Why Antimicrobials Alone Don’t Work Transcript

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Opening and patient-first gut foundation

When we see a new patient, we always start with the gut. So it's the foundation of everything, right? I think that one of the things that maybe other integrative practices even kind of miss the mark on is a patient comes in, they have hormonal imbalance, and here's some pellets.

And it's like, okay, but they don't root, right? Like they haven't had a bowel movement in seven days. Do you think those hormones are gonna do what you want them to if their gut microbiome is not balanced?

Symptoms are only part of the story. I'm Dr. Drew Kidder. And I am Dr Emily Hernandez. On the healing terrain, we explore deeper systems influencing clinical outcomes from toxic burden and microbial imbalance to the foundational factors that drive resilience and long-term health.

Hi, everyone. I am Dr. Emily Hernandez, naturopathic doctor and clinical educator for Cellcore. I have owned the breast function medicine for the last seven years and we see a little bit of everything.

So we, see things from, you know, neuropsychiatric conditions and pediatric patients and pandas, brain on fire, autoimmune disease, infertility, hormonal imbalance, or gut imbalances, of course.

Um, and then, um, even all the way up to cancer. Wow, wow. A little bit of everything. Sounds like it, my goodness. So today we're going to be talking a little about antimicrobials, which ones you're using, how they work, when they don't work.

Let's dive into it. First of all, a bit about anti-microbial. When are you using them? Why are using?

Introducing the podcast and clinical backgrounds

What are some of your favorites? When we see a new patient, we always start with the gut. It's the foundation of every thing. I think that one of the things that maybe Other integrative practices even kind of miss the mark on is a patient comes in, they have hormonal imbalance, and here's some pellets.

And it's like, okay, but they don't move, right? Like they haven't had a bowel movement in seven days. Do you think those hormones are going to do what you want them to if their gut microbiome is not balanced?

And so we always start with the gut, whatever the condition may be. Patients might say, I'm having textbook bowel movements. Like you said, having them every day.

And I'll say, okay, maybe that's great, but we can all have different burdens because of it, right? If we all did a stool study, we might find very similar things that are wrong, But the result of that or the burdens from it can be so different, it could be autoimmune disease, that can hormonal balance, It can actual gut issues, and so we have to start with the gut as the foundation of everything.

It's so important. I totally agree. antimicrobial wise, I use biocidin. And I've been labeled a biocide and superfan.

Antimicrobials, biofilms, and why the gut comes first

I totally am one. It just works so well. Oh, it never fails me. Yeah, so I can use it in peeds, and then women, sensitive patients. But it really doesn't matter.

It's got that biofilm capability too, which is so important. I love that it's broad spectrum, right? Because even if someone comes with SIBO, well, it is often not just bacterial overgrowth, there's fungal overgrowth, sometimes

viruses and parasites.

Even when you do stool testing, I feel like nothing is in isolation. It's so nice to have a tool that is broad spectrum, has the ability to kind of go after those overgrowth and pathogens without wiping out the beneficial.

And you mentioned biofilm too, so I'd love to hear about that. So I think people, that's something that even when I started, you know, I humbly say in the beginning, oh, i'm so sorry for patients that I failed to go on the bio phase, right?

Because it wasn't talked about. Yeah, think it is more now. Yeah, a little bit. That's kind of our job, right? It's to educate. Biofilms require 500 to maybe 5,000 times the antibiotic dose to break them open.

And so this is where in pediatric patients, even if they have tubes in their ears, they're getting referent ear infections because those tubes are forming biofilmes, Biofilms can form on any foreign thing in the body, and of course they're in like that too.

And it's a protective mechanism. It's protecting those organisms from destruction by traditional antibiotics. Right. I want to talk about biofilm really quick in case there's anyone out there that doesn't know what we're talking about.

Yes. This like sticky mucus substance that microbes create to hide behind. Like you said, it is part of their immune system. They typically do so in a community with other fellow microbes and we call them polymicrobial.

So you can have bacteria present, yeast present all sorts, parasites sometimes. Yeah, all of it. And then it's sticky. Anything else floating by can kind of stick onto it, so we've got the heavy metals and the histamines and oxalates.

So it's kind of this double-edged sword, right? It's like we want to address the biofilm to get to the root cause, but you have to be careful when you do so, because it opens up this can of worms.

Yes, it totally opens. Yeah, totally does. And that's the other thing I see. People don't use a binder, and they're not worried or thinking about LPS endotoxin.

Lps endo toxin is released by some of these microbes and can damage the liver. Most potent inflammatory mediator that we know of. Isn't that crazy? Lipopolysaccharides.

Yeah, it comes from gram-negative bacteria and if they use it in research to stimulate inflammation to liver cells or whatever they're looking at so they can figure out how to combat inflammation.

Yep. You'll see that if patients, you know, if their senior practitioner, maybe they are even using Piosidine, but they just like… all guns blazing going way all out and they really struggle.

