The Most Misdiagnosed Illness in America? A Lyme Expert Explains Transcript

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Introduction to Lyme and PANS/PANDAS

When you get Lyme disease, the thing you need to be aware of, it takes a nuclear shit on your immune system. They're chill. Now you don't look like you have Babesia.

But the Lyme disease symptoms are worse than if you only had Lyme. So now you look like you got Lyme and maybe something else and all of a sudden they think you're a hypochondriac.

Welcome to Demystifying Pans and Pandas, the podcast where we uncover the mysteries, breakthroughs, and hope behind these life-altering conditions. I'm Dr.

Nancy O'Hara, a board-certified pediatrician, educator, and advocate with over three decades of experience helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially pans and pandas.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

If you've ever wondered what's possible for your child or how to find answers, this is the place to start. Let's dive in. Hi everybody, it's Dr. Nancy O'Hara and welcome back to Demystifying Pans Pandas.

I want to tell you how excited I am to introduce you to, if you do not know him, one of my favorite people, Dr. Tom Moorcroft. He really is America's premier Lyme disease educator.

Not just self-described, but he really is one of the most respected voices in complex chronic illness recovery. He's the founder of the Lyme Disease Practitioner Certification and Mentorship Program and host of a podcast himself, The Lyme Insider, where he trains clinicians to master the art and science of treating Lyme disease, tick-borne co-infections, mold illness, and infectious-induced autoimmune conditions like PANS and PANDAS.

And Tom has over 15 years of frontline experience, blending cutting edge medical science with practical results-driven strategies to solve medical mysteries.

Dr. Moorcroftu2019s Path Into Lyme Medicine

He's an iLADS fellow. He's a past board member, president, committee chair, everything. And he's a fellow of the Medical Academy of Pediatrics and Special Needs, where we work together in training practitioners to do root cause medicine.

Tom, thanks for joining me. Thanks for all that you do. Well, thanks for having me, Nancy. I mean, what a great introduction. I'm really excited to be doing this with you.

And, you know, I feel the same way, lots of love right back to you for being such a great leader. And I can't wait for this amazing conversation. So first of all, how did you get into Lyme disease?

How did you get to be this expert? Well, part of it was I was just, I had myself been trying to figure out how to save the planet because I was an outdoors guy, mountain biking, skiing, and all the stuff that everyone knows I still do now.

And I found that I was doing a lot of research in college in outdoor, like landscape ecology and wildlife management. But every time we had a good idea, we would just sit down and go, wow, we had a great idea.

Let's write another paper. And then, oh, that was a great idea. Let's do another paper. And I got frustrated because nobody was taking big action, right?

And the planet was suffering. And I was like, there might not even be a planet when I'm older. And what if I have kids and their kids and yada yada? So I was like, who can I talk to that if I get them inspired will inspire other people really easily to care for the planet?

I was like, oh, kids. If I get kids excited, then they'll get their parents excited. I took an AmeriCorps internship and I went to the Institute of Ecosystem Studies in Millbrook, New York.

And as I'm teaching everyone about this like thing called mother nature and everything, I end up getting Lyme disease that, you know, got treated for 10 days.

And then at that point, over the next six, eight years, just things crept back in. So joint pain, brain fog and fatigue and all the other wonderful things that go along with it.

And so I didn't really get a diagnosis for over eight years. And then, so, you know, then I got back to the end of it and it was like, I met some great doctors who were thinking outside of the box.

They treated me, I got all better. And then I went out and I was just going to be an osteopath who did manual medicine, because I was better now. I felt like I completely forgot about it, to be honest.

But I was aware, right? And I put my hands on somebody one day and I was like, you're infected. Cause my mentors were always like, feel what a drug does, feel what like health is like, what is cancer, what is near death and all this.

And so I had this Rolodex, if you will, inside my body of saying like, this is not your normal, like structural. And I didn't know who to send her to.

So I was like, well, I guess I'm going to send her to me. But I treated her and then a couple of weeks later, a month or so, she referred a friend who was in a wheelchair, got her out of a wheelchair in about three months and here we are.

Wow. Incredible. And it's amazing how our own personal stories or personal health guide us toward what has become a passion and a career. Absolutely. Now, so first of all, there's so much I need to unpack from that, but what's wrong with calling it Lyme disease?

Why are those of us at ILADS, which is the International Lyme and Associated Diseases Society, trying to even change the name? Why can't we call it just Lyme disease?

Yeah, that's a great question. And, you know, part of the problem is that we know that Lyme disease, at least in the United States, is primarily caused by a bacterial infection called Borrelia burgdorferi.

And now there's some other Borrelia species out there that can do it and different ones in Europe. But essentially, there's these Lyme disease-causing pathogens.

And if you get those, you've got Lyme. But then we've got other spirochetes that cause different diseases, and we've got rickettsia infections, and then we can get babesia, and then all these other things from ticks.

And we have these other infections, like when we're talking about pans and pandas, I mean, they might have, you know, strep exposure, mycoplasm exposure, and mold exposure, and on and on.

Maybe we have Bartonella hensile infections. And I think what happens is, in the beginning, we were like Lyme and co-infections, but now that we have an understanding that co-infection just means another infection at the same time.

So now that we have all these different, we know there's more infections out in the… you know, in our society, people are coming in, you know, in contact with so much more.

We can't just be looking narrowly at one thing. And so if I rewind a little bit in my story, I had Lyme disease. I had a big rash, joint pain, brain fog, fatigue.

They found me staring at a wall, drooling on myself. But I went to the doctor and he's like, Classic Lyme disease, here's 10 days of doc that you'd be good to go.

But what he didn't tell my parents was like, when you start the medicine, you might have symptoms of this disease dying. And the other thing is if you happen to get infected with something else in the same tick, it might look more like that.

So at 23 years old, I take this doxycycline, I'm laying on the floor in my parents' basement in July.

Why Lyme Is More Than Lyme Alone

One minute I'm drenched in sweat, the next minute I'm freezing, and this goes on for four days. My parents, mind you again, I'm 23. My mom and my dad had to carry me to the bathroom.

It was that bad during those four days, but then I got better. But what we noticed was eight years later, not only did I still have Lyme disease because the course of treatment was too short, but I also had babesiosis that no one else had looked at.

So here was another infection that you get from the same tick. And so one of the challenges we run into in our profession, a lot of people call it Lyme and they mean all of these things.

And that's not technically correct. And it confuses the folks who are just like, wait, Lyme disease is not from a cat. It's actually from a tick. So we want to be more clear.

Right. so that we're actually speaking the same language as other clinicians and we're also clear to our patients. But the other part is when you lump it all together, you miss stuff.

Yeah. Yeah. And that's what happened to me. Exactly. And that's a big red flag. And one of the other big things I want to talk about is there is so much misdiagnosis.

