Introduction and Dr. Parpiau2019s Background

Hello, everyone. My name is Dr. Richard Horowitz and I am the co-host for the healing from Lyme Summit. It's my great pleasure today to introduce to you Dr. Nafysa Parpia.

She is a board certified Naturopathic Doctor and Director of Naturopathic Medicine at Gordon Medical. Throughout her career in holistic medicine, which has gone on for at least 12 years, she's focused on treating patients with complex chronic illnesses and specializes in tick borne diseases such as Lyme disease, environmental illness, mold and mycotoxins illness, autoimmunity, fibromyalgia, Long Haul COVID, and ME/CFS.

She uses cutting edge laboratory tests and deep intuition. And I want to talk to you about that because I do the same. And I don't think we talk about it too much.

Apply to the full range of scientific data to create comprehensive treatment plans that are highly personalized. Dr. Parpia is targeted System of care includes a synergistic blend of regenerative medicine, oral and IV micronutrient therapies, peptide therapies, botanical medicine, pharmaceuticals, injection therapies, and functional medicine.

And she's on the board of the ISEAI Board of Directors The International Society for Environmentally Acquired Illness). It's nice to have you today. Thank you so much.

What an honor it is to be interviewed by you. Oh, sure. It's my pleasure. We had met, actually, at the ILADS conference, right, with Eric. That's the first time I think we had.

We met each other. Yes. Yeah. So. So tell me, is a Naturopath. You had a lot of directions. You could have gone in when you got out of school. How did you get into Lyme and tick borne disease?

How did this whole thing unfold for you? Tell people a little bit about how this happened. Sure. So we were trained to be great, general naturopathic physicians at Bastyr and when I was, when I was being trained as a Naturopathic doctor, I just, I knew that I needed to do more.

I wanted to work on people in their healing journeys and being trained in general. Naturopathic medicine wasn't really going to take me there. I knew there was just so much more that I wanted to do, and so I had.

I had the luck after I graduated to shadow and work at Dr. Dietrich Klinghardt Clinic in his IV. room. And I also, was mentored by his top doctors there and by him for a year.

And I learned a lot about, about detoxification therapies. I learned a lot about complex chronic illness there. And I remember sitting there, I was with I was with him sitting on a table, watching him with the patient.

And I was covered in goosebumps, and I just knew this is my patient population. This is this is who I'm going to work with. So then I got invited to to work at Dr. Isaac Eliaz's clinic, soon after that.

And, and he hired me to, to work in with his lyme patients to the head of that department of his clinic, the the Lyme and mold, section of his clinic.

And he taught me a lot about detoxification therapies. So then I, I put together what I learned from both of them and really made it my own. And that's how I got into got into this, like the illustrating, how could I not write and merge that with everything?

So, so as far as the the question was, for example, with chronic Lyme disease, you defined it a little bit differently. You don't think, for example, it's the correct name.

And I agree with you because there's so many overlapping factors. Tell me a little bit about how you define Lyme disease. Like, can you expand on what you think the correct name actually should be?

Right? Great. Thank you. So I'm talking about a certain patient population. Right. So there are some patients they see the they they see at Lyme literate doctor.

They do the islands protocols and they have a wonderful recovery. There are some people you take them out of a mold. The environment gives them a little bit of support and they do well.

They make a recovery. Now I'm talking about the patients who they've they've been to infectious disease that that didn't work. They've even seen the Lyme literate doctor.

They've done the Lyme protocols. They should have worked, but they didn't work and either made them feel worse or it made them feel better for a short period of time, but then made them feel worse.

Or they've, you know, that they've got a serious diagnosis. They've done the Shoemaker protocol did nothing for them. I see that, or people who do have cell activation syndrome, but it's the only diagnosis that they've been given is the treatment they've been given.

And they're on all the right medications, they're on all the right herbs, but nothing happens. So by the time they've got to our clinic and of course, by the time they've got to you, there's so much else that's that's been going on.

How She Entered Lyme and Complex Chronic Illness Care

They've got multiple root causes that is created inflammation, inflammation that's perpetual. Now at this point, that inflammation means the genes and the genes express.

And now they have the same end diagnosis. But there are multiple root causes that have then created different biochemical effects in the body. So I tell my patients there's five reasons you get sick infections, toxins, stretch your integrity issues, diet, lifestyle.

And so, you know, a lot of doctors are only just looking for Lyme. But we're looking at multiple multiple chronic infections in multiple different systems of the body.

So usually these patients have infections in the genital urinary system in the gut, some of them in the lungs in the sinuses, in the mouth the nerve the nervous system the connective tissue.

So they've got infections in all of these different systems and of different types. It's not just tick borne diseases. There's of course the tick borne diseases, parasites, funguses, different bacterial infections, viruses, all of these, the environmental toxins.

I'm seeing a lot of glyphosate, microplastics. I'm seeing a lot of heavy metals, all kinds of environmental toxins, structure, integrity issues. I'm seeing people who have tight, tight tissues and there's not enough circulation, not enough lymphatic flow, or people have lax ligaments.

I know you see so much of this too. Right? And so with the lax ligaments, most of these people do have mast cell activation syndrome. But those mast cell chemicals that are being released constantly are tenderizing those already lax ligaments.

So if the ligament here holding up the brainstem is already lax and now it's more lax from the mast cells when there's pressure on the brainstem and we get cranial cervical instability or lifestyle, I'm talking about trauma, adverse childhood events, sleep issues.

These patients have all of this going on. Diet. Usually by the time they've come to us they've got that dialed in. But over their lives they've had the standard American diet wrapped in plastic, non-living foods and so each one of

these, chronically on its own, is going to cause a lot of immune dysregulation.

