Why 'Detox First' Can Backfire for Some People Transcript

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Introduction and Guest Background

If you live in a horribly toxic environment and you do all the brain work you want to do, you can be doing the neurofeedbacks, the stellate ganglion blocks, the mental health drugs, the ketamines, the limbic somatic works.

You can do all of that that you want and it may give you some relief. And I'm not saying it's a bad thing, but if you live in a house. that has 10 times the amount of mold you're supposed to, the symptoms you're fighting are going to keep coming back because your body's unsafe.

And if you remove the toxin that produced a fight or flight response in your body that made you feel unsafe, that made you distrust the living environment you're in, Even when you remove it, for many people that I've worked with, they still don't feel safe.

They're still in fight or flight, even though the toxin has been removed. 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, the don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Today's guest is Dr. Jabin Moore, a functional medicine practitioner with a personal and professional journey rooted in uncovering the real cause of chronic health conditions.

After struggling with chronic symptoms himself and watching his mom endure years of misdiagnosis and infective care, Dr. Moore has dedicated his career helping others who feel unheard, dismissed, or caught in a cycle of symptom management.

He takes a personalized approach going beyond generic protocols to identify the root cause of chronic illness, including gut dysfunction, immune balance, Lyme, parasitic infections, environmental toxins, hormone disruptions, and certainly more that we'll dive in today with extensive advanced training that spans cellular health, functional blood chemistry, kinesiology, nutrition, metabolic health.

He has supported thousands of individuals in reclaiming their health when conventional medicine one size fits all strategies fail. Today, we're going to be exploring insight into navigating complex chronic illness, the role of the gut microbiome, systemic health, functional strategies for immune support, and how we need to rethink healing.

The title episode is neurotoxic loop while your brain must feel safe before your body can detox. Welcome to the show. Thanks for having me. Nice little long intro I got there for you.

But it's been a journey to get here and the topic is one that I have really found to be a secret sauce when it comes to why people are staying unwell.

So I love opening every episode with allowing the guests to provide their origin story pain drives purpose. And we can hear within that intro and certainly yours is no different.

So how did you get to doing what you're doing today? You know, I grew up with a mother who loved me just, you know, just like every other mother and I watched, it's hard to talk about sometimes because I just watched what happened to her health and at 10 years old she got in a car accident.

was told at the ER that she was diabetic. She didn't know it. She had been for the last three years searching for help as her body was shutting down, as she was being medicated.

She was on 40 pills a day, medication pills a day at this point. And it was medical mismanagement. It was, it was a

oops, I didn't see the diabetes. And you know, you go back and you look at something and it seems so simple to catch that doctors are trained on every single day.

And you just realized that the system isn't perfect and it there's a lot of people that fall through the gaps. And I just watched for the next 20 years after that, until 30, they're still trying to fix the things that happened when I was 10. Right?

So my mother's health journey opened my eyes to there's a better way. There's better care that can be given. Not one pill to fix the last pill side effects that there's probably something behind all of this.

And then when I got into school finally in my doctoral program and started Getting closer to being able to get out and help people. I ended up with Lyme disease after living in a moldy basement in college because I didn't have much money.

I was poor and I was staying in the cheapest place I could find. And like so many others, we just do what it takes to get where we need to go.

Root-Cause Medicine and Patient Intake

And I got sick. And then I had to fight for my health when I was out there trying to fight to figure out how to help my mother. And when I finally got into practice and I got enough knowledge to be able to help myself, my mom had already had her stomach surgery, gastric bypass.

She'd already had her thyroid removed, lymph nodes removed. She'd already been. Medicated for so long that her body was just in a terrible, terrible place.

So. Yeah, my pain to purpose is just seeing what doctors that aren't looking for root causes, even if they haven't been trained, right? Like I don't blame the doctors, but I can just see what happens to the patient who just is going from doctor to doctor, getting passed from pill to pill to pill, hoping that, you know, they'll find help.

I've seen what that does to families and I want to stop that from happening to other families. It's a sad reality, but all too common, right? I share and I heard you almost kind of getting emotional at the start there.

I share a very similar sentiment within my mom as well. And it's not always for any fault of the physicians, right? It just, these are tools in our toolkits.

And so some of us decided, well, we need to find better tools, right? We want to learn more. We want to continue more to help at a higher level. How do you then start with your patients?

So similar with your mom as an example, or even in your story, right? To be able to overcome what you've had to go through. How do you start? Where do you start?

I'm going to answer this differently than I've ever answered before. I think I start by educating the masses to the best of my ability. I start by having a newsletter and an Instagram and doing podcasts because in reality today, people, they don't come into my clinic hardly ever without knowing who I am anymore because I've on purpose made it a mission to educate.

And when people come in, they have an idea. of what I'm doing and why I'm doing it and how I think about it so that by the time they get to me, like actually getting to me, they've been given a plethora of information.

And then I can get into the assessment, the new client questions, the almost, it sounds negative in connotation, but the interrogation of what has happened in their lives from birth all the way up to now.

And so often people will have their paperwork filled out and then I go and read it back to them. And I've had… I've had someone complain. that why did I spend time to read back the paperwork to them?

And I was just like, because 99% of the time when I read back what you wrote, I get more info. So I've just learned over a decade and more than 10,000 clients that that basic history of what happened, were you sicker than other kids?

Did you struggle with anything when you were growing up, eczema, psoriasis? Do you have personality types such as a little bit of OCD or perfectionism?

