Why More Labs Isnu2019t Always Better

We need enough answers, but we don't need all the answers to get someone better. If I lab chase more, if I accumulate and hoard more labs, If i chase that perfect answer that's going to answer all my problems, then I'll get better." That's not true for a lot of people.

There is this magic lab that you need to run and it's gonna unlock all your healing potential. But I haven't really found that. I think we need it to be comprehensive, But not be excessive or feel like it is the end of the rainbow that we may or may not find.

If you're overwhelmed with chronic health symptoms and still don't have answers, you are not alone. I'm Dr. Javan and on redefining wellness with Dr Javin, we'll be exploring root causes like Lyme disease, mold and parasites, and I'll guide you with simple and practical steps towards real healing.

Welcome back to redefine wellness in a podcast. Today I am here with Will Cole, one of the first and most world renowned functional medicine doctors, which allows us to have a conversation I really excited about today, If you have mystery symptoms, what are the lives you need to know about?

to make sure that you can get the answers to solve them. So thanks for joining me today. Thanks for talking about this topic because I love talking labs.

Me too. Labs, if there's a sixth love language, it's maybe labs where you do the book. It's data. Being able to give people answers, to help them get out of these situations.

I remember when I was chronically ill, I had Lyme disease. When I went to school, had access to doctor after doctor, after So when people have access, sometimes you don't have the doctor with the knowledge to even read the labs in a way that is going to give you information.

I mean, I spent years going around. And I got told, well, this pill or that supplement or this breath work or until I finally found someone who was able to look at my information, tear it apart and give me answers to move forward.

So is it common for you to have clients coming in that honestly bring all the correct labs with them who've done amazing protocols and are still not seeing results.

Yeah. I mean, look, cause labs, we're going to get into the weeds and I want people to be empowered with labs. And so do you have it had comprehensive appropriate to your health history labs?

Then you should get them. But then we tend to over correct in our world in many different ways. It's human nature to sort of double down on something, right?

Like if, if. More is good than like 5x more even better. So Then you have these lab collectors They're like lab hoarders and it's this phenomenon our space where it say give a pile of labs and nothing to show for it and you Have a supplement graveyard, but nothing the show forward.

You're probably better off if this is you you Better off than you would be if you weren't doing those things, but you kind of lost your way. And it's just like, what even the heck is going on here?

And the lab is not lab as a pointer lab, as information labs are pieces to the puzzle. There are snapshots in time there. They should inform aspects of the protocol and certainly should be tracking improvements.

In addition to your symptoms, of course, But they aren't the solution. they're just the beginning of a solution, So I

think, I don't know if that's a good question, but more pointedly, the answer to your question.

Yes. I do see people with the labs, with well-meaning things they've tried. Um, rarely get to see someone that this is like. They, they're pretty wellness aficionado, right?

They're erudite. They are well read. they know more than most doctors do on health. So it's not a lack of intellect on their part, nor is it lack and intellect.

On their doctor's part. It's just, the looking for a fresh perspective and they are looking someone that's kind of take it to the next level. so yeah, it, um, It is not about more.

it is just what's most effective. Absolutely. I love getting into the conversation with somebody who sees I don't know, being a 20th doctor as like an everyday thing.

So this person's come in with lots of opinions, lots, of labs, Lots of protocols, years of effort. Because when we're getting into a conversation of what do labs mean, how do we interpret them?

Which one should you even run? So you can get data and have success. And for me, that's such an important piece because I see people coming in every single day and.

They bring the stuff in, they bring that data in. Sometimes I don't have to even run anything new. And they even have stuff that I didn't run, way extra, 80 documents, 200 pages of information.

We still haven't gotten to the bottom. Maybe let's look through these again. So for me, what would be for your mystery client, your complex chronic illness client?

Using Health History to Guide Testing

Your, I don't know why I'm still tired and brain fog client. Where would you even start with them when it's labs? Yeah, well, and I guess for context for people, you talked about a little bit, but like for the context, I started the first functional medicine telehealth clinic a long time, 16 years plus a year ago at this point.

I've seen just about everything as far as like what works, what doesn't work to improve the labs, improve their lives. Yeah. acts to grind or like this is the thing and this the way because there isn't just a way.

There's so much bio-individuality and nuance and context and like I want to find like the randomized control trial for that individual, right? Be their own end of one experiment because if you get and say that there's no RCTs on this or whatever, there are all opinions.

Everyone I don't know if people know this out there, but there's no lack of opinions in the health space. And you're always going to get someone else's opinion.

But like, I want to pay so much attention to that noise. I'm going with a person that's right in front of me on that telehealth consult. How do we get them better?

What moves a needle for them? So your question, sorry, what lab should we start with? Yeah. Where would you start when someone's coming in that complex?

Well, the most unsexy part of all this, but yet should we should make this sexy is, and I don't want to use the word sexy, it's really shouldn't be at all.