They're not just about killing, right? And then the gallbladder gets mad and it probably already was mad because no one pays attention to the liver anyway.

And so you can have a mess. Yeah. So yeah, so antimicrobials that are broad spectrum, some that're going after biofilm. What happens when you're seeing patients that have done those things?

Supporting detox and avoiding die-off reactions

They may feel better while they're on the protocols, but then they kind of come back to you in a few months or a all encompassing or like at the whole picture, right?

And so you can't just go modulate the microbiome and eat whatever you want, so, you have to be mindful about what you're eating. You have put a lot of focus on prebiotics, those fruits, vegetables, whole grains, that diversity of color that you are going to get.

And then you think about postbiotic, too. So those short-chain fatty acids, and are those optimized? Did you repair the gut lining? Are you using something to repair that leaky gut and those little proteins that are We're not holding cells together.

Has that been all repaired? Do you chew your food slowly? And do you live in fight or flight? You know, you have to look at the nervous system and there's just, it's never just one thing, right?

Yeah. And that's what's like the best part of our job and the challenging part. Absolutely. Is there is so many different things you to have look. Not just oh, my patient has constipation.

Right. It's the reason why people are more susceptible or got the SIBO or whatever they're dealing with in the first place, right? It is treating the root cause.

You obviously want to treat the overgrowth. Exactly. If you just stop there, you're missing the mark. And you are totally missing that mark, yeah. Yep.

I see that a lot, like you said. Maybe they've done all of this and then they show up in my office and they are like, well, why am I still dealing SIBo?

Right. Or maybe they didn't pair all the IRECs with biociding to get even more broad spectrum depending on the type of SIbo that they had overgrown. Yeah.

digestive enzymes, or looking at the gallbladder, looking it, you know, stomach acid level, all of that is so important when you're looking into microbial.

Yeah, amazing. So what are some of your favorite go-tos for some those categories? Like you talked about some additional antimicrobials and like looking out liver, gall, bladder.

What are types of things that you typically suggest using? So if a patient does have, you know, confirmed SIBO, then I always pair it with olivirx. I get so much more benefit when I do that.

You know and I know Biosidin has great studies supporting that too for SIBOS. So I'll use oliviRx, I definitely have to use something for the liver. Liver Gallbladder Plus is nice because it's got the TUDCA in it, or I Know Cellcore has a great liver support lens too.

Why protocols must address the whole terrain

A binder is totally necessary. GI Intercom is one of my favorites to help repair that integrity of the gut lining. Digestive enzymes, in certain cases, may need those.

And are they sleeping? Are they moving their body? Do they sweat? Or are you even drinking water? I think sometimes you'll get so entrenched in making a protocol and forget that they're drinking 20 ounces a day.

You're like, oh, well, OK. They've been stuck on a low FODMAPS diet for months and years. It's like let's use this as a therapeutic tool, but then slowly reintroduce these things.

Because ultimately, they are feeding the beneficial flora. We want that diversity. That's why there was an issue at first. And on that note, patients ask me, they're like, do I need to do FODMAP?

I've seen that for SIBO, and I'm like no. And I don't have to, when I use Biosidin, I do not have keep them on a FodMap diet. It's so freeing. Yeah, yeah I know.

Sometimes people come to us already thinking, oh please don' tell me all the things I can't eat anymore. They're already stressed about it, you know? Because they've already been told, like I am not going to work with you unless you take this, this this and this out.

And I feel like the end goal is like we have to meet our patients where they're at, right? And so sometimes it can be helpful to temporarily, you know, adjust some diet stuff.

But I always like to tell people, this is a temporary thing. We're using it as a tool, like therapeutic, just like supplements should be temporary. And you'll see so much quicker improvement.

That's how I encourage them. I'm like, we probably wouldn't have to eliminate, you know, whatever it is in a certain case, but you will see improvement so quicker and will reduce inflammation so faster and you feel so better on the back side.

It's so important to meet the patient where they're at. I think that's the other, if I had to pick another thing that is missed by a lot of other practices, conventional, alternative, it doesn't matter.

Meet the patients where their at, don't have these list of aid expectations that they are already overwhelmed with when they walk into your office. It is a journey, right?

Healing should be a Journey. Totally. And I feel like sometimes we get so into all the different layers of stuff and thinking through these complex protocols.

Yes. So I was about to go see some patients last week and I got stressed about it because I knew they were going to be complicated. just, you don't have to do everything in one visit.

It's like, oh yeah, that's great. Let's just be simple and like start with a foundation. Yes. And that always ends up that way when you really interview the patient well and you listen to them.

Yeah. Something will come out that is like oh, let's say, yeah.

Favorite antimicrobials and supportive therapies

That's where we have start. I mean, so yeah and since this is the healing terrain podcast, which you know, we're talking about obviously using antimicrobials to treat anything that shouldn't be there.