Are you dealing with anxiety, like all of these things that seem normal in today's society help me to understand how you operate and help me to understand how I can phrase the conversation we're going to have, but also how I can tweak the nutrients that are going to go into your body and figure out what is more important for you to do.

Also, our questionnaires are asking about, have you done radon testing in your house? Have you checked what's in your water? What are you breathing in in the air?

Is there mold there? What's the dental history of your life? Do you have implants in your body? So I'm going down this rabbit hole of everything that interacts into your world from a perspective of detail so that I'm not missing things.

And here's the key because a lot of people listen like, well, my doctor does a lot of that. What I've tried to do is create a system that doesn't let me miss things when I get really excited about something.

So my note has a bunch of check boxes going down that I have to follow that make sure that I don't forget where I'm at and all my questions when we get on an exciting topic about your life or when we go on a soap box about whatever it is that's important to you.

I mean, this week I was talking to a dad that was all about the Ag bill that was going through and how the pesticides were in the lab testing that we saw and by the time we got back to it I'm like I would have forgotten where I was but I have the system that makes sure that I don't miss questions so I don't get super excited.

The system that I've built makes sure that we don't miss things and the biggest thing is the shiny object syndrome. I have so many friends that are in practice that it's the shiny object syndrome right like they It's gone from mercury to mold to parasites to ebu to peptides and whatever this shiny object is, is becomes a passion because they're dove into it.

And then that's what they use for the practice at a time. And my goal with my providers in my clinic and myself is to remember the roots and be able to bring us back to.

to what is going to work best for the individual. So just that initial intake paperwork is I think a huge portion of it and the process of building out your roadmap, your step-by-step process as we go through.

And as we're doing this, by the way, I'm dragging in all the labs that you brought to me. I'm using all the labs that I've brought in. I'm making sure that we do all of that to build out a roadmap.

And then I tell people all the time, I go, and that creates step one. And step one helps us to understand what we're going to do after this specific appointment.

And then in between, we communicate with our clients day by day because they have unlimited chat access and the software we use. And it allows for us to make tweaks as we're going.

And those tweaks become really important for us when we get to second appointments and Then we reevaluate everything. So I just feel like what we're doing because of how my mom went through all of this and things were missed.

My goal was to try and not miss things, not get stuck on the new thing. And I think that's what you're hearing just by the way that we operate is we want to make sure that we're a family with the clients we're working with.

Ultimately, to me, it's listening. Certainly asking the right questions. I think there are better questions than other questions. I appreciate how thorough your approach is to make sure that no stone goes unturned.

Similarly, we'll look at transgenerational impact as well. Right? Parents' health, grandparents' health, where they, what zip code they grew up in. You mentioned something as simple as radon, which is what I just had my parents test for in their home, which was elevated.

So it's, it's all these details. Curious, before we kind of segue, you mentioned perfectionism, OCD. Let's say not some severe OCD, but in terms of being a perfectionist, where do you often find that correlates with?

And out of curiosity in myself, but Ultimately, that's one I will hear is where we're adding more staff and more practitioners and that's a dual edged razor, if you will, only because one, it allows for ambition and success, like you're motivated to achieve.

But on the other end is you're kind of stuck in the nuance, you're constantly analyzing. which further allows you to be more hyper-targeted in treatment or care or achieving success.

But where do you find that in terms of maybe like in terms of some sort of systems biology that is related to this specific trait? I think you could take this a lot of ways, which is going to always be the answer in health, right?

So it's that figuring out what might be triggering this. So did you have a traumatic childhood where you felt out of control? So now you're trying to be in control.

So that's a potential possibility. Do you have a brain inflammatory response happening due to molecular mimicry or the immune system triggering inflammation in your brain?

So that's autoimmune encephalitis, which we do a lot of work with that category of people. So they got, let's say Pan's Pandas for a kid. It's a pediatric neuroacute onset of this inflammation of the brain and When that's happening because inflammation is hitting different parts of your brain, you'll have different symptoms.

Sometimes it's movements of the body. We call them ticks. Sometimes it's anxiety because the brain feels unsafe. Maybe it's OCD is being triggered because of the portion of the brain that's being affected.

So. It could be the trauma, it could be the brain inflammation. It can also just be lifestyle choices, right?

Perfectionism, Trauma, and Brain Inflammation

So if you're a person that has a lot of tasks all the time, you may have created a lifestyle where you are trying very hard to be in control because you run a business, you have multiple children.

You have a lot of responsibilities. So for some reason, even if it's gut just dysbiosis, so bacteria, the digestive tract causing an issue, you're going to have this propensity toward that type of personality.

And here's the thing that you said. Yes, these individuals may make great employees, great entrepreneurs, great, you name that thing. My team and I were like, okay, we need a person for a position in the office and traits that we were looking for was to be very organized.

So we're talking about that type of person now. And that's a really great skill for the job, but it takes energy. If you are constantly thinking about.

perfectionism and you're constantly needing to do things in a very specific way, it may make you really good at some tasks, but it costs. It costs energy, it costs effort from your body, and if you're healthy, maybe you can withstand that and you can build a great business.

If you are unhealthy and you're dealing with mold that's generating inflammation in your brain and that's why you

have this, then it costs more and more energy.

And I look at your energy bank account and I go, you know, is this necessary? Is it necessary to have the expenditure of energy you're putting into that task there?

And I'll give you an example of this. And I use it all the time. I've been having my family dinners for my family for like the last 13, 14 years at my house.

That makes me, you know, like 20 something. I started doing that as a guy and my family's not small. It is about 45 to 60 people that show up. I didn't have a house that could handle this.

