Introduction to Eric Gordon and the summit topic

Hello everyone. My name is Doctor Richard Horowitz and I am the co-host of the Doctors Talk Healing Lyme Summit 2.0. It is my great pleasure to introduce you today, Doctor Eric Gordon.

Eric has been in the field of Lyme disease and integrative medicine for Eric. How many years is it? How many decades you now you've been treating these?

They're only 3035 now. 35. So I've got you I've got about 40 years. But but we're we're kind of up there. And he runs Gordon Medical in California, one of the largest Lyme clinics in California.

Seeing some very highly complex patients. So today we're going to be discussing treating the hypersensitive chronic Lyme patient, those patients who just don't tolerate medicines and herbs very well.

That's Eric specialty. We're going to get into that today. So hold on there and just wait to hear Eric and I discuss how we're going to get some of you patients who are really chronically ill through the therapies.

And Eric, thank you for joining us today. Thank you. It's always, always a pleasure to talk to you. Yes. And for me too. Yes. And and I've been doing the medicine part for 44 years.

But but I just really I was doing regular medicine for the first ten, 12 years and then I, I wandered off into the path of, of the people who stayed ill, you know, they were supposed to get better after we did our magic in the hospital and they just didn't, you know, and, You know, for for all of us, truthfully, it was pretty much the same thing when I moved up to the Hudson Valley in New York back in 1987, finishing as a board certified internist.

I was planning on doing standard medicine, hypertension, cholesterol, all diabetes. But I always liked, kind of like being a medical detective. You know, I, I started a Substack now, medical detective, and it actually is what I love to do, which is like differential diagnosis, figuring out why people are ill. Right.

And and you have the same thing, right? You and I have kind of jumped into an arena with these very, very chronically ill patients, and we've had to figure out why they're ill, why they don't get better.

And that's really what we're going to talk about today. Yeah. You know, I mean, absolutely, because the to me, that's what makes me, you know, medicine fun. Fun.

Yes it is. I mean, to be honest, is that I've been doing this. Who has been doing this a long time. And we're still happy to go in and see people which I think makes us different than a lot of the doctors who are just seeing hypertension and diabetes.

We and you know what? And one of the ways that I know that you do it from reading your work is that, you know, you have to look at the high level, you know, like, what's the overall overarching story of what's happening in the body?

You know, and for me, that's always comes down to inflammation. And those who listen to me, you know, the talks always the cell danger response. Because I just think it's a great story.

To understand how the body works. I in my younger days, I studied a bit of Chinese medicine, and I read it, but, you know, never did it. I, I, a deal of time to say even would be kind to me, for those things.

But what I found them so interesting is they had an overarching story to understand what's happening in the body. And as a medical doctor, we were always drilling down to the organ or to the, you know, to the biochemical

pathway that was broken.

And both are useful. Okay. But if you eat it, and that's the beauty of the work that I think most of the people that we work with do, you know, consciously or unconsciously is look at the overarching like how how does inflammation persist in the body?

Why is it happening?

Lyme disease, chronic inflammation, and diagnostic challenges

Why it why is the body not controlling it and just and also drilling down and finding out, okay, it's this bug or this biochemical pathway that's off a little bit, or this toxin that's holding the system.

Not not letting the body process the chemicals that it needs to process. And, you know, toxins will also cause chronic inflammation. And and I guess as I look at this story, it's it's it's it's just, each patient has their own, history of how they got of how they got here, you know, in the early days, I'm sure when you were in the Hudson Valley and, like, being inundated with acute Lyme patients or semi chronic Lyme patients, you know, just as, as I saw when I, I didn't really see a lot of Lyme until I came to California, which is really funny.

Just an aside, I was in upstate New York, further north. I was north of Albany, and in the 80s we were told there was no Lyme above the Catskills. There was a and the.

Ticks never crossed over. Right there was the, the demarcation line. There was no line. And, and and just so people understand why they're doctors, sometimes aren't helpful because when you're not a specialist in an area and the in, in this case, it was the 1980s and the infectious disease doctors were telling us there was no Lyme north of the Catskills.

Yeah. Well, you know, and it's interesting you bring that up because just today I posted on my Facebook account that there was an article that came out, in Turkey specifically about talking about the two tier testing and how the were areas where it's useless to use, to even look and do testing, because in this area there was no Lyme disease, except what they didn't discuss in the article is the insensitivity of the two tier testing that some of these people had positive illnesses, some of these people had positive Western blots, but they they did not put it together because they had to have the two tier test be positive.

Right. And you and I both know that, that the sensitivity and specificity just doesn't match up. And and, and we're in the middle of a worldwide epidemic.

So I don't care where you live at this point. BMJ Global Health, just a couple of years back, told us 14.5% of the global population has now been exposed.

One out of seven people and people travel. So you know, you everyone is being exposed. At this point, I almost everyone I listen to who tells me they have a chronic, fatiguing, musculoskeletal, neuropsychiatric illness, you're pretty much going to find the three BS of Borrelia, Lyme disease, but Baeza and Bartonella, right.

And mold toxicity and even long Covid now underlying inflammation. Right. Because we're finding a lot of mold, a lot of heavy metals, leaky gut and food allergies with mast cell activation driving it the wrong microbiome.

Lyme patients don't fall asleep or stay asleep. They are they're missing vitamins and minerals because they use them up with detox. And I. I call those and my 16 point eminence model the six rivers of inflammation, which cause ten downstream effects of inflammation.

As you mentioned, mitochondrial dysfunction, cell danger response. Right. The hormones get thrown off. You get Potts disorder, Nami, neurological problems, psychological problems, liver dysfunction.

