Introduction and Guest Background

The thing that keeps people ill, chronically, generally is your body's compensation for what's happened to you. It's how your has learned to live with it that is the problem.

We normalize the abnormal. So we learn to with specific symptoms, or we just identify that as now our truth, right? There are times when you do have allergy to foods, but there are sometimes when your just feeding the wrong bugs with the foods.

And there's sometimes that your your mass cells or other immune cells in the gut have become so activated that anything is a danger signal and then you think you should stay away from it.

If you're someone who's cutting down their foods to like, I have six or seven or four safe foods, you've gone too far. You are gonna hurt yourself. Welcome to the TBD Fit podcast on Dr.

Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, and everything in between.

Come join us. Look forward to seeing you inside. and other chronic inflammatory conditions with more than 45 years in clinical practice. Dr. Gordon is known for working with patients who don't make sense, which we see continue to rise and how kind of conventional models of care unfortunately fail.

He looks beyond diagnosis, identifies patterns. and applies treatment strategies grounded in systems biology and cutting edge research. Today we'll be discussing some of those therapies, the do's, don'ts and where to start.

Dr. Gordon, welcome to the podcast. Thank you. A pleasure to be here. Always just amazing to share ideas. I mean, I love doing these podcasts because it's always a chance.

So I loved starting every episode by learning the journey of the guests. What is your origin story? What has driven you to do what you do today? Well, mine is pretty simple.

You know, bad diseases. Um, listen to my patients. How do you say in medicine, in training, doctors often, the first two, three years out of medical school, you're in residency and a fair amount of that time is spent in emergency rooms and in clinics, outpatient clinics.

And you're taught there to be some kind of detective, to make sure the patient isn't, you know, telling you a story. But that's just not how people come to see doctors when they go to their offices.

You know? They're going to the offices because they want help. They are not trying to game the system. And unfortunately, those early years really shade how doctors listen to patients.

The other big thing is I always knew that I didn't know everything. So when someone explained, gave me symptoms, it didn' make sense. I didn't assume that they were making them up or they was psychological.

I just assumed that, you know, I did know I had to keep looking and that I've discovered it seems to be something that you, know that yeah, it doesn't happen enough in medicine.

So if you just listen to people who have been ill for more than a few years and haven't gotten better, You start realizing that. You have to track down.

And I think most important thing that i want to emphasize here is people talk about root cause medicine and my

only issue with the root-cause medicine, because it is important to, you know, remove the, I'd say the bullets, or the arrows that are sticking out of you.

But the thing that keeps people ill chronically, generally is your body's compensation for what's happened to you Okay. It's not, you know, I mean, like, so yes, if you have to treat the disease process itself, but off times, especially when, when people have been sick for, five, 10, 20 years and the diseases isn't killing them, their body has learned to live with it, But it's how your body, has learnt to, live, with, it that is the problem.

And that, is just a, I think a different way to look at things than most clinicians approach problems. Yeah, looking at someone's allostatic load and then how that manipulates their homeostasis, if you will.

I thing that unfortunately all too often, I say this all the time, we normalize the abnormal. So we learn to live with specific symptoms or we just identify that as now our truth, right?

And sometimes how the body compensates is obviously signal. And we were talking about some things offline, which I'm sure we'll get into today's podcast.

But in terms of where you start tracking, so looking patterns or specific diagnostics, People that are coming with some of these more, not necessarily rare symptoms, but things where they haven't been identified, right?

In terms of a diagnosis, if you will, or autoimmune conditions, where do you start the process of understanding what someone is growing through? History as always, you know, I mean, it's just their story, and after listening to stories, yeah, the story.

But again, what you're really asking is that we've come to learn is, that usually it is some toxic load that's way, way back underneath the pile. Okay.

Um, chronic illness, you know, if somebody comes in, somebody's bit by a tick, like, and they have a swollen knee and, they've acute Lyme disease, we can just treat the Lyne disease.

Compensation, Root Causes, and Chronic Illness

But if it's now three years later or 10 years, later, And they kind of remember that tick bite and nobody paid it attention or they gave them three weeks of an antibiotic or maybe just a week.

You know, we figure that lime is playing a role, but we no longer just pull out the lime antibiotics or herbs or whatever your treatment modality is because by this time, I said the compensation that the immune system is made to live with this bug is causing trouble.

And the reason that they didn't clear it, because most people who have the common infections that we see all the time, Lyme, Bartonella, Babesia, you know, EB, the viral things, COVID, most people clear these.

You know? Most people do fine. So it's not the bug. It's, it, It, it's the person. And the, person is their environment, their genes, of course. What I've really been going deep on, I said, my original love was biochemistry.

Never was great at it, but I always felt that like, oh my God, if we only understood the bio chemistry, we'd really understand the disease. And I think there was something back in the 70s, 80s and 90s that was popular, it's orthomolecular medicine, which was introduced by Linus Pauling.

I love the concept. but I didn't have much success with it. And I think that's what happened to a lot of the doctors who were practicing what we called alternative medicine back in the 90s.

But we kept thinking that we were going to use vitamin C and vitamin D and Vitamin A and all these other good things and antioxidants to get people better.

But as you well know, that is helpful for healthy people. It can help you optimize your health. But when you're sick, just feeding people nutrients often isn't working.

And so what I've been really going deep on is why. I mean, that's always been why the antioxidants didn't work really bugged me for a long time and why that famous shopping bag full of supplements didn' work.

We saw that. People, they would try so hard. They'd be taking 50 things easily a day and very religiously and nothing would change. Back in 2013, 14, something like that, a friend of mine sent me a paper by Dr.

Navio, Robert Navia, about who developed the concept of the cell danger response, which was built on many other, as he always likes to say, he didn't just make it up.

It was like all great ideas, built in many people's shoulders, so to speak. And this helped me understand why the antioxidants weren't working because the mitochondria weren' working.

And the mitochondria weren't working because they were broken. They weren''t working, because the signals they we're getting from the environment was, you know, your infected don't produce lots of raw materials for the bugs or the viruses, and that's the ancient response.

And understanding the cell danger response got me to like back off on trying to find the perfect supplement for people, but it still left me a little you know, what to do.

And the last year I've been working with a fellow called Joshua Leitz, who is not a doctor, engineer, which is always interesting, but who had a great interest in biochemistry and biohacking.

He had friend who got chronic fatigue and started to really study it from a systems approach without any biases and came up with some Really interesting ways of looking at it and understanding that this, what often happens is inflammation in the gut, long-standing inflammation of the got chronic low level interferes with the absorption of, of.

Trace minerals just as a start. And when there's inflammation, the guy, we also make more acid aldehyde or aldehides basically. And aldehydes are chemicals that, you know, people think of it when you drink.

You break alcohol down into an aldehide first, and that's what often makes you feel not well. Your body has to metabolize that. But if you fail to metabolism it, You kind of feel kind hung over.

And I noticed a lot of my patients. who could, you know, before they got sick, especially it was really clear with COVID, we had a lot of, very strong, healthy, athletic young men, 30, 40, 20,30,40, who suddenly were very ill.

And one of the chronic complaints was, not complaints, but things they noted is that even a sip of alcohol, they felt really lousy the next day. And so we started going down the aldehyde route and that's how I found Joshua's work.

So long story short is understanding how important rebuilding the nutrient base is, which is something I tried years ago, but I try it without a map. And now we're developing more maps to go in there and see what is needed and understand what's blocking.

Because when there is chronic inflammation in the gut, the trace minerals are just not absorbed well. You know, your body, this is this cell danger response.