So. If you're listening right now and you're like, I do not want 45 to 60 people. This is going to make sense to you. I lived in at the time, half of a duplex.

That was like 1200 square foot. We fit everybody in that house. And I said, Hey, anybody that wants to complain, it's at your house next year. No one's complained to 13 years.

So it keeps being at my house. Maybe I should have made a different rule. But the thing was is. I don't care if my house is dusted perfectly. I don't want it dirty, but it doesn't have to be perfect.

I don't care if there's a little bit of, uh, you know, mud drug in, in the winter and somebody gets it on my hardwood floor. I think it was, you know, LVP or whatever.

I was, it was like a cheap half duplex at the time, but my aunts were done with that. They're just like, I get so wore out. It's not fun. I have to make my house perfect.

I have to decorate. I have to plan all the food. So what did I do? I made it a potluck and I've got my house clean enough and I just do it. And it's not stressful to me.

So I'm not applying the energy that they were applying that made it a burden on their lives. And if you're creating this burden from everything you do, how are you not going to get sick?

Yeah, ultimately it's a premise of framework too, I think. So going back to the whole notion of perfectionism or OCD, what I have found too, there's a, um, There's a connection with pregnant alone and not to make this all about systems biology now, but how this is relevant to SERS and your specialty in chronically ill patients, which is what we're seeing growing within our patient population as well, is a mold mycotoxic burden.

There's chronic infections, there's gut permeability, there's some degree now of auto-immunity developing and certainly neuroinflammation. And now we have a glutamate imbalance and your high anxiety, high stress, serotonin imbalance and low GABA and now you're constantly either ruminating or striving for perfection.

And it connects in terms of our microbiology because I look at my second child who I share the story sometimes where I didn't know what the terrible twos were until I met her.

And yet the pregnancy was very difficult. There was a lot of stress. There was loss in the family. She was in eating right, sleeping right, moving right, talking right, pooping right.

Baby was bathed in cortisol. If you look at our microbiome when I did a stool test, it was deficient and largely devoid of any sort of GABA producing microbes, lactobacillus, plantarum, bifidobacteria long and some others.

And we now give the child some GABA and they're two different children. But ultimately it's kind of this missing microbes. People often think of, you know, we are these specific traits, but I find it's often enough.

If you look under the hood, it's our microbes that are really dictating who we are at any given moment and kind of the anxiety that we uphold or sometimes the release that we're able to unfold.

And so ultimately is, I couldn't agree more with you in terms of trying to create an environment where it's a little bit more low stress. But then you have the ability to buffer against the reality of what's happening.

So 45 people is no short, small feat. I know when we used to do Friendsgiving, it used to be closer to 85 people. And eventually we had to stop because it was just too much.

We found a better sweet spot for us, closer to 45, which is a little bit more manageable. But at the end of the day, it's a question of What makes sense for you and looking at where are you starting from?

So going full circle in terms of how ill the patient is, right? Their ability to, to detox, maybe segueing into their, um, at 45 people, even if you're, it's okay, like you're, it doesn't have to be perfectly clean, right?

You're, you're able to enjoy it. It's sufficient for everyone. It's a potluck, less headache. But what about someone whose, whose cup is kind of overflowing, right?

So they're, they're stuck in this fight or flight. I think the topic being about brain neuroinflammation. I understand when you said the context of helping people understand there is hope, trying to disseminate the research to where it's.

You're providing value for the patients ahead of time. Ultimately, where now do you start with someone who is, you went through the intake, you've listened well enough, you've seen their whole story, transgenerational included.

Are there specific places that you start with looking at nervous system, HRV, specific markers, detox, et cetera? Where do you typically go? Oh, absolutely.

We definitely like to run. Good start point for labs. And I think that's different for a lot of doctors. It depends on honestly, how much can you spend on labs?

So where we begin is we'll get a, what I call it, just a standard functional medicine blood panel, the red and white blood cells, inflammation, thyroid, some inflammatory markers, your CMP CBCs, which gives us a lot of good information about where this person is on a physiologic state.

And then I run an organic acid test and then a hair tissue mineral test. Those are some of our beginning points that allow us to get an idea physiologically where they are.

Now I have ran enough organic acid tests at this point that I feel like that test can give you a lot more than what most practitioners are. pulling from it.

So when we get into that test, it's 76 markers. And I'm trying to see if that test is telling me that mitochondria are suppressed. So we'll see Krebs cycle.

We'll see beta oxidation, which is both mitochondrial energy production portions of the test. And if I see some sort of degradation to those areas, if we see the markers being high, I'm going to start thinking if it's one, okay, this is more microbial.

Two, still probably more microbial. So let's go look at parasites, bacterial overgrowth. Let's look at Candida yeast. If I start seeing three plus, I start going, well, this might be mold toxicity or radioactive elements like we mentioned earlier radon, but also uranium and radium that can be in the water supply.

And I've done enough pattern checking within just my own testing of, okay, you come back as a positive and an HTMA. the hair tissue mineral test for uranium.

And then I go look over at the organic acid test and I see the three markers. I'm like, okay, there it is. Or we run a urine mycotoxin test after I find the mitochondrial markers and now we see mold.

So I've gotten to the point now where I'm looking at mitochondrial markers and irritation in that area for what is the causation? Is it microbial? Is it toxic?

Then I'm going from there and I'm looking at, do we have oxalates, which oftentimes can come from molds? They can come from food, but more often than not, when I see somebody with an elevated oxalate level, it ends up being mold as what allowed for that to be there and be worse.