When you put all of these together chronically over time, we've got a highly, highly dysregulated immune system and a lot of inflammation that then meets the genes. Right.

And by the way, so what you're describing is exactly what we see in our clinic. that the way I usually describe it is I describe it as six rivers of inflammation leading to town, ten downstream.

And I know you and I have come from the sleep. It's the same thing. So for me the infections is generally I call them the 3 B's; Borrelia. Babesia, Bartonella and I On a second I want to get into how many of these you're actually seeing.

Definitely environmental toxins with mold, heavy metals. I mean, everybody at this point, what I just read was people are getting their credit card worth of plastic every week.

But between the micro and nano plastics getting in, we're seeing microbiome issues. We're seeing leaky gut and food allergies. Which contributes, of course, to the inflammatory and then the downstream with parts dysautonomia and autoimmunity and pain syndromes and right.

hormonal disarray. Right. Or all of these different things. So yes, we are seeing absolutely overlapping now in your clinic. Are you seeing a lot of overlapping Babesia Bartonella like I am in our patients.

Yes, absolutely. Absolutely. great. And who are you finding? The protocols work because the problem I've had is, you know, I started using Metron and Jethro Max 20 something years ago.

It was. Five years ago. But now the bugs are becoming resistant. So I'm. I'm forced to, like, rotate. Antimalarials. Do you have any you have any tricks you guys have developed?

Because I'm using, you know, cryptolepis and Japanese knotweed and Chinese skullcap, you know, mixed with a cornea and all these different herbs with Malraux and or Metron and to Fennec Quinn.

Mefloquine. I'm rotating. What are you guys doing? we're doing many things, but peptide therapies have made a major, major impact in in the way that we treat.

So we're doing a lot of peptides and a lot of detoxification protocols. So just really looking at their at their, at their, at their labs, looking at their heavy metals, looking at their, their environmental toxins, at their mycotoxins and actually modulating their immune system first, usually with peptides.

And that's what I found has been a game changer in the way that we treat actually. Now there's something else that I wanted to bring up about, about it being a more personalized illness, because this ties in to, to the way that at our clinic we're thinking about these things.

So, Doctor Robert Neville, I know you know who he is, but for our patients, he's the researcher behind the cell danger response. And he's a dear friend of Doctor Gordon's and myself.

And we meet with him often. We met with him recently and he told us something that just was so eye opening, and it it confirmed what I've been thinking all these years.

And I know it's going to you're going to love this as well. So he was saying that in almost all of these acquired, complex chronic conditions, he said, including Lyme, fibromyalgia and me CFS from his research, he's seen that there's no one gene responsible for the same diagnosis in different people.

And he's seeing that it's hundreds of different genes and hundreds of different biochemicals acting in a coordinated manner. And it's different for each individual.

Right. But the medical establishment likes to think that it's the same.

Rethinking Lyme as a Multi-Root-Cause Illness

Right? One diagnosis, one system affected, probably similar genes. Right. And similarly similar, similar biochemistry going on. But Doctor Neville saw when he measured abnormal biochem calls in people with the same diagnosis is that they had that 25% of the same, abnormal chemicals or sorry, that 25% of the abnormal chemicals were the same in people with the same diagnosis in 75% of the abnormal chemicals were unique to each individual.

So so the way we're going about it is really looking at the uniqueness of each patient. And we actually had the the metabolome Lab representative, talk to us today.

So I'm really excited to dive more into the metabolomics and look at the different biochemical, unique properties of each patient. You know, we're already doing that by looking as much as we can with various labs.

But but I think that this is going to allow us to see even more. So I'm excited about that. have you have you found with that approach, though? I mean, just getting back to the bugs, like the easier Bartonella because they're they are difficult to treat using that type of an approach with the genetic approach, metabolomics, you found that you're able to like, tweak biochemical mechanisms to make the drugs more effective.

I just want to see like because right now, I mean, but busy has become resistant. The recent study was to Kwon and a Tova Kwon. Right is supposed to be the most effective regimen for resistant babies here.

We have tried it. It does not work for most people. It may help. We sometimes have to use other things with it. Lots of herbs or other antimalarials. So we're having a devil of a time.

I mean, double dose or stop zone helps lower it. Sometimes I get lucky, but when I've spoken to Bob Nabi about this health danger response and he was talking about how it gets stuck with extracellular ATP needing to increase it, the problem is you got to get rid, of course the infections, get them in a safe environment, right?

If they're not in a safe environment, right, the mitochondria are going to stay stuck. But are you finding that you can tweak the biochemical pathways a bit with what you're getting to make the drugs or the therapeutics more effective?

Yes, I'll tell you about this. So I wish I could test those those metabolomics I can't. Yeah, I'm hoping that that the metabolome lab will allow me to do that.

So this is where I do have to go with what I'm seeing happening with the patient. Right. So the peptide therapies and heavy detoxification therapy help so much.

What I think I could be wrong and I love your insight on it too. But I think that it's about the, the the environmental toxin load that's, that's creating further immune dysregulation right before we could live side by side.

But there are more people who could live side by side with these bugs. And before, the treatments, the treatments we know work. They worked, and now not so much anymore.

So I find that as I'm, as I'm modulating the immune system with the peptides first and using a lot of detoxification therapies, then I can come in and treat the bugs.

And it's a lot easier. In fact, I use a lot more herbs. doctor Gordon uses more antibiotics, doctor Harris uses more antibiotics, and I'll use antibiotics too.

