Introduction and Guest Background

Hi, and welcome back to the reversing nasal Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara of Mast Cell 360. And I'm so excited today to have with us Doctor Eric Gordon of Gordon Medical.

We're going to be talking about Cell Danger Response, which has been a groundbreaking and revolutionary model in terms of how we look at things like mast cell activation syndrome.

So whether this is the first time you're hearing about this or you know, some about it and you want to learn more. This is an interview you really are going to want to watch and listen to the whole thing.

And you may want to listen to a few times here. Let me tell you a little bit about Doctor Gordon, and we'll, keep going with our our background cell danger response.

So Eric Gordon, M. D., is a clinical director of the Gordon Medical Associates, specializing in complex chronic illness. In addition to 40 years of clinical practice, it's also been engaged in clinical research and he's focused on bringing together leading international medical researchers and cutting edge clinicians focusing on chronic fatigue syndrome, Lyme disease, autoimmune diseases, and autism.

I really want to welcome you and thank you so much for joining us. Thank you. Thank you. Beth, it's a pleasure to be here. You know, I really appreciate the work that you're doing, because, you know, educating people and helping them in such difficult, difficult illnesses, you know, Mold and Marcella really can make a mess of life.

And having a and doctors aren't that helpful. So thank you. Well, thank you for everything you do as well. And I'm super excited to jump in the cell. Danger response.

But first you you've made a big transition from starting in traditional medicine and then moving into this more functional model. And I would say we're really beyond that with the cell danger response.

And looking at that as a model for chronic illness and what's happening in chronic illness. Can you just share? It's kind of a fun story here with us a little bit about that transition for you, because I think it really defines who you are as a practitioner.

Well, I so I, you know, I went to medical school hoping to learn nutrition, and it wasn't more than a few months in when I realized that wasn't what they were going to teach me.

But I got seduced, you know, to the dark side. Because the miracles of modern medicine are pretty amazing. You know what we can do for trauma and for people with acute illnesses?

You know, watch, you know, saving people's lives in the moment. Very impressive. And it made me doubt, that what I had been reading about, you know, as far as nutritional medicine could possibly be that effective.

And, you know, so I kept reading about nutritional stuff, but I really wound up doing what I call regular medicine, you know, working with an internal medicine group. And, but as I, as I was seeing patients, I would really I started to see more and more people that though we did lifesaving things after the lifesaving intervention, they didn't go back to health.

They often stayed not well and or even people who weren't that sick would come in with complaints, and I couldn't do anything for them. You know, I could give them what I call Band-Aid medicine, which is not bad.

You know, it's good to help people's pain. But I didn't really help them be well. And the most frustrating patients

were, of course, the ones that we still see today who were really debilitated.

You know, in life, they couldn't function, but their blood counts and their chemistries were normal. And, you know, and those people who are out there know that the average doctor's response to that is, you know, you probably are depressed.

You know, you should see the psychiatrist, you should see, you know, now it's cognitive behavioral therapy or whatever, you know, and all these things can be helpful.

But, you know, when you sit, you're sick and that's not going to get you better. So I try to do a little on the side. And then in 92, I just realized that I couldn't there was too much to learn, and I couldn't keep doing regular medicine and fooling around with this stuff.

So I just went off and I did a year of osteopathic training because I really got to I really realized structure was so important.

From Conventional Medicine to Complex Chronic Illness

And that's not part of today's discussion. But something I always like to remind people is, don't forget, you've got a body and a nervous system, and that nervous system doesn't work well if the structure is a mess. So.

But anyway, anyway, so I just went off and, started, and in the beginning it was, you know, it was kind of exciting. You treated people with your thyroid and, other hormones and fixed their guts, and people got better.

But, the longer I did it, the sicker the people I saw, and I wasn't that successful, you know? And so you have to learn more and learn more and learn more.

And then I moved to California in 98. And, and in 2001, doctor Wayne Erickson joined me, and, he was he had he had been treating Lyme for about ten years at that point.

And I started to realize that my sickest patients, the ones who I really didn't make sense, they looked like his patients because I had been hesitant to do Lyme disease because, you know, Lyme meant that especially in those days, we didn't have the tests were really poor.

And, you know, I really was hesitant to be treating people with long term in those days. We just use long term antibiotics right in the beginning, you know, for, for clinical, you know, had a clinical diagnosis, meaning like based on their symptoms.

And I wasn't comfortable when I started to see the results that Lane was getting. We joined and joined the bandwagon. But again, we got sicker and sicker people and that didn't work.

And then, you know, everybody, you know, of course it was co-infections and and you know, coagulation disorders and methylation disorders and and we were treating mold back then.

Interestingly, we worked there was a Doctor Marinovich in, in San Francisco who really understood that carriage in the nose of mold would trigger the immune system.

This is again, not not not accepted by Allergists because in allergy terms, you have to have IgG allergies, because that's the definition of allergies.

But mold often triggers the immune system by different methods anyway. So that's how I got here. Just listening. The bottom line is, is like most doctors who, fall into treating chronic complex illness is they believe their patients, you know, and you just got to keep looking.

And that's so huge. I mean, that's that's huge for people I know even myself, having seen over 75 practitioners

before we figured out I had no electricity, was the I the best?

When said, you're the most complex, sensitive person I ever met. But the ones that were just stuck into this box of looking at right through the same lens would tell me I was crazy.

And because my my CBCs looked normal, you know, or they told me I wanted to be sick. And so it's just it's I think that what you're sharing brings people hope because so many people.

And then my story is not unique. And I hear it all the time. I know you hear it all the time. So to hear that there are physicians who are looking from that lens, one is just huge.

And I want to highlight that for people that there are physicians out there that that have that mindset. Yeah. And, you know, and the good news is, is that in this day and age, you know, so many of the net natural paths start off that way, you know, and so that's been like the great blessings because doctors, God, it's just the education of doctors has, they learn a lot.

