Introduction and Doctor Eliasu2019s Background

Today, I'm excited to interview Doctor Isaac Elias on our mycotoxins summit. Doctor Elias is an integrated medical doctor, licensed acupuncturist, researcher, author, product formulator, and frequent guest lecturer.

He's been a pioneer in holistic medicine since the early 1980s with numerous peer reviewed publications demonstrating the benefits of his innovative formulations and protocols.

Doctor Elias, its founder and medical director of Amitabha medical Clinic in Santa Rosa, California, a leading edge integrative health center specializing in cancer, environmental illness and other complex chronic conditions.

Doctor Elias is regarded as a leading expert in galectin three and modified citrus pectin research, as well as a pioneer in the use of therapeutic A for rhesus blood filtration in the US.

I'm so honored to have Doctor Elias on this summit. He's been a very important mentor to me in medicine. He's literally influenced the way that I practice medicine today in a huge way.

It is such an honor to have you here today. Doctor Elias, thank you for joining. It's such a joy for me to to talk to you and see where you are and where you've gotten and how much you've developed and how many people you help.

It's like, you know, your success, I feel, is like my success in life in some way. So I feel proud. Thank you. Thank you. Thank you. Change the way I practice.

I'm still grateful to you forever. Thank you. I'm happy. So? So, doctor Elias, tell us about mycotoxins and their metabolic effects. So, you know, I mean, the microdosing is a great area of specialty for you.

And there are a lot of people who focus on mycotoxins. So I want to look at mycotoxins in a little bit more of an holistic view than just a certain chemicals.

So really mycotoxins are toxins that are produced by by by organisms. You know, they are they ugly mycotoxins. So we we want to look at them when we look at them from the point of view of Chinese medicine.

And we look at patients when we look at the environment where we find them, often lipid soluble, often in areas which that's that to anaerobic, they really correlate very much with the concept of phlegm, toxic phlegm in Chinese medicine or wetness, you know, Vedic medicine in Tibetan medicine.

Mycotoxins, Terrain, and Metabolic Effects

And so the mycotoxins, the people who are susceptible to mycotoxins, often we also have this kind of constitution, a Flemish constitution, very organized, very methodical, and very sensitive.

People who are sensitive will get influenced easily by outside influences. So when we look at the patient and we look at the mycotoxins, we always want to look at who is the host, what is the what is the milieu, what is the terrain.

Because if we, as you know very well, if we treat that, if we treat the terrain well, the person we heal. And so from the point of view of mycotoxins, because they are in areas that the body has less access to, the able to hide their will, to create, they will have often without us knowing until it's too late.

They're in areas that are well enclosed and they also have to hide their body from reaching to them, and naturally they will shift their metabolism around them.

There was a way we know, we know. For example, that the fungus grows really well on on sugar, you know. Right.

We want to localize in mechanics because when you have into wine stimulated, when you have too much sugar, you shut down the normal metabolism of the mitochondria, M to one is blocked, PDK gets activated in and in pyruvate divergent it gets blocked.

We get dysfunction of the mitochondrial system. So we see it in Lyme disease. You know if you see so much we see it in mycotoxins. We see it in diabetes.

The same M to one metformin blocks it. You know how Nokia blocks it. And we see it in cancer. So you have a very similar terrain leading to different diseases and cross-references between the different diseases based on the environment.

And so excited to hear you talk about this because this is the piece of medicine, doctor lies and nobody talks about about how the terrain can can, can influence and create different types of illnesses.

So thank you for bringing this up. It's such an important piece. Yeah, absolutely. Yeah. Yeah, definitely. And you know, as we talk a lot we hold this.

We have this whole idea about the biofilm, you know, talked about the biofilm. And so the biofilm the microbiome created in many level. It's a functional barrier which relates to harmonious relationship between the micro might the micro micro biome, which is more than micro fungus takes a big role in the microbiome.

People disregarded privacy. I take a big one. Viruses take a big role. And and our body. So because this area again. But it's a barrier for our invaders if we don't live in the home in in our harmonized way with our guest, they will fight.