But but, you know, I use herbs and peptides more. And for me, that works. I think it's glad you're allowed to do this in California. It's not an issue.

Yeah, yeah. Okay. and for Bartonella. Bartonella is also showing up very frequently in our patients. Any particular herbs or treatments you found that are working for them?

Because the last study we published, we're finding these pulses of high dose zap zone with rifampin set from methylene blue is definitely helping a large percentage of these resistant patients.

You've been. And I spoke to Eric I know that. And I'm going to help you guys actually to use the protocol to teach it to him so he can use it in the clinic.

But any other tricks you're finding for for Bart? in these patients here, it's the same. It's kind of like you've got to get the immune system dysregulation.

You've got to deal with the toxins like you're finding, like in your patient population. Those things are essential first before you're going after treating the infections.

Is that what I'm hearing correctly? Right. Absolutely. And then I can go after treating the infection I layer those things on at the same time. I keep the immune system, the immune system regulation, treatment, concurrent anytime I'm treating any infection because I know there's going to be a cascade of, of inflammation that comes when I treat, say, Bart or whatever infection I'm treating right.

So I'm modulating that immune response as I'm treating and I'm doing detoxification as I'm treating, and it makes everything so much easier. So if I can, I can treat a lot of infections at the same time, using to one and 1237 peptides.

So to one is going to kick up that immune response. L. L 37 is cytotoxic to to a host of different, microbes, including tickborne infections. So I'm using those peptides when it's time to kill the infections.

I'm using the herbs that might be particular for Bartonella. I'm I'm detoxing them. It could be with I. V. therapies. At the same time, I'm also using a lot of intravenous therapies to to treat the infections as well.

So and what I've therapy specifically you're finding the most important. Yeah. So there's the oxidative therapies. High dose vitamin C is one of those.

and then I like to use the PCP protocol for detoxification therapies. I'm, I'm giving people amino acids and minerals as cofactors for the detox system because a lot of the times they're not ready for even detoxification because as we detox people, that creates inflammation.

But these patients are stuck in perpetual inflammation. And so sometimes they're not ready for detox. I look at their co-factors for detox and I see, are you ready for I look are you a visitor to the town and oxidative stress?

Well I can give you a good a tion to detoxify you yet. So a lot of times we're starting with the cofactors intravenous. I need to bypass the gut because their gut is already a mess, and I'm working on treating what's going on in the gut at the same time. So cofactors the natural detoxification therapies, which could include, glutathione in phosphate or choline when they're ready for it, and then in with the oxidative therapies and layering it all so doing doing different IVs on different days sometimes working on treating the infections, sometimes more on detoxing.

We're watching the patients like a hawk to see how they're responding to those. Some people, of course, they get the IV, the antibiotics right. That that can be very important for a lot of patients, but always, always balancing it with detox.

Got it. So, the the cases that we are seeing, I'm now starting to see also Covid starting to bring out some of these infections. Are you also seeing some of the long Covid overlaps kind of interfering where the viruses are now reactivating because we're starting to see some Epstein-Barr reactivation, herpes virus six reactivation after people get Covid, where they were even doing well, you know, with the lime and checkpoint for a while, their pots is under control and all of a sudden they get Covid and it's like, oh, they're now reactivating viruses and old things are

coming up.

But you seeing that in some of your population to. All the time. So we treat a lot of long Covid patients. So I bet this happened with you too. Right.

Treating Resistant Infections with Peptides and Detox

The patients who had been your patients for a while prior to the pandemic, during the pandemic, they did fine. They didn't get long Covid right, then they go away.

They're not in treatment anymore. And boom, that inflammatory cytokines flare woke up those dormant infections. And we're getting a lot of patients come to our clinic who are suddenly sick.

Actually suddenly they have Lyme or suddenly they have the herpes family of viruses active, all of them all at once. And we know it has to do with spike protein.

And we're, you know, we're testing. We really like Jordan Bonds micro clot doctor Jordan bonds, micro clot test to understand our Michael our micro clots in issue right.

Or there's also the long Covid panel. We can look at that. So I like to I like to marry those tests with looking at the possibility of the other infections being active for sure.

Right. And with the viruses, are you finding any particular herbal protocols or natural protocols? Because, I mean, this is certainly a certain amount that we have in medicine, whether it's fam sick liver, acyclovir, valacyclovir, I mean, there's a bunch of dams like Libya, there's a bunch of them, or even using ivermectin, for its antiviral effects.

Do you like anything specifically in the herbal, natural realm that you're finding is helping? Absolutely true. I love our in silver. That's the only that's the only silver I'm going to use because it's excuse me, because it doesn't accumulate in the body.

And I've been using it for a long time like that a lot. We can do it orally. if necessary. For some people, it can be done intravenously. it can be nebulous.

I'm seeing a lot of infections in the sinuses, actually. More than I saw before. So I used to see a lot of mark ons prior to the pandemic. Now, after this pandemic, I'm seeing a lot of klebsiella.

I'm seeing a lot of funguses in the sinuses. So different infections. and I'm seeing all of this in conjunction with the tick borne diseases. So, so, you know, my style is, is, is a little bit different in that I'm, I'm, I'm going after all kinds of other infections and, and I might not get to the Bartonella right away because I'm modulating the immune system.

I'm working on the gut because I know most of the immune system. This is the more natural. Apothecary. Right. And then modeling the immune system, the immune system.

And most of that is created in the gut. So once I've done all those all those layers, I might add in Bartonella herbs, or I'm going to add in herbs for viruses.

Going back to your question. Right. So like Andrew Griffiths as well. and high dose for him and see. Right. And then we see a lot of recovery. do you, do you race in that you like the natural killer.