Same thing would be two deficiencies. Mold is the number one thing I see there.

Testing for Toxic Burden and Mitochondrial Dysfunction

If I see minerals low, so if I look at an organic acid test and it shows that mineral absorption is low, if I see amino acids being low, if I see sodium and potassium on the HTMA being low, where I see albumin in a blood test over 4.6 or 7, I start looking at, well, what the heck is stressing this person?

And mold is going to be a high likelihood that I'm looking for. So I'm going to go run that total toxin test next. So I'm using this beginning testing point to help me go find what those root causes are.

And another standpoint that we've done is, and we experimented with this for a while, why don't just do the toxin test first? The problem was when I did the toxin test first, if it was negative, it had no information about the person without running the other stuff on what could potentially be wrong.

So it was going back and forth on figuring out like, sure, we can run it all. Or I got a start point for us depending upon the patient and what they feel like they want to be doing.

And that helped me to see that because the organic acid test also at the top of it for Great Plains Laboratory, a mosaic, has 18 markers of bacterial overgrowth, mold colonizations, and candida yeast markers.

And about half the time, I can figure out if you're in mold, if you're colonized by mold, if you've got GI bacteria or Candida fungus, heavy metal toxicities, out of those first testings, I don't even have to go to the next step.

But the other half, then yeah, we've got to go look further based off of the signs that we're seeing coming out of what I call my physiology testing, which is the HTMA, the blood and the oats.

I appreciate that. Organic acid test is quite a complex test. We used to do, I used to run a lot more of that through Great Plains Lab, as you just mentioned.

And then I've since flipped interestingly to start more with the toxin test, but that's actually only after we'll run the blood. We'll see what's going on there.

Standard panels work. our advanced longevity wellness panel with a plethora of more markers, far more in-depth analysis. I always say that the number one longevity test no one's running and that's hyperbole, obviously you and I are, but is a microbiome test.

So we understand now the interplay between our gut buddies and every biological system, every organ function in the body. But it's interesting because the O test, To me, it's a very good snapshot into four very large buckets.

One is going to be liver and detox. Second one is going to be mitochondrial function, as you already spoke about, and metabolism. Then there's going to be brain health, so neuroinflammation, which was kind of the topic of today's conversation.

And then gut health, which you just alluded to, gut and fungal markers. I think it provides a very, very good snapshot, which then warrants, I guess, further, let's call it investigation or sometimes a deeper dive.

And interestingly, so what we historically used to run, I think that's one of the most comprehensive tests certainly,

which A is often overlooked or B is just clinicians don't understand how to interpret it.

I think you, it sounds like with so much breadth of testing that you have created this kind of mastery in terms of analysis. Cause I had a patient literally come to my office the other day and she's like, Daniel, I have these functional medicine practitioners who run so many tests, but they understand less than I do.

And so we were literally going over her own tests and I was like, okay, well let me help explain this to you. Like probably no one else has. And so ultimately, you're right.

There's tremendous value there. And then it sets the foundation order to see, okay, what else maybe warrants further investigation? Do you see a chronic pattern happening here within?

this population understand who you see is biased naturally, but within the patient profile that you see because toxins becoming more prevalent, people just getting more and more sick, obviously cancer on their eyes, autoimmunity, same equally.

What do you see are maybe common patterns that are at the root of this? You know, if I take a step back and I step away from being all the way down the rabbit hole of sirs, mast cell, very complex situations, I randomly will get your person that comes in for optimization.

They come in for longevity. They come in because they feel okay, but they want to feel better. It's the husband, the wife, you know, somebody related to one of my clients that has built trust in our clinic and I get to see them.

And I look at their basic blood panel. Looks pretty clean. I look at the organic acid test. Nothing's outside of the, what I consider the optimal ranges, which is the, on a mosaic test is kind of like your bar that's a little fatter.

It's in yellow, orange, whatever color you want to call that. So for those individuals, I'm just like, you know, we have to go down a totally different pathway because these functional medicine markers, if you're using the standard ranges of medicine, you're going to fall within everything.

So then I got to go, you got to narrow the vision or you got to go to different, more specific testing. And the pattern that comes out for me is this.

We live in a toxic world. Either you're doing something to remove the toxins or you are accumulating the toxins. There is a subset of individuals that are HLADR, which is about 25% of the population.

They don't detox well. There's MTHFR, which is 30 to 40% of the population. They also don't detox quite as well. And there's a number of other genetic pathways that you and I've talked about as we've gotten to know each other.

And you could spend hours talking about the different potential pathways. But if you just look at the population and expect 40 to 50% are not going to detox well, then you're going to be accumulating toxins in at least half of our population at the bare minimum, even of those who care about being well.

So what I'm seeing is this over a lifetime, the burdens grow in the toxic category, which then does what you were talking about earlier, throws off the microbiome.

As the microbiome becomes off, you stop being able to process dopamine appropriately. We see dopamine rising because your microbiome is supposed to break it down and allow for enzymes to convert it to norepinephrine and epinephrine and even break it down and get out of the body are being damaged.

And we accumulate that. That's why some people tend to start worrying more and more as they age. They, their brains get more foggy as they age, their energy, not because it's a natural degradation of the amount of energy you have because I'm turning 40 this year.

When I go and work out with the 25 year olds that I like to go work out at the gym next to, I feel like I'm doing okay.

I'm not saying I'm on their page completely, but I'm doing okay.