But the health history, health histories are so important, they're so not flashy, they're not clickbaity for social media. But full, thorough, comprehensive health history is so informative to determine what are the proverbial stones, what of the labs are most likely to have something underneath it?

And even without labs, What should the protocol look like even subdiagnostically to get that person better? So it's to me, this is the best, one of best labs is a good health It is like asking questions that have been asked before.

I remember this guy, a gentleman, he was an older guy. This is early on in my career, right? He said to me, and he's probably in his 80s, maybe he said, Are you in the KGB asking all these questions?

And I'm like, No, not in KGV. But I am in functional medicine. And we want to look at things that haven't been looked at before we wanna look These obscure questions that may seem random, like the outer third of your eyebrows thing may be a sign of thyroid problems.

It's not because I care about who's doing your eye brows or not. I want to know these clinical pearls and what's going on. And there's lots of examples like that.

Talking about poop. If I don't talk about it within five minutes of meeting somebody, I failed. And they may think, well, I'm not constipated because I have a normal formation, but it's every two to three days.

Or it is always loose or always incomplete, or they're always having these things and they are normalizing things that should not be normalized. Beyond gut health, it can go to every system of the body.

So health history is so informative because at that point, you can help them without labs. I mean, that's the big shocker is that labs are important, But you don't necessarily need all the fancy labs to get people better.

I see people get better without labs all the time, but there's a time and place for these things. So what's going to move the needle? Like my criteria, my litmus test for a lab is what is going get people answers where there isn't answers, get clarity where it's not clarity.

What's gonna determine aspects of a protocol? And then, as I said earlier, this sort of proverbial report card, like how can we track objective data standpoint, in addition to how there's a very deep frequency of the symptoms, I'm going to see what are these numbers?

What are the numbers looking like? So start with health history. It should be long and it should complex. it Should be fascinating because it's telling a story on what's going on and looking at them as a physiological and psychological side of it.

So every telehealth patient fill out an A score adverse childhood experiences, looking at things like physical abuse growing up, sexual abuse, growing they neglect, substance abuse in the home growing, your parents' relationship, how they were even be on the A-score, talking about were they born vaginally or C-section?

Were they breastfed or not? How long were the breast fed? What were their antibiotics? These questions They're not like anybody that's listening and watching this one now, at least they're are not talked about in the conventional model.

But yet they are determined, they have stories of you, the pieces of view, their chapters of your life. They are helpful to know, okay, maybe you don't need all the labs, but you need this, one, this and this.

That's gonna be something that hasn't been looked at. It's going to give us a fresh perspective on it from a data standpoint. So that way you can have a refined, curated, diagnostic lab set that is appropriate for you.

And then from there, it's dependent. I could pick some of my favorites. Conventional labs, what I mean by that, is going to a blood lab and getting conventional biomarkers, but being thorough with those biomARKers and seeing them through the lens of optimal not average looking at the actual functional rights.

Actually, if you have to say like, what's my favorite lab, it's going to be that it shouldn't be like a lab corporate quest, but just done comprehensively, and looked at optimal, not averaged.

Because I think there's something so telling about someone's comprehensive audit panel, something to telling someone's full inflammatory panel, especially when talking about the people that we see optimize, but looking at a good TGF-B1, looking a C3, aC4, and looking an MSH, basically what the immune system's doing in a different way.

These are conventional tests. They're just typically not ran in the conventional model. So probably some of my favorite because it's the People that I see, right?

So if I saw different cases, I wouldn't run that test. those tests but or not as often, but I just the ones I tend to run more and I find a lot of answers for people.

And it's the immune system's response to these physiological and psychological stressors. So that doesn't tell you the what it tells you. the body's responding, but not why.

So these are not specific markers, and then at that point, you can go digging as to what's driving the dysregulation. I'm hearing, obviously, health history is important.

Yeah, I don't know if that's too much. No functional medicine doctor should disagree with that. But I want to pull out the feeling I am getting from it that is a little different.

Would you say that the labs without history and information are not nearly as valuable. And what I mean by this is something I say in Michael and Carol's time.

You can give me data on a sheet of paper and it will mean one thing. If I don't know, you know me one to this person and then they mean something completely different to you.

Once I've gone through a really appropriate health history because it gives me context of why this mark marker might be shifted that way. And without that data labs mean different things.

So when you do a poor health, history, the lab markers are actually less valuable. Yeah, I would say that it's just, you need both. You need to understand the context.

Even on the, like I asked people, what were you going through that day? Were you having a bad day or a really good day to kind of get the contacts of that snapshot in time?

And then obviously as you're retesting over months and. years sometimes for people. You're having the greater context, but you want to get a good baseline.

Health history is part of that baseline and looking at these both subjective and objective markers to understand them. I've written books, right? I have written four books at this point, fifth one's coming out soon.

