Podcast Intro and Guest Welcome

the amount of stress and information overload that we're all experiencing. Metabolic imbalances, blood sugar, insulin surges are probably one of the worst propagators of relapsing, remitting up and down during the course of a day, variations in pattern.

Welcome to the Holistic Truth Podcast. I'm Jamie Dorley, CEO of Nutritional Frontiers. And I'm Christine Genovese, creator of the Soul Intelligence Method.

We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally and energetically. With real proven strategies, protocols and tools you can use in your practice today.

Hello again, everyone, and welcome back to your favorite podcast through natural healing, wellness and functional medicine, the holistic truth. I'm your host, Jamie Dorley, CEO of Nutritional Frontiers, And I am joined by the lovely and talented, The one and only, our chief growth officer, Christine Genovese.

How are we doing Christine? Oh, Jamie, I'm great today. I am so excited for our guest. He comes from an incredible background and my my past life in higher education.

So I Am really excited to jump in and hear what he has to share today Me too. means two things, my birthday month has started and yours is over. So we're excited to move on.

Hopefully you had a great birthday. I know it's a big one. They're all big after 40. Did you have a nice birthday months? I had an incredible birthday, I got to spend it with people I love and care about.

Got to do lots of fun things. Had a party. Be a queen. It was really, really fun. Queen, you're a queen every day. What do you mean you got to be? So thanks so much for making it back on.

We know you have some incredible trips. You went on the last few months and we know your time is very valuable. And so is our guest today. With the pleasure of meeting him last year at our professional training event in Pittsburgh.

Right away, I had heard so about him, right? And then to actually meet him and the fact that he had the courage and vision to start an incredible school.

with your background and my background is education also. And this whole thing of International Holistic Health Alliance, the IHA, with Dr. Jeff Essen, founder of the school, him being a doctor with his specialty is autoimmunity.

We were talking to him and just fascinated by his background, and really his vision of helping people, because we're on this mission. What's our mission?

to make the world healthy in every way possible, physically, mentally, emotionally, energetically, in whatever way we can support people. Yeah, we're traveling recently.

I noticed at the airport, uh, people need our help. That's a very good indication of our population. It's simply going on a plane and watching what people are consuming at.

You know, I didn't know. Um, you know the flight was only two hours, but you think people going away for a month and, ah, they need help in this whole thing with auto immunity.

because the fact of that's how my career got shifted from sports medicine to functional medicine and wellness was

because I came down with an autoimmune condition.

And now after COVID, God, they're giving auto immune over a hundred different names now. So we're really excited. This couldn't be any better timing. Let's give a nice warm welcome with Dr.

Jeff Essen's Background and Path to Functional Medicine

Jeff. How are we doing today? I'm doing great, Jamie. Thank you. Christine, I love to be here, but can you offer some information for your people there?

All right. I guess my thoughts on my talk today were about this idea that there is a rather generic view of what is autoimmunity. And I think from a practitioner to practitioner point of view, I'd like to give people just some clues, some little things that you can look for in your office to how a patient might give you some sort of Findings readings blood labs something that pushes you into maybe categorizing them a little bit more specifically And so I wanted to kind of outline today the three phases of autoimmunity You can see them here on your screen the DNA and cell wall alteration the molecular mimicry and the epitope spreading These are things that have been delineated by the advanced autoimmune community to be able to better identify where and what cause is and what stage of autoimmunity a person might be in so you can again change and adapt their therapy towards what they might need more than to yield generic anti-inflammatories that were…

Well, there's none generic about your presentations. I can tell by the first slide I've seen you in action before. So before we take a deep dive, can you share with all the audience, you know, how you even got into functional medicine and nutrition because, a lot of practitioners, never have that aha moment, right?

We all had that moment. And for me, it was, gosh, almost 40 years ago when I had the moment of clarity that I want to do something different, and that's when started pursuing nutrition and wellness.

So when did that happen for you? Well, if I go back to high school, you remember the aptitude tests they gave? Every one of them I took said you should be a medical doctor.

And I would be that person who'd go to the, and I'd get the encyclopedias and there were those pages you could see through it. Here's the organ, then here's that nervous system and here is the circulatory system.

You could overlap them. I was fascinated by that. It always have been, but I'm terrible at math, so there's no way I ever get to medical school. So I kind of gave that up.

It was when I had a car accident and was in a business, business circumstance that was very frustrating and unfulfilling. I kind of said, well, this is the time to roll my life over a bit.

