Introduction to Dr. Mary and the Summit

Welcome to another, edition of, Mycotoxins and Chronic Illness. And today, it's going to be, I always say a lot of fun, but this one, you really will be.

I have a chance to talk to someone who I have admired. And I've learned from, Doctor Mary. Actually, she is a Harvard trained, physician psychiatrist, and but more importantly, she is one of those rare doctors who, listens to their patients, follows the data, thinks about what's going on, and is willing to keep exploring.

And my other large accolade is that she really wants to look at what works and what doesn't, and is just willing to let the cards, fall where they may.

And that's just such a rare trait in medicine, especially in people who've worked so hard to teach the rest of us. Because I think the other important, what looks to me part of Mary's history is that she was one of the co-founders of Eisai, which is the, what is it, the International International Society of Environmentally Acquired Illness, which with a lot of ground there.

But but the idea is putting the stuff for always talking about mold, Lyme tick borne illnesses, heavy metals, all the chemicals that have been dumped on the planet since World War two, etc.

into this soup of like, hey, we got a lot of chronic, complex illnesses, patients who are really ill and doctors really need to be able to think in multiple ways to get them better.

And that is, really the whole point of this summit has been to present people who think in multiple ways, unfortunately. I think I think Mary is and is still one of the few who really does think in multiple ways what we produced, what we've been presenting is many doctors who have, different points of view.

But Mary is one of them that carries all of those points of view and tries to remember that as a patient. One of those points of view might really illuminate your situation and help you.

And, what we're going to do today is go through some of the assumptions that many, patients have, and unfortunately, many doctors have about what's going on with them, you know, and, you know, it's just to start, we'll talk a little bit about and about the difference between, colonization with mold and just allergy with mold and, so, Mary, what's your thoughts on that?

So, I think mostly I've trained with Richard Shoemaker and Michael Gray and Ben Simmons, where I learned from in 2009, 2010. And so inhalational toxicities, really, what I would call it is it's been inhaled the toxins that grow in a water damaged building when they're inhaled create an inflammatory storm cascade throughout the body, creating illness.

And that's mostly what I think of with mold. But certainly there's colonization. I mean, we know fungi live in the body. Some of them probably are supposed to be there.

That's the part that's really interesting. Is, is a half a microbiome as well as a microbiome. And so we can't kill all of them. They actually seem to be helpful in some way.

But they're not helpful if they get their way into the brain of the sinuses, particularly, or in the gut, they can certainly overrun things. So they both exist.

And that's one of the problems, because I think we've been talking here back and forth, is, is if you're going to think in black and white, you're going to get really have a hard time with all of this here because it's not black and white.

There's lots of grays. Mostly, I think patients I see mostly have more inhalational toxicity, can have some

colonization.

Mold Exposure vs Colonization

I think that's where most doctors fall is it's a mixture with more of the inhalational, issue. But again, it's like data and it's very hard to biopsy brains while people are still living, so we don't know that much about it.

It's hard to even get really good biopsies of the sinuses and fungi, and we're still looking at the gut and wondering, was it supposed to be there? Not supposed to be there, right.

What's going on? So that's that's the state of all of that. Yeah. And this has been, you know, a question for all of us. And again, it's what we're going to come to, I think, over and over again is it's listening to the patient's experience and seeing how they respond to therapies and weighing what's more important, you know, if if somebody goes to the the coast and feels fine when they're, you know, right on the ocean, you know, colonization might not be that important, but, you know, but if they stay sick, no matter where they go and maybe they are carrying it, I mean, bringing it with them.

Yes, yes. Wherever you go. Right. And that's how you have to think. You're always thinking like. So what explains this patient's experience exactly? Exactly, exactly.

And I mean, and we'll come to this over and over. I just so applaud, your willingness to look at the data and the patient, and we'll I'll come back to that as we go along.

You know, and then the, the other big issue that you have, and I really respect your experience is looking at the different laboratory values that we have that have been, espoused over the last two years last year.

Right? I mean, I've been doing this long enough to see things come and go. Maybe nothing's, but a lot of things have come. And so when I see people using only one type of testing, I'd like them to be able to use all types of testing, because as far as I'm aware, there is not one test out here, one biomarker that's going to nail it for anybody.

It's it's we've talked about this too. Is is the surge biomarkers. You want to call them that. It's the hormones. It's the cytokines that seem to be elevated or depressed with mold illness.

I find them really useful for a couple of reasons. One, you learn a lot about a person, how inflamed they are that these things like TGF beta, actually have a lot of valid meaning about TH2 balance versus TH1.

If you just look at it, is that and the lack of hormones or the excessive hormones like, estrogen is just really helpful in treating. So I find it hard to not understand why people don't want to measure that, especially since most Americans have insurance and would like to use insurance.

And I just make the point that, you know, if someone asked me to look at the lips and say, do you have mold or not mold, they might say, well, looks like you do.

I'm never going to say yes. Like, but if we go down a year and we're treating for mold and they are getting better going the right what it's like. Yeah, this looks okay.

We got the right treatment end of this mold. So I really like to look at serial movement and like to see improvement. And then along came mycotoxins testing which makes sense sort of.

Except I think more mold is excreted through the feces and urine is what am I way understand. But urinary testing it's not as regulated. People can do it without a doctor's order.

It's easier. It's just easier for other people to give urine. Yeah. So you have to understand all of that. It might not be the best place to be looking at mold to begin with, but that's where we are.

And, so you have to decide, is it showing what your body's capable of excreting or is it showing what's actually in you? And that's a really important question is.

Yeah, right. A lot of people answer to that. But some of the healthiest people actually seem to have the highest numbers, you know, and and. Yeah. And, and you see someone else in their family who's really sick, who's not showing much.

And it's hard to not get to the conclusion that the sicker person can't get it out. So I think we were also discussing before there are different companies who do it different ways, and they really are measuring different things.

