Why Some Chronic Illnesses Never Fully Heal Transcript

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Introduction to the summit and guest

If the complaints or symptoms are not ones we're comfortable with or we've heard a lot or have the right diagnostic box for and your tests are the basic tests, the blood count and the chemistries that she makes sure your liver and kidneys are keeping you alive.

If those are normal, you're normal and without any pain, any attention to looking deeper and realizing that if you look below, just look under the hood, you find all these inflammatory markers, all of these signs that the immune system is out of balance.

This is The Longevity CEO, where we explore the science of metabolism, cellular renewal, and the future of longevity. Hi, everyone. This is Dr. Joseph Anton, your host for the Fasting and Longevity Summit.

It is my pleasure in this episode, very interesting episode about chronic conditions and fasting and longevity. My pleasure to host Dr Eric Gordon, who spent decades of his life looking at how we can help patients with chronic condition.

And it's going to be very, interesting talks for everyone that has Lyme disease, chronic inflammation, lung, you know, whole lot of COVID. This is the episode you want to listen to and see how you can deal with it and then how fast they can help you with.

So with no further ado, Dr. Eric, welcome to this episode. And I would love for you to say a few words about yourself. Thank you. It's a pleasure. Yes.

Let's see. I've been practicing medicine for 43 years now, counting, and I'd been always interested in people who stay ill and we don't know why.

Listening to chronic illness beyond basic tests

I think it was basically early on in my career, I always believed the patient. You know, um, my, try to, to minimize the eye rolling that, Oh my God, this can't be true.

And cause if you listen to people, most people are trying to really tell you what's happening with them and they really want to get better. I think our training in ERs has often given us a wrong view because there we do see people who are trying to play the system or game the systems or this or that, but that's not who comes to your office generally.

And we have to remember that. So anyways, I started. They say it's psychological depression, right? They can't say I'm feeling fatigue, I feel down all the time.

It's like, yeah, you know, take an antidepressant or… Yeah, that is the knee-jerk response in medicine to what we don't understand. If it doesn't make sense, if the complaints or symptoms are not ones we're comfortable with or we've heard a lot or have the right diagnostic box for, And your tests are the basic tests, the blood count and the chemistries that she makes sure your liver and kidneys are keeping you alive.

If those are normal, you're normal. And without any pain, any attention to looking deeper and realizing that if you look below, just look under the hood, You find all these inflammatory markers, all of these signs that the immune system is out of balance.

Okay, these are all happening. And, but as a doctor, unfortunately, we're often trained to just like, you know, move on to the next patient, especially in the last 20, 30 years of medicine, which I won't get into, But there was a time

doctors didn't practice like this.

There was time that you actually had time to talk to your doctor and, in order to treat chronic illness, You have to make that time because your complaints, You're describing what's happening in your body, you know, and that takes time and it's subtle.

And once you've been chronically ill, You usually have symptoms across multiple organs. So that's what has to be taken into account of. What frustrates most patients is you wind up being sent, a record heart rate for no obvious reason.

So they're saying to the cardiologist and you know, if you're lucky, you'll get a diagnosis of something like orthostatic hypotension or POTS, the Postural Orthostatica Cardia, and then they'll give you a band-aid, which is good, they will give something to see your heart doesn't race when you stand up, but they are done.

But if also have migraines and also you have irritable bowel at the same time and have burning pains in your legs, You know, you go to a special and the other specials have even less to offer.

I didn't realize, I started with a good example. The cardiologists at least have something that will help your symptoms. So it's, You need, doctors and there's more and more of them out there who actually want to look at what's happening with your whole body, and what is exciting is that they're beginning to learn, to put all the pieces together.

And, you know, a lot of doctors started with nutrition as a place to start. And as, as people who've experienced provolone or experienced fasting in any way, You can see how important nutrition, or at least the right nutrition.

Yeah. In a way fasting is still nutrition because you're still feeding your cells, but that you just kind of not doing the chewing. These are all things that have to be taken into account when we're looking at chronic illness.

Whole-body patterns in complex chronic symptoms

And, you know, so I'm not rambling, but that's how we work. We kind of think about the whole, as a lot of people say, we think of the old person, But we about all the possible subset disease categories.

Cause that, that the thing is that you can have, when you have multiple systems are making noise, meaning you've got migraines, reflux, you've got GERD, irritable bowel, a little interstitial cystitis when you get stressed.

You have all these things, it's easy to think that you have six different diseases. Well, you may, but you just have a mass cell, and you probably have something else irritating them.

