Uncover The Link Between Chronic Inflammation And Cell Danger Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Dr. Gordon and chronic disease

Hello, I'm Dr. Ken Sharlin. Welcome to the Parkinson's Solutions Summit. I and very honored today to introduce my guest, Dr. Eric Gordon. He is clinical director of the Gordon Medical Associates.

We're going to have a great conversation today about understanding chronic disease and of course, particularly Parkinson's disease. Talking about some really cutting edge theories and how those theories can be applied to solutions in your life.

Welcome, Dr. Gordon. Thank you. Thank you, Dr. Sharlin. It's a pleasure to be here. Really, It's actually it's an honor to be interviewed by a neurologist and anything in the field of Parkinson's.

So, you know, and it's these chronic illnesses. And I consider, you know, my approach to Parkinson's is is really just like every other chronic illness that we treat is looking at underlying causes.

Many people talk about that. But from the perspective of chronic inflammation is underneath. And, you know, this is an area that's dear to my heart. And I, I have been in the field of I'd say, you know, started off with chronic fatigue.

In the nineties, I had done hospital medicine for about 12 years and always was so interested in the people that didn't make sense. You know, all the people that we saw that were kind of, you know, wink, wink, nod, nod, you know, they're nice people, but this doesn't make sense.

You know, their blood counts are normal, their chemistries are normal, They're fatigued. They're you know, they have you know, their guts are a mess. But, you know, they're walking and talking.

And so, you know, they're not too bad. And, you know, and so that has always been my passion is understanding what's what's going on.

Chronic inflammation and the limits of conventional medicine

And hopefully with people who look well, you know, and they don't have a diagnosis of cancer, but yet they're still sick, you know, And over the years, the autoimmune diseases, which I always figured I actually consider the all the neurologic diseases actually subsets of autoimmune diseases on some level, you know, have have, you know, intrigued me because that's where this is really happening where people wouldn't.

Well, and now we have tests that say, oh, you have X disease, but it doesn't really guide therapy that much, unfortunately. And so that's what we come to.

How do we look at this? How do we understand chronic illness in a different and a different light? You're so, so true. You know, I have it was an instructor who taught me at the Institute for Functional Medicine.

I think he has a clinic called the Third Opinion, and I think that's a great name for his clinic because isn't it so true that there are folks that suffer from a variety of symptoms that in the traditional paradigm of medicine, we we struggle to really identify what's going on with them?

You and I probably don't, but the traditionally trained doctor often does, or they sort of get a they get a diagnosis that's a little less described only because, as you know, the paradigm is, well, once we make the diagnosis, we can give you a drug.

And until you know, until we do that, then we just can't really help you. And it's, you know, it's often the same drug, it's gabapentin or whatever. But so it doesn't really make sense because, you know, I went to Emory Medical

School, which a very respected medical school.

I was honored to be a graduate. But you know how many hours where there's that classic thing about how many hours are spent on nutrition alone. But I would say how many hours were spent teaching us about the work of self and the general adaptation syndrome.

That's so important to understanding the influence of stress on our own, our own biology, where Walter Cannon, the really who coined the term homeostasis and really having lectures on chronic inflammation and wet, dry lives, that because that's really about how we get sick, isn't it.

Yeah, Well chronic inflammation I think is, is the answer because, you know, this goes back to a concept that, you know, this fellow Dr. Robert Naviaux developed, you know, again, built on the eye on many people's ideas, which is of the cell danger response is the idea that our own self-protection is actually what is at the root of many and probably all chronic illness, because, you know, inflammation is our body's response to acute of acute events.

I mean, that's how we protect ourselves, that's how we get rid of viruses, bacteria. That's how we, you know, also just heal, you know, because, again, you know, survival was based on healing from minor traumas or major traumas.

You know, without with and at once. And what happened in medicine is in the last few hundred years, we got better and better at helping people survive of the acute event of major trauma.

And then in the last hundred years, we've really come a long way or 80 on surviving from acute infections. Yes, And those were always the things that took people down up until the last, you know, 120 years.

You know, you basically died from, you know, a traumatic an injury or an infection. Yes. And, you know, this idea of chronic diseases, you know, diabetes, heart disease, all the neurologic diseases, you know, they were fairly rare, you know, and and it wasn't because people died young.