Again, The response of the system when you're inflamed, if you have an acute infection, okay, is to limit trace mineral absorption because many of, you know the usual threats to our life.

bacteria and viruses depend on trace minerals to replicate. So your body kind of shuts down absorption acutely. But like everything your does in that first few days of infection should last only a few to a week, two weeks, three weeks.

But it should turn off relatively quickly. That's the difference between acute illness where you get a cold, you got the infection, the symptoms and your body knocks out the pathogen and you recover.

All is good. You start to go down this slippery road of malabsorption of minerals, mal absorption of vitamins, and your vitamins don't work without the trace minerals.

That's the big kicker there. Your energy starts to grow and in time. You wind up with a little bit of acidosis, which I know that's something that is dear to many people's hearts, the chronic acidosis of chronic illness.

And when you have a acido, you pee out more trace minerals. So you're losing it on both ends. You're not absorbing and you are getting rid of it faster.

It's just that you wind with less and less energy and the less ability for your system to recover completely. because you know, uh, your immune system needs energy to work well.

Your brain needs to energy work. Well, and when your brain isn't happy, you're immune. So I, I'll stop for a minute and take a breath and let you throw some questions out there to make, to elucidate this.

If I'm going to get deep into the weeds and go down as many rabbit holes as needed. And so when we start with the cell danger response. So what happens is the cells enter this when they detect infection from a myriad of different assaults, obviously toxins, physical injury, chronic inflammation, sedative stress.

And then looking at mitochondrial dysfunction, we see this normal energy production shift into oxidative phosphorylation. So there's more reliance upon glycolysis and then ATP is now released outside the cell and with this extracellular ATP.

This acts as an alarm signal, so it activates the immune system and inflammatory pathways, which there's an increase in cytokines and microglia and repair pathways need to be turned on, but people are stuck in this constant immune dysregulation.

kind of adaptation where they're stuck. Now you have a greater production, which we see in prevalence of candida and yeast and this acetylaldehyde. Obviously you more aldehydes.

You mentioned acidosis and then not only resorbing, but you're screening more. What is your strategy? How do you start with someone that is stuck? Like you mentioned MAPS, right?

So what is, I don't know if that's an acronym or you specific MAPPs in terms of treatment or guidance. But how are you kind of alleviating that? Obviously it's contextual, right?

What's producing that, but in terms of the acid, the aldehyde in your maps, your treatment. Well, yeah, again, it depends on what's causing that in the gut because it's so many of the bugs that we have.

In the old days, when microbiome testing was easy, there was a time when you got four or six bugs and that was it. You got three good bugs, lactobacillus and diphthylobacter.

Maybe it was the healthy E. coli, and then you got Klebsiella, Citrobacter, Pseudomonas. Those days were nice, but what's interesting is all the bad bugs that we always thought were causing trouble when they were imbalanced, we saw a lot more of them than we should have, those all are acetaldehyde producers.

They all produce this chemical that… then depends on, you know, systems in your gut, in you liver and throughout your body to deal with. And so, I can tell you, no, don't have a map.

I should say that I, Joshua Lease, he has a math, but I still work more from, use his map a little bit on the side, But I'm still looking at the patient and go, okay, like you're inflamed.

What can I do to bring that down a little bit while we're doing anything else? And it depends on what's up. There's some people who have a lot of mast cell activation, so we do have to start using medicines or herbs to try to chill that a bit.

I mean, that's where if possible, peptides come in right off the bat using Sometimes lorazotide, which is a peptide that works to quiet down inflammation in the gut.

It's used for inflammatory bowel disease, but basically anything that crosses the little more zonulin or doesn't need the zonulin, but just any more leaky gut, so to speak, is going to have a lot of inflammatory effects on the body.

So that's always a nice place to start if you can. I mean, again, most people do what I have to emphasize for people to understand when I'm talking, when speaking is that I spend my life with exceptionally exceptional people these days.

It's most people luckily respond to a lot of these interventions without problem. Okay. The people I see are the folks who generally have been to very good doctors and have tried most of the interventions and flair.

So I tend to can sound like, oh my God, everything's going to blow you up. And that's just not true. I mean, the vast majority of people tolerate all these things I'm going to talk about without problems.

My population, I have people who loracetide will make them feel terrible. And I don't quite understand why, but it does it often enough that I know it's real.

But for the vast majority of people, changing your diet is going make a big change in people. Just cleaning up the diet, it is gonna be good. Usually the folks I see have done that, in fact, too much.

One of the big great problems is people who restrict their diets because they're, quote unquote, reacting to foods.

Cell Danger Response and Gut Inflammation

And there are times when you do have allergy to food, but there's sometimes when your just feeding the wrong bugs with the foods and there is sometimes that your mass cells or other immune cells in the gut have become so activated that anything is a dangerous signal and then you think you should stay away from it.

If you're someone who's cutting down their foods to like, you know, I have six or seven or four safe foods, you've gone too far. You are going to hurt yourself because you will be malnourished over time.

I mean, I've seen people do very bad things to themselves by living for years on these restricted diets. the brain comes in is to sometimes understand that what it to be able to begin to discriminate what's really danger for you and what just uncomfortable for.

And there's two ends to that. You who work with a lot of athletes will see people who probably push through. I mean, that's the, and, I have been fooled by athletes.

You know, I can take this, give me more. And on the other hand, we have people who are more like me, who non-athletic, when it hurts we want to stop. Those people often stop too quickly because it's all about self-protection.

This is all about protecting ourselves. So where we go is looking at obviously the environment. I mean, and we were talking about mold. Mold is a big top layer.

Okay, not everybody has problems with mold, thank God. The mold is part of the environmental. We shouldn't have problems. But our bodies should be able to handle it.

I mean, but once the inflammation starts and the immune system starts to get upregulated and dysregulate it, okay? So you're no longer able. Quiet down minimal, minimal signals, you know, mold can hit toll receptors and all

kinds of things and minimal.

Signals that your body should go up. not a big deal. My example of this is you don't feel your buttocks until I mention them and now you realize, oh, I'm sitting on something.

Well, the way that the spinal cord kind of filters out information, well, your limbic system should also filtering information and not overwhelming you with danger signals.

But as we said, when the inflammation stays and you did a very, by the way, it was a nice job of the CDR. I really appreciated your concise overview of it.

When this extracellular ATP When your mitochondria keep doing that, keep putting more and more extracellular ATP outside the cell, that's a very expensive thing to do.

Eventually, the body's response to that is to sensitize the ATP, there's like 17 we call pureinergic. These are the receptors for ATP and AMP and ADP and adenosine and a bunch of other purine molecules on the cell surface, and your body begins to upregulate them.

So it needs less ATP to send the signal. After a while, less and less dangerous signal of the extracellular ATP being the danger signal, still provokes the thing response from the rest of the system.

And that happens obviously in the nervous system where we have people who start, you know, they wind, I mean, the extreme people, who wind up in a darkened room, with blindfolds on and earplugs.

You know? And they can't take any stimulation. Everything feels like an assault on their system and they're worried if they have an exposure, their going to crash.

They're going even feel worse. That is an extreme case of sensitization. Now, thankfully, that is rare, very rare. But there's gradations all the way through to get there.

And that's where we get into that mold world, is that most of us, I said, tolerate it fairly well. If you're in a moldy environment, which can be hard to tell because it doesn't always smell, you could be having the same, because the smells may come from actually some of the bacterial byproducts, not the mold.

