It's those are such important points. And I think always doing nervous is that nervous system work and nervous system regulation, no matter throughout the whole process.

Peptides and Safe Sourcing

That's always something that I also include because while you're doing the bio, more of the biochemical things are also doing that, getting them back into parasympathetic and doing the nervous system regulation that whole time.

And the other great thing, I think you pointed out to everyone was is where how detox doesn't come in first most of the time. And I think there's so much out there now about detox and hearing about detox.

And I need to detox, and people are much more aware that they could have heavy metals, they could have chemical sensitivities. But you have to always detox in the right place or you're going to make yourself feel worse.

Right? Right. Now. Speaking about detox, actually, you might have heard me talk about detox. So this thing I've been thinking about for a really long time, how do we support someone for detoxification therapies?

I'm not thinking about the general public. I'm thinking about these patients in particular who have complex chronic illness. Their bodies are highly inflamed, highly, highly sensitized.

What else do I do to prepare? Right. So the MCAS, the nervous system. But I'm also going system by system through their body. Right? Their, their genital urinary system.

A lot of people have a lot of women have recurrent UTIs or the men have interstitial cystitis. So I'm working on and fixing that before I even detox, because if we're detoxing and they have that going on, it's just going to inflame a system that's already inflamed.

Same with their gut. If they have constipation and we start to detox them, they're just going to recirculate those, those toxins because the toxins just aren't evacuating.

So we want to support the organs of elimination before we detox. So but got the liver, the kidney, the skin, the kidneys, the skin, make sure that all of those systems are ready for detox.

And of course, that's individual for each patient as well. So that also comes early on in treatment. And I will consider my treatment is pretax actually.

Yes. Order of operations is so important as an insurance. Yes. Individuality order of operations. There. There are all sides important parts of this. Now, one of the other things I know that you use that we've talked about are peptides.

So I'd love to just jump in a little bit to where peptides come in. And, and before we even get into that, talk a little bit about what peptides are, because I'm not sure that everybody has heard of how this fits in.

Peptides are the building blocks of amino acids, and amino acids are the building blocks of proteins. As a protein is 20 or more amino acids, a peptide is less than 20 amino acids.

So they're just the building blocks of proteins. Now they're messenger molecules. And they have many, many, many different, and they can play many different roles in the immune system, in the nervous system, in the endocrine system.

And they deliver very distinct messages to the systems of the body, in fact, much more distinct messages than other medicines, herbs or pharmaceuticals.

I've never used usually herbs. And, most pharmaceuticals are going to act in a more broad spectrum way where peptides can be highly targeted to specific tissues.

So this is the magic of the peptides. Now, since I've been using peptides a lot over the past several years, my patients trajectory has become quicker.

So somebody who maybe would take five years to treat in the past, now that's a two year process or someone who would have taken two years in the past.

That's maybe a six month or one year process. So they make they make things go much quicker. And so that's why I love them. I'm seeing huge results. With using the peptides.

One of the things that people are talking about right now is, you know, the sourcing of peptides. So I know that that's an important factor when you're deciding if you're going to undergo this type of therapy.

Right. So peptides need to have undergone a very particular process in the laboratory in order to have them potent and in actually in order for them to work.

So we know that process is going on at specific laboratories that produce them.

Where to Find Dr. Parpia

Now we can get peptides from online. There's no guarantee where those updates have been produced. And there's no guarantee what else is in them. There can be other contaminants in those peptides.

I have a doctor friend who had a patient who purchased peptides from the internet, and it turned out those peptides had mercury in them. The patient's mercury level started to really rise when he was using those peptides.

So this doctor had those peptides tested. There was mercury in them. And that was why the patient's mercury rose. So peptides could be made in a garage for all we know if if they were produced from the internet.

So those we just don't we just don't know. I'm not going to trust those. So I sourced them from from a pharmacies

that know exactly what they're doing.

So that's what's very important about sourcing. Thank you so much for being here today. You've given us such great helpful information and I so appreciate it.

Can you tell everyone where they can find you if they'd like to learn more? Yes. Thank you for having me, first of all. And, such a pleasure to be here.

And people can find me at Gordon Medical and the website is GordonMedical.com, and we're located in the San Francisco Bay area. well, thank you so much.

Thank you.