I mean, there's a lot of downstream effects, but as we started, it's all chronic inflammation, right? So you just have

to figure out where the inflammation is coming from.

Yeah. And and as you, you know, you have pointed out so well is that when somebody comes in and they have, a left shoulder that hurts for a week and a right knee that hurts the next week or, a peripheral neuropathy that comes in, goes in and think these bugs because, you know, I mean, when, when we were trained in medicine, when people came in and told us that their symptoms waxed and waned and they left, they were on one side and they were or they were just one sided.

It's even worse. They were just crazy. I mean, you know, they were neurotic, they were making it up. They were blah, blah, blah, blah. Because that's not the way medicine understands how the body works.

But chronic infections, I said, is, you know, it was you know, your your, your you know, I remember how many points, but your, your, your questionnaire is so helpful for people to like, see that because this is not, you know, rheumatoid arthritis.

You know, the the migratory aspect, I mean is the hallmark of, of chronic Lyme disease. And by the way, Allen Steer, even in the I think was in the late 70s, he already was publishing an early acute Lyme, the migratory aspect then.

And when I published our validated symptom questionnaire, with Doctor Phyllis Freeman and Doctor Amelia Cetera, and this goes back to 2017, we looked through the literature to see what other diseases caused migratory pain.

There was only six others, and I used to joke with doctors, unless you graduated at the bottom of your medical school class, you could basically tell the difference between chronic Lyme and acute hepatitis.

Acute rheumatic fever. Got a cocktail? Arthritis, inflammatory bowel disease. Writer's syndrome, I mean, right. And the last one is lupus, which actually you could maybe you could you could get there's a lot of it is inflammation in lupus.

But if you do the markers of a double stranded DNA and Smith antigen, you'll figure out if lupus is there. Right. But but I mean, there's only six other diseases that cause migratory pain.

And it's not that difficult to like, ruled him out ultimately. Yeah. And but unfortunately, doctors for a long time just ruled in that you should take some Prozac and see your psychiatrist, when you came in with these things.

So, you know, but working, working off that model, realizing how many people have these things. And as you, you, you went through the litany really well, we have to be so careful today because we have people who are specialists in mold, which is really good.

Okay. And specialists in Marcel, which is very good. But those are usually secondary. Okay. I mean, I, I'm sure there is, somebody who has mold sensitivity.

That is just mold sensitivity, but I have not seen it. I really think that basically you first need the destabilization that Lyme does to your immune system to wind up with a, with those so your body no longer can handle the mycotoxins because, you know, said we, we I mean, this is the whole thing.

We co-evolved with all these bugs. Yeah. So we when when things are working well they should be nuisances not life stoppers. You know. And I think you're bringing up a good point, which is, you know, even years ago regarding the mold, I mean, I wasn't obviously checking for it the way that I am now, but we're finding it now in the vast majority of all of our patients.

And I'm sure it's from the climate with the hurricanes and the damaged buildings that are waterlogged. And, I mean, we're seeing in so many patients, but but so, so do you find in your patients because we're talking today about the hypersensitive patients, like the ones that just can't get through these protocols.

Right, whether it's herbal or antibiotics. Let's let's talk a little bit about what do you see the biggest factors driving that inflammation. And what do you see.

The factors that are like how do you how do you drive down the inflammation to get these people to tolerate the protocols? What are you doing specifically?

In your clinic? Well, you know, step one is is looking obviously for, you know, mast cell activation.

Mast cell activation and hypersensitivity management

I don't think it's just mast cells. Okay. But, but mast cells are a very are because they're in a way probably the, the, the forebears of the immune system.

Okay. In multicellular organisms, they're, they're everywhere. And they are very, very sensitive. They're part of our innate immune system, our first line of defense.

So that's usually activated. But the thing about mast cells is that again we were trained to think about mast cells when people sneezed, you know, had allergies, had rashes that we didn't understand, not realizing that that mast cells are different populations, slightly different in different organs and different parts of the body.

And so people can come in and just have the, you know, the normal, irritable bowel, a little bit of reflux, migraines. You know, a lot of, a lot of quote unquote urinary tract infections, but they don't seem to the cultures aren't positive, but they keep having urinary tract infections, and they actually do get better with antibiotics sometimes, but they come right back, you know, when you start seeing all of these things, you know, think mast cells and, you know, again, if we can quiet down the mast cells, it will help a whole lot hollering a lot of other things.

And that's one of the reasons, I mean, anytime somebody comes in and they can take, herbs, I always think mast cells because, you know, the, the issue with, with herbs is they're plant materials and plant materials, especially the ones that are concentrated, to have those nice chemicals, all those polyphenols and other good things that will stimulate your immune system.

Well, they stimulate your immune system, but they stimulated by irritating it. I mean, it's this is this is the thing we have to realize is that most of the herbal compounds that really get a nice anti-inflammatory response, do it by, by irritating, by causing oxidative stress inside your cell.

And then the nucleus starts to pour out a lot of anti-inflammatory signals. And that's what we count on. But when you're in that hyper reactive state, you don't get a chance to get that nice anti-inflammatory.

You just get a pronounced increase in inflammation. So you'll take a drop or two of an herb or a capsule and you'll react and we used to think, I remember in the early days we thought people were hurting, you know?

And my point is, if it's a hoax, it should be three days, four days, five days. But if it's persisting, it's not. It hurts. Right. So so you bring up the first really important point of our talk today about treating the hypersensitive patient is basically mast cell activation.

And the way one knows is it's immediate hypersensitivity. Right. It's like you touch something, you smell something, you taste it like I have some, you know, histamine issues.