So the question is, how do you put all these things together? I think that's what happens, because there are so many different possibilities now. As people talk about, that you can have microtoxin problems, mold problems and Lyme problems.

Epstein-Barr reactivation, you know, long COVID and long Covid is really probably reactivity of all the things we mentioned, as well as just a reaction to the spike protein itself is setting off your immune system.

So you've got this. Yeah. so it's nice to have a way of looking at the immune function to try to understand this all and And I, the model that I have found is something called the cell danger response.

Okay. Cause it, it's a way to, this is not a thing in itself. It's the story about how the body reacts, you know, to stress and to life, how you, preserve life.

So, because many people ask me, is that the self danger, response? And the answer is everything is. But it would, what the usefulness of the, model it was, developed or first really put into its present form by Dr.

Robert Navio. He's a researcher specialist in mitochondrial diseases and metabolic diseases at University of San Diego. It puts the mitochondria first, which is always funny because everybody has their favorite organ or organelle.

And remember, life is a circle. I don't want to be arguing is it the mitochondria is the most important thing or is that the endoplasmic reticulum or pick your little organelle.

But in Dr. Navio's worldview, it's the mitochondria. And we always think of the Mitochondria as something that produces energy. That's how everybody thinks about it, that mitochondrion is going to be there for it.

But it also senses whether you have enough. It's constantly sensing how much oxygen, how many nutrients are in the cell. It also controls, it signals your body if there's danger.

And I think one of the, we use the word danger and it just means that there is some change in the environment you should pay attention to. Okay. Cause like, you know, when you see, When we go through the world, We don't, You know we get a ton of input, but there are some things we remember.

Like when, like when You grow up, got to remember that the cars, Got to pay Attention to the Cars in The road. You Know. That happened because you had a little bit of ATP release from a cell at the same time your dopamine went off somewhere that said that something to pay attention to.

Okay. So that's danger. I mean, it's not very dangerous in itself, but you know, we always talk about when the lie, you see the lion and you. pay attention but it's just anything that you need to remember.

Your cells signal and they use ATP as a signaling molecule and I think that's what's so important and that what ties into this whole because you know the whole benefit we always think of our nutrition and our thing is making ATP.

Well we want to make the ATP because we think it is energy but is also signaling. So inside your cell the might of the ATP is a source of easy to use Electrons, so it's energy.

But outside the cell, it works as a signaling molecule. Sort of like people, well, like a hormone, but not quite, you know, a cytokine. It's a way to make the immune cells pay attention and the neighboring cells, pay.

So when the mitochondria sense that they're not getting what they need. They kind of turn off the large amount of AT production for inside the cell, and they still make some, but they put it outside the sell.

Cell danger response and mitochondrial signaling

And that causes inflammation. That's CDR1, that's signaling the cells around you that there's something wrong. So think of it, the simplest thing is a virus.

Virus gets in, cell notices, it starts to turn down its energy production. The virus doesn't get a lot of raw materials to make more virus with. Okay.

Kind of starving the self and then the outside. sees a little ATP and it signals your immune system to start up. Okay. You start inflammation. Now that's great.

The problem is if you don't turn that off, okay, you're going to have problems because that cell is now just dependent on burning glucose. And here's where we tie it in with fasting.

It's because, that first stage in CDR, your only, depending on sugar, on glucose, for energy and that's why some people who have chronic illness don't respond well to that.

Most people with the chronic illnesses that don t need to see me. Things like you mentioned, the diabetes, high blood pressure, coronary artery disease.

early dementia, those kind of illnesses that have been brewing over decades, they have chronic inflammation, but most of the time it's only a few cells and they're in different stages of CDR.

They're not mostly stuck in this first stage. This first stages is inflammatory. The second stage is when you're replenishing, the cells are rebuilding themselves.

And the third stage is when they're restoring cellular communication. So the cells listen to hormones again. Okay. But they say CDR one, two and three, and I don't want to go into too much detail about the rest of them.

Maybe we will as we go, but the important thing is this, most of the diseases of civilization, the cell are stuck in mostly CD R two. And three. Which produce things like diabetes, cancers, hyper, you know, because In CDR2, there's too many cells that are stuck, they're continuing to grow.

They're making a little bit of ATP. There's still kind of dependent on sugar, but these are the guys that when you do a lot of fasting, you're going to get the biggest bang for your buck.

Because these the ones that have to do with the proliferative kind things like diabetes where you putting on a a weight or depositing lots of inflammatory chemicals and cholesterol in your blood vessels.

The cells are replicating and growing and we'd like them to stop. Each step along this cell danger response, the reason we get into problems with disease is because the system doesn't get the all clear signal.

