Introduction to Doctor Talks and Helminth Therapy

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Worms as medicine. I'm doctor Mary Purdy. I'm joined here with Doctor Natalie Sheeler. We're going to talk about how many thick therapy or worm therapy?

Doctor Natalie Sheeler specializes in integrative treatments for gastrointestinal conditions with a specialty in inflammatory bowel disease. Welcome, doctor Sheila.

Awesome. Thank you. Excited to be here and talk about this today. I'm really excited to have you. We've been I've been waiting to to like, pick your brain on this for a while.

So this is the perfect time. And it's the first time that I've really, really picked your brain to. So I like that we're recording this session. And I'm interested because you.

It's perfect timing because you've experimented with helminths yourself recently, so it feels like super pertinent. I'm really excited to talk about how that's been for you.

Yeah, I'm excited to. I know we had talked about doing this as an earlier visit, video, but decided to hold up a little bit just to give some time, talk about a few other things that are a little bit more, in the box before jumping into worms.

Yeah, yeah. Good point to we're definitely jumping a little bit outside of the box in terms of pretty. We're not in the standard of care.

What Helminths Are and Why They Matter

And just like a little bit more of an alternative treatment, but just some really cool research and like things that we're going to start to ponder and look through here.

And, and really just talk about the ideas and philosophy behind it as well and where it came from. So with that, like, let's talk about, first of all, what the heck is a helminth?

Yeah. Good question. So helminths there are worm like organisms, that can inhabit vertebrates. So humans, mammals, fish, animals, etc.. We commonly refer to them as parasites.

But the word parasite itself infers that harm is being done. And so these helminths, we conventionally they are also referred to as parasites. But we argue that there can be some benefit.

So they shouldn't be categories, parasites, but potentially what we call commensal or mutualistic commensal meaning that one inhabits the other and one gets benefit, one gets no harm, utilizes that both get to benefit from that, inhabit.

Yeah. Make sense? Yeah. When we talk about parasites, we it it insinuates that somebody is benefiting and somebody is definitely not benefiting. Slash is being harmed.

So I think that's an important point to make there. And then why people it's been viewed as a bad thing. And are they actually a bad thing or is that more about why I'm still.

Yeah. So that's a really good question. So when we talk about Hellmann's, we're specifically talking about four specific, that we have found can be potentially beneficial for humans.

There are hundreds of thousands of helminths and some are bad. They should be classified as parasites if they, are they are able to infect people. They can cause very bad things, things that we want to avoid.

And the four that we'll talk about today too, that can potentially cause benefit if used incorrectly. They can cause harm to or if you were to kind of catch them in the wild, which isn't as common nowadays.

And have large doses of them, they can have negative effects as well. So they, they can have that harm. So is is fair historically. But what we do see is a lot of these guys that we'll talk about today that they were present in our microbiomes, for a very long time back in hunter gatherer periods, Neolithic periods.

And then it wasn't till relatively recently when we started to have certain things like sanitation and flush toilets and shoes and refrigeration, food hygiene practices, where we started to, not see them as frequently.

And then we additionally have antibacterial and diametric drugs that has essentially kind of wiped them out from quote unquote, normal populations. And so we don't see them as frequently now.

And, and, and since we've wiped them out, we're starting to see that there, there could be benefit, good things coming from that. And we maybe we should take a second look.

Yeah. Really fascinating. Makes total sense. We'll talk about like how you would acquire one of these. But you know, with us just walking around barefoot, not having, you know, sanitary sanitation in terms of, like, sewer systems in place, right?

Things like that, that we would definitely have some of them we always think about, like, these are bad things. We don't want them. And there definitely are those times that we don't want.

But yeah, interesting to think of them as part of the microbiome. So when we talk about like the bacteria, fungi, protozoa, helminths, as a potential one as to maybe we should have kind of hung around with some of these guys.

I think that's a really fascinating idea. It's similar to kind of how we talk about the bacteria. And I get we have the quote unquote good bacteria or quote unquote bad bacteria or some that we generally like to avoid at all costs.

Some can be fine in certain amounts and cause issues at other amounts or certain populations, but not other populations have, I have a harder time with them.