I mean, that's one of those stories that, you know, I think medicine has sold to the world to tell them how great we are. I mean, we have done a phenomenal job.

I mean, there's no question that, you know, if you have any kind of injury or acute infection, what we do, what medicine does is lifesaving and amazing, you know, just really miraculous.

But that being said, I think we've made people think we're even better because we talk about like, you know, the the median, the life span being 40 years old or something, you know, and like, you know, for the last thousand years, lots of people lived into their seventies and eighties, you know, just not the vast majority, but lots.

And they didn't die.

The cell danger response and stages of chronic illness

You know, not many of them had diabetes and coronary artery disease, you know, because these things were recognized. They're not like we didn't know the doctors in the 17 and 1800s and even before recognize these illnesses.

But sure, they didn't happen much. What changed is our environment, you know, And so what we have today and the reason we have this issue of chronic inflammation is our self-defense system, which in that said, Dr. Naviaux, I always call and people might be upset this, but to me everything in science and medicine is story okay.

You know, when you build a bridge, you've got science that's, you know, you know, everybody's going to agree. I mean, everybody knows math can agree on like what, what, what, what, what the structure has to look like and what forces it has to understand, you know, within limits.

But when it comes to understanding how the body works and how biology works, we have some strong knowledge and then a lot of story tying together discrete facts.

And in medicine, those facts change daily. Yeah. And so so that's why what we have and this is frustrating because many, many people want and I can't blame them, it's their lives.

They want the diagnosis. They want to know for certain what's going on. And anyway, so. These are that's a narrative in and of itself. And this idea of narrative medicine is so important.

And really it goes back to Arthur Kleinman and the illness narrative. But you know, to your point about science and, you know, bridges, you know, there was someone who said, you know, I have a dream of building this magnificent bridge across the San Francisco Bay.

And it took that vision and that dream then to put things into action. So these narratives that are that are really powerful, that build our a country's infrastructure are really, in many respects, the same narratives that give people solutions for healing because they have to sort of have something to wrap their head around in order to take the action steps to ultimately improve their outcome.

Yes. No, we do. But what I'd like people to understand, though, is that the the story or the science that you learned today about how the body works may not be the one you learn tomorrow.

You know, I remember, you know, when we first started looking at DNA, at the DNA, we had all this junk DNA. You know, we didn't know that. How important all these, you know, parts of your genome that didn't code for proteins really was, you know, I mean, so they they so we keep coming up against that, that there are story we make today about how the body works that turn out to be only partial truths and which is said in engineering.

Yes we learned more things but still the basic you know, you know, like Newtonian physics does seem to apply where in in the body, Newtonian physics applies.

But we just don't understand the system that it's working in. And and so that's why I always leave hope, because sometimes when people go to doctors or, you know, you get a diagnosis and it sounds like it's a you know, this is it.

And when it comes to chronic illness, so me go back again to crime because I think people really have to understand that, you know, when you go to the doctor and find out that you have bronchitis, you know, or you know, or pneumonia or, you know, or something like that, or a gastroenteritis, those are acute illnesses.

You got, you know, your immune system was down, you got exposed to a bug, something happened. You either take a medicine or not, but you recover and then you generally go back to being where you were.

You know, that, you know, an acute event, you know, even. Yeah, I mean, maybe you're not 100%, but you're, you know, 90 to 98% back to normal but was chronic illness, which what we're talking about here with Parkinson's as our focus.

But you know, when I say, you know, I think you know, most autoimmune diseases are in that same category. It's like your body got here by a thousand small steps.

You know, it wasn't like an event. And so because there's so many small steps, you are, you know, a causes be mentality the way we like to think about things because that's how our minds work.

We like to know that A cause, B and it gets really difficult when it's, you know, a thousand steps and then maybe you take it down to 100 steps and then maybe there's like ten or five final, you know, big events that put you into this disease category.

But it's it's it's a process. And that's where this concept of the cell danger response comes in is helping us understand the process so we can use our intellect and the knowledge that we have as doctors to begin to help

people see what parts can be supported and what parts.

