Introduction to Babesia and Immune Evasion

Babesia loves to infect the red blood cell. There's an awesome herb called Cetacuda that helps to protect the Red Blood Cell. And like some of the literature talks about how it kind of like evicts Babiesia, makes it less hospitable, less desirable.

So we need to understand other mechanisms of immune invasion. Lyme goes intracellularly. Lime builds biofilms. We have all of these other immune evading mechanisms that we need to understand so we know how to break them down and actually get to the organism.

This is Dr. Talks. Hello, everyone. My name is Dr. Richard Horowitz. I am the co-host of the Dr Talk Killing Lime Summit 2.0. It is my great pleasure today to introduce to you my other cohost, Dr Mariah Hinchy.

We're going to be talking today about the use of lifestyle and botanical medicine in the treatment of chronic Lyme and other vector-borne diseases. So thank you for joining us today.

Great pleasure to see you again. pleasure to see you and talk with you. Thanks for having me. A lot of naturopathic doctors, they're doing a lot great things out there, but you specifically specialized in Lyme and vector-borne diseases.

Meet the Co-Hosts and Topic Overview

Why did you take the approach? I mean, for me, it was one of the most important things anyone could ever do. It's a worldwide epidemic. What brought you to this field?

Because natropathic medicine, of course, we need natriopaths with what we're doing as internists and the rest. But why LyME? What got you into this? So honestly, I was forced into it.

I mean, there's no other way to put it, so being trained to get to the root cause of the patient's symptoms. And I used to say being in Connecticut, being at ground zero, but let's face it Lyme's in every state, it's an almost every country.

So I don't want to give people the wrong impression by saying that, But more often than not, I had patients coming in that had atypical this, attypical that, you know, as their diagnosis.

And, to me, like, wait, ding ding, that means they don't fit the diagnosis, which means that's probably not their diagnoses. You know? And they're not responding in the way you would expect them to respond to, let's say, their psych medication or their pain medication, or you know, GI medication.

And so, you, know I was just always really trained to get to the root cause and to go deeper. I think some naturopathic physicians are kind of taught to trade, herbs for prescriptions or nutrients for proscriptions.

and I just wasn't trained that way. i was very much trained, that there's always an underlying cause, and you're not being a good doctor if you don't find it.

So I found myself often finding a vector-borne disease as one of the underlying causes. And to take a step back, you know, I was fortunate enough that one my patients in clinic when I still in medical school, which I just realized this morning was 20 years ago now, but she had chronic Lyme and Babesia.

Why Dr. Hinchy Focused on Lyme and Vector-Borne Disease

In school, we weren't taught anything more than maybe some fatigue, joint pain, rash, 14 to 21 days of doxycycline, and bam, you're cured and that is it.

That's all we learned about Lyne disease. Having this young woman, she was in her 20s and she walking with a cane and her cheeks were bright red and ears were right red, like she has lymphocytoma.

And all of these symptoms, she had been on IV rosephin for over six months, all these things, and she still wasn't better. And that was just really eye-opening for me.

I worked with one of my favorite teachers, Dr. Zamperone, we did a lot of Chinese herbal medicine with her. We were doing fever treatments, peat baths, this whole detoxification and immune strengthening program.

And so I really say I was fortunate enough to learn in school, in clinic, that A, what they teach us about Lyme disease is not correct, and B, you know, a lot of the even outside of-the-box antibiotic treatments do not cure this disease.

Yeah. So you came about it almost in a similar way that I did, which is, I don't even remember at this point, because I didn't want to tell you how many years ago my med school was.

You're 20? I think mine is coming on 40. That's like 43 years or something like this. But the point being for me, it was the same thing. You know, I don't remember root causes and mine was a seven year medical program in French.

I mean, they really went into great detail. It was just like, but I Think we all kind of come to the, you know the Same conclusion after a while, which is and by the way, and I You know, God bless you for doing this.

The reason I think patients come to you so often and you're so well respected in the community is you care. And people know when practitioners care, it's not just a question of how smart you are.

It's a questions of caring you, right? What your knowledge base is and the fact that you not going to quit, until you get to those underlying sources today.

Part of what we're going discuss today is like, okay, you now have this chronic vector borne patient who's coming in with all these symptoms. What is your main focus?

Where do you start with these patients to try and get them better? Yeah. So, I mean, obviously we have to deal with the infection. You know, it's an infection, but I kind of look at it a little bit different.

We all know that this infection causes massive inflammation. All of the symptoms that a patient experiences are literally different expressions of this inflammation, whether it is pain or its cognitive disability or GI, whatever, right?

So it these inflammatory cytokines that actually break The immune system is how I explain it to patients. So it causes this imbalance of the different T-helper branches of The Immune System, as well as really creates like immuno-incompetency.

It's like the body knows there's an infection there, but it lost its ability to know how to fight it and how see it, and get to it. And so my ultimate, ultimate goal is to restore immunocompetency to the patient's body and rebalance the immune system.

