Intro and Guest Welcome

Hi and welcome back to this episode of The Healing from Lyme Disease Summit. I'm your host, Dr. Tom Moorcroft, and this is actually my third take on the intro here.

So this has been kind of fun because today is an extra special interview that we're bringing to you. We have Nafysa Parpia with us, as well as Dr. Eric Gordon and they are two of my nearest dearest friends who've been in this field for a very long time, guiding the way that we all think about, you know, tick borne illness, educating, practicing owners, sharing information with patients.

And one of the reasons that I wanted to bring Dr. Gordon and Dr. Parpia here today is that I wanted to talk. We've been on different summits together that you guys have hosted, including more than Mycotoxins and the Long Haul COVID Recovery Summit.

And one of the things that we always seem to talk about is really the nuts and bolts of how to reignite self healing and get to the bottom of it. So there's always this great kind of mix of of the science and the research, the clinical aspect of working with patients.

And then we always go to this crazy place called love and we talk about this a tremendous amount in all of our interviews. And I think it's just, you know, I can think of two people better to have a conversation with, to really wrap together all the things that this summit is about.

So Nafysa and Eric, thank you so much for joining me today. And I'm really looking forward to our conversation about similarities between tick borne illness and long COVID.

Well, thank you, Tom. It's just always fun to talk to you. I say I always learn something and come out a little richer at the end, so I'm looking forward to it.

Thank you so much. I always enjoy conversations. Tom Yeah, and this is fun because we're getting a chance to kind of, you know, try something a little different where we've got both of you together and it's always nice because I feel the same way.

Like we all talk, I learn so much. I learn more about mold and Lyme and Long-Covid by I also learn so much more about myself as a human being. And that's really, I think, a great synergy here.

So this is going to be exciting. So let me I want to say, because you hit something, it's it's funny because, you know, I spend my life as both of us do, you know, sort of like trying to help people get well.

And lots of times we wind up talking on one with patients about, you know, the details, what I call these days I've been calling the Band-Aids, you know, the things you have to do in order to make people feel well enough to then really let their bodies heal, you know, and, you know, have you doing these interviews actually makes me, you know, in a way, think about what happens automatically and not realizing that we're doing it.

And so I started to realize that, you know, when we're using things to make people, you know, to help a symptom, you know, treat a bug, you know, remove a toxin, you know, we're doing all that.

Okay? But at the end of the day, the thing that allows healing and return to health is when the nervous system in the brain and the psyche knows that life is safe again.

And that's sort of what feeling feeling the love, as you said, is really just what it is, is actually being able to let that wash over. You instead of feeling defensive and scared.

And how we can help people find that place is really what the work is all about. And what's cool we'll talk about tonight is is we do need the Band-Aids too, though, because, you know, I mean, any patients rightfully will be really annoyed if you start off the conversation if after they've been sick for, you know, anywhere from three to God knows how many years, and you tell them, oh, just open your heart up, you know, I mean, like, you know, right?

I mean, I'd want to smack somebody in my days consisted of they can I get out of bed this morning or you know, how bad is my nausea or how bad is my pain?

You know, with like just open your heart. It's yeah, nice words, but when you're sick, it's hard to feel. So we do have to use our Band-Aids.

Healing, Safety, and the Role of Love

So we'll talk a little bit about both. But I think that overarching place, that healing really happens when you can open open that heart, which is not easy to do.

Well, I think too late to your point. So much of what people are experiencing is this longer term suffering. Maybe they've been the other providers that haven't been as compassionate or knowledgeable even to be understanding of what they're experiencing.

And they want to get better. But I think one of the things is, you know, like in my osteopathic training, we talked so much about how the body has a self-regulating, self-healing mechanism.

But we also talk a lot about this thing called the triune nature of the human being, which is body, mind and spirit. But this is like stuff that Dr. Andrew Taylor still is talking about in the mid 1800s, not when it became popular in the nineties in the 2000s.

Right. So it's like it there's a component of us that I think even if you go to some of the practitioners who are highly skilled at the AIDS and maybe you eradicate Lyme disease, but so many people are still sick and it's we haven't treated them as that whole person.

So when you say that, Eric, I mean, it just really resonates with me as well. So I think I mean, so many people come come to our clinic, come to see us.

And you, too, I'm sure. And they have trauma from from the medical establishment, from from family members, maybe, or friends who didn't believe them.

So there's this trauma that people feel just by being in their bodies when their bodies are sick. Right. Or when their bodies are out of balance, they don't know how their body is going to react from moment to moment.

They don't know when they're going to feel pain or where they're going to feel pain. They don't know if they're going to have energy or sometimes it's so predictable they know they're going to be in so much pain and they're going to be in have so much fatigue and brain fog and they can't get out of that traumatic situation.

They're trapped in that trauma because they felt trapped in their body. So that's this ongoing trauma that they have on top of a trauma that comes from being disbelieved by many of their doctors or then being afraid to tell us the truth because they're afraid we're going to send them to psychiatry you right away and do nothing else for them.

So I think what we're all talking about is just so important here is us as as the as the doctors coming to them with love first. Right. So we might be wanting to say to them, yes, open your heart.

But really, I think it starts with us opening our hearts coming, coming to them with that love so that the trust can be established. And then once you come to them, you will see their hearts flower open as well.

You know, I think you hit on something so important, Nafysa. It's like that. I always say, like, you know, as, as a

parent and trying to parent in a semi-conscious way as best I can, despite all of the things that make me who.

I. Am, is like your kids. You're so much more influential over your kids than you would ever imagine. And even when they're kind of giving you a little bird as they get into their preteens and teens, they're still listening to what you're saying. Right.

And your partner always paying attention. Even if they're disagreeing with you, you're still influencing all your friends. How many your friends of you listening have had a friend or family member call or text and ask what you think today.

Everyone cares what you think and they're always looking to other people to to support them. So I think that leadership is a really critical component of what we do with our patients as well as our friends, our children and our partners.