So when I look at my mitochondria, they're saying, Hey, we're here, we're working, we're healthy. So what I'm, what I'm getting at is. It's a toxic accumulation that is happening in our populations, which hit the gut.

When the gut starts going down, it hits the mitochondria. We start seeing the Krebs cycle go off. And then the more markers that are off in the Krebs cycle to me is the more of the toxic burden is happening.

Polarity, the electron transport chain of the mitochondria is being affected by all of these differently charged particles that get in our bodies. And I'm just seeing the damage being done.

And that's where I go back to this organic acid test. I like to go back and look at this organic acid test. The more markers in your mitochondria that are off, the more damaged you are.

the longer it's going to take you to heal, the more depleted nutrients you probably have, which I can go prove on other testing, the more inflammatory markers you're going to have, the more toxins you're going to accumulate.

So I bring it back to the organic acid test because I've really learned to enjoy that. It's become a favorite test. It's an easily reran one. It's easily reproducible.

I do see it progress when I see symptoms progress, which is why I've loved it. Sometimes, you know, if I want to stick a little poker at some of the other tests, it's like, Toxin tests.

Sometimes they look perfect the first time because your body isn't detoxing. Your body's stuck. It's in fight or flight, which I can prove out because there's no creatine in your organic acid test hardly.

It's below a hundred. Your mineral tests on sodium and potassium in your hair are depleted. Your ALT, AST in your liver is actually more on the low end.

Your alkaline faucet is on the low end. So when I see all these markers, I'm like, you're not detoxing. Why would I run a tox test on you when I know you're not pushing the toxins out?

They're all still in, all the toxins are still sequestered in your cells. So a lot of the tests, or for instance, I had people came to me for Mayo, their immunoglobulins were below range.

Why am I going to go run all my immune testing on immunoglobulins when you're not producing them? So I continue to go back to. minerals and mitochondria to make sure that your body's operating well enough to be able to then go get further information and have any success at all of being able to work with you.

tell, um, but looking at the health of the mitochondria is critical to assess the health of the individual. And so to me, that connection between our microbiome and mitochondria are critical.

And if you can restore that function, you're going to have someone age very, very healthfully, very gracefully, and then you can do some fun stuff when someone just wants to practice longevity, quote unquote medicine.

But I actually want to echo your sentiment because I agree with you. Cause I, one case in point, I had a lady, older lady who came to me, we did a toxin test.

Um, and again, that wasn't. Upon inception, that was after a few months working together and we kind of, I always see where someone's at, like they're redlining, right?

They're yellow light, green light, and then we get to superhuman. But ultimately she was very, very unwell. Couldn't even function when she walked into my office.

She was like a walking zombie. Had asked me to turn off the lights and to kill the music. So certainly redlining.

Later on we ran it. After this, we did several rounds of gut cleanup, fibromyalgia.

She was super, super ill, but found some very, very high levels of specific microbes, cleaned that out and she was two different people. I mean, she was 75% better within, I don't know, six weeks and she was struggling for six years minimum, like couldn't even get out of bed.

But ultimately, so then we ran a toxin test after that because there's probably more at play here and certainly that was. accurate, but it wasn't to the level that I had thought it would be.

And sure enough, I had assumed exactly what you had said is that detox pathways still needed support. It was still sequestered in our adipose, which were higher at the time.

And so we did some more rounds of cleanup and then repeat it. And surely enough, you'll see more kind of spilling over and then reflective of kind of the true, the true loads.

You're actually very, very spot on in terms of why would you do that first if it's not going to even, um, demonstrate in terms of where someone's true load is because it's kind of sequestered into the adipose.

Say you're now, you're cleaning someone out, you're getting someone a little bit better.

The Neurotoxic Loop and Nervous System Safety

What are the next steps then in terms of that patient journey? How else are you supporting them? What else are you looking at? Their labs are looking better, but they're still not feeling great ultimately.

They're feeling better, but let's say they haven't gone over the hump. I understand everything is contextual, but what else are you thinking about or looking for?

I mean, this is bringing us in right now to the conversation of the title, neurotoxic loop. So at this point. You know, we're, we've got the data. We put together information.

I've looked at all these labs. I've done the history and I'm going, okay, where do we actually begin care with this person? Because it seems like there's two, two categories of individuals out there.

And there's the, the category of I'm going to do my breath work, my yoga. I'm going to do my nervous system work. I'm going to will myself and manifest myself to be well.

there's that category of people. And I'm not saying that that isn't effective, but then there's also the side of over here where it's the reason why I'm unwell, the reason why I'm anxious, the reason why I have even mental health struggles, a side of the pain and the fatigue and the brain fog is because I'm in mold.

I have a parasite, I have Lyme disease, and I need you to do something that's going to remove those from my body. And that's what I want to do. But a lot of times these two types of personalities don't cross.

So they don't want to do both, or they're at least not trained to do both. So that's where the neurotoxic loop was the aha moment that I wanted to get out and talk about and it's this it's if you live in a horribly toxic environment and you do all the brain work you want to do you can be doing the neurofeedbacks, the stellate ganglion blocks, the mental health drugs, the ketamines, the limbic somatic works, you can do all of that that you want and it may give you some relief and I'm not saying it's a bad thing but if you live in a house that has 10 times the amount of mold you're supposed to, the symptoms you're fighting are going to keep coming back because your body's unsafe.

Not saying you shouldn't be doing those things, but you should also make sure you go get rid of the toxin. And if you remove the toxin that produced a fight or flight response in your body that made you feel unsafe, that made you distrust the living environment you're in, Even when you remove it for many people that I've worked with, they still don't feel safe.

