The Hidden Layers Behind Chronic Illness and Neuroinflammation Transcript

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Introduction to chronic illness and root-cause care

I'm not gonna be able to change your diet enough to get you past chronic illness. I personally don't believe that if you switch someone from an organic, whole food, macro-balanced, eating enough calorie diet to vegan, all of a sudden they're just gonna get cured.

Or carnivore, or you name the other diet, GAPS or FODMAP, they can be helpful. Oftentimes, also with those labs, I am like, oh well, your mitochondria are completely shut down, you're full of aspergillus, You have radium, and you also have Lyme, Bartonella and Babesia.

Yeah, there's no diet that's gonna to you out of that. If you're overwhelmed with chronic health symptoms and still don't have answers, you are not an alum.

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.

So I'm John Gaitanis, I am a child neurologist, also on the board of MedMaps. And we are here at Medmaps conference in Charlotte, North Carolina, March, 2026. I would even more.

It was chiropractor who spoke to us on. something that I know nothing about, which is radiation, but I want to let him bring the conversation to a little more to his practice, the kind of patients he sees and get some of his clinical insights.

So with that, Javan, thanks for joining me. Well, thank you. Thanks for inviting me to this event. It's been amazing. Yeah, I'm happy. And I mean, do you find, now is this your first?

This is my very first one, yeah. All right. Would you say having come that first time, sometimes the impression is that wow, these are my people. But do you have a little bit of that sense?

Definitely. You know, I wasn't sure what to expect because I'd had some kids that had came into me five, seven years ago that I worked with. I had been to docs that were maps docs, right?

Map trained. And so I add a concept of what some of them were doing. But when I got here, it was just like, wow, you know. Everybody's in the fight for kids.

and I haven't really seen anybody make any kind of statements where you know, there's any, like, this is better than that.

Meeting at the MAPS conference

It's just like hey, how can we help each other? Yeah. I think it does create a family dynamic. And I thing hard of it is we're fighting, a lot of us are fighting very much the same battle.

Mm-hmm. and it's a terrible analogy, but I can think of the island of misfit toys in the Christmas movie. You know the toys that nobody wanted, it was sad.

But sometimes in medicine, I feel like a lotta the traditional colleagues don't want to see pans, pandas, pots, chronic fatigue. The whole list of diagnoses that nobody wants to touch.

And so the patients come to you feeling gaslit and ignored. Um, and so it sounds like you've got a lot of experience seeing that type of patient. Oh, for sure.

I actually just hired an MD onto my team locally in Kansas City and didn't have any functional medicine training prior. And I was like, that's all right.

We'll teach you. Here's the one thing that you're going to run into. Remember all those patients that were the stressful ones, the ones that a lot of clinicians are like I don't want to see that person.

As you said, then the misfit toys or the unseen patient. That's everyone we see. Yeah. Now we just take the time and we figure it out. We get to the bottom of it.

I mean, that was my story, just like so many of us that are in this. And it creates the passion. Yeah. I would just say, I, mean in some sense, this is the case, but chiropractic training might be better suited to addressing those patients because so, many patients who come for chriopractic care, already things weren't working for them.

Like they came having tried so much medical treatments, everything failed. And then you get these amazing outcome stories. Like you must have experienced that.

Oh, for sure. And I think one of the things from chiropractic that just in our training is there's a couple of ways that you can look at the body. You can at it from the microscopic, you look the pharmacology or you could be specially trained as a neurologist or a cardiologist or some of these brilliant minds, but they're trained in one direction.

They look that piece. Whereas chiropractic, we look at the entire body as a whole, and you're looking for what is creating interference.

Chiropractic philosophy and whole-body assessment

Now, original chirapractor training, what most people think about is the spine and adjusting, but just the philosophy conceptually is figure out what's blocking the body from being healthy and remove that.

Yeah. And let the buddy go back to normal. So that idea immediately that kind of concept when I meet with a patient, I'm like, okay, well, here's your symptoms that you just told me about.

Why do those exist? What is not allowing normal function is just the way that my brain is operating. And so then when you start bringing in Lyme and mold and radioactive elements and all these things, like oh, that would stop normal functioning.

How do we remove that? How to we change that, how do optimize away from that. I mean, I think this is the case in my patients, but it sounds like in yours, it's often not a single entity.

One thing's piling onto another. Yeah. It's never one thing. I end up oftentimes telling someone is, There's no like, well, what's the magic fix? What's?

The one thing that I'm really going to feel so much better from them like that. That happens, but that is not normal. I remember a parent of an autistic child came in.

She had, I was reading on this forum and they said, Methylated B12 got their kid to talk. Can we try that? I was like, well, yeah, but it's usually not that simple.

It's not just like the one thing's gonna work for everybody, right? And once you're weakened, once your body is broken down, I use a backpack analogy.