But if you're the only one in the house who's ill, it can be hard to get the message that there's a problem in house, in a home. If a few other people are having issues, its easier to go, oh, maybe this is it.

One of the big clues I get from people is I say, go away if can, you know, to the beach, the desert, some place else where people tell you there is no mold.

and see if your symptoms change because that's really, you know, of course we do the mold testing, but I'm not happy with any of that. I would never just because you have an abnormal mold test is never a reason to ascribe all your.

Symptoms to mold. If you want, we can. going to details about that, but I just think that's a great mistake because they're not. Accurate isn't the right word.

One of the labs that uses mass spec, if they find mycotoxins in your urine, yes, you're having exposure to mycotoxin. But you can get a lot of that from food.

That doesn't necessarily mean that it's in, that that is a big issue in you home environment. And because I don't think they've tested enough healthy people to know what really is the upper limit of normal.

I think it's a little sketchy and the same problem we have with the other lab that does this with antibodies. You know, again, the antibodies will get the bound mold, mold that your body has reacted to and maybe has already

bound and made it so you're, I mean, not the mold.

Pardon me. The mycotoxins. Let me step back for a minute while we're on the mold track. I think it's really important that people discriminate between, at least in my mind, between mycotoxin illness and mold allergy.

Mold allergy is also a big problem and it can activate your immune system. but it doesn't tend to give you the symptoms that are most disturbing and confusing.

Microtoxin symptoms are often more the shooting electrical pains, the really just odd, If people read descriptions of Bartonella and Babesia, they can often sound a lot like mold.

But one thing that I think discriminates is a little more of this nervous system impulses that are just abnormal in your body. And that's often a hint that mold could be causing it.

That's not something you're going to get with mold allergy. Anyway, we'll leave that there, but it's important because I think people confuse the two.

But dealing with mold is crucial because it is usually in your environment, in you car, at work, somewhere. And if you don't get out of it, your immune system isn't going to stand down.

It's not going relax. that will keep everything else going. And then the same thing happens if mast cells have gotten activated. If you happen to be one of those people who, you know, always had allergies as a kid, it's a little easier for your mast cell to become activated or just some other immune imbalances that can lead you there.

So those are two things that I think always need to be kind of on the top. And the mold is the most important because you just got to get out of it. You have to stop the exposure.

The mast cell, that's where again, medicines and peptides, we find that in the right people, TB4FRAG, KPV, probably even before TB 4Frag, to layer it in slowly to begin to quiet the overactive immune response.

And we're playing with the bioregulators. My partner, Dr. Parpia, has gone really deep with them. The bi oregulars, I think, are just amazing. We've used them for decades from Europe, but not being as smart as I should be, Okay, when you're treating illness, you sometimes have to use them differently.

The Europeans were always about like, take it 10 days a month for a few months. And when your dealing with people who are chronically inflamed, we're finding that you really need to often stay on them for one, two, three, four months before you can start using them in cycling.

You have a lot of DNA that has to be brought back, working more normal, more normally before can stop the bioregulators. So anyway, I'm going to shut up again and just check in.

I love this and maybe even deeper down the old pathway because as we've mentioned offline, it sounds like you're doing some remediation, and I am living through it.

So, becoming end-of-one patient, having to understand how to address mast cells quite down this storm. You mentioned peptides, which is something we have integrated for years now and especially the bioregulator is very safe, very effective.

definitely though integrating therapeutic dosing. Something like lorazetide, as an example is, so I had taken lorozetides right before today's conversation.

So lerozotide in conjunction with KPV to rebuild the adhesion proteins, to kind of heal and seal the gut lining, you mentioned blocking the zonulin signaling, tightening the intestinal junction.

and reducing the immune activation from these gut antigens. Whenever I find someone reacting adversely to

lorazetide, I think about a couple of things, but most notably, there's a rapid shift in gut barrier, which changes and alters the microbiome behavior.

And interestingly, the micro biome, you have to count, it's 150 to 1. in terms of, you know, bacterial genetics versus human. And so that confers a lot naturally on immunity.

So there's this kind of sudden change in immune signaling. Then often enough, if the lorazetide is compounded effectively, that's trapping toxins, so it shifts metabolites.

So sometimes whenever I see an inverse reaction, that's a signal obviously. But what I do often enough is I take it in conjunction and compound in a conjunction with KpV.

So you mentioned KPV, starting that before, some of these thymic peptides to support the Th1-Th2 balance. And when I have used lorazetide in conjuction with with kpv in order to reduce the TNF alpha expression at the level of the gut, We find that our patients are tolerating that very well relatively.

And I understand it's contextual, right? So it is difficult to ascribe that on a general population basis, but that certainly makes sense. So looking at mold and mycotoxin, obviously as we're both going through it, what other considerations in terms of treatments?

Obviously step one is avoid, avoid or get out, how do you feel when you're living in it? But yes, there's foods and especially within mycotoxins, a lot of that can be food derived and, especially now with the prevalence of allergies, which to me is immune barrier dysfunction.

We've normalized that in terms of our kids. The prevalence is only worsening as a product of a modern environmental system, our packaging goods, storing goods.

So we understand that damage, but in term of treatment, what else are you doing? I know that part of this conversation was supposed to be. titled Plasmapherese.

Yes, exactly.

Mast Cells, Mold, and Environmental Triggers

So I guess that would be a good time to show in terms of that or anything else high level that you think has a tremendous benefit in term of supporting this heavy toxic burden.

Yeah. I just want to emphasize one of the great things you said is that when somebody does not do well with a nutrient or something, a non-drug therapy, we have to remember that it's, as you were alluding to, that, you know, it is not a reaction to the thing we gave them, but it how your body is having to now deal with the different a different change in its inner environment, which may be good, but just more than it can deal with at the time.

And that's, I think, so crucial for patients to understand, not to run away every time you touch a warm surface. It could be just warm, it's not going to burn you.

And you just have to, you know, we have the deal often, with the liver and with, the immune system. So you can then tolerate these shifts without them seeming to disturb me.

But getting to plasma freezes, Mike, I'm a anti-advertiser for plasma freeze. I think it's an amazing device. Okay. An amazing treatment. private clinics in America, I can say that one of the first.

I don't know. Not the far from it, but early on to get one in like, we got it in 22 or 23. When we go to the nurse who came to train our staff and myself, We were the first clinic she'd ever been in that wasn't a center, you know, like an outpatient, it wasn' a rheumatology center or something for autoimmune diseases.

And the reason I got it was for myself. I mean, I'm old and getting older and the brain is getting slower. and I can definitely see it. Lose words. You can't, i mean I just love the way you can rattle things off and i go I used to be able to do that, but now it's.

There's a little fuzz in there and I'm working hard at it now. I've, like most men, ignored my body, you know, other than taking basic care. So now I have to do catch-up.

But the point I was trying to make is that I got this because of Dr. Kiproff's work, Dobie Kuprof, who is an amazing immunologist who's been working with plasmapheresis for 50 years now, I think, those two.

And, you know, he really started leading the charge, and he's not the only one, but he was leading a charge and that this really might make a difference for dementias and diseases of aging.

So that's why I got it. A friend of mine who was a neurologist got one at the same time and she was much more aggressive because she with neurologists and felt comfortable.

I can do this on everybody. And, um, she was getting great results with treating all the patients I see, you know, chronic fatigue, uh, pans and pandas, and also early on with people with long COVID.

and I was slow to start because I said, I, was a little intimidated. We went slow. I treated myself a few times, but we didn't really start pushing the patient's through.