So I decided to go to massage school. Um, the massage didn't last very long because of physical injury from that car. But one of the chiropractors I was working for said hey, you should be in naturopath.

And I said what is that? And his definition of natriopathy was well you sit at a desk with people and you talk about vitamins. Yeah, sure. So weirdly enough, I did go look it up.

I began to, and this was in the early days of the internet where not everything was available. You know, there was no chat GPT or anything like this. And I kind of looked at it and said, you know what?

this is the kind of medicine I was looking for because it isn't about having to learn calculus to be able to understand figurative ratios of pharmacokinetics.

This is about what herb is going to help somebody to have their health get better. And it was much more in line with what I had in my own view of Medicine already because of the massage school.

So I, I Weirdly, I was kind of calling around to some of the schools and one of them I said, well, you know, what can

I, can you send me a prospectus?

And the guy goes, while we can, but if you don't take this five a day intensive that we have coming up, the next time it's going to be available is in 18 months.

What? So literally I just leapt off a cliff and said, okay, sign me up. I mean, I'm in your school and I literally would never look back. There's I am unemployable.

Otherwise I cannot think of anything I'd rather be doing. And that was bad. Like I chose already hearing the background. Yeah. 26 years. Wow. Congratulations, you know, because oftentimes I hear somebody's been in an accident.

They go to chiropractor school or naturopath. You know other times somebody was sick or someone in their family and they maybe had been more of a allopathic medical type of family.

And then someone gets sick and no one helps them except for a functional medicine doctor. Everyone has a different journey. Even Christine, I mean you came on board and look at you now.

So what's your journey been like? Well, I just remember before I even knew anything about nutritional frontiers or wellness or anything, um, have a really good friend who is now my nurse practitioner officially.

And I was in her office and she's showing me this ultimate shake and proline greens. She's like, you know, You should really take those. I go, why? I'm healthy, and I don't need anything.

So I know right? Jamie is like what? But understanding, you know, how much something as simple as a shake a day can have an improvement in your overall health and wellness.

As a matter of fact, I am a member of the Shake A Day Club. I have it right here with me. And I absolutely love it because it sets me up for success. So I had so much energy and I feel so better.

Now I know I was remarketing to you recently, James, that I'm in the best shape of my life. at, I will share, 58 years old. So my body is great body composition.

I'm healthy. Um, really in the best shape. My cortisol is low finally. Uh, so I think, uh, think you're rubbing off on me, James. Yeah, um, a great influence.

Not by everyone, but by some. So, well, it's interesting.

Understanding Autoimmunity and the Three Phases

We'll have our journey. I started saying earlier, I was a sports medicine major, athletic training, and then want to go to school and be a Sports Medicine doctor for, you know, pro sports team.

And my sophomore year in school, came down with this really terrible, look, everyone wasn't, they thought it was shingles, like, friends looking at it.

So I went to the school infirmary and they diagnosed it as psoriasis, and I'd never heard of it. And the guy was like, ah, it's an autoimmune condition.

His words, don't worry, its genetics, man, there's no cure, so here's some cream. So, I'm at home, called my mom, she called everyone in the family, no one had ever heard or had it, So went back again, he's like You back again?

So after doing that about five or six times, they're very persistent. I said, I need to know what's causing this. You know, it says I'm 19 years old. Can't even take my shirt off and we're about to hit summertime.

And he says, well, you know being that you've come in so many times that I actually did a little reading about this and he said it can be tied into stress, gut health, and possibly Candida.

I was like, Oh, what is that? I had no idea. Right. So I did know instinctively to change my diet. You know, in college you tend to drink a little more beer than we normally do.

And I said, I got to do something. After suffering with it for about a year, went back to school and I just completely changed my. Got back in the gym, working out, drinking a lot more water, and slowly saw an improvement.

But it took years until we came out with things like the Candid Kill and the GI Complete and Superbiotics to really get it rectified where now 0% of my body.

So I can't wait to hear more about this autoimmunity and the three phases of it, because, you know, before COVID, there was not quite as many autoimmune conditions.

And then either if you got the vaccine, which I did not, it's your choice, your body, choice. My body my choice I chose not to get it. I got COVID and survived just like most people.

But I felt that it was really important that people understand that You know, this vaccination or COVID could create all types of new diseases that people weren't aware of.