That's a fundamental issue. And let's step back. Let's look at our body. Okay. And I want to explain this because from my perspective, instead of giving some somebody's fish, I want to teach him how to fish.

I want to have a bigger understanding. It's not such a good I. The understanding is much bigger than this, and I'll get to it. If we look at our body and if we said we have 35 to 50 trillion cell, not million, not billion trillion, you know how many, you know how many reactions each cell is every second taking so many thousands close to a million reactions.

So you got but let's say 50 trillion cells having a million reactions in the body and each cell in many levels is fine, is for itself, just like us, just like with our own identity, with our self self-identity, the self identifies the cell as a membrane.

It decides what it wants to get in right and what it wants to throw out. Yes, survive, but it realizes it to survive, it has to live in harmony with the environment.

And who tells the cell to live in harmony? Well, there's one organ that functions differently in the body. There's one organ in the body that, instead of taking clean blood and letting go of toxic material like cells, organs do, the kidney doesn't matter.

The only organs that function different is the heart. The heart takes all the dirty blood from all over the body with open arms connects with the universe.

So the breathing and there is no oxygen in the micro toxin environment, it's toxic. And then the heart gives blood without discrimination. Without discrimination.

What do I mean? The water is stiff, you know. It cannot decide where the blood goes. It gives it everywhere. And who does the heart feed first? When it gives blood everywhere, it feeds itself through the coronary arteries.

So the heart feeds itself. It's part of the whole. And the heart feeds itself in order to feed the whole. That's why meditation is it creates through the heart, is so healing, and we can do it quickly.

So why am I telling you all of this? Because this amazing 50 trillion cells working together with the heart, electromagnetic field, reaching every cell in our body, it's big enough.

We have the same relationship with our microbiome with 100 trillion organisms, with about 90% of our DNA material. So when we treat them well, the biofilm become an exchange.

You we know that if you give antibiotics to a person going through chemotherapy or immunotherapy, the treatment will not work. We know that the healthy microbiome make chemotherapy and immunotherapy work better in cancer.

It's insane. The synchronicity. So when we think the same way, if we go to India, we go to the 40s. People are full of parasites and fungus and they live a healthy life.

Biofilm, Survival Response, and Galectin-3

Right? You look out symptom. Why? Because there's no aggressive identifications. You would recreate the problem, then make causes in this case and the parasites and the virus and bacteria responds with what we survival response.

Yeah. So really the is that infections and toxins are often a result of the survival response. So this is wow. What do I mean. That's really why I'm calling.

And finally my book is finally out. Should be out right now when this is airing. Maybe next week or last week. It's it's called the survival paradox. I'm very excited. It's groundbreaking.

It's going to turn turn, turn a lot of people's heads to look in a new direction of thinking about medicine from complex chronic illness. I'm so excited to read your book.

I'm so happy that you are providing our audience even before the book is out or justice is out with this with your new insights. So thank you Isaac, for that.

I think it's very relevant to this because I know the way that you work. Right. You always we always say, you always say, let's let's change the terrain.

Let's then let's change the terrain. And then and then people get better. So if we look at our survival, it's worthwhile. And then I'm going to take it into into mycotoxins.

We look at our survival. We want to survive. So as the immediate survival that we do, if survival is so innate to us, it has to be automated. And it's made through the sympathetic system.

So it's no mix is the right way, fight or flight. Right. But the other process of survival is we create a barrier. We create a shield. Yes. So this is done through the nervous system when we turn the sympathetic system on.

And then we can relax with the parasympathetic. And we are okay. You know, I know I've heard you talk a lot about cancer is creating a shield as well as a tumor is a shield.

So it's like literally now the metabolic process of creating survival is is led by a protein called galectin three okay. So galectin three is our survival protein.

And it's a carbohydrate electron carbohydrate binding protein. Galectin three is the backbone of the biofilm. So you know we talked about the oxidized lipids and heavy metals and glycol lipids and glycoproteins.

They're all sitting on galectin three structure that literally create through paint them. Is it create a lattice formation. It's physically it's all concept of biofilm.