Like you said, Babesia was missed. That's in over 41 of our ticks in the Northeast. It is the most common tick-borne disease infection in our area right now, and nobody's talking about it.

Nobody is treating it effectively. And then the other piece that you were undertreated, even if all you did have was Borrelia, you weren't treated enough or long enough.

So talk about that a little bit. It's funny, you remind me of this. Just for ha-has one day, I was like, well, strep throat, which we'll treat, you know, for whatever, five, seven, 10 days, which is really kind of strange that we get so blase about it because lime treat for 10 days or 14 or 21 and it's just fine.

But there's two sides to that coin. So for fun, I said, well, how often do these things reproduce? And strep reproduces roughly 13,000 times in a day and we treat it, let's call it seven days just for fun.

And then Lyme reproduces, well, you know, about once every three weeks. So I'm like, okay, let's look at this. And I just did a simple ratio and I know you can't do that and poof, a miracle occurs, but I just thought it would be a great exercise for perspective.

So if I wanted to treat someone based upon the length of the reproductive cycle of Lyme disease, comparing it to how we, the standard of care in strep, I would have to treat them for 667 years.

Wow. So, and again, obviously you're not going to do that and that's not real, but we have to start looking at organisms like tuberculosis, leprosy, things that reproduce really slow, right?

And so when you look at Lyme, like maybe instead of three weeks, we call it three months, you know? But the other part of this, Nancy, I think is so important.

And since we both, I mean, I see about half kids and I'm sure you see mostly kids as a pediatrician, At least I should. You are right. But there's been a bunch of studies out there.

And the first thing that caught my eye was the CDC says about 80% of people who get sick with Lyme disease will get better with the standard course of treatment, 10 to 21 days.

And I was like, well, that's really great. But you never finished the sentence. What about the other 20%? Exactly. And then I go, oh, that's kind of interesting because a year and a half ago, a study came out in children from like six to 18, and they said within six months of treatment with a standard course of antibiotics up to three weeks, 75% of these kids will be better.

But not all. And then they said the other 25%, they broke it down. But like a lot of them are getting diagnosed with post-treatment Lyme syndrome, which you could have autoimmune issues or permanent or semi-permanent changes after Lyme.

But the other alternative that they didn't talk about was that you could have active infection. Right. that we're not looking for. And so when we look through those two studies, 80% getting better and 75% getting better, pretty darn close.

And then there was a study that came out of Johns Hopkins where they took these mice and they were like, how do they get late Lyme disease, right? And so not talking chronic Lyme, but just late manifestations.

late manifestations, Lyme arthritis is one of them, but it usually takes 6, 8, 12 months in a human for that to happen. What they did is they took these mice that were sterile, because they were, you know, born in the lab, then they got sterile ticks and they inoculated the tick with Lyme disease, Borrelia bordorferi, and then they, you know, let it feed on the mouse, and they found that roughly 80% of them got the late stage Lyme disease the normal way, which would be, I didn't get treated, I got infected, and we gave you what in a mouse's life would be analogous to six or eight months in a human's life.

And that's, so that made sense. But then they found 15 to 20% of the mice were getting what they called early persistent Lyme, or early signs of this Lyme arthritis.

And what was so interesting, then they went back in and they found that they were Lyme disease, if you hear about persister forms, like these biofilm micro colonies, round bodies or cyst forms, these things that allow it to hide, to slow its metabolism down so that the typical drugs we use in the immune system just aren't working normally, these are the things that keep people sick.

When our regular antibiotics have been used properly, but the conventional system doesn't recognize that because they're focused on the 80% and you and I clearly see the other group.

So, what I found from this is they found persisters being developed within the tick and postulated. They're being inoculated at the time of tick bite into this mouse.

So, what I think is interesting here, and this is really the point I wanted to bring up, is the CDC may not be lying and that people like us and ILADs and MAPs may not be lying.

We are just holding a different part of the elephant. You know, the whole story about the elephant with the, so it's like, are you grabbing the trunk or the leg or the tail?

And I think we both have part of the truth, but we have to recognize primary care doctors need to be more aggressively finding this to prevent persistence whenever possible.

But they also need to be aware that maybe there are times for specialty care providers that aren't them. Right, right. And we need to look at that. And we also need to look at who is it?

Can we figure out who's going to be the 20%? Because this is not just an infectious disease. It's an immune system disease. It's a lack of immune tolerance or the immune system's ability to help fight it, correct?

Yeah, and I think you said we could speak freely, but I've said forever. When you get Lyme disease, the thing you need to be aware of, it takes a nuclear shit on your immune system.

If you want to be really frank, it will dysregulate everything. And the challenge is, And I presented on this recently at ILADS. It's like, if you have Lyme and Babesia, the Lyme will attenuate or keep the levels of Babesia low and the symptoms of Babesia, while you have a full infection, you just don't have a bunch of the parasites running around your blood.

They're chill, right? And they might be hiding places. And the challenge with that is now you don't look like you have Babesia. Right. And then, but the Lyme disease symptoms are worse than if you only had Lyme.

So now you look like you got Lyme and maybe something else and all of a sudden they think you're a hypochondriac or you don't have that. But we have evidence in humans and mice that if you have co-infection, that your symptoms are going to present differently, they're going to be confusing, so the diagnosis is harder, and even the most conservative and conventional infectious disease places have been saying for years now, they don't practice this in public, but they publish it, that co-infection leads to worse outcomes and harder treatments.

Immune Dysregulation and Co-Infections

Yep. And all we live in is co-infections. I mean, at least in my practice, it's very rare once you get to these persistent or chronic or late or whatever we're gonna call it, it's very rare to just have Borrelia.

You've got Bartonella, Babesia, go ahead. Right. Yeah, well, and like you were saying, these ticks are cesspools of infection. One of the things I think is crazy is like we've told people, I published four of the first 24 cases of Borrelia miyamotoi disease in the United States and the first 73 in the world, but for 30 years we had known it was in the same tick that gives you Lyme and we told people you didn't get it.

And it turns out that when we went back and we found it in humans, then we went back and looked at old blood samples. For the last like 20 years at least, there's a whole bunch of people that we said it was all in your head disease because you didn't meet the criteria for Lyme.

Turns out they didn't have Lyme and the doctor was right. The problem was they also missed the real diagnosis, which was another infection. And that's not even co-infection because the challenge is when your immune system gets suppressed, and this is something I learned because I have CVID or Common Variable Immunodeficiency thanks to my mom and my dad.

I thought it was one of my dad's, but I can't blame him anymore. I always try to blame everything on dad, you know, but this case is both of them. But, you know, the thing I learned about that and treating patients with CVID is that that's just what we would call a congenital immune deficiency.

But the challenge is our immune system, even in those people, isn't just deficient. It's dysregulated. And some of those people, like this, when I had a flu vaccine once when they made me, when I worked in the ER, I almost died.