It's expensive. So, it's not something I would just say here, go do. This and our experience has been that it is an amazing. tool but it's not the treatment, okay?

It's an adjunct, it is something that will help us then do the other things we need to do because the very nature of what it a device that removes basically the albumin and the proteins and more important, the real reason that all got started was it removes the antibodies that are floating around in your bloodstream.

It put needle in either arm, it goes through a machine. In America, RLR machines are fancy centrifuges and we put back in your red blood cells, white blood cell platelets and all of their little cells that are floating around, your neutrophils, et cetera.

And we add back fresh albumin and we take the old albumen out along with everything that came with it, which is all the larger proteins that were floating in the blood.

This is a very effective treatment for people having acute flares of autoimmune diseases where their antibodies are sky high. Things like Guillain-Barre which people can get after an infection and maybe a viral infection where they can get paralysis.

You use plasmapheresis and you can remove these antibodies that are causing it and paralysis resolved. Because this was an acute event, in that case, you need to do five or seven plasmaferesis.

over two to three weeks or shorter even sometimes and symptoms resolve. There are many inflammatory, you know, like acute neurologic and rheumatological diseases that are based on this high levels of autoantibodies and this works for.

Okay. However, we have to be careful in our population because people who have chronic infections, they need those antibodies. I'm not sure how much the doctors who do this in hospitals are aware of this because they're, you know, when people flare, I don't know if they thought.

First of all, doctors in the hospital don' really believe that people have things like chronic Lyme or chronic Bartonella. So they don''t pay much attention to that.

We discovered before we got the machine, some of the other doctors my office do a lot of work with pans and

pandas. They were sending the kids the plasma freezes and they quickly learned when the Panzer Pandas was being stimulated, was caused, if you will, triggered by Bartonella.

If they didn't cover with a significant amount of IVIG or antibiotics after the second or especially after third IVG, the Bartonella of the flare. I have seen that clinically.

It does happen. And I spoke to a gentleman who's had long COVID from vaccine injury and has actually developed a new, very interesting test for long-COVID.

But he had this done in Europe in the early years and there they were using a different type of aparesis where it's a filter as well as a centrifuge. This is kind of used in Japan a lot that moves not all the antibodies, only about 70% of the antibiotics, but he HH7 herpes, human herpies, by seven that he was asymptomatic with.

But after the fourth apheresis in like about seven or eight days, it flared and he's been dead bound since. So this is something to think about. Now the way that the longevity people are using apheresis is pretty safe.

Okay. I think the way they're doing it doesn't concern me. We're not going to cause any problems because they are only doing one a month or sometimes two in a week or two, and then maybe repeating that every month.

And at that level, you're now depleting enough antibodies that are going leave somebody in danger. But there are people, but you don't want to go get, I've got Lyme disease.

I just had a patient last week who wanted, who was saying, oh, come on, I'm going to go get six apheresis and I am going be better. No, it doesn't work that way.

Apherosis is a very good detox. See, if I want to make that point, medicine has used it to remove autoantibodies or antibodies. Usually they're hurting you, but removing antibodies and at that level, That's how medicine has learned about using plasma paresis.

And they usually do anywhere from, you know, minimum of three and usually five to seven over a short period of time. When you, when you remove that first plasma, paressis removes all the antibodies that's floating in your bloodstream.

Okay. You get almost a hundred percent. Nothing's a 100% but close. Half of your antibodies are in tissues. These are especially these IgG antibodies, which are the ones that are most effective at containing infection.

And so those quickly enter the bloodstream. So you're down, you take them all out, but you you are able to like still put about 50% of normal back into your blood stream pretty quickly.

And after the second one, your 25 and then 12.5 and on and it gets smaller and smaller percentage. But when you get below like 6% percent of your normal antibody load, You can get into trouble.

But again, that's not going to be an issue. I don't want people to worry who are interested in longevity that they're going have a flare of infections by getting plasmapheresis.

That will not happen. Not with getting one a month or even two a months. You're not risking anything. But it's just something I think I want the community out there who doctors like myself, this is not something that is widely known.

Okay. It's, it's an important, important thing. So anyway, so what plasma freezes does really well, okay. And why it is so useful in the chronic complex illness world, mold included, is that it does remove toxins.

Okay? And along with these antibodies, and it doesn't remove mold and mycotoxins. Still, It will lower your load and can be very helpful. Now. What I believe is that the better we prep you for, for the plasma freezes, the more effective this is going to be.

You know, again, now normally when this has used in hospitals, it's used an emergency situations when you're trying to like, you know life or death. But luckily in our world, is just people are feeling really bad.

And if we prepare them over a few weeks, they can have a much more effected plasma, because when we remove all those toxins. Okay, and you remove all those inflammatory chemicals.

your immune system then can start functioning better. But if it doesn't have the right raw materials, you're going to have some pathways work too fast and some pathway will work to slow.

And so you can wind up flaring your own system. You know, usually it's not too bad and it short lived, but it is unpleasant and unnecessary. So I think, making sure, and one of the big things is the longer people have been ill, the more important it it to make sure their minerals We try to replenish their minerals.

And if we don't have time, we just do it intravenously over a few weeks. We're working now with sublingual trace minerals to try and bypass the gut, you know, with some pretty good help.

I often like to prepare people if they have the time with intraveinous phosphatidylcholine, which we've always used to help lower mold and mycotoxin load with, some success.

So I think those are things, good prep. Again, a lot of it, though, depends on, unfortunately, resources because all of these are very expensive things to do.

I mean, that is the downside of modern day chronic complex illness. Is it unfortunately a disease for the… Yeah, people with lots of resources because it's really, really hard to do much.

And I know because in the early 2000s, we took all insurance, Medicare, and we did all that. very effective social workers, but our patients got little bits better.

Okay. But we saw the same people for a decade. You know, they would get a little better, because they couldn't afford the treatments that are necessary to really move people who've been sick a long time.

If you've You don't need to spend a lot, you know, clean up your diet, work with somebody who knows about gut health and, basic nutrition and clean living, right exposure to sunlight and sleep and all the basics.

And you're going to do, fine. But once you've been in this game for five and 20 years, yeah. And now it's the high resource stuff, which is unfortunately, a lot of these ID therapies, they really make a difference.

Plasmapheresis has been a game changer in letting things move faster for people. Okay. And we're still trying to figure out how much, how often, you know, and I know you had doctors, Paul Savage on, I really appreciate his work very much because Paul has had the volume.

Okay. And I know a lot of the people on his board and they're really good, smart people who are collecting good information that's helping all of us, you know, I work in, we kind of parallel play.

We talk now and then share some things, but you When you're doing plasmapheresis for longevity, I think it's simpler. The book has not been written yet on the best way to do it.

We'll still figure it will work out. I do believe that Dr. Savage's group and Dr Kiproff, they're both really working hard at doing the basic research to let us know the But right now we're figuring things out.

And when it comes to chronic illness, yeah, we've, you know, We're working on them.

Peptides, Bioregulators, and Gut Repair

We want to do the least of these that we need to. Because the price point so high, um, and the best way to prepare

people and support people. So that's plasmapheresis in America.

It's just, it's pretty much all we have is the centrifuges for the kind that offered across the board. In a year or two, we probably will have inosphoresis in America.

Inosophoreses uses a filter rather than a centrifuge to separate the toxins from the… And it doesn't take out your albumin. So there's a plus or a minus.

Some people feel they're happier not to have their album in removed. I think removing the album is a really good idea because albumins is like a sponge.