Maybe we can fix something. Maybe we can remove a trigger and maybe we can support a compensation. You know, and this is all things we do in regular medicine, but in regular medicine, we tend to get hung up on just what the drug company has given us, which are wonderful tools but are often limited.

And so when we look more widely, it look, I know you do in your practice is look at you know, the we have obviously the lifestyle, the diet, the stresses because those all impact our immune system's ability to respond.

But then you also look you know at those you know there's this rare you know there's always a genetic predisposition. But what we have learned, I think with I believe I've learned I mean, many people have learned that the genes for chronic diseases are rarely simple.

You know, there are a small subset of Parkinson's where there's clearly a familial genetic component. But you'll correct me, but then maybe like maybe 10% of Parkinson's disease or something, or 20, you know.

Very small percentage. Very small percentage. Most of Parkinson's is multi obviously multi-factorial. There's there's genes that are permissive because, you know, we're all in the same chemical suit together.

And only some of us develop Parkinson's disease, you know, from this, while others might develop other autoimmune diseases like. Right, genes are different.

So, Dr. Gordon, if I may, I want to just kind of quickly summarize for folks, because you've really laid out a lot on the table what I think and correct me if I'm wrong, really saying is it we go through life, we, you know, encounter certain things, have different experiences.

EDA certain way, sleep a certain way, experience emotional or social stressors in a certain way. Maybe we're exposed to certain chemicals or toxins or heavy metals or infections in our environment.

There are a whole variety of things. Head injuries, right? Repetitive head injuries. That's another factor. Drives or maybe it's general anesthesia and its effect on the brain.

But each of these things is experienced by by us uniquely as biochemically biologically unique individuals, perhaps with some predisposition for a chronic disease.

And these are viewed as individual triggers, but they sort of they they're additive. And before you know it, the body that has been able to adapt or to say up just a little perturbation in the system will just go back to the way we were not that big a deal.

But then finally finally finally there is that tipping point. And in that tipping point, that in turn triggers what you're calling the cell danger response.

Is like, Well, yeah, you know, I mean, it is. But actually the the the steps along the way are the cell danger response because when you get the first the first injury, okay.

I mean, like I always like taking simple that first viral infection you know minor it's just that the first step is you create a lot of local inflammation or or that cell that's in the mitochondria in that cell sense that they're not getting enough resources.

And so the mitochondria in that cell, which normally we think of as the energy producing part of the cell, is also this is also a sensor. And when it senses that it's not getting enough nutrients, it sends an inflammatory signal.

The ATP that it normally makes goes to the cell surface, which causes, instead of you using it as a storage unit for energy, it becomes a signaling molecule and it's that signals inflammation.

And then so you got your first part of your immune system comes in, cleans up the mess. Okay. But once you've cleaned up the infected cell, then you have to rebuild new tissue.

So this is happening even at the first step when you have problems in diseases like, you know, the chronic illnesses, these steps haven't stopped in some and some in some of your organs.

You have you have cells that are still sending out chronic inflammatory signals. There's there's a problem here. My problem may be gone, but that cell is stuck in a place where it's not producing enough energy and B, it's sending off this inflammatory signal.

And with the inflammatory signal, does it cause your immune system in? And if you keep calling and this is KDR one, but if you keep calling the immune system in after a while in order to like not hurt you, it has to modify how it responds.

Triggers, toxins, infections, and Parkinson's complexity

So your T cells and your B cells, which I think COVID has given almost most of us a lesson in T cells and B cells. But these are your acquired immune system.

These are the part of the immune system that really tends to learn. And these guys have a very have a dance steps, have a repertoire of mu of responses to each other.

You know, the T cell says this, the T cell does that, and then subsets of T cells do different things. And it's a very complex dance. Okay. But if you keep making them do that same dance over and over again.

Yeah, the flex city changes and this. And so some of those characters get tired and drop out and then you wind up with the imbalanced immune response.

So normally when you're healthy, you get an infection, your immune system comes in hard. It's hard, and then the game is over. And I said, I don't want to keep mixing metaphors, but I think the simplest way to think about this is anger.

Okay? And then that an immune cell that knows that there's a virus there, it gets angry, okay, And that's it. And if you get angry for a minute, that is communication.