But you got to deal with all of the inflammation to do that. And as you can imagine, with the body sort of and all the cells being inflamed, they you end up with other damages to the terrain.

And so it's like, you know, different organ systems stop functioning properly. You know we talked about a lot of this in your interview and with your 16 point MSIDS questionnaire, right?

Like it addresses this stuff.

Immune Dysfunction, Inflammation, and Terrain Damage

But it is like if you have, increased nuclear factor kappa beta degrading the tight junctions in the gut and now you have increased intestinal permeability and you're leaking in toxins along with undigested food particles that your immune system is now seeing as antigens and that's creating more inflammation and more toxicity and cell damage and mast cell and all of this stuff, it's like you're literally now a breeding ground, you are hospitable for these organisms to thrive off of your body, break down your collagen, reproduce, etc.

And so I feel like we have to focus on that particular patient sitting in front of us and like, what's their collateral damage? Because I think that these, like if we're just talking Borrelia, it goes to the areas of the body that either because of genetics or because wear, tear, previous injury, that patient is already vulnerable.

and it's gonna exploit that again with inflammation. And so it kind of like we have to look at the patient as a big puzzle and we to evaluate each piece and its like okay which pieces of this patient's puzzle has been altered and then the focus has to go there to kind like healing their new underlying causes.

So I always say these infections when most people realize they have them they're like oh thank God I found the underlying cause. And I'm like, yeah, maybe two years ago, that was the underlying cause.

But now that infection has created a whole miloo of other underlying causes, and we have to get to them in order to fix the immune system, in other to completely, you know, I don't know if it's completely eradicate the infection, or if its just holding it in remission by fixing the system.

Yeah, and you know, you and I have come up with the same conclusion over years, seeing our patients over decades doing this. And you're absolutely right with immune system problem because I published years ago that Lyme effects, it causes immune dysfunction and we have patients coming in with chronic variable immune deficiency, low immunoglobulins, slow subclasses.

Then a couple of years we found these patients with multiple Bartonella species. As you now, there's a whole controversy like, is Bartonella really a tick-borne infection?

They're showing up in a lot of the ticks. But there's only one European study showing that it's been transmitted with this one particular species. Yet, when you have multiple Bracknellus species, you get immune dysfunction, right?

Your immune system goes down. And then we're finding mole toxins. You're find them like I am in your patients. Gliotoxins suppress the immune systems, and then of course you're dealing with leaky gut and mast cell disorder and all these insomnia, vitamin mineral deficiencies, all the sources of inflammation.

Long COVID came along and made it even worse for us. Because then they have T cell exhaustion. So there are B cells that make antibodies. The T cells, that are fighting the viruses, they're all knocked out of the box.

You're right. It's, you can't just treat these infections, the immune dysfunction and getting to the multiple sources of inflammation. I agree with you 100%. That's a lot of times where the healing is because inflammation is responsible, as you said, for fatigue, headaches, pain, brain fog.

But if you've got multiple sources of inflammation, you can't just give antibiotics or herbs. You've gotta get to all of it. And I think that is really one of the key points people will hear from both you and I and many of these experts during this Healing Lime Summit, is you gotta to get these underlying sources.

So that's a great point. How do you actually implement the therapies, like therapeutic lifestyle? You do changes for these patients to help them in their daily routines to better.

What do do exactly for this patients? Because you got to to these underline sources, how do how you do it? Yeah,

absolutely. So as far as the therapeutic lifestyle changes go, I try to make it simple and I tried to meet the patient where they are, but I kind of put it into four or five different pillars.

Number one is nutrition. number two is stress management. Um, number three is movement therapy. And that could be a biggie for these Lyme patients that are in significant amounts of pain and fatigue, et cetera.

But then we also have detoxification or avoidance of toxicants. So nutrition, you know, I really like to focus on the positive, but from a nutritional standpoint, for me, there's kind of like some big do-nots.

And I would say the big, do nots are eat foods that are riddled with toxins and glyphosate. The easiest way to get around that is to focused on foods are organic or when it comes to like the dirty dozen or the clean 15, One of the easy ways to remember, for the most part, is that if something has a thick peel, and you get to cut that peel off, you're not going to eat the peel.

For the MOST part the pesticides will kind of concentrate in the peels, so if you are not eating the Peels then that food is typically safe. There are some foods where that doesn't apply.

Therapeutic Lifestyle Changes: Nutrition and Detox

And then if there is a peel that is so thin that you aren't going get it off Clearly, you can't wash a raspberry. It's just going to kind of disintegrate in the sink.

I mean, if you're washing it to the extent you would need to to remove glyphosate. So looking at Clean 15, Dirty Dozen, but also removing processed foods from your diet.