Okay. Albumin is a large protein that your liver makes and you kind of make new albumin. That's about an every three week cycle. You're making it continuously, but one molecule lasts about three weeks, give or take.

And it gets into all your tissues. It goes into the tissues and then comes back out with toxins, bringing them back to the liver. So that's a great process.

But usually if you're ill, your liver is a little overworked and is not able to do a good job. So by taking out all the if you will, dirty albumin and putting in fresh new albumins, we give your liver a nice breath of fresh air.

We give it an easy dumping ground because it has a hard time working when every time it's trying to offload a chemical, it it with junk. And so it tends to accumulate more and get stored in the liver or stored interstitial spaces, which is something we'll come back to in a while.

Why I think structure is so important because your garbage, you know, like your fatty organs are a little bit of your. Garbage dump, but the space between the tissues, the intersitia as we say, is the real garbage dump of the body when you really don't have room.

And I think that's why people get those puffy, you know, that pucky, icky skin, like, it just always feels like there's a little fluid in your skin but it's really not fluid.

Well, its fluid, but its staying there because you've got a lot of toxins and they're not moving out. So that's why I think removing the albumin is a good idea.

We've done deep dives and we've tested. I mean, I sent the algorithm to two different labs looking for spike protein, even though theoretically it shouldn't be able to survive the process that they do to clean albumins.

Because remember albumine comes from about I think about a thousand people's blood, so it's all pooled together and that's a little scary sounding. But the process that is used, depending on the company, an eight to 10 step process has been used for at least 50, 60 years now without infections.

Okay, so there's nothing transmitted, but everybody goes, oh, what about spike protein? And so even though it shouldn't survive, people look at me and they go, well, remember the spike proteins shouldn' t be able to reproduce for more than a day when they first came out with the vaccine.

It was supposed to disappear, it would be degraded, Maybe I shouldn't believe you. So because of those skeptics, appropriate, we sent it out to two labs.

I should send it to more, you know, one here, in America and one in Europe. Neither one came back positive. But again, I feel pretty comfortable. I'm not the world's greatest bench scientist, but I spent enough time in a lab that I know the processes that they're using, there really should not be any in the size of a spike protein in an albumin.

So I think albumins putting it back in is a good thing to do. The inospheresis device is designed to just remove toxins. And I think it's a good adjunct.

I, I might really work well together and I'm looking forward to when we get that because the bottom line is toxins are our problem. Okay. Never wanted to believe that, um, because too many toxins to learn.

They're innumerable, hundreds of thousands of them, and even when you try to measure them you wind up getting, you know, we get DDT and DDE and all these things that were supposed to be gone 50 years ago.

I mean, I send, some of my patients, what's left in the bag, when you do the plasma briefness, you filter out about two to three liters of plasma, of the Plasma.

And so we take the sample of that and we send it to Europe, to Zurich, actually to the, it's the Inus, the people, they have their own lab there. They changed the name to Ius recently.

Just to see what they get for our toxin loads. And I'm surprised with how much DDE, DDT, and DTE is a metabolite of DDt that's in kids who are like 18 years old and this drug was banned in the seventies.

You know, it's incredible how it is in an environment that is just recycling. It's really frightening. And I think that's why our young people are getting so sick, you know, along with spending their lives, looking at phones instead of talking to people.

But that is another story. I do believe that, because remember the ability For the central nervous system to give the all clear signal that you're safe is a big part of healing, okay?

And I think that's why a lot of the programs out there that, you know, Primal Trust and others, so many of them that I like, I liked them all. They just work for different personalities are so helpful.

You know it's not all about removing the toxins and finding the right medicine. It's also about people being able to feel safe again. And after you've been sick a long time, often not easy to But our current world where young people, I have a stepdaughter who's 15 and watching how little human interaction that these kids can have on a daily basis is mind boggling.

And how does the body really know it's safe in the environment if you're not really living in a real environment, if we're living between you and a So anyway, I'm sorry.

I went off, off script there. So what more do you want to know about that summary? We had Paul on the show. We're going to have Dr. Kiproff on this show as well.

we're integrating that in our clinic this year as. Well, for my first oil change as it's referred to, and while I didn't feel much different, certainly it has its benefits and it.

Has its time and place, which I want. Kind of. unpacking a moment's time here. One thing I wanted to highlight is when you mentioned the interstitial space, right?

Very, very interesting because you remarked now several times about the negligence of honoring pathogens and it's not for necessarily intellect, it is just once upon a time is how we were thought, you know, we just had a couple of these bad bugs and you that's kind of it.

I call it my unlucky seven is it, yes, there's Toxin certainly is a product of an environmental toxic load, but then there's the pathogens, the bacteria, virus, fungus, parasite.

Now you have heavy metals, environmental toxins, and then you couple that with stress or trauma. It's what I call my unlucky seven. In regards to the interstitial space, this is where it becomes certainly interesting for me because This to me is where kind of the playground gets very active.

So it's a network of fluid and matrix between cells. And this delivers nutrients and oxygen removes waste and it contains a high degree of immune cells, so it acts kind like this communication highway.

This is when pathogens can move very, very readily. It's the space between this tissue, it accesses lymph and blood vessels and that obviously now when you're talking about COVID, every very high impact and Unfortunately, a lot goes undetected here.

So this reduces immune detection and sometimes even drug penetration. And when you look at some of these things like we discussed previously, like Lyme, we haven't remarked it on parasites, eager to unpack that in a moment.

Certainly virus, mold, mycotoxin. So when, when pathogens persist in this space, blood tests are going to be negative. Symptoms are gonna be chronic and relapsing and it's difficult for treatment because now you're treating kind of this mystery symptom, which was the root of our, unintended of, of conversation today.

And so that to me, it goes very much overlooked. So it this kind, um, the space where kind a lot of ways should kind get expelled, but unfortunately when it becomes stagnant or again, there's, poor immune, as you said earlier, when there's immune system dysfunction, there is this compensatory mechanism.

And now you're stuck in that fight or flight or low vagal turn, low HRV. You're having to, the body's constantly in this hypervigilance, they always reactionary and you are not getting any better.

I appreciate what you had said, some of the foundation components in terms of like the micronutrients, but certainly the minerals. liquid based, so to kind of be absorbed through the mucosal membrane, we're doing that PC.

I'm interesting, maybe you can share here offline. We had, um, Gordon Crozier on the show and sourcing. Yeah. So his, his sourcings of kind We're always trying to do things at the highest level.

And when you said, you know, IVs, things obviously do get expensive very quickly, but needless to say is it matters because this is how we're enhancing patient outcomes a lot more safely and a more quickly.

So that's my goal has always been how can we help our patients feel faster and safer? Well, here's ways to do it. Certainly is not overlooking the foundation.

And then now you're layering in some of these higher level treatments, which aren't necessarily novel in many respects, right? Like ozone example, you know, it's the old kid on the block.

That's, that now being more used and ubiquitous, but plasmapheresis. Now you suggested the other one in Europe, plasmapheresis a little bit more so for the same reasons that you remarked.

Plasmapheresis for Detox and Autoimmunity

But I wanted to kind of bring some of those to light. And in terms now of the mold, the microtoxin line, what about parasites? How much of what tools are using in terms of treatment?

How are you detecting? Cause again, a lot of these mystery illnesses, right? Where do you, where's that kind of totem pole start for you? Like what is the, um, I don't know if Lois thing through this, the right terminology, but what does that like 10 90? What is that biggest bottleneck?