And it's not because I got sick. It's because my immune system was ballistic. Measles, mumps, and rubella, which they overdid when we were kids, didn't seem to do a darn thing.

I have titers. Hepatitis B, I think I got vaccinated 12 times. This is granted before I knew people like you and MAPS and all. I get it. I get it. But you know, this is what we were kids.

We don't hold it against you. I know. We all had to do it. Coca-Cola and pizza was a food group before I realized that it wasn't, you know. So the challenge that came up was that the immune system is just overreacting and underreacting and normal reacting in the same person at different times to the same or different pathogens.

And what I just said will probably break most conventional practitioners' brains Because yes, you have to sit down and realize that your patient does not exist in a vacuum.

On top of that, I'm always like, I love my little thing here. I'm like, we are a vessel that can hold so much toxicity. Now, yes, you can do stuff to your body and feed it crappy food and like, you know, live in an EMF rich environment.

And you can just like drink a six pack of, you know, whatever every night with a few shots. And you can make that a little smaller. But really it's because you're messing, you know, you're screwing up the rest of your body.

But really, the thing is, if I have this much toxicity and then you add a little Bartonella on top of it, I'm going to be sick, but it's not going to be that bad.

The problem is that I keep stacking multiple toxins that I overflow. Then people come in and are telling me their Bartonella or their Lyme is flaring up.

I'm like, what is wrong? Please tell me. Because the thing that triggered them to look like they're having a flare of Bartonella or flare pans is actually that they went and had a mold exposure.

Right. Exactly. It's that total load. It's that glass you're just showing when it gets overflowed. But we have to look at all the pieces of that whole toxic load to know how to help them.

It's not a quick fix. No, and I think that, I think that the public service announcement here is for practitioners and for patients, it's not a quick fix.

Right. And if you go to anybody who says it is, they're most likely not telling you the full truth. Right. Right. Because I never, yeah. Exactly. And that's why you and I add herbs to so much of what we're doing.

It's not that we're anti-antibiotics. We use them. We use anti-parasitics. We use anti-fungals. We use antibiotics. But we're going to kill, but we're not going to get that immune system support from the antibiotics.

So talk about that a little bit. Yeah. I mean, this is one of the game changes in, you know, my practice really is looking at the whole person and looking at everything we can do.

And so if we just take antibiotics, they're great, but they only work on this rapidly reproducing bugs. Most of our antibiotics that have been tested.

against these what they call non-growing forms or stationary or persistors. They like to, in the literature, have 17 different names so that they can confuse you.

But it's these slow-growing, almost like they're in suspended animation, they're just taking their time, you know, like you're on a slow-mo, and they're not metabolizing the drugs the way the drugs are meant to be used, so they don't work.

So it turns out that we have a couple of combinations that might work, but most of them are either complicated and or toxic. Whereas if we look at the research that's been done on botanicals or herbals, they have broad spectrum coverage for both the growing and the non-growing forms.

And then what's nice is if I wanted to treat Bartonella and Lyme, I could do that with probably at least with the minimum of two antibiotics. But if you have Babesia, now I probably have to add two more medicines in.

And now I've got you on so much stuff. And now I've got to add the antifungal and the this and the that and the that. And now we haven't even gotten to the supportive stuff.

We're just talking about the toxic chemicals that we need. So when I look at herbs, I'm like, wow, instead of having to do all that, I can come up with a couple of herbs.

And lo and behold, the best one for lime is also the best one for Bartonella is the best one for Babesia. then the ones that are really good for Lyme and decent for Bartonella are also great for Babesia.

And so, we have a group of herbs that test so well. And then on top of that, we also have that they have fringe benefits. Like, many of them are cardioprotectives.

They protect your heart. They're hepatoprotectives. They protect your liver. They protect your gut. and they protect your brain, whatever, on and on. So, when you get whole herb extracts, you're not, you know, you're really looking at the way source or mother nature created these herbs to be used.

Now, the caveat is, a lot of us natural medicine people, including a lot of NDs that I even, you know, recently was talking with and saw a lecture, remind people that sometimes, it's interesting The people come to me who want meds almost always need mostly herbs.

And everybody is like, I need to do botanicals, need antibiotics, right? And most people get both, but it's like, you got to be open because a lot of people would say mast cell activation or gut dysbiosis.

Herbs are very, very potent. And in the beginning, for some, you may not want to be using a ton or even one, instead of people actually do better on antibiotics.

But again, It's something for your practitioners well trained to think about because most of my chronic, I would say 90 plus percent of my chronic people, I start on botanicals first.

My thought process is if you have a big persister load, why don't I bring that down? And then I can drop on antibiotics. So now I've widowed the way at the things that are keeping you sick.

And now we can just focus on the ones that are making you symptomatic today. And you can be on antimicrobials or antibiotics specifically for less time.

Correct. And that's one of the things that I do. And the other advantage is with the herbals, especially in the tincture form, you can start lower in some of your sensitive people and build up more slowly than you can with a lot of the antibiotics, especially as available from conventional pharmacies.

Right. And the other part that's really cool is Lyme, we talk in medicine about persistence and resistance. And resistance is the bug is changed so that the drug doesn't work.

And there's a lot of mechanisms for making that happen. But that means the drug you're giving just doesn't work. Then there's persistence, which is like, hey, the drug will work if I weren't stupid.

And Lyme is one of the smartest things on the planet. Now, it may have been messed with more recently in human history. However, it's been around for over 13 million years.

million years. And we know the longest human infection is about 5,400 years ago confirmed. So it's been around for a while. Rickettsia infections like anaplasmosis, Rocky Mountain spotted fever, their cousin has been around for over 100 million years.

So these things, in my mind, and they teach us, right? Because I always go, okay, like mold, why is mold on the planet? It's to break down and release nutrients so that they can be used to create something new and different and more vibrant possibly than the old decaying thing.

Why is mold in your life? Well, you don't deserve it, but it's there. Maybe you could look at it and learn something from it. Maybe you need to let go of something during your healing journey.

The same thing with Lyme. It's just like, what can we learn from Lyme disease? Well, one is when you're not fighting it, it reproduces more rapidly. When you're trying to fight it, it doesn't fight reality.

It just chills out. Sure, I'll just wait until your immune system's suppressed or you stop using the drugs and I'll come out. So it plays smarter, you know, harder.

And that's a really, I think it's a really good thing as we're working with people in healing. It's the consistent small things you do every day. It's understanding that some days are better than others.

And also that it's, you know, it's not going to be, you don't fight reality. If you feel like crap today, you feel like crap today. If you feel good today, it's good.

It's like, you don't have to be worrying about tomorrow, whether you're going to feel better or worse. Just enjoy it and go with where you're at. And that's something that you bring to every spot that you come to in your life is that joy.