It's not that the education has has gotten worse. I mean, the the teaching is excellent, but the way they're trained to think about treatment is so poor today.

Okay. Like I say, I used to send people, to, you know, to Stanford, to Mayo back in the day, you know, and, I mean, we still do, but with less and less results.

Okay. Because 20 years ago, those guys would actually come up with ideas, I mean, treatments, but now the even they come up with ideas, they can't do anything.

Well, you've been doing this for 40 years, and I, I really I love asking people who've been in the medical field for a number of decades, are you seeing cases become more complex?

Are you seeing people get sicker as the decades go on? I think so, you know, at first I thought that it was that, just because, you know, at this point, my world consists I mean, nobody comes to see me unless they've been usually failed a bunch of times because unfortunately, you know, the finances of medicine is terrible.

And so, like, you're not going to come to me just because you think you're sick. You know, you really got to be kind of desperate at this point. So I thought that's what it was.

But the more I talk to people and the more I just read, it yes, people have become much sicker when I started medicine. Okay. You know, autoimmune diseases were fairly uncommon, you know, I mean, they weren't.

We saw them. But Hashimoto's, you know, was was like, you know, you noticed Hashimoto's case we talked about. Now, I don't know, I don't like to look, but at least 20 to 40% of my population is Hashimoto's.

At least. You know, I mean, we don't even I don't it's sort of like, expected, you know, and that's not normal. And, you know, and just to bring in the I mean, I don't really treat autism any more, but but the thing is, is that your doctor, Sid Baker, is a he's one of the giants in the, in the field of autism.

And just in thoughtful medicine. Okay. And, he, he was trained in the 60s, and he tells me that in those days, he was at Yale, and if there was an autism case, all the pediatric residents would get called in to see it.

It was that unusual. I, you know, it's not now, you know, and it's true. We have the autism spectrum, which we allow many more things. And so it has gotten wider.

But this in the significant autism cases of people who are young people who really cannot function, is still just grown exponentially. So things are changing.

And, you know, who knows? Is it the number or is it the emfs? I mean, I really, truly believe the toxicity. I mean, the

number of the chemicals in the environment I have just skyrocketed.

I mean, again, since 1980, we can use that as a year. You know, everything has changed. I mean, you know, the we had high sugar consumption started going way up in the 1900s, but again, but obesity in America is now beyond belief.

And in Mexico, I mean, any place where we we've had this corn sirup diet, you know, and, liver, liver disease, the nonalcoholic, you know, liver, fatty liver disease and Nash, it's all epidemic.

So, you know, and and, you know, again, I look, we can, you know, the number of vaccines, you know, who knows what triggers the immune system to be so dysfunctional.

But I do believe it's the toxins. You know, the issue of molds. I mean, again, the housing changed. You know, when we grew up, you know, single pane windows, there was a lot of air exchange, maybe things leaked, but there was a lot of the air exchange, you know, now you make tight houses.

So, once you get moisture trapped in there, it's trapped in there. So. And the mold doesn't have any place to go. The mycotoxins, except in our nice, tight house.

So anyway, so we have so many factors that have all added up to, I think, a skyrocketing, level of chronic, of chronic illness, you know, and, and it's frightening.

It is because, it's happening to young people. You know, we used to have, you know, our patients used to be 40s, 5060s, and now they're teenage 20s and 30s.

It really has shifted. We see so many more young people who are really, immobilized. I mean, bedbound and stuff. We just didn't see that. So. I'm sorry.

Go on and on. But I'm telling you, it has changed, and and it's it's, it's disturbing, and I don't think there's any one answer. I think that's the the other hard part, that's the cry that I'd give to everybody is just like, for your illness, there rarely is one cause, I mean, occasionally there is.

I mean, I'll always remember the the. I had a patient I couldn't help, I couldn't help, I couldn't help, and somebody put them on for this is like 20 years ago.

Somebody put them on full lytic acid and that was all they needed. And poof, they got bad. You know, I mean, those things happen, but they are rare, you know, most of the time, by the time you've been chronically ill, even you multiple systems have, have have failed isn't the right word.

Just not talking to each other appropriately anymore. It's not you. It's not. It's not going to be easy. And I think that's why, it's same thing with the environment is as above, so below it.

It's it's a mess. It's a mess. And it sets the stage beautifully for this model. We, we desperately need at this time, which is the cell danger response, which really looks at what's happening in chronic illness, what's triggering it.

And when I first shared this with you before, when, when I first heard about this and I heard Neal Nathan lecturing about it at a conference, I feel like I have these, you know, hundreds of light bulbs go off in my head.

Oh my gosh, everything makes sense now. Everything in terms of how my my illness just unraveled, everything in terms or my health unraveled in terms of once I finally was able to onboard supplements, once I got past triangle sprinkles and have these huge flares because the nervous system was a mess, then when I could take things, I was up to 150, 200 supplements.

Why Chronic Illness Is Becoming More Complex

And we talked about, you know, shopping bags you carry into the doctor's office, all your supplements, and then nobody looks at them all and, and, and, and I got some of my life back, but we weren't addressing the big issues.

And so I had seen over 75 people before I figured out, oh my gosh, this is mold toxicity. It's been mold toxicity since I was seven years old. Wow. And I have been sick for about almost 30 years at that point.

So can we talk about first one, how did you first learn about this and get into it? Because I know you did some early research in this area, and then let's talk about what it is.

And really for people who have not heard about it. Yeah. Because the cell danger response is one of those, things that is, is is beautiful in its overall simplicity and mind and, not mind numbing but mind overwhelming in its complexity when you try to get into the details.