I'm like if you put your backpack on in high school, and I know kids today don't do this, for the rest of us that are 30 plus, we had books. And one book carrying around, you'd do that all day.

Two and three, starts to get heavier. Well, a lot of our clients, the ones that chronically ill, My backpack has gotten so heavy with the lime, the mold, radiation, parasites, and toxins from the environment.

They can't even stand up anymore. It's soo heavy that, you know, if it's a thousand pounds, can you stand? No. If it 500 pounds can stand, no. 200 pounds stand.

Some people, yeah. So if I take five and 10 and 15 pounds out of it, you can't stand up. So the weight of the backpack or the way the burden on your body is so great.

Yeah. That even as we work on them and we remove one thing, two things, three things. You don't feel the change. Which is why I think it gets so confusing to go right back to your question of, is it one thing?

No, almost never. It's also why fixing one things oftentimes you don't necessarily always get results. That's true. I mean, because your lecture added one book to that backpack I never think about.

radiation, right? I don't even go there. And so, but my own, my, if I had to say, what are the common ones I look at? Like I often, you know, I feel like infections are a really common one.

Layered causes: toxins, infections, and environment

Right. We have to think about tick-borne infections. Sometimes there's a neuroviral thing that we have think, about of course, nutrition and for nutrition is a real problem and all the various exposures from eating ultra-processed foods, et cetera.

Lack of exercise. We've got to think too about telephone and internet use and why mine's not on me. Yeah. I mean, we're all like 5G. So you start to pile up, right?

And you think, okay, now which one am I going to tackle first? So how do you address that part of it? In my education, I kind of tell people as we are getting into the process, there's toxins, trauma, and infections.

Those are the things that are hindering you that are not lifestyle oriented. Cause you mentioned diet and shoot, do you eat enough calories? Do you get the right kind of calories like there's so much that you can get into.

But my note, I structured in a way where even the note takes us down through the pathway that I want to help somebody heal. So the first part of the notice, Do You live in an environment that is safe enough for you to be able to get well?

And it says air. Radon mold, let's talk about those. Water, which is what I presented on, right? Like look up your water. What's in there? Is it clean?

Can we make it cleaner? can we take that burden off of you if you're drinking radium or uranium in your Water? Then I go from there. I went to food and hygiene products.

So like what's the toxin in you food hygiene product? So I have them kind of go through that with a health coach on my team so that we can support them in understanding Yeah, that way that I was brought up with bleach being a good thing, like the smell is clean.

No, it's actually really harmful to you. If you can smell a chemical, potentially it could be harmful, especially when that harsh. Yeah. So we go through that.

I go to a dental and implants. It's like, let's create a safe environment. That's got to be the beginning point. And then we can go into when you're in a save environment, Do you feel safe in that environment?

Like I've created this little bubble for you to live in when you go home. Do feel good there? Do, you, feel, safe there. And I don't mean feel in a, my symptoms are all gone away, but to where you're not worried about things.

So your nervous system can calm so that you can get out of fight or flight. You can start to rest. Your cortisol could come down. Then we can go into talking about all the fun stuff that we all get on stage and talk about, which is the

parasites, the Lyme disease, toxins that are mold or glyphosate or atrazines.

Because if you're not in a safe environment, you are just re-toxing constantly, it's really hard to move the needle for somebody. It's not that it can't be done.

Yeah. That just makes it way harder. Yeah. I mean, it sounds like you kind of hit the lifestyle things first, the environment, and then move in. Once you kinda get those established, so you have your pillars, that sounds, like, you've got the nutrition, water, those environmental factors, then you move to the testing.

Is that a fair? Well, I'm doing the test. You can do both. Before you even come into my clinic. All right, all right. So yeah. Seek a walk and chew gum, too.

And part of the reason for the I don't know where to take your lifestyle. Yeah, there's definitely standards, right? There's Definitely standards. But I Don't necessarily know exactly where I take a lifestyle until I have some of the data.

So, um, do you have oxalates in your body? Yeah. If you Have oxlates In your Body, then I'm going to look at mold. And if you. Have radium in Your hair or in you're urine, I am definitely going and looking at your water.

Got it. It definitely helps to to Take me down a path. I think there is really great diets out there, but there are so many. And this is always triggering for a lot of docs.

Um, the majority of my patients that come in are already eating. Well, they're already. Eating a whole food, organic diet. Yeah. Most of the time I'm not going to be able to change your diet enough to get you past chronic illness.

And that's so crazy for some people to hear, but it's because the people coming to me are. Pretty good.

Diet limits and the backpack analogy

And I personally don't believe that if you switch someone from an organic, whole food, macro balanced, eating enough calorie diet to vegan, all of a sudden they're just gonna be cured.

Or carnivore, or you name the other diet, GAPS or FODMAP, they can be helpful. But oftentimes also with those labs, I'm like, oh, well, your mitochondria completely shut down.