I've had issues where sometimes I just will taste something and within seconds I will have a sneeze. And that's how I know. Right. It's mast cell because I'm immediately getting a reaction right to that.

So it's that immediate hypersensitivity. So with calming down the mast cells are you finding like using an H1 H2 blocker, like using Zyrtec and and famotidine to block histamine.

Using Cromwell and sodium using monto Lucas Singulair cytokine. Well to quell with you know, different herbs.

What are your favorite things for the mast cell that you're finding is calming it down?

Well, these, you know, used to be you know, we start with quercetin. But I'm now I'm using more luteal and now than, of course, because of course, often is a wonderful, wonderful compound.

But it reacts it affects so many systems okay. And affects estrogen receptors and, we just find a lot of people don't do so well. I mean, again, most people do. I shouldn't say.

But again, we're talking about in the sensitive patient, I'm better off starting with luteal. And I have less of a flare. You know, and I still like to, you know, just because it's cheaper and simpler to start with, you know, Allegra, Zyrtec.

But many people will need to you. I'll need to get it compounded in order for them to tolerate it, because that that's the biggest issue with with the really sensitive people is the fillers.

And the other, good, good stuff. They put in capsules and in tablets. Many of these people are sensitive to them and especially the colorings, obviously.

But even I mean, there are rare this is very rare. I don't want people to think that's happening to everyone. But there are people that even the the methyl cellulose, which is what we use in a lot of the fillers, even in the compound, it's, in the compound, do drugs, well, they come from plants.

And sometimes if they come from palm trees versus a different tree or a different plant, people can react, which makes me, you know. It's it's a great point.

In fact, we use, the, the main content we use, which is if you serve, I have a patient where she can't tolerate any of the ones you just talked about.

Meth. She used to use coconut flour or carrot flour. The only things that she can take because her mast cell activation is such that when she smells grass outside of someone's, like mowing the lawn, she has an anaphylactic reaction and she needs to have, like, medical dose packs and stuff at home.

And, you know, she she is the most sensitive of all of the people that I've seen. So you bring up a good point and partly Jolene, by the way, with mast cell activation, they're finding it now and not just lime and Bartonella and mold, but in long Covid.

Right. They're finding also in the long Covid population, mast cell activation is definitely playing a role in that group also. Yeah. Yeah. Well because I mean long Covid just as for I mean, one of the things that we have seen with with Covid that that is kind of mind blowing.

Oh, I guess it shouldn't be so surprising. But, you know, not only the, the, the activation of, of of dormant EBV but Bartonella, we have, I mean, like the amount of people who we see, who we thought we treated their Bartonella and they were staining along pretty well.

And then, you know, they get, you know, Covid or a few unfortunates, the vaccine, the effect on the immune system. And that's what I'm. You know, I keep hoping the immunologists will be helpful, but I just as an aside, I have found immunologist immunology is the most exciting and sometimes frustrating and useless.

Yeah, no, I, I got it. And in fact, when I do, the radiance diagnostic panel for Long-Covid. Speaking of Bartonella, and I've had this conversation with Bruce Patterson, the VEGF vascular endothelial growth factor shows up often in these patients.

And you can't tell if it's Covid that is causing the activation of the endothelium causing and and you know, inflammation within the of dysfunction. Or is it Bard or is it both.

And you're right. We see HHV six reactivation and Epstein-Barr reactivation in this population. But you're right. I

mean they're finding in long Covid that it's not long Covid, it's turning out lime and Bartonella and mold are overlapping all these long Covid patients.

So someone who opens up a long Covid clinic is essentially going to be treating the same kind of stuff you and I see all day long, because this is what people are getting these days.

It's not like you can be a specialist in one disease, right? So many people are getting this tick borne infections and toxins while getting long Covid overlapping with it. Yeah.

And I mean, just as a shout out to the people with long Covid who, I mean, the most of the, I would say almost all of the quote unquote long Covid, group groups out there are engaging in something that's really good, but I call it Band-Aid medicine.

Okay. They're they're it's like us treating Marcel. That's a Band-Aid. That's all we're doing. We're not. We're not fixing your mast cells. We're just, like, quieting them down.

And that's what. What's so nice about, actually, when we can actually treat one of these infections. Because when we remove the bug from irritating your immune system, sometimes the immune system actually will be able to find its way back to a calmer, more neutral place where you'll stop reacting.

I mean, that, you know, when Doctor Afrin, who I have to say, I mean, we've all, been treating mast cell without realizing it, obviously, all these years, every time somebody was harvesting what we were using were basically things that quieted down the mast cells.

But to his credit, he's the one who really brought us, you know, at least me, the the clear awareness of what what I was doing. And like I said, when people now people come in with, you know, with migraines and peptic ulcers and, and irritable bowel and, you know, I get it.

It's they're probably themselves. Yes. And by the way, so and since you brought up with the ballot, I mean, and one of the places, I mean, because the mast cell activation happens from Lyme, it happens from bah, that happens from mold happens like Covid, but also the gut.

A lot of our patients have leaky gut, right. You'll see this with long Covid, but you see it with a lot of Lyme and the leaky gut. You know, now you've got elevated ongoing levels as a marker of it.

The molecules of food are getting across right. And the immune system's reacting. And you get a lot of mast cell activation from the spreading food allergies.

And we're seeing this all the time. And what's interesting is the inflammatory cytokines because you're talking about inflammation in these chronically ill sensitive patients.

A lot of times if you get them off those foods that are stimulating, right, these mast cell activations, they do a lot better because it's one of these rivers of inflammation going into the ocean of inflammation.