A lot of patients complain eating organic is so expensive, eating gluten-free, which I'll get to in a second, is expensive. And it's like, well, yeah, if you're buying all of this processed, prepackaged, pre-made crap, excuse me for saying that, it is very expensive but the gluten free version of that isn't gonna make you any healthier.

It's poison basically. So I try to teach people how to eat a whole foods diet Unless you're going to do organic grains, I do say pretty much avoid especially gluten-containing grains because they are all filled with glyphosate, and glyphasate is one of the most dangerous toxins that we have on this earth.

I will then counsel them to try to eat a rainbow. So I like to do fun, easy visual things that people can remember. So if you're eating a rainbow, you are going to get all of the various bioflavonoids that our bodies need for cellular health and healing and mitochondrial function and antioxidants, etc.

And so I mentioned gluten, so i'll put that out there. The gluten Most people have issues with gluten is what I have found in my experience. Now, is it because it's drowned in glyphosate?

Sure, it absolutely could be. But I was always taught that gluten increases zonulin, zionulin breaks down the tight junctions in our gut lining and that increases gut permeability.

And when we are dealing with a toxin that has to be detoxified out of the body, we have to have the best you know, tight junctions, the best sealed gut that we can possibly have so that were not herxing and were now accumulating all of these biotoxins.

And then I do often suggest avoiding dairy because dairy is very inflammatory as well. So gluten, dairy, sugar, processed foods, if we can, and then focusing on eating real healthy foods.

Lots of lean animal protein. If, you know, the patient agrees to, they're not vegan or vegetarian. And lots of non-starchy veggies. oils are super important.

And there's so many different doctors in this space that talk about giving the body an oil change, right? So we're eating so much seed oils and vegetable oils that are terrible for us.

They're all pro-inflammatory. Again, what is the big thing that we are trying to fight? inflammation. So if we focus on, again, I like to make things simple.

If I'm going to fry something, i fry it with coconut oil. if I am going saute something I use avocado oil and then I liberally drizzle real extra virgin olive oil on my food.

And those are kind of like our three basic oils. Not being fat phobic because we've all been brainwashed in the society to be fatphobic. I think those are my biggies.

Adequate protein, adequate fat, making sure that they're healthy. Obviously, the source of the protein is important. You know, my good friend Dr. David Dorenfeld always says, like, you're only as healthy as your food's food was.

So I have people say to me, eating red meat isn't good. You eat grass-fed beef five times a week. What's wrong with you? And it's like, look, if I could pick one thing to eat, whether it is a farm-raised fish or grass fed beef for the rest of my life and I only got to pick 1, it would be the grass feed beef.

So, I like to give people these little fun, helpful tips so that they can remember and it doesn't seem so daunting. But then we move into detox and removing toxins from self-care products and toxins household cleaners and trying to detoxify our water through a filter and whatnot.

Because I live where we have a well and I grew up drinking this. And I just had this big argument with my mom. She's like, well, water is the best water.

I'm like mom, we live in a farming town. Do you know what's in that well water? Because she almost lost it when I put a $5,000 water filter on our kitchen sink.

But anyway, sorry. And by the way, we did the same thing. We're on an old farm, which was 40 acres, St. George's farm. I've got water filters in the medical barn where we are.

Also a very expensive water filter. Got air filters throughout. But these are all the toxins. Now, question for you regarding the nutrition, because I agree with you eating the rainbow.

By that, this is a horrible joke, but you mean not eating Skittles. Isn't that what they put on there? Eat the rainbow. Yes. Yeah. Something different here, folks.

I'm finding when I am checking my patients for nutritional deficiencies, though, their RBC magnesiums are low. You know, the serum mag might be fine, but most of the minerals are intracellular.

Getting low RPC mags, low rbc copper levels, lower than the zinc and I have patients who feel like they're eating healthy diets and they are eating reasonably healthy, but the food supply has become so depleted that when you're trying to get rid of all these toxins, and I'm at a point, I think nine out of 10 patients roughly are now testing positive for mold toxins.

I had one guy today, i sent him an email and i went, congratulations, you won the lottery. You're the one out 10 that doesn't have mold, toxins these days.

And the other one I wrote before him was loaded with it. i said, do you know where you got it? He said yeah, it's probably college. These toxins stay in the body.

So you're right. I mean, it's a problem. And interesting about the glyphosate in wheat, when I go to Europe, I don't know if you've had the same experience, and I eat the wheat products in Europe.

They affect me the way even the dairy products. Patients tell me that all the time. Yeah, I don't have the same inflammatory reactions. But I think people realize, and in fact, this just came out just a while ago, even with the wildfire smoke, we're all exposed to heavy metals.

They found with wildfires smoke in LA, the lead levels in the air were 100 times above the normal level. Now, how many of the doctors are checking people at this point for lead toxicity, right?

Or for mercury. I've had patients who think fish is healthy. You were talking about, you know, the omegas and you're right. Those seed oils, omega-6, they're pro-inflammatory.