Core Labs and Inflammatory Markers

And people say to me, well, is your protocol whatever book they read like is that what you do for everybody and i tell them absolutely not like these are all stories like i've written books about like have a nutrient-dense mediterranean ketogenic diet i ii've talked about cyclical fasting i talked About the sort of gut feelings the physical and the mental emotional spiritual the interplay between stress and trauma our physical health So beyond health history, it depends on who you're talking to, right?

I mean, my telehealth patient base, a bigger swath of them are dealing with these chronic inflammatory problems. And there's something that's dysregulating their body.

So, yes, the basic inflammation tests we should run, like high-sensitivity C-reactor protein, homocysteine, yeah, we can look at those. And sometimes they're high.

For a lot of people, they are high, certainly. But for this specific type of telehealth patient I'm talking about here that I see a It's like the HSCRP can be normal oftentimes with these people, but they're still in an inflammatory state.

Home assisting, yeah, you'll see that suboptimal more often. Like it's above seven, we want to get it down. Yes, run those basic, when I say basic I mean more well-known and more commonly ran inflammatory markers.

But where, When you're dealing with mold issues, chronic Lyme issues. When you're dealing with what the world called mystery illnesses, chronic fatigue, cerebral fibromyalgia, you don't even know what it is, but you are dealing brain fog, fatigue flare ups, autoimmune type symptoms.

If you look at things like TGF-B1, MSH, C3A, and C4A. Those are just some of them. These conventional markers. And look, they're non-specific. So they are not telling you this is what is is.

But they have good proverbial check engine lights. based on health history, but paired with that, it's another evidence point, another data point that we need to look a bit deeper.

We can't stop there, But it is good to run them because then you can see those numbers improve when you're doing what you are supposed to be doing and getting that person healing and thriving and gaining resilience.

So you asked me, my favorite labs are like what some of the common labs that we run outside of the basic, but those labs are not relevant for everybody.

So that's why going back to my further point, like don't be running labs if you don' need to. What's relevant to you, what's going to improve your life, right?

And if a lab isn't going be a guiding light to what you need do, then I don"t know the purpose of it. You know, what's coming to mind as you're saying, I love to speak in analogies is this, the fact that you can build a house a lot of different ways, but most people build it the way they want it to be built.

So you are looking at the person and going, how do we build the house that we want to build? Are you a person that's dealing with mold? So we'll run things that may shift toward mold based on the history.

But it's also personality type. I mean, honestly, a lot of my engineers, they want data points for days. And so they're like, I need you to run everything and prove it completely out to me.

Not because it's a CRP that shows information with a C4AA. I want you run it. You're a mold market. Okay. Well, if that's what you want, don't necessarily need that because I can see the C-4As elevated and MSH and VIP are out of range, but I got to also run those markers.

That's, bit of the language that I'm even using with clients in my office is, Here's things that are going to change the path forward that I'm going be working on you with.

It's going move the needle on information that can use to help you get well. may help you get the diagnosis you're looking for. If you need to explain to grandma why you don't feel well, or you needed to hand this to the school of why your kids are not feeling well.

There's different markers that are necessary. And as I started explaining this more and more to clients, it helps them to understand what they're getting out of the lab too, which is valuable for them.

Because to be frank, with a good health history at CBC and CMP, oftentimes you can get a lot done, just what you were saying earlier, because you are like, I asked the question of what's your favorite labs, but you went into CMTC and a CBC.

So run my blood cells, liver markers, albumin, minerals. And if you're really, really good at looking at those. it tells you a really big story. It starts to help us understand things.

And then it comes down to just, well, Pat, do you need to go prove things? And the patients desire to prove thing a little bit too. So I guess what it come down is when it came to labs and you have somebody coming in, you suspect mold.

What gives you that suspicion? Without labs? With your history and then like what labs are you learning with that suspicion? We have a whole mold section on our health history forum.

So there's a lot of conversations on that, right? Because it is not just, do you see mold? Do you smell mold. Most of the time these people do not see, mold and do no smell, but it's in their HVAC or it at some obscure place that a mold inspector will find it.

Um, so we dig deeper on asking the questions of, Again, not perfect because it's not a lab, but it is questions that we're asking them to see from a clinical, pearl, telltale side of things, should we be running this test or not.

So it starts with asking them questions. And it's the nature of the symptoms. It can narrow it down to highly likely that there's a biotoxin component.

We can go that far without getting more detailed and specific than that. Because if they have things like mast cell activation, if the have these histamine intolerance symptoms, that they had the brain fog and the fatigue and skin things and migraines and autoimmune flares, and they eat clean, so we know that the food variable, food's part of this conversation for some people, but let's just say they're eating pretty clean in nutrient-dense diet, they've removed a lot of the common inflammatory foods that are gonna be common in the modern Western diet but they are still symptomatic.

Maybe they'd better off than they would be if they weren't doing those things, But they not where they need to be. So that's another thing that makes me suspect it's a biotoxin.