So the gut is really an important point in the bovine immunoglobulins. You know, they're important actually for healing the gut. They've been important, you know, for mold.

I, I take them personally every day and they bind to LPs. They bind lipopolysaccharide right in the gut, which is also stimulating some of those inflammatory responses.

Yeah. No, I mean, we we find, I mean, quieting down the gut is not always easy but is always worthwhile if you can. You know, and that's what we started to use.

Gut healing, food sensitivities, and microbiome support

You know, again, we use a lot of the, advantage of the antibodies, you know, like the colostrum or you mean, the, the, we call them H. O., the human oligo peptides, some of these products that actually are mimicking their synthetic mothers.

Well, they're, they're taking the peptides that are in mother's milk, to lower it, to lower the inflammation if there's a hint. And since there is an almost every one, of celiac or not celiac, but just, you know, gluten insensitivity, especially if you're in America, you know, we use, things like La Raza tide, which is a peptide that helps, heal, helps heal the gut a little bit and get those, tight junctions working a little bit better.

Keep the xylene down. Sometimes. Another. It's not really a peptide is something called Lexa NOx, which was a developed in Japan, for, canker sores, but actually has a global nice effect on the immune system, on, kind of quieting down and it kind of like gets the mast cells to quiet down and again, helps the gut, because what's interesting is that most people also do really well with some of the other, peptides that are out there in oral form, which is nice.

Things like be. You're talking like thymus and alpha BP 57. No, I'm typically the really sensitive we start with, things like, TB Tb4 frag, which is basically thymus in beta, but it's a piece of the thymus invader, because when people have a mass cell activation, we I find that the thymus and alpha one, for instance, which is wonderful for acute infections, will sometimes stimulate themselves a little bit.

So we try to avoid that in the beginning. And the, TB, the thymus and beta, the same thing, though the full molecule can sometimes get people with real mast cell things in trouble.

So the thymus in beta four works pretty well. For, for most people. I mean, there's still people who will be, Yeah. I mean, there are people who react to everything.

And I want to explain to people just one little aside. Well, you know, like the my population has gotten so skewed that sometimes I can be, you know, I want people to remember that.

That most people have a much easier time, you know, in when you when you're keeping, when you're dealing all the time with a, a very, sensitive population, you forget that most people will tolerate these things without any problem, you know, but but lowering that inflammation in the gut, you know, is so important.

I mean, and that's where, you know, getting rid of the the foods that are tricking. You are important. But I always be careful. If you have too many foods that trigger you, then I would work more on taking stuff to lower the inflammation and leave out the big foods.

But what scares me more than anything are the people who get to these restricted diets of like four foods and six foods that I can eat and you really can get severe malnutrition.

I mean, like at levels that I mean, you just can't get the nutrients that you need. And any I mean, restrictive diets are, my least favorite thing, you know, necessary band aids, but don't get married to them, okay?

They're like, they're just know. Especially because when you restrict the diet that much. I mean, there's certain as since we're talking about the gut and the effect on inflammation, you need the right type of bacteria in the gut.

You need bifidobacteria. You need right. You don't want too much privately. You don't want too much clostridium. You want to keep like these ones you want in balance.

And if you're restricting your diet that much, you're not using fiber with butyrate, right? You're not going to get it. So that's why in the morning, for example, I have a yogurt and I put in a teaspoon of organic flax organic black seed and organic hemp seed.

Right. So I'm getting all the good fibers in there for my has my prebiotics. So my probiotics have something to grow because right. All the immune system.

Now we're finding most of the immune systems in the gut right in the pyres patches and rest. And in fact I'm now starting to use a new product, immune PDC activate, which is activating, the pyres patches to make alpha interferon because of all these new viruses that are spreading.

So, yeah, they're focusing on the gut and getting the right bacteria, healing the leaky gut, getting off the allergic foods. Absolutely. For these sensitive patients, I it's it's a it's a key.

Just like also the ones who are overloaded with the toxins. You've got to unload the toxic load in some of these patients. The ones who say, listen I took 25 adapt zone and you and I, just before we came on, we were discussing that low dose tap zone is actually an excellent anti-inflammatory.

It hits my low peroxidase and it lowers inflammation. I've had guys in the 80s who thought they had Alzheimer's, who took 50mg of minocycline and 25mg of DAP zone, which barely causes any symptoms or anemia.

Come in a month later and go, oh my God, my brain woke up. I feel great, right? Because low dose, it's an anti-inflammatory. It won't be enough to hit the biofilm, persistent forms of the bacteria, but it does lower inflammation.

And if you have to use something like that right early on just to calm things down, it's fine to use it while you're unloading the toxic load, because I find also the people that tell me they can't tolerate anything.

I've got to unload the toxins. And most of these people are, are you seeing the same thing? And you're. Absolutely. I mean, we have that same circle for most people, unloading the toxins is, which is number one.

But unfortunately, well, actually, you know, but if the mast cells are activated when mast cells are very funny. Well, they're actually like people. I think every everything in our body is like us is a reflection.

Is that when they get really irritable, even if you make something better for them, they get irritable, you know. Yeah. Ever. You know, some people you can't. There's some people you can't please.

Well you may have cells can get like that. We don't want we don't want that to happen. But so even unloading the toxin decrease, the toxin load. Just change.

Can be perceived as a danger as a, as a problem signal. And so that's when you get to go super slow. But, yeah, but we the toxins I mean, my personal belief is that the reason that we are seeing sicker and sicker and sicker people is because of the toxic load that's gone up.