I mean, it's the same germ, but the the tests they're using is, is what's the result you're going to get. So if you're looking at just free and bound versus the whole total, you're going to get very different numbers.

And and when I look at them, I say all the time patients who've gotten both tests and they don't make much sense in terms. If you're looking for like a legal case like this, you know, mold that grew in this house is in this person's urine that, but I think it shows you it will often show.

Hey, that looks like there's a mold problem. Both both labs are showing that you have some problem with the mold. You're just not the same one. And your history is consistent.

And I think that's the point zero is making. Anyone learning is just. Please don't just tell me you have a positive mycotoxins test is what are your symptoms? You know. Yes.

What's your history? It's your doctor. Your clinician is you cannot just diagnose somebody you know, from a urine test or from the labs without histories.

Why did this person go and get this stuff? It's because the history tells you so much. I was well, we burst into this home in three people became sick, my kids failing.

Now my husband can't work at, you know, has asthma and I can barely get out of bed myself. Good history, but you know, well, you know, why did you bother with the mycotoxins and everything?

You know, they don't have much money left. And that's that's another thing to just consider is they're all expensive illnesses. We're talking about insurance doesn't cover it.

So the more you can do with your ears and listen, and the more you can do with doing physical exams or getting bunches of symptoms is, you know, the better.

Doctor, I think you are, and the more helpful you're going to be. Yeah, absolutely. You know, this goes back to the issue of testing is that testing is nice and works great when something is broken, you know, broken leg, bullet wound pneumonia.

Hey, the tests are great. But when people don't feel well, the tests all become so-so. And, you know, and they teach you that medical school history is 90%.

But we forget that what I think the world has gone to the seven minute exams. To be fair, but, you know, and just the idea that question of does my high Michael Thompson test mean I have, you know, a real big problem and yet you're so right, because it depends on the person.

Limits of Testing and the Importance of History

Because, I mean, we saw this back in I mean, I do I mean, mercury testing, I would start doing that in the early 90s and we'd see that really healthy people who would have to eat a lot of fish could have mercury levels unprovoked urine of 130.

They were fine. And some of my sickest patients had provoke Uranus to 14 and would never change because they couldn't. They were sick because they couldn't get rid of it, and they couldn't move it, and they couldn't store and probe.

I mean, and yeah, we just have to remember, this is an organism. We're so we we live in a sea of mycotoxins and most of us do just fine. I was going to actually someone came running up to me today.

It's just like, you know, so-and-so is just, you know, upset. She still has, you know, this high mold, you know, in her, you know, GPL toxin, it's above 100.

I said, well, she's always upset. You realize this is her fifth time. So. And she always says, I just don't know where it's coming from. And she goes on, she's living right.

So, you know, it's I can't move this person. I do think it's her home. It's just. No one's been able to quite find it. And, you know, and she's, you know, really pretty.

Okay. So we get your attention to the test, too, is. Yeah. Well, that old story, you know, the history trumps you know, they I mean, that's why you know, the rank.

I mean, you know, the people who probably upset me most in medicine or infectious disease doctors. But to give them credit, one of their big points is you don't order, you don't look for a disease.

I mean, all doctors, but the infectious disease I have to say this especially don't do the test if you have a low probability of the person having disease, because we have so many false positives just by the nature of randomness and the fact that the body's more complicated than we have, any idea that that actually would probably sum up everything in the body is more complicated than you or I will ever really understand.

As hard as we try, and most people who are just looking in small boxes are never going to appreciate how incredibly complex yeah, it is. And it's very hard for patients to understand this because I want I want people that really shouldn't go and give up hope, because the doctor's not going to understand the good part about being a human being is that you heal.

You know, we just have to get close. If you take your car in, I have to fix it, right? But with people, I just got to get close. And with a little luck, or you just have to get close and make a few changes in life.

And sometimes you get better. Okay. Because it's true. It's it's true. But, but just going on about. We have to be careful. We both love to wax philosophical.

Well, okay, I think the point here is, is if you're seeing doctors is please make sure someone has listened to your history or read that history you gave from birth of your illnesses is because that's actually really important.

And someone took the review of symptoms and went through your brain symptoms and your heart symptoms and your pulmonary, and they're not missing your shortness of breath or immediately assumed it was.

The body had never thought of any other possibility at all. Is that that's really, really important. And on that, on that note, just talk a little bit about the diagnostic quandaries between is it mold, is it is it tick borne disease?

You know, do we do a test or do we think and, what what you're saying and then and then I think you and I were just talking earlier, what I want to keep making to people is, is mold is a brand name.

There is not one mold. There's like 200 molds that we've identified but grows in water damaged buildings. They're at least 30, you know, toxic species of damps and pants, you know, that have been identified that grow mycoplasma is just an interest in mind because you can measure it easily.

And you find a lot of people with really high positive IgG, MG mycoplasma who have asthma and bronchitis, and no

one has ever looked at the mycoplasma, maybe Tickborne.

I tend to think it's more communicated in homes and living in water damage buildings, but it's I'm just saying there's there is a lot of stuff when you're talking about mold.

And the same thing with Lyme is it's a brand name for whatever the tick is carrying. And the ticks carry a lot of things. And then we talk about spiders and fleas and it gets pretty complicated.

It's very clear. Insects give us a lot of things that then live in us and cause damage. And, you want to try and figure out what's going on and try and change things to do it without doing more damage in the meantime.

And I think that's important also, is, you know, you're not really hurting people with Lyme because I think by now many, many people know that I've seen a steady trail of people from California mostly coming here who've been treated for Lyme or, you know, for four years or so and never got better for the first four months and then plateaued and just kept going and going.

And I've spent a lot of money. And really, when you look at their functionality, how much can they actually do in the day? How much time out of bed? How much can they be with their families? Can they still work?