So we'll try to keep to the overview part. Because it's easy to go down rabbit holes with it. But, you know, we learned about it. I said, a doctor, a friend of mine, a doctor, Chandra sent me a, an article, written by Doctor Na, and I think it was probably oxidative shielding or something.

And it just was it just it when I, as soon as I read that, it it like opened my eyes because I had been, you know, I grew up in in the early days of ortho molecular medicine and it was all about, antioxidants.

And yet we in the late 90s, we started early 2000. We started to see that, you know, the data wasn't working. You know, the giving more and more antioxidants wasn't getting people better.

You know, who who who knew that high dose vitamin C, the intravenous kind, is actually a pro accident? You know, we didn't realize that. Then. So anyway, so this article and I shared it with, again, Doctor Nathan and Doctor Anderson, you know, worked with me at the time.

And so we read it and, and Nielsen, we have to meet this guy. And I wrote to to Doctor Nabi and it turned out that he was in San Diego and there was a eyelids meeting that year was in San Diego.

And we had lunch, and it was two hours of just talking to somebody who just was like, we we just fell in love. It was one of those conversations that was like, oh my God, this is amazing.

And someone had given me some money for a research assistant. And I said, can we do a study? And, you know, because he was doing metabolomics at that time, I mean, that's still his one of his big interests, which is looking at hundreds of molecules.

And we always the thing about doctors, is that we're still looking for the test that's going to give us the answer. Okay. I confess, I mean, like, even though I mean, do I have, I, I'm a sucker for the new test.

I have to admit, they usually don't give us the answers as clearly as we hope. But you know something. But we still looking for something because, you know, we probably mentioned.

Is it again, is that most doctors, if the CDC and the and the metabolic panel is normal, your normal. Stop bothering me. But, you know, but we know there are lots of other tests, and we learned that from Doctor Shoemaker's work in the early.

That's where just a shout out to a man who can be sometimes difficult. But, his work has really helped us in the beginning by showing us how important the innate immune system was, you know, and give us lots of tests.

Unfortunately, they were nonspecific. You know, the array test. He just told us, you with chronic inflammation. Not that you had chronic inflammation necessarily from moles or anything particular.

But again, we thought I was looking metabolomics. I thought, and I was also hoping that we could at least tell people what they had, because one of the hardest things for people is that they lose their families and their friends,

you know, the thing about my story about chronic illness is that I always warn people, I go, your friends are going to disappear because you can't you can't make plans.

You know, you drop out all the time. Your siblings will often go even before your friends because they always knew that you were malingering or were trying to get away with stuff, you know?

And they just don't make that. You mean they're kind of pinning that on? Yeah. You know, I mean, they they go, you're just, you know, you're faking because you don't look that bad and you test normal.

The doctor said you were okay. Yeah. And that I love how you bring that to the social context. Because when the doctor says, oh, you're fine, then the family believes that.

And then. Then they don't believe the patient anymore. Yeah. And that that is often the most difficult part for many people is to just deal with that.

And, you know, and then, you know, and then you have husbands who sometimes are great but often are shaky when the doctor says, there's nothing wrong and you just look, you don't look too bad, you know, so that and, you know, I always tell people, mothers and wives, they don't hang around, you know, we have the special husbands.

I mean, these days, I have to say, we see a lot more of them who really hang in there. But it's it's it's a difficult thing, you know? So that's what's so important is that if you get validated by a physician, you have a chance.

Unfortunately, if I'm the only physician who validates you and the specialty, the infectious disease and the rheumatologist and the immunologist who all say that you're crazy, you're still not going to do so well.

Well, you know, because I find babies when there's somebody who really gets it. Yeah. And I think that this framework brings that that model, this framework of the cell.

Dangerous. Want to go back to the oxidative building when when I started studying all of this, which was, a few years before that, that paper came out, it was everything in the functional approach was about oxidative stress.

You got to shut down the onset of stress. And then this paper on oxidative shielding said, no, oxidative stress is protective. It's protecting you. Just like the mast cells are protecting you.

These are like your guards of the castle gate. So don't shoot the guards. The castle gate. You don't have any protection left. And then the cell danger response took us to this next.

I don't even know how to explain. It's not a next stage. It's like another world of looking at all of this. So what is in a nutshell, the cell danger response.

Let's talk about that. Okay. I think it's just understanding that, inflammation is how your body, as you said, protects your cells and sets the stage for healing.

Okay. And that, you know, that at the basic level. Okay. The body has to be is is all about self-defense, okay? Because the the I mean, even if you take a single cells, a single celled organism.

Okay, they get infected by viruses, they have to deal with toxins, okay? And they have to defend themselves. And in order to do that, the, the, the first step is often to deprive the virus of raw materials.

Okay. And, all and also to, change the milieu to make it less the intracellular, neighborhood, if you will, to make it less friendly to that virus for, to replicate.

And so, so basically, the cell danger response just gives us a story of how the body protects itself. Okay. And, I seen it as a live, an alive thing. Before that, we thought of, you know, I, we didn't think of the body as a as a, as alive.

I mean, again, you know, philosophers did, theoreticians did, but doctors thought of it in a very mechanical way. You know, you had something wrong with you.

We go in, we remove the thing wrong, and then the body heals. The healing process is what the cell danger response is. Okay? And the healing process was never really thought about because, we didn't understand it and we were too amazed by our abilities to remove the injury, the triggering event and then expect the body to heal.

Discovering the Cell Danger Response

And that really worked well when when you had a bullet wound, you know, a broken leg, you know, it's a great model. And the person was really healthy because the thing that we have to remember, just what we talked about before, how people aren't is healthy.

Because, I mean, just a quick aside, in 1900, you know, like in the 1800s, cancer was not a common disease. Heart disease was not a common disease. Doctors were really good at describing these things.