So if we can, yeah. So if I want to teach someone else about love, there's only one way I can do it is first I have to learn how to love myself, and then I have to share that love with them and allow them to have an experience of something that they may not have had before.

They might not even have the ability. And you can see that all the time, right? Yeah. Yeah. I mean, this for me, it's, you know, being able to sit in the space and just honor that being because, you know, the thing about being a doctor is we start off loaded with judgment, okay?

Like in training, you know, I always want to remind people is that is that we're not taught to be accepting. We're taught to be a detective. Okay. And again, the detective is important because you want to find out where you can intervene in the system and help.

But the detective is just is not is not very open. It is not very accepting. And really to understand and to really be a good detective when people have chronic illness is acceptance of where you are and they are right off the bat because one of the things I always tell people is that it's easy for me to tell them how to find joy or how to find relaxation, but that's how I find it, you know, and I remember my, my I had a teacher one time and I told him I needed more will.

And he, you know, he said, Oh, just do the cross of gold, which is a a Buddhist technique of standing with your arms outstretched at your sides, you know, like this is just do that every morning for 45 minutes for a month.

And, you know, and I just yeah. Because if, if I could do that for one day, I would be happy for three days, you know, I mean, like because his idea of will, he was a mountain climber.

He he had that. Well, I'm not a mountain climber. You know, I take a walk, I want to have lunch, you know. I mean, so we have to understand that that that there are people who are naturally easygoing and there are people who are naturally a little more pessimistic and scared and so that's all just meeting people and seeing who they are and letting them see who we are.

Because I just think because you brought this up, I haven't really thought about it, but it's that dance between, you know, doctor and patient and human and human that is going to allow what we do and what we offer to actually have fertile soil.

I think it also takes it takes a lot of inner work to be done on the part of the doctor or the healer as well. Right. So I think there could be doctors who might it might they feel love for their patients.

Of course they do. And they just haven't done their own inner work. So then they have this lack of clarity within their own system. So one thing I find more with myself, with Eric, with you, with other other doctors, our friends who we know them, they've done their work.

It's never complete because we're always a work in progress, right? There's no perfection. We're all perfectly

imperfect in our own way, always on the road of doing our own internal healing.

And as that happens, more we get more clarity. And then we can come to our patients with more clarity as well. And then when you have that combination of clarity, love and knowing the right medicines to use at the right time, I think that's that that's the place as golden as a doctor.

Yeah. And you know, I always think about like placebo being like a third of medicine. I think it's way more than that. But if. If, if a third of all the results you get from seeing us is just what you think about us.

If I was that patient, I'd be optimizing that relationship. And if I were the doctor, you'd better believe I've put my best foot forward and meet that person where they're letting them feel heard.

Because, I mean, most medicines don't get a third of the way of the work done.

Whole-Person Care and Patient Trauma

Right? Right. But and, you know, it's you know, when people I love that you brought up placebo because that's something I again, I've been I've been thinking about lately.

You know, I've worked with, you know, people who, you know, do other kinds of healing. And I can see how the intention, my own intention is so important for the effect, because a lot of people will go, oh, that didn't work, you know?

Well, yeah, you know, if you wanted to work, no matter how you feel about it, then you really going to need a powerful drug. Because that is true. The beauty of powerful drugs is they do have effects.

No matter what your belief system, you know. But the downside is that they also have other effects that how can it work no matter what your belief system?

You know, if we are perfect, we hit the right, you know, the right nail on the head. But no drugs are hammers. So you often hit the nail and you often hit the thumb that's holding the nail.

And so it's nice to be able to use things that are more subtle, but for them to work, they work because they sing. They will talk to your own being, as you said, money, you know, mind, body and soul or mind, body, spirit, whatever you want to, however you want to call it, if you can hit all levels.

And then the system is designed to work that way. I mean, I think that's what you know, it's taken me a long time because I started off as a you know, I always wanted to believe that.

But I fell in love with the drugs, you know, as medicine. You know, I, I went to medical school wanting to be a nutritionist, healer kind of person, you know.

But I they swallowed me alive. I lost that vision within the but by the third year medical school, I had the magic I saw in the hospitals of, like, what we could do and save people at that moment of, you know, gasping for air and make them feel better.

It was like, Oh, my God, this is so cool. You know, it took me a bunch of years of doing that and realizing that, yeah, I can do that. But that's not where the real healing happens.

The real healing happens afterwards, you know, yeah, you can throw in the stitches, but then the body has to do the healing. Mm hmm. That's where placebo always intention, you know, falling in, you know, having faith in the process so your body actually can heal because that's the part we don't really understand, is how healing happens, at least on the biological level.

Yeah, it's so interesting too, because like, I love I've always loved that I'm a critical care junkie. I love procedures,

love doing that. And I've always said Western medicine is really good for 48 hours when bad shit happens.

And other than that, look elsewhere. I mean, it is a rare condition that you can't do at least the same with a more comprehensive approach, you know, and I think part of the placebo that people don't like is we don't understand it.

We don't know what it is. We we we have it's so powerful that we have to control for it in drug studies. And if your cholesterol lowering medication works 8% more than placebo, you can now sell it for millions and trillions of dollars.

It's like, that makes no sense. Why don't I just tell you to change your diet and then get you to believe even that in the dietary change? Because that's going to work more.

But it's like you can't sell. It's really hard to sell personalized effort versus here, take this pill, you know, and then as a doctor, I give away the responsibility to the patient and the patient gives away the responsibility to you.

And so who's holding the responsibility? Nobody. Right. I'm thinking I'm thinking so many things at the same time as you talk and I seem really excited about this conversation.

You know, I think so often, not often, all the time. Every day, the acute model of care is superimposed on people who have complex, chronic illness. And it just doesn't hold it.

It doesn't fit it, it doesn't work. So what I know as three do and some other colleagues of of of ours do there aren't too many is to is to really understand complex chronic illness from the viewpoint of the individual person.