They're still in fight or flight, even though the toxin has been removed. If you can even get it removed, that is while you're going through that with some people, you can't even get it removed because their body won't let you.

And I'm going to connect the dots on this. So what I figured out is it's the toxic loop, right? Like you have a toxin that creates a lack of safety that creates anxiety.

that creates a fight or flight state that puts your body out of the rest, digest, and detox state. And I add that last one, because that's not usually what people say about parasympathetic, but it's what it really is.

It's rest, digest, and detox. You detox your brain. Your glymph drains when you're sleeping. You detox your body when you're sleeping. That's why a lot of us pee and poo in the morning as a part of what we're doing.

And if you're not allowed to get there because your body is stuck in a state where it is running from a bear, when you're running from a bear, do you stop and think about what's for dinner or how you're going to rest or what you're doing tomorrow?

No, you're running from a bear. You're worried about where your foot is going to step next each and every step. And what I have found is we have to do both at the same time.

And I almost implement this for everybody. There is an exception to the rule that comes in and they have no irritability. dysautonomia, anxiety, depression, brain fog.

And I'm like, well, you're, you're unique. You could still do this, but it's optional. But for everybody else that has none of those symptoms, if you're not that person that has none of them, then we got to talk about doing both.

And that's, that's where the piece comes in because yes, toxins create mental health symptoms and mental health symptoms can generate inflammatory responses within the body that drives interleukins up that cause pain.

and inflammation and immune system dysregulation that leads to autoimmune disease that then leads to an immune system that doesn't protect you properly from bugs.

I call them bugs because it's the Lyme disease, the Borrelias, the Bedorpheas, the Epstein bars, the COVIDs. So now you're weak and you're not protecting yourself and defending yourself.

So then you get sicker. So if you're not doing both of these together, there's a huge portion of the people that I work with that are not going to see results.

And I've seen it over and over again. I've seen people come in that have done all of the antibiotics, ivermectins and parasite protocols, the fuconazoles, all the natural versions, the homeopathic versions, but no one ever said, well, what's your mindset like?

Are you ruminating about this problem? Are you dealing with the fact that your body is almost in like a PTSD immune state? And I've had so many people come in, they're like, I did this, I've done therapy for 20 years and I did all the breath work and I don't even want to hear about that right now because I did it all and no one asked them what the air was like in their house or no one ran the proper immune panels on them.

And by the way, if you've done one side of this coin and you didn't do the other side, that doesn't mean you have to give up on the one you're doing because if you're still living in mold, yeah, I got to detox it.

We still got to get your mindset and your nervous system trained to feel safe afterward. So that's the loop that so many docs miss that I have found is a huge reason why sometimes I can give you the exact same protocol that the prior provider gave you, but fill the gaps.

It's interesting because trauma doesn't just stay psychological. It rewires your biology in the same pathway that toxins and infection do. So you mentioned, you know, The immune cells of the brain, there's microglia activation

and so you have this neuroinflammatory signaling.

Toxins like mold, especially heavy metals will be implicated here tremendously. And then you have this upregulation of some of those inner leukins, IL-1 beta, IL-10, TNF alpha, which feed into these brain circuits that affect the areas of the brain like the hypothalamus, the amygdala.

um, certainly mood signaling pathways. So it alters mood and cognition and then your ability to buffer against stress. And so, um, trauma, when you said mentioned kind of this PTSD presentation, trauma resets the threshold for threat and the stress response, um, which elevates cortisol and then influences our immune system and metabolic functions downstream.

So you're stuck in this, this fight or flight, um, stressed out state. And yet too often certain details, like you said, the quality of your air, which the EPA I think just came out with is two to five times more toxic than outdoor air quality.

And so ultimately there is so much that's often overlooked, which I agree. are, I mean, assuming someone has done the breath work, how else are you, are you suggesting like a DNRS or some sort of primal program where there's limbic retraining or something to help shift that?

state only because yes toxins are keeping you stuck so too is trauma but when the threat is removed assuming like they did you know the mold cleanup and everything like that how do you get someone to shift into that parasympathetic so they are detoxifying so they are um they're emptying out their toxic cup yeah So a program I recommend all the time is Primal Trust, which is somatic, limbic, vagal nerve, has some parts therapy put in there.

It's an online program that I have fallen in love with for the clients that I work with because so many have come back to me and just been like, doc, thank you for putting me in that.

which tells me that they liked it and they feel that it's effective. And I've heard it over and over and over again. And that's a piece of the puzzle.

So that is probably my beginning point, because I need you to do something that is basically what I call physical therapy for the brain. There are, yes, breathwork parts of that.

There are eye movement parts of that would help with rewiring. There are body movement pieces to help release some of the triggering and emotional pieces.

The mindset part. Honestly, the fact that there's a community there that can help you to see that you're not alone is another valuable piece of primal trust.

And as primal trust can be very effective, it's not everything to everyone. So there are some people that need more and EMDR is another good therapy that can be helpful, which is rapid eye movement therapy.

Um, stellate ganglion blocks, which is a injection of an anesthesia, which the one I'd prefer people end up with is procaine, but lidocaine is also used.

It numbs over top of. Basically the vagal nerve it's an injection in the neck feel scared for some people have done it four times now because I wanted to make sure if I'm telling you to do something I've done it and that injection will numb and what it's doing because I've gotten into the weeds of this a little bit is it's basically giving the nerve where the anesthesia hits, a time off, like a time, like it's just a break.