It's not like they didn't know they existed, okay. They were not common. Okay. Doctor Warburg is a fellow. I mean, who was the fellow who actually, we can talk a little bit more to sort of respond to that.

And in the second stage of the cell, danger response, the, cell uses what we call the Warburg effect, which is where it's burning glucose for energy instead of burning glucose to make ATP.

Okay. And fuel cell comes from the mitochondria and helps. Right. Which is all about how the mitochondria work. Yeah. And that to Warburg was, a Jewish gay physician a difficult thing in the 1920s, actually in the 20s to the 40, I mean, actually till the 60s.

And he actually survived living in Germany. Hitler. He was one of the few. He was he was not sent to a concentration camp. He actually kept his lab because he was working on cancer and Hitler.

Hitler had a think Hitler's mother died of cancer. And, anyway, but the point of the story is, is not to Warburg. You know, his work in the early they they did a tremendous amount of work in the early 1900s.

And because this was a new disease, this was a scourge. This was happening. And he really felt it was environmental. In fact, Rachel Carson in, you know, refers to him as one of the early fathers of, you know, environmental medicine of realizing how damaging the environment is.

So somehow we got all the way over to this. Sorry about that little rat. But if we come back and it was interesting if we come back, though, so we some of the injury response, we start to enter.

This is this healing mechanism. And I think of it is when we get the body has had an overwhelming amount of hits from toxins, pathogens or stressors. It could be traumas, it could be injuries, it could be surgeries or whatever.

Any combo of those. Do I have that part right? Yeah. Well, basic you get stuck. Okay. The cell danger response is a cycle okay. It's part of the healing cycle. Okay?

I mean, you know, this is what should happen is you have an injury and then you get to CD1 where your body is, you know, killing off, you know, you get a lot of inflammatory cells to kill off any bacteria that are there, knock off any viruses, and to, clean up any of the half dead cells that need to die.

You know, you want to clean up the area, you know? Okay, so that's the cell. The first response is lots of inflammation. Okay. That's the thing we see.

Like when you get a a cut that begins to have a little infection and it gets red and hot. That's the first stage of the cell danger response. We get a cold.

So we're going to go into this kill off kill off the virus clean have whatever. Yeah. And then we should go all the way through. That's the problem. We get two and three and come out well.

Covid is a great example okay. Because when the cell danger response is working well, you don't even know you had Covid because in that first stage you make a not interfering gamma inside your inside your cell, that you're going to not let that virus replicate very much.

Okay. You get enough you as soon as that virus particle gets in your cell, your mitochondria sense that somebody is stealing some of the nutrients and then it turns down, it makes less ATP that raises the oxygen concentration inside the cell, because normally your mitochondria use up oxygen.

That's why it's so important to get oxygen to ourselves. Because we're feeding the mitochondria. The other parts of your cell don't use much oxygen. The mitochondria is what use oxygen up.

Because when you make ATP, you actually make water, H2O, you take oxygen and the hydrogen and you make a water at the same time, you create your ATP molecule.

And I think that's the other reason that sick people are always dehydrated. I'm not sure that, but I really think so because you really you actually you don't make enough water if you turn off that process.

So but the first time that cell gets infected with something, it's protect itself. It starts making less ATP. It starts shuttling some of that ATP to the cell surface, where it acts as a signal to tell other cells that it's not well, that there's danger here.

Okay. And, the oxygen in the cell creates an oxidative stress to the to whatever's in there, okay. Whether it's a bacteria or a virus or whatever your body's trying to fix, you have higher oxygen concentrations in the cell, which is makes it a toxic environment because oxygen.

So it is oxidative stuff is bad, but it's just transient. Now in the next step, you know, you've killed off the bug, okay. If you've killed off of cell or two.

So now you have to replace the cells that have died because some of those cells aren't going to be that lucky to have killed the virus before it can replicate.

Some of them are going to be damaged. And you have, your body is very, very good at housecleaning, getting rid of dead cells. Very important. So the second stage of the CDR is to rebuild those dead cells, wherever they may be, in your nose and your liver or, you know, any in your heart, even, so you don't rebuild as many cells, but you can, and that's a or two.

And during the cell danger response two that's when we're having this Warburg effect where which is always confused people because it's what we see in cancer cells.

Okay. Cancer cells don't use a lot of oxygen, okay? They burn sugar, you know, and that's the reason many people with chronic fatigue are stuck or have some cells.

I mean, this is the important thing. I actually confuse me in the first years is that this can be a local phenomena. Your whole body is not necessarily stuck in any one of these places.

It can be just be groups of cells. Maybe you had an infection that got into your liver, but only affected part of your liver. The rest of your liver is still functioning well.

It's just that that part can CRE can give off messages that still, can affect your whole body and the kidneys. Main being so dangerous. 1 to 1, the heart may not be the lungs may not be.

Exactly, exactly. That's the thing. This can happen anywhere that there has been an infection or a toxin that has

caused damage. It can be any any cell.

This is what happens in the process. So sometimes the in the beginning there is this first really inflammatory thing, inflammatory stage which can create a lot of pain.

And actually got, you know, you has lists of diseases. And to be honest, I can never remember them because, they just don't fit in my brain very well.

I think about them a little differently. I mean, the cell danger response to start is easy because that's like, you know, things that cause scarring and cancers, but especially scarring, you know, and mast cell activation can often be a little combination of CDR, two CDR, one but the CDR two is where I think a lot of people who have fatigue and who've noticed that when they eat super, they they even though the sugar might do bad things to other part, they might think, you know, the sugar gives them energy but then gives them brain fog.

And, you know, it's a very common thing because, well, the sugar is probably feeding, you know, yeast or bad things in their guts, but initially it gives them energy because their mitochondria are shut down.