So understanding their their genes, understanding their past trauma, understanding what's happening in their systems biochemically, what's happening, infection wise, what's happening, environmental toxin wise and as well in their in their emotional being. I'm so there's that thought that that complex chronic illness is exactly that so much more complex is anything acute in this where the human body starts to behave differently in acute care?

Most people have broken bones. They're going to react similarly. You can put the same treatments on them. It's going to work. But here it's it's a different it's a whole different game where it's got to be individualized and thinking that.

And the other thing I'm thinking about is how how hope comes in here, how actually I think it's up to us as doctors to find the superpower in each patient is each peak not now.

This may sound a bit cheesy. Each person is special. Yes, we're all special. It's true. But. But to actually pay enough attention to the patient and find out where their superpower is, tap into that when you can open up that space in a person.

That's where I believe the magic happens. Everything I just talked about, the biochemistry and all the different systems and the bugs and understanding the genes, you tie that together and then you just open the curtain.

You have to find it. Where is that space that makes this person really, really special and then slide the medicines in as you're you're working with the person in that area.

That's when I see the medicines, the treatments work. If I just give the medicines to somebody, I'm not holding that space with love, with clarity and finding I knew who they are.

It's not working. It's so interesting because as you're talking about, I'm like and I'm sure you guys have seen this, but so many of my people are like, you've never seen anyone as complex as me or anyone with symptoms like mine.

I'm like, Yeah, not in the last 3 seconds, but prior to that I, you know, yeah, it's like so many people come in asking to be a unique presentation of tick borne illness, and I'm like, Yeah, you are to a degree, but really not like I've seen this a million times before.

But what's different and to what you're saying, the Visa, I think is so powerful before I get in trouble from everyone listening to the little that the 10 seconds of what I just said, that you're not in it because you are.

But rather than beg me, the practitioner, to find the uniqueness in your illness, I need to help. As a practitioner, the patient reengage with their uniqueness as a human being.

Correct. Because I'm always trying to figure out how to have them not get so attached to a limey or a Mulder. I don't know what a COVID is if we even have their long hauler. But yeah, it's like our job is to get them to reconnect with their uniqueness as a human, not as a sick individual.

So that. That's right. Right. Exactly that. And what I also know is when patients identify with the labels that have been put on them a line or a long hauler or a moldy, they rise to the occasion, that's for sure.

Meaning it's much it's much more difficult to reach a state of healing when you keep telling yourself that you have or that you are a limey or you are moby, take that label off, say, yes, there are these infections going on in your body, but you are not your diagnosis, you know, whether you.

Yeah, and this is this is goes back to the poison of the poison of medicine in a way, you know, I mean, it's just because, again, our training in in medicine and how we've trained people, the population, is that, you know, if you're sick, you got to have you have to have a diagnosis.

You know, because if you don't have a diagnosis, maybe you're not really sick. Maybe you're just really the lazy person your sister or brother always thought you were or, you know, the malinger, you know, like, you know, like your spouse thinks you must be because God it now they're carrying all the load, you know?

I mean, it's kind of human nature, but if you have a label, you have a diagnosis, then suddenly you have permission to have your symptoms. Now you shouldn't need permission.

Unfortunately. But that's kind of how we've evolved our little story in 21st century America.

Placebo, Intention, and the Limits of Acute Medicine

You need you need a label, or you might just not be who you say, who you say you are, which is I'm somebody who, you know, is can't function this way today, you know.

And so and I think that's why people get so in love and often to their detriment, because, you know, I always tell people, you know, one man's list of Barton, you know, bartonella symptoms is another man's list of ABC has symptoms.

I mean, you know, I've we've been chasing these you know I you know, the Internet is a wonderful tool and God bless I learn so much every day and every time a patient does research on the Internet and brings it to me, I'm amazed what I learn.

In fact, there was a time when I didn't go to a lots of meetings in the mid 2000 or so and it was all patient learning. They would just bring it to me.

I didn't have to go to the meetings because they were going. They were finding this stuff and said, Hey, look at this. I mean, so I love that, but just because you it's you fit the symptom picture don't fall in love with it because it.

It's different. I mean, like you you might have all those ten symptoms, but you got three things over here that tell me that no, it's not the bartonella, it's something else going on.

What you're saying is so real, right? It's like people often need that diagnosis in order to have to be believed. Let's just say a lot of times it's just not believed.

You have brain fog. No, you're just tired y because you're lazy y, because you don't sleep early enough y. Because you're eating junk food. And it's all this it's this vicious circle where patients get blamed for being sick, often by family members or by friends or by doctors.

And they come. They come to us. There's no diagnosis. And they say, and my losing my mind am I going crazy? Like my mom says, am I making this up? Do I want to be sick?

Yeah. Okay. Finally you get them the diagnosis is never just one diagnosis using multiple diagnoses. Get them those diagnoses. And they actually had some tears in their eyes.

Tears of joy, like, wow, this is real. I'm not I'm not making this up. So finally, there's validation that they can give to their family members internal validation.

Yes, there's a reason. But then the problem comes when they get hooked on the diagnosis. Right? I am a limey now. I am a moldy now. Instead, it's like more like we can be if we can help them understand.

Here are the diagnoses. This is what's happening in your system, but this is not you. So you're not identifying as these illnesses. You're not identifying as the diagnosis.

You just have this going on and we're going to deal with this once we've been able to peel these different layers away, peel the different layers away, you're going to you're going to be still standing as you this this perfectly imperfect beings.

Let's find you in the center of all of this. And while I'm standing here with you, the you that is unique, I'm going to be killing off the infection's, pulling out the toxins, loving you the whole time.

We can be on this journey together. Yeah. I think it's so powerful to. To bring that person in because it is so many of our patients are trying so hard.

They've done so much. They may not even have the reserves, but it's like the diagnosis, like you said, is just validation of something going on. I just saw a new patient today and he was like, it's literally the work of this guy has had.