It doesn' turn off like it should. The final all clear signal comes from, well, I'm not sure if it's the brain. It might be, we might putting the brand too high.

it is probably coming from the heart, but it comes in from that combination to know that you're safe. Okay. That life is safe and I think that's one of the reasons we have so much chronic illness, despite, you know, the garbage that we eat.

and the bad environment, but we also have the chronic stress, which is not letting us, not many of us really have time to sit and listen to what our body really means to find our own joy.

We're often, I mean, myself included, often on the treadmill of life, of being busy, busy busy. And then when you have an illness, it's harder to find that place in you that knows that it is safe, that you don't have to keep running.

So I'm going to shut up for a minute because I think I've been talking way too long. To show the stages and the self-response to stress, but also the stage that respond or not typically to fasting or other interventions.

But if I'm putting myself on the shoes of say a patient or a person that knows somebody or themselves are suffering say from a post-COVID long haul or from Lyme disease or others, what you typically see with those patients?

What would you do for them? How can you help them and then finally how fasting could come in and help that as well tying it all up for the summit and the people interested in the concept here.

You know, anytime we see people with long COVID is probably the cleaner example, because although it's long-COVID, people usually know the event, whether it was the infection or vaccine injury.

Something happened and all of a sudden my body's not doing what it used to do. There is a subset of them that might be due to excessive hypercoagulation and whether there is persistent of microclots that are abnormal and don't break down like they're supposed to.

That's one subset, but most of the people we see really had issues before, which is the same thing that happens with Lyme. And I think it's just like when you show up to the doctor with diabetes.

You didn't get diabetes yesterday. It's been going on, or heart disease even more. I mean, like you showed up at

55 or 60 with a little bit of chest pain.

Well, that atheroma and chronic inflammation has been probably going since you were 20. So it is always looking back. The people I, you know, if you got Lyme disease or long COVID and, um, You know you for Lyne, let's say you go and somebody treats you with antibiotics and you get better, then that's wonderful.

And I think that what happens to most people. In fact, most.

How chronic illness gets stuck in inflammatory states

Just like with long Covid, a lot of people don't do anything and six to 12 months later, they're better because we are a self-healing organism and we can unwind these things.

What I'm, when I see people, who have for Lyme have tried some basic treatment regimens and failed, or the same thing with the long COVID, they've tried a bunch of stuff and their symptoms aren't changing, then it's more going back underneath the hood to see what's going on.

You know, the usefulness of the cell danger response is just in that it's not blaming the mitochondria. Okay. I don't think I made that clear is that the Mitochondria in the CDR one, two, and three go through times, especially in one and two when they're not producing the energy that your body's used to.

So you're going to be fatigued or dependent on a constant glucose intake, which makes you feel crappy for other reasons. And so we often thought of that as the mitochondria were sick.

And I think that's the important part of this model is realizing they're not sick and They're just doing what they're supposed to be doing, okay? They are seeing danger and they are changing how they function to protect you.

The problem is they don't go back to what we like to think is their more useful state producing energy for us. And why this is important is because a lot of the people I see have already tried the mitochondrial supplements, you know, the Mitochondrial cocktails.

Sometimes they'll get a little benefit, but many times they won't get much at all. And that's just because, you know, like the saying goes, You can lead a horse to water, but you can't make it drink.

The mitochondria, they're not getting the raw materials to the electron transport chain to get that electron and transport change to work, and so giving it more CoQ10 doesn't it make work faster or better.

So just understanding this, so you don't keep trying to push on the things that aren't moving. And you, you know, that the CoQ10, as that person begins to recover, okay, when you removed maybe the, for Lyme, if you've been able to like, lower the load of the Borrelia, perhaps get rid of it completely, and now those cells are no longer that inflamed, then the coQ 10 can really help in the repair process.

Because at that time you need it to help grow new cells. And so having a little extra oomph doesn't hurt. And it's the same thing with using fasting to help these people.

If people are really stuck in this inflammatory phase, this first phase of the CDR, which we'll see with long COVID sometimes, or with chronic fatigue, you know, not so much with diabetes and hypertension, those people tend to be stuck.

In the second phase and in those places when you go, when, do when fast or use something that produces a lot of ketones. You know, it can encourage the completion of the cycle.

Okay. Cause I, but in that first stage, if you deprive them of glucose, they just feel worse, you know? And that's easy to see. You figure that out pretty quick.

diet that has almost no sugars in it, no really low-carb diet, and you feel terrible. If you fell terrible for a few hours, you probably push through it.

