The Little-Known Link Between Heavy Metals, Inflammation, And Menopause Transcript

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Introduction and Dr. Parpiau2019s Background

Hi. Welcome back to the conversation. Today I have Dr. Nafysa Parpia. Hi, how are you today? I'm well, thank you. Are so glad to have you here. I want to introduce you to our audience.

You specialize in treating patients with complex chronic illnesses and that's things like tick borne illness. So Lyme environmentally acquired illnesses, mold, mycotoxin illness, autoimmunity, fibromyalgia, chronic fatigue syndrome.

So those are some heavy things to be dealing with in your clinic. And, you know, impressively, you worked in the clinic of Dr. Isaac Eliaz and Dr. Dietrich Klinghardt, both role models of mine as well.

I'm so jealous that you got to work with them. So but today I'm really excited to bring you here because we're going to be talking about heavy metals and its role specifically in menopause.

And this is such a fascinating topic. So, you know, the majority of our viewers are going to want to listen closely and take notes on this. So thank you so much for bringing your wisdom about this topic.

Thank you for having me. I'm excited. It's going to be a good one. So we'll just jump right in. So can you tell us why women in menopause tend to have higher levels of metals?

And I bet people are just wondering right now, is that true? Do we have higher levels of metals? It's an absolutely true. It's very, very common. I see this in my practice, day in, day out, in the research.

Now, we all know that women in menopause lose bone, right? So when your bones turnover, you release stored metals in your body led especially the now before and get deeper into menopause and metals particularly lead.

I want to give a little background on lead exposure in the U. S. So where do we get it from to begin with? And then how do how does it get into our bodies?

Right. Well, I think everybody thinks, well, that we're safe now, that we don't use lead paint anymore. But I bet you're about to drop a bomb on us. Right.

So the measures so anything the US has been from leaded gas, it was phased out of use in 1973 and banned in 1995 and then deteriorating lead based paints from weathered surfaces produce highly concentrated lead debris and deaths.

And then we can get a combination of corrosive water and lead pipes. This can get led into individual houses, into cities, water systems. I've seen so many of my patients with high lead in their home water, even sometimes if they're using a filter, maybe it's just a filter in the kitchen, but they're showering with it.

So the important thing is, is that lead doesn't degrade in the environment is is transferred continuously through the air, through the water, through the soil, just through runoff, precipitation, natural processes.

So it's still getting recycled in the environment and we're still getting exposed.

Why Menopause Raises Heavy Metal Levels

So though it's now banned from use, it's so toxic and it doesn't degrade, we can still get exposed to it from the environment. Anyone born before 1978 has a higher risk, right?

So then it gets into the environment and then into our bloodstream. So for women specifically. So I just want to make sure that this lands with our audience right now.

So as we age and as we start to lose bone from, you know, various reasons, the metals lead being a big one and I'm sure many other metals are released from that bone where it was probably stored to protect us.

I'm assuming the body kind of pushed it into the bone to get it away from the vital organs. Exactly. It's a it's the place. It's the place where it's safe.

Right. When when we're not in menopause. Okay. That it is the body protecting itself. Now, the half life of lead, once it gets into the bloodstream, is only about a month.

So more than 90% of the lead in our body is stored in our bones that the safe place until we reach menopause or until we have osteoporosis. And the bones are repositories for metals, especially lead.

So now this leads us to. But why do women of menopause have higher levels of metals? It's so as we age, we become our own risk of lead exposure due to the trabecular bone, the long bones, the thighs, the legs starting to turn over so women with osteoporosis can lose an average of 3% of their bone mass a year.

And women who don't have osteoporosis, they're post-menopausal. They can also lose a percentage of their bone mass each year. In fact, there was a study of around 3000 women and it found a highly significant increase in lead after menopause.

And it gave evidence that lead is stored in the bones, is mobilized into the blood. And so then there was a major implication of the study, and they talked about it in the study, the findings that chronic low levels of lead exposure can result in increase body burdens of lead.

And they said in the research, which would be releasable in toxicological significant amounts when bone is in flux. So we're not just talking about lead, we're talking about mercury and cadmium.

Also, they also get stored in the bones. But lead is the one that gets stored in the bones the most. Wow, that's really mind blowing. We're literally creating toxicity in ourselves because our estrogen is declining and therefore our bones are declining.