They're not much better. Than they were when they started where mold was missed. So those, you know, I'm not sure I see as many anymore works. A lot of people now have caught on to the fact that mold is probably the more important problem to catch, and the one that if you don't treat it, you're and you're you're you're, directed, targeted killing of infectious organisms is not going to work very well when you have high TGF betas, which is to which is inflammation and just that one simple point, it's just really useful to understand this is they people can have Lyme and all sorts of stuff when they have high inflammation from living in water damage.

Building the antibiotics don't kill enough. The body just continues, you know, making more and breeding more. So, those are the big ones, I think, in terms of why, you know what, send people into the sick category.

But then there's a whole bunch of other things that are found that have all been there, at least through brush fires that now become much bigger as you try and get people home again.

Yeah. Well, I mean, I, I was the thought that, you know, in the early days I thought you really needed a Lyme infection before people, generally got into trouble with mold exposures.

I mean, again, that was just a story. I don't know if that's true, but it's something we we saw, again, you know, but the problem in, in clinical medicine is that we don't have any really good denominators, you know, is what we see.

But how many people out there, you know, don't this doesn't happen to you. But, you know, the immune system shifts. Something changes how your body deals with, the inflammation and the micro toxin response and and having an infection or toxin load.

I think that's I mean, I say, you see this too. Is that the toxin load and whether it's emotional and I think that's something we'll talk about later is, is huge.

But, you know, and that each one of these things somehow upsets the balance of the immune system. I mean, because really, the series markers in my mind, I mean, at least the inflammatory markers, the MSH, the VIP, the TGF thing, I mean, I said, yeah, we started chasing them early because we were always looking to explain why our patients weren't getting better, because we were doing a lot of Lyme in the early 2000.

Right. We had just what you were seeing people. We we were treating them and they didn't get better. In fact, some of them got a lot and got worse until we kind of figured out who not to do this too, you know?

But so those markers were helpful because they were still elevated, because basically your innate immune system was doing a tap dance and it wasn't listening.

It there was no self-regulation. So anyone and and most speech, I think one got measured more early than mold. So it was easier to see Lyme mold even when you knew mold might exist.

It's only now that we have the IEPs. We have people who are really saying, but, you know, someone like, Michael Gray was saying, you know, 2000 tons of mold in Arizona, you know, that is that.

Well, yeah. If you stop looking for it and use more instruments and Sofia behind the molds and in the roots and stuff, we, you know, have tons of mold.

So it was kind of ignored. Nobody believed that that was a problem.

Mold, Lyme, and Overlapping Chronic Illness

And so now we have maybe the oversight is everyone is scared of the speck of mold, which is probably not helpful either. Yeah, yeah, because we're designed to live with it.

It's fine. It's not going to kill you. Oh, except for a handful, but usually takes a lot. But, you know, but this is the history of medicine because, you know, even alternate, like I still call alternative medicine.

I guess now we call it integrative medicine, whatever the the name functional integrative is obviously, you know, but you know, we forget I said that, you know, Doctor Crook and I forget the other gentleman's name.

You know, this is in the 70s. They were talking about they just they focused on Candida as the mole. But when I look back, you know, we were treating Candida in parasites.

And especially when I started doing this in the 80s and 1790s, you know, and, you know, it's just like, you know, and that's where, you know, Richie Shoemaker was helpful is that he kind of slapped us awake and it realized it was more in the early days, it was more than the Candida, you know.

Right. And, you know, and as we've as we've learned, we can just see that, when the, when the body is overwhelmed and I think that's what's been happening was why you see so many people who who don't get better like they should is because we're, you know, well, you know, the story.

We we've just totally polluted this wonderful planet. So I think that's one of the reasons I see I exist is, is, you know, clean air, clean food, clean water.

That's what you need to be healthy. It's really not that hard. And where do you even find that? It is really, really hard. It's like so I'll get asked, so where do I live now?

I could live anywhere. Well, I don't know. Figure out a place where not only do you not have mold where it might be drier, but it isn't going to have fires.

Okay. And then make sure that the right you know I because yeah, where I'm living now a lot of people have to leave, you know, during fire season because once the fires it's it's untenable for people with any kind of inflammatory issues.

Right? I mean, it's it's most you can't it's terrible. This is really bad. I think it's worse than mold in some ways. It's like the TGF betas. I began to see that when Tucson got it.

And I just it's just kept going up and it's like I finally looked it up. And yeah, people have done the research. Small particles, you know, causing inflammation of of everything great is to. Yeah.

And it's pretty bad. And actually you can't really escape smoke, which is how you can kind of escape mold a little easier sometimes. So. Oh yeah. No, no, no, it's it's it's we'll talk more about that.

But let me just go back to, you know, where you because you're someone who I look to to help understand neural quantum because, like, all of us, we. Yeah. I'll say this again.

You know, I love the tests because I keep hoping that I'm going to get the equivalent of the x ray. The holy grail is, hey, this person has mold, and there's a touch of lime right here, but, you know, and.

Yeah, that's what I'm looking for. That's right. And so one of my patients. But we haven't found it yet. But tell me about there. Oh, quite. I love neuro conscious because I love the brain.

It's, you know, we all have areas of interest. And to me, how does the brain function is, you know, really mysterious. Still, it's so grand and amazing.

And the fact that you can actually measure the size, the volumetric size of these really important regions, we know they're important. You know what they do that you can get here in Arizona for like $320.

You know, we can get an MRI plus the interpretation. It's like, you know, why wouldn't you. That's cheaper than the Michael Jackson test. Yes. And so and you know Edison makes the point I think it's true.

It's it's you know, people should be getting those maybe when they're 50, especially if there's a family history of Alzheimer's because you begin to get an idea, maybe you should heat a little better, etc..