Again, could be mold, Or it could be something else, bacteria, virus, parasite, or not a biotoxin, but a man-made environmental toxin like herbicide, pesticide, forever chemicals, PFAS, glyphosate, microplastics.

These are the other type of variables. So we're narrowing down, like, what could be, why is that check engine light on? We know the purple wheel check-engine light is on.

That's their symptom. But what's underneath that hood? What's misfiring? what is dysregulated? That's, that's messing things up. So, uh, it is these complex symptoms that aren't going away despite doing all the basic wellness stuff.

And from there, the labs will pinpoint, okay, yes, there's a biotoxin component to it. Maybe it's the urine mold test mold, like a multiple pathogen array.

Um, I want to look at this from a differential diagnosis standpoint. We know in our space, just because it looks like duck. doesn't mean it's a duck. It could be a Duck Imposter, it could a Goose in Duck clothes, It can be lots of different things that create the brain fault with fatigue.

These things are called great mimicers for a reason, these things called Great Imitators for reason. Chronic Lyme, Mold, there's lots different issues that creates the same symptoms, that created the engine lights to be on.

So we want to Look at the inflammatory response, as I mentioned earlier, there's inflammation markers. And then I want to look at why are those inflammation Markers high in the first place.

So looking at that, the array of pathogens that are biotoxins and then looking At the Array of man-made environmental toxins. and you should be, I mean, you could be a great Diagnostician, a Great Clinician.

You should get out of your own way as a clinician and diagnostician, because if you, it's like that cliche when all you have is a hammer, everything looks like a nail.

There's a lot of times the people in our space, It's, like, Everything's mold, or everything's parasite, Or everything is Epstein-Barr virus. You're going to be proven wrong a one thing for everybody.

We may have a favorite thing that we like to talk about because we're excited about the science about it, we see it a lot, but it doesn't mean it's everybody and our words matter as healers, as clinicians, and we shouldn't be putting labels on people if it isn't even an issue for them.

One of my favorite things is if you're a doc and you are not wrong, somewhat often about what you think it is. You think, it might be this in your differential diagnosis, which to everybody means that we usually pick a few things we think something might and one that lean into, right?

So if you just had to pick it like a trivia show, this is it. If you're not being proven wrong semi-often because you are running enough history and labs and other things, you're probably biasing yourself way too hard.

And when I get proven wrong, even though I'm like, everything's there. It all looks that way. Then you do more data and you pull more information.

Mold, Biotoxins, and Differential Diagnosis

If I am not proven it wrong every so often, I'll be like what am I doing? How am i biassing myself? If someone that's doing that probably isn't running the right laps, they're just scratching the surface, looking at the inflammation markers and then just telling them, It's a parasite.

We're telling them it's abyss or it said what or whatever it is. Um, which may or may not be true. They may be a great guesser. Or they may have great clinical acumen, but it you don't want to.

Sometimes, you know, we have this Dr. God complex with the best of intentions, it we want know it as certain as we can be. And let me be clear here. It doesn't mean.

That labs are perfect. It doesn't mean that we are going to get all the answers. But the beautiful thing is we need enough answers, but we don't need all of the answer to someone better.

So, and that's also an important thing for us to communicate to them because they feel like, oh no, if I lab chase more, I accumulate and hoard more labs.

If I chase that perfect answer that is going answer all my problems, then I'll get better, That's not true for a lot of people. If you know enough, if we know, enough as clinicians to get people better, then let's, don't get perfection to getting way of good.

So sometimes, yeah, maybe there is this magic lab that you need to run. It's going to unlock all your healing potential, but I haven't really found that.

I think we need it to be comprehensive, not be excessive or feel like it's this pot at the end of the rainbow that we may or may not find. The saying that came to mind when you were saying it is, the opposite of done is perfect.

Because if you want it to be perfect, it's not getting done. And so many people that come into the clinic, they want the perfect plan with the data that leads to the outcome.

If you have the plan and data, you get no outcome because you're still searching forever. Right. That leads into this larger thing of the stress around the stuff, right?

Because like that kind of someone that's looking for that and chasing and hypervigilant, it's part of that type A, we were talking about offline, is that it is sort of hyper vigilance, that stress and anxiety and trauma around a flare, around symptoms, and around health journey that is actually contributing to the problem.

So is it the thing or is the stress around the things? So part of it's like just to create that safety, we need to actually sometimes, oftentimes do less.

And even shockingly, no less, sometimes we don't have to know all the other things and not consume more information and this paralysis of analysis that can happen here.

Sometimes it is that the best medicine is discernment of when to put your phone down and put the lab hoarding down, and just focus on healing. What's the next right thing my body needs to be nourished, to safe, grounded?

In other words, safe. That's something I talk about so often. Something that's such a big portion of my intake paperwork is, do you feel safe? while we're still gathering all the data.

And I did promise today, we were talking labs, so I'm gonna keep it on the labs. I know you have books on diet and lifestyle, health, and so many other topics because you're so well-rounded, you pull it all together.