You really let somebody else around, you know that what they did is upsetting to you. Please don't do that again. But if you stay angry, you become a you become less and less useful as a as a as a as a part of the whole, you know, the angry person is not somebody that makes an organization or a household run.

Well, you know, because everybody around you starts to act differently. And that's the same thing that happens in the body. That inflamed cell is making everything around them act a little differently.

And that sets you up for chronic illness. Now, that's so that's the KDR one, the angry the angry cell. You know, the KDR two is after you've dealt with that infection, that virus, now you have you've lost some cells you have to rebuild and that's KDR two and again.

So there, you know, it's nice like you're a productive person, but if you never stop working, you become an annoying person. And it's the same thing in the body.

You've got you start getting scar tissue or tumors or just diseases of of excess like atherosclerosis and so on. And the third place is that that cell, after it rebuilds, it has to learn to communicate.

So it has to get its cell membrane when it's in that one in stages of wanting to it is not communicating with the with the other cells as well. The cell membrane is a little hardened.

And in the third stage, it's beginning to get all those receptors work in that let the thyroid hormone in the adrenal hormone and all those hormones messages and the messages they send to the cells next door, you know, flow.

And so the cell becomes educated. It's now it's now a functioning member of its community. So that's know a step any stage, any step along the way gets stuck if the cells and you know it's like you've got a thousand cells in your liver stuck in in KDR one it's not a big deal.

You've got probably I don't know a trillion at least cells in your liver. You know you can see you can have a few stuck somewhere. But if those numbers start going up, they start producing enough noise, enough misinformation that the body stays inflamed.

And the beauty of this system is that we can have so much it is happening. I mean, that's where people have to understand we are allowed to have lots of sins.

Okay. You know, let's call. That the resilience. If we have a ton of mail, we have you know, I mean, the problem with aging is that we lose the resilience because, yes, we've got lots of cells that are now not working really well.

They're stuck in one of these phases. They haven't been able to mature completely. They mature completely by the middle. You around them. And that is why I think the issue of toxicity, which a hundred years ago was just becoming an issue, is now such a big one.

Okay? Because, you know, our bodies are now swimming in a soup of toxic chemicals, all of chemicals they haven't seen. And they're not, you know, and they're not able to handle.

And so all these this idea of the cell danger response is, you know, again, it's a story. It's a way we can frame and understand disease. Okay? I mean, it's not something that the average person needs to have in detail.

I think it's important for doctors to begin to think that way because they can understand the process better and have maybe different ideas of of interaction.

But the important thing for people to understand is the complexity of the system and realize that, on the other hand, it's super complex. So we can't fix each little detail, you know, But if we can do things, you know, that's with a lifestyle medicine, which is, you know, not going to cure everybody, but it's kind of the basis that allows people to heal.

You know, I think that that's where people I think I'm changing subject, but it is dear to my heart. People often get disappointed because they clean up their diet and they sleep better and, you know, and suddenly I'm not well. Hmm.

And the reality is know that, you know, that will get you well if you've been in sick for, you know, three months maybe, you know, But if you now have a chronic illness, that's just the promise.

If that's the first steps that has the. Foundation, though, it isn't really has to happen. Yeah, I think Mark Hyman and some of those folks use this analogy of if you've got a bucket of dirty, you know, muddy water and you're just trying to pour clean water and expecting all the water in the bucket to be clear and clean, it's probably not going to happen.

So when we want to use more of these targeted therapies, that's great. But we still have to create that environment for those therapies to be effective.

Yes. And an understanding that there are you know, it's like looking down levels because in medicine, I mean, myself included, we all grew up with the the miracle moments, you know, the moment in the in the you know, in the emergency room when someone's short of breath and you give them, you know, intravenous medicine that makes them pay a lot.

And suddenly, you know, they can breathe, You go, Oh, my God, you know, I saved you. It's wonderful. I mean, you feel wonderful. You help somebody. And we keep looking to repeat that miracle in our careers.

You know, we want to give people, you know, you're sick. Here, take this. You're better. And that is what drives physicians. And then we have the issues of chronic illness where it's, you know, doesn't work so well.