Right? Right, exactly. Poisoning ourselves. We're poisoning ourselves. And I'm assuming I mean, we're going to explore a lot today. But, you know, something that's top of mind right now, I'm assuming it's hard for our bodies to excrete metals because you think, well, it's in the bloodstream and it's in the body.

Why don't we just move it out through the garbage chutes? Why doesn't it go out through the bowels? Why doesn't it go out through the urine or the sweat?

And it sounds like it's hard to get it out so it ends up being put into the. And now, look, there's some people that are more susceptible than others.

And we'll get into this as we talk more. This isn't the case for everybody, but definitely it's the case for for my patients. But we know my patients suffer from complex chronic illness.

Right. There's two actually mice. We'll get into it now. So it's about genetic predisposition. Predisposition. So a lot of my patients have genetic snips or mutations in their genes of detoxification, in their genes, of their inflammatory pathways and their genes of their endocrine pathways.

They have a high, high toxic burden. So I'm always measuring these in the blood pre and post post provocation when that's appropriate, measuring mycotoxins, measuring glyphosate, a whole other slew of other chemicals.

So they have a high toxin load, they have a genetic predisposition, they have a lot of stress in their body, and that

causes immune dysregulation. And then how often do I see it?

Women are menopausal. I don't have enough estrogen that causes further immune dysregulation. And so it's this patient population. Guess what? They also have a lot of infections because not enough estrogen.

We'll talk more about this as well. The immune system is dampened and there's more inflammation, so now they're more susceptible to infections. So this is not the case for everybody.

It's for this certain population group clinic. So we've established how important this is for women and in particular. And men. You aren't you know, you aren't clear either.

Men get get massively impacted by metals. So we're going to talk about today will will help all you know people listening to this but can you shift into talking about the difference between a high level poisoning, which would be on an acute level and then a chronic low level exposure?

So before we kind of get into solving this, I think we need to unpack that. Absolutely. So I'm not talking about acute high levels of poisoning. Right.

This would put somebody in the hospital. Okay. It would be like maybe swallowing lead somehow or swallowing mercury somehow. It's not that I'm talking about low level chronic exposures.

Now, presence of metals does not equal poisoning.

Lead Exposure Sources and Bone Storage

Almost everybody has heavy metals in their blood and in their urine. That's just by virtue of being on the planet. Virtually everybody does. So my job is to figure out if the heavy metal burden is contributing to their illness or not.

It's not going to contribute to illness in some people. And in some people it will. We just talked about who's more susceptible, but the Agency for Toxic Substances and Disease Registry is a sub agency of the CDC.

It's it's formally it's a registry on environmental toxicant. It's called the NHANES data. Now, this list is important. It's going to help me determine who is at higher risk.

Okay. From from these metals. So it's a combination of how toxic the substance is, how frequently it's found in Superfund sites and in people, and how many people are exposed.

It's a scoring system. Looking at the top environmental toxins, blood and urine as a percentile in the US population. So now at toxin levels between 75th to 95th percentile of the population, most people are going to have problems and we need to consider an acute exposure.

I see many, many patients are having these acute, low level chronic exposures. It's 75th percentile of these toxins. I see a lot of these as well. Pathologies associated with low level chronic exposures are happening.

So it's a big deal now of the 265 top chemicals on this database, look at tuna 65. Arsenic is number one. Lead is number two. Mercury's number three, cadmium is number seven.

Three of these are stored in the bones lead the most mercury cadmium a little bit. They store more in the cells of the organs, the neurons. But this is why metals look at metals are so important regarding toxin load.

So these toxin, the most common in our environment, right? So many, so many patients I see in the 75th or 95th percentile, it's just way too common. That is a lot. Now I want to we're going to get into how to solve this.

But but before we do that, can you talk about the connection between inflammation heavy metals and menopause? Yes, this is a big one. I think it's underappreciated.

There's not enough thoughts on this. I'd say in the medical community right now, I really want to shed light on this. Now, insufficient hormones affect virtually every system of a woman's body.

We all know this part, right? Hot flushes, night sweats, issues with cognitive function. Actually, many times a woman thinks she's losing her mind. You give her a little bit of bioidentical hormone therapy and she gets her cognition back.