Herbal and Antibiotic Treatment Strategies

I mean, for those of you who do not know, Tom, the joy just ekes out of his pores. But it's a very important point that our lifestyle, that everything that we put into this is so important for our healing.

And so many people want the magic pill, whether it be an herb or a medication, to fix it. Well, that can be a band-aid for a period of time, but it can be really hiding a lot of other things going on underneath.

I think you have to do the work, like you're saying, Nancy. And so if we go back to my story again, which it's amazing when you unpack it in retrospect, you learn so much.

It's like, I think it was Steve Jobs who said something along the lines of you can't see the dots, you know, looking forward, you can only connect them looking back.

Yeah. So you don't know. And so in my healing journey, because we skimmed over it, when I was first sick, my boss had left me because she's like, your performance at work is sucking and no one knew it was wrong.

And then she's like, I need you to get back on this thing because you're the overproductive energizer bunny and you haven't done anything for two weeks.

And I'm like, I've been here all day. And she came back an hour after our conversation and found me staring at the computer screen with the cursor blinking the same spot.

And then we both looked down at, I mean, she had to shake me to rouse me. And then I looked down and I had a puddle of drool all over my shirt. And it was kind of interesting because six years later, I'm in my apartment in medical school and I'm like, I always go down that road.

Every morning I wake up, I have joint pain, brain fog, fatigue. I tell people I'm brain dead. Sleep when you're dead because no matter if I sleep four hours or 14 hours for a year at a time, it doesn't matter.

Like my muscles hurt and nothing. I'm just, my life sucks. And I was like, But I was recently married. I, you know, I wanted to have a family with the dogs playing outside.

I mean, I played Ultimate Frisbee back in the day. I wanted to mountain bike and ski or anything low key, you know, except maybe sleep. So, I mean, and it's like, I just saw it going away.

And I had no idea at this point, you know, of how to get better because I never met anybody. And so I just was like, every day I put my feet on the ground and I go, I'm that guy.

And I hate that every single day. And I had no, I had no knowledge of another possibility, but I was like, I still want that. So I'm just going to focus on that.

And when I decided to double down and die trying or get better, Because I had been to, you know, 10, 20 doctors at this point, I'd been on psych meds, left and right, and every time they were like, oh, you know, you definitely have what we think you have, whether it's depression or bipolar or ADHD, but the meds just don't work in you like they do in most people.

And I was like, that's ridiculous. But I didn't know, I didn't know what I knew now. So then I just, two days after I doubled, I said, I'm going to get that no matter what.

And if I don't, I'm going to die trying. I was like, I'm that valuable. I love this life so much. And I don't know what inspired, I was just so frustrated.

And I'm not a giver up or even when it's horrible, I'm just like, let's go. And I understand that energy is sometimes hard to come by when you're chronically sick.

Within two days, somebody handed me a yoga DVD, and I tried to do it. I couldn't touch my kneecaps while I was standing up. I had to sit down to do it.

That's how tight my fascia was at the time. But I tried a little bit, and I noticed the breath didn't feel right. And I was like, this guy… didn't do it right.

So, I was critically evaluating the one option in the last six years that was new and different, but I went to the back and I found the Ashtanga Yoga Research Institute in Mysore, India, and I was like, I'm going to study there, because this guy studied something good and screwed it up to make it commercial.

So, I like the origin. I like just foundations, going back to the basics of like, why is this stuff work? Get fancy later, learn how the body works. So I found one of the guys who'd been studying with the dude for over 20, like at that point, 30 years in India.

And I just followed what he said. And he was like, basically yoga is breath or movement on breath. Not the other way around. And Ashtanga is like where power yoga came from.

Everybody's trying to do calisthenics and whatever. And so, they said, now, this is the important part. Ninety minutes a day, six days a week, you take one day off, and you take the noon and the full moons off.

And it doesn't matter if you care, believe in any reason why that you should do that. That's what the Guru said to do, and He knows it works. So, I was like, all right.

And then the other part is you do the practice 90 minutes a day. I could do about 90 seconds before I was about to die, and by 90 seconds, I'm like, I kind of did this, I couldn't even get a sun salutation up, and I couldn't touch my toes or my knees at that point.

I just sat down, I would try to move for like 90 seconds, and then I was like, let's breathe for the rest of the 90 minutes, 88 and a half minutes. It was the most God-awful thing.

And the reason I never did meditation before, because I believed and I heard it was cool, I couldn't sit still. Right. I can't imagine you sitting still breathing.

Now I can do it for like eight hours if I needed to. I've done four and five hour meditations, eight hours, but not back then. But I was like, I have to do what the Guru says because he has a system and no one else in the planet has been able to help me.

And so I started doing it and my body slowly opened and there were days where I was like, This is amazing. And then other days are like, oh, this is the worst thing ever.

And then I'll be like, oh, I got to try harder. And then I would hurt myself. And I was like, shit, now I have to practice and do way less than I was doing before because I pushed too hard.

So I learned a lot about really understanding going with the flow. This is before I learned about diet. And this is another good thing for people to think about.

I started to not want the things I grew up eating. Yeah. I did not know anything about nutrition at this time, other than you're supposed to eat food.

But I didn't know what food was. So the soda left, the pizzas minimized, and I started eating like whole foods. But not because anybody told me. It was like my body was rejecting the toxic crap.

And so pay attention. I think it's a challenge, Nancy, sometimes to become objective about it because so many people are like in the middle of it. So ask friends, get people who are talk to your physician or your health coach, get someone who's able to reflect outwardly, you know, objective third party, so to speak.

because it can be challenging, but man, that made all the difference in the world was just sticking with a protocol and it sucked for a long, long, long time.

And if so, but it's then that for over two years, I did that. I was about 70% better. And then I met the doctors who in their office, I was like, Oh my God, all these people are like me.

And so I was like, whatever they have, I have, just draw my blood and let's do it. But it was another four and a half years to get better, after I was 70% better.

But I did the work first so my body could receive the treatment. So there's always something you can do. Right. And I think that's so important. I mean, we talk a lot on this podcast about sleep, about poop, about, you know, the environment, about getting out and playing in the dirt and hiking and all of those things.

Those are part of healing. It's not to be bypassed to just get the drug. So I think that's really important for people to understand. And I think it's also cool.

the way you just put that, because it reminds me, a friend of mine does a lot of trauma recovery work, very well known in the field, and really has changed the way we view it.

But we were talking one day, and I was explaining my viewpoint on this. And the challenge is, I think so many people say, like, hey, when I get better, I'm going to do this, or I have lost this.

I'm like, I could say I lost 13 years of my life, but I choose not to, because it's over. But if you could say like, and she summarized and she said, Tom, I think your message is the healing is in the living.

And like, you don't heal then live, you live in order to heal. And the other part about healing, I think, because I like to define cure and healing, because cure is the absence of disease.