That's actually what galectin three does okay. So over here for a second because I never hear anybody except for

you talking about galectin three. So people talk about biofilm like you were saying is the carbohydrate matrix.

There's DNA, there's sugars in there. The galectin three, I think is a piece that's really, really, really important. And you're bringing it up. Nobody else brings it up.

And that's why I want to sort of stop and put a spotlight here on the galectin three piece. So if you can just go on about that, I want our listeners ears to perk up, because this is information that I'm considering pretty new.

Yeah. It's interesting. It's so galectin three is new to many people. It's a 9000 peer review, publication, and on the on I picked up a modified introspecting.

It it looks like it's me. We just published our 77 zero paper. You know, multiple centers. So it's slowly coming into the into the awareness. But you're right, it's new to most people.

So galectin three because the survival protein inside our cell in in the embryonic stage it helps embryogenesis. For example it helps the kidneys to develop normally.

But later on in life, especially on the membrane and outside the cell, it protects us. And how do we protect through hiding and through fighting. So it creates the inflammatory response.

So the inflammatory you know, everybody knows about the cytokine storm. I mean, most people know because of the Covid right now. I mean, I've been is that a constant has been in the center of my work for decades.

Right. The molecule that starts at the top, that starts the cytokine storm is galectin three. For example, I just published a paper with multiple authors, including, you know, the number one ranked sepsis and acute kidney injury expert in the world.

Great. And I love to make your papers available to the viewers here. So if you can send me those after and only for those of the viewers, or in this paper that was just published in Critical Care Medicine, which is the one of the best critical care journals, we showed that when a patient comes to the ICU with sepsis and they have no kidney damage, no preexisting condition, just like somebody who just got Covid.

Similarly, you know, I say out of the blue, the ones with elevated galectin three at time of admissions will be the ones who later on will develop acute kidney injury and will die.

But more than this, when we blocked galectin three before in an animal model, the particular translational model that is very reliable for sepsis. And statistically, when we block the galectin three before creating the sepsis, we dramatically reduced mortality, kidney damage.

And this spike in interleukin six. So galectin three spikes within minutes and interleukin six, interleukin one B all the rest. And alpha they come much later.

Now the fits a dozen nasty inflammatory compound that are creating our trouble with mycotoxins, with a brain fog, with a with a with a with all the dysfunction in the body.

So it starts with galectin three. And that's why addressing galectin three is so important, not only through using modified T perspective, but through trying to shift ourself from a survival mode to a harmonious mode, because, you know, these things are more than just it chemical.

You know, I know not everybody knows, but that's what we are talking. It's a it's a bigger effect. Right. So so Isaac, I'm starting to think, if you don't mind, I want to take a little detour.

Okay. We're here to talk about mycotoxins, and I'm going to be picking your brain about that. But I am starting to think about Covid 19 is you're talking about lectin.

Three is you're talking about inflammatory cytokines. If you don't mind, would you explain this? Because my mind is there right now if we just take a little detour, I would appreciate both.

Thank you. You know, I brought the idea of the survival response, the survival paradox. And we assume that we want to survive. Right? Right. Know it. But guess what?

Why does the bacteria, or the fungus or the virus behaves aggressively? They also want to survive, right? We look at the spiking protein, the same protein that all the vaccines are going after it.

And this is published literature. The first one came like in late August of 2020. It is practically identical to galectin three. It's mind blowing. The virus, just like we want to survive the virus, we want to survive.

What does it protect itself with? With galectin three. And we know now that patients with galectin three in Covid will tend to have more acute kidney injury.

You know, about 40% of hospitalized Covid patients have acute kidney injury, 50% of them will die. And more than this is a very large paper that was published.

The last authority, the somebody I published some papers when she was in Harvard and I got them to galectin three six years ago, and now she's a well-known researcher.

COVID-19, Cytokine Storm, and Immune Dysregulation

So they published a paper on or in them from the largest hospital in Mexico City of the of Covid patients in the hospital. And regardless of the level of damage to the lungs, the level of galectin three at time of hospitalization determined who will get sicker and who will die. Why?