She she sleeps better, right? There's the immune system becomes more sensitive. Its hormones decrease in menopause. So our homeless have an important influence over the immune and inflammatory processes.

Now, with menopause, due to lack of adequate hormone, there's an increase in pro-inflammatory cytokines. We get a decrease in CD4, T and B lymphocytes.

We get a decrease in cytotoxic activity of natural killer cells. Our patients might be wondering, what does this mean to me? So this means that we're less able to recognize and fight infections.

We're more prone to inflammation and oxidative stress when we're lacking in hormone. Post-menopausal women have increased inflammatory responses to infections and a higher rate of autoimmune diseases.

It's very well known. This part's normally seen in the research we see in our patients. It's not talked about much, but the bottom line regarding hormones in menopause is that the decreased production of hormones enhances inflammatory process and that predisposes menopausal women to autoimmune disorders, rheumatoid arthritis, Hashimoto's.

It makes our bodies more permissive to infection. So this is how I look it in to my patients who have a multitude of chronic infections. I don't think we'll get into that today.

I don't think we have time. But my patients do. So this I'm just talking about the reduced level of hormone in menopause. It can cause all this so our immune system is compromised.

We're more inflamed, we're more susceptible to infections due to lack of hormone in menopause. And we start to lose bone when we don't have as much estrogen.

There's minimal metals come out, you know? Yeah. I feel like I've talked to so many women that have said everything was great until I went through menopause and then things shifted.

Things happened in my health and they, you know, they've gone to their regular doctors and they're in the Western world and they want to put them on antidepressants or, you know, or they just tell them, you know, it's kind of in your head.

You're actually fine. And deep down, they know they're not fine. They know our patients are shamed in the medical system all too often. Right. No one's looking at their lead.

Inflammation, Hormones, and Immune Changes in Menopause

A lot of doctors don't believe in bioidentical hormone therapy and they just haven't read the research on on it. That's all. It's it's safe. I don't think women need to suffer with lack of hormone.

I don't think they need to suffer with lead being exposed or or themselves exposing themselves to lead in their blood system from their bones due to lack of hormone.

So it's you're so right, Laura, when when you say this, they just women are not I say they're not they're not appropriately help in this process of menopause and bone loss and lead toxicity.

Yeah. And I mean, menopause is a phase that we go through and it should be just another period of, you know,

wellness in our body. It shouldn't be a period of illness, a time of illness.

It should be a time of wellness and transition because we're faced with in our modern world, menopause has become a a time of intense illness for many.

Right. Many women even say, you know, it feels like I'm going through puberty backwards. Right. They feel that. And I think it's not celebrated enough.

It's it's when we it's when we it's one of the the next steps in evolution for being a woman. Right. We know this. Some of us maybe our wisdom is growing, but but that's not being celebrated or or women feel that they that they don't look good anymore.

And then they're focused on that. And, you know, it can be a sad time for women when I think it needs to be celebrated. Women need to be held and these things need to be discussed more.

They need to be held by practitioners like you and me. And we're doing that, thank God. Right. I wouldn't dare to help these women through these stages.

The rites of passage. Exactly. There's nothing better than the majority of clients who work with me are women. Middle, middle aged. So anywhere, age forties through seventies is typically who who we see.

And there's nothing better than when people say to me, I feel like myself again. My energies up, I'm, I'm volunteering at church again. I'm going to my kids or my grandkids sporting events.

I'm, you know, I'm going on date nights again. I feel good again. And that's really what, you know, those are the things that we strive to help people achieve.

Right? Those are the gifts to us. When a patient does that. And I notice that a woman all of a sudden starts putting makeup on again or she starts getting dressed up again.

It's like that first sign. She starts to laugh more. Right. And I know. Okay, I'm doing my job, you know, it's just it's so rewarding this work, right?

And so we can help women. And I think a lot of them feel lost at this point in their lives. And there's no need to feel lost because there are practitioners like us here to help.

Yeah, there are. Well, we have about 5 minutes left on this first part of our interview. So what? I'd love for you to speak into next is now that we've established the connection of heavy metals, inflammation and menopause and these particular metals that get released from our bones and what happens when our when our hormone levels decrease?

And is there a way to actually prevent this from happening? Are there some some interventions or supplements that our listeners could find support with?