That is now making your immune system susceptible. Like is it kind of this EBV or COVID? Is it mold? This is the micro toxin. Is that the lime? We never evolved to deal with this all at once as barrage.

And now the modern environment with DDT as an example. So this is interesting. While it's banned here in the US, what do we do? we export it to our neighbor in Mexico.

What do they spray in their avocados that we import back to us? Surprise, surprise. It's being detected when we're doing testing here. So we live in this global society.

People think, oh, it's banned here, so we are not getting exposed. There's this beautiful research group in Italy who developed this kind of stingray looking system that floats at the top of the surface of this sea and detects from microplastics that are undistinguishable to the naked eye.

And what they found is that when they put it in a petri dish under the microscope, everything is fully covered in plastic. Our bodies of water, unfortunately, are contaminated.

What's happening to fish? Eating this, and then we eat the fish. And then, we wonder why we're only getting more toxic. So, it's constantly a growing problem.

Yes, as you said, It's expensive to be healthy, but it is even more expensive if you say. You're going to pay for it either way. But where do you start with this now?

Obviously, understanding the environmental toxic burden, But then some of these other co-infections, what takes precedence, I guess, if that's a way to ask the question?

I have to say, I think it's individual. I want to acknowledge that I may be wrong because I've worked with many, many people over the years. I mean, Dietrich and people don't know who Lee is anymore.

But anyway, I've worked with all these folks. And I have great admiration for all the people who I learned from. I've always, there's an old, I made this up when I was listening to like 40 healers talk about what they did.

And I said, everything works sometimes and that is the truth of life. Okay. I can see, and it's the same thing with everything goes wrong in different orders in people.

Okay. Cause I see people who they come in and they're sure they have Lyme and you know, the Lymes long gone and really what they has is just chronic, not just, but they now have chronic fatigue and, or they'd come and and there's sure.

They have, you, know chronic fatigued and my EBV titers are high and but underneath LyME is the problem, You know? Or, and for many people with chronic LyMe, as you were alluding to parasites have been a problem.

That's been the thing that's kind of been like, weakening your system or confusing your immune system. Do we test everybody for everything? No, not right away.

I go with my gut in the beginning in their history, because again, like I said, we spend a fortune on people's testing, but I just haven't been able to bring myself to test everything right off the bat.

I like to think I can figure things out, but as we go down the pathway, we see, and parasites are just, it's funny. They're like the thing that sticks out from that, like that third hand, I don't know, the third arm, because when I think about it, It bites me.

The difficulty with parasites is, again, many people have them. and do fine. Many people have them and nothing else works well. And the tests are lousy.

Again, I don't have a perfect test. This would be easy. I just want to say this right from the beginning. What we're dealing with is the soft underbelly of medicine, of all kinds of medicines, is that our tests aren't near as good as they should be.

They're just not. You know, they're still primitive. where we can tell what's wrong with you when you're about to die. Okay. We're really, really good at that.

If you have pneumonia that's going to kill you, we could find the bug that is causing it. and it might be caused by a bug, but it's not gonna be that easy, you know, because we have to get the right specimen, the sputum specimen and make sure we're actually testing for it right.

And now the last few years as PCR testing is getting better, it is still far from perfect and the DNA testing was getting and better. But even then we miss bugs, parasites and fungus probably underlie a lot of these things.

An old friend of mine who's, that's the other thing that goes when you get old. I couldn't remember names when I was 20, so it's Dr. Fry. Yeah, Steven Fry, he had a lab where he was doing early genetic, you know, full genome sequencing and first PCR and then genome sequence early.

Like I'm talking about 10 years ago, and he kept saying he's finding progress in lots of cancers. And we're discovering that maybe that's true. And again, what's caused and effect, who knows?

But it's upsetting. So our tests are lousy. But at the same token, we do do stool tests for parasites, and there are a few places that will do it. We'll catch a lot of them.

You can do some antibody testing for parasites too. CR testing, I haven't found to be very helpful for them, you know, people argue that they're destroyed or broken down before we get to them and, but just clinically, If your symptoms started when you were traveling, you know, in Mexico, India, Guatemala, whatever, good likelihood that there is some chronic virus or parasite in your gut that's really keeping the inflammation going.

It's, really, for me, it's still that primitive, and there are, I have doctors who I work with and worked with in the past who many times will just treat everybody for parasites.

Just go through the, they say the parasite, like the little parade of You know, Perry, whatchamacallit, blocking out the name, Paraquenta. Anyways, just going through the four main, you know like the hookworms, the tapeworm and the amoebas, and just seeing what happens.

I always wanted to sound like The Hunchback of Notre Dame. Okay, but prosyquantile, albendazole, ivermectin, you can play with these things, they're all medicines and luckily they don't have too many harsh side effects if you use them for short periods of time, that is.

And sometimes that's necessary. It's just going through. And then we have the issue of the viruses. I mean, you know, we spend our times looking at like three of them or four of, EBV, Epstein-Barr, cytomegalovirus, HH6, and H7.

People look at parvovirus but nobody knows what to do. Innumerable viruses out there, so we're kind of still working in a fairly primitive way. Now, what I'm hoping for the future, is that what's coming, I think, is the combination of three-dimensional chess when we can start using genetics, which we are, but at another level, transcriptomics of seeing which proteins are being expressed.

and the metabolomics, seeing which chemicals your body are making. The metabolomist gives us an idea of what your metabolism is doing. Do you have the raw materials to make energy efficiently?

The transectomists hopefully will be telling us which part of your immune system is really over and underactive. Hopefully, we're going to have enough data that we can really pinpoint the things I'm excited.

There's a few companies doing that. I mean, one of them I mentioned was, I didn't mention this, but I think it's called Amaticus or Amatica. It's new, that was started by two fellows with long COVID from England.

You know, and I, really impressed with the work they're trying to do, But it is early, you know? It is still not the, what we want is I can run a test on you and know what's wrong with you, in what order to treat you in.

Cause this is like, When I studied osteopathy, one of the most difficult parts, at least for me, was the idea that when someone came in with a low back pain, what order to treat them in?

Do you just go right there or do you first have to the tight neck that's then going to let the low-back relax? There's treatment order and it depends on how that person holds their body and that takes experience and skill.

A lot of experience. You can't memorize that. And you can memorize some, some things, but how that presents in that body is going to be different. So that's, we got a lot to learn and to do.

Okay. But the exciting thing is we're getting the tools. I mean, I think that my message of hope is that I've been praying for these tools my whole career.

Because we had such primitive tests and in the last 10 years, they're Getting better. The testing is getting better, The amount of information it's generating is getting better, but its clinical application is still not good.

That's the big problem. People collect lots of data. In the old days, they brought the charts in. Now they send them electronically, like 50,000 tests.

What does it all mean? Okay, that's where we're not there yet. AI? Maybe, you know, but AI is going to have to be trained because you can't train AI on the garbage that is in the medical literature because it doesn't include our patients and half the medial literature is wrong.

I mean, that's the biggest joke in medicine. That's a joke the first day of medical school. You know, half of what we teach you is wrong and we don't know which half, you know?

And that hasn't changed. Again, it's going to get better because sucking tremendous amounts of data in the last 10 years, the guidelines for what to do in hospitals have improved, okay?

How to use drugs that will kill you more safely has definitely gotten better. Okay. The problem is most doctors don' know that the guidance are there, but they're there and they are They're better because they're based on hundreds of thousands, millions of patient records, so we now really can see something.

But it still doesn't tell the doctor what to do for you if you're a little bit different. And the people who have chronic illness are the ones who are a bit a different, but we're working.