And healing to me is bringing yourself back together, becoming whole, healing yourself, healing your family, you know, community, healing your greater community, and radiating your inner light, whatever that means for you, because I'm a very outgoing gregarious person, my wife is probably the exact opposite.

Very introverted and the way she shines her light is no different than mine. It just looks different So you don't have to be doing other people do you and also don't compare yourself to other people's healing journey learn from it But that's their journey not yours go on yours and enjoy it and learn how to live life to its fullest and and You know if and I always say like if you look at the law of attraction style of thinking right if you get 2% better, and then you say to God or source or life or whatever the hell you want to call it, that's not good enough.

I'm waiting for 20%. Do you really think that the universe is going to give you more if you said to screw that? I'm not going to be a good steward of that.

So I'm like, be grateful for every little thing I get and savor it, because then you can identify and that is a huge moon booster. And that's what really gets you moving forward.

The gratitude is part of it. And I say that a lot too, you know, find something, one thing to be grateful for every day, no matter how bad the day is, finding some gratitude in just taking a breath, whatever it may be.

But I love that, the healing is in the living. That's awesome. And yes, we all know this is a very complex disease.

Healing, Mindset, and Daily Practices

There are a lot of pieces, whether we're talking about autoimmune encephalitis of the basal ganglia, whether we're talking about tick-borne diseases, whatever it is, there is a huge expanse of knowledge and understanding.

But the basis of it is wanting to get better, finding something and someone that you believe in, and moving toward that light, right? I just, I just thought it's spot on.

I mean, I just spoke to someone second to the last person I spoke to today before we hopped on here. Lovely person, very supportive family, just has nothing to live for.

And it breaks my heart because there, I understand the suffering, but the difference is like, every time things don't go their way. And I see this across the board and it's a protective mechanism, right?

Your nervous system is trying to keep you alive. Yeah. But being alive and feeling great are not necessarily the same thing. So she's constantly focused on the negative.

And that's the easy thing to do because our nervous system needs to keep us alive. And if we're like, hey, I'm hanging out in the middle of the woods back in the aboriginal days and like some new clan of people walk in and I go, hey, come on in.

And then they murder all of us. Because we weren't on guard, that's not a good survival mechanism. But if they come in and we're not sure who they are and we're like, whoa, hey, hold on, break out my axe or sword or whatever I have.

And then we realize they're our buddies and we're okay. But that's a natural reflex protective mechanism. We also have to have the body be safe in order to heal.

And for me, the gratitude is the easiest. You just, like you said, won and I have people do three things at night, three things that you were grateful for today.

I was breathing, I peed on my own, I peed in my bed, whatever. I learned a lesson. I'm not going to do that again. It could be the, and what I found is like the big wins are easy for everybody to celebrate.

But it's when you go, I've got a glass of red wine, you know, and you're like, you sniff it and then you spin it around some more and you swirl it and you smell it again and then you put a little bit in your mouth and you're like oh and you just savor every moment of it and then you have a bite of a steak and then you have more wine you see how it changes and all and you just celebrate I mean I'm just taking two sips of wine in 20 minutes and I'm like you know

in nirvana because I'm actually living in that moment.

But when you learn to savor the little things, I have asked hundreds, if probably not thousands of people to do this now. And within four to seven days of writing down three wins you had today, and then here's the other kicker, Nancy, I love, write down three wins for tomorrow.

and pre-program it. Because here's what happens. The second I say tomorrow, I'm going to be able to get out of bed and go to the bathroom by myself. I'm going to get out of bed at eight o'clock rather than noon.

I'm going to have energy tomorrow. Immediately, your conscious mind goes, no, you're not. Right? Because it's your story that you've, and maybe the last 10 years you've woke up without energy.

So what I want, I have people do it at bedtime. And then I go, just go to bed, you know, and even the worst insomniac eventually passes out sometimes.

And once they do this for a few days and they start to get parasympathetic and sleep. But when you go to sleep, you dissociate from your conscious mind that's trying to protect you from stuff that you may not need to be protected from.

That's his job. your subconscious mind then plugs into the greater life force, God, whatever, again, I mean, I'm happy to use whatever word anyone likes.

I just know that there's something going on that connects you and I and is bigger than all of us. But man, when your subconscious connects to that, that's where your brain becomes the superconsciousness.

And now, because your conscious mind is chilling, your subconscious can plug into the superconsciousness and bring in new healing possibilities that you never even believed.

And then you wake up the next morning and you read all six of them really quick, three minutes at night, 15 seconds in the morning. If you can't give yourself three minutes and 15 seconds, you don't want to get better.

Wow. Now, I know that some of our kids may need help with this, right? And I'm not saying that, but I'm saying for most people that we deal with who aren't completely locked in or have problems, someone can help you with this.

Right. and you always modify it for yourself, but it's like everyone within a week has been like, I can't believe my life is not as bad as I thought it was.

And then I asked them the next month and they're like, my life is pretty darn good, even though I suffer tremendously. So they went from it's not as bad as I thought to it's actually kind of good.

And I'm not saying, cause the thing is if you wake up in the morning and you have Lyme disease and Bartonella and mold and pans and oh, and by the way, somebody around you had mycoplasma and then you got COVID and then you had, you know, You forgot that when you were a kid, you drank mercury thermometers and you took a bunch of, you know, all that toxicity built up.

You're never ever, ever going to forget you're sick. But you can forget that parts of you are not sick. Yeah. And take that part. Take control of what you can take control of.

Because at this point, you may not actually have a lot of control over certain things. But if you go back to what I said a minute ago, I was a lot better, but I still needed my doctors to get all the way better.

And it's been 13 years, mind you, that I haven't had a symptom of Lyme or Babesia. So I know even when you're delayed diagnosis for eight years, you can still get better.

But the other part was I very specifically said my body was ready to accept the treatment. Because it's not just

knowing what to do, but it's also what order to do it in.

And as a patient, people just come in and they're dying to get better, which I understand, I've been there. Find someone who's well-trained, who's passionate about this, and is not just bouncing between the latest gizmo that's shiny on Amazon or whatever.

Or at the biohacker conference, they're good, but start with a strong foundation. Find somebody who knows what they're doing there and let them do that part.

And you do the part that you can do. Right. And it has to be a village, but that village has to include you in the healing. Absolutely. Yep. Now, I know we've strayed off and I could talk to you about this stuff forever.

I know. But it is a demystifying pans pans podcast. And I would like to talk to you about something that you've taught me a lot about getting back to Babesia, which is to phenoquine.

And I think it's not well understood and a lot of the people that listen to this podcast are asking about it because a lot of the people that do listen do have babesia.

So just give us a little bit on that. And then I want to talk to you about one of my other favorite topics. Cool. Go ahead. Yeah, I mean, one of the things are, I've written articles in the past and I just, this is good to highlight, Bartonella can cause pans.