We've got to balance them out with the omega threes. And that, that's why I do a teaspoon of flax, um, a teaspoons of organic hemp seed, teaspoon organic black seed.

Well, I'd do little bit of yogurt in the morning and try to limit my dairy, but that how I get kind of the acromansia species and the good bacteria going in my gut.

But. I don't think the average person, unless they're speaking to you or an eye who is doing this, I think people realize that you're not living in a healthy planet anymore with the number of infections and toxins and nutritional deficiencies.

You're right. Starting back where we started, it's just not enough to treat these infections. I think that's great. So question, so with sleep, which is one of those inflammatory factors, and I'm sure you have the same problem as your patients fall asleep.

You have some herbs you love for these patients, like I do for forgetting them to sleep. Yeah, so one of my favorite herbs is Chinese skullcap for sleep.

So it actually contains melatonin in it. And then it also helps to inhibit an inflammatory chemical called IDO. It stands for endolamine 2,3-dioxygenase.

What this chemical does is it takes L-tryptophan, which is the major amino acid that is converted into melotonin, and it breaks it down into three counterparts.

One of those counterparts is called quinolic acid, which is very neurotoxic and can cause sleep issues too. So Chinese skullcap will actually inhibit IDO which will allow your body to convert tryptophan into 5-HTP, into serotonin, and to melatonin.

And so it kind of allows that pathway to be turned back on and it shuts off the production of quinolic acid. So I mean, if I could only, only pick one herb, it would be Chinese skullcap for sleep.

But ashwagandha, which I'll talk about a little bit later, also can be very helpful. It has a mild sedative effect and that could be helpful for asleep valerian.

California Poppy, and then obviously melatonin. You know, I love doing sublingual melotonin for people who can't fall asleep.

Sleep Support, Herbs, and Nutrient Testing

And then we can do like a time-released meletonin, for those who have issues waking up in the middle of the night. I always do a white blood cell micronutrient panel on my patients, because to your point, serum levels often are high or normal.

And then you look at an intracellular test like red blood cell or white blood cells, and they're drastically deficient. So sorry, I digressed, but I find a lot of low-phosphatidylserine in a And if you give phosphatidylserine at bedtime, it actually helps to keep the cortisol response more even throughout the night.

So those patients that wake up at like 2, 3 a.m. and they say, I swear, my body wakes up and I'm like, oh, its morning. I slept through the day and then they look at the clock and it's like two a. That's from a cortisol surge a lot of times.

And again, phosphatoid serine can be very, very helpful to balance the cortisone and stop that cortisol surge at three a Yeah, I use a lot of the same ones.

Do you like Gab-Althinine also? Cause I've had some good luck with Gab Althinin. Yeah. If it's like that restless rumination can't turn the mind off that seems to be stopping them from falling asleep or when they wake and actually there's a Gabba product that actually melts in the mouth.

Like you can take that, that is pretty fast acting that works really well. Right. No, that was very, very helpful. So in addition to these lifestyle changes you're talking about, you using botanical herbal medicines, right?

Yes. Go through at least like some of the main ones you are using at this point for your approach with herbs in these patients? Okay, so if it's okay, I'd like to kind of, again, paint the picture of like why, because I have a lot of patients that come in and they're like, you know, You're just going to give me herbal antimicrobials instead of giving me pharmaceutical antimikrobial.

And so I think that people are missing the boat when they look at it that way. So when someone is choosing botanical herbal medicines. I think that they again should, I call it kind of covering your bases.

So like base number one is whatever organism you're dealing with. Let's say it's Borrelia. It's just Lyme, not BART, no Babesia, nothing else. You need to understand the specific immune dysfunction that's caused by that particular organism.

What does Borrelia burgdorferi do to the immune system? And for this, I'm talking more like the balance between TH1, TH2, and TH17. Then understand which cytokines that organism is exploiting inside of the body, right?

So with Borrelia, we have interleukin 6, interlucin 8, Interleucan 1 beta, tumor necrosis factor alpha, nuclear factor kappa beta. Right? Then we can look at the herbs that are going to cover all of those inflammatory cytocines so we make sure that we didn't leave one or two that aren't addressed.

Then, if we know the organs of invasion or the tissues of invasions, we can start to make those tissues or organs inhospitable or kick them out, so to speak.

So with Borrelia, Borrelia loves the extracellular matrix. It loves to eat collagen, right? The exact nutrient profile that Borrellia needs to live is in collagen.

And so if we look at, for example, agrokinase, hyaluronidase and collagenase or MMP9 are all exploited to break down the extracellular matrix and the collagen.

Well, if put together Japanese knotweed, Chinese skullcap and ashwagandha, we can actually inhibit all three of those enzymes And so it would help to protect the collagen and the extracellular matrix.

Like if we were talking about Babesia, Babsia loves to infect the red blood cell. There's an awesome herb called Cetacuda that helps to project the Red Blood Cell.