It's been incredible. They checked for everything but not lyme because the doctor was like, well, but if I check every and anybody in Connecticut with Lyme, I'm going to find that they've had it.

So why would I check you? It's literally the only thing they didn't look for. Then they finally did some testing and like Lyme and Bartonella and tick-borne relapsing fever, blah blah blah.

But what's really interesting about it was then it was like, this has been so helpful because I now I know what it is and I know you're the first person who's been able to say it's more like likely this than not.

And he's like, All right, so now I'm going to just do whatever you tell me to do. And it's like I am the most compliant patient is like very goal driven.

He's like, I'm just going to do it. But it wasn't like, Oh my God, I knew I had Lyme and like that whole story behind that. He was like, I know what's causing my symptoms most likely, and I'm willing to do what it takes to get better.

So just then he said, Tell me how to get better. And I was like, you know, granted he has the bandwidth that some of our patients don't have and it's only been like three or four years till he from the start of on symptoms until he got to me.

But it's just I mean that's the power because it's so centered in himself and, you know, it's easy to meet someone like that and for other people to be open and set the place for healing.

Because to me, I don't want to heal you from Lyme disease. I want to heal your whole being. And it's like as an osteopath, even I was a friend of mine, hurt his leg skiing the other day and I was doing some work on his leg and just loosening up a loose muscle.

And I was like, you know, we had been out all day and I'm just kind of doing a little thing and I'm like, I'm almost done, but something's not letting going.

I go, Oh, wait a second. I've been sitting on the couch talking to him and his hubby and we've just been bullshitting and I've only been focusing on what's between my hands, which is from his foot to his knee.

And I go, He's an entire being. And as soon as I paid attention to his entire being, the last little bit of what was stuck, released, but it was outside of my purview what actually happened.

And I think that's the thing that, like we're afraid of in modern medicine is not knowing what fixed it. I don't care. I just want you better. Totally. Yeah.

Yeah. No, I think it's funny that we're really you know, medicine is yeah. Is amazing. But it's it also handcuffed us, you know, it's given us amazing tools.

I mean, I just love the levels of information that we can do, we can get now from tests. And it's sort of cool to know more about like how, how we think things work, but it's, it's still just how we think things work, you know, I mean, like I, I love immunology, but it changes every week and it changes in every tissue.

And, you know, we gone through in the beginning, you know, like 15 years ago, everybody thought that, you know, if you all your th1 dominant, two dominant, we got the s, you know, and it's like, oh, damn it.

I mean, so it but it's, it's that. But when you keep digging, you do find things that will help the individual. It's just that, again, you can get so caught up in the name and thinking we know and we and medicine is a great unknown.

And I tell people, when you build a bridge, okay, almost every engineer can look at those plans and agree that's a solid bridge, you know, but when you look at a person, we can look at all the tests and, you know, and they can still be really sick and have beautiful looking tests or still be fairly.

I mean, to me, I'm serious that I see sometimes people who come in with like, you know, a lot of people do neural quants, those fancy MRI, MRI needs of the brain.

And I've looked at some MRI, so and my heart has gone, oh, my God, this person is like doomed, you know, I mean, some older people especially. And then I find three, four years later, there's, you know, I expected them to be like, you know, basically nonfunctional within the next two or three and and they're fine because there is redundancy in our bodies that so exceeds our imagination and our ability to understand it.

So, yes, I love the tools, but, you know, it's the old map and territory. Don't get confused between the two. You know, you just got to remember that.

And especially when you're sick and you get these terrible numbers, come back and you, oh, my God, I've got this disease. I've got that disease and these numbers, you know, my my lymphocytes are a mess.

And this important but somehow find the courage to go. But wait a minute. But I'm still breathing. I'm still living. And, you know, and there's still magic in you because that is the truth of it.

You know, I think that's what we have to remind people of, how many miracles we see.

Labels, Validation, and Reclaiming Identity

We see failures, but we also see tons of people who who heal, you know, and we don't know why, but we're there

to kind of shepherd the process and sort of applaud when it happens.

It's it's funny. It's it's like I was thinking about, as you said, that one of my longtime patients who now no longer needs to follow up anymore because he's all better, thankfully, who I remember really clearly, like in the middle of the whole pandemic thing goes, I finally get what you mean by origins of health.

He goes, You were having me tap into my own origins of how deep within me to get better and he's like, forever. I just listened to what my other doctor had said that didn't get me all the way it better.

And all these other people are saying, and I didn't do it and I finally just did everything you said and it and he's like, I'm completely better. And I'm like, I'm not I'm not delusional thinking that everything I say is always going to work. If somebody did 100%.

But it was like he just had this moment of understanding that as soon as he he was almost like sabotaging himself just by, you know, oh, well, he said to do this, I'm going to do 70% of it, or that doesn't jive, so I'm going to change it.

And it's just like when you go all in for yourself, the universe and this healing mechanism within you, you know that divinity supports you and allows you to heal.

And it's like it's amazing and it's all you have to say yes to. So one of the things that I find and then I keep in the back of my mind going, we're talking about COVID.

And Eric, you just gave me this really great like talk about how things change every week. I'm like, what a great segway to COVID, but here I am screwing up the Segway again.

But we'll pitch it again. Yeah, yeah. It's just a little, little software lab next time. But. But I'm just thinking, like, what do you guys see and how do you address?

I find that a lot of people like and I'm not trying to be a bloomer, but it's it seems to be, you know, because in a piece of everything you've highlighted with the way people need to be open and receptive and how the things that have gone on into the life to allow them to present as uniquely as they do.

But I feel like a lot of human beings almost feel like they're not worthy to receive healing or and or to receive the love, you know? And I feel like we sometimes and I could be wrong because I'm still learning too.

But but I know this from my personal experience. And then with patients like some that's like we kind of do one of these, we push it, we just keep it away a little bit.

It's like, I'm going to do most of it. Like, but people will if I ask them to walk across the rope bridge from one side or the other, and if they fell off the road bridge, they'd fall 200 meters to their death and some crazy Amazonian jungle or something.