There absolutely are. I just want you to know that there is hope, right? We deal with this every day in, day out. Everything I just described is my typical patient.

It's the people Laura works with. This is this is common to us. There is hope. I just want that to be like my my parting words for doctors who are listening.

This is a caution to you, right? If you have if you have a menopausal female with bone loss or a man with bone loss and you're doing chelating therapy or detox, you better make sure that you treat their bone loss or else you're going to be detoxing them forever.

Right. That lead and the other metals accumulate is just going to keep keep being sent out into the bloodstream.

So you can do an tell a peptide test to show if there's a little or a lot of bone turnover.

Of course, you want to make sure that they have a DEXA scan, get that turnover to slow down or stop in the path of growth that might give this bisphosphonate or other medications.

But we can also give strontium, boron and a C vitamin D, violin, C, magnesium. We want to correct for the hormones. It's so important. Now then the doctors can start to detox the patient if it's indicated.

Now, doctors, if you're detoxing, make sure that you're certified to do so. And talking about cellular detoxification process is processes like patient therapy, I. V.

therapies. If you're not certified, please don't do this because it can really go south. It's really learn that if you're if you're if you're in a bricks and mortar practice, don't do it unless you've got the certification.

Okay. And then now for patients, right. Let's let's talk about prevention. Avoidance is key organic foods, green household products, personal products being being aware that where you live can increase your exposure industry, agriculture.

If you're living in those areas, then you want to make sure actually not just those areas. I think everybody needs a whole house water filter. I think we need air filters, right?

Weight bearing exercises. And I can't stress enough the hormonal support that you can get from your naturopathic or personal medicine doctor using bioidentical hormone therapy.

Thank you so much for joining us today on this talk, Dr. Poppea and to our audience, I hope you found this conversation insightful and engaging. If you're a summit purchaser, just stay here because we're about to dove in even deeper to this discussion.

Prevention and Safe Detox Preparation

If you're not using, click on the button on this page to get access to a continuation of this conversation and many others, and get the tools you need to reclaim your health.

If you've been watching this continuation of my talk with Dr. Poppea, then thank you for being a valuable member of our community, and we're going to dove right back in.

So, Dr. Perper, we were just talking about ways to prevent to prevent the inflammation, heavy metal and kind of menopause triad problem. And we were talking about how to prevent this from what your patients can do, what your practitioners can do.

And I'd love for you next to speak about why would you not why would you not want somebody to jump into detox right away? Okay. So I'm sure you've seen it.

I've seen it a lot of patients, they've done a detox protocol. And then they say to me, you know what? That just didn't go well. I felt worse. Or they say, you know, it lasted for a month or maybe three months.

All my symptoms came raging back. That's because there is so many things that need to be taken care of before we embark on an actual cellular detoxification.

So of course, we've been talking about bone loss. We want to take care of bone turnover, if that's an issue, osteoporosis, osteopenia. Again, we're going to be detoxing the patient forever.

So we've got to take care of that bone loss first, we want to make sure that you have adequate minerals, B, vitamins, amino acids, support. These are cofactors for our detoxification pathways.

Without them, we could be using substances to pull toxins out of the cells. Those toxins are just going to recirculate again. Can accumulate in different tissues.

Who knows? Maybe it's across the blood brain barrier for all we know. So we have to be careful now. Nobody does a detox with me. I'm talking to a cellular detox. Okay.

Unless I assess these things and optimize them first. Next, we want to make sure that there are no issues with their organs of elimination, but gut the liver, the kidneys, specifically the gut.

See, the patient is constipated. If I start pulling toxins out of their cells during a cell or detox and they're not having appropriate bowel movements, they're not moving their bowels daily, those toxins are just going to circulate if they have diarrhea, they're prone to diarrhea or inflammatory bowel disease, then we're just going to inflame an already inflamed system by pulling toxins out and have them come through the gut, the kidneys.

A lot of patients have recurrent UTI eyes. A lot of women in post menopause have recurrent UTI is due to lack of hormone. And so, again, this is another another time and another reason we want to consider bioidentical hormone therapy to prevent those recurrent UTI is because if they've got that and we're trying to detox them, it's going to further inflame their genital urinary system, the liver.

What if their liver enzymes are elevated? We see this a lot with patients, so we want to then bring the liver enzymes back down with various herbs. The thyroid.