Bartonella can look like pans without causing pans and, you know, and obviously could do both. But one of the biggest, I mean, and maybe it's getting more commonly known now, but I mean, even a couple of years ago, nobody was talking about it, that babesiosis can trigger pans.

So again, this is a red blood cell parasite. It comes from the same tick that gives you Lyme. We often talk about Borrelia or Aboradorphi and friends as Lyme disease.

And then Bartonella is the big three. Bartonella may or may not come from a tick in the U. S. It's certainly in Europe is much more common in ticks. But it's ubiquitous.

We get it from cats and lice and fleas and so we can get those. The thing that's different, like Lyme and Bartonella make a lot of biofilm. They hide in very similar ways.

They look different under a microscope, but they have a lot of the same persister mechanisms. The challenge with babesiosis is It's different. And we don't even know.

I mean, I just did a deep dive on this and presented it at Eyelads and it's like, we really don't even know where Babesia is hiding. But if you take, and then, so there's multiple species that probably infect humans.

and some of them can get treated by the standard of care at Tovacoin and azithromycin, unless you have a lot of it or it's a more virulent strain. And you can figure that out in research, you know, but you can't really figure that out clinically, typically.

So then, So if you have treatment resistant, and then Babesia microti, which is kind of the most common one people know, has now shown emerging resistance to both the antibiotics and the antiparasitics that we're giving.

And so that's problematic. Babesia duncani has not been shown to be susceptible to the same ones. And we have other Babesias that are emerging that haven't even been studied.

So the challenge becomes, how do we treat these? And so, Tefanaquin is a long-acting version of an older drug, Primaquin, but it was something like February 2018 was approved in the U. S.

for malaria prophylaxis and the treatment of Plasmodium Vibex, so type of malaria. But it works different than that

previous version, you know, that primiquin, and it actually kills some of the blood stages of malaria.

So people started saying, hey, this is one of the big problems in babesiosis, can it work? And clinically, a lot of us have used it for a long time, and it really does work.

But then there's a study that came out in January 2024, showing that if you do tefenequin in babesia microti, it by itself, it can often eradicate it.

But if you put it with the Tovacone, it pretty much always did. Babesia duncani, if you put the two together, it eradicated it. The beauty of this is like, we now have like eradication, at least in acute Babesia, which we could have never used before.

And when I talked to the researchers who did this work, they're like, hey, like if we treat them, infect the mouse in a lab and we treat them with the standard meds, if we keep them long enough, live long enough, they will almost always have relapse.

So the problem is we don't know where it's hiding, but tephanaquin doesn't seem to give a crap. It just kills it. And if you put it with a tovacone, which we know doesn't work for Babesia duncani, but you put the two together, it does.

So people are trying to figure that out. And then people, I'm sure you do this too, but I love it because you can use it in an acute form where you do a loading dose and really get the drug level up really high.

But it's got a two week half-life, which means if I gave you a big bang in dose, two weeks later, you'll have half of that in your blood rather than in eight hours or six hours like a Moxacillin, right?

So we can give one pill a week. or two, depending upon what you want. But if you start low, it'll slowly creep up over time. And that way our sensitive people are people with like chronic illness.

Because the problem is we're looking at people and treating chronic illness like it's acute. But the symptoms and the bugs that are chronic are not playing by the acute rules.

Right. Going back to the half-life and everything else you said of the 667 years we'll have to treat if we thought about it the same way, you know, it's so true.

And we have to understand that biophysiology in order to use the right things to work. Now, what about the side effects? Do you worry about that? I know you monitor, but…

Yeah. So, I mean, tefenequin's interesting. I mean, you have to… It's going to cause a little bit of hemolytic anemia or red blood cells breaking apart and losing those red cells.

You get a little anemic. Part of it is the medicine itself can do it. Part of it is if you have babesiosis living in your red blood cell, just like malaria, and we kill it, well, guess what else died because it was in there?

Your red cell. So some of that, it could be just effective treatment. We do see that a lot more commonly in acute babesiosis, but it happens. There's an enzyme called phosphate dehydrogenase, we call it G6PD, so we don't have to say that all the time.

And the thing that comes up with that is, as long as you If you have a low enzyme level, you will get really profound hemolytic anemia. So as long as you have a good level, which we call G6PD-competent, so again, you have to go see a provider who knows what they're doing, don't go order this on your own and try to figure it out because even a normal number may not be normal.

And then you're pretty good to take it. The other challenge is a thing called methemoglobinemia. And essentially, it's kind of like if you've ever heard of carbon monoxide poisoning, there's a change in the red blood cell that makes it so that it can't carry as much oxygen and deliver as much oxygen.

Now, carbon monoxide does one change, you know, tefenequin changes it, the iron state of the red blood cell. You know, we need to be aware that most people, if you give them a big loading dose, everybody wants to start super high, we'll get high levels, but come down to normal on their own.

They've done safety studies in non-ill people for over a year and no one dropped out because of methemoglobinemia, but about 20 or 30% actually did go up, but then they self-corrected.

In our chronic illness people, I find that we definitely see more methemoglobinemia. but it's just something we have to monitor for. And if we start low and go slow in our chronic people, we tend to do okay.

And a lot of people have been talking about like methylene blue, which is a great antioxidant at low doses, gives some electrons to the mitochondrial respiratory chain, aka detoxification and energy support ultimately.

But in higher doses, we can use it as an antimicrobial, but it's also against Bartonella and somewhat against Lyme. But what's really cool is it's also a treatment for methemoglobinemia.

So a lot of times we'll put lower levels on and if their levels go up, we give them that. So we're hitting a lot of the infections at once and supporting detoxification.

And the other part too, I just want to make, I mean, the side effects are manageable, but work with somebody who knows what they're doing. And in this study, In this study, the way they came up with the dosing for adults, right, is in my studies, and we know exactly for certain types of drugs that have different kinds of pharmacology, how to come up with a human dose from an animal model.

It's well established. And essentially, 20 milligrams per kilogram in a mouse is what got us to 200 milligrams three days in a row, followed by 200 milligrams a week for tefenequin in an adult with acute malaria or babesia.

So, the study that showed eradication did 10 milligrams per kilogram. and of the tefenequin, and combined with the Tovacorn, they found radical cure. And then if you had Babesia duncani, the mice were essentially vaccinated against it.

Now they didn't get a vaccine, but they had immunity to it if they re-inoculated them with it. So something about killing the Babesia with those drugs led to your body becoming resistant to it.

Whereas for me, I haven't had that drug. I could get it again. Right. So it's really interesting. It's fascinating. Do you know the mechanism behind that?

Oh, I wish. You let me know when you figure that out.