I mean, I'm working with two groups trying to design AI backed EMRs where we can suck the data from what we do and try to learn from it, see what worked and what didn't work.

That's what it's all about is that we're at a very, very exciting time. I said plasmapheresis, integrating. Well, it is a perilous time because the medical world in itself is still not happy with peptides.

Peptides technically are really not. I mean, a lot of the things that we do that make huge differences for our patients are not widely accepted. And so we're on the edge, but so much is happening.

I have to say that I'm optimistic. COVID was a terrible disaster for the planet and for so many people. The gift of COVID is that chronic complex illness is filtering into academia.

I mean, that's huge. Six years ago, we've been working with Stanford. Not really. But I've interacted with lots of doctors and researchers at Stanford for the last 15 years, or 20 years actually.

Usually, it was Not very useful, but in the last six, ever since COVID and money coming into the research, there's more, it's not just interest, they're getting it.

Okay. They're, getting that these unclear symptoms that don't, you know, like that, don' have a clear cut test associated with them are real. That's the biggest problem that people who've been ill for a long time have faced is that their blood count and chemistries are normal.

And their doctors treat them as though they're, you know, malingering. And that's the, what's a famous word, gaslit. You know what I mean? That's what doctors did out of ignorance and arrogance, combination of the two.

That is changing, slow. Um, you know, slow, but it's changing.

Toxins, Interstitial Space, and Chronic Infections

I mean, like more and more medical centers have doctors in them that are listening to their patients and going, I don't know what's wrong with you, But I know you're really sick.

And that's a great first step. So that why I'm optimistic that we're going to get somewhere. But exactly how I treat a patient, it really depends on what they, what the flavor, What they come in with.

and, and but I do agree that you got it. You're terrible seven or whatever, or eight. You have to think about all of them because you don't know which one is on top, which is causing more of the noise.

And when you treat one, I mean, this is the thing that again, as a trained medical doctor, maybe I just heard it wrong in class, but I never got it. It didn't, it seemed to me when I first started doing this, that the idea that, you know, infections would appear as you treated one another one would pop up.

That was something that was not anything that I was taught though. I think they knew about it, anyway, we see that all the time. You know, you treat Bartonella, and suddenly Babesia shows up.

You treat Babiesia, Bartronella can pop up, You Treat Bartnella and Babesesia. And in some people, oh my God, the EBV really needs to be treated. And the immune system, it goes back to being able to keep the EBV dormant, like it should be, because EBD, we co-evolved with these guys.

I mean, you're not going to, generally we're trying to eradicate viruses, the ones that live in us, that actually live inside our B cells. They're not going anywhere in general, but our immune system should make life not so hospitable.

So they only live in like maybe 1% of our B cells. Cause once they get into like 10, 20, 30% percent of B-cells, then we start getting chronic fatigue often.

That's one cause of it. I mean, a million causes of chronic. It's just that this, this is depends on the person. Just that simple, depends on the person.

There are some people you can treat one bug and then the body just goes on and deals with the rest. And others, you got to treat each step of the way.

It's very, very frustrating for the poor patient and the doctor. You know, you think you're a hero because the lab cleared and the symptoms improved 10 or 20%, but they're still not living their lives the way they want to.

So we have to go through and it's history and I'm hoping that our tests are going to get better and we're going be able to, that this transcriptomics is going start aiming us to see what's on top.

Maybe we'll be beable to that pattern between what bugs seem to be active and what the immune system is doing. That is the prayer. And I think the next really two, three years, it's going to happen because transcriptomics was way too expensive five years ago.

But now it is down to like they can do all 21,000 proteins in for like about a thousand bucks. Yeah, we're at an inflection point. It's gonna happen. No, you're absolutely right.

One is still hope. We're in an infection point with technology improving very quickly, especially AI moving the needle even faster. I want to highlight a couple of things, so in terms of EBV obviously and other pathogens, I mean we co-evolved with so much, just never kind of in this unique now modern environment.

But needless to say, looking at viruses in general, the virus is going to be present but silent until we're nutrient depleted, we are sleep deprived, our toxic load is high, and we haven't even gotten to heavy metals.

Our mitochondria are weak and then our immune system is dysregulated. So now the perfect environment, I call it a pathogen party when it begins to proliferate, right?

The acidic kind of environment when you said acidosis. I want to circle back in terms again for parasite. What testing, um, are you suggesting that you can give like the top three?

I know you mentioned an auto antibody test or you said some are going to be better than others. What are maybe the. Top three best, because I, to me, it often goes undetected even in some of these quote unquote best labs.

I've used labs all over the world. Okay. Um, so I'm curious, maybe, what are yours in, in N of one, two, I am doing kind of this per, per um. presequential cleanse right now as well.

It's how timely when you mention that. So, but what are, what is some of the tests that you found to be highly effective? Ah, okay. None of them. Okay.

I want that clear. Like I have sent, um, you know, I used to send them to, uh, who was it? The doctor in Nigeria who had the fancy microscope. Right, right.

You know? And I'm, But I just don't bother anymore. I think it's a parasitology lab. I have this long drop down menu of labs to pick from. You can look at LabCorp just for PCR for a bunch of them, for Giardia and stuff like that, and Toxo.

They're just lousy. I mean, they're lousey because their predictive value, and especially a negative, tells me nothing, which is always the problem with all these lab tests is that if Lyme is hiding in your connective tissue, The damage is done has been to disrupt your immune system, increase your IL-10 and did some other things to your lymphocytes.

So now yourimmune system is, you know, I hate those TH2, TH1 phrases because they're so simplistic, but basically that, pro-allergen immune systems, Lyme did that to you in order to survive.

And now it could be very quiet. It could hard to find. You know, actually what you talked about being in the tissues, there was a time we used to have people get massages before we would do some of the testing.

Kind of forgot about that, but years ago we did that for a while, especially when they first came out with some the urine PCR testing for Lyme and Bartonella.

We were doing that. There's things you forget. And I think it did seem to work. as a way of getting a little bit more positive response. But, you know, Lyme often, if we really, really suspect, sometimes we'll treat and then test.

You know if, we're getting negative things before. What I find is that in people, see this is where you are in your illness. If you, and I'm using the years, not very exactly, but if it's in that first one to three years many times just kind of like feeding the bug is going to really make a huge difference.

But once it's gone past that, it is so much more important to remove the big noisy things, like I said, the mold and the mast cell, but just rebuild the detox, get the toxin low down.

And this is something that, you know, I worked with Wayne Anderson, who's just retired, but Wayne was a naturopath who started treating Lyme in like 1990, working with Joe Berescano via phone.

I don't know. He worked the Byron White remedies. Byran developed some of them before, he made most of them in my office in the early 2000s. Made me crazy.

He was mixing them up in a hallway. Anyway, when Wayne joined my practice in 2001, and I realized that was when I learned about Lyme really, because before that I was hesitant.

I wasn't going to put people on antibiotics. treat the gut, clean the body, fix the hormones, balance the system, you know, and antibiotics. I'd been spending 20 years trying not to use antibiotics and he came in and I saw my patients with these, I was doing a lot of chronic pain work then and they had these bizarre pain that didn't make any sense from the neurology I taught.

A lot these people had tick-borne disease. And so I got into the, oh, and since I was an MD and we could put people on IV antibiotics, we had a lot of early success.

And then we started getting a lotta people sicker. Him being a naturopath and me just being somebody who believed in detox, I thought, Oh, We gotta detox them.