So ones like the transfer factors. three six beta glucan. Do you like those also for raising the. Because we've been testing the natural killer cell counts and function and finding they are low in some of these people, which obviously is a disaster if you're dealing with chronic viruses.

And of course, you may maybe at risk for cancers, but are you using those things also to modulate the natural killer cells? I am, but I like tb4 peptide for that as well.

So I'm using Tb4 to comment down. But T1 is also going to modulate as well. So I'm using those two peptides a lot. I just with the advent peptides and find that things are happening much faster.

So patients before I use peptides so much who maybe would take five years to treat, they're now taking two years or one year. People who take two years, who would take two years are now maybe 6 or 8 months.

So those peptides, they've been just a godsend for for my practice, I had to say that. Great. So what other concurrent issues? I mean, we've been talking about that you're having having to work on the gut, having to work on the detox, immune modulation before you sometimes get to, to these bugs.

any other concurrent issues you think are, like, the most important? Because the downstream effects of inflammation we've been seeing, we do see mitochondrial dysfunction in about a third where, you know, mitochondrial regeneration helps.

We see positive side of Nami and probably at least 40 to 50%, right where we've got to modulate the autonomic nervous system. but but also we're seeing, of course, you know, autoimmunity and, and people with hormonal disorders, men with low testosterone, people with low adrenal function.

right. I mean, we're seeing all of this apart from neurologic issues and the rest, you're seeing the same concurrent overlaps in your population. Yes.

Yes, absolutely. We speak we speak the same language. I mean, yes, all of them. And so one of the main things I'm seeing at first I'm and keeping my eyes out for right is this immune dysregulation.

So I'm talking about that. I'm talking about a hyperactive immune system and a weak immune system at the same time. So hyperactive meaning they've got, well, my window just fell down the screen.

Just found an excuse that so hyperactive, meaning, they've got on immune conditions. Right. So for our patients listening, rheumatoid arthritis or Hashimoto's or scleroderma, things like that.

Lupus. So a lot of autoimmune conditions and we're seeing mast cell activation syndrome. So that's the hyper activity in the immune system. On the other hand there's a dampened immune system.

So we're seeing that the can't mount the appropriate immune response to kill off all those concurrent infections that they have, or their immune system is more permissive to infections that they are, exposed to, or like we're talking about earlier, the infections that were once dormant, they they're easier to wake up with with a, with an insult, a say spike protein from Covid.

So this, this hyperactive immune system, this weak immune system concurrently. This is where I use peptide peptide therapies. First, I tell my patients like having an untrained fighter in the ring.

The fighter is throwing kicks and punches but in the wrong direction and at the wrong person. So I'm using the peptides to just modulate that immune response first.

Right. And then I'm seeing of course, the nervous system dysregulation, just like you were talking about the pots, which leads to, you know, or the autonomic nervous system dysregulation, including parts and issues like maybe low to slow motility, the stomach not emptying, too much sweating or not enough sweating, vagal nerve issues.

But then we know might not necessarily be the vagal nerves fault. All right. It might be that the organ itself, an irritated gut, is irritating the vagus nerve, which then irritates the other organs that it's innovating. So.

So I'm working with the nervous system. A lot of people, we can't even come in through that, through any other doors until we manage the nervous system and of course the GI issues, IBS, inflammatory bowel disease.

Long COVID, Viral Reactivation, and Immune Support

And we know it's it's usually a combination of the microbiome, leaky gut, nervous system dysregulation, structure integrity issues. You know, Barton Bartonella and Lyme love the gut.

All right. And then pain and then the connective tissue weakness. This is a big one I'm sure you're seeing this as well. So we're seeing a lot of people who have lax ligaments.

They've got cranial cervical instability or I'm seeing, uterine prolapse or people losing their teeth when they should not be losing their teeth. They have great dental hygiene.

It's about those lax connective tissues which I've seen the peptide GHQ help wonderfully. It's it's changed people's lives. We have who have those those lax connective tissues.

And then of course, the hormonal dysregulation that you talked about, I see my young male patients with testosterone off of an 80 year old men or or young women with major, hormonal imbalances.

So these are things that we see, right? You see, it sounds like you're seeing all 16 points on the message model that I've been describing. And and by the way, regarding the immune deficiency, do you have to get your patients on, subcutaneous immunoglobulin looks like chi centric.

Covet. True. do you manage to get a monument IVIg? Because we find that we're finding a lot of immune deficiency also, of course, overstimulation with autoimmunity.

But a lot of my patients have low IQ levels, low subclass levels. I mean, they won't fight the infections unless they get their immune system up. So are you concurrently using IVIg or subcutaneous in some of these patients?

You know, we're going to start getting it more. So we use it when we can. We've been able to only order if we have a neurologist on board. Oh, really? Right.

you know, I think I think I think we'll be able to start using it more, which I think is just so important. Yeah. California sounds like they may be a little stricter.

in that range, we have someone, who used to work with diplomat. David. He used to come in all the time, and he would get us approval, actually, all the time for IVIg or Subcu when we needed it.

Yeah. We didn't. I mean, we have obviously sent him to a neurologist. but we find we can pretty much do it ourselves a lot of times. But we have used, you know, people who've helped us to get the approval through the insurance companies because you have to go through a lot of hoops.

and I, I think it if you need the name of this person after we're done, I can give you the name of, David's contact information. I think their company is probably nationwide.

You may find if you're trying to submit your insurance, you may need somebody like him, who might be able to be the front person, who might be able to get.