But what we've done is we tried to use the same model. So in most illnesses, we give people things that will just suppress the symptoms so they'll feel better, you know, which is good, right?

But we're not getting to like, okay, what what are the triggers that maybe need to be removed Now? Sometimes the triggers are gone and we're stuck in this cell danger response where your body's in a pattern.

Okay. But many times there are triggers and that's where, you know, having the diet clean and slowly emptying that mud by your body, slowly getting rid of those toxins will perhaps lower the triggers, you know, looking for hidden infections.

That is not a popular thing in America. But we're beginning, I think, the long COVID, the idea that maybe some people do have persistent virus, obviously not all of them, but maybe some, you know, has three, is beginning to rekindle the idea that, oh, you know, we know we have a few examples like tuberculosis of things that last a long time.

But many schools or the infectious Disease Society as a whole doesn't like the idea of chronic infections being a big problem. We won't go there. But just to say is that but many times, you know, the tick-borne infections can be an underlying trigger and irritant and something that can, you know, again, something like Parkinson's, a lifetime of exposure and genetics has been leading to the place where and then you get Lyme disease and you wind up with Parkinson's symptoms because that extra inflammatory stress tripped your system over.

So it doesn't mean that just because you treat the line that the Parkinson's is going to go away, because that was the there was a lot of reasons you got your system decided to respond with tremor and the other signs of Parkinson's.

It wasn't like just the line just caused it. You needed a setup. And I think that's why we can't get the doctors to look at this fully because, you know, you can treat probably 100 people with Parkinson's for quote unquote, Lyme and only a handful are going to respond, you know, And so and in medicine, we have this idea that, like, you know, we have to have 70% response and which is it?

But when you're dealing with multifactorial illnesses, we have to be we have to develop better tools so we can begin to find the factors that affect, you know, the 20% group and the 30% group and.

Right, right. And and to be fair, we need to develop diagnostic tools that are that sensitive because unfortunately, what we are what we use, I mean in the integrative and functional community, a lot of our tests are needed.

I think they fail in that they they're not as well validated. We haven't we haven't really test them rigorously in a thousand or thousands of people, which needs to be done.

I mean, that's one of my things. I use these tests every day and I think they're useful. But I think that the conventional medical world sometimes judges us a bit harshly because they they don't feel our our tests are that well validated.

And I think we I think that's something that the community, the integrative community needs to rise up and kind of demand from the right. Well, that will come.

I just there was an article I shared with my friend Terry Wells yesterday about progressive multiple sclerosis, and it was just published in the journal Neurology, where they looked at metabolites of arachidonic acid, which is, you know, is a pro-inflammatory omega six fatty acid.

Functional medicine, testing, and treatment challenges

Probably the main thing that from a fatty acid perspective that drives that balance of anti inflammation and inflammation more towards elimination. And the bottom line was that people with progressive hams had more metabolites of arachidonic acid in their cell membranes than people who didn't have progressive M. S.

And we talk a lot about balancing our omegas, right? And we put people on fish oil usually in my clinic, at least a gram a day. That's sort of the minimum.

And it does help. And the literature is supportive, not just in mass, but it's supportive in Parkinson's, it's supportive in Alzheimer's disease. And to your point, is that going to be the cure all know?

But we're talking about complex chronic disease. So we have to be able to see all the pieces of the puzzle. And somehow, you know, we're masters is sort of working with with all of them.

I always envision those sci fi movies where there's sort of a hologram, you know, and the person's sort of doing this and moving it and shaping it. And really in many respects as functional medicine doctors.

That's kind of what we do and it's what we ask our patients to do. Yeah, you know, absolutely. Absolutely. That that is. And that is the challenge and the wish that I have for medicine, because so many doctors are burnt out Who? And they're burnt out because they're they're they're being taught that the only thing they can do is what we used to call cookbook medicine.

You know, you look at pain or, you know, just look it up and it says it on the page. And in complex chronic illnesses, it's always a creative thought process because we're all individuals.

Our genetics are not the same and, you know, we know our exposures are not the same. And our personalities, our response to the stress are not the same.