So very similar. We can have potential benefit. Potential harm. Yeah. I was having a discussion every day with somebody. And, you know, it was like we were talking about, like, good cholesterol and bad cholesterol. Why?

That doesn't make sense. And like, good bacteria and bad bacteria, why that even doesn't really make a ton of sense. So maybe there's like a few exceptions to that.

But even with like Clostridium difficile, you can have really, really low amounts and in the general population and not have issues. Right.

The Hygiene Hypothesis and Old Friends Theory

So I feel like there's so much that we don't know and how everything interacts and talks to each other that it's hard to say, like who should be there and who really shouldn't be there.

Yeah, absolutely. Let's go. Well, first of all, do you know any off the top of your head in terms of like, are there ones that we're like, yeah, those are not a good guy.

We would never inoculate you with with this one when it comes to helminths. Yeah. Good question. Well there's hundreds of thousands of helminths. So there's quite a few that would not, inoculate with you essentially anything but the four.

I would I would not inoculate, but, one of the common ones that people kind of associate and are more familiar with is elephantiasis. When we see those, swelling of the extremities, that is from a parasite.

And, and obviously that is like a quote unquote bad parasite. If that is present, we would want to eradicate it. And, and there are, large eradication efforts of those bad parasites.

And that can be a very good thing because we want to prevent those diseases. Oh, yeah. And people have probably you can Google it. But people probably seen those pictures where like the lag or like whatever it is, like super swollen. Yeah.

What is the hygiene hypothesis? What does this have to do with what we're talking about? To. Yeah. So the hygiene hypothesis. So that was, essentially when we started to realize that maybe we shouldn't be kind of killing doing all this widespread killing of helminths, but other bugs, etc..

Hygiene hypothesis is essentially that certain exposure to, certain microbes or microbes when we are young helps our immune system develop and that the lack of that exposure can cause, poor immune tolerance.

So there can be self tolerance, meaning that more, cases of autoimmune disease or it could be, outside of self tolerance. So things like allergy and have increased allergy.

And so that was kind of the school of thought. And then the more recently in the early 2000, we have the old friends hypothesis combat and that refined the hygiene hypothesis a little bit.

So instead of kind of things that we think about like a cold or flu or some of these newer infections, it's it's more specifically the bugs and exposures that we need or the, bugs that we are exposed to as our immune system was developing back in hunter gatherer days, Neolithic days, when when our immune system was developing and they developed together and the lack of that exposure can again have, impact on our, immune system and our tolerance there.

So we think about, inflammation and autoimmune disease, allergy and increased levels of those. Yeah. Interesting. It's like we may have evolved and I think these are these are hypotheses for a reason.

Right? I don't think that we like fully have put anything in stone yet. But this idea that, you know, we evolved with these other things and maybe they have this symbiotic relationship and kind of would keep things in check is a really interesting idea.

Yeah. And, and we're going to talk about that with the specific ones too. Yeah. And that's, and you're right, we don't know anything yet. The old friends hypothesis has even kind of shot off some new schools of thought.

But a lot of this too, and we'll talk about it when we get to the research, is we're still figuring out we really don't know everything.

The Four Therapeutic Worms

And these are hypotheses that that. Yeah, yeah. And I guess that is kind of the general disclaimer for this video.

And by no means are we saying, like, everybody should have Hellman's.

Go inoculate yourself if like, we know everything to to do with these. Right. So this is this is definitely still I don't even know if I'd call it gray, but definitely, you know, somewhere in there.

Yeah, yeah, there's definitely we'll talk about it when we get to kind of my personal experience, I've learned firsthand that like some thought into it.

Love it, love it. Okay, so let's dive into these four worms that you've referenced. So yeah, for worms that you've referenced and kind of who are they?

I love their names, so I'm excited to watch you pronounce those. And, and then. Yeah, like, what are they? And maybe they're some of the things that they've been researched around if you want to go into that now or later.

Yeah. Yeah, definitely. So there's four main ones as I said. So there are two of them are human helmet so that they are able to colonize in humans and live in humans.

And then two non non-human. So they do not colonize. But the benefit that we get is as they pass through our system. And so, two human ones are called indicator Americanness or an a will afterwards or by the latter names because they're quite the tongue types.