Thank you. Yeah, yeah, yeah. That's great. So, look, I mean, I think so what you're describing with the lime of not being the correct name is you're you pretty much.

I mean, the word I've used is limited because it reminds me that I've got, you know, six overlapping factors of inflammation and ten downstream effects.

16 it sounds like we're we're talking about the same thing. The most challenging, by the way, for me in all of this is the cell danger response when the mitochondria get stuck.

Because when I've, you know, learned from Bob and spoken to him about that, getting people in safe environments with the climate, the way it is with the wildfires, that of course, you've been seeing in the mudslides and the it's not

the easiest in the world for people to find safe environments these days.

And, and also, Bob was talking about needing in some of these people to increase the extracellular ATP, like when he was using sermon right in, in that population for autism.

And their brains woke up and it's like, oh my God, why can't we get this drug, you know, for the autistic population here, the closest I found to that drug from Hopkins studies was sulforaphane, glucosinolates, broccoli seed extract, which seems like it had maybe some modulatory effects in the same way in the autistic population.

But I find that's the trickiest one when these people are sick, when they've already detox them old, you know, we're clearing up of the infections, we're dealing with the pots, we're getting them to sleep.

We're healing their leaky gut. we've dealt with the immune deficiency and they still are stuck. And a lot of times it might be cell danger. I find that's one of the most difficult ones, actually, with the chemically sensitive patients to get them through.

Right. I will agree with that. Absolutely. And, you know, have you noticed that if they're given mitochondrial support early on, it doesn't work or backfires?

Correct. Right, right. And, you know, it's because that that the mitochondria aren't they're not sick. They're not broken. They're just doing what they need to do in that moment to to protect the rest of the system by sending that ATP externally as a warning signal to the rest of cells.

Hey, we've got some danger here. We've got to protect ourselves. And so if we throw in antioxidant support when the mitochondria are creative acts, creating oxidative stress on purpose, at that time it's just not going to work.

Or if we try to rev up the mitochondria and bring them up, but they're creating more ATP and it goes more external. It's the person's not going to get more energy.

And so usually saving mitochondrial repair work for after I think I think of it is is two sections like we're in the the treatment phase like everything we just talked about like working on the I work on the downstream effects first, then I bring in detoxification and maintain the downstream effects.

Then I bring in working on the triggers, all of it at the same time. I think of that as treatment phase. The next I think of it as being in the repair shop.

That's when, using the peptides, it's actually going to start retraining the nervous system. At first they're just great Band-Aids. Right. And that's. Yeah.

So in the repair shop section, it's when I start to work on treating the mitochondria, maybe using Nadh or having them do, red light therapy, things like that.

Or and we we've developed the mitochondria the way I've done it now with the Daptone protocol is I routinely give it after they're done with knocking down the biofilm.

Persist your load of the bugs after IV because, I mean, any drug you give these days, just living on the earth, there's a lot of free radical oxidative stress.

So your mitochondria are having a problem no matter what we do, whether we treat infections or not. But I do find that it works better, as we were talking about after the daptone therapy.

and that's why I will routinely do a month of it afterwards. ATP 360 CoQ10, acetal l-carnitine. now, my a winner with Nick at Tennessee right beside I use Mito Prime from Simonton.

Immune Dysregulation, POTS, and Connective Tissue Issues

I'm starting to look at your olefin and a, I have an integrated as much yet, but I'm looking at it for some of the resistant patients. But yeah, definitely.

I do think the mitochondrial support works much better. after you've knocked down the load in detox, because you're not in that danger zone anymore and the mitochondria can get unstuck from the cell danger response once that's happened.

Right. And I find that with with the brain support as well as well. So using the peptide nootropics have just been a game changer as well. But to use them after I've noticed that they don't work so much when we're in that treatment phase that that I was talking about.

So I like to use see link. See link is an anxiolytic, but it also brings down inflammation in the brain and C-Max which helps increase Bdnf and also helps to bring inflammation down in the brain.

And they hexa that's another peptide for when we're looking to to get into more creative brain processes. So again to views more towards the end of treatment.

So that I'm using the nootropics and mitochondria support towards the end as well. great. So you know, we've been talking you were talking earlier about detox, but what about detox?

I guess this is one of the things you're also doing. You want to talk a little bit about how they differ and what you're doing exactly for these patients.

Yeah. So I have been, you know, I thought I coined the term detox until I talked to Chris Schade a few months ago. And he said, actually, there was another natural practic doctor who use that term, and she used it in, in, in terms of, of, of preparing people for detox right before doing cellular detox to, to remove toxins more generally.

But I've been thinking about it a lot in a different way, in a way where it relates to chronic illness, and it's really about setting the stage for people to be ready for detox.

So as, as you know, when I'm explaining to our patients, our population listening that the the toxins have to, you know, before we do a cellular detox using certain substances like, medications, I. V.

medications to pull out metals from cells IV, EDTA or DMPs, for example, or before using phosphates. These are glutathione to pull toxins out of the fat cells.

I want to make sure that the organs of elimination are ready for this. So a lot of our patients have genital urinary issues or their liver enzymes are high or they have gut issues.

So I'm working on the terrain of their body, making sure that the organs of elimination are prepared and ready for this flow of toxins that are going to come through.

And that's really what I mean when I talk about detox in, in the context of people who are sick. So I'm preparing them for, for environmental, toxin treatment, which, which I'm pretty heavy on at.

Yeah. So that that's and then, you know, also working on their hormones, all the stuff we talked about like working on what's downstream first. Yeah. No, no I think it's important.

Now earlier on when you were talking about your method of treating patients, you mentioned something about using the right brain, intuitive side apart to gathering right.