If the thyroid is an issue, you want to correct that as best as you can because this organ is very sensitive to inflammation. Now inflammation comes with the territory of detox.

It just happens. So we could further inflame the thyroid. Now the number of people with Hashimoto's is on the rise, likely due to environmental toxins and metals.

But deal with this versus best as you can, right? Support the thyroid and then we can begin with detoxification. So these are the many things that I think about before I'm going to embark on an intense detoxification process with any patient.

Okay. Thank you for sharing all of that insight. I mean, I think that a lot of consumers of health care are kind of surfing around online, trying to figure out how do I detox my body?

And there's a lot of I would call it charlatans out there saying, well, you can do it with juice and you're just going to juice cleanse for, you know, a couple of weeks and you're going to get rid of toxins.

And it really that's not going to work there. Deep, deep body detox. Deep cellular detox is a whole different thing. So detoxification usually takes people months, two years and then it's an ongoing thing because we're being written talks as we're detoxing because we're living in a toxic world.

So as you're detoxing, you want to be learning how to continue to support your body. Now, the kind of detoxification you're talking about, Dr. Papaya this is kind of this is really deep detoxification where you're chelating you're doing IVs on people.

People are coming to see you in a clinic. They're staying for several days and they're going through multiple therapies, correct? Correct. Varsity testing, kind of.

I'm talking about. And there's smart way to detox this way and there's a stupid way to detox this way. Right. That's why this certification is so so important.

The training is. So we're talking about medical detoxification here. This is not casual detox. It's not just supporting the organs of elimination.

When and How to Use Detox Therapies

Right. And taking some supplements. This is for people who need it. So for these people, I'm measuring the CDC data. I'm looking at them. Are you in 75th and 95th percentile?

If you are and you have a mental provocation, if those provocation numbers are ten times higher, 10 to 20 times higher than the the pre provoke tests, that's when I know it's safe.

It's appropriate to be late. Okay. This is not for everybody. Not at all. This is what I want to make sure our audience knows. This is for the people who are sick.

Okay. So people you whose bounced their hormones, you've cleaned up their gut, you've done some gentle detox, they're still sick, their joints still hurt, they still have brain fog.

Those are the people who need the further assessment. So I don't go chasing these diagnoses unless I've cast a wide net and dealt with all the other things first that we've talked about.

Yep, you and I were talking about this before we started talking. I'm the person you come to first. Napheesa is the person you come to when the you know, taking the supplement protocols don't work.

You're at a much deeper, much deeper detox. Yes. So can you talk about on that note what detox therapies can be used to ease the symptoms? Yeah. So declaration is an important topic.

This is the the big picture process of helping, helping the body to remove these unwanted materials that are incompatible with our health. So in monetary support, this is all naturopathic speak, right?

So supporting the, the, the organs of elimination, the gut, the liver, the kidneys, the skin, the various herbs. So decoration includes sweating soreness helped greatly with the excretion of metals and many other toxins.

Now actually I don't care how you sweat the sun is help, but if you're somebody who can exercise then and work up a sweat, then by all means do. Because sweating really does help reduce those metals hydration, making sure the bowels are moving regularly.

Mineral nutrient replacement. When we are doing cellular detoxification therapies, it's very, very important to replete the minerals because some of those therapies can actually deplete the minerals.

So we need to replete those in the patients, right. So wanted to make sure that patients get appropriate sleep because without appropriate sleep, detoxification can't happen and appropriate early detox.

Cellular detox is one portion of duration using a substance or substances to promote the removal of these unwanted toxins from the cells. So if you only implement a detox protocol, a cellular detox protocol without the decoration strategy, the patient is just going to get sicker.

So doctors don't do cellular detox without the training and the certification. I just can't drive that. Do people actually do this? Do they do they offer these types of aggressive therapies without having all this knowledge?

I mean, that's kind of scary. I've seen it happen. Wow. Wow. So you do your homework. Everyone's got homework. So I think about it, you know, certifications and Dr.

Lynn Patrick, Dr. Paul Anderson, those are the ones who are going to teach people how to do this. Yeah. So again, this is if you're going to get these key lesion therapies and these really aggressive and more invasive therapies.

Yeah, they don't need to be aggressive. They can be very, very gentle. In fact, you know, we start very, very low dose with our patients. A lot of patients are not ready for this yet.