So it's there's a real just on a very basic level, I encourage them of, before you even sick is like, you know, don't get caught by surprise or think you're getting older, that the brain's not there.

You might. It's a slow, progressive illness. Some neuro quanta. Great for looking at Alzheimer's. That is definitely there. They may help and miss. Because you can look at lesions again.

It's not particularly change them, but look at them. So, you know, there are some things that it's definitive about. But in the end, you know, I started with some, thinking that again, it would show you who had mold versus Lyme.

I think I've just had decided to. False dichotomy. It's like it's a fight that's been going on between different doctors. Patients don't really have, you know, they don't come to mold versus Lyme.

So many have both that it's scary. It's like, which one's predominating? Which one should we need to fix for it's might be the better question. So it can show inflammation essentially, or microvascular cerebral edema is that there are regions of the brain that are inflamed compared to other age matched controls.

And I really like the fact that there's a big database of age matched controls, sex engagement controls. That, again, takes it out of the realm of subjectivity that the individual researcher is.

We all know that there's a bias, when when people are doing research that they are always going to, you know, somehow inflate their numbers. That's why we have, you know, double blind, placebo controlled studies, is because it happens.

And the so narrow pants do show, you know, the very abnormal ones I see. And it can't be that, you know, the whole population is abnormal. But my interest has been really since they came out with the trials brain atrophy.

That measures like 50 regions as well. You can see the whole limbic system. Oh my goodness. How could it be that like 50% of my patients are in the 19 percentile.

They're very special okay. It's mathematically we I think we understand that that's not really possible if there wasn't some, you know, predilection between mold and intellectual toxicity and the amygdala.

And at this point, if you know anything, about the way, you know, human psychology or brain or neuroscience, amygdala plays a tremendous role in In Fear and setting off the whole fear system, the autonomic nervous system

in the brain, in the body.

And to be able to see the size is really pretty interesting and then see the pieces. The amygdala usually talks to the hippocampus, which is you know, the amygdala triggers the hippocampus.

Hippocampus has the emotional memories that come up. And for many people that I see, I think many people see that more. We see a lot of, you know, sort of panic driven, dysregulation where it's small things become very inflamed and very, overstated.

And people are usually in a state of high anxiety or what we call somatic hypervigilance or looking for the worst all the time. They don't feel safe in the sympathetic overdrive, and you don't heal in this state.

It's a state of panic. It's not a good place to be, you know, for the patient or for the people around them, because you it's it's right to be, you know, in partnership with somebody who is, you know, always looking for the worst and always finding the worst sometimes.

So it to see it actually and how it can relate to inhalational toxicity is interesting. When you look at the thalamus. The thalamus is the place in our brain that is like the great, receiver.

It's all sensations are channeled through the thalamus, you know, so, touch, taste, smell, odors. Although the thalamus is my cup, the thalamus is like the 99th percentile.

And so many people, how's that going on? And you find out Selam is is a site of mass cells in the brain. And so it's the amygdala, actually. But the thalamus is really well known is like, could mast cells be turned on?

That makes a tremendous amount of sense that best cells in the brain would be contributing to kind of inflammation. We see. But then you so you see the thalamus, you see the amygdala, you see the hippocampus.

You usually often see the cerebellum as being bigger too. And that leads to problems. And you begin to understand the person sitting in front of you who's so anxious, who was having a hard time sleeping, who's having a hard time really following directions or wants to do everything.

And, you know, do it all at once and you know, it's having a hard time taking a deep breath and say, hey, this is where I'm looking at. I can see that is the way to treat it is probably not select.

So it's a lot of it's kind of I can tell you it's going to backfire. And patients like that, it's going they're the ones who become suicidal or are up all night when you give them a benzo, it's because it's a paradoxical inflammation.

But you can see it in the neuro plant. And for a lot of people, that's really, really affirming to get this test.

NeuroQuant, Brain Inflammation, and Limbic Dysfunction

I find because they've had the experiences, they've been told they're psychiatric. I mean, almost everybody who's gone through this journey has been told by somebody that, you know, they really should see a psychiatrist.

They may have taken some of the psychiatric meds and had bad experiences. And to see that their brain is abnormal is is very, affirming in a lot of ways because there's such a kind of traumatic aspect to just the whole journey of chronic illness.

So that would be the limbic system. And sometimes you'll see again with the swelling of the cerebellum is everyone complains of this pain back here, this pressure, it's just so common.

And that's where the cerebellum is. It's 80% of the neurons. And it's like, you know, 90th percentile or more in the white matter. And so many people, it's like, oh, does that explain why we can't seem to, you know, do a sub perceptual release, you know, which really can be helpful.

And that's that's where I got into my interest in the neck and the eye and which we'll talk. Yeah. Well you can go, but why don't you use names? Okay.

Is is definitely a I don't want to stuff you right is is I look at the neuro currents and I can see that. And so you see the cerebellum so big. And I did that a long time ago.

It's before what you've been had the trials brain atrophy really is. I just took a list of like 150 patients in their, cerebellar size and just whether they were hypermobile or not.

And guess what? It was like. Guess where all the patients were clustered with the biggest cerebellum. And, you know, I can't show you a picture. I don't have it right here.

But, the cerebellum at the back of the brain, that's your balance center. We all know, that much. So there's a clumsiness when it's it's, not working, but it's also a center of learning and motivation and has a lot to do with trauma, too.

And so that seems to be very affected. And also my senses, I think it has something to do with EDS. It's it's just it's more large and actually amygdala.

Is there is real research in Ehlers-Danlos that the right amygdala, which is the one that's most caring sort of life or death? Signals to the brain are elevated and large in Ehlers-Danlos, which means that I've gotten to see and more and more like 6% of my population is hypermobile with large cerebellum syndrome, large, the big limbs.

And they also cluster together. And I think, you know, for me, I have a real interest in I'm okay with it because I don't find very anxious people to be that hard to be around.