But I think the blessing for us was that, people realized maybe that big brother is not always going to be there to help them. So, I can't wait for you to dive into this whole concept of autoimmunity.

And it is a lot more complex than people actually think. I'm going to put my seatbelt on, Dr. Jeff, and let you take it away. We may chime in to bring some clarity or bring this more to, I'd say, a kindergarten level, because we do have a lot of health care professionals and doctors listening, but also a family, friends, just the U. S.

public. Got it, got it. Well, I'll try to do as best I can. And again, my talk is kind of directed at that practitioner who's sitting across the desk from their patient saying, yeah, you know you have auto-immunity, but, and then there's subdivisions of that.

There's qualifications. We've got to look a little bit more specifically. So again there are three major phases that have been defined. I'm going to go over those.

This all comes from a presentation that I did called the autoimmune checklist. This is a full day class that i teach at the International Holistic Health Alliance.

And you can see there are, you're going to see these little logos down in the photos because I kind of just copy and pasted these over. But this is again something that it takes a lot more than just what I'm going present today, but this was a part of that.

So I kinda type some of those and I'll go along as I as i did then. But you have to determine the long-term development of patients' autoimmunity and level of pathology.

One of the things I do with patients all the time is I try to draw a timeline of when did this happen? When did you notice this? And was there this event or circumstance that then started the path towards now we have a pathologist?

Is there a pattern of relapsing and rebinding? And with many autoimmune diseases, there is this. For some reason you get better and for some reasons you don't get.

And sometimes there's these inexplicable things that happen and you. Don't know why you're ill. Well, if we really got down to it, we can always find out why there are causal factors.

Never is there such a thing where the body has a purely genetic or purely just disease problem. You don't lack, you know, anti-inflammatories in your body have plenty of them.

Why are you going into disease process? There has to be a reason why. So the idea is that your body is very homeodynamic. That graph on the bottom is supposed to represent the ideal that you have many things that are going into peaks and valleys at different times up and down.

And we need to be able to understand this timeline to better determine, well, here's what pattern the patient is as they're sitting in their desk there today, but also projecting backwards what happened up until this day.

So these are important things and all practitioners know this. Dr. Jeff, that's a great point. I just want to just clarify for some people listening, because this happens all the time.

Why the nutritional consults? And I'm sure you experienced this. You know, just like healing is a process, not an event. When you got that symptom is not when it started.

It could have been manifesting in the body for a month. a year or 10 years or even longer. Some of Christine's work will trace things all the way back to someone's childhood.

So I think autoimmune is a prime example of that. It's like a broken arm where you fell down, you broke your arm. This has been going dysfunctional in your body for a long time until you actually saw the symptoms.

You got to remember, it's going to take you some time to get out of this, just as it took some to time get into it. Yeah, and Jimmy, you're exactly right that this is sometimes a pattern that, if we all sat there and did our journals and wrote down every symptom and everything that happened, everything we ate and drank, we'd all be our own doctors because the pattern would become evident.

But when you are a practitioner sitting there trying to dive into somebody's life and the history and every thing else, it can get a little bit, get in the weeds a bit.

But, you know, there are, from a practitioner point of view, the usual things that we look for, food allergies, infections, free radical toxins, both metal and chemical, any methylation issues that might inhibit our ability to get rid of those toxins.

Vaccines, the toxins within, stress is probably the biggest pandemic there ever has been is the amount of stress and information overload that we're all experiencing.

Metabolic imbalances, blood sugar, insulin surges are probably one of the worst propagators of relapsing, remitting up and down during the course of a day, variations in pattern.

And even though electromagnetic pollution is not itself a free radical, it can actually aid in the formation of free radicles. So the Bluetooth 5G, you know, every other version of electronic bombardment that we're getting does help contribute to the circumstances of how the usual autoimmune causal factors can be listed.

Dr. Jeff, I heard someone recently questioning, actually a practitioner going, well, what about in your car? You know, with the, between the heated seats, the Bluetooth going on in there, everything you're like in a Bluetooth box.

Well, yeah. And if you're in an electric car with a big battery in it, you are in a microwave instead. My goodness gracious. Hey, I have a layman kind of question for you.

I've heard this a couple of times and I don't know if it's true or not. Is autoimmune, is it your body is attacking itself in some way? Well, you could say that, but let me get to another slide and I'll point that out a little bit more specifically for you.