Because of the cytokine storm. And this ties to something that, you know, we talk a lot about. The immune system is not about just responding. You don't want to over respond.

You look to respond in a harmonious way, like, you know, respond and then let everything dissipate with no with no remnants. So what galectin three does, it turns on the alarm, and the alarm never turns off.

And the people don't like don't die from the virus. And this lots of inflammation. And this is a part of the cell danger response, actually. Totally right.

We're here to be very similar in a little bit. Yeah. And a little bit later on. But yeah it's exactly. So there is a cell danger response. There's an organ dangerous bone.

There's a person. Danger is one. There is a society danger response right in 2020. Right. With division in fighting, it's all the same. It's the microcosmos.

And in us and every cell in our body, it all contains the same principle, the same wisdom. You know, these are this is one of the things I love most about you and the way you practice medicine.

Isaac, is that you really you're very biochemical. You're very much a scientist, very much a doctor. At the same time a philosopher. And you bring bring in spirit and medicine.

And I think that's beautiful. And powerful. Thank you. Yeah. And so, you know, so when we look so we for example, if you look at it mold it mycotoxins and you look at binders, one of the reasons why when you use modified introspecting, you don't get the aggravation.

You just don't. And you know it from your patient is because we address addressing galectin three. So you guys modified it. Respecting has a great affinity for heavy metals.

Well published lead, mercury, arsenic, cadmium, even uranium and says and cesium and radioactive materials. But in the same time, because it blocks galectin three, it reduces the excessive inflammatory response, which is what causes all the side effects.

And, and this is why it is such a such power and it can be integrated with any protocol. And of course, as you know, I use a lot of things. You use a lot of things.

And then, of course, we have some more dramatic method, which is my, unique, specialty in the last 6 or 7 years, which is, therapeutic for Regis, which is.

Yeah. Yeah. So but it's along the same lines. Yeah, yeah. So I definitely want to talk to you more about a few resources on this interview. I want to stop and talk a little bit more about Picasso, because I don't have one patient who's not on practice.

And you know how many patients I have? Many, many, many patients. Everybody is on packed us all. And, I noticed that it's it's a very different binder than the other binders.

And most of my patients will notice an effect right away. Within one week of using the penta cell, they're going to feel less inflamed. They actually start to feel better in their system.

Sometimes it takes a couple months, but usually it's at least within one month. They notice the difference and and they love it. And then they ask me why is this different than other binders?

Why do you focus on this binder more than you do in charcoal? So if you could speak, speak to that, answer that for my patients. Yeah. Because really modify pectin in general in more effective.

So speaking of which is fundamentally different and it's close to my heart because I developed epic, this object has over 70 published papers. And because I want to make sure that if people are using modifiers introspecting, they use a product that is, reliable because it's a generic name.

What do you think it was? Pectin is an effective galectin three blocker. So it blocks the, the the the damaging effect of galectin three. So I for example, I just mentioned the paper about the results in sepsis.

Right. But then I, we just submitted a multicenter trial about the effect of our modifiers. It was affecting in recurrent prostate cancer, biochemical recurrence, which is the prostate cancer is being removed.

And now it's starting to come back. Yes. And what we are allowing is the body to fight it by blocking galectin three. Because galectin three shuts down our immune response.

And we got close to 80% response, it's going to go into it. So how does you do it? Because when you're using it as a binder, because it has an affinity to positively charged ions.

So heavy metal, heavy metal loves to be in the environment of oxidized lipids. So heavy metals and toxins that, that are positively charged in the same time it read, it reduces the inflammatory response, it prevents the fibrotic response.

Modified Citrus Pectin and Inflammation Support

You know, MCP prevents inflammation and fibrosis, and it regulates the immune response. So you get a normal immune response and you get you don't get hyper inflammation, you don't get abnormal inflammation.

And you know, we've been told you know, you and I have seen this a lot. You get a line patients with mycotoxins and you look at those silly if you put it in is is non-existent.