And, you know, it's been climbing over the last 100 and probably 20, 30 years, maybe 40 years. Because, remember, in the 1920s, you know, the good doctor Warburg was probably saved.

You know, he, from being executed. And, but this is going to what? This is what the Warburg effect that. Yeah. Well, yeah, but he was the guy who figured out this Warburg effect.

But the point is, is that the reason that Hitler kept, we think the reason that Hitler didn't kill him, is because he was working on he was doing breast cancer research, and that was very close because, Hitler's mom died of breast cancer.

And but the point is, the Germans were really into looking at cancer because cancer was it was was like a new, pandemic epidemic. And now the problem is you probably saw this just about a month ago.

They talked about all of the food packaging that we are now getting. You go to the supermarket to buy food. There's hundreds to thousands of carcinogenic substances, not only in the food we're eating, just trying to get the packaged food.

And then you get wildfire smoke. In California, we just had some from the Catskills and where we are, and down in New York, there's hundreds of thousands of chemicals in there that are all carcinogenic.

And people's detox vacation pathways. They're not used to handling it, which is why you can eat the healthiest diet in the world. But you need support, right?

So so talk to me a little bit about what kind of nutritional supplements and herbs do you like for the detox support in these hypersensitive patients?

What are you finding you're liking? Well, you know, it's it's super. They're they're different. I mean, I use anything, I use little bits. In fact, I often tell people start with thing with, toothpick doses.

Stick the toothpick in the powder and take whatever sticks.

Detoxification, minerals, and gentle support strategies

You know, but I go through them all, and anything from, you know, pack to Sol, I mean, because I like, I mean, because it's just gentle, you know, it is just, you know, the, bentonite.

Any of any of them. I just that you just use you're just using very tiny doses. When see, tiny doses to start to see what they can tolerate. You know, zeolite, if you just when you get it, you just make sure that you actually get the the, the, from the company, from the companies that they have really checked for parts per billion of, lead, especially because, you know, a lot of our, the same thing with methylene blue when we get there.

I mean, you know, a lot there is a lot of stuff out there is contaminated and especially something like zeolite, which is, you know, kind of got a box shape that's designed to hold on to metals.

And. Well, that's why you have to go through a compounder if you're doing it that is reliable. Who does mass spec checks for heavy metals and checks for all this stuff?

Right. That's part of the reason I love if you serve in Florida because they do all of this. They're they're like one of the best compounders I found in years, right?

Yeah, yeah. You know, and we have to be sure that we're not taking more toxins in, with what's going out, because, but, you know, it really is about just lowering the load slowly.

I mean, sun is, to be honest, sun is if people can tolerate the heat, you know, and I said, even if they have, some authors, you know, some orthostatic hypotension.

And I just remind them that be hydrated and literally crawl out of your sauna, right? I mean, just don't stand up and walk. Walk around the house. No, no.

And and only stay in there maybe for a couple of minutes with the lights when you're starting. Yeah. And you get out of there and lie down for a while, you know, and just understand that, I mean, sweating is still probably our safest and best way of of lowering the, the toxin load in the system.

But and, yeah. And spending if you can afford it, you know, I mean, because the organic food is not perfect, but it's better, you know, I mean, it's not perfect because, I mean, I know it's not perfect because I still find extraordinary levels of glyphosate in people who I know aren't eating extraordinarily clean diets.

It's it's frightening. Yeah. You know, and speaking of that, this is why actually and I just had a conversation, one with practitioners about Volvic and you said about taking something that's going to start pulling heavy metals naturally and glyphosate naturally, which is humic folic acid.

Do you find in your very, very sensitive population, you can use tiny doses of this and get them to. But I have to be again, I have to be careful. I have everybody I mean we've yeah, that's who's the good doctor Chaney many, many, many moons ago who made that point and I have found that that humic and phobic, supplements are they're amazing at removing and also delivering the trace the trace minerals.

I think they're really, really great source. I think that's a very good idea. Yeah. Yeah. So you know, so for those again listening, I'm speaking with Doctor Eric Gordon about chronic inflammation and a very, very hypersensitive patient.

And we were just talking a little bit about detoxification through the skin with soreness through the gut, making sure your bowels are moving with actually, you know, good fiber, which is also great for the microbiome, making sure your liver detox pathways are phase one.

Phase two pathways are, are working correctly. Hydrating dilution is the solution to pollution, as Sherry Rogers used to say, right. Staying staying adequately hydrated.

Regarding the liver, Eric, I there's a couple of products I use and again, I'm not I have to be careful also in the very hypersensitive. But in my population Xamarin makes a product called Midcaps DPO dual phase optimizers and they using like dye and or methane and you know so sulforaphane glucose in a late for phase one, phase two lots of minerals magnesium is in over 300 detox enzymes.

Are you finding that some of these combo products in your sensitive population can be used, or they have to really just take these individually? I, I tend to use them individually.

You know, once people are going, you know, I mean, there's so many of them now, I kind of like, let them get what they want. But to begin with, you know, I start with, you know, the Sophie range, the broccoli products.

You know, individually, I think that that tends to work best in magnesium, you know, simple things, just like, you know, a gram of vitamin C, you'll help your beefalo grow, you know, help the right bacteria in your gut, because we don't I mean, that's the thing, going back to the gut, I just want people to understand when they get their stool test back, you know, don't especially some of them that are telling them, like, you know, the keystone species, you know, you don't have to have all of them have a few.

You'll be okay. You know, we don't know. I mean, the what how what's supposed to be living in your gut is a little bit, it's like immunology. We we learn something new every day, and, it's clear that we we don't have any absolute truths yet.