Babesia, Tefenoquine, and Treatment Considerations

Right. But the cool part, Nancy, was that when you look at all this, a lot of people are pushing high doses in chronic, like 300, 400, 500. When you go above 300 milligrams a week, you're definitely getting huge increase in your side effects.

Even 100 milligrams a week for you and I would be the eradication level. If you do the pharmacology, it's the same. Two other quick points. Tefanaquin cause a lot of brain fog and fatigue in certain people.

Some of them look like the Babesia kind of stuff and tick-borne. Others of them look like they're having a profound yeast die off. And it's almost like they have a lead blanket of fatigue and brain fog.

And like when you see the two and you're off, you'd be like, I know what Moorcroft just said. I mean, it's just like that super profound, like, you know, huge candida die off.

What's interesting, so that bothered me. So I started doing some research and Tefenequin has a publication

showing it has antifungal properties. So in our patients who have a lot of antibiotic use, have shitty diets, the kiddos, and then also anybody who has a mold exposure, there's a possibility that some of the die-off from Tefenequin, especially if you go high, too quick, could actually mold or yeast.

Yep. And the other key thing I love is I saw tefeniquin in a Tovacoin. I'm like, well, no one's paid the money to do with herbs, but I bet you clinically, if I put tefeniquin and Cryptolepis together, Chinese skullcap, Artemisia nua, things we know work against the various Babesias.

And one of my favorite combination is Cryptolepis and tefeniquin. Yeah, yeah. So I don't have to keep putting them on all the rest. Exactly. And that has been incredible in many of the patients we have in common.

So, absolutely. Now you did several times, say, work with somebody that knows what you're doing, which I think is really, really important. It's also important to work with somebody who knows what tests to do because conventional labs are, you know, large amounts of false negatives, very poor sensitivity for multiple different reasons, including that we're just testing serology and a lot of these people have immunodeficiencies either concomitantly or because of the disease they have lots of different reasons.

But let's just look at what tests do you recommend using if you think you may have tick-borne disease of any sort. Yeah, I mean, the initial part I think is probably, I mean, you'll understand, but I get a CBC and immunoglobulins, right?

So I get a blood count because a lot of these organisms, if you know what they do, like Lyme does almost nothing to your CBC, whereas anaplasma and Rocky Mountain spotted fever will do things with your white cells in your platelets.

Babesia can do red cells in platelets and sometimes white cells. Borrelia miyamotoi, which is a type of tick-borne relapsing fever, behave more like a rickettsial infection, like the anaplasia, but not, and so a lot of these people are like, oh, my white counts like two.

I'm like, that's not Lyme disease, you know, usually. And, you know, you got to look at their, if they have an immune system that's kind of functioning in the, with immunoglobulins and other things, but you can't always tell.

And so. I love the antibody testing and the one of the biggest things I see is people get like a 23 band on an IgM from Quest and they want to go to Igenex.

I'm like… Why? If you have symptoms consistent with Lyme, the 23 band is reacting to a protein on the surface of the Lyme bacterium that's required to infect humans.

And it's an IgM. It's been around recently. So if it looks like a duck, walks like a duck, quacks like a duck, don't go looking for more tests. You have your answer.

But I agree with you 100%. The biggest challenge is not the positive or the false positive. It's that false negative test. Because we know that the conventional labs are based on laboratory strains.

They're not even wild strains and they're based on one strain and they don't pick up most of what's out there. So, you know, I look to use places likeigenics for our serologies because they're, they're broader, you know, and like their immunoblots, at least for Lyme disease, are now FDA cleared.

And when this happened, you know, both in the fall of 2024 for the IgG, July of 2025 for the IgM, now we have, they have complete, because science caught up with what we're seeing in the lab, the CDC has changed your diagnostic criterion line to an FDA-cleared test, not this stupid two-tier crap that we used to do.

Now, they still do that for other people, but Igenex has proven that they pick up more because they're looking for more. And they're in the process of working on getting their Babesia done.

And I know we talked about this before we started, but one of the most important things is that they have third-party validation and They're doing blinded samples, reviewed by different people.

They're submitting for publication. Not that they're publishing their own stuff only, but they're submitting for publication. They're being reviewed by the CDC and the FDA.

And you can see the quality. You can see all the certifications and everything. So we have a, you know, and like Galaxy Lab, well, if I rewind for a second, I mean, I do do some RNA tests that called fish test fluorescent in situ hybridization together, much better acronym than saying that over and over for Babesia and Bartonella because they're looking for the organism.

And they have a culture-enhanced PCR that I like because now we're not just looking for bits of the organism, but we're seeing if we can even grow it and then amplify the DNA.

Direct measures are great because it doesn't rely on your immune system, but we have to find it. So direct measures, if they're positive, unless you go to a crappy lab, which we'll get to in one second, they're going to be like 99.9% true positive.

The problem is if it's negative, you either have it and we missed it, or you don't have it, but we can't tell you the difference. So the negative shouldn't really bother you.

And along the lines of, you know, serology, I mean, if you're getting Bartonella only, Igenex is a great immunoblot, but Galaxy does a great job with their serology.

And They're doing three-day collections for a lot of their DNA, and it's digital droplet, you know, PCR, and they'll do a culture enhancement for Bartonella.

And sometimes I will have people who you check Lyme, Babesia, and Bartonella, and then do a culture on Bartonella, so you're getting 12 total readouts on three organisms, and only one of those are positive.

Exactly. Three days of testing, we have the same thing. Exactly. And what's interesting is when I was first getting into this field, because I'm a scientist, I'm like, well, is that bullshit?

People are literally, I talked to researchers who publish, if they run a DNA sample through PCR and they find it positive one out of 40 times, that counts as a positive and they can publish it.

The biggest lab, the most I've ever heard a lab doing it in a single sample is three times, which is hygienics. And everybody else, you just had to pay them for more tests.

So, but the other part that's important about Galaxy is some of their research, they're pushing the envelope and they're trying to take newer technologies and get us better, more accurate results.

But they're also seeking FDA clearance and they're working with people to get there. Sometimes it takes years to do, but they're doing the steps. And I see so many other labs out there.

Oh, like if you do a massage and then pee in a cup, you're going to find out what you have. I'm like, that's not a validated measure. I'm going to do a finger stick.

Finger stick sounds great when it's hard to get a blood draw, but that's not a validated measure. And the external validation is like, oh, we compared ourselves to the CDC two-tiered criteria for testing Lyme, but it's known to miss 88 out of 200 true positives.

So 44% false negatives, basically. You can't do that. Like, if you're better than that, I'm glad, but that's not a high bar. So when you're saying, hey, I'm better than what exists, and that's what I love about what Hygenics did was they said, They were asked to do the CDC criteria or their own criteria for the submission, but they couldn't do both.

And they're like, well, we believe in our side so much, we're actually going to just do our highly specific line band criteria. And they not only proved that they were right, but they proved they were better than everything else out on the market.