And, sensitive people. I understand I'm pretty sensitive myself, so I don't think that it's a totally weird thing that that, you know, small amounts of medicine just don't feel good, and you'd rather do natural stuff.

So that's probably why my interest has been, hey, you know, this is interesting to me and also interesting because I've always loved cranial sacral myself.

I know you studied us two pelvic medicine at one point from men because you loved it so much. I just had had it done as body work through the years. And it's like, wow, that feels so good.

Yeah, it's you know, it's it's and so, you know, referring people like that to just cranial work and, you know, it's really weird sometimes people who I have never heard of cranial, cervical work like that, you don't know what it is.

Cranial sacral therapist or D. O., and you have to explain it. Is that actually the way your body sits, its integrity, is actually really important to its, so that's been a real interest.

And the other thing we see, and I might see it a little bit more Lyme is kind of cortical atrophy. Is, is you'll see with Lyme I think less gray matter in the frontal lobes.

And I don't see it in mold as much. And pans sometimes, but not the beginning part happened. But in Lyme and people you'll see, like their cortical gray is like the 20th, 30th percentile.

It's yellow and you'll see like the inferior medial frontal, which is the tracks that are supposed to inhibit your limbic system. And there's supposed to be like a pair of breaks, you know, in a car you have a brake, an accelerator.

Right. And people with the cortical gray not working as well do not have those the brakes, they have an accelerator. And you know, that's patient because they have a hard time planning, making decisions, executing, using the executive part of their brain.

That is just an observation. It's not something. But when I see somebody who has no swelling, you know, no blue,

it's like, not sure, but I don't think mold or mast cells are the major issue going on here.

Well, I think that that is the kind of, you know, in, in my much more limited experience. And I'm, I'm often, you know, looking at those reports, that's been my, my gut feeling is that when I, when I don't see what of swelling, it really lowers the mast cell probability quite a bit.

Right. And but I, I and you have given so many questions, but we don't have time for all of them right now. And one thing you have to tell me, if you can't do it in a minute now at least, is the paradoxical reaction to benzos is a subject that someday I need to hear a lot about, because I've been fascinated by that my whole life, and I've never quite understood it.

The easiest way I can understand it. You certainly say it. And it's like, you know, and these people are always told, well, it didn't happen. Gaslighting in the medical profession, it's really well, in a lot.

It didn't happen. You are wrong. You just you must have taken it. You didn't because of the value. Yeah. Because this doesn't happen to anybody else. Is I think it goes down the wrong pathways to tryptophan is it goes down.

The linear pathways are kind of erratic. Instead of just going on, say, the melatonin to somehow the inflammatory pathways are more pronounced. In a brain in that you're going to see that inflammatory response again in the swelling.

So that's my best explanation. It's probably more than that. Pathways. Again, we we barely understand the brain and the pathways and then have the pathways all regulated each other.

So that would be my sense with but it's, it's you definitely hear it and you should respect it and just say, well, that's real and probably we should be working on inflammation would be the best response to it.

And let's just stay away from these CBD really gives me that response, which is one reason I love CBD. Right? Information. And it's been really, really well researched.

And government owns the patent on sleep and did a lot of research and they own it. And I think that's one of the best winners I've found. You've asked, you know, what things really work is CBD and low dose nil tracks.

Are sort of my favorite recommendations for inflamed brains that work consistently without doing harm. Because, yeah, I think that's that. That's yeah.

Very true. And as you say, without doing harm because that is always the problem of using medicines. Well, I love them, but, they all have downsides. And then.

Yeah, and sometimes not very nice ones. So just I, we got to wrap up, but I, you got to view other things. I just love to hear your take on. Okay. I mean, these are straightforward.

These are, these are like the, the big philosophical picture. These are simple, straightforward ones. You know, I one of the things that really intrigued me was that the first Eisai meeting you gave, I thought the best talk ever.

Like treaty markers. It works sometimes. I don't know why. Or not. Maybe I'm paraphrasing, but sort of. And I just love that. Because then, in my experience, and people didn't talk like that, everybody acted like it was, you know, mother's milk, you know, it did work.

And you were talking about how key to cleanse work. Nearly 2000. When I started out using big sprays like people got better and I got a lot of shoemaker's patients when I started because I was like the second person certified and he wasn't seeing people anymore, and they had all been tested for more concentrated, but never retested.

So I made maybe the mistakes with, whoops, you just froze for a second. Okay. Let's see, are you going to come back? Yeah. Showing me I do have internet now. Yeah.

We just had a momentary pauses. So you just tell me about your experience with, you know, retesting people who are already been treated with big screen for the furthermore icons and you retesting.

And then they still had mark ons. Now that's true. I mean, there was a time when maybe 50% cleared and they felt better and it was good and I was optimistic and I'd do it again and then maybe get another 25 or 30%.

But I think the slideshow I showed was by, you know, 2017 or so. It was getting harder and harder to clear people. And I showed a couple who were sharing a lot of the same organisms who went from like six resistant to nine resistant, up to 12 resistant, including vancomycin resistant and Mercer resistant on big.

At which point I just sort of stopped and said, I am not picking these people better and left it. But I showed what a lot of us had been looking at was the increasing use of an antibiotic in the nose was just breeding out more antibiotic resistant.

And I have tried with people for years with okay, so I talked about cavitation and we showed that in the covet patients and hey that's exciting. And you know we got cavitation done.

And people some people feel better. It's like that whole treatment thing is this might be something that helps and we might clear the mark on not. I've had people go and get tonsillectomy because they're so they really want to the Americans and adenoid and okay since and we still have mark ons and they refuse to give up.

And I just said, look, I'll write you what you want. You can you can keep going at it. But really with four years in, you've taken everything out. It's your immune system, okay, system.

And the the other thing is, is that people can carry more organs and still get better.