You know. And. Yes. No. And I absolutely agree with you on that. So getting back to liver a little bit, I just want to ask you and your sensitive patients, when I want to block inflammation, I usually block NF kappa B, one of the major, you know, switches inside the nucleus that turns on inflammation with an acetylcysteine alpha lipoic acid, glutathione.

Do you find in your population? You're again starting with like very low doses of NAC and glutathione, because glutathione is the master obviously antioxidant.

It's detoxing. We find, for example, in those people that come in with blurry vision that say, I went to the eye doctor, I got blurry vision they can't figure out.

We know it's neurotoxins. I'll give them 2000mg of glutathione orally once a day for a week, half of them will come back and go. My vision's normal. It's like, you better get check from all toxins.

You get it right? Because we knew it was neurotoxins. Are you again using microdosing in this population? You have to. Be. Yeah. Just to start I mean we I mean like nac I mean I've been burnt enough times with, with NAC when I started 600 or 900mg and they don't feel well.

So, you know, sometimes having start as low as 100mg, most people will do okay there. It's just, you know, it goes it goes when you, when, when you're, moving toxins in the body.

One of the great problems is that we are a big chemistry set. And if we take ten molecules out, there's a good chance that they're in some kind of, very arithmetic balance, mathematical balance.

So if we take ten out of your gut, then sometimes another ten get released from another part of your body and get recirculate. So if your liver isn't up to it or, or actually or whatever organ it happens to be near isn't up to dealing with it, you'll get in trouble of the.

I often find my big thing with detox, so the one is I do a I do a test that not many people do. I look at full clinic acid because, many, many of our patients, don't either don't do well or don't respond well to five methyl tetrahedral folate.

I mean, even I'm not even talking about the people who can't methyl eight and they just don't respond. It just doesn't help. And and it turns out that that many people make antibodies to the receptor for the, for five methyl folate and folic acid doesn't get into the cell quite as well.

But it does. It gets indirectly. It doesn't need a transporter. And by the way, that's why I use both with the protocol. Yeah. That's what you're saying. Looking for it. Yes. You know that. Yeah.

Yeah. And I find that when I use them both together, they, they seem to I seem to get a better effect as far right. Because again, the thing about our populations is they're so very I mean, everybody is but you know, once you've gotten, let's say I think my way of looking at once you have a chronic illness, okay.

The trigger, whatever caused it is not the biggest problem. The biggest problem is how your body's responding to it, you know, and that's about you. And that's why, you know, what worked for your brother or your uncle?

Your cousin may not work for you as well. And it can be very, very frustrating. But no, but I go slow the same thing with the with the glutathione zone.

And which is that I remember when I first started doing this, I was just so perplexed when I had a handful of patients who even low dose glutathione on intravenously would like, you know, make them sick for not just for a day, but for a few days.

And it was those are the ones who are overloaded with toxins that they just have. No, they just take it, move it, and they're minerally depleted. You need that.

One of the things I learned from the the natural past who work with me over the years, especially Doctor Carpio, who really is, is one who, has kind of really worked on the detox before, before doing much else.

And, you know, I think, you know, being all physicians we want to fix quick, that's the way we were trained. I mean, it's sort of like being in the the early years in the emergency room and, you know, it's like, I want to fix that fast, you know, and, it having a more gentle approach and watching when she repeats the minerals and some of the amino acids, the detox goes easier.

I mean, again, it's something coming from a medical background. You know, unless somebody was over overtly deficient, you know, in something, we didn't think about it.

It wasn't really part of it, you know? I mean, you if you had rickets, you know, we thought about vitamin C, you know, I mean, it just might have been vitamin D.

Yeah, vitamin D, I mean, he's rickets. Yes. No. Okay. Scurvy is vitamin C. I'm sorry. I'm getting old. I can't even get my vein even straight. But we didn't.

We didn't think about it, you know? I mean, like, and realizing that almost everyone today is deficient in many of the trace minerals and, and, So, so you bring up a great point, which is to detoxify properly magnesium in 300 enzymes.

Copper, you need for superoxide dismutase to handle those free radicals. Oxidative stress you need zinc for phase one liver. Just, function properly and we find that when we test, we don't just take serum, we check red blood cell

minerals.

And a lot of times the serum magnesium is normal, but the red blood cell magnesium is low in the serum copper is normal. But the red blood cell copper is low. So that's a good point.

You brought that up that when you're dealing with these really sensitive patients, you've got to check the mineral levels both in the blood and intracellular with the red blood cell.

Because you're right we find we have to replace the minerals. I use, as I mentioned, as a basic in fact, I take it myself every day. I used to cramp up, by the way, one of the things like people who have asthma, irritable bowel, low back pain and cramps, the common denominator actually is magnesium deficiency.

Right. And we see this.

Inflammation pathways, LDN, and nervous system retraining

And I found that my asthma is much, much better since I got off my allergic foods and, take glutathione, which, believe it or not, as a bronchodilator and take magnesium like I never have to use my brought my bronchodilator anymore since I figured out the tricks to get the inflammation down.

Yeah, low. Any inflammation. Getting the vasodilation that dilatation to work. Yeah. To work in this system. But also going back. So the supporting supporting the basics is is like so important.

And again it's something that I used to skip over because you know I thought oh here just give you this to detox, you know. And people didn't do well.

And so we just go back supporting the minerals. And when and when it comes to glutathione, these days I've been experimenting with the, with the spray on glutathione, which looks pretty good.

I've had some really, you know, good responses. If people would say. That's it, you're talking just because your your population is so sensitive, you need to use a dermal product.