That's what people have to understand. And that's why taking CoQ10 and PKU and all these good mitochondrial, supplements often aren't helpful and are very frustrating because they're spending a fortune on these very expensive supplements and they're not getting much benefit.

They're bringing in at the wrong time. It's not useful since there's a timing dollars. And that's what I love about this model, is it gives us the timing for these things.

How the Cell Danger Response Works

And you said that that's something that so important is to not throw away a therapy because it didn't work. It didn't work because you tried it at the wrong time.

I mean, it's the same thing when people try to, if they have a, you know, if you have Lyme disease or some other, you know, infection. And, but you also have medical issues if you have in controlled your mast cell issues at all and you try to kill the bug, you flare badly because, you know, once you start releasing inflammatory chemicals, your body just goes kind of nuts until you get that system to communicate.

And that's communication is really what the cell danger three response is about. A lot okay. Because in CD3 the cells are that have been rebuilding CDR two is rebuilding okay.

So cells are growing back. If the cell has been damaged or if a new cell of the stem cell has to come into the area to grow a new cell, that's the CDR to form.

But during that time they're immature and they're not communicating well, okay. Because the cell membranes are kind of, stiff at that point. They're protecting themselves.

Okay. In CDR three, the cell membrane is maturing and the receptors are more responsive okay. And the hormonal receptors are now working okay. So they're back as part of a whole.

They're back in the communication business. But if your cells are communicating well with each other then you have a bit of chaos, which is what a lot of our patients wind up living in.

Is this, this, this chaotic place where, you know, information that should be relaxing is stimulating. You know, if you give us an example of that, well, I, I, I'm trying to think of a of a good biochemical example.

It's just something I see all the time, you know, is that, when and again, it's usually because the nervous system is, is too upregulated, you know, and it's, it's, it's, it's like the, the, the cells that, that should tell us to relax.

Okay. Are, are, are not able, to to yeah. Like in, in, in traumatic brain injury. Okay. Where the Purkinje cells, you have a whole lot of cells in the brain that are designed to produce, they're gabinete they're designed to produce Gaba, you know, to relax the system.

But they're a very high energy cell, okay? And if they're not functioning well, if if they've been damaged and they're kind of not really in that, in that their cell membrane is not normal, is not working normal.

They're, they're not they're not able to fire off like they should. They, they, they wind up to be, kind of overly stimulated but not able to release Gabba like make sense because when.

So I also had some brain injuries and early in as I was trying supplements when I would try things like l-theanine, I would get anxiety. Right. Paradoxical.

But as I went further in my healing process now things like Gaba, I'll see any and all that. Very helpful CBD, very helpful for me. But there was a period of time where they all backfired.

So is that what you're talking about? Yeah, yeah. You know, I mean, and this happens on so many levels. Okay. Is the, you know, in, in that when the, princess a little like, you know, like, you know, anytime you, anytime you have I mean, you've got your glutamine and your glutamate pathway, which is, you know, constant, constant balance.

Okay. And glutamate is excitatory and but you needed to learn, okay. So a little bit is really good. But if you can't balance it because that cell because that cell isn't mature, you wind up with with anxiety and headaches and just feeling terrible, you know, with the tiniest amount of glutamate, but without glutamate, you can't think, you can't remember.

Yeah. It's it's like having it's it's A. D. D. and brain fog all at the same time. Yeah, yeah. So it's it's about about balance, you know, and the, the thing that I find difficult.

Okay, just to put it in perspective is the, you know, I use the cell danger response to understand chronic illness, okay. Because again, it helps understand why people who, you know, you're your, your body is in a habit.

Okay. Because that's really what the problem is, is that the cell danger response when it's working well is not a problem. Okay. You go through the healing stages and none of this really matters, okay?

You only have any issue when the cells are stuck in one of those path. And one of those paths you know, and that's usually because in my worldview, because there's been some chronic irritant, okay, that is not letting the system go back to balance, you know, and the issue can be it can be biochemical, you know, but it can often be structural or neurologic or environmental, you know, I mean, the mold is the great example of the environmental, you know, that is constantly irritating the system causing inflammation and then depending on where your body's pathways don't, balance.

Well, okay. That's what makes it so individual. Because when we if, you know, like there are people when they get ill, they tend to get headaches, other people tend to get, you know, gut issues, other people things get joint pains.

Other people tend to get, you know, like, again, some people just, get, you know, get scars or just get hypertrophy, like things just grow in the in, in their, in their, in their bodies.

They get cysts all over the place, you know, so where our system has trouble modulating itself is the issue. And with the Cd-R, with the cell range, the response teacher just gives us the the model for understanding this is about balance.

Okay. In in and it's about finding any individual. What areas are over or under regulated. You know, I, I to be honest, I have been unable to use the cell danger response for, you know, pinpointing which what supplement to use when as more is just understanding that the system is out of balance and looking had kind of had a had a balance, you know, more on the global level of, that there's too much there's, too much information going towards

fear.

And this is the model of safety, even on the cellular level. Yeah. Think about safety as a psychological concept. But there's a, there's a so safety safety is a cellular is, is is cellular.

That's the thing is that when that cell because that's what ATP. So going back to the basics of the to me the heart of the cell danger response is is what the mitochondria does.

Okay. And I think that that's where I use it okay. Because to be honest I said, you know, I said, Doctor Nabeel has his list of diseases that he considers CDR one, CDR two, CDR three and I understand them when I look at them, but they don't give me that much clinical help with given me clinical.

What I use clinically every day with every patient is understanding how the how the how the cell is responding to the environment. Okay. And and when I think of the cell it's the mitochondria okay.

And in the cell danger response. The idea that the mitochondria is sensing, nutrient sufficiency and what's being used up. And if it and if it senses danger, and it doesn't have to be danger with a capital D, okay.