And like some of the literature talks about how it kind of like evicts Babasia. You know, makes it less hospitable, less desirable. So we need to understand other mechanisms of immune invasion.

So Lyme goes intracellularly. Lyne builds biofilms, right? We have all of these other immune evading mechanisms that we to need understand again so we know how to break them down and actually get to the organism.

And then obviously, we have to detox all of these biotoxins and the LPS and all this other stuff. So we need to make sure that all the routes of elimination are open and that we're supporting detoxification pathways.

And lastly, use proven antimicrobials that are specific for the particular organism. With Borrelia, it's anti-spirochetyl antibiotic herbs. If it's Babesia, we have to use anti-parasitic herbs, right?

Because Babesi is a parasite, not a bacteria. You know, same goes in the pharmaceutical world, Right? We, anyways, We cover that elsewhere. I'm going to leave that alone.

But those are kind of my bases. And then because let's say you have Babesia, Bartonella, and Borrelia all there, which a lot of people do, again, if you go through that sequence of what do they have, what does it affect, What is it doing to the body?

And you match the herbs up and then you'll see redundancy. So you start crossing them off so that you end up with the lowest number of herbs. that are still going to address all of your treatment goals.

Right. So, question regarding these herbs. I mean, I practice, of course, mostly integrative medicine and use a lot of pharmaceuticals. But, you know, over the years I've used the Cowden Protocol, right?

I have used Cemento and I used Kinon, a little bit different herbs from the cowden protocol.

Herbal Strategy for Lyme, Babesia, and Bartonella

And I use traditional Chinese medicine, not the way a Chinese doctor would do it, the ignorant Western doctor would do it like prescribing capsules as if I'm prescribing antibiotics, right?

With doctors, observes, coptis, HH, utenia, circulation P. And by the way, those approaches have clearly worked. There's not even a doubt. The Cowden protocol, I would get a 70% response rate.

using traditional Chinese medicine, roughly 70%. I mean, there's no doubt that I was seeing results with it. Byron White, we would see herxes off the wall using AL, ABAB, Abart.

Are you using some of these kind of traditional herbs the way, you know, I've used them over time? Or are you getting some these like specifically compounded?

Because when I use Japanese knotweed in Chinese skullcap, usually doing it for Babesia. Right? I'm using it in Babesia protocols with Acornia and Artemisinin and the rest, but I was just wondering, you using those types of basic protocols or you're putting them together separately?

So for the most part, I am using individual herbs and I'm using them at therapeutic doses and i'm putting the combinations together that like the specific patient in front of me needs.

I have put together other herbal blended formulas for other physicians that find it easier to use them that way. But for me with my patients, nine out of 10 times unless they just got bit and we don't know what they're dealing with and then we kind of throw the whole kitchen sink at it and I have two formulas that are already made that I use for that.

No, I'm making a very individualized plan. And then I teach them how to take all the bottles home and make their own formula, like in a bigger glass vessel so that they don' have to open up like six or seven different bottles three times a day, every day.

And regarding these pathways you were talking about, the way, you know, I'm doing it normally like NF-kappa-B, one of the major switches inside the nucleus that turns on these inflammatory molecules you we're talking, about I am typically using N-acetylcysteine, alpha-lipoic acid, glutathione.

Are those parts, or if I m stimulating Nrf2, using turmeric, broccoli seed extract, resveratrol, green tea, are you using similar types of things also with these herbs, so you're doing mostly with the herbal protocols?

No, so I use a lot of NAC. And especially, you know, one of the nutrients that this test looks for that I do is cysteine. So if I see low cystein or if i see a low glutathione, then I will definitely use NIC.

Yes, that does help to lower some of cytokines as well and is super helpful for the immune system and for detoxification as Well, yes, I use curcumin.

Yeah, use a lot of other I guess supplements, you know, for lack of a better word in addition to the herbal medicines themselves. Yeah. I mean, I just call them nutraceuticals because they really are.

And in fact, you know, what's fascinating about it is with glutathione and NAC is that we published the first article on glutothione deficiency for COVID years ago.

Most of the viruses out there, whether you're talking about Dengue fever or bird flu, any of these out at least every pathway I've looked out, the viruses need to lower glutathione to replicate.

So it's not even just a question of Lyme disease. I tell people with the flu, they get influenza, don't just get a five-day course of Tamiflu. You want to take high-dose glutothione because the literature says these influenza virus, HIV virus and Dengue fever, all have to be able to low glutathiol to replicates.

It's interesting that what we're doing kind of has a multimodal effect because as we're talking about earlier, it's not just the bacteria, right? We're seeing parasites.

We are seeing viruses. You're also seeing long COVID with reactivated Epstein-Barr and HHV6. Yes. And I've had patients too that like, you know, they're like I haven't had a herpes outbreak in years, decades.