Well, it, it but the absorption seems to be actually better. I mean, I can't I mean, they have one study. I'm not sure that, you know, again when, when when something new comes out, you always wonder, you know, is it is it that that great.

But it's something called gluteal and it seems to it seems to be working well, I'll let you know for sure, but I've been very happy with it. It again, if people have a super sensitive nose, I can't smell it at all.

To me, it doesn't have any smell, but people who can smell it all, of course, can have that hint of sulfur, which they don't quite like that. Right, right.

I mean, the brands we use, most of the glutathione we use, which has been shown to be effective, is the surgery of brand surgeries and pretty much most of them.

And of course, we do liposomal and, research nutritionals makes one right there. There's automatically a liposomal where they showed it even has good RBC absorption and the red blood cells.

So I mean, there are a good a lot of good brands out there. But you're right. And we're talking. People who like when they put things in their gut doesn't matter what it is, they're having trouble.

So I like to have I like to have options. And, you know, a lot of these things are developed early on for the autistic population. And, and they're always a good, a good place to start.

Speaking about inflammation, I just you earlier before we got on, we were also mentioning a couple of things. The

other pathway that blocks inflammation.

I want to bring this up for people is the Nrf2 pathway. You were speaking to me a little bit earlier, about using tumeric curcumin apart from broccoli seed extract, resveratrol, EGCg, you want to just talk a little bit about dosing and why stimulating Nrf2 to lower inflammation is also in your population, and might also why you find it to be useful.

Well, it's it's just the body's way to lower inflammation, you know. And if, if, if things are if this if the cell is cooperating, it's the nicest way to go.

You know, I said we was we were talking about I always used to start with, with quercetin because it's cheap and easy, but, the at these days I've been using more luteal and because I've, I've had, not a lot.

I've had just enough women who've had trouble with who's at who estrogen levels, you know, can really affect them, whether they have, a history of endometriosis or something of that sort that we want to be really careful with.

So I think the luteal in is nice. Resveratrol, I tend to use more. I can just have people on low dose Japanese knotweed, which is a good source of resveratrol, but also has, I think, a lot of other factors that work together.

And, you know, and it's for the HCG is funny because, it wasn't something I was big on for a long time for no good reason. You know, sometimes it's just, you know, I I'm not I'm very sensitive to to caffeine.

So I didn't like green tea. And so I put on those. Foods that like these six espressos a day. I used to take like, ten years to go every hour. It's like I don't smoke. So it's like, oh, I have an espresso.

But by the way, as I've gotten older, it's like, my body's not doing that anymore. Yeah, but but anyway, so they, you know, but they, they work really well.

And I'm looking at, you know, the big I just think mixing them, you know, I think the, the Japanese not would you know, by itself at a low dose, you know, just maybe like 100mg or something is really a nice way to start the anti-inflammatory process going.

And but then again, and if you specially if you add in, you know, just having the gut a little healthier, the combination of the two, you know, getting once you get the butyrate normal and, and you and you lower that LPs.

You talked about the lipopolysaccharide which is such a nonspecific irritant for your, your self defense system. You know, when you lower that down, the inflammation comes down much, much better.

Another pathway which we haven't discussed. And I think it's important the Nlrp3 inflammasome, which is a lot of people, which we see it in line with microglial activation in the brain, you see it with Alzheimer's, with a lot of neurodegenerative.

I love low dose naltrexone, and I love melatonin. So have you been able to find that low doses of these are able to be used in your. Wonderful, wonderful I mean, the low bit low dose naltrexone is is an oldie but goodie.

And I, I'm, I am just I'm thrilled with that because when we first, when we first started using it 2025 years ago, I didn't get as good of success. And I think it was just like they said.

But the how it was compounded. But now it's it seems everybody's doing it right. I mean, the success rate in the last, I don't know, five, ten years has gone way up and but it's still dosage.

It's still frustrating because most people can, you know, down four and a half or even nine milligrams, and. I'm on 4.5 every day. I take. Yeah, yeah.

I mean, nobody notices it, but I have, I have patients who literally, 0.1mg, you know, like a 10th of a milligram, is

just fine, you know, and, and I so I usually start people at 0.5 and see what they do with it.

But, you know, again, there's these tiny doses I want to emphasize through people. Most people can start at 1 to 4. They'll do fine, you know. But you.

We're talking about the hyper hyper sensitive blind. Patient. You're you're the person who, like, you don't even want to see a doctor anymore because everything they give you makes you sick.

So those then start at the point one I mean because but but 99% of the population don't waste your time and money doing that. You know, start at a reasonable dose.

Don't make yourself crazy. Because LDN is such a beautifully, it's just a beautiful idea. It's a beautiful drug. It really is. It seems to help so many people.

Fatigue. But just sensitivity. I mean, it's anti-inflammatory effects can be immense. I've had a few people with longstanding, interstitial cystitis that we tried that have, you know, really worked through the world and they find the right dose and it quiets it.

So I'm, I'm a, I'm a, by. The way, and a lot of those patients with I see with interstitial cystitis we do find Lyman bartonella is essential putting it right and.

Then Lyme Bartonella triggering your mast cells all the time because you can get you can get some purchase by treating the mast cells. But that is yeah, 100%.

There's, a the way Lyme and Bartonella, you know, I, I did a review of this and I have to admit I have forgotten it, but I looked at Lyme and this it it affects every aspect of your immune system in a gentle way in most people.

But I kind of look at it like, you know, if you have, if your body, you know, it kind of in suppress a little bit in one, put in your T cells just a little bit.

And for most of us, it doesn't matter. Okay. But if you if your T cells are or if your T regs already not working well because of toxins or just genetics and toxins, then you're in trouble.