But to be honest, Well, until about eight, almost 10 years ago now, when Dr. Parpe had joined us, Nafisa Parpee was a naturopath who had trained for a year with Dietrich Klinghardt and then worked with Isaac Elias and both brilliant people with buzine.

It would detox because for very different reasons, but both Isaac is the one who developed Pectisol. And she came in and she was using a lot of, you know, the same IVs we were using, she would layer them and use two and three and four.

I mean, we would like, do one IV and that was it, goodbye. She would lay them for detox. And we started to see the patients that we were sure just needed more antibiotics or more herbs, because we're doing a lot of herbs at that point.

More herbs or SOT or whatever the flavor of the month was to kill things. But if we had the patience, it could take a year or even a little longer. they got better.

It was kind of shocking how well people could do if you really were consistent and persistent and really pushed the detox systems. I mean, pushed by doing a lot for them, supporting them.

And it's still something I watch and I have her do more than I do. Once you've been a doctor, it's hard to be anything else really well. The desire to treat the symptom.

Band-aid medicine is how medicine works. We put the band-aids on and we wait for the body to heal. That's what we do. And it's a very hard mindset to get out of.

And I find that even though I know about detox and I do a lot of it, I have my patients do detox, when I often will send them to Dr. Park, one of the other naturalists said like, you know, really, because you need to be consistent, keep pushing it and give people more things and uncomfortable because again, it is personality.

I am incapable of sticking to any program. myself, so it's very hard for me to give people programs. I'm the world's worst patient. You know, I take all these supplements for a month and then I forget about them for three months.

And you don't want me as a patient, and because of that I find that, um, sometimes dont demand enough consistency from my patients. So I'll often send them to other people so I know what they need is not another magic hat trick, consistent program, you know, we all, all are good at different things.

I'm much better at seeing the possibilities and what order things might need to be done in. But when it comes to just making sure that you follow the pathway, I am too much like, oh, look, there's a squirrel.

You know, my nature, I'm still trying to deal with that, wrestle with it. But anyway, so I've weaseled out of your question is what to do for parasites.

If I really think people have them, yes, they do spend their money on the testing. And if they come back all negative, but I'd really still think they have.

I will treat them gently at first, you know. Throw a few things across the bow and see if it fits. Um, But again, it's the history. If someone has a pristine gut and it's never been their issue, the idea of travel really isn't so real.

Parasites, Testing Limits, and Future Diagnostics

I live in California, and I think it is probably most of America, where there's no restaurant that has the predominance of people who haven't been outside of the country, I will say.

The restaurants are full of people who grew up in countries where parasites are just part of life, which is probably why they have less autoimmune disease.

Yeah, no, that's a relevant story. No, I know we're approaching on time here, so I appreciate this has been a very thorough conversation in terms of parasites.

Yes, we've evolved with that much like some of these other quote-unquote pathogens, if you will. Some that keep our immune system vigilant in a row. It's just like exercise.

You want to create this consistent, yeah, consistent mild strain. We need them. That's why kids are so sick. I mean, it really is part of it. Like we live in this, these people who like, you know, won't touch things.

And if they wash their hands every two seconds and you, know I, mean like yes, If you're going to get on the airplane, maybe a good citizen, you should wash your hands really carefully, just so you don't shake someone's hand or touch someone with the bugs that you are carrying.

But, come on, that's not how to live in the world. We are human beings and, beings, animals, mammals, we got to be in nature, We have to part of it. And when we subtract ourselves out, We lose the magic, you know, and I think that's where so much of the depression and the anxiety is, is that, we're just cut off from who we are.

It's estimated that the average adult has several hundred species versus our ancestors, maybe even several thousand, certainly within the range of a thousand to thousand species.

And so this has played a huge detriment to our health when you've mentioned mental health and just overall health, immune system. We see that over time.

So it's almost like we're evolving as a weaker species. And that's largely been my focus for the last decade or so is what I term microbial medicine. When you mentioned once upon a time, you know, cancer and the fungal component, we've largely decoded, the bacterial genome.

But we are still scratching the surface, I think, in terms of the microbiome and interplay with our microbes. fungal component. So there's still more to learn.

As you said, you know, certain testing will continue to evolve to, to unveil kind of this interplay. We obviously see the inter play of our microbes in every biological system and then how that imparts immune protection.

Just in its side, someone told me, I shouldn't really cut you off, but it just kind of intrigues me is that there's even a lot of evidence that we actually tell the bugs what to do in our microbiome.

It's a huge two-way communication street, and we are sometimes creating bugs that create chemicals. Because one of the things about aldehydes is it stimulates endogenous opiates.

Okay. So, you know, if you're in pain, You might want to make bugs that make more aldehydes, which will cause your brain to Make a whole lot more of endogenous opiates, Which will make you find a brain fog, but will sometimes lower the pain.

It's an amazing world. And I think we, as Americans, we try to make things black and white and simple. He's

reframed my paradigm in terms of treatment of SIBO, where perhaps the increase of hydrogen sulfide producing bacteria is actually protective.

Yet we live in this very much kill mentality. sterilization mentality, as you had said, and no better off, right? We're only getting more sick and our kids are representative of that.

And the good part is that there is hope, there are tools, you know, to discuss plasmapheresis. There's definitely practitioners, much like yourself, that are listening long enough to connect the dots to see the pattern to be able to treat it at a high level.

So I appreciate today's conversation. Where can people find you, reach out if they're interested? GordonMedical.com and they tell me we're on Instagram and Facebook and everywhere else.

Yeah, I said social media is not my friend, but I have to admit everybody loves it. So we are there and just Gordonmedicalcom. And if you're interested in what we do, you know, on the page, there's, uh, You know I think become a patient or.

book a discovery call, and then you get a chance to, because that's the most important thing is the last thing we want is patients who we're not the right fit for.

So we really have a bunch of people who really know what we do because they work with us and to make sure that, you know, You're the, right. And we have, we had very different personalities in the practice too.

I always say like, there's, certain people can tolerate me and there are people that really need different more. more steady as we go and we got them as well and they're all super smart and just intrigued by wanting to help people and the magic, the gift that we've been given to be doctors.

I mean, that's the thing. It's like there's not many other things you can, well, I guess there are lots of things that you could do, but this is a very satisfying thing where you get to meet people, interact with people like them and help them if you have.

which is really, really the fun thing. Anyways, we are on the web. If that's something that someone's looking for, definitely see if that is the right fit and it sounds like you have a great multidisciplinary approach.

Last question that I end every episode with, if you could have one superpower, what would it be? Superpower. I thought just survival is a superpower. A superpower, you know?

When I was young, I wanted to be smart, but that doesn't get you very far. Super power. Yeah. You know, maybe speed always said, it's just funny because I'm not a runner, But I always think, yeah, that would be kind of cool to move as fast as I want it.

But you know, when I was younger, I would have wanted to know what people were thinking. But now I'll stick from what I think they're thinking, and I really don't want to.

Ignorance on some things makes life much more pleasant, you don' want know everything. It's been a pleasure, fun to talk with you. I'm sure there's many, many clinical takeaways here for our patients and clients tuning in.

I hope you guys enjoyed the episode as much as we have. Please like, review, and subscribe. Share this with someone who needs to hear this message and can benefit from understanding the root or the underlying drivers in this circumstance that's creating these compensations that you spoke about and the treatment plan that now can come to fruition to help you heal.

So until next time, everybody tuning in, stay healthy, Thank you for tuning in to the TBD Fit podcast on Dr. Talks, where we unpack all things health and longevity.

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