There's a better answer to that. And that's this slide right here. It's the thing I have, I call my uptos. So I totally teed

this up for. Awesome. Thanks.

Uh, so we are inherently autoimmune. That means that we our beings whose cells are constantly rotating. You lose 2 million red blood cells per day. To be replaced by two million brand new red blood cells So we are always getting rid of the old ones making new ones.

Phase One: Cell Wall Damage and Triggers

So, we constantly have a new fresh body We remake our whole body every seven years So the normal antibody production cell removal is defined as apoptosis or autophagy self-eating and if you are within range of the normal let's remove the cells that are no longer viable and and just getting rid of only those that's the subclinical range you're okay this is supposed to happen it's only considered autoimmune when it gets Out of range, it steps over a certain line in the sand where you're not just getting rid of cells that are no longer of use.

You're actually getting of healthy, normal, productive cells. And that's when you become autoimmune. So there's this line you pass over that you've gone past the up to's.

What I mean by up too, if you look in a lower left corner of the slide, you have your very common ones that we see all the time, the TBG antibody and the TPO antibodies.

Now up to a certain point, you see those yellow highlighted things below 60, they're just fine. Okay. Below 60. And that lab says that up until that point it's normal for your body to attack these things.

Attach an antibody, get rid of the old ones. But when you see the scores there 217 and 128, far above normal, you've gone past the up two and you phased into autoimmunity.

So this is that idea that we need to be able to control our immune system so that it only stays below the range. but not above it. And this is our challenge.

Now there's three phases of progression that would walk us into, well, then how does this all happen? So we're going to get into these. I'll give a short example of each one.

Genetic and cell wall alteration, molecular mimicry, and epitope spreading, also known as bystander activation. So as we move into this, we get our genetic cell alterations.

We see that there is this protective barrier in the outside of our cells. The bilipid membrane is portrayed here. DNA and the nucleus are inside of that.

And it's to protect us, for one thing, from pathogens and toxins, but it is also a major messaging system. The brain of the cell is actually the membrane of a cell, as Bruce Lipton would say.

And so the idea here is we have things that manufacture this outside lipid membrane and maintain it as a barrier of protection. So in a case where we had this, this is meant to be then a certain look to it.

There's meant to be a certain pattern of here's what a healthy cell wall looks like. Our challenge is that there are things that can interrupt or damage that cell walls.

So again, yes, do just relax this autophagy in the lower left corner. I want to just point out this is what's known as if they were looking at the interior lining of a blood vessel.

This is what's known as endothelial glycocalyx. It used to be known the intima in the older parlance. Now, what supposed to happen is you're supposed have all these different hair-like structures, much like the villi in our intestines.

This has meant to this thing that is this hairy- like pattern, almost like seagrass. If you've ever snorkeled or scubaed

and you see segrass, or you can't see the coral underneath, you just see this shifting seabass so you actually can touch the actual bottom of this coral.

But similarly here in our glycocalyx, you can't touch the cell wall of the blood vessel because of these hairs. They're a mediator. Now I'm going to give the example of the SARS-CoV-2 virus.

This was from a paper regarding these, that the Sars-Cov-1 virus had a way of enmeshing itself in that seagrass, in those villi, getting in there and tangling them up and initiating activities within the cell.

even within the DNA for a self-destructive process to happen so that after the SARS-Co2 did its deal, we now no longer have them. All our seagrass gets mowed off.

And now we have an unprotected cell wall of that blood vessel. Now that SARS-CoV-2 virus can more easily dock with the ACE2 receptor, which would then get the virus inside the cell to do its reproduction action.

You can see on the right side, there's the images on top side. There's this circled area on right. What this basically says is that the spike protein itself is not the thing that did the damage, it's the nucleocapsid, which is the RNA inside the virus that's causing the damaged to the cells here.

The outer membrane is being destroyed by that introduction of a viral RNA into our RNA and DNA patterning. So is this illustration of the intestinal tract or any cell?

This is specifically the blood vessels And so it says endothelial glycocalyx. The glyco-calyx is that inner lining of your blood vessels. Probably one of the highest topics is how can we restore that glycol-calyx after a destructive process like it was encountered with COVID.

So this is why people with high blood pressure were more susceptible to problems with Covid because they already had this, their seagrass was already mowing off.

They didn't have the protective villi. So the virus was unrestricted being able to bind with ACE-2 receptors. That's an interesting description because we would normally describe the intestinal tract as that.