Because without those T regs working, you're suddenly going to be making antibodies to everything in the universe. Right? And and Long-Covid is causing T cell exhaustion in people.

So we find lime and Bartonella can cause chronic variable immune deficiency with low immunoglobulins and low subclasses. Now you get Covid where you're reactivating Epstein-Barr and Harvey.

Six you're getting T-cell exhaustion with low natural killer cells. And you're, you know, and then, of course, mole toxins, which are immunosuppressive.

And now your body is very sensitive, right, to these infections coming in. And you're more susceptible. Yeah. And and just to put it in perspective, it just has I like to think about how the body works.

You know we call it T-cell exhaustion. But it's like so many things. It's the wrong name. Those T cells aren't tired or exhausted. They've just gotten the message to chill.

Okay. Because if a lot of those, you know, the, the NK T cells, which are often the population that's quote unquote exhausted if they keep going at full bore, they're going to hurt you because they're going to kill cells.

That and you're going to start losing more than is good for you. So your body a lot of these exhausted are functions that aren't working well, just have reached a point of a truce with your system.

So that's why, you know, doing the work that we're describing or putting you back together piece by piece and not

trying to just go through the front.

What I call going through the front door is when you have Bartonella or Lyme, you go in, you take antibiotics or take these days the herbal, things, you know, in full dose, you get better.

That's going through the front door and that works. Thank God for lots and lots of people. But if your body says no to those things, if you try that and you get sicker, then you have to go back and layer it.

And starting in the beginning, usually with toxins and quieting down the inflammatory cells as best you can. And it's a it's a. Work on the toxin load, work on the gut and detox pathways first right before you're going to go headstrong into before.

You're going to go into your body will tell you because, you know, I you know, I don't I don't think people everyone, not everyone has to have a long process.

But, you know, but you probably know if you're the person who is sensitive to the environment if, if lots of things bother you because I mean, it's unfortunately, it's usually not just your gut that will be sensitive, but also it's your whole nervous system because the nervous system is your brain does control everything on some level.

And so if you're somebody who, you know, you're super sensitive to sound and light or, you know, or just people's anger, you know, or people's emotions, there's a good chance that your immune system is also going to be very sensitive.

Right. And we find in this hypersensitive population that, you know, doing limbic retraining, neurofeedback, right, is absolutely essential, whether it's the Annie Hopper dress or it's up the air or primal trust or some of the vagal devices, the their wiring, right.

The wiring of the limbic system from the toxins in the infections. To calm it down, we find that these limbic retraining, neurofeedback is absolutely essential in a large part of our population.

Yeah. Now for people who can do it. And I always say, if you tend to be a little bit on the obsessive side and not too fatigued, I think the DNR is great.

But if other people, I'm more like, you know, Gupta or which is cool. Ben Aaron's has a program where they I think it's, I forget the name exactly, but they're very nice because each one of these are different.

And you can see snippets on YouTube usually and get a feel if it fits your personality type, because they're all they all work. If you use them, okay, they all will help you.

But if they're the wrong, you know, if they don't go down, well, you know, it's about taste and flavor, you know? And so, so don't do one and go, oh, this is terrible.

Closing remarks and how to contact Gordon Medical

And and don't try again. Because this is not about, we're not telling you that you have a psychological issue. You know, I got news for you. We all have psychological issues.

Like I said, I've never met a normal person yet, but our basic habits of how we respond to the environment, they affect our immune system and if we are.

And once we've been sick, while we are living with a little bit more fear because we know we can't trust our bodies the way we used to, and you have to, you don't have to.

But if you can quiet that down, it will help. Your immune cells will be much happier in the long run because it's good chemicals that run your that run your brain, talk to your immune cells.

You know, your serotonin and dopamine. They're not just here. They're they're on your white blood cells. So just relax. So Eric, we're actually, believe it or not, we're getting close to an hour.

No, I noticed that. So before we leave, I just want people to know. How can people contact you at Gordon Medical? What's what's. Simple. Just Gordon medical.com, and, there is a website tells us all about us, all the practitioners who work with us and what how they because we're all different.

I mean, I think that's one. And we have lots of YouTubes that people. I'm not good at YouTube. So are they. But they're gotta be careful. But, you know, lots of videos that people can see.

Because one of the things that I've discovered, it's so nice when people know who you are, because if you need somebody who's ABC, then talking to me, who's AB, you know, FG and the rest of the alphabet isn't going to suit your your psyche, you're going to feel not comfortable.

And but we have doctors, you know, who are much able to like be straight, you know, ABCd and and walk you through it and not, not go too fast. So you have to find the doctor no matter where you're looking that that resonates with you.

Because otherwise this is a hard process to recover from these illnesses. Right. And and they can learn more about the other therapies you have because you can be on here for we.

Have a ton we have a need. Everybody needs something different. You know. You know, I mean and so we're we're we're out there, just to serve as best we can.

Very good, very good. It's a real. Pleasure. The sun is shining. You're. I don't know that you're sundowning there, but, Yeah, the that's coming down. So.

Eric, it was a great pleasure speaking to you today. Thank you for taking the time. So for everyone listening, my name is Doctor Richard Horowitz. I'm the co-host of the Doctor Talk Healing from Lyme Summit before Eric completely goes into the black here.

We've been talking about treating the hypersensitive, chronic Lyme patient today. Again, it's Gordon medical.com if you want more information. Eric, thank you for taking the time today.

And for those of you who've been tuning in, thank you. Will be seeing you again for another episode soon. Thank you Richard, as always. Bye bye.