All the information from the left brain. most people know I've been a Buddhist practitioner for over 40 years, and I've studied meditation with Tibetans from, the lineage.

And I think, truthfully, the right brain intuitive is a very important aspect when you're dealing with chronically ill

people. Because as you gathering this information, you can find literally 16 things that are wrong.

But you have to kind of have a hierarchy of figuring out what is the most likely cause. Right? Where do you have to start? Right. So I think there is a part of gathering the information, but then understanding almost in an intuitive gut level, might the, one of the teachers that I have, she's a psychiatrist, who actually is an intuitive, Doctor Schultz she used to use the term.

Got it, got it. Like, did you get it? Did you got it, you got it. So you need to use that gut so it sounds like you're also using. Is it something you naturally came in with or something you actually developed over time to help your patients?

Both. So the first thing I want to tell you is when I had that lunch with you, had eyelids and I looked in your eyes, I could see, I could see your own clairvoyance.

I could see who you are. I could see your intuition. And it was so beautiful. And, And I knew I didn't even have to ask you. I knew that you use your intuition. It was.

I was lucky to see that. And so I, you know, I came in myself, a very intuitive person, and, and my, my family has a Sufi background. And so my dad actually taught me a lot about energy and about reading it, feeling it, sensing it.

And then over the past almost decade, I've been working with, indigenous healers. I, I have a couple of teachers, and I also go to the Amazon, to the jungle to work with, the wisdom keepers.

And Eric comes with me. Actually, we have the same teachers and and working, working in their ways and really, really working on our self cleansing ourselves.

Right. As much as we can. Because life always brings stress. And I don't want to accumulate it because I know if I'm accumulating that in my being, if I if I'm working with, with, with unresolved karmic patterns, how can I be there the best for my patients.

So so we're always meditating and working to, to clear our own internal path. And as we do that, our comprehension is open. And I'm always praying for, for my comprehensions to, to to grow my comprehensions in the grand mystery of our existence.

But also with each patient I want to I want to be able to see them through the eyes of what is what is real, not through my own film. so know that that's beautiful.

You are very lucky, by the way, to have someone in your family teach you. There's a beautiful spiritual realm, of course, being Horowitz. Obviously, I.

I came in Jewish with it, but I was studying Hinduism and Buddhism early on. In fact, I also studied with, shamanic healers. I went down to Mexico and studied with the witch shamans I've got, which I'll John paintings all over my house.

you're actually seeing two of them in the background here, by the way, that you're seeing on both sides of the Medicine Buddha that those are actually from the Witch Hills.

but but you're right. I mean, I think learning from these wisdom traditions and natural healers, it's not something it obviously is a natural path. This is something you might have had more of a tendency.

But I always realized, you know, even as a board certified internist, there was a lot of wisdom traditions way before we came around doing classical medicine.

And I was always interested to find out, you know, how they worked, how they got their tribes better. and I always found it, you know, really, really interesting.

And, and I did read up, by the way, in The Sufis years ago. And, it's all of the traditions, I think all of these traditions, they have a wisdom component that is just wonderful.

Cell Danger Response and Mitochondrial Repair

I actually wish more people would learn about all the different ones to understand how they all kind of like they all have their specific flavor to it, but there's underlying principles, right, that are that are always the same as far as love and compassion and and caring and yeah, and especially with healing regarding, this aspect of it, the notion of your intention towards other people, I don't think people realize that sometimes the success we may have is because you actually really care about people.

You really want to get them better. You care about the person, they feel it. They know that you care. So it's not just all the herbs and the peptides and the drugs and the things we're doing.

I think it's also us. The fact that we care and people know they're supported in the process. And that's a little bit subtle, right? That's not an easy thing to be able to always quantify.

as far as sometimes why we may have better results, you know, and it's always difficult to know, but I've always found it fascinating. Yeah. Thank you for sharing that. That's that's great.

Yeah. Everything you just said, it's I think it's the glue that holds all of the biochemical processes together that we're trying to manipulate in the patient.

It's that love, it's that compassion. It's the our own clarity. And like you said, just caring for that patient. Our patients know that we're coming. We're coming with love for them. They know.

Yeah. And I think it heals. Yeah. And you know, the healing process you were describing just earlier that a lot of these people, I affectionately refer to them as the walking wounded.

I had my own trauma when I was a kid with emotional and physical trauma. I understand trauma, and I would probably say somewhere between a third and 40% of people come in, mostly women, but sometimes men.

There's big trauma. And I've learned over the years you can have all the infections you want, but if the trauma is affecting your immune system in a way that you don't feel, you deserve to get better, because it's kind of like the Mia culpa, mia culpa, there's something wrong with me.

I don't deserve to get better. It's almost like the immune system gets wired in a way that it interferes with your own healing process. And I've seen people do very deep healing.

under a hypnosis some another ways. Right now, we probably use the anti hopper dynamic neural retraining or gut to amygdala insula retraining as ones that I suggest to people.

But I think doing that, you know, physical, mental, emotional, spiritual aspects of the training, I think that point of healing is very necessary. And a lot of people you're right.

I think that emotional part of the healing is something we overlook. especially since the Covid pandemic has caused such havoc in families in the United States who have lost loved ones and everything else.

I mean, so much of the country is dealing with depression or anxiety. You can't ignore it. You have to include that in, you know, how are you going to get this person healed?

It's not just healing the physical. I think the emotional, the spiritual, the rest. I think it's important. It's something we probably miss a lot. Yeah, it's something we we do a lot with our with our patients.