But just to keep on topic that I promised, which was labs as we are going down this rabbit hole, You've talked about inflammatory markers. You mentioned several mold markers, can you just rattle off a few things?

Because although I, know we talk about not being so much of chase every marker, But for those who want a few pieces of data, what are some of the markers that you lean into and you go, oh, this means I'm going to go further down the rabbit hole on mold.

You've mentioned C4A, you've missed some inflammatory markers, which one's your favorite? Yeah, that set of what I would call biotoxin, non-specific biotoxin markers.

They're conventional, but they're good. The good check engine lights for us to look deeper would be this, this did elapse. I would say, if you want me to pick my favorite, my favor would probably be TGF Beta 1. It's not sad that I have to pick a favorite, but it's like I've grown attached to TGF-Beta-1.

The problem with TGA-I is it not perfect and it is nonspecific. There's a lot of things that can spike TGI-beta 1, and then you have people Googling Tgf- beta 1 and they see all these other potential cancers and things like that.

And of course, you're going to rule out that as well and get the appropriate tests. Certainly things, like biotoxins, are carcinogenic. So, yeah, I mean, we want to look at what this is doing from an inflammatory, chronic inflammatory response over sometimes decades of people's lives before they deal with these things.

It's been brewing subclinically. So if you had to pick my favorite favorite, it would be TGF81 interpreted looking at optimal, not average. C3, C4A would say are part of that story of biotoxin that I like a lot.

MSH, I do like that. And then looking at the genetic variants that kind of code for maybe some people are just genetically predisposed to low MSh levels that it's, yeah, of course we want to look at HLA, but then these other gene variants not just code for mole toxicity, but specifically low MSH.

So the body is susceptible to this chronic inflammatory response syndrome. The interplay between genetics and epigenetics is probably my favorite. If you're looking at the nerd in me, what I enjoy is looking the inflammatory responses, looking what causes the inflammation response.

both physiological and psychological. So for every single telehealth patient, we have to talk about stress and trauma of what they've gone through in their life.

These are big T traumas, small T trauma, so they may have gaslit themselves or big gas lit by the world or doctors or family members or friends. It's not that bad.

We know that trauma is not The event, it's the response to the event. It's unresolved aspects stored in the body. So that's not a lab, but wouldn't it be beautiful to have a trauma lab?

like measuring trauma on somebody's body. We don't have that yet. Probably never will. But you can see the indirect ramifications of unresolved trauma in the body in a form of inflammatory response.

So looking at the both the physical and then the mental, emotional, spiritual things that are causing that check engine light to be on. I love that when I say I loved that I Iove it because it's It is helpful.

It's cathartic for the person because, you know, they could see on paper, like, wow, I wasn't crazy. I was medically gaslit and I knew something was off.

And we can kind of show them, yeah, your not crazy, anyone would feel the way that you felt if you had these labs. And we're not looking for problems where there aren't any.

We're looking at why you feel the way that you do, which is validating, healing in and of itself. Because when you know, oh, I'm not crazy, the safety can be, it doesn't always, but can begin there.

It's like, Oh, they understand me. I am safe here. we are going to get better. and it doesn't happen every time, but it happens often. I think the healing starts there with that dang health history and that damn lab even before you implemented anything.

Can we use a health history and labs as a healing tool? I think you can if you have the right clinical acumen and the heart to talk about these things.

Because then you start making them feel safe and letting them know that they're safe. Even before you've done any peptide, for any biohack, any food protocol, binder, detox protocol, you've just human to human, started the process of letting their body know that it's safe and understood and heard.

So I don't know if that answered your question, but yeah, that's probably my favorite part as far as labs are concerned. You gave me a few, but you triggered something and I literally pulled my phone.

I was like, I can't forget to ask this question because you said you love the genetic, epigenetic inter-role, interplay. So what's your checklist? If you could tell me, what is your checklists as a provider?

What is you checklist of I'm looking at these genes because they tell, me this person might be a little more susceptible on the mold category. Yeah. So I'm looking at a combination of things, obviously the HLA family, because it's like biotoxin.

And to open this up, mold, yes, but it could be viruses, it can be bacteria, could it be paracetamol, some random venom. But mold is often, I mean it is part of the conversation oftentimes.

The HLA set of haplotypes, I want to look at those. I'm going to at the 20 or so gene variants that govern methylation. And I wanna look a detoxification gene variance.

All three of those sets or families of labs are my most helpful to understand the bio-individuality of genetics. But we know genetics aren't everything.

Genetics loads the gun. Happy genetics, lifestyle choices pull the trigger. So, but it's helpful understand. And again, that's a source of self-compassion and grace, I think, from an education standpoint of saying like, look, this is why you were spouse.

your partner, your family member, whatever, or your landlord doesn't have the response that you have. So it helps me educate them on their bio-individuality.