Hypermobile Patients, Trauma, and the Autonomic Nervous System

And I'd like to make that point because I have a number of people who, if you're honest about measuring and you wait a few weeks or wait a month and retest, you'll find a lot of people never got rid of it or just, you know, got King back the minute you let it sort of grow again from tiny little regions you couldn't quite catch with your, you know, swab.

It's back. And so it's a couple. Yeah. It's hard to get rid of things that like to live with us. It's really not trying to hurt, you know. And I finally settled on you know it's clear if you have sinus issues.

Yeah. It's really well, especially in a dry climate like Tucson, it's a miracle learning to use Neil med bottles with various you know, you can use different herbs and stuff, but if you have allergies, or mold problems, you know, it's just learning to wash your nose the same way you brush your teeth.

That type of hygiene really helps a lot of people. They really, really like it and feel good. So I've kind of left it at there is I'll try things when people want to, but I've kind of lost.

I mean, I've just it for so many years and not seen it go. And also no, it's not maybe the real cause the real colds may be sinus issues, maybe other things.

Definitely. There's a lot of research on sinuses, depression, anxiety. And to me it's very clear what's in your sinuses and your nose. It's going to get in your brain.

And we know that from Covid even more is possible. Is there keeping your nose clean is just like a really good idea. Washing it, keeping your sinuses flow and going to the EMT they're scraping.

Does more than big sprays ever done has been my conclusion. And if you want to try some antifungal beyond silver and I'm not even sure I like silver anymore.

But if you want to try that, you know, I may try that with people, but again, I just don't see miracles that I don't see immediately with sort of excelsior and, getting people out of bad environments really helps me.

Yeah. Number one. Number one. Yeah. And getting good dental work, because you can't walk around with old root canals and expect to get better. That's that's really important.

So again, it's a seasoned clinician isn't going to insist you have to get better on something. They're going to just find the active infections we can treat that are not colonization like root canal over canal on bad hair and get them fixed.

And that's how you proceed. I think it's just okay. Gave it a good try. Let's you know. No that's right. That's fine. That's fine. Yeah. Yeah. Because sometimes VIP will work even with or without it.

It's not. It's that I think peculiar thing totally is that and could see because be this way. Yeah. Yeah. The number of patients I had who had more control on VIP when I kept testing for barcodes was very high.

Okay. So you're saying because that because some more cons, you know, break do break down mesh or do other things because God knows what else to do and some don't.

Life is not as straightforward as we would like, so we have to I think we have to wrap up. But I just said, see, I think there's let's see. We talked about the hypermobile patient because that is I mean, the biggest thing I have found over the last years is just that I realize that probably the last six, eight, everybody, I mean, my patients, I literally 80% are hypermobile.

I mean, like there's six. You see, I would say what's at 60%. Yeah. No no no no. Like the cutoff of for yes. No, no I mean I I'm, I'm not I usually don't use percentages because I generally have no memory, you know for that kind of detail.

But this is so prevalent I mean almost it's rare to find a patient that I, because I, you know, like the what is it, the bandwidth scale or the band is, is kind of a I mean, if that's positive, it's interesting.

But I look elsewhere because it doesn't matter where in the body, wherever you are, if you're hypermobile in a joint, you've got an issue. And if you get inflamed, it's going to get worse.

I mean, that's really important. Important for people to understand is, you know, I have people who can play both hips behind their head and we're told they don't have Ehlers-Danlos, but their hypermobility is in the wrong place.

Yeah. It's very they were told they were very hypermobile and flexible in their spine. But and so please, I think you understand that's the fact you didn't make it and scored eight does is you know clearly you have this is just so to know me you have cells you know you have one you parasite.

You have somatic hypervigilance. And you've had trauma in your life and PTSD from being in the army. And you can get a like a circus act is, you know, I think you get that we're going to be treating you like a hypermobile patient.

And I should point out to me, it's interesting because it's so, you can see in these patients, really the intersection of the autonomic nervous system, the brain and the body, and that's at the neck.

It is where the vagal nerves going to come from the brainstem. And, how much that's going to be intersected by compression of the bagel nerve. And again, how much trauma plays into this.

And I think that's kind of where I'm ending up at the moment, and especially after watching the last year with Covid, is that if you can't address, trauma.

And the only way you can really address trauma is the body is is working with the autonomic nervous system. Talk therapy is meaningless. You know, it's enough to know, as someone say, you talk long enough to find out your

head trauma and then that's it.

Okay? You're not going to get anything. That's. Yeah. Excellent. No, I'm 100% with you. I've always found that it is. Sometimes the hardest thing to do is convince people that what they need is I, you know, body.

I call it body work. I mean, just me, me to have somebody touch their body. And, I mean, it's just. But we live in a world where they think it's give me a pill or send me to the psychiatrist, which is another thing.

I get a lot of authority there because I'm just a psychiatrist. Right. You're allowed. I forget the pills. They don't work any better than diet, work, and exercise.

But I can tell you it's very meaningful if we can get you to actually get more into bagel tone. And that is not going to be one eyeroll exercise done once a day.

It's going to be mindfulness of, like when you're in hypervigilance where you can at least laugh about it and maybe do some things that calm it down, which you can certainly do, and take deep breaths.

Breathing is really important. Or when you're frozen, because that's the part that I think we see even more in chronic illness too, is the freeze. Yeah.

I can't make a decision. If I do something, it's going to be bad. The shame and trauma really locked up there. And those cells, those mitochondria are locked, and you're trying to teach people to breathe, open up their shoulders, touch themselves.

You know, I mean, name Covid, but everyone's had to learn. Some do a lot of things that body workers can't, which is to do check on do touch do. Yeah.

I use vibration plates a lot which are really good. Very excellent. Yeah. Right. To just get people, feeling your bodies, the more you can embody the body and feel it without panic and terror, the healthier you're going to get and the more your mitochondria are going to respond.