But if you still feel the next day and really bad, then you're not ready for it and have to first fix what the inflammatory damage is happening, whether that's from reactivated virus or Lyme, Bartonella, Babesia, pick your bug.

Something has something more has to be done. And that's what we've been trying to teach. I mean, like, you know, cause one of the frustrating things is that the world of treating chronic illness is broken up into people who treat chronic fatigue, people, who tree chronic live.

Then you've got your mass cell experts. Pardon me, have an acute illness on Fridays. So, you know, so you got Lyme, mold, mycotoxins, mast cells, chronic fatigue.

You know, it's endless and people get really good at treating these things, but you don't have to be good in everything, when I talk to the groups that specialize in these, trying to get them to remember that if what you're doing isn't working, think about these other possibilities as contributing because my experience, our experience at our clinic, is that by the time we see people that have, they don't have limes, just lime.

Long COVID, Lyme, and why some treatments fail

They've got a little bit of all this stuff because, and all, oh, that's the other biggie. All of this. Sits on top of the big turtle. That's, the environmental stressors.

Okay. Because the last 40 years, I mean, when I was in training, like a kid with inflammatory bowel disease, you know, you know, even a kid with somebody under 20 without type 2 diabetes, I mean, we just didn't see them.

Yeah. And now they're rampant. It's the external and the internal environment, meaning the toxins that are inducing leaky gut that is behind a lot of what you're describing in terms of that chronic inflammation and induces a lots of underlying autoimmune diseases that some of them are subtle, right?

You go to your doctor and they say, well, It doesn't look like you have a full autoimmune, but we don't know what it is, and you're feeling fatigued, then this is where you get qualified as fibromyalgic or depressive, you know?

And that's the problem. Yeah. Oh, your fibomyalgia, I don' even want to talk. I mean, i remember when fibomialgia I thought was kind of useful, it still is.

But I've had patients, literally, he went to the head, which university, And he had nothing that suggested fibromyalgia, but he has an arthritic and arthralgias with even bony changes.

But that didn't add up to any, he didn' have antibodies to the right to anything. And the guy told me he have fibro-myalgia and I was, what? So please, when you get that diagnosis, really hold it gently.

In fact, hold all the diagnoses gently, Don't fall in love with the labels. Okay. Because remember, as we say, you might have bits of many things. I mean, we did a paper with Dr.

Navio. That's how I would say Dr Navia wrote the paper. Right. Supplied the patients, he had the brains, I had to people, but, um, We did it on metabolomics, meaning like those metabolites and, and chronic fatigue.

Cause we're trying to find marker for chronic to T cause that's one of the big problems with chronic fatigues. We don't have a lot to like, I know a chronic fatigue patient when I see one, but it's hard to be sure.

And a bunch of the patients were people that we had treated successfully for Lyme. Okay. They still had the post-exertional malleus, the thing that to me that, you know, like when they overdid it for a few hours, they were down the next day.

When they thought too much, I mean, to mean that's the sin qua non, that is the sign of chronic fatigue. The rest is window dressing. But anyway, it's, people have a lot of stuff and we get away with it.

Okay. We don't have to fix everything. That's the other important thing. It's really nice to do your best to get healthy. But you know, most people walking around are far from healthy, but you just have get yourself back up a little bit and hopefully you'll get to a more virtuous cycle of reinforcing health.

The better you feel, the better choices you tend to make in life. the more you move physically, The more times you're out in the sun. The more times you touch the earth, the healthier, better you're going to feel.

When you are bed bound, it's, I'm happy. Just drag yourself out and sit in the dirt if you can, which is really hard because unfortunately, just the way I said, our cells protect us.

Our brain, when we get sick, tendency towards anxiety and OCD tends to go up. Many of us have mild OCT or anxious tendencies, but when you get sick, it's like feeding, you feed them and they become intense.

And I just always just beg people to like try to put down some of the germ phobia stuff because we grew, we, your, full of them. We grew up with them, right?

We co-evolved with him. In fact, There are many people who believe that some of our chronic diseases today are because we didn't get exposed to the right parasites or the wrong viruses when we were young.

was a disease of absence or something. But he's writing about the fact that we should have been exposed to lots of different parasites in that first year of life that now in our antiseptic world, we don't see.

And when they get into us when we're in their 20s and 30s, they still press buttons on our immune system, but those buttons that they should've pressed when you were one and your immune systems was developing, now don' hit the right note.

When fasting helps and when it backfires

Then we get in to this chronic inflammatory response to them where instead of living with them, And it's like that, I think with Lyme also, you just look at them.

I mean, EBV, Epstein-Barr virus, it co-evolved with us. We co-evolved with all that retroviral information that's in our DNA. Didn't get there by accident.