You know, some of us will can sit and meditate and some of us can't. Some of us are joyful and some of us are sad. You know, I mean, we have different personalities and the question is, how do we help people orchestrate and find their strengths and support their weaknesses so they can begin to regain their own, their own health.

And but it takes the division that it's not. Oh, you know, you have this infection or you had this gene. And that's the whole story, you know, because it's just not I mean, even look, I always tell the obvious thing is like things like sickle cell anemia, like sickle cell anemia and things are like, you know, where many the gene is the same, but the expression is huge.

It goes from early death to like minor annoyance throughout life, depending on the rest of you. Right. And then similar to your point about Long-Covid, I mean, putting aside the fact that there are COVID variants, the reality is even when the first wave of COVID hit the United States, some people got a couple sniffles and that was about it.

And they said, Oh, this COVID is overblown. And obviously other people are in the ICU, intubated and dying, and yet it's the same virus. And, you know, why does some people get long COVID and other people don't?

Well, is it a persistence of infection or have we just reached that tipping point where that cell danger response is so hard wired that they're stuck in that inflammatory frozen phase and we have to, you know, really work with them as integrative, holistic, functional, you know, medicine providers to say, okay, let's sit down, let's really break this down and really try to identify what are all the factors that are sending these signals all the way down to the cellular and mitochondrial level, because we're going to have to take them off your plate, you know, as best we can.

One by one, we're going to have to return the system to enough resilience that you can begin to function again. And this can happen in Parkinson's disease.

The paradigm is really the same thing, right? We have to sit down and talk with the patients. Listen, which is an art

of medicine that has largely been lost in traditional medicine.

Listening to the patient, getting this story, identifying through some functional medicine, testing, perhaps. What are the multiple triggers and mediators, and then ultimately nurturing folks through a process of removing them, correcting them, returning balance, etc..

Yeah, yeah, yeah. And just sort of the the message of hope in all of this, I think is so important is is that the resilience that that the human body has and we don't have to fix it all.

I mean that is the body is a self-healing mechanism and many times if it if you can just begin to lower the noise, you know, have less angry people in the room, then suddenly things start to work.

You know, it's just like, you know, I always tell people it's a miracle that we that we survive, you know, all over the world in different societies, that somehow, you know, we most of us have some food and some will drink and we have care for each other.

And we have all this stuff. If you you know, because when you look at the at bad things, you can go, oh, my God, it's hopeless, you know? But somehow over the eons, we keep surviving and it's the same thing in our own bodies is that, yes, you can have really messed up areas, but somehow the miracle of life is that we continue to compensate.

And if you just take away some bad things, good things come back, you know, is right. It's looking at the forest. I mean, it's just a miracle. And and we're here.

I mean, the beauty of of medicine is it is the ability to to share the joy of of healing in life with other people. And. Yeah, and as we keep saying that, you know, we no, I just feel bad for so many doctors who are in that seven minute office visit, ridiculous grind, where, you know, it's hard to be able to really pay attention to the human being in front of you instead of just having to quickly find up here.

Here's here's a pill go. Right. I was wondering in the few minutes we have left, Dr. Gordon in your experiencein working with complex chronic disease and you've touched on things like Lyme disease, what are the top and that it can be that can be certainly one of them.

But what what are the top three or four things that seems to weave through? Yes, we are unique. Yes, we are different. But what are some of the common themes that you've seen over and over again?

I guess it really is. You know, toxins, I'd say toxins and and and yeah, the tick borne illnesses and and and the chronic viruses. I mean, these things because what these do is, you know, when I say the chronic viruses, those are the viruses that like we get when we're young and they they stay in us like the herpes family viruses that oh yeah, the EVV's and the HH6 and the cytomegalovirus.

These guys, they're just with us, you know, they've co-evolved with us. It's probably not bad. They probably do good things. And in fact, they do do good things as long as they're kept in check.

You know, the tick borne diseases are another one, because if they, you know, we we recognize them only when they're acute. You know, when people get sick and you can give people a few a little short course of antibiotics.

And most of us seem to clear it.

Hope, resilience, and how patients can find help

But the ones who don't clear it, these guys stay and they they live almost symbiotically for many of us, because many people we find have had line, for instance, or for ten, 20 years and they were fine.