They would be scared. A lot of people wouldn't do it. But if you put their kid or their spouse on the other side, they'd run right across. Never even think about it. Right.

So how are you guys addressing and what do you seeing in your practice in terms of like people being receptive to actually being worthy of healing and to be able to receive the healing?

I just have to keep being present. You know, some people want more. Some people want less and some really meaning each patient where they're at, some people some people want to be heard more.

Some don't want to talk very much. So it's just like how for the person doesn't want to talk much. I wonder why that's happening. I might address it. Sometimes I might even say, Is there a part of you that's afraid of healing there?

I'll get an answer. Yes, you know, and then they'll. It's not that. It's not that I don't want to be better. It's not that I want to be sick, but it's that when I get better, I know how I'm going to fill my days.

When I get better, I'm going to be a new person and I know who that new person is. I don't know what to do as a better person. And so that's one example of why someone might not be feeling like they're worthy of love, because they might feel like they're not ready to heal.

So as I'm trying to understand each person where they are, meaning them, right there, can push anything on anybody either. Right? Sometimes I might say to somebody, if you're not ready, that's okay, then you're not ready.

We'll take the slowly when you're ready, you know, you know, in the meanwhile you can talk to me or not. Not to me. Treatments are not. Do the treatments. You're free, right?

You can do what you want. But I don't think you'd be here talking to me if you didn't want some kind of healing. You're here for a reason. What is that reason?

And then we'll come up with whatever the reason is. Yeah. It's interesting too, because I think about the whole safety thing that you talked about a while ago, Eric is like, I find a lot of people don't feel like like to your point in a piece of it, like how will I even be like, it doesn't feel I'm so comfortable in this place, the comfort zone that I'm in that obviously is not good, but it's just like but the unknown is also a thing that triggers some of our fear.

And I know we can rap back into that. I do want to kind of transition a smidge because this is I love this conversation and it's so important. And I think the pandemic conversation is what sparked all of us to talk about the beginning of this.

And like all of our conversations are, because it's where the true healing comes from. What's going on with this long haul? Well, maybe we can start with long haul COVID and bring it over to tick borne illness, because I'm sure some of the safety plays a role in all of this.

But what are you guys seeing? Because I mean, you just did a whole summit on long haul COVID and what's sort of what is long COVID, what's going on sort of out in the world these days?

So we can talk about maybe a little bit of Band-Aids, too, because Band-Aids are good sometimes they have really cool designs on them and it makes kids laugh and, you know.

I think long haul for has been I said one of those really interesting if you want things to watch and in that I've been waiting you know I've watched the chronic fatigue world first for 30 years and watched them struggle to get anywhere and still not very far.

And, you know, for the reason that the majority of physicians really didn't believe that chronic fatigue was a real illness, I mean, you know, it took a lot.

I mean, now I said I shouldn't say the majority still do, but I think that there's still a pretty strong minority that kind of raised their eyebrows with patients with chronic fatigue in the mainstream, unfortunately.

And COVID has is knocking that down slowly just because the overwhelming numbers of people and the fact that it did get academic acknowledgment early, you know, relatively early on, you know, we that that was the big that was the big difference is chronic fatigue has never really succeeded.

You know, there's a few a few lonely flag wavers that, you know, the big university is at Harvard and, you know, places like that and Stanford with chronic fatigue.

But by and large, academic medicine has not been a big investigator supporter. Yeah. Okay. And just like with chronic Lyme, you know, actually, and, but with long COVID, they've come in strong or stronger.

Maybe not strong might be too, but stronger. They're they're they're actually doing research treatment. They still don't have much to offer yet except for the just autonomy is there because they know how to do that.

So it's, you know, and that it's just too early because the good news is that a lot of people do recover, you know, I mean, and this is something that, you know, I mean, Nafysa talk about and because it's something that that she really noticed early on, you know, which I said, many people have noted about how many people with chronic fatigue really have weren't as healthy as they thought before they got COVID.

And that's something she I mean. I think I missed that in the beginning. You know, I was just looking, oh, my God, look at these people. You know, I was I was running 20 miles a day.

You know, I was fine. I got COVID and suddenly I'm having trouble walking. And, you know, because in the beginning, I and I saw a lot of people who came out of the Bruce Patterson, the his testing in the beginning.

Right. And like, what was that? I guess it was the summer 21 or something like that. So those were because we didn't see a lot of patients, our patients in the beginning we didn't see that.

Okay. I mean, that's another thing that I'm going to let somebody else talk on it, but there's something I really want to emphasize that shocked me when we did this overcoming long haul and and Chronic Fatigue Summit.

We got to talk to a number of doctors who do similar medicine.

Long COVID and Overlapping Chronic Illness

We do, you know, all over the country and a lot of them several of them in areas that were really hit hard by COVID, by especially the first you know, the first wave and then Delta, you know, and they had the same experience we had where our patients, even those that got COVID didn't do you know, they didn't wind up in the hospital.

I mean, not everybody sailed through it, you know, perfect. But then you wind up in the hospital and we didn't see long COVID. And these were people who we thought for sure and they thought they were scared that this was going to be end.

They were going to get one. And they were I mean, they were going to get COVID and they for sure, we're going to have a long term exacerbation. And they didn't.

And I think it's because those simple kind of things that we have people on, like making sure their vitamin D is good and you know, I mean, really stuff that that we don't even notice because it's so basic to what we do.

It really made a difference in their immune systems reacting appropriately because remember long COVID happens because your immune system missed a beat.

It doesn't happen to most people. So anyway, I'm going to take a minute because I can keep going on this for a very long time. So I'd say that sometimes it's a simple things that help, but most of our patients who were our patients prior to the pandemic and might still be our patients, they had many infections going on at the same time.

Lyme co-infections concurrent infections like Epstein-Barr virus, mycoplasma pneumonia, cytomegalovirus, HSV six mold issues, parasite issues, infections in their sinuses, infections in their jaw.