And the second one is Takara Korea. So those are the two human and then the two or Tito, and then the two non-human. We have trigger suey or Tsu. Oh, and last one human Lepus dim in new to, That's a hard one.

HDC for short. So anyway. And Tito as the human and then Tso and as the non-human. So nectar Americano, the cuter Americano and a that's the most popular one's one of my favorites.

Most commonly used it is, it lives in our small intestine, but it has some of systemic effects. So generally speaking, it can be used for, inflammation and in about specifically.

But it can also be for some more systemic conditions like allergy autoimmune disease. There. And so that's a very popular one. The Tito that one lives in our colon.

And so and their benefit is typically more localized. So we usually use that when there is inflammation in the colon, whether that's from ulcerative colitis or a colonic Crohn's disease.

That's typically what we think of and and use it there. So so this is again again one will use if there's chronic disease often quite as chronic CD. Other indications which I don't have much experience with.

But there is some research where kind of is is used in autism. And there has been shown some benefit there. So that's one that that will use in that community.

Commonly. And then the last one is HGC, this one, my mentor, Doctor Davis, who trained me in how much he calls this the kind of gateway helminth. It is it only lasts a short period of time in our body.

Since it's it's a non-human helminth. It's not able to colonize our gut. So it lasts about two weeks. And generally speaking, the side effects are more minimal for this guy.

And it's cheaper. So if somebody is a little bit weary of going in and kind of wants to start slow, dip their toe and they can start with this hdc, and, and then if they don't like it any more, just the two weeks and it's gone.

No need to take an intimate drug or anything like that. And so that's, that's the gateway helminths we like to call it, I love it. Are you saying HD is in dog C or C is in cat?

Yeah h yeah. See. Okay. Yeah. Really interesting. So let me get this straight in terms of the human, humans will

just live in you until you use an anti-parasitic so they can kind of hang out for a really long time, potentially indefinitely.

So not indefinitely, with their life cycles typically around 2 to 5 years, 1 to 5 years indicator maybe kind of a little bit on that longer side than TTL.

But so so they do stick around for longer periods of time. If we're using it in a therapeutic way, we often do inoculate more frequently than that to help build up, because certain things, can affect their, affect them.

So they're certain foods and, medications, drugs, things that we're exposed to can, can kill them. And so to kind of keep up the, colony, they, they will, we will inoculate more frequently than that.

Got it, got it.

How Helminths May Help the Immune System

And then the other guys that are non-human, you're looking at those more for like their transient effects, almost like a probiotic as they're like passing through.

Yeah. Yeah. Very simple. Like a large probiotic. Okay. Really interesting. Why would anybody consider at home more events? So, like, who are the people that are kind of and I know you mentioned a little bit some of the indications potentially.

But maybe we can also talk about some of like the mechanisms of action here where like how do they actually help anybody. Yeah. Yeah. So when we think about indications, we typically we think about things that involve the immune system.

And that's because of how they work. So each worm will create its own substances and that creates many substances. We don't know all of them yet. But what we do see is there's an effect on what we call the T regulatory cells.

And the T regulatory cells are a part of our immune system. And they're, kind of the part that helps manage our immune response so they can help things calm down, prevent an overreaction. So, when we see these certain, conditions that have this overactive immune, response, like inflammatory bowel disease, autoimmune disease, we have this allergy, we have this overreaction.

We often see that they have low functioning or low levels of T regulatory cells. And what the, what ultimately happens with the helminths is that they upregulate our T regulatory cells.

They help our, immune system kind of, cap that immune response, balance that immune response. Have it calm down a little bit. Yeah, yeah. And I don't know if I should use that analogy or not, but I think of T regs almost as like the police officers of our immune system where they're kind of regulating things, make sure things don't get like two out of hand or make sure things are running smoothly.

So either like a manager or a police officer, to, to keep things a little bit under control. Yeah, exactly. Okay. Let's talk about IBD because this is a major specialty of yours.

You know, all the new patients that come into modern med that have ulcerative colitis, Crohn's disease, microscopic colitis, even, we send to you for treatment for inflammatory bowel disease.