See. Wow. It's so good. Well when we look at TGF beta the fibrotic it skyrocket. Exactly. And the galectin three is

abnormally low. It's like five way normally low because the system is not responding well.

You hit the Modifieds. It was 15. You break the shield. Yeah. Holy cow. Began from nonexistent to 0.30.4. Your gas beta goes down from 15 20,000 to 5000.

You've got a normal immune response, right? Oh, this immune regulation is so important. We know. And when you take t cells and you put galectin three in the environment, you shut down the cytokines completely.

In fact, the most expensive and promising anti-cancer drugs, the Pd-l1 inhibitors, they do not work when galectin three level is high in the patient. It's known it's published.

If galectin three works is higher than a certain level, a Pd-l1 inhibitors don't work in lung cancer. Why? They shut down the immune response. Why do they do it?

The cell, the cancer cell wants to survive. It is using galectin three to evade the immune system. Remember, this survival concept is not only ours, it's the fungus.

Also want to survive. The cancer cell always also want to survive. So we always have to move between attacking, between cleaning and between harmonizing.

And it's a dense, you know, it's just just like, you know, you are here like know. And we do remember when we did some cranial sacral and some patient, you failed.

You just let you let the work happen on its own, you know. Yeah. Magical feeling right? Yes, exactly. I want to talk to you about mycotoxins and how they they affect the different systems of the body.

They cause inflammation everywhere, as you know, they they hijack the whole system. And I want you to tell us about MCP and, and how it affects inflammation positively in all the different systems of the body.

Right. So it's it's interesting because what effects it was baking was initially in 1995, the landmark paper I just published a paper on MCP with was on cancer.

And when we started using modifies, it was better in giving to patients. We saw this comment that we didn't know initially. My joint pain is going to go away.

My memory's better, I think clearly, you know. And then we realized, wow. And I realized very quickly my blood pressure is normalized. I realized, wow, it harmonizes inflammatory response.

So MCP is very important for narrow inflammation. We've published a number of papers, I mean, and other researchers who researched it showing that galectin three drives nearby inflammation, the same principle like we have with macrophage in our body driven by galectin three, happen with glia and astrocytes in the brain.

They become inflamed. They cut. And when you when you give them modified introspecting, you reverse the process. So for narrow inflammation it's very and also remember it's pulling out the heavy metals.

We take turkey. Right. And so our patients with mycotoxins illness they have a lot of neuroinflammation significant significant. And so when we give them the mice side the the modified citrus pectin, it's actually helping to to to work on the neurological system to bring the inflammation down, block the galectin three.

That's very, very exciting. Yeah. You know, you know, in the in clinic treatment with calling, you know, and glutathione. Right. Changing the environment of the of the membranes.

And again a lot of these toxic lipids are sitting on the biofilm. Right. But when you do this and you get modified it was affecting it will work better.

So it's really an enhancer. It's a standalone but it really enhances practically almost every treatment because it allows the body to address the issue.

We have to remember that the areas of problems in our body, regardless of what they are ones, are usually inflamed into the body, has less control of them because something is going wrong.

So galectin three is always involved. If you look at chronic kidney disease, you look at it, it Nash. And then on liver disease you look at pulmonary fibrosis or if you look at congestive heart failure, if you look at cancer, if you look at autoimmunity, all you look at sepsis, aka all of them.

Galectin three is elevated compared to control. And within the disease, the higher galectin three, the sicker the person is. So addressing galectin three is key.

And we live in a society of survival, you know, because of the speed of life. We live in an inflamed society, right? We sure do. Yeah. So it's it's it's part of the whole the whole picture.

Yeah. Yeah.

Therapeutic Apheresis and Clinical Applications

So I have seen a lot of patients at your clinic undergo f races, and I've seen it help a lot of people. I've seen it help the people that nothing else helps as well.

So can you talk to us about about a few races in general? I want to hear about your patent because I don't think you're a very this is different than and I think it's more powerful than the other Avery I've seen around.