It's just when it, senses something different. Okay. The reason we remember things is because the mitochondria release ATP, okay? And that ATP plus dopamine gives us the signal to remember that.

Okay. It's so it's it's not necessary. So danger almost is too strong of a word. It's just different. You know, that's what your body's designed to do.

You know, consciousness loves you know, unique difference. If everything is the same, you don't learn, okay. And your cell defends itself against something that's different.

Not always harshly, but it notices it, okay. And when it notices something, it puts more ATP on the cell surface as a signal to the other cells. You know, when you've been ill for a while and you're and you have a handful of cells that are stuck in this hyper vigilant state, okay?

And that happens when they don't have enough energy, they get stuck. And so this is that the interesting and how I think about this I, this is very interesting.

I think it's a little bit different than how how Doctor Native thinks about it. But for me it's all about energy and danger. Okay. When there's enough energy, the system relaxes.

Okay. Anxiety is a low energy state. Relaxation is a high energy state. You know, muscle contraction. Okay. That's low energy. It doesn't take anything to contract your muscles.

It takes energy to relax them, you know. And that's what so, so understanding flow is, is is what I think is, is so important. And what the cell danger response tells me is that when the mitochondria sense that this is that things are safe, the body can heal.

Okay. And but when the psyche sense that things are safe, the body can heal. And that's because if you look at all of the various triggers to this, the environmental, whether it's chemical toxins, mold, toxins, we have to look at what's happening in terms of pathogens, bacteria, viruses, molds, colonize in the body, Candida parasite.

And then we've got to look at the the emotional side as well. And oh, you know, right. Yet to have anybody come into my practice who had a deep sense of safety in their body that just felt relaxed, that felt at home.

And what you're saying about, relaxation being a high energy state makes so much sense because people are chronically ill. When I was chronically ill, you have all this muscle tension, we have this guarding, and everything trickles up and and then down to the cellular level back up.

So yeah. Membranes just putting some dots together here. Yeah. And, and and I've had some cases even where we have done everything we could on the environmental side, done everything we could in terms of mold.

They had worked on Lyme and they had worked on nervous system healing, all this stuff. But there was a toxic relationship and they hadn't gotten out of that toxic relationship.

So there was still a sense of danger coming from that. And that's where we have to look comprehensively at what is keeping the cells in the state of of danger, or the brain controls everything, you know, I mean, the nervous system.

I mean, that's how when you're stuck in CD, I mean, this is the point, is that when you have cells that are stuck in CD3, they're not responding to nervous signals.

Well, okay. So that's what you got to get. And and you know, it's anytime there's been trauma in the body okay. You know, and that's why as we get older we have more and more collection of areas that ache.

Okay. And like, often we don't even notice. They ache until we use them in new ways, okay.

Mitochondria, Energy, and Healing Timing

Because we use them in ways they were meant to use because we restrict our motion. Okay. We go to places where the brain has actually cut off information to the area, you know, and I know I'm doing I'm digressing.

This might seem confusing, but I just want to get across the idea that it's all about communication. Okay. And your body stops communicating with parts that haven't healed.

Okay? It just does. It's more it, you know, you try to heal, an old injury, and you go so far, and then it just says, okay, I'm going to accept that this is where it is.

I mean, and, you know, the the problem with Western medicine is we don't have any story. That's a lie. Okay? That's where the ivory and Chinese medicine and all kinds of traditional medicines are much more powerful because they understand relationship.

And in Western medicine, we have, you know, the heart and the kidney and the brain, and we have stories about how they work, but not how the system communicates.

Okay. And health is only when the whole thing is talking. And chronic illness is because parts of your body have just stopped communicating. And this is where the Cd-R comes in, because that's where most of us have pieces that, have been injured and are stuck, have to make sure their tissue that's stuck in a little bit of CD, R3 where that cell membrane is normal but hasn't gone back completely.

And when that happens, the lymph flow isn't as good. The muscle flow, the nerve communication isn't as good. And you know, that's where body work is helpful, where, you know, again, your flavor, whatever seems to your body.

Some people it's acupuncture, some people it's different. And body work totally depends on the practitioner. I mean, I tell people, never give up, keep hunting.

You find someone whose hands talk to you. You know, because you kind of open this stuff up. So there's communication again, but the body doesn't really want to do it because you've been stuck for so long and it's safer.

And I think just go back to two relationships. I mean, this is what I was getting to is psychology is the best is the best analogy we have to how the body works really because it really is as above, so below.

If you're, you know, what we learned is that, you know, if you have a family member or a good friend, maybe you shouldn't be the good friend, but a good friend who they are just subjects you don't talk about.

Because if you talk about, you're going to fight and you don't want to fight, so you don't talk about it. Well, that's what happens when you try to heal, because it's the same thing, is that if you're going to go back there and try to heal, you're going to have some pain and inflammation.

You're going to have to go through this healing cycle, and it's going to take work and energy. And sometimes the system is just decided. We don't have that much energy.

We're not going to do that, you know? And so that's when where it's sometimes helpful to understand when you've been ill for a while and you feel overwhelmed.

You you're not and you are. So give yourself the space to know that you're not going to heal everything at once. You know you're going to go through a process and you're going to let your body, have time to talk to the places that don't work and you don't, and be respectful.

If you get body work or psychological work or, or take a medicine or a supplement that flares your symptoms up. Okay, maybe that's it's not the right time for them.

They're not bad. It's just not the right time. And I just I'm feeling bad, right now because I realize I'm not really talking about what I'm talking about, what I've done with the cell change response, and not the way, I think I know that, you know, your life thinks this way when we talk.

But he he would put it in much more biochemical, biochemical terms. But, I think I think it makes sense for people. And that's what matters is that we're, we're making it make sense for people in terms of why they may not have done well with vitamin D early, and why they might be reacting to vitamin D, why they might be having trouble with the methyl B12 methyl light, why they might have trouble with B6, because we know that the, HTC enzyme that converts histidine to histamine is dependent on B6, and that can get upregulated early in.