I always give that example like for leaky gut. The V-lies kind of chewed away by bacteria, yeast, pathogens, and then now the malt and galt has broke down and now you have a more porous intestina tract and things are leaking through the gut, So you're taking this one step deeper and looking at the blood vessels very interesting Concept yeah, and it's a very direct comparison.

It's very similar proteins. That's it. Very similar mechanism It says blood versus digestive tube our bodies, you know It tells you as within so without as above so below our body is a mimic structure And so why wouldn't our blood vessel's have these Villa in them because our digestive system does too It is all the same concept the body's trying to protect ourselves with these little hair like structures Another thing that can be a problem is then…

I'm sorry, just one more quick comment, because I've heard leaky gut. Also, now they're saying if you have leeky gut, you'll have a leeki brain. Now you're telling me you've leaki everything.

Right. Leaky blood vessels. Yeah. Yes. It's leakey spinal cord, by the way, is a tough one. Anyway, one infection that persistently comes up, and for those who aren't familiar with me and my testing process, I use a device called the electrodermal screening, which is able to determine the presence of all kinds of different toxins and infections.

And I would say even since COVID, but even within the last 10 years, seeing quite a few more of these, what are called mycoplasms. By definition, these things are bacteria, But the size of them is incredibly small.

To say that your normal bacteria is like an E. coli, compare that and say, that's a beach ball. And then say the myoplasma hiranius is about the same size as a golf ball, Now, what that means is that they can enter through that same, you know, the the bilipid membrane outer skin of the cell.

They can penetrate it just like a virus does, they're that small. And then the scarier part of this is you can see what I've circled in red was that epigenetic rearrangement leading to genetic reprogramming.

These bacteria can rewrite your DNA production to be more of a hospitable host to them, meaning they're altering you to a better bacteria host and producer.

Now, that means that they've edited your DNA. So we have viruses that can sort of shed our outer layer of our cells. We have bacteria that get here and rewrite our DNA, but the problem is there, what does that begin to look like to the body?

Here is a cell that is not normal. Here's a sell that has altered skin and altered brain. or reproductive system, actually if you talk about DNA, and that then attracts antibodies.

Phase Two: Molecular Mimicry and Viral/Protein Confusion

So, and again, here, like I say, mycoplasma numinae is implicated, garain-barre, scleroderma, rheumatoid arthritis, ALS, lupus. One bacteria that gets in there, starts rewriting your DNA, makes your cells look so foreign, your body logically will attach antibodies so as to then kill that cell off because it's a host for something that is, in the end, very damaging to you.

The challenge is that could literally be in every cell in your body, or it can be more heavily in some systems or some organ or different tissue. You think about the challenge for the patient and the public as they're being told, oh, autoimmune, you have rheumatoid arthritis.

and so on to scleroderma. But the underlying co-factors could be very similar in nature, right? They're presenting in different types of tissues in the different areas, depending on what the underlining causes, a good friend of mine had sclera-derma because he was exposed in He was a geologist, and at his work site, he was exposed to chemicals.

And there was multiple people in his crew that got the same type of condition. Yep. Yeah. I think the salmon goes with someone like with psoriasis. You know, I always looked at it as a Candida underlying cause.

So it's interesting, all these different types of autoimmune that have popped up in the last 10 years, right, especially. A lot of them could have very specific underlying causes, but for some reason, the medical community doesn't tell anyone that.

They just say, genetics, no cure, take NSAIDs. And then when you get really bad at Christine, come back in, we'll put you on methotrexate and then sulfasalazine.

We can't use those medications yet because they're too harmful to you and they already paying a picture that we can help you. It's just fascinating that the doctors get the respect that people will keep going back to them without getting any results.

Where if they go to a naturopath like yourself or your colleagues, oftentimes we get one chance, right? Maybe 30 days and we don't completely rectify somebody.

They're like, it didn't work. So, you know, the process of healing these things may take quite a bit of time, but if they're addressing the underlying causes, regardless of what the label is, I think that's what I'm really trying to say is regardless to what somebody has been diagnosed with, they need to chase the cause, not the cure.

Yeah, and you're exactly right. In medicine and a lot of other subjects, there's very rarely a case you could say never. But you can say in terms of autoimmune disease, There's never one single cause.

There is never 1 autoimmunity in someone. Those are absolutes. And so you'd say, let's just say we had one infection as I just went over, okay, the infection is causing the problem.