But like really what we are saying is also then the prebiotics and the postbiotic. You know support that terrain. What about toxins? Yeah, it's hard. I think that's, and you're probably seeing this in your practice now, patients are so much sicker than they used to be.

And I there's multiple factors that go into that, but one of those is we live in such a toxic world. So it is important to care about the water you are drinking.

It is to switch out the products you put on your skin. You know there are Xenoestrogens contributing to this burden in the liver and all the other things.

You have to go to sleep to eliminate those toxins efficiently. You can't go into bed at midnight and expect your body to function. I think the toxins thing gets patients pretty overwhelmed too.

Pick one, start with one. Swap out your cleaning products. Start there. Get rid of any fragrance in your house. Throw that stuff in the trash. And then as you start to feel better, you'll be more motivated to eliminate more things.

Because toxins bind up in the gut, like you mentioned. They stick to those biofilms, right? And we create a bigger problem. Yep, absolutely. So that's why sometimes those antimicrobials may not work on their own if you don't reduce the toxin.

Any favorite, perhaps, or references for patients about how to know where the toxins are coming from or how do avoid them? EWG Skin Deep is kind of a nice website.

The environmental working group, you can put in your skincare products and go through. I had a student with me once and she was like, oh my gosh, I'm totally going to do this.

And she's like Carrie, look at how bad these were. It was eye-opening, and I hadn't had someone bring back their list to me. Oh, that's awesome. Swapping out those products, when they run out, buy the clean one.

Right? It doesn't need to be like sell the farm today and do it slowly. Um, I also love Branch Basics is like my favorite cleaning line. I know we're not speaking about them, but they're my favorites because they make it easy, right?

It's my hand soap. It is my cleaning supplies. You know, it's, my laundry detergent. If it stains out, and I've got messy kids, that it never fails me.

And I bring it with me when I travel and it cleans my pump cards. Like it is so handy. So they have a great hand so well. They have great, um, Ditch the Toxins course.

Actually, like $99. And they make it so easy.

Diet, toxins, and practical patient education

So I recommend that. Yeah, for entrepreneurs, it's great. No, that's awesome. Super helpful tips because people, I feel like so overwhelmed. And I think sometimes people think they're getting really clean ingredients because it like, the marketing is criminal.

It's just natural. It does not mean it is. Or it looks white and clean, the label. Well, that doesn't mean there's not a ton of junk in it. Our oldest is like, Mom, but it said natural on it, I said, But that does NOT mean that it IS.

So we still have to read the ingredient list. And all those ingredients are really Like, what are those words? Yeah, can you pronounce them? Exactly. That's always a key, too.

Pick something up. Can you read? Right. Ingredients, number one. And are there a bunch of them, Number two, that's an easy starting. Yeah. Even with your food.

Right? Same thing. Yep. I know EWG also has the Dirty Dozen Clean 15. Yes. It's just a great place to start. Instead of having to be like, all right, do I have to buy everything organic, it's expensive?

Yes, and sometimes it sounds variable. Like we're in the middle of Nebraska, right? And so my patients, you know, we have definite seasons that we can get certain things and so that can be overwhelming too, so just, the things that need to really be organic.

Yep, starting there. Love that. Let's see, kind of as a take-home question here, what would you say is the biggest challenge for people when they're doing an antimicrobial protocol?

If you follow biociding cell core protocols, I think your patients are going to do really well. I'm thinking you need understand the sensitivities of your patient.

So knowing how to dose them and where to start, that can create a challenge, for sure. But if you truly understand their products and you really understand what you're They really shouldn't struggle and that's what I tell patients.

I'm like, I know you say you're sensitive and I Know you've struggled with things before but I do think you'll tolerate this very well We're supporting all these good things at the same time of attacking, you know the bad things We don't want to do all this killing right right like you can't just go after stuff.

We are rebalancing, right? It's all a harmony and so I think when you looking at the whole picture and you're supporting the prebiotics and the postbiotic and detox pathways and getting them some magnesium for sleep and

bowel movements, as simple as that is, they do really well.

That's awesome. There's an order to things.

Dosing sensitivities and the importance of drainage

And if you are following that order, your patients should do well too. Yep. The drainage, the detox, and nutrients, all that's just as important. It is.

Calming the inflammation, supporting immune modulation, just important as killing sometimes. I see a lot of Lyme patients and that's what I always tell them.

It's like they come into the office and they're like, I just want to get rid of this infection, which I totally understand. We're not going to be able to go there if we don't support and set up this foundation before we just dive into kill, kill kill.

Well, and most patients' nervous systems can't handle that, right? Because they've been living this chronically and now there's no way their body even knows how to heal at this point.

Or trusts. They don' even trust their bodies to heel. So you have to look at all of those things. Yeah, absolutely. Well, thank you so much for your time.

It was so fun chatting with you. I feel like I learned a lot of great clinical pearls and hopefully you guys all did too. Thanks for joining us. See you next time!