Then all of a sudden they get COVID and now all the sudden, there are having outbreaks again too. So it all of these various viruses. I've never seen so many, you know, like the reactivated marker, on a standard Quest test, the early antigen marker.

Like, I have never see so much of those positive. Usually it was like, once in a while that would be positive, and now it's like once and a great while it is not elevated since COVID.

Yeah. It's become a big overlap. Yeah, and you bring up a really good point because, you know, it all goes back to immune function. We are all riddled with parasites, bacteria, viruses.

we're exposed to them all the time nonstop. And I think people forget that, but like we have such a strong, robust sophisticated immune system that, you know, we don't get sick a lot, right?

I mean, in comparison to what we're exposed to. And all of these viruses and bacteria and parasites that live inside of us live somewhat, like synergistically and don t cause a lotta problems until you get that last straw in the camel's back that just kinda like breaks everything and then the immune doesn't function.

For a lots of people, from what I've seen, that can be spike protein driven, you know, whether it's from the vaccine or whether its from getting COVID from just getting covid from somewhere and getting that infection.

Yeah, no, I agree. This is one of those areas that's becoming extremely important. I mean, a lot of doctors are looking at this now like Bruce Patterson, but I think we have a long way to go to figure it out because there's no doubt as we're talking about inflammation driving symptoms, the spike proteins definitely win the vasculature, inside monocytes, driving monocyte activation.

It's making our lives as, you know, as Lyme docs a little more difficult because We're lowering down the bugs, the Borrelia, Babesia and the Bart, and then we're left obviously with these spike proteins that in some patients are playing a role along with mold and everything else.

So yeah, it's a complex picture and you obviously have to get to all the sources as we talked about earlier. Now, I know you talk a lot about Gal-3 and, in the role in chronicity with chronic Lyme.

You want to talk about that and how you think that plays a roll? Sure. So it's a binding protein that in a normal

situation is very healthy and helpful, right?

So if you have an injury or you get an infection, Galactin-3 will go up and basically it recruits various immune cells and inflammatory cytokines to the area to kind of like kill the infection or repair the injury.

And then it turns off and the body just kind goes on. When it is chronically elevated, what happens is that it's like an alarm that never turns off. So we have over recruitment and activation of immune cells and overproduction of inflammatory cytokines leading to like cytakine storm.

And it actually stimulates a lot of these other pro-inflammatory cytokines like interleukin 6, tumor necrosis factor alpha, et cetera. And so lowering the level of galactin 3, getting that alarm to turn off, can help to, turn of that cytocine cascade more upstream.

Then also, galaktin three is part of the scaffolding of, the biofilm that Borrelia makes. And so if you're able to break down the Galactin-3, you can actually hit the biofilm from the standpoint of breaking down that scaffolding.

One of the natural inhibitors of Galaktin 3 is G3-M-Pactisol.

Nutraceuticals, Glutathione, and Viral Reactivation

It has a boatload of other activities that are super helpful in a vector-borne disease infection. In addition to decreasing Galactin-3, it reduces Interleukin 6, Inter-leucin 1-beta, It has a dose-dependent increasing of natural killer cells.

It actually promotes the healthy growth of collagen and can help to pull fibrosis out of collagenous tissues like the blood vessels or the organs or skin or muscles, tendons, ligaments.

It actually binds heavy metals. It binds LPS from the dying bacteria as well as mycotoxins. And it can be helpful in healing the tight junctions in the gut by helping to lower nuclear factor kappa beta.

So, you know, it kind of hits a lot of the treatment bases when you're looking kind at the whole person and all the goals of working with someone to heal from these infections.

So, so question for you and you may not have an answer, but I, and I've tried using a modified citrus pectin, But I got a lot of mass cell patients in my practice and the citrus is a problem.

Do you have any tricks to get around this in some of these patients? Cause I did have some pain. I look, I myself, um, sensitive to citrus. So I'll still use it, yeah.

But, you know, if I'm blocking my own histamine pathways in, my ways, do you, have, any, tricks for that? Because it is so helpful. It is, it's so important.

And I don't really know how to, get, around it. In some, of, these like really sensitive mass, cell, patients. Yep. So I mean, I'm going to kind of answer your question with a story, because I don't have a trick from getting around it.

And kind the long-winded point of my story or the short-wended point is that I think that all of the benefits and the way that it targets like a mast cell issue from all these different bases somehow outweigh the triggering of mast-cell production by the citrus.

I'll try to make this as short a story as possible. I had a patient who had idiopathic hives. He had legit over a thousand hibes on his body at all times.

It had been seven years. Nobody could help him. And he was on literally five different antihistamine, histamine blocker, et cetera, medications, and he still was riddled with hives.

So he ended up being positive for multiple vector-borne diseases. He had a boatload of IgG, IgE, and IgA food sensitivities. I mean, he had massive, massive leaky gut.

And, you know, I'll spare you the whole treatment protocol, but he's now been treated for about three, three and a half years. he has not had to hive now in over a year and half.