It's such an individualized process. So let's see anything else that you want as we've kind of unpacked all of this and we've opened up a lot of topics here as we've been talking, is there anything else that you'd really like to share with this audience about Metal Detox?

You know, we've talked a lot about women in menopause and the metals in the bones. You know, what if what if you're a premenopausal woman? What if, you know, and what do we do to protect our children?

I mean, there's so many questions that are coming up right now about metals. So if you have time and you want to speak into some of those things, I think our audience would really appreciate it.

Thank you. Absolutely. So you asked some really, really important questions. Let's start with what about women in premenopausal pre menopause starts ten, sometimes 15 years before menopause?

I think it's important to do an Intel peptide to see if some women are prematurely losing bone, because for women in premenopausal can lose bone, they do lose a certain percentage of bones for years.

So that's important to test. It's important to test heavy metal load, right? So not sorry, not only heavy metal, but all kinds of toxic metals. And we were talking about metals today, but there are a plethora of other toxins that we need to test.

And I believe that everybody nowadays needs to have some kind of detox on board. I'm not talking about the detox I do in my clinic. Not that not unless that's indicated.

That's in the labs. Right. But people need to sweat.

Pre-Menopause, Children, and Everyday Toxic Exposure

People need to eat organic diets. People people need to use green products, personal care products, home cleaning products. I can't stress that enough because these chemicals are ubiquitous.

Right. And then you ask the question, how do we protect our children? Well, it's true that environmental toxins are passed through the breast milk. So women not only for the sake of fertility.

Right. Because detoxing prior to getting pregnant is going to help. Fertility is going to help bring forth your best eggs. Men also, it's going to help bring forth your best sperm.

But women, I think it's important to bring the toxin load down before you get pregnant. Of course, there are unwanted or unwanted pregnancies or unplanned pregnancies.

Right. And a woman breastfeeds the toxin load is going to come through and it happens. Right. It's just important that we that we live a healthy lifestyle, that we feed our families, healthy foods and that and that we sweat a lot.

Right. There are certain foods you can you can eat which are going to actually be more helpful for osteoporosis in certain foods, which are going to be more more detrimental for osteoporosis.

There's there's less you can find that on the on the Internet. That's a whole that's a whole other conversation. But but do do look up the dietary support and in for osteoporosis and the foods which you want to avoid as well.

Basically it comes down to lifestyle. It does. It does. You know, I'm thinking these days in our world of toxins, I mean, there's a strong case for doing quarterly detoxes and maybe even taking low dose.

You know, binders on a regular basis. I agree with that for most people. Yeah. I mean, I've got my little routines. You know, anytime I eat out, I know I've just got exposed to glyphosate.

I'm going to take something I mean that I'm sure you have your routines do so yeah well this has been so

enlightening. I would love for you to share with our audience where they can find you as well, because, you know, we were talking about how you have a physical location where people can come to you, treat people all over the world actually, people come to you from all over the world.

And and oftentimes, once they've seen you, you can treat them from anywhere and you can even work with people's doctors in their own locations if that need be as well.

So how would our audience find you? Great. So we're at Gordon Medical. So it's www.gordonmedical.com so just go to that website and all the information on becoming a patient is right there.

That's so great. Any final words before we wrap up today? I just want to say again, there is hope for people suffering from complex chronic illness. They're not alone in this.

We deal with patients like you every day, all day long. And I think that these complex, chronic illnesses are a factor of environmental toxicity. I think it's a huge factor of it.

You know, all of a sudden, these illnesses are on the rise. They weren't there before. We could live side by side with infections in the past. Now we can.

I think it has a lot to do with environmental toxins. There's research on that as well.

Finding Dr. Parpia and Final Takeaways

So there's hope, right. And we're here for you both. Laura and I are here for you in our different capacities. So thank you for having me. Times are changing and we have to change with it.

You and your practitioners, if you're practitioners in the Western world, functional world, wherever they're at, if they're not acknowledging the level of toxins in our environment and the rate of toxins that we're being exposed to, then I would recommend you start searching and talking to practitioners who are looking at that.

It's very critical for your health success. Yes, it's so important. Thank you so much, Dr. Parpia. It's been wonderful to speak with you. And until next time, everyone take care by now.

Thank you for having me.