And I think that's where I am now is how do I get people better is to kind of call it when I see them dissociating, when I see them like, this is like, hey, let's get you up.

You're overwhelmed here. Let's do breathing. What else are you doing for vagal tone? And, you know, and working from there, or I can see you're hurting your neck is, you know, what are you doing to release back here?

You know, do you even realize, you know, you should be going lining up you with your shoulders and down and, and, you know, is I don't even call it body works.

We call it somatic therapy. Somehow it sounds better last year than I saw. Yeah, but you can, you know, you get people working on the fact, you know, that we if you have all these pills and you're not better than the pills, they're not working.

Okay? The supplements are kind of helping you, but you're not digesting them. You're not resting. You're not in vagal tone. Clearly, you're not enjoying life.

And making decisions are hard. And, you know, and it's sort of getting people beyond to one thing of DNR rest is not going to do it helpful. But again, it's not a course that ends.

It's a life that has to go on. And everybody's on that same journey. We used to call it. The path to enlightenment is, I now think we call it the path to embodiment is getting in your body.

So everybody's on that journey and healing their own trauma. I think in terms of getting happier and healthier, none of us want to end up with Alzheimer's, particularly, or whatever, chronic illness.

So but it is that idea is it didn't end when you took your DNR, its course and you're finished and now you don't do it again is every day is an opportunity to practice.

So were you mindful and you know, where did you get thoughts. Just go with that. So I think that's where I'm at which is being some were like a psychiatrist again.

Yeah. If you can't, if you can't get mindful about the trauma, about the reaction your body is having, if you're not in your body at all, you're not going to heal what are the small blind, whatever the tests show.

And I can just tell you that from page after patient that the people who get better and it is slow, but people really do get better from all these diagnoses are the ones that just start.

Okay, I'm standing up. I'm going to get some follow therapy here. Oh my God, I love physical therapy. Thank you for telling me about physical therapy.

You know, is like a willing to do that. Plus the peptides, which I love, plus low dose naltrexone and CBD is is working with an ongoing thing. It's just well beyond just sort of getting at mold or, you know, killing some Lyme.

It's. Yeah. Because, you know, as, stealing that, you know, your story. It's, you know, we it's the black the problem, the chronic illness is that thing that we calls, you know, the black box of healing, which is what medicine depends on.

Meaning, like, you know, you heal, we operate and we take the, the limb out, but then we need your body to heal. And if your body isn't in a relaxed or a proper, it's not going to heal.

And what you're you know what you all these things are things that invite the body to return to a more balanced relationship in itself. And you know, what I always show people is I picture my, you know, on our vibration plate and we have a bangle, and she just got on it by herself.

Initiatives like 4 or 5 times a day could turn it on. And it's like, look at the cat. The cat is rubbing her neck this way and that way, going back and forth.

Yeah. Loves it. Begs for it. If she hears that little bell, wherever she is is. Please understand. Animals don't do things that don't work for their bodies.

This cat knows how to feel good and she wants to feel good. And just like let's try and imitate that is is just doing things that feel good. She's not healing, okay? She's this intuition.

She's living. She's what it what I said while I'm living in Bob's world at the moment. But, you know, the difference between the healing is when it's really broken.

The whole cycle is when you're just touching these places every day in order to recover and rebuild in a cage, you know something bad happens to her. She she shakes.

She does exactly what she finishes the trauma cycle, shakes it all out there and boom, he's gonna do it again. Yeah, we're better remembering that. That's that's what gets us into trouble.

Too much. Too much memory. Yeah. But yeah. So so and but but I my last question because I want to get this in because this is again this is for me. What are your favorite binders?

I mean, do you have any do you think they matter? Do you just, you know, I do think they matter. Okay. I wish we had precision with them. I don't I think that's another set.

I'm just curious because I don't either it. Okay.

Treatment Approaches: Body Work, CBD, LDN, and Binders

I thought okay. Because it depends on what you excrete and what you excrete may not be what you actually have to find. It might be what your body gets rid of the X, you know.

So forgetting that is I tend to look at what can GI tract handle and colostrum empirical is very many people have sturdy people who just swear by it. They love it.

They feel good on it. Fine and well, coal probably is my favorite because insurance coverage said it's a white pill so we don't get mast cell issues with it.

You can take it with food and it's convenient, and what people will do regularly is probably the best. So the very consistent with, well, call and then, you know, I've been doing clean charcoal for so many years, Michael Gray, that's all he uses.

And he uses the old fashioned Costco, like, you know, clay and powdered charcoal, which makes an enormous mess that the whole thing costs like $10 a month.

And it works because I've seen people drinking milkshakes for a long time and they get better. So I kind of laugh sometimes at like, how many brands of charcoal there are.

And, you know, I don't want metals in the place. I think that's important. Yeah. And then the other binders, it's interesting. Oprah is, you know, people will eat it.

It's a food they can eat. I like, you know, glucagon or up to fiber. Right. Because it doesn't seem to cause problems with constipation. And that's your enormous issue.

I like acacia fiber right now because it's so well tolerated for so many people. So I don't really have a for binder. It's really what the person is, what their GI system will do, and you know how much money they want to spend and also how compliant are they if they're people who are working, who work with, well, coal, it's like keep them on, well, coal because that will get it.

If you want to add some clean charcoal see if something else happens. Fine. You know, lots of times I think clay and charcoal people get to the same place as the, well, call the colostomy people that you just have to do it over time and still get out of exposure and keep the GI tract moving and healing.

So I don't have a favorite. Certainly not a brand. Yeah. You know, I, I mean, I love what you're saying because once again, you're just, you know, it's when you, there's a circle of thinking that's around, okay, I have x, I need to do y, and then you're just stepping back and asking the most obvious question.