And he still is being treated. We finally are at the point where we're kind of like weaning him off because it took so long to get him. Off those five medications without having rebound hives.

And again, I wouldn't stop treating someone and remember I'm using herbs and lifestyle. So it's not like, um, damaging anything. But, you know, I wouldn't stop his protocol.

We've paired it back, but I would stop until he's able to get off those antihistamine or histamine-blocking medications. I think he is a perfect example where I'd think the average person would look at him and be like, oh my gosh, he could never, ever tolerate using Pectosol But that was, he was on it one scoop, three times a day, you know, his five grams, 3 times the day.

And he doesn't have any mast cell activation symptoms anymore. You know he didn't any symptoms of anything anymore I mean, it's amazing. And I think the point you're bringing up, if I've understood this correctly, and you said it earlier, so let's say the leaky gut was driving some of his mast cell activation and the Gal 3 and fixing it is helping with leaki gut, but it also helping the scaffolding for the tick-borne disorder.

So basically, because you are getting to the sources of where some this is coming from, Ultimately, you've left them on an H1, H2 blocker. And a lot of my patients may be taking chromaline sodium and Monteluk-Kess Singulair and ketatophin, and low-dose naltrex.

So they're doing everything that they can at this point. They're taking histiquel with quercetin from research nutritionals, a DAO enzyme. You're going the whole boat of it.

Galectin-3, Mast Cells, and Gut Healing

But the point you're saying is, yeah, even if they are having a little bit of sensitivity in the beginning, it's maybe worth sticking with it, Because ultimately it's going to help to get to some of the underlying inflammatory causes of even where the mass cell activation is coming from.

Exactly. You said that so much better than I did. No, no. So no, that's a great story. Um, in fact, I have someone I'm thinking of right now that I may actually want to talk to.

By the way, do you also use bovine immunoglobulins? Like, you know, the SBIs. Yeah. Using the SPIs also for leaky gut you're finding. But, but it takes a while, right?

It does. It takes months really. Yes. Right. We've gotten to the point now, so using these therapeutic lifestyles, we're doing the herbs, using Gal-3.

What do you think about doing this? It has to be all of it, right? You can't just do the herbal protocol without the therapeutic. Like you're saying basically for people, and this is an important take home message, you really can do that therapeutic lifestyle without herbs.

The herbs without it. This has really be a complete picture of integrating all aspects of. So I call it the big giant ball of wax. You have to melt it all together.

And I mean, it sounds overwhelming, but it is doable. I do this. This is what I with every single patient. If you do it, It works. It really does. Honestly, I wouldn't be sitting here if it didn't.

Right, no, of course. And also do you find also, because we were talking about the six main inflammatory factors,

infections, toxins, microbiome issues, leaky gut, mast cell, insomnia, vitamin, mineral, the 10 downstream effects, you're treating, for example, mitochondrial dysfunction, cell danger response in these patients and POTS dysautonomia.

You're basically doing the same thing. Whatever those pieces of the puzzle are for that patient, yes. And in fact, you know, the cell danger response, what's interesting about all these factors is, until the thing about the cells, for those of you who've not been listening to the whole summit and have not yet known about this, The mitochondria basically having healing aspects of kind of zero, one and two.

And if it gets stuck in illness, It's not going to get better. So if you're in a dangerous situation like wildfire or smoke, or you still got infections in your body or toxins, you can give all the herbs you want and detox all you.

Until the body feels safe. And you could verify this also, Mariah, even limbic retraining for psychological trauma, right? Like some people, if they don't feel safe with this, they.

Don't get. Are you doing some of the limbically trainings for these people also? Yeah, so we have Lyme literate psychotherapists in my office that do various, you know, one of them does EMDR and hypnosis.

I actually love it because it's cheap and easy. And I mean, I will just let patients go and sit with the headset for free, but like we do brain tap. Every bird people to Annie Hopper, like, we all of these, and then I'll teach like simple breathing techniques that help to stimulate the vagus nerve and pull you.

you know, back into parasympathetic. But yes, all of that's important. I feel like the patients who have the hardest time healing are the patient who has not dealt with their past trauma.

And I'm 100% agree. You know the difficulty for you and I, I can throw medication, you can, throw, we can do everything we're doing, but sometimes the trauma is so severe.

And I affectionately refer to these patients as the walking wounded and my, I've had my own trauma. My wife has had it. I, have empathy and compassion because I have some experience with it myself and so has my wife.

But I'll, i have seen patients that once they've done the proper limbic retraining, exactly what you talked about EMDR, Anyhopper, Gupta AIR, Primal Trust, doing any of those with brain tap, with neurofeedback techniques.

But that takes time, right? It could take six months a year. But once they do it, and I've heard this validation from many patients, it was one of those last pieces that they needed to do that when the herbs and then the Medicaid and everything you're doing, It kind of all came together.