But it took, how long have people been disrespecting eugenics and saying, they're just the one who's always positive? No, they're looking more accurately and they have proven that they can tell which ones are positive and which ones are negative in the face of other people who can't do that.

So, you know, we got to go there. Yeah, and I think it's really important, and you and I have talked about this a lot, that labs are held to a standard.

If we're going to have our patients pay for a specialty lab, I'd rather them pay more money. I understand that both Galaxy and iGenX are more expensive, but I'd rather them spend more money to get an accurate result.

Otherwise, I'd rather not do the test and diagnose it clinically, treat herbally, slowly, get started. The other thing is, you know, starting to treat, your test may be more positive later after you see.

Yep. you know, some of this coming out. But doing a test because it's less expensive or doing a test because it is always positive doesn't make it right.

We need to make sure there are appropriate validation studies and appropriate rigor of research. And I know there's a lot of really great primary care docs out there and functional medicine people who are new to this, but open and willing to order what their patient brings in the order slip.

Don't do that. Because I have seen people spend six and $10,000 at labs we may or may not have already mentioned.

Testing, Lab Selection, and Getting the Right Diagnosis

Uselessly, there are, if you, like we, there is a, all the providers we teach and anybody, any provider reaches out to me, I'll send them discount panels, right?

And it's not that it's mine, it's just an order form that's filled out. But if you know that the secret code, you know, to get into the speakeasy, you can get half off of the core four things we need to be looking at.

So one of the benefits, like a lot of people are like, oh my God, it's like cost a lot of money to come see an expert. I'm like, well, that's because you wasted time and money seeing all these other people who meant well, but they might not have the training.

And it's like, oh, we're going to do more for less. But the problem is they're testing for crap that doesn't even exist in this country. to the best of our knowledge today.

And it's like, why are we saying, oh, because someone who's not validated says that's true. So you can actually save money and get better more quickly.

And what's more, the money is important, but most importantly, I want you and your children to get better as quickly as possible. And you do that by adequate…

diagnosis and treatment, appropriate and early diagnosis and treatment. And like, you know, spending a little here and a little there and a little there rather than just getting what you really need, you know, can sometimes slow you down.

Exactly. And one of the things you just said is also not testing for everything just because you can. That's one of the other things you and I have talked about, that test for what you could have been exposed to.

Don't test for something that's nowhere near an area you've ever been in. You're not going to get Rocky Mountain spotted fever and other ticks if you're not in an area where that is endemic or traveled to that area.

Well, and I also think it's a great point because, you know, what are you exposed to? Because we know that species, especially with herpes viruses like EBV and CMV, everybody wants it to be reactive, but we can have monic, you know, polyclonal activation and you get one going and they're all going and it's, it's a false positive for many.

And if you're, and we know in medical school, like if you have a greater than, in most things, if you have a greater than 80% pre-test probability of you having this, don't test for it.

And if you have less than a 20% chance of having, don't test for it, because your likelihood of false positives and negatives go way up. So it's a challenge, but really, that's why I'm so glad to be talking about this, is that I want people to know that there are people out there getting trained.

I also want them to know that they don't have to go it alone. Those days are over. Now, you might not like the answer if you have to wait three months, but let me tell you, been sick for four years, getting on a good person's waiting list for three Nothing.

If you do it today, your appointment will happen before you even know it. But get in with somebody who knows what's going on. Because if you start chasing infections that were positive, but they're just falsely positive, just like the false negative, you can do as much damage.

And then you've wasted a lot of time instead of focusing on what you really have. Yeah. So how do people get in touch with you? Now that you've convinced them all that they need you to treat them, how do they get in touch with you?

Yeah, thanks. You know, if people are looking to see our medical practice, we're at originsofhealth.com. And for any practitioners, providers out there who are looking for, you know, more in-depth training in Lyme and all the fun stuff that comes with it, the co-infections, we do little pans and mold too, but just because you have to, but just really focusing on Lyme, we have lymetraining.org.

Yep. They're great places to learn. You're a great person, Tom, and incredible clinician, researcher, and just speaking the truth. So thank you for being with me today.

Any last words you want to leave our listeners with? Yeah, I'd love to. And thanks for the… I mean, you're so worthy to receive this healing. And the world is a really cool place, but there's a bit of darkness that's going on.

And right now, like, we could use more people shining their light. Like I said earlier, it's in whatever way you do. When you look outside of yourself and you get inspiration from others, like, see their journey, but don't compare yourself to them.

Go on your own journey. Get in touch with your heart. I tell people all the time, it's probably the hardest exercise I ask anybody to do. but stand up in the morning or sit in or whatever, get in front of a mirror and say, Tom, I love you, while looking straight in your own eyes in the mirror.

And I've had people who are like, okay, I'll do it. I don't have a mirror, but I'll do it on my phone. And it took them like five minutes to turn the phone on.

They're sweating. And then they scream at their phone. And then it took them another 20 minutes to be able to say it. But it's like really just look at yourself and go, I truly am worthy.

This is not just healing for other people. And remember how powerful you are. When you look inside and you open your light, then you give people around you the permission to shine their light.

You don't need to shine your light the way I do. Just like I said, Jill doesn't. She does Jill, and I do Tom, and Nancy does Nancy.

Finding Care and Closing Encouragement

The world needs you to be you, and we all are dying to see who you truly are inside so that you can inspire us, and together we keep inspiring each other.

And for all our parents, I mean, even when your kids give me the bird around the corner, I have a teenager, it happens. They're still going like this and listening to you.

They're looking to lead by example. And the final part of it is anybody who got rich had no idea how they were doing it. Anybody who got well had no idea how they were doing it.

They just went and they said, I'm getting there. And the only way to do that is put one foot in front of the other and just go, I'm going. Later on, you'll figure out how you got there.

But wake up today and just go, damn, I'm going to just walk down the road today. like the person who's already healed and shining and beaming my light, but don't wait, just do it now.

I mean, you're not going to forget the illness. You can't think your way out of feeling crappy, but if you could imagine 50% of your feeling crappy could just go away just by shifting your mindset.

And now you know what you really need to focus on. Amazing. Well, I'm standing in the mirror looking at you and me, and just saying, I love you, Tom. I love you too, Nancy.

Thank you very much. Thanks for having me. We'll see you next time on Demystifying Pan's Pandas. That's it for today's episode of Demystifying Pan's Pandas.

I hope you're walking away with insights, tools, and hope to help you and your child on this journey. If you found today's conversation valuable, be sure to subscribe so you never miss an episode.

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Also, for more information, training, and community, check out our website, drohara.com, and join our annual membership. And remember, every step forward, no matter how small, brings us closer to healing and understanding.

Until next time, be present, be hopeful, and we look forward to seeing you next time on Demystifying Pan's Pandas.