But there were other things that allowed that infection to put somebody over the up to range. It can't be just one subject. So for you, it wasn't just genetics.

Of course not. So in this case then also there's never just one autoimmunity. One particular source or one cause could cause three or four different kinds of antibodies to being produced to hit different cells.

So it's a matter of then how many different versions or what percentages of cause does somebody have and what kinds cells in their body or protein structures in the body are susceptible to be attacked with antibodies and then cytotoxic killer cells?

So it's a very dynamic, interwoven thing. The thing, as I tell my people, give me 90 days to get rid of some of these causal factors, and then we'll see if you're improved.

Because realistically speaking, you are not going to do it before that. We've only gotten through one phase and we've got two more to go. So Dr. Jeff, speak us there.

All right. Phase two is molecular mimicry, although it's known as protein specific antigens. And so here what we have, and again, I'm going to pick on COVID because I've made this during COVID, the TPO enzyme structures on the left.

This is your thyroid peroxidase enzyme. The job of this enzyme is to manufacture your thyroid hormone T4. Now, We could say that the SARS-CoV-2 protein structure, what is commonly known as the spike protein, doesn't look exactly like it.

But there's a certain small binding site, a protein binding sight that does look very similar. In other words, if your immune system is assessing, what is this thing that's floating around in the bloodstream?

It says, well, this protein looks like that protein. And I can't tell the difference. They're so close in their appearance and binding affinity that I'm going to bind to both of them and kill them off because we can just always make more and more TPOs, right?

Well, if you have a short-term exposure to spike proteins, that's fine. You'll get over it. But what if we have it perpetuated long COVID where you're constantly producing a spike protein, then you going to constantly attack your TPO enzyme structure.

So this molecular mimicry is viewed as one of the more pervasive issues of If you have a, if you eat a food and the food structure that you're having a problem with allergy or intolerance, that food happens to look like one of your tissues.

Every time you need that. You're going to have an attack on that tissue. Molecular mimicry is your body trying to defend you by saying the least common denominator denominator of, Hey, these two proteins look, like, I can't tell the difference.

Let's attack them both and just let, you know, let God sort them out at the end. Right. So. Epstein-Barr and human herpes virus number six, probably the two most pervasive infections that lead to this in a larger population.

If you look at the diagram on the right, the microbe of Epsteine-Barre, A certain structure now within the rectangle. It has a certain shape Now your host tissue, which is again the thyroid proxidase and enzyme Within the box has the exact same structure.

Now if you look at the dotted lines outside the structure, no, it's not the same But all your immune system does it looks like these little amino acid sequences and say do I recognize this?

Oh, I recognized this as Epstein bar. I better attack everything that looks So our immune system is sort of led down the primrose pathway of, hey, as long as it looks like this, go ahead and kill it.

And the white blood cells really don't have a lot of differentiation. They're not exactly, you know, being discriminated about what they're attacking.

So again, you have to get rid of everything in your system that might happen to look like what's being attacked. So dietary can be a big deal, but also more often than not, Epsom bar has become the most common pervasive reason why people have this.

And then we have our circular firing squad of your immune cells. They're all trying to kill off something, something that is not understood by the body and has done so, so repetitively that it actually ends up, if all these guys shoot at the time, they're gonna shoot the guy across the way from them too.

So this is what's known as epitose spreading bystander activation. This is where there's been a complete loss of discrimination. And even if the causal factor is gone, there is no more infection.

There is not more, you know, chemical or metal. The body has become so used to being able to attack. that actually starts to see the own tissue as, oh, I guess we're just going to keep attacking this protein structure.

Whether the causal factor is really causing a free radical damage or not doesn't matter anymore.

Phase Three: Epitope Spreading and Immune Dysregulation

Well, Dr. Jeff, now that we know the three different types of autoimmune conditions, what are some of the basic things that you recommend to your patients to get started with?

Well, you just about set me up exactly perfectly again, Christine. Very good at setting you up. Usually it's a good setup. So I just wanted to point out one thing, just again a little thing for practitioners to keep in their head.

We talked about the timeline, we talked certain events, exposures, things that would cause somebody to lapse into an autoimmune event again. One thing that they did is they, you know, these little masochistic scientists, they take these rats and they do everything they can to make them sick.

Well, this happened to be rats that were working on multiple sclerosis. So they gave them causative factor events to purposely induce the MS to come back.