So you are seeing the same thing I am with this too. Absolutely. And that's one of the reasons why we talk about this like in the first one or two visits.

So it's just, it can be something as simple as just finding every day, like every morning and every night, and people, you know, they feel all weird doing this in Something you love, something you're grateful for.

Picture yourself sitting in the sun on the beach, if that's your thing. Just take a few minutes and think, feel something positive. And just that can start to shift things.

I say this over and over again too, mindset matters. If you don't think you are going to get better, you aren't going get to better. Establishing a partnership with a medical practitioner that you trust, and that listens to you and you feel like they've got your back because I'm sure you see these patients, they come in, and they know more than I know about these infections.

Trauma, Limbic Retraining, and Mindset

And they learn from Dr. Gugel, which can be good or bad in some cases. Right, but they come in and part of it is

like, listen, I've got you, i'm going to help you.

I'm gonna listen to you like I am listening to, you please like stop searching, stop doing all of this other stuff and just like i just want you to focus on calming down and trust your body.

you know, trust that what we're doing is gonna work. And it makes a world of difference, like where you bring that patient to mentally and emotionally.

You know I think this is the first time I've heard during the talks with you and I interviewing doctors and experts. I thinks it's one of the times I heard this and you brought up an extremely important point.

Part of reason I have such good success and your having such great success. It's not just the medication and the herbs and things we are doing. It's the fact that we care, it's that fact we're committed.

We're not gonna give up until we get better. They feel the compassion, right, that you're in there, you've got their backs and they know it. And when someone comes in, there's a part of them that's down below, they feel it with you, and once they have that trust, It makes all the difference in the world for the healing journey.

It is one of those intangibles. I don't remember learning it in med school, but I can tell you the success rates when you get out into the word, Boy, it's just amazing.

And I don't think doctors are taught it enough that you have to listen carefully, right? And have empathy and compassion and really let patients know that, you've got their back and you're not going to give up.

Makes a huge difference in the healing journey. It does. They've been searching, searching searching going, going going you know and it's like that ability to just kind of like let go like just let, go surrender trust right and then all of a sudden like the body just shifts like there's a huge energetic shift and I think that's what you need in order to be able to receive really any of the treatment.

Yeah. No, that was great. I think that's very helpful. And I thing people listening, they get a lot out of it. So question, I know you have some master classes on teaching people about what you're doing and you've got some upcoming events.

Why don't you tell us a little bit about, what's coming in the future? Sure. So there will be a masterclass following the summit. I've also started the Lime Bites podcast, so really just talking about all of the various topics that one could talk about regarding Lyme and other vector-borne diseases and really complex chronic illness in general and kind of how to recover in an integrative or natural fashion.

And then annually, we have the Lyne Bytes symposium, which is an in-person as well as virtual conference style summit that brings together, you know, some of who I would consider to be the top people in the vector borne disease space.

And, we do full on like medical lectures, style, everything sort of like cited, referenced, and it's community building for practitioners as Well as patients, so.

Right. There's a symposium coming up in November of this year also for the Line Bytes. Is that? Yes. Yes, and we're looking at doing it in Fort Lauderdale this year.

So hopefully that pans out. That's great. This is just wonderful. People are going to want to get in touch with you. What's the best email? What is the website?

So I think the best way is just go to drhinchi.com. And from there, there are funnels into, you know, whether it's the educational things that I do, which would be Lime Bytes, or my clinical practice, Which is called Tau, Or my herbal medicine company called LIMECORE.

You can find your way from drhinchy.

Upcoming Programs and Closing Remarks

com to either of those three other websites. and that's dr, H-I-N-C-H-E-Y? Correct. Okay, great. Mariah, thank you. This was really enlightening for people because you and I have very complimentary approaches of how we do things and we both have successful, you know, approaches to this.

So I think it's great for the people to know kind of what's out there and the fact that you're doing it from an herbal scientific perspective, right, that's still based on hard science.

And look, herbal therapy's been around for thousands of years, way before pharmaceuticals have been round. I mean, this is one of the time-honored traditions, I want to thank you for being out there and doing this for people, because I know this is not easy.

I don't think people realize that being a Lyme doc, whether it's a naturopathic doctor, integrative, whatever, it takes a lot of time. It takes lot effort, a lots of compassion, lot going through the literature.

So I would like to honor you and thank for all the years of dedicated service you've done for the community and for helping me to co-host, cause it has been such a great pleasure doing it with you.

It has, and absolutely the same to you. Honestly, I read your books as soon as they came out when I knew very little about Lyme, so you've helped me more than I think you know in my knowledge regarding vector-borne disease.

Yeah, no, my great pleasure. So for those of you who've been listening, My name is Dr. Richard Horowitz. I'm the co-host of the Healing Lime Summit 2.0 with my cohost, Dr Mariah Hinchy.

We've talking today about therapeutic lifestyle changes in botanical medicine and the treatment of lime. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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