They remember the tick bites and, you know, they had a lot of them because again, you don't always get the nice

rash. But and they even had positive tests, but they felt fine.

They didn't do anything about it. And then they get a stress like, you know, having your second child or a car accident or, you know, something big traumatic event and the symptoms start to come up because these the the thing that all of these events similar is that they're they're constant stressors on your immune system.

And the same thing with the toxin load there, constant low level stressors and you know and that's what seems to lead to this what I call you've been calling and I like the term the chronic complex illnesses is because they're not about one one organ not functioning.

They're about a subtle change in everything the energy starts to go to sleep, starts to not work as well. The guts are not working as well. The kidneys sometimes, you know, it's like it's a lot of subtle pieces that wind up with someone going, I don't feel well, you know, I can't function.

And if you and if, again, with the right genetics, you unfortunately can wind up within a nice package of you have rheumatoid arthritis or you have Asli, you know, you have lupus or you have you know, Parkinson's or you know, if you're if you're a little I wouldn't say lucky, that's a bad word for it, but you know, a little simpler.

You just have irritable bowel syndrome, you know, and or fibro, God forbid, fibromyalgia, which I think is one of the more corrupt, you know. Anyway, so I won't go there.

It's just that that was a diagnosis. But in the last 20 years, the rheumatologists use it for everything they don't understand. Right, Right. And by the way, I think you and I feel the same way about that, is that folks who suffer from this very real disease, they also suffer from a lot of misunderstanding and I would encourage folks to see a doctor like Dr. Gordon, myself or other functional medicine doctors who can really break it down for them.

We are by no means saying that people who suffer from the spectrum of symptoms that are typical of fibromyalgia or, you know, too often told, it's kind of in their head.

That is not the case. It's just that that toolbox it's often applied to that is just completely inadequate toolbox. And I just I mean, I while I mean insulting people, I just want to say, is it it's happened.

It really is true. I mean, I had I mean, rheumatologists who are amazingly amazing doctors and and they're the people who are who, you know, teach us so much about how the immune system works.

But they've taken this term fibromyalgia. And I've seen it over and over and over and over again by very good rheumatologist who when people come in and they don't fit any of their criterias, but they have a lot of pain, get given this diagnosis.

And I think it's it's it's a disservice because I mean it's not fibro it's you know it's another thing anyway just in itself. But after there I just met babbling here.

But I hope that the point is that do not give up on health because there are so many different ways in, you know, and I don't have them all. And I know we we all have a repertoire of things.

And they're just it's so important for patients to always keep searching, you know, not to make yourself crazy, but don't give up. Don't give up. Well, Dr. Gordon, our time is about up.

If someone did want to reach out to Gordon Medical Associates, how do they do that? Oh, the website is, you know, gordonmedical.com And right there there's, you know, pretty simple ways to to navigate it.

Very clear. I think there's a new patient box and somebody will get back to you you know, answer your questions and give and explain how we work. You know, I said we were really interested in people who who've been through the gamut.

I mean, to be fair, if people are acute or are recently ill, I think it's much more economical to go to lots of other people where we specialize in folks who, you know, really have been a conundrum.

Really, really have. You know, because we do deep dives. It's very different model. We take a lot of time figuring things out. I don't have I don't have the answers off the top of my head.

For most of the people who come to see me, you know, So I but I look forward to folks who who've been struggling because goes it's the exploration and the deep looking is what really excites me and help me being able to help people.

Well, Dr. Eric Gordon, director of Gordon Medical Associates, it's been a pleasure to chat with you about complex chronic disease, the cell danger response, and how more holistic providers like yourself, myself really approach things and identify those root causes that are so often just not seen or often dismissed and then offer people a toolbox of things that they can do to take that load off and ultimately create room for healing, for root for a return of resilience.

And often in Parkinson's energy, so important. Thank you so much for participatingin the Parkinson's Solutions Summit. We look forward to chatting again.

Yeah, well, thank you, Dr. Sharlin, really and thank you for doing this work. It's so it's I said it's a real blessing that people who are on the specialists like you are now really out there helping people.

But we those of us in the trenches really appreciate learning from you. So thank you. Thank you so much. All right.