So it's just bringing the context to to what we're dealing with. Yeah. You have to just be respectful that everything that increases energy okay has a chance of making you feel worse until your body can let the energy flow through it. Okay.

And just and so don't give up because that is the way to health. But you just have to go slowly and in the right steps when you take something that makes you feel bad.

Now there are things that is toxic for you. Okay. So no question about that. But the toxicity is almost always in the dose. There are very few things that we have on this planet that we give to each other that are inherently, at least in the supplement world, that are inherently toxic, you know, but it's the dose, it's how fast you're pushing the body.

And so, and so I'm trying to get back to that the, the, the, the, the cell danger, model. And so when you have excess inflammation, okay. Using Band-Aids to turn that down can sometimes help the system feel safe and calm.

So then you can get to the next stage of healing, you know, in individual areas, if you're just suppressing the system, it doesn't work. You know, one of the things that's very interesting is that, you know, that, you know, you has this, you know, CD1, CD2, CD3, you know, like the, the CD one, as they said, is is like the, you know, killing the bad things and getting rid of dead cells and kind of a destructive, high energy kind of process.

Okay. But what we don't know is what what are the necessary, substances or things to get it to go to the next step? Okay. And, it's a lot of little things together.

The best we can come to is something we call quorum sensing. We know that bacteria do quorum sensing. You know, bacteria change forms and sometimes they do that.

And we don't know what this exact signal is. But when a certain amount of chemicals happen in the soup that they're living in, they suddenly will change for you know, kind of all together.

And it's the same thing in healing. There's this quantum change when, you know, you get a group of chemicals together, the whole thing changes. And it's hard for us because we think, like engineers, we're looking for the one thing that's going to make the effect.

And we do see that obviously with lots of supplements and lots of drugs, you take X and you feel better, but often it's the 20 or 30 things that you've been doing and suddenly it's different.

And and that bothers us because we're I said, we're engineers. All of us are. Engineers are monkeys. We all want we all have that A causes B because that makes sense, you know?

So that's not how the system the system works. The system love that. More complicated than that. And you know and and as we go through each step of the healing cycle, you know, we, we have to remember that it is kind of mystery and that, you know, one, it was things that he's emphasizing these days is what he calls the healing the health cycle, you know, and he calls it cell eugenicists, versus pathogenesis, you know, in medicine, in medicine, we always study how you get sick, you know, and I, you know, and we all do.

We do lots of tests looking for the pathogen. Look, you know, the bug or the toxin, you know, we the mold, find it somewhere in the mycotoxins. You know, we're always looking at we spend a huge amount of time doing that, and that's good, because when we remove those things, we allow healing.

But we don't necessarily healing doesn't necessarily happen, you know, you know, lots of people who are in the cleanest environment and they're still not well, you know, and that's when the simple things like being in the earth, being in the sun, you know, and being in relationship that isn't making you sick.

And we've got to be careful here because, you know, when you're ill, it's hard to be with. You see, this is the catch 22 is people have to understand is that when you're sick, you're usually not as nice as you could be.

You know? I mean, it's it the system's irritable, your cells are irritable and you're irritable. And so you, you know, I, I want to be careful. I hate to give people the idea that they should just live in this.

Like it's not about a perfect world. I mean, you're supposed to have stressors. You know, life without stresses. Is that good? You know?

Safety, Nervous System Regulation, and Communication

But you have to be aware that if you're in a system where there is no room for you to move without being assaulted, you know, emotionally and physically, you know, know that you're not, it's going to be you rarely going to heal, you know, of with chronic illness.

You know, it's it's, chronic illness is about your body. It's a very individual. It's not about the other, you know, it's you can't go. What worked for your uncle may work for you, but maybe not.

Not find a we do. Yeah. Yeah. It's synergy. And that's what you're really talking about is the synergy of the the right supplements at the right time for this person, which is going to be different than that person.

That's why I don't have any blanket protocols. And it's it's the synergy of the, the nervous system supports that are going to work for this person, the body work.

And I can't do massage, but I love cranial work and my body really responds to cranial work. There was a period of time I couldn't do acupuncture, so I'd have huge amounts of nasal activation and redness and itching.

Now I can do acupuncture. And then for me, getting my feet on the ground and being outside in nature for an hour a day, rain or shine, has been hugely healing for me.

It's it's essential for for the process I'm in now. But I couldn't do it ten years ago. It was. I was in a different state. It

was it was too much. I couldn't handle the temperature changes and I'm too hot, too cold and so are healing.

What what works for us shifts as well as we're moving through these stages. So that's what I'm hearing. Yes, yes, yes, yes. And just always be gentle to yourself because it is safety that will allow you to heal.

It doesn't have to be perfect. I mean that, that that I, I'm just like I said, like I always hesitate to use those words of safety because then, you know, then people it's not it's not.

You need also struggle. I mean, it's not, but it has to have some your body has to know that it can relax. But you're not, you know, not expecting perfection.

But the healing, but just getting to that state where you're giving it the nutrients that it that it needs to allow healing, you know, I, I, you know, it's funny talking to you.

I'm just realizing how, like, I still not have not been able to really put together, you know, when I sit with the biochemical, which would, you know, the details which I love of how the cell danger response works and, you know, like what the mitochondria do and what the endoplasmic reticulum, you know, all how they all. And that's fascinating.

And it gives me ideas about different supplements and different drugs to use. But I realize there's still a disconnect. Okay. When I'm working with that person, what's going to work for them is more in this bigger zone of like, how do we get the nervous system, in a place where it can listen?