Those are the genes that I would say, the more single nucleotide polymorphisms, more heterozygous and homozygus gene variants that we have at these sets of genes, it's not one gene that's going to be them.

Sometimes it can become genetic astrology in our space, where it's like, my rising sign is a double MTHFR. And it is like that's just who I am. They make their entire personality one gene variant.

It's not how it works. But we know the more double gene variants, homozygous gene variance that you have at these sets, these are proverbial stop signs.

The more stop-signs you've have, if you had an influx of mold or an That can create and trigger that inflammatory response. So it's a piece of the story, but not the totality of it.

I don't want to overplay it and be like, look, this is everything, and this set of genes is you. You are more complex than just a gene variant on a lab.

But it is a story of understanding you, But then we have to look at the manifestation of that.

Genetics, Detox, and Environmental Toxins

We have look what is going on from an inflammatory-response standpoint. So back to those inflammatory markers I talked about earlier. So I mean, it's an art, right?

Being a practitioner is being an artist in health information. And I love what you said about you are not just your genetics. Also science and genetics right now is not nearly far enough to make it a black and white situation.

We're talking about a few genes right. Now your bigger tests are 300 genes, epigenetic genes. The biggest one I've seen around a thousand And it's estimated, what, 100,000 epigenetic genes that we're aware of?

We don't know. The majority do. Yeah, and then you see people that have symptoms that had none of those gene variants. So it is not everything. Yes, it increases the likelihood, but it just, yeah, we are just scratching the surface and understanding the profundity.

of genetics as relates to these inflammatory response and autoimmune problems as a whole. the experiences you have with them, appointment to appointment.

You can put all the sheets of paper on there, just like you see in that TV show, and you're going to have your little red string going everywhere until it finally goes to the solution.

And it's so incredible the amount of information that you are talking about just right now with a few mold labs, markers. A few genetic points, a few health points.

I mean, we're already over a hundred data points just in a conversation that you're pulling from to try and make sure that somebody has biotoxin illness versus.

needs to go to do trauma first. And it's not even that they don't have both. It's just like, where are we beginning? And where we gonna start pushing to start working?

It is thousands and thousands of data points. I know as I try to pull you into the conversation of what lab? You're like well it is this but also Don't focus on that completely because it's also this and this, and I love that because I'm the same way.

I push back, I can be called an expert here, but also, this. You're more than a marker. Or I can't have this. I have that. Yeah. There's probably 50 genes that affect methylation that we're kind of aware of and who knows how many more.

And I've seen people that are double NTHFR that process B12 just fine. Every homocysteine, methylaminic acid, B 12 and blood, it's all fine and they're just like, well, I am.

Yes, but something else is helping you. You know, somewhere else you're able to handle it. So it's about taking that data and testing the data. And then experimenting with where they're at.

Because I see people that come in, I'm like, you need to be a vitamin. Like you are almost as things way up and that's why it is way down. Oh, your MCHFR, that makes sense.

Okay. Six months after recovery, symptoms are gone. I am like well, let's come off and see what happens. Remember to say flatline. A year later, it was flatlined.

It's still good. Well, you are, but your body can handle it now. If you move back into moldy house, call me. We probably should be back on B12. Yeah, yeah.

A hundred percent. So yeah, I think this is an important conversation because having a conversation around labs, It is bringing a humanity and context and nuance to these things that can become sterile or for the person going through a health journey, very overwhelming.

So I think, yeah, these, things matter. Well, let's pick on some other labs. We've talked a little bit about your general Quest LabCorp type labs and we've talk a bit a biotoxin mold situation and there's a few others and I'll just let you pick which one you want to go after.

There's stool sample testing for leaky gut. There's tick-borne panels for Lyme disease. There is if you want to go into like hair tissue mineral testing.

What other testing do you feel like would be valuable for listeners to hear about? Environmental toxin screening. So I want look at the biotoxins thoroughly when it's clinically appropriate based on their health history and other conventional tests to kind of show glimmering size we've been talking about.

But maybe it's not biotoxins. Maybe, or maybe, it is both and not either or. And looking at the realm of microplastics, looking the at realm herbicides and pesticides, and forever chemicals.

Because those things matter more. I'm kind of in the camp that mold's always been there, right? It doesn't make toxic mold healthy. But is the random mold markers that's showing up stressing an already stressed out immune system because of some man-made modern environmental toxin, like a glyphosate, a forever chemical, or non-native EMF.

And these people, back to that genetic variable here, those people tend to be a little bit more sensitive to these environmental, man-made environmental toxins as well.

So that realm of, it would consist of urine tests and blood testing to look at the accumulation of environmental toxins coming out in the body and also the inflammatory or antibody, like immune system response to, these environment toxins.

It's another layer to the story. And again, back to that earlier analogy, when all you have is a hammer, everything looks like a nail. You need better, as a clinician, we need to have more than just a hammer in our toolbox because it may be other things that require different tools.