I take it really seriously. You know what you said about the the traumas affecting the immune system? I, you know,

there's research on it, so there's scientific data on it, but we see it, we feel it's very heartfelt.

We know and, and and like you said, the whole population is dealing with this. So not only are we having dormant bugs wake up, but we're having depression and trauma wake up as well.

And a lot of times we can't even treat the bugs until we work on on the nervous system, work on the immune on the immune system. So the the emotional, emotional piece then then the immune system starts to regulate a little bit on its own.

Then we can come in. Where I think it gets very tricky because I do see a lot of people who have been wounded where it's I think the trickiest is that Borelli of the Bayesian Bartonella all increase the emotional reactions.

Right? So what you're dealing with is you've got this underlying trauma, the bugs come along, they're heightening. Right. The. Worse, Bartonella is causing OCD.

The Bartonella is causing psychosis. It's very, very tricky because you've got to heal the underlying. and of course, getting the in balance. And it's a it's a tightrope walk for some of these people as far as where to start.

And I and in some I do notice I in fact, I just wrote up several case studies, we submitted to the literature and one of the case studies, I'll hopefully be published in the next month.

This woman had trauma. She also had Covid 6 or 7 times during her illness and never got long Covid. But the amount of healing that this woman did to heal her trauma at the same time of getting the Covid boosters and getting the injections and taking Paxlovid and doing everything we did, and treating the infections and treating the adrenals and doing all of this, it was ultimately what got her across the finish line.

She's now one year in full remission without any symptoms whatsoever after six, you know, bouts of Covid. And it's like, boy, but we had to work on every aspect of everything you and I have been talking about today.

and especially the emotional trauma, which was really playing a huge role. So I'm, I'm glad we brought this up because it's I don't think we've talked about it enough during the summit.

And I, I think it's something that really needs to be highlighted because it does interfere with people's healing. Absolutely. So thank you for bringing up with me. I yeah, of course.

I think it's so overlooked and so important. Yeah, yeah. So you guys. Have recently merged Pacific Frontier with Gordon Medical right to now do Lyme and virally acquired illness.

what is happening with this merger? What do you think? How do you think you're bringing the best of both worlds together? Because obviously Steve Harris is one of my favorite people in the world.

so, I mean, I love Steve, and I've known him for a very, very long time as, as far as Nick and the whole family. So how how is the merger happening? What are you guys doing together?

Well, first of all, we were talking about you last night. Your ears might have been, burning a little bit, saying all the wonderful things about you. They're. They're hard to say. Right. And, you know, Steve was trained by you.

Who's trained by the best, right? So. And he is one of the he's one of the guiding lights in the, in the Lyme world. And so is Eric. So we've got these OGs right of Lyme at the clinic.

And then we've got, we've got us the younger doctors. But we've been doing this for a minimum of of a decade, ten, 16 years. Each of us. So there's me and there's Doctor Sugden, Doctor Kunkle and Yvonne Sorensen, who's Steve calls are the best PA in the industry.

Detox Preparation, Intuition, and Emotional Healing

So we've got Yvonne to me. I mean, she's absolutely amazing. I've known Yvonne also before. She had kids, after she had kids. I mean, she's she's a fabulous human being.

That's wonderful. So, so I feel like we have we now have this think tank. So we've we dear friends with Steve and we've shared patients over the years and we've had many, many conversations.

But now under one roof, the think tank, it blows my mind, right. Because it means there's so much more that we can offer patients. I would even say that with this combination of doctors under one roof, I would call this the premier Lyme clinic on the West Coast and with with this.

And so that's just it's just super exciting to have the OGs and then the people with younger blood who've been doing this for a long time and have had the mentorships from the right doctors to to bring it all together to people who need us.

And when you say OG, you don't mean the old guys, right? That's not what you're talking. Know, I'm talking about the the people whose shoulders we stand upon.

Yeah. That joke is for you, Steve, in case you listen to this. No, that's that's great. So, you know, I'm sure people are going to want to reach out to you and get more information about you and your clinic.

What is the best email address to contact you? And and Gordon Medical to, to get in touch with you. Yeah. So, so the website is Gordon medical.com, and, my website is an office.

My email is an office at Gordon medical.com. And so then, my staff is going to check that email and. Do me a favor and spell that for people just so that they get the right spelling.

Yeah. It's in like November a F like February y is September a right right. Now that that's wonderful. and I agree with you. I mean, I think putting together the best of both worlds, you know, because you guys were coming from a very strong integrative naturopathic approach.

Steve has also been doing, of course, that for a very long time with his approaches. I know his approach as well. but also, of course using other techniques.

And as I said, when I spoke to Eric at eyelids, and I and I met you there, too. please reach out. I'm having great success with the Daptone protocol. and I and I think it will be you'll find that in some of these patients, after you've gotten their immune system ready and you've got their detox, their pretax in the detox and everything kind of in line, you may find that some of these persist.

Your biofilm protocols pulsed because at this point, I've gotten my protocols to nine weeks of an oral generic protocol. Take a break for roughly 6 to 8 weeks to let the counts return from that zone.

And then, if Bartonella is present, two week pulses of antibiotics over, you know, roughly eight months, ten months or a year. And a lot of these people are going into long term remission.

the ones that I'm having the most difficult times with are usually, I've got to go after the babka. It's extremely resistant. Or the mold, they're still in a moldy environment.

So I'm pulling out the mold toxins, but they've got no place else to go. The mold has definitely. By the way, I have a lot more respect for mold over the years.