And then and then finally, I'd also like you to tell us, if you're open for, patients to come in who need a free assist to your clinic as well. So. So it's, therapeutic.

It's a it's a really become my my focus have simplified my life. No longer many doctors and nurses and then focusing on therapeutic services and I, I treat people one on one.

I treat everybody myself now. And and so it's very different. It's fewer people with a lot of focus. So therapeutic I for races it's similar to dialysis but different.

So it's a high tech treatment. You pull out the blood you know it's using FDA approved the system and you pull out the blood. You separate the cells from the plasma and you run the plasma through a filter.

And the filter has affinity to oxidize lipids. So just that it will not pull HDL, it will pull LDL, it will pull out all the oxidized lipids. It will pull out lipoprotein A, which is nasty.

Lipoprotein A is almost a pre a preexisting condition from mycotoxins to work because no oxygen is coming into the tissue, it will pull C-reactive protein and it will pull out all the excessive growth factors and cytokines that are causing the inflammatory damage.

So this is in general this approach and related in research. I'm developing a column for galectin three, which I hope you get an approval for sepsis in the hospitals.

That's a project I'm working on for me. So this would be helpful to all kinds of illnesses that have that are that are sort of post infective, I would say.

So once the infection has hit the person, it might might not have replicative, viruses or bacteria or mold anymore, but the inflammation is still in the system.

We've killed the bug, but now the person is still inflamed. We do all kinds of things, still not working. So yeah, but

actually it causes mold and mycotoxins in the way that nothing.

That's great. Why? Because you don't need the body to do it. The person seats and we run more than one plasma volume. While we do this, I run specialized Custom-Made IVs.

That is the cells release the micro things and all the oxidized heavy metals and other inflammatory compounds. Yes, and we collect the machine. Collect them.

So it's a different times in the process. I give different IV's. And in the end, once the person is off the machine, we'll give them just IVs to help them out.

Like, you know, based. Based on what? On what they need. So in many what apheresis does, you cannot get you can give glutathione from here to the end of the world for certain people is great, but for some people it just will not do the trade.

So you're saying that the person can be in the middle of infection and it's still going to be effective? Cause once the infection has been killed, it's still effective.

So you can give if resists throughout. Absolutely. Especially especially for example, if you're giving somebody antibiotic therapy and they're producing a lot of health byproducts.

Yeah, definitely. It's a it's very effective around cancer. Of course they want chemotherapy immunotherapy. But we we also pull out about 30% of galectin three.

So we pull out fibrinogen. So the person becomes less hyper risk Whiskas less inflamed. And then they can respond to the other treatment. And the nice thing is you are treating the person outside the body.

So there are practically no side effects. Right. So I you know, I think patients have traveled to Germany to go get IV average Americans have traveled Germany and I know I'm sure they had a great experience, you know, but I think that they could come closer to home now for a few reasons.

They don't need to go to Germany if you're accepting patients, of course. And also if you do during the I visited the German place and maybe now their device is different, but it's a size exclusion.

It pulls out a lot of stuff, but it also pulls out proteins, right? They shouldn't be exhausted. Yes. Here the the rule of thumb for most people is rarely not.

But I would say well over 90% of the people they feel better after the after they don't feel like wiped out. And then and then of course we we do it in the context.

So I collaborate with a lot of doctors where they do their care, and I just focus on the a few reasons and what's there end around it. And if they want and I can, I can kind of, you know, zoom in the way we talked and find there's always a story.

It's mind blowing the story behind the patient and will find the story. Everything will end right. There's always a story. Just let the patient tell you the story and she or he will tell you.

And so that's really the the art of it is just listening and letting the story surface, you know. Yes, absolutely. Well thank you Isaac. What a great.

Yeah. And if you have any resources you'd like to share with the audience, email them to me, because I know, I know they're going to want to hear more about cysts.

And I know they're going to want to see your research as well. And then also the, the, the survivor paradox is going to be out, hopefully out right now.

So very exciting to be available on Amazon. Thank you so much. Thank you so much. Thank you for having you. Bye. Thank you for being here. Bye for now.