How do we get to. Because I mean, structure. I mean, one of the things I don't, I just always want to put a plug in for is how important the cranial cervical junction is, because people, especially people with severe mast cell issues and a lot of mold inflammation, you don't have to have, CCI with the cranial cervical instability to the point that you need surgery, but just inflammation makes ligaments lacks that simple.

I mean, any chiropractor will tell you an allergy season. It's harder for people to hold adjustments, you know, because you get a lot of inflammation, local inflammation, the ligaments get a little more lax, you know, and when you have a lot of local, a lot of inflammation in your body, and if that ligament happens to be one that's holding your upper cervical in the right spot, a little bit of more move, it irritates the nerves, especially, if it affects it, if it affects the, where your head sits on your neck and that can irritate where the vagus nerve, where the ventral vagus nerve is, you know, and, that can really play havoc with your autonomic nervous system.

And then that sense of danger is with you all the time. Has nothing to do with with your environment. Okay. You know, if you're if you're nervous, if your nervous system makes your heart beat fast, you're going to be frightened and you're going to be anxious.

It doesn't matter how calm a person you are when your heart's going 120 beats a minute because you walked up the stairs, your body's going to feel like it's in danger, okay?

And that has nothing to do with your psychology. Okay, that is hardwired into how the body works. And I just want to emphasize that more important than anything is is what we're talking about psychology.

I'm not talking predominantly about I mean, we want to give equal weight to. Yes, how you interact, you know, emotionally. But there is so much that's hardwired into what it means to be an organism that sends dangerous signals because it's about survival.

And if your heart is beating fast, if your lungs feel tight, if you don't feel like you can get enough air, you're going to be frightened. I don't care who you are.

You know, if you don't, if when you swallow, it feels like it's not working, it's going to be. It's going to be frightening, and that's going to send a signal to your body to be more hyper alert.

And that's going to get your mast cells and all the other, you know, T cells and B cells to be more agitated or agitated, to be more easily agitated. So you know, understand when you're relaxed, you can be exposed to what you're allergic to and you you might not react.

Yeah. Well, let's think this is so critical because the vagus nerve controls that part B the pros the lung function controls the G. I motility. So we see a lot of that with chronic constipation.

Stubborn involved in sleep communicates to the mast cells or muscles the nerve endings. And all along those nerve she's we have to wrap up here but yeah.

Yeah I just want to say and that is the, the thing is that this is your whole system. You know, the mast cells are interesting because they can make noise and they interact with, with, you know, with the whole system.

They were probably the original immune cell. And so they communicate with every T cell and B cell and neutrophil and dendritic cell. They're all part of the communication.

And they don't have to release histamine I mean that's what people don't get sick. Oh my histamine levels are high mast cells have lots of other chemicals to release.

And more importantly, they can stimulate, other cells to do inflammatory things and just when they're, when they're upregulated. So it's it's the body is just an amazing, amazing thing.

And when it's causing you to feel bad, it's really hard. And my advice is just to be patient and keep looking. And, you know, listen. Because I said on a I when I started doing these summits, I was amazed by how many different opinions and information that's out there.

And there's almost always a different one, something you haven't heard before and something that might trigger what you need. You know, I just I just emphasize that don't give up.

I mean, so many people because they've they've spent a fortune going to, you know, a bunch of doctors and they just want to give up. And I totally respect that.

But I can tell you is that it's just you just haven't found the person who knows enough about what you need to to fix. And and I wish I could tell you, that you can find that all the time easily because, you know, there are so many different ways to heal the body.

You know, that's that's a wonderful way to, to to to just frame all of this and to frame healing. And I want to really thank you for putting this together for us, putting this context together and for really sharing this your your passion.

I can see how passionate this is. And we're really blessed and privileged to have you on with us. Thank you so much. Oh, well, thank you, Beth. Thank you for having me.

Clinical Takeaways and Finding Gordon Medical

And just and thank you for for educating the world because your work is so, so important. People have to learn about this. So thank you, I appreciate it.

And then please let people know how can they find you and know be interested in finding you. We're just we're kind of the it's we're just Gordon medical Associates.

We we had another name years ago, but somebody else took it. And then we just went with this one. So it's Gordon Medical Associates and I think it's Gordon medical.com.

And we can be found. We're out there and always having you have an in person clinic. Oh yeah. Yeah we have. Yeah. Yeah. So we have that's what we do. We're kind of old fashioned.

We we we and that's old fashioned these days. It's a lot of zoom. But, yes, we see patients, you know, that's what we do. We listen and we try to find the people.

You know, if I can't help, you know, I can't figure out. Or if I don't think I'm the right one. You know, I'm pretty good at helping people find what I think is the right people, because that that's the trick.

I don't have answers for everyone. It's just that. But I know enough of the questions that I can usually figure out what direction people need to go. Because this is this is not, you know, you, you can't know it all.

You know, when I started, I thought I was going to be an expert in everything. You know, I was going to be a homeopath and an acupuncturist and this and it and, you know, you learn, but you can't, you know, you got to know what you know.

And then I sent people for the work that they need because they need that whole network of people in your clinics. Oh yeah. And, you know, in the clinic, you know, we have yeah, we have lots of modalities and, you know, and outside the clinic, it just depends what the patient needs because, you know, that's that's what it's about.

You know, the people, people who are willing to work hard to keep getting better. I, I'm just impressed with them, that's all. It's it's it's. You have to say that, you know, so many people, you know, aren't willing to put the work in.

And those who are, I just want to, you know, we want to support them as best we can. Well, thank you so much for what you do as well. The research that you've done, it's really changed lives.

And I think that this framework is going to change the lives of practitioners in their practices for, people who are listening for themselves and looking at this from a whole new lens in terms of how they can heal.

So I just lots of gratitude for you. Thank you, thank you, thank you, thank you for having me.