Who knows? We probably needed that stuff and we still need that information. So a clean environment, a sterile environment is not a prescription for health.

Okay. It will help you. We enrich the microbiome as well. That's the other environment that we need from plant-based diets and re-enriching. And so that protects our guts and lining.

To conclude, I wanted to address fasting. You mentioned the stages within the cell response to stress, you mentioned multiple chronic settings and how they're symptomatic and asymptomatic sometimes and the approach to those.

Do you use fasting in your approach sometimes for these conditions and what could be the benefit of doing that? and ketogenic diets at times in people.

What's happened over the last 20 years is that the funnel of sicker and sickier people, when you start this, you see at this point, Most of the people I've seen have tried some element of fasting and if it worked for them, they continue to use it intermittently.

And if not, you know, They're not going near it because it was really difficult. It didn't. Cause I said it's the, it, It's at

the right times, but fasting as people recover, I think fasting is amazing, you know?

And it what we're trying to do is clean up the information flow in the body. Okay. I mean, that's. If you, people are using plasmapheresis, to like, try to live longer.

And basically what you're doing is you just like you. transiently lowering the information garbage load, okay, of what's been in your body. And it's amazing how the system can begin to do better with these shorter.

You would think this would be such a short-lived change in the, in information, you know, when you, to plasma, for instance, one, two, three, maybe five, and it lasts.

So what fasting is your way of doing this without spending $25,000. I mean, when you fast, you are giving your body a chance to really break down the garbage and to clean house.

Now, that is the problem why I don't do a lot of it with my patients, because cleaning house is what you can't when there's not enough energy. You know, I always say, When you're sick, the house doesn't, You don' put everything away.

The dishes kind of pile up in the sink. Well, it's the same thing when your really sick. Your body is storing lots of garbage in yourself. cells, and that's why our patients are so puffy often.

Interstitial, they get body work and people go, oh, it feels gunky in there. It's because when there's not enough energy, you just store it. And when you fast, your giving yourself a chance first to clean out your own cells and then you clean up the spaces between the cells.

I think it's one of the signs, like springtime. The fast is the winter. But in my patients, I look at is that when springtime hits, when I start to see the return of vitality, that's when the intermittent fasting really will continue that healing and let the body clean up.

And if people don't feel well when they fast, one of the things or even using ProLon, most of the time that does it. That lets people do the fast without the bad feelings.

But when they are having problems, I'm a big proponent of right types of body work. And I say right type because every type is right, it depends on you.

I really think good cranial work, good attention to drainage, because we live in this world where we're in front of screens and that neck wants to come forward.

And it, you know, the whole, we don't let the lymphatics work well. And, when you're trying to think clearly if your brain isn't draining and we forget that, they found that people talk about the glymphatics, but it's the deep lymph system in the neck and that gets crunched down really easily because it is a low pressure system.

Closing thoughts on root causes and recovery

A little bit of this can go a long way to make sure nothing's And so if you get those headaches and that full feeling when you're fasting, get some body work.

Get this opened up and you might find that it's not the fasting. It's just that you are not getting rid of the garbage. So I am a great lover of it at the right times.

Well, I appreciate you very, very much for all this wisdom. I wasn't aware of a lot of things you talked about today, especially the CDR score and appreciate your wealth of information on this important topic.

This is relevant for people who typically get left out of the traditional allopathic medicine and they can come and find people like you who can holistically look at them and make sure that when they send all the, not just the

symptoms, but the root cause and try to intervene at the real cause, and help them which ends up ending traumatizing their cells and their impact to deal with it, which creates a lot of debris and organelles and inflammation, and which then gets systematic and then they feel down.

And once we tackle the root cause of all this, this is how you unleash the rejuvenation, the spring that you called it. So I want to thank you for all of this wisdom today.

and we'll hopefully do another session with you where we can dig deeper into some of the conditions and how patients can approach those. Thank you very much, and I just want to remind people that it's not root cause, it is root causes.

There's a lot of focus on root cause, and when it's chronic, it is your interaction with your environment. And that's been going on for your whole life.

So there's lots of things that have pushed you in the wrong directions. Again, you don't have to fix them all, but you just have get it so that you're beginning to be on the healing cycle.

against the inflammatory cycle. Anyway, so thank you so much. And I must say, in preparation, I listened to some of your talks and I'm just so impressed with the work that you do and honored to be here.

I hear from, we have over 15,000 clinics now recommending it, and I get a lot of calls about a lots of states that you mentioned and doctors being happy to help their patients with it.

But I appreciate you very much for today,