You're full of aspergillus, you have radium, You also have Lyme, Bartonella and Babesia. Yeah, there's no diet that's going to get you out of that. So that why it's so important for me to do that because also I find that very restrictive diets for the majority of people, not everyone, but the major of the people that are chronically ill is even more stressful.

It's gonna graze cortisol, it's going to cause you to be in fight or flight because you don't know what to eat. Then sometimes the benefit that we get out of it.

I'm going to throw one other thing in there, which is concussion. So I would imagine, cause I see a lot of chronic fatigue, myalgic encephalitis, POTS, pans, and every now and then the concussions was part of the story or it might've been a major trigger.

And unless he asked the question, you may not get that, that info. What I find is it behaves not that dissimilar from, from say like a pansphere has a of those same features, the brain fog.

The chronic fatigue, sometimes lightheadedness, all can relate to it. I love that you brought that in there. And I agree with you completely. Undiagnosed head trauma, which I said from stage yesterday, I was like, ah, remember getting a stinger and walking back to the huddle and no one ever knew.

Who knows how many. head traumas I've been through in football and wrestling and track, well, not track but all

these other sports, but that is missed by so many people.

And as a neurologist, I'm sure you're an expert in finding it. We always think about it, we ask about, and one thing I started to conceptualize is that I think concussion and the infection story have a lot of similar dynamics.

So when you get into, say somebody comes in with Lyme and you go through the history, you find out that they actually, they had say Mycoplasma or they have EBV and then they the Lyne.

It wasn't often the first thing. They had multiple different infectious or inflammatory triggers and they got hit by the one that really caused everything to plummet.

So it's, in a way, I think, and concussion is similar. If you have that single concoction and you fully recover, you're probably going to be fine. But if you, have concusion after concussion, after a concussions, there's going be one where just the bottom drops out.

And then sometimes you can have a contusion and infection. Right? So you could have, a little bit of everything, but I, think in way I feel like the conduction piece and the infectious piece, they mirror each other a lot and symptoms are similar, And I think having sometimes a frequent history of multiple events is a common part of the story.

I don't know if you see something similar. Definitely have. Um, I w I can't say that concussion is, uh, large topic of what I do, but I've worked with a lot of neurologists or functional neurologist or people that specialize into more concussive type traumas or head traumAs, um, because I do believe that, I mean, when you get inflammation in the brain, faculty and function changes.

Concussion, brain inflammation, and vestibular rehab

And if all of a sudden your immune system isn't operating normally, if you have a chronic inflammatory thing happening that's self-perpetuating, then there may not be a easy way out of that and you need to bring in help.

I remember a woman I had worked with that had numerous concussions. And a game changer for her was getting into vestibular therapy. And by the time she started changing the brain dynamic, all of the internal work we did became so much more effective and she became significantly less reactive.

So I definitely brought in some of those tools over time. So the chiropractic neurologists I've worked with have used eye tracking as a key feature. They would look at nystagmus, sometimes turn the patient, see how their eyes are behaving, and then incorporate almost what looks like physical therapy plan to work on balance coordination and sort of isolate often one side of the body versus the other to.

Work on the area that's weaker. Um, but the eye movements were a giveaway and we don't like it. I mean, clinically, that's not an area we spend a lot of time thinking about.

Have you ever worked with anyone who's used the tracking and then yeah, tell me about your experience there. Yeah, I was more of just the observer more like where you are.

They were at a functional neurology clinic and they're using that to. to both, I guess you could say diagnose or at least track progress through recovery.

Because when the eyes, to the best of my ability to explain it, when when he eyes aren't aligned with what the body wants you to do, it's going to create a fight or flight response that then for me was disallowing me to be able to even bring in supplemental protocols, work on those Lyme and other types of infections.

And I think it is an underutilized tool. So what I found is that chiropractic neurologists were using that both the diagnostic and treatment plan, we're getting really good outcomes.

What they weren't doing is they were doing the kind of diagnostic approach you're doing now. I wonder if you merge those two. You know, it really could perhaps yield an even better assessment or outcome.

I would agree. I think, you know, and more that the chiropractor, the functional medicine world, I remember going to some training in both and it's like functional neurology is years and years of training.

Yeah. And then functional Medicine is as you never ending palette of information to bring in. and I even tell patients, like I need you to go functionalologist.

Like I wish I knew all that they knew about that, but it was just It's overwhelming to know them all. And I, but I think the, what I'm, where this is bringing my mind, those are often seeing the same patient, But they're doing their assessment in two very different ways.

Yeah. and I there is a place for both to some degree. Because one of the areas that's often overlooked in things like chronic fatigue is the role of exercise.

I feel like the functional neurologists have seen, they do incorporate a physical therapy plan as part of it. And that's an area I have a little trouble counseling is exactly how I mean, I try to give that guidance as best as I can, but it's definitely outside my expertise.