Let's face it, our patients have all these infections, all once, typically not everybody. But I'd say the a large majority of our patients have got a multitude of infections and many, many toxins, environmental toxins and bio toxins.

When you put this combination together of infections and toxins and what happens, you get immune dysregulation, hyperactive immune system, along with the weak immune system, hyperactive meaning they've got massive activation syndrome, they have autoimmune conditions weakening.

They can't mount the appropriate immune responses to kill those infections I just named and who knows other ones and might have as well that are been that have been undiagnosed so they've got immune dysregulation and there are patients.

What are we doing for them? We're modulating their immune system a lot of times with peptides or we're in the middle of pressing on those infections, killing those infections.

So then along comes COVID and the the flare of inflammatory cytokines or the the inflammation the spike protein brings on in most in most people who weren't our patients, we do have long COVID.

It woke up dormant infections, brought those infections to the surface with our patients because we're already treating those infections. They got COVID. It's there wasn't a rise further in infections because we kept those infections at bay or where we modulate modulating their immune system with more more intensive therapies.

So then when there was the opportunity for COVID to come in and caused the immune dysregulation, it did in many people, not so much the case in those who were already our patients.

So the people who became our patients with long COVID were the ones who were not previously our patients. And then we found that they had the characteristics.

When we ran the diagnostics, they had the characteristics as the people who had been our patients pre-pandemic were those people, people with chronic Lyme.

But we know it's never just Lyme for or rarely is it just Lyme. It's Lyman, all those other things I've been talking about. So what makes a patient, a long COVID patient, is very similar to what makes somebody a chronic Lyme patient?

That's what I've noticed. It's a combination of different infections and toxins. It seems like. Underneath I think that was the point that that you were making.

I just want to emphasize, because that's what I think people miss, is that you might have felt great, you know, except you were more tired. You would you had to sleep on the weekends to catch up, but, you know, or whatever.

But, you know, you were you were operating at 90% of where you should be. And for most people in America, that's very good. You know, they just didn't realize that.

Well, but when they got mono, when they were 18, they were in bed for three months, but they recovered, you know. But no, not 100%. And that's those are the people, you know, who had something or the toxin exposures that had just been building up.

And again, they were functioning. But in America today, you can be operating probably at 50% and not notice that you're that you're not well because you don't have to do much if you don't want to.

If your life consists of like, you know, taking a walk on flat ground, you you can you can have some pretty significant organ dysfunctions and think you're fine.

So, you know, it's a lot of preexisting stuff that pops up. I said even among even among athletes, even people who really thought they were well-trained, but they had they were carrying a bigger burden than they realized.

And when they got inflamed and that and they and they couldn't clear the spike protein if that was because they said, we'll talk. But there's so many different ways to get long COVID.

I think that's the other thing is that it's not like, oh, I have long-covid. I mean, there's lots of different flavors. There's, you know, persistent spike protein in some people, maybe persistent virus in some people, you know, clotting these micro clots in some people.

And I mean, think what's the other ones and just you know and organ damage in some people but again luckily that was the bigger issue I think after Delta in the beginning I were not seeing you know, I know people are still dying, unfortunately, from COVID, but by and large, we're not seen as many people who go through COVID or coming out with really, you know, impaired lungs on a on a medical level like their MRI's look bad or something.

So that's the good news. We're seeing less of that, but we still are seeing just impaired, I'd say the habit pattern in the organ systems. You know, sometimes when we get sick, our bodies start to function at a lower level and we recover, but we still have enough cells that don't fully recover.

People people call senescent cells that if you have a lot of those, you can not get 100% better, especially if they happen to be in a really important organ.

So I think it's so interesting because I love talking about the burden that you guys are highlighting of multiple different infections, preexisting things, even circling back to the traumas as causes of persistent infection.

I always think about just like the concept of chronic toxin overload, right? It's like the more things, the more the you know, I at a hiking trip, people thought, I guess I was goofing around.

One time I got lost, like, because we didn't have enough water. And I was a little delirious and I'm drinking out of the stream. Thankfully never got giardia, but it was bad leadership on somebody else's part, which is actually part of the big, very extended story of how I became a doctor. But they played a joke on me by throwing rocks in my backpack, some hiking down the White Mountains with, like, £50 of rocks, my backpack.

But I was all dehydrated and, like, pretty much hallucinating. So I didn't even understand why it felt so bad. And I couldn't think about it. But I think about like think about like hiking with, like, large boulders in a backpack or even just a kid going to school prior to tablets.

You know what? Kindergarten, you take your little stuffed animal in your little bag once. By the time you're in the middle school, you've got £40 of books in you.

And I just think of that overload that like if I have £40 of book in my backpack in the slap me upside the head with COVID, yeah, I'm probably going to be doing worse than the guy who's got a little brown bag lunch and all the textbooks are in his locker.

So, I mean, I think that it's such a big, important concept of it is that burden. And to your point, Eric, about the healing, I find that like so many people, once they get better, are just ready to move on with life.

And like the people that I know who get better and stay better are the people who make living better and living in a well state a lifestyle because you can optimize, you know, removal of senescent cells and autophagy.

It's just through your lifestyle. And I mean, it's it's just such an interesting kind of interplay. Do you guys what do you think like? Because, I mean, obviously, there's a big overlap.

I mean, with these people who are coming into your practice, you know, maybe with previously undiagnosed tick borne illness, undiagnosed mold illness and long COVID, is there a is there an you know, I always hesitate when to ask questions like that because it's like, is there an order?

I mean, is there a priority for the body or is it really individualistic? Is it just the bird? And like, what are you guys seeing? It's a great question.

It's a question that a lot of patients ask as well. Is there going to be an order? And there is an order and there's not a specific template for each for each and every individual.

So I have a general order and I'm going to meet you exactly where you are. So we're going to make this for you. So normally I start with immune modulation.