Do we really know that X is the problem? We, like you say we know it's the brand mold. We don't know that it's Oprah. Toxic. Absolutely. You know, I mean and that is I so thank you once again, I'm always impressed by people who remember to think, you know, and ask the question behind the question or behind the answer.

Right. And also, if you've made some people constipated, they've ended up in the hospital. If they're slightly demented, you don't do that again, you know.

So you actually, you know, you do ask, you do learn, you do learn. Right? And if you know and if they have cells and they're on cold start when you finally figure out mass cells exist in the gut.

And that's why they've had done to you. You've stopped doing that. Just, you know, and and if you've seen people spend tons of money on binders that have the best advertising and all, I have to take this and that, it's like, fine, you know, doesn't look, they're not bad, you know?

Yeah. God bless. You know, like your insurance would pay for. Well, coal. And we may want to try that too. Yeah,

yeah. Know that that is always been an old favorite.

Well I have to wrap up, but thank you. I mean this has been a delight for me. I always love to always love learning and sharing. I think I love the history.

It's kind of more fun that there's such a history with Lyme and mold and chronic fatigue of doctors and what was thought to be and what the testing was five years ago, ten years ago, 15 years ago.

And the doctors who predominated is that people who are still, you know, standing after all of this, treating people, those are the people I think you want to see or hear from.

Is is what I think, you know, because we we went through, you know, we go through and I call it the flavor of the month. I would like and, but, you know, I remember I didn't want to treat Lyme in the 90s because I was, I was still under the, you know, oh my God, I'm going to put people on antibiotics based on a clinical diagnosis.

I mean, you know, that was I got there in about 2015 or 26. You know, they started doing I Genesis. And so my whole load up has been relapsing fever and but easier when we do I genic.

So let's toss this idea that because I lived in Tucson I only had mold patients. Right, right. No, no, I mean because we, you know, I was doing a lot of chronic pain, and, Wayne Anderson joined my practice like 2001, and he had been doing Lyme since, like 1990.

And his patient, his bizarre patients looked like my bizarre pain pattern patients and ones that didn't make any physiologic sense. And but then it was, you know, it was line and then it became the BCA.

Everybody, you know. And then then we found Bartonella and then along the way we've always had chlamydia and mycoplasma, you know jockey. But they never quite made that. And the point is there's a problem and it's called the environment.

And your immune system. And the what we find may or may not be your biggest problem. And that's where it goes back to you, what you were saying in the beginning.

It's listening to the history and trying and seeing response. And don't stay treating what's not healthy. Right. And if someone's not getting well is do not stand on your laurels and insist, oh well, you're not following like, oh, you need to do things right is your next step.

And I think you and I are similar in this way is like, so what don't I know that this person might have? That is really the more interesting question.

And that's what kind of keeps me interested in seeing you know, it's like, oh, what didn't I know I certainly didn't know about CCI or Ehlers-Danlos or mast cells or little blind abuses, you know, is, you know, so you know what don't I know that could help this person.

And that's why I'm sort of going back to trauma and freeze and pause. It's like I sort of know it, but now I see it so much was it is like a back there again saying people just like, don't you see what the cell danger response is like?

You have to get these things to signal. You cannot check them into working. You actually have to get them to want to work to get them to, because it's a very different approach.

Yeah, I think because I mean, just to end, I mean, and with my favorite thing is that with this, what we learned from the remember the cell danger is super is a story.

It's just a way to hold together a good one. No, we know, you know, I mean, like, it's not I think I know, but it's a paradigm shift. It's like you can't force the body to move that.

This is right. This is your body's response to a situation that it's reading is dangerous, and it's has this response until you can convince it that it's safe on some level.

And that's what I love about what you're saying, because that that, you know, we always think it has to be biochemical. But my God, the most powerful medicine still is love.

And and safety, which is simple and tasty, is still practiced on the vibration plate. She's safe, she's happy, she's keeping her body, shaking it off and not thinking about it.

Yeah. Getting treated. It's it's kind of well that's different. It's it's there's a signaling that's going on there that most people are very different than a biochemistry.

So that's the paradigm shift a lot of doctors and patients have not made. And, but will eventually they will. But you know, I think it's a dance and you and you embody that dance of like, thinking, feeling and putting them together.

Yeah. It is, it's like, well, why aren't you better is. Oh, it's like what's, what is going on that, you know, so yeah. No. So I enjoy talking to you because you certainly have done it seem numb and kind of keep standing and laugh.

Yeah. Well, because I mean, you know, because we're all just working at it, you know? Right. It's it's just an amazing. I mean, and the patients are good enough.

I mean, I, you know, my heart goes out to the people who, you know, I don't help because, you know, this bunch of them and, you know, and I've seen. And that's why I keep looking. Because I don't help.

We send them, they go see somebody I know, I mean, and sometimes that person has the answer, but unfortunately, lots of times they don't. So I have to keep working because eventually I keep hoping.

Yeah, but those are the most interesting patients too, is like, so what did get you better? That's what you want to know. That's how I first found out about mold is like, what got you better, you know?

I mean, it wasn't a antidepressant. Yeah, yeah. You know, I'm going to try to follow up on people who don't come back because that's where you learn the things that you are missing.

You know, like people are often sheepish, you know, they don't they don't want to, like, disappoint. You know, the ones who aren't angry. But many people that you know, they don't want to tell you because they liked you, you know, they want to hurt your feelings.

But but we want to know if you found something that helped you. That's a lot. Because especially if I spent a few years working, I think I might know something about you.

And you did something that worked. And that's the most. Absolutely. That's the most interesting information. And that's the teaching. Yeah. That's better than all the courses I go to.

Okay, great. I really thank you, thank you, thank you time. Yeah. And I'm glad the internet cooperated and yeah the rain didn't knock us out. Well blessings. And, Yeah, it's talk to.