Here's the problem. It took anywhere between 33 and 42 days for the relapse into disease to happen. That means you don't take a food in now and become autoimmune hours or even a couple of days later, it might take up to a month, month and a half for the immune system thing to start.

So as people are looking at somebody coming in their office, I've had a big relapse. I'm having a Big Flare of whatever auto immune disease they happen to have.

Now, like say Jamie, you, did you come in and all of a sudden your skin is just completely, You know, revved up back when you were a teenager. What happened a month to a one and a half before is what we need to look at as to what started that ball rolling.

So always remember that month, two, a, month and half timeline of saying, Hey, just a second here. It isn't what happened yesterday. And so again, causal factors, you have to be able to track that down in a timeline now.

There is this process. I wanted to quick go through this to see how this becomes this monster to deal with. So we have an inflammatory trigger. Some infection, some free radical, something that's going on.

There's a protein recognition receptor, the PRR, that says, hey, how is our cells looking? Do we had the glycocalyx? Is that cell membrane looking good?

Hey, that looks good. So if indeed now we get something that disturbs that, the pattern recognition receptor says

it's either MAMP or DAMP. Molecular associated, I'm sorry, microbial associated molecular pattern, damage associated to molecular patterns.

In other words, a cell doesn't look right. That's gonna engage the vasoactive immunity, histamine, leukotrienes, inducible nitric oxide to induce there to be a body defense mechanism.

That can increase vascular permeability. The blood vessels open up. This is gonna be inflammation, pain, localized redness and swelling. Now the thing is, once that starts, that's by trying to defend you if we're dysregulated in any way.

Phase one, phase two, or phase three, this is going to be how the free radical or infectious original trigger then becomes a phase one two or three activator.

So with phase 3, we have the dysregulated epitope. With phase 2, We have free-radical damage to tissues and molecular mimicry. And then phase 1, and we had the cell wall or DNA alteration.

This becomes all self-fulfilling. We had The Serpent Eating Its Tail, Jørgen Mønder in the Norwegian myths. So it always leads to this idea that what you end up happening here is you're going to end creating a vicious cycle that you'll not get out of.

So this is when they say there is no cure. The reason this has been said is because if you don't interrupt phase one, two or three, no, there isn't a cure, the body will continue to attack itself.

All right. Well, Dr. Jeff, I'm on the edge of my seat. You have to tell us where can we start because we are running out of time. I can't believe it. So phase one, phase two, and phase three all have opportunities.

Here's phase 1. We need to protect the cell wall and the DNA. Yeah, getting rid of infections is a big deal, so para-kill and the micro-gon I found to be very effective in my office.

We also have the idea to generate a chemical in metal toxins so they're removed complete. Estro-cleanse does get rid a good bit of chemical toxins as well as excess estrogen.

But what is that cell membrane made of? Minerals and fats. Our phospholipid barrier needs to supported with proper nutrition so that's resilient to damage.

Then we need a phase two opportunity. We need antioxidant support. And of course, all the pros are just the best. Purple's my favorite. I think the pro-purples is I want that every day for the entire rest of my life.

Yeah. Why is the purple? I'm glad you brought this up, but why is it purple is your favorite? Because it has, it, has things that some of the baseline nutrients in are going to lead to the production of a logic acid.

So logic, acid then becomes urolithin aid. Urolathin A is one of better promoters of mitochondrial energy production. And ultimately, if I'm to say, If I could do one thing for an autoimmune patient that's going to really make the difference as to how they feel and how well they do, it's gonna be get more mitochondrial energy production.

Then the cells don't look like victims anymore. So now the antibodies don' pick on them as much. And, you know, I also threw the 2020 eye support in there.

If you look at the antioxidant profile, and I know it's for the eyes, it is for whole body. There are some really impressive antioxidants in that. So a little bit, maybe…

It was interesting during the whole COVID initial phase, we were running out of vitamin C and ImmunoMax and immune boost. And we did, took a deep dive on the team.

Let's look at through our catalog and let's. And 2020 kept coming up. And it was the year 2020, so I was like, this is

perfect, right? We're going to relaunch this as a 2020 new immune, because it has the ACEs in it, it it.

It has a Bilberry and a Lutamax and all these really cool NAC, really innovative antioxidants.

Support Strategies, Supplements, and Closing Remarks

Because the eyes are one of the most susceptible tissue, cause it's the only tissue really that's outside the body, but inside the and very susceptible to oxidation.