Prior to the advent of peptides, I wasn't able to modulate the immune system to begin with just like I wanted to peptides. I find I'm able to reach the immune system in a much more targeted way.

So I'm coming the new system first. Usually, actually I tell my patients, look at this hand on this hand. And the reason is that people get sick infections, toxins, stress, physiologic disturbances, diet.

There's these five reasons that you get sick. Now, those reasons all come together and look at this hand creates immune dysregulation. It creates it as all these things come together and they create inflammation that then creates immune dysregulation, hyperactive immune system and a weak immune system simultaneously, like I was talking about earlier.

So they have massive activation syndrome and autoimmune conditions that now become diseases on their own. Those are secondary illnesses. So there's these primary drivers, these inflammation and inflammation and immune dysregulation causing secondary illnesses.

So what I want to do is take a bottom up approach. I need to put Band-Aids on these areas of inflammation because if I try and treat this first, if I try and treat bugs first, chronic infections, if I tried to detox you first, we're going to create inflammation that just comes with the territory.

Any time I detox, any time like infections, that's just going to happen. It comes with the territory. It's supposed to be transient, but you are in a state of chronic inflammation, in a state of chronic immune dysregulation.

Treatment Order: Immune Modulation, Detox, and Infections

So now if I do anything that's supposed to supposed to cause transient inflammation, it's just going to further contribute to your state of chronic inflammation.

So now I'm treating the chronic inflammation using peptides typically first. So I'm using Band-Aids on this hand right here. Okay. So now I'm putting Band-Aids here and then I'm coming in.

I'm starting to treat these things so immune to stragglers with peptides first, then typically I'm going to start to detoxify, detoxify the patient as it pertains to that person.

So this is when it starts to get a lot more personalized. I've already tested them for heavy metals, glyphosate or other pesticides for mycotoxins, if that's their issue.

I've been a thorough history on their environmental intake. Maybe I've even looked at their genes of detoxification, or I've done a full genetic panel as well to understand inflammation and all the different systems of their body.

So I'm putting the Band-Aids on to calm the immune system. I'm now starting to detoxify them as it pertains to them. And then I'm going to slide in infection treatment.

And then I'm also trying to understand what the array of infections are. Is it mold we're dealing with? Is it Lyme? It's usually the two of them together.

It's very rarely that somebody is going to be so affected by Lyme without having mold. It's a part of the picture and or other environmental toxins as a part of the picture.

So then typically I come to treat the mold could be in the sinuses, it could be in their gut, it could be mycotoxins, it could be that they're allergic to mycotoxins.

There's still many different aspects of mold treatment. Then I'm going to come in, I'm going to start to treat the infections, and all of this is done simultaneously then because every time I kill an infection, there's going to be a release of toxins, bio toxins, other environmental toxins.

And when those are released, I need to make sure I've got immune modulation and detoxification therapies on board so that they can handle the treatments.

Most of my patients don't have her eczema reaction because I'm already modulating their immune system and detoxifying them at the same time. If they have a hurts.

I know I've got to modulate the new system more. I've got to detox more. So that's the general order, but it's different from each person. Let me just throw the love in there rolling through in meeting the patient where they're at.

So there's all these technical things that I'm doing, but the first order is love on my part, right? And just being there for the patient, listening to them, understanding who they are as an individual.

And I would just throw in is that, you know, people and what about diet? Well, is we first of all, mostly patients, but by the time we see them have gone through the diet dance, you know?

And so we always listen. I mean, because, you know, whether it's I said, you know, carnivore Paleo Fodmap, you know, it's vegan dairy, free corn, free soy.

I mean, you know, they're all important for that individual. And so that's a dance that happens on the side because it's been done. I mean, we have we never see people who just get ill recently and they say they usually to some very good practitioners and so they they usually have worked hard at those things.

It still might not be the right one for them, but it's what we always that's I said the basics, you know, like, you know, the invite, the home environment and you know, all that stuff is just that's just got to be taken care of.

But I think Nafysa did a really nice outline of our approach and it's the aspect that I wanted because again, I we each wind up seeing different types of people a little bit because funny people pre-select, you know, I mean, especially since we've been doing the summit, people get a chance to see who we are.

And yeah, and just because I think of my own past history, I Yeah, yeah. It's just easy. I think the most important thing in all of this, you know, especially people who've been sick for, you know, like 5 to 25 year long people is dealing with what with what makes them afraid at the moment, because they are living to protect themselves, because the world has become dangerous to them.

So that to me is like almost step one is finding out how we can make it safe. You know what? What what the person can hear because they have good reason.

Again, I said for feeling like the world is a dangerous place because it keeps smacking them, you know? And so but it all depends. But if you've only been sick for a short time, then yeah, just walk forward.

You're still. Break, you know, there's so much we can do. It's going to happen faster. If you've been sick for a short time. Yeah, all of the above. Everything I mentioned, that's much quicker.

If you've been sick for a long time, it's going to take a long time to turn that around. But usually we do it. For I think that that's really the the key here, that message of hope that even though it may have been challenging in the past right now might be challenging.

There are people like yourselves who know how to do that. And I'm really fond of saying it's not only about knowing what to do, but it's also about knowing what order to do it in.

And I mean, especially it's like we hang out with a lot of the same people and it's like you hear the grapevine and so you hear like the amount of accolades all get for making sure the immune system is chill and fucked up, you know, kind of ready to accept the treatment, you know, just like I said earlier, is the person's psyche ready to receive it?

But their immune system is trying to protect them at a very primitive level. And I don't mean primitive for those of you who may not use that word often, I don't mean primitive like old and arcane.

I mean like old school. Keep you alive. The thing that's allowed the human race to exist, that protective mechanism views change. And anything that's not your norm.

Even if your norm is being sick, anything that's different than your current norm as not safe. Right? Yeah. And this goes back to, you know, getting better recovery, feeling good again.

Sometimes people think that's not safe because they don't know what to do with that. These people can get so stuck in that norm of being sick. It's what their body knows. It's a new homeostasis.