And environmental toxins are another piece that's helpful. It's very helpful for these people, especially with methylation detoxification gene variants.

So you talked about urine testing and being able to identify these things. As we've gone through, you said with mold, here's a few blood tests, and then you can do biotox and urine tests.

Do you have preferential tests that take you down that pathway? The name of the labs, I mean, there's several that provide great data. So it's, don't quote me on it.

Names are always changing as well. But yeah, they're several. I don' want to be attached to one lab. And this is another important thing around the conversation on labs.

Every year, There's new advancements in our space. So I'm going to make this conversation evergreen. That just looking at the best latest cutting edge data points that we're always vetting what we are doing.

Is there better technology? Is their better snapshots in time? Are there are better labs out there? Because I've been doing this for 15 years. If I was running the same labs I run 15 year ago, I'd be obsolete.

I would be a dinosaur. So like every year it's dancing so fast of like the sensitivity and specificity, the accuracy of the data plants. I would get a highly reputable, whatever the latest one is that you have access to, urine tests, blood tests.

Look at environmental toxins. Very helpful. You mentioned stool tests? I think that's very helpful too. We run it on pretty much everybody. Do I need it to get somebody's gut health better?

No. Is it helpful sometimes from a clinical appropriate? Why I like a gut test, this is the truth for most people. I liked it, to compare and contrast over time.

And I want to see these biomarkers improve. the intestinal lining integrity improved. I want to see if there's digestion and absorption issues. If there are inflammatory markers in the gut high, let's see that improved, but what we're going to do as far as protocols concerned is going improve the guts.

There's no way around it. Now, if someone has complex digestive disorders, Crohn's disease, ulcerative colitis, malabsorption issues, fat mal absorption other, you know, there's other ones that I'm, looting me, but just more extreme digestive problems than those gut tests, the gut centric tests.

Digestive tests matter more, right? Cause you're really, You're going to need that a bit more to compare and contrast over time. But there is not a patient, telehealth patient we've had in 15 plus years where the good health hasn't improved.

So it's not like a mystery to me that the average American and average Westerner has got microbiome problems. And welcome to the country, guys. God bless America.

We have to do something different. The way we're doing farming and food and the environment, the water we are drinking, all the things. Medications, because it is really wrecking the Western microbiome.

I'd be curious to get your thoughts here. It's not like earth shattering information for most people, unless it's based on someone's health history and you're going to maybe expect it, but it sounds like, wow, you have leaky gut syndrome.

It is like okay, that's pretty much everybody has some intestinal lining integrity. Common, not normal. I don't want to normalize it. But it is not going like it will be a needle mover on like which peptide do I need or what therapeutic do i need?

What food? No. Health history in some other labs will tell me that. I'm going to do two things. We talked about environmental toxins and then we went into stool.

So let me start with the environmental toxin piece and something that I like and I feel like you would agree is you run your standard blood test. I actually really like an organic acid test these days.

Yeah, that's a part of that organic, the Environmental Toxin Panel. So when I do these tests for me, I call them a physiology test. People are like, are you diagnosing me using these?

No, these are more so gathering more health history, just like your intake form that allow me to understand

biochemically what you're doing.

Stool Testing, Practical Limits, and Healing Context

And if I see. C-reacts protein elevated. That's going to take me down, okay, we need to find something that's creating inflammation. If I see your homocysteine load, do we methylate well?

If i go into the organic acid test and i see Krebs cycle or beta oxidation, which is your ability to make energy deteriorated, that those processes aren't well and everybody goes back to middle school to memorize those things.

that to me means heavy doses of toxins is usually what I find there. It's not as much bacteria or parasite or viruses that are truly damaging the mitochondria.

at least in the way that I'm talking about organic acid tests, they can do it, but it just doesn't seem to be doing it as much to where I see the markers.

And so it helps me to understand if detox pathways are way backed up and it's toxic exposure markers or methylation markers on the organic acids. Okay, we've got to go the toxin panel.

So then that takes me through a toxine panel and as you said, companies change all the time. One of the companies last year changed, made their testing more sensitive, and made all of my patients' follow-up tests look worse.

And I'm calling the company, like, what did you do? They're like oh, we made it twice as sensitive. I was like can you send that in? All we did was at the bottom of this one.

No, no, call me. Like, I have to know to prep these people, especially when they're spending money. That's a whole different problem. It's more like a business issue.

These tests help physiologically tell me what direction to go. So then I can go run a toxin panel to understand why the mitochondria, the powerhouse that regulates your hormones, your energy production, and your immune system, is it being affected?

So that is like the pathway I'm going down to get to the testing. As far as the stool sample, I honestly don't really run them almost ever. I like why you run.

But I don' run on them in exactly the same reason why I said, if you're in my clinic, I'm not saying everybody on the planet. If you come to me when 99.9% of people have a complex condition, You have a leaking gun.