Neal, Nathan and I used to joke about this, that in my world it was always infections number one, toxins number two. And it still applies. But all of a sudden, I'd say in the last year or two, I have definitely seen patients that the reason they did not respond the way I wanted them to was the mold.

Toxins were there and they weren't even aware they were ever exposed. so I've learned my lesson. as any good

clinician does, doing this in the trenches for so long that I now screen everyone for it, even if someone tells me, doc, I've never been exposed to mold, it's like you need to be checked because it's literally 80 to 90% of every one.

Now I'm checking they're exposed to these toxins, right? Yeah, these these are good lessons you learn over time. Yeah. The mycotoxins. But I'm also screening everybody for the environmental toxins.

In addition, I'm using the igloo. I'm from Germany. And, you know, we can we can really find just so much. It's amazing to see how how toxic people are right now.

And and I marry it with their, with their genetics. Right. So I'm doing the Intelex DNA test. I'm looking at many different systems of their body in their genes and finding a lot of snips in their genes of detoxification and in their, inflammatory pathways, in their hormonal pathways that marry that with the their toxin load.

And it's just it's really amazing with no question. You know, one of the things and I it's it's always a question with like Intelex DNA or any of these genomics ones that are out there.

do you find that the information you get and I know Bob does a much better job than many companies out there, because when you look at his pyramid, it was something like 240,000 genes or something.

He he was checking. But you find that the genetic factors that you're finding, you can actually go over from like the phenotypic expression, like looking at those genetics, what's happening and then biochemically adjusting.

If you find like if some of the theoretical or some of it you're finding really practical that made a difference that you might not have otherwise known.

You know, I think it's a little bit of both. When, when, if I'm not moving the needle on a patient by like three months, I want to order that test because I want to see if there's something I want to see what I missing.

Right. What where should I go next? A lot of the times it is I've done that test enough, right that that I can suspect that it is about the inflammatory pathways.

It is about the detox pathways. I feel like it's confirming what I already know now at this point. But the patients love to see that data, though. Yeah. Help validate them. Right?

A lot of times people are patients are told they're they're making this up or they're crazy. And then they start to think they're crazy or they're making it up or this isn't real.

When they have that genetic data in front of them, they can show it to their family and loved ones and be like, no, this is real. Look at this. Right? Yeah.

No, there's no doubt. I mean, and in fact, the doctors that usually tell patients it's all in your head, the joke I used to use with patients as well, they were right.

It is in your head. You've got spider chaos in your head. You've got neurotoxins in your head.

Clinic Merger, Testing, and Closing Remarks

But of course, these doctors were not trained in functional integrative medicine. They didn't know the right testing for tick borne. Right. They didn't know to look for mold toxins and metals and glyphosate and these type of things.

Classical internal medicine is great. I mean, it's a wonderful field and I've learned a lot obviously with all the training. But without the integrative portion.

In this day and age with chronic disease medicine, it's very difficult to deal with these chronically ill patients unless you've had a good functional medicine or naturopathic background. Right?

I, I had to kind of teach myself the naturopathic ways over time. Although, you know, my medical training in Belgium probably gave me a little bit more of that because it was a seven year program, not a four year program, and it was like two years of functional biochemistry.

It's like, I beg your pardon? It's like, wow, two years of anatomy. It's like a year of ENT, a year of dermatology. And it's like these guys really pushed it in all levels.

So, but I think you have a distinct advantage for the Naturopaths because you're kind of given what the terrain, that notion of terrain is a classic naturopathic way of looking at things.

And I don't think it's stressed enough, right, in the way we normally look at things. And it's clearly important with chronic disease medicine. So yeah. So that's great.

Listen, I really enjoyed talking to you today. This has been this has been a great conversation. anything else you think we missed or we didn't cover with this?

before we wrap up. I feel like we covered and I can't read everything I want to say, so thank you for having me. No, no, no, it's it's my pleasure. So.

So those of you again, who've been, who've been tuning in, my name is Dr. Richard Horowitz, co-host of the Healing From Lyme summit. I've been with Dr. Nafysa Parpia from Gordon Medical.

They just merged with Steve Harris on Pacific Frontier. And I think you're going to find, for those of you sitting on the West Coast, you're going to find it's a great resource.

for those of you who've been ill who could not get better. so again, just one more time to get in touch with Gordon Medical. And you just so people can write this down.

Yes. You want to go to our website if you're interested in becoming a new patient. There's actually right on the homepage. There's a button for you to click on and it'll put you in touch with our new patient coordinator.

And that's the best way to get in touch with us actually gordonmedical.com. gordonmedical.com okay great. Listen congratulations. you've got a great team of people there.

congratulations. And I would suggest also just a little to try and publish some of this work that you're doing because I think you guys are doing very, very important work.

And I don't think there's enough on some of the integrative naturopathic solutions that you're looking at. I think the medical literature could use it.

so just I would just suggest as you're doing this going forward, take a look and see as you gather the data, because that's one thing I've been trying to do over all these years is not just talk about it, but make sure I keep throwing this in the literature for other people to grow from my experience. Right?

Just like I've grown from Dr. Bruce Kone's experience. And, Sam Thornton can lead now, right? All the the giants on whose shoulders I've stood on. Right.

I mean, we're we're all learning from each other, right? As, as the years go on. So, real pleasure speaking to you. You're, you're very bright. You're clearly motivated.

I love the approach that you're doing. it was a great talk today. I know people are going to enjoy it, so please say hello to Steve and Eric and and the whole group.

And I look forward to hearing great things from the clinic. Thank you so much. Okay. My pleasure. Goodbye everyone. Will hope to see you again on an episode soon for the Healing From Lyme Summit.

Bye bye.