So it's constantly just firing because of this trauma history you had, which can wear down on the nervous system. And it's allowing for it to rest for 20, 30 minutes.

You'll feel a little numb for 20, 30 minutes. And that rest allows for that to reset. And for people that have gotten out of the trauma space, remember, like he said, you've gotten out of the moldy house, you've removed the triggers, then it actually can reset and then start to stick.

And it's allowing for your body just to go into a reset. So that's another tool. I've seen neurofeedback be effective. I did this in my clinic for a long period of time where we did even a lesser than what's considered to be neurofeedback.

We got into just alpha theta, just allowing for your body to go in that rest state, that repair state. It's kind of like being asleep but awake. And I've had people experienced some really interesting things from just feeling good to remembering memories that they hadn't had that were part of their trauma history to crying profusely because they're just letting out the buried emotions to, I mean, one woman walked out and she's just like, has the sky always been that blue?

And I was just like, yes, you've been in a fight or flight for so long. You don't even remember. colors to the vibrance that they can be. And then, and then we went into peptides and we went into medications, which are not directly nervous system relief, but say a low dose naltrexone can be immune modulating, bromelain for those who have histamine.

issues that are a part of this. You can get into chromolin and ketataphen as medication. And I've always, I'm going to use natural things first, which is going to be more of your natural herbals, which is going to be bromelain, stinging nettle, quercetin, rosemary, EAO, there's an enzyme that can help break down histamines, histamine diets.

But we do all of those things to help kind of calm the system, calm the storm that your body's going through. We'll bring peptides in like BPC 157 with TB 500, KVP or KPV.

All of those are peptides. They're those letterings that can help to bring things down. Thymus and alpha is another really good one. And what I'm trying to do is figure out how to modulate the immune system, calm histamine responses and allow the body to I can feel safe both from a conscious physical therapy active way and a passive medication, peptide, neurofeedback, still a ganglion type way because for some people they're just so revved up.

They need more help than… In terms of the neural feedback, any tools, brands, gadgets that you have found to move the needle? The brand I was using unfortunately went with COVID, which was ClearMind.

So I haven't really fell in love with OneSense because my clinic became a lot more virtual and I've just referred to other clinics at this point.

Tools for Nervous System Regulation and Healing

But I've been using Apollo neuro as a gentle light thing on my ankle. And I've given that to several clients as a vibrational tool that helps to calm down.

That's not neurofeedback. It's not a replacement for neurofeedback. Mind lift has been used by some of the practitioners. That's been some effective and that's been a tool that helps to monitor brain wave activity and give certain feedbacks.

But the one that I was doing was, and I usually just ask the practitioner that someone finds in their local area because we're working nationwide. I usually ask like, what are you doing?

What type of neurofeedback is it that you're providing? Is it the screens flashing? Is it lights on glasses? Is it sound appropriate? So there's a number of different types of technology and I'm looking for usually sound, light and color.

So flashing screen, different colors with like a binaural beats in the ears. Cause that's what I was using. And that's what I found to be very effective, which is more than what you usually say.

Yeah. Sounds similar to the brain tap at that point. But, um, It's similar. The brain tap, what it doesn't do is it's not reading you. So you have an EEG of the brain.

And so it's not in real time, able to respond to you. The device that I use to the clear mind, that's no longer around,

but there's other devices like new mind was a device that was similar.

They've got a couple of leads on your brain that's reading the electrical conductivity. And it will go up or down the conductivity of those areas, which will allow for the machine itself to change the pattern of the lights.

So if you're doing true neurofeedback, it's interactive brain to response device. And this device would start to blur out the screen, turn off the sound.

when your brain would be too high or too low of energy. So it's trying to bring you back to the pattern that I was looking for. It's interesting how tech has evolved so dramatically to be able to make that shift and to tune into what you need in real time.

And I'm excited where things are going to continue to go. I recently adopted, I believe it's called IASIS where touching again, electrodes to the brain and then it searches for the least interrupt or blocked pathway and aims to kind of also open up these, any sort of blocked neural networks in the brain to enhance again, this neuroinflammatory cascade that helps with our, our SIRS or kind of mold toxic, mycotoxic, Lyme patients, et cetera.

and certainly heavy metals as well, which play into that, which obviously drives a lot of this neuroinflammation. But ultimately is, I think it's a heat, it's a very, very overlooked component in terms of the healing because we can only heal at the speed of our nervous system.

And if that's hijacked, obviously in the neural conductivity of the brain, well, it's difficult to get fully better. So I appreciate obviously the suggestions that you have provided.

Any other wearables or tech that you have found to be beneficial? You know, that, that's the kind of the bulk of what we're doing. I've definitely played with a lot of toys.

I got a Polseto here in the house that I'm testing. I've sat on a NeuroNovo chair, which is what they call a dopamine chair. It sends vibrations to help trigger dopamine, but.

I think the ones that I've mentioned are some of my favorites. I've done a prokane IV post stellate ganglion block. And I mean, I've done the prokane IV also not after a stellate ganglion block.

And that is the claim was it is enough to calm the nervous system, similar to that of a ketamine without the potential side effects of ketamine, which I find ketamine to also be a useful tool.

But if I can do it in a calming way, that's not as stressful in the body. I want to do that because again, respect to the nervous system. Let's do the least possible things.

It creates the most possible outcome so that the body heals and actually doesn't get overburdened with too many healing. No, I mean, interestingly, when I had my first done, um, I didn't derive really any benefit.