But I feel like you can't necessarily make that full recovery without the exercise component. I think I agree. And even beyond functional neurology, limbic retraining type exercises, vagal nerve exercises.

There's a program called Primal Trust that Doctor of Physical Therapy built and it's an online membership. And it is great for people that are stuck in that fight or flight type state.

So these are more like your mass cell, SIRS type individuals a lot of times, but I found it to be incredibly helpful for PANS families because it so stressful to have a child that is very difficult to manage at times.

And the parents then will become stressed out, which then stresses the family. And I've seen getting them in there.

Functional neurology, exercise, and brain retraining

What I call it is physical therapy for the brain. Yeah. I'm like, so often we need to be doing physical for their brain because even for individuals that are sick, it creates adaptations, whether that's to how you behave in life, how do you respond to different types of triggers, pollen mold in the hotel.

And we have to rehab your brain out of that. Yep. So that you can get back to the normal function. If you go to a hotel room, or a Walmart or wherever, and you smell or your body senses the slightest amount of mold and then you get a headache or migraine.

That is a, in my opinion, over the top response for what your immune system should be creating. Give you a little post nasal drip, have your face red in a bit, that tells you, hey, this is an area where my body's having a response.

We don't have to go all the way to, I mean I've had clients that were having almost seizures from walking into a place with mold because their body was so hyper reactive.

That's where I send to a primal trust or a functional neurologist. Let's do some brain rehab. One, one part I think about there from that is sewn pants, for example, I might get the inflammation down, but if they had a lot of fight or flight, even once you get things in a better state physiologically, the fight-or-flight is a learned response.

It might continue on much longer. And so there often is still a need to help ease that adrenaline reaction. Sometimes that makes people think they're still in a flare, but it really may be that the fight or flight itself has to be dealt with as a separate issue.

And you can do both. You know, you could certainly do Both. But I think if you don't get the inflammation down, You'll never get a fight of light down.

Yeah. you got to kind of treat the infection or get information out first. But once you do that, that fight or flight can really perpetuate for long after.

Yeah. With some of the doctors in my clinic, I mean, well, as needed for the individual, uh, always like to try to start natural and use, a queer sin and LDN and DAO try bring down histamine response in the body.

That's generating inflammation. Maybe that's not strong enough. And they would have to go to chromal and cathodic and LDN. Uh, sometimes peptides like diamonds and alpha KPV, BPC TB 500. Like there's.

a plethora of options to bring down inflammation. But I tell people, I'm like, just because you put a Band-Aid on it and it's better for the moment, doesn't mean it is gone.

We've got to do something that retrains your body out of that behavior. And with pandas, now you have an antibody in your, and anytime your mucous is going to get triggered, if you go back there for, up to a year, And once we get past the year, I see a lot more long-term success, which means we've ruined enough of that response.

The bodies, the memory cells are calming. I'm not saying it's perfect, but we're calming, so yeah, it, looking at the person in a holistic view, back to that chiropractic idea of like the philosophy being remove the interference and let the body heal.

The problem with that statement is you assume the body is going to heal correctly on its own. When you remove the interference, what I've found is the bodies really good at adapting to survive and really bad at returning back to what it was like before that adaptation without some help.

That describes it perfectly. Removing the trigger is never sufficient. The healing process is really very different than just treating an infection. You can treat the infection, but the healing is something that we don't learn in medical school.

But it's a whole different kind of medicine that really here at MAPS that that, we focus on.

Healing beyond triggers and closing remarks

Yeah, it has been great. And the conversations I've been having with every degree type, whether it's a RN, a coach, medical doctor, naturopath, DO. Everybody's view is just like, how do we find every tool that you can possibly find and work together to solve problems?

I've gotten so many contacts of physicians with different specialties and all across the nation. And I'm like, perfect. Now when I have a client that needs a psychiatrist in New Jersey, I got somebody.

Exactly. I was like that's perfect because there's so many times where, you know, yeah, can work with somebody, they can fly in and we can get them going, work them virtually later on.

But sometimes people are chronic enough, and they need lots of tools. the community. Well, it's a great reminder that as we wrap up this discussion, there was a good discussion.

Let us know where to find you. Yeah, I'm in Kansas City, Missouri and finding me is usually pretty easy. You just use my name, Dr. Jaben Moore. I am on almost every platform, have a podcast and we're putting out content constantly because when I was sick, and I had Lyme disease, It was 2012. There wasn't a lot of people out there teaching resources.

So my goal has just been to be able to get information to people so that they have the informed consent to make a decision. Yeah. That's great. Others can have hopefully a smoother and better journey than perhaps the one you

had to go through.

Well, I appreciate it. I mean, Simon's been awesome. We'll talk more and we'll see you next year, right? Absolutely. Awesome. Javen, thanks for your time.

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