So you're right on. Great for eyes, but also is a great foundational antioxidant. Yeah. And again, antioxidants, we all know we need them, But I think people lack the ability to understand how much you need given the increasing amount of free radicals that are being bombarded with us, again including the electromagnetic pollution.

Then for phase three, when you regulate immune function, We need to be able to get the immune system to not have an overt too strong a response and we need to be able to say we have a precise sniper like activity rather than a carpet bombing mentality to our immune system.

And so the weirdly speaking, the immune boost is more regulatory than it is boosting. The name is good, but realistically speaking, the immune boost has those things that are more supportive rather than overt bombing.

Immune Max, similarly, they both have things in there that balance the system. Miracle Mushrooms, I thought, also did a really good job. My rep, Mike Gallagher, kind of gave me one of the rundowns on the Miracle Mushroom.

And I had seen lots of mushroom products out there. He said, this one's really unique. convinced me, gave me the facts about it that I think this is something that our immune system could use on a regular basis.

And then the D3K2 is in there for a reason is that the number one nutrient that enables us to distinguish what is self and what as other. How can we determine what is foreign to our body and what does normal?

What should we put an antibody on? And what shouldn't we? Put an at the body on is vitamin D three. And of course we have to have our K2 along with that.

But the vitamin d levels in an auto inpatient, for example, a normal lab levels are going to take you from about 30 up to maybe 70. Some of them as low as 50. An autoimmune patient should have vitamin D levels in the 80s and 90s.

An MS patient can have Vitamin D level up to 300 in their bloodstream. As long as they have K2, they are actually doing better. So autoimmunity requires a huge amount of regulation of the ability to understand what is, again, foreign and native.

Vitamin D3 is the number one factor. So if we're on an autoimmune patient's case, vitamin D needs to really be emphasized very strongly. And then of course our proline greens, we need to have things in our digestive system that would lead towards what are called short chain fatty acids, butyrates, propionates, acetates.

These are things that by our good bacteria fermenting proper fibers like are in the prolene greens. The by-product is T regulatory cells. So, like the name implies, T regulatory cells allow our immune system to regulate proper immune responses.

Enough to defend ourselves, not enough to harm ourselves. Well, Dr. Jennings, you have packed so much goodness into this presentation. I can't believe it.

We have run up against the end of the program and I absolutely know that people are going to want to like, comment, and share this presentation with someone because you have packed it full of incredible information.

And I know I am so much clearer on autoimmune conditions. I Know Jamie, you're going want take us to the end

here with Dr. Jeff. He's got one more nugget for us.

Yeah, so I would say just the BPC-157, I think it's worth anybody with any phase of condition of autoimmune to try the bpc- 157 simple because our cells, especially as we age can't repair themselves as readily as We always want them to be.

I said the BBC is a good add on for just about any auto immune condition that you can name. Wow, Dr. Jeff, thank you so much. This was absolutely incredible.

We are so delighted that we got, that you were so gracious with your time today. And if people want to work with you, how do they find you? Awesome, Jamie.

And if they want to learn more about the school, the International Holistic Health Alliance, how do they get more information about that? Yeah, that is at myiha.org.

So there's this m-y-i-h-a-dot-org, and certainly somebody's always willing, if you want too, they can contact me directly. My email is jeff at wholelifeclinic.com.

Um, so I, I have conversations with prospective students all the time. I can answer questions about how the program goes. We encourage everybody to become a naturopath.

Why? Because America and the world are desperately in need of people who know the natropathic methods. And companies like Nutritional Frontiers give us great tools to work with, but you have to also know all of the mechanisms of how to use those tools.

So the right combination of tools and skill and knowledge is all put together there. Yeah, I was glad you went through that. That gives people some insight to not only your knowledge, but a little taste of what type of education and the level of expertise that they're going to be exposed to at the IHA.

The Alliance is a great organization. Some of the doctors we've met from there have been fantastic. I'm really excited to work with you guys and looking forward to seeing you at our next professional training event.

So thanks so much, Dr. Jeff. That was fascinating. I took a lot of notes here. There's a whole lot more to learn. And that's what I love about functional medicine, wellness, and nutrition is that you're never done learning.

You always learning every day there's something new and a very very exciting presentation so thanks doctor jeff thanks christine so much as always for doing incredible job of saying this up and host an event and thanks everyone out there listening and watching if you love what we're doing.

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