I'm not getting new information from you. Right? I've getting trackable information and I like tracking and showing, Hey, you are getting well, it's proof, its data.

It's that study that I am doing on you as a case study, that proves what we're doing works and it gives you confidence in what were doing. Yeah. But I already know your sodium deuteronate is low. I already your inflammatory markers are there.

Just by having a conversation with you, when you rate your digestive tract, symptom wise, which could be bloating, constipation, acid reflux, all Nine out of ten, ten's a hospital, okay.

Yeah, your stool sample's gonna be off. You have dysbiosis, I guarantee. Have you had antibiotics? It's there. It not revolutionary information. And it's not gonna find parasites, almost ever.

So I'm not going to use it for that either. So I just don't use your money there as someone's coming into my clinic. I'd rather use it on the toxin panel.

Rather use on it the infection panel for more specific infections, not just GI ones that are, yes, you can get H. pylori, and yes you get SIBO. Maybe you'll get a blastocystis parasite, but outside of that, it's just like, I'm not really moving the needle for something that's going to change how we operate.

Yeah, that's a good point. That's exactly right. It's like, let's give the people agency. And that part of the reason why I almost come up with a curated menu of diagnostics and that way that they can decide for themselves, take it out, leave it in if you want.

Like these, to me, these labs are non-negotiable. that based on someone's health history. and then from there, These are more elective tests that are like you can bring it if want, it's good trackable, compare and contrast, but I don't need it to like determine protocol specificity.

It's about, in this industry at this point, it's making sure someone feels, as you said earlier, heard. And then once they feel heard, explains them how you get their body out of fight or flight into safety.

And from safety to optimal, because the only people that you and I primarily get to see that are in the optimal or optimizing stage are the ones that we got there and we get hang out with for the rest of their life because they become family to you once they feel good.

That's true. I mean, there's so many of them that I see mom and then she brings the husband in and they get see the kids. And then it's just like, you get watch them grow.

When I started seeing the elementary kids in college that I was working with on a first minute project, I'm like, oh. Oh, yeah. All right. I'm now old.

Yeah. Especially when you see them, because they're better now. They're where they should be and you don't see him as often anymore. And then he's like, wow.

That's so funny that you said that. Seeing people that are just like wait, you were so little, but that's how you know you've been in this for a long time.

It's such a… blessing when you see someone who used to be fill in a blank and I can just tell you a story. I had a young man whose father had Lyme and was able to help him and he said, can you help my kid?

And I said no, what's going on? He has autism. And he's like, well, would you do for me? Well, we figured out what was interfering with optimal function of your body and we did our best to remove it.

Can you that for him? Yeah, that seems possible. I just don't know what the outcome is. Don't anything about autism. This was 15 years ago or something like that.

And we did. At the time he was likely going to end up in a home. He was barely functioning in school and I walked into Chipotle in Kansas City last year and he's working behind the counter and it was his summer job from college.

It's awesome. And I was just like, well, one, I'm old and two, like I almost started crying because I knew he had gotten better. I just didn't get to see him living.

He was living, he was giving back to society and functioning and thriving. And that's what we do this for. So cool. Blessing, the sacred responsibility.

But I want to know also, what was your Chipotle order? What was it? Actually, I don't even think I was eating. I think saw him walk in with his stuff on.

Like I saw them with the shirt and the whole thing. And I, was actually at the pool store next door and I got a saltwater ozone above ground pool for my little guy who's three.

and, saw this, not going to name names, person walk-in. That's so cool. And I went in and I was like, this is. Yeah. That's a special moment. Without words.

All right. Well, I mean, you're the OG of telemedicine. You said it earlier. you do that every day. Literally I come out here to see you and you are practicing.

So you actually still doing this. Your not just a talking head on social media. your in it. How do people. Get to work with you. Thanks, Ben. Everything's at drwillcoole.com, lots of free resources, I've written articles for the past 15 years.

We update them constantly with new research, tons of protocols, things I have seen work. Um, we launched Longevity Rx recently. It's really exciting, regenerative, organic.

natural medicine, things that we've seen, again, new the needle in people's labs. So check LongevityRx out. And my podcast, which you've been on, it's called The Art of Being Well.

We have a new episode out every week, but all that information's at DrWolfKohl.com. I love the name of both of those things. We're all shooting for longevity and it is such an art.

Yeah, to stay well. That's why I call it that. It's like the science and art and underexploring that, that's all the stuff we've talked about here, right?

We can talk about the signs, but you just heard two guys that realize the sign and the data, the art behind it, it's actually just as important, if not more important sometimes.

You're way more than the checkboxes you fill out. and the labs that we order, because if those two things did it, you'd already be well long before you get to either one of us.

Yeah. And that's just not what's happening. True. So thank you so much for having this conversation with me today. Thanks, man. Thank you for tuning in to Redefining Wellness with Dr.

Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms. Also, Please consider leaving a review.

It helps more people find the show. See you here again.