So very gently, very slowly showing their immune system and their psyche. There's a new way. And one thing I just want to add of enhanced really important is we also use a lot of other resources.

You know, I mean, I don't have all the answers for everybody. I mean, that's, you know, I or Perlis, I might have the answer, but I might not be the person to deliver that answer.

Okay. I mean, because we need lots of different skill sets when people have been ill for a while, it's not that, oh, just take this. They're going to need often different types of body work or brain work or breathing work or this, you know, and what I do is help people find those right resources because that's, you know, when I was younger, I wanted to do everything and, you know, you can't be great at everything.

And unfortunately, you know, you got to you know, you have to the least. But but it had to have the resources. And I think that's that's what's really important is that, you know, when when I know where you're stuck, I can help you find the person or the thing that might help you move on.

You know, I love it. It's I love about this conversation and the concept of the three of us sitting down. The talk is I feel like I'm talking to myself at times, you know, like to say I wanted at one point to know how to do everything myself.

But then I really I'm really I love helping people. It's one of the I mean, talk about helping you get out of bed in the morning. It's like but I don't necessarily need to be the person who does everything.

In fact, I, I almost prefer to be the connector, right? The person who get who figures out what no one else has figured out and then get you in front of the person.

And if that person is me or a colleague of mine in the office, you know, one of our other physicians, that's great that we're able to help you. But if not, you know, you know, we our goal is for you to be better.

So we want to get you in front of the right person. And it's really cool to educate people because, I mean, back in the beginning, when a physician comes from the Latin root for, you know, teacher, you know, and so I like to teach, I like to educate, and I also like to give re empower people.

And that's a large part of what this Healing from Limbs Summit is, is to give you those Band-Aids, to give you the science, to give you the clinical experience of people.

But if you notice, so many of the folks that we've been talking to who are world renowned chronic illness recovery experts are telling you the same thing.

There's your part and there's their part. And the more you do your part and the more you give them to do their part, and the more you pick a person who resonates with you so that they can optimize the part they do, the quicker you're going to get better.

And that's what I love about this conversation. You guys are just like every time we talk, I get so stoked and

motivated to, you know, go do it even better.

So I'm here. Thank you. It's been so much fun as always, just to share ideas.

Hope, Resources, and Closing Remarks

And the funny thing is that, you know, is this is, you know, we don't often interview together. And it was really interesting to hear, okay. Because, you know, Nafisi reminds me a little bit of your of Dr.

Anderson, Wayne Anderson, who's worked with me for 22 years now. But just he's just doing a little bit now. But it's that ability to, like, hold many things in an orderly fashion, you know.

Then there's people like you, and I. Just feel great when I laugh. But. But it's just beautiful to hear it, because you're right. Wow. I think it would be so funny if we all did it.

We did it. We would do like the same interview. But the two of you separate or do we did round robin and we just put people, you know, it would be such a different experience.

But that's what I thought would be so unique. Gives to to allow our audience to see people who are standing on their own or giants together are moving mountains.

And, you know, and like at the top of our talk, like, I think I use some terms in my head that made me mad. It made it sound like I was saying, you guys are like super old in the field.

And that's not the point. The point was the amount of knowledge and experience, compassion and results that you both have is what people need to hear.

Because in the end, I hear love, I hear hope, I hear we need medicine. And we also need to reconnect with our doctors and patients being human beings, interacting with each other.

And first and foremost to themselves. So, I mean, this has just been such an honor to talk to you guys. And I'm I'm assuming we're motivating zillions of people.

But at the very least, I know that you've brought a smile to my face and so much warmth to my heart. So I'm so grateful for this conversation. Yeah. Thank you, Tom.

Thank you. Thank you so much. It's a pleasure. Always, always such a joy. And so as everyone, I'm sure you can guess, we could keep talking all day and all night for, you know, or we might need a break or some water, but we would keep going.

But I want to say thank you to everyone for joining us. So much gratitude from all three of us to you for taking time out of your day to hear our message.

And I hope something that we've talked about has resonated. I know that so many of the people who follow me and that I work with will resonate with what you guys are both talking about.

So if anyone wanted to reach out, learn more about the work you're doing, where can they find you? And learn more about this amazing stuff you're doing.

Is basically a Gordonmedical.com and you just hit there and there's a discovery page button and you get to talk to one of our wonderful people who actually knows what we do pretty well.

And so they can actually help you, help you decide whether you're fit because, you know, we really want people to thrive and succeed. And so, you know, and if you know and we're just different people, there are some people who like, you know, we won't help.

And it's nice to know in the beginning, you know, I hate to waste people, you know, we want we want everyone to come out feeling like better at the end.

And yeah, and I do have a new program, I should mention, and I've been doing this a long time and one of the things I said I don't like, we still work in an old medical medical model of like, you know, these appointments, things called appointments.

And the problem with that is I often get for you that I know, you know, 50% oh, that could really work for you. But I need to go and talk to a specialist or hit the books and I try to do that in my time.

I call it homework and like just like my homework and school got it done some of the time, but not all the time. And so I have a new program now where if and when you talk, when you call, you can ask about it, where I'll also be just deciding time where we see you with my with one of my associates, Dr.

Nelson. And we'll go deep into your case and then we get to spend some time doing research and making sure that we're getting all the answers for you.

Because in that extent that, you know what it is 45 minutes our visit. Again, it's can be band time. And a lot of people I said we have part of the answers and we need to do some deeper research because it's about your situation, your biochemistry, your genetics, your history.

And, you know, it's nice to get more than just what I have in my head. So that's so awesome. Well. Dr. Nafysa Parpia, Dr. Eric Gordon and again, such an honor to be with you guys.

Thank you so much. And everyone, again, thank you so much for joining us. I'm Dr. Tom Moorcroft, and I'm looking forward to seeing you in our next episode of The Healing from Lyme Disease Summit.

Until next time. Thank you. Thank you, Tom.