I was quite surprised. So not to say it doesn't work. I know ketamine also has its utility, but, um, whenever it was both with the, the prokane is as you had mentioned.

I didn't find much utility, not to undermine the possibility. Certainly it can be tremendously impactful. I've heard others in their journey that it's tremendously helpful.

Others that I have suggested too, any sort of acoustic or vibrational therapy. So some of these beds that you can lay on that vibrate. I had such a profound release in one circumstance.

I remember, I mean, my HRV went through the roof and my deep sleep that night. I mean. nearly tripled. I mean, it was absolutely remarkable. Something as simple as just listening to music on your own.

Enjoyable music. We've, we've gone so consumed in terms of what's the latest and greatest and we're no longer

like walking through the park and listening to the melody of the birds chirp, right?

Or, or walking grounded under the natural light of the sun. So, um, There is stuff to be said about the impact of nature in its unrefined capacity and beauty to heal.

But ultimately there is a lot of power into the breath work and the DNRS and the primal trust, which we refer our patients to as well that can be very therapeutic.

But ultimately at the end of the day, the question is, where is the bottleneck? And I think that's what you have demonstrated so beautifully in today's conversation and trying to figure out where there are blocks in terms of your capacity to heal naturally.

And especially when we're talking about the brain and kind of these exposures. We just have to be cognizant of the damage that's being done because the blood brain barrier is so thin, much like the epithelial barrier at the gut lining.

So when you say one of the interleukins like IL-6, which crosses the blood brain barrier, and then you have severe inflammation in the brain and LPS, lipopolysaccharides, which usually cross the blood brain barrier.

When you have some of these gram-negative bacteria that lies from the gut that travel up north, these resident immune cells of the brain, they become activated in response.

They create this huge crosstalk of neuroinflammation and transforms these toxic exposures into now neurological symptoms, which unfortunately is when people raise their hand like, oh, you know, I have brain fog.

or lack of mental acuity, their sharpness or memory recall is compromised. But the breakdown of this blood brain barrier is seen much earlier and then we can, you know, and largely test that when you're doing, you know, some of these immune testings that you were referencing earlier on.

of looking at kind of where that breakdown does occur. And sometimes stress and trauma, it's part of my unlucky seven, I think, which you spoke about briefly.

So my unlucky seven, bacterial, fungal, parasite, viral, and then you have now more ubiquity with heavy metals, environmental toxins, and stress and trauma, which to me just really paralyzes the entire system.

And so going completely full circle, part of your intake is literally just listening more. Right. I think it's like, what is the adage where a good practitioner gives you the plan.

A better practitioner listens to then give you the plan. And then the best practitioner longs enough to, to tell you where you just already told you where the problem was.

You've already identified it. You're often of, we are the problem. We are, we get in the way of our own solutions. Right? It's our, we self-sabotage within our own habits.

And sadly, that's our modern environment, right? We're constantly fed into this social media network, which nothing against anyone who's doing social media at a high level, which you are so brilliantly, which we admire your work, to try to put out very valuable information at absolutely no cost.

Genuinely try to help people to take ownership of their own health. But obviously then the powering and interpretation of the testing to provide that roadmap, I think is also crucial.

I know we're approaching time here. Any last takeaways or anything that you want to impart in our audience to kind of tie everything together? You know, I usually like to just talk about the neurotoxic loop and make sure people understand that the goal of just discussing how these intertwine is to also tell you the body is extremely adaptable and that no one singular way is going to work for everyone.

The beauty of all of this is as you start figuring out what's going on, you start chipping away at it. Something as simple as breath work or eye movements alongside of reducing burden in your life can start making real change.

Like it can start making really incredible changes. I've had people that have been stuck for 20 years, been to all the gurus, spent all the money and It was as simple as just figuring out a missing link.

So just don't give up hope. Don't give up on yourself. Drove, literally it sounds like a movie, threw a blizzard from Kansas city to Eau Claire, Wisconsin to see Allen Linsley when I was dealing with Lyme to try and get help because I couldn't find anybody locally.

So it's like, whatever. I know what some of these people have been through. I know how hard it is to find a practitioner that not only will listen, but can execute.

So just to kind of close it out, it's like there is a way. There's always a way. You just got to find out. That is our certainly unrelenting mission. I think both you and I is to definitely instill hope and never give up hope, right?

The body has a beautiful, innate design. It was designed to heal. There's no exogenous molecule that you can take that does better than your body will.

Sometimes you need that gentle push though. And we need to strip the bottleneck. So I definitely encourage people to check out your work. Where can they reach out, tune in, follow you?

Just look me up on any of the social platforms, my website. We're putting stuff out all the time. It's drjabin.com or on any of the socials. Last question I love ending every episode with is if you could have one superpower, what would it be?

Man, like I go back to childhood and I wanted to be like Superman. I wanted to fly around, but at this point, you know, a superpower would just be with the job I have and a family and my son.

And it would just. I don't know. Intelligence seems pretty nice. I can help a lot more people. I can solve some of the big problems out there. So maybe be super smart and be able to be able to give that information out.

Cause I feel with that intelligence, I mean, I'd be able to crack the code of social media and just make good information go viral. That would be kind of fun.

And that way it's in front of everyone. I love your altruistic nature in regarding serving your willingness to help to, to obviously push out very valuable information to help people deal.

This has been. A breath of fresh air in many respects. I genuinely appreciate your time, the conversation today. Thank you so much. And in terms of everyone listening, please like, review, subscribe, share this with someone who needs to hear this message.

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