Where do helminths potentially fit in into that? Yeah. So how many of something that we that I consider with inflammatory bowel disease. As with every patient, there's definitely we'll talk about contraindications in times that we don't want to use it.

But it's, it's helpful. It can potentially be helpful because it is a minimal effort. And we can get benefit over a longer

period of time with the research side of inflammatory bowel disease.

Unfortunately, it's a little bit lackluster. It's not as exciting as some of the anecdotal stories that we hear from, patients in self treating community who have who have done this.

And there have been a few studies, quite a few studies, in 2014, there's a Cochrane report, which is essentially like a systemic report. They look at the research that is out there, and kind of compile it all together, and looking for both, ulcerative colitis and Crohn's disease and the use of TSO, as the helmet.

And there is benefit that that was picked up from those studies and versus placebo, it wasn't spectacular benefit. But there was something and then a more recent study came out in 2017 that was looking at a 20 or so for Crohn's disease, and there was no significant difference in between the placebo group and the helmet. That group.

There are some limitations with this, these studies. So these so all three of them were 12 week studies. And so with how many, it does take a longer period of time.

So we're thinking at at minimum I say three months and up to 24 months it can take for people to notice benefit.

Helminths for IBD: Research and Evidence

So it's not something that we're doing to get out of a flare or if we want to see for immediate benefit. This is kind of more thinking in that long term immune management.

So it's hard with studies that are typically 12 weeks, maybe 24 weeks, to kind of truly capture any, any changes there. And a large part of that that studies are are expensive and it's hard to find those longer period of studies and themselves helminths since they are are organisms.

They're not we don't patent them. Maybe down the line there would be a bioengineered. But that's not kind of where we are right now. And so getting that funding to have those good studies, it can be difficult.

Yeah. So that's kind of where we are with, with, with IBD. And truthfully, some of the other studies, there's a lot of, some conflicting studies and unclear studies with some of the other conditions, that have muddied the water.

And it's just it's truly just a challenging thing to, to study. Yeah, but one first. Sorry. One other point is that we do with the 12 week studies, there have been quite a few for different conditions.

And we do see, generally speaking, safety profile is good. And so that these things are safe if used in an appropriate way. To, to potentially try. Yeah.

So you're not going to have like these things aren't going to cause like for instance have like a pseudo pseudo membrane as colitis. That could be life threatening.

So in terms of safety profile, we're not worried about them when used with. That's with everything. Right. Like even medications when used correctly dosed correctly and things like that.

But sounds like to me, especially the studies you mentioned to, it looks like pretty small studies overall as well. Yes. Yeah. But that seems like a huge barrier is just the fact that they can take you said 1 to 2 years almost if you see real results.

And that's a, that's a pretty expensive study. Yeah. And the other thing so and there are observational studies and that is what gets people really excited about how it's disease is that when we look and compare communities that we're carrying, how much does it compare to communities that have lower prevalence of helmets?

There tends to be, in the communities that do have a, higher prevalence of permanent, have less autoimmune, less allergy, less, inflammatory conditions.

And that's what gets a lot of people excited. And then we have our anecdotal stories with helminths specifically. There's quite a large, self treating community who are pretty well connected.

And so they have organized quite a lot of, of those stories and, information for people who are interested. Interesting. Really interesting. Like, sounds like we really need to do more studies.

Cross your fingers. We have funding from from somewhere. Yeah. So, okay. This is what I've been waiting for, though. Tell us about your experience with helminths.

However much you're comfortable with. And first of all, like, why did you do it? Like, what was your motivation for, for doing this. Yeah. Well, so as you know, I'm interested in the microbiome and I mainly do gi specializing gi.

So that's what I do all day, every day. And I, read through the studies and I think I know how important a microbiome is and how that is shifted through time.

So I was very interested in that old friends hypothesis and that what does it look like when we have some of these bugs back? So mostly and then a little bit, just because I like to try things and test things, if I'm going to tell somebody else to do it, if it makes sense for me to do it, I, I like to try it.

So a little bit of both. And so I decided to do the indicator americanus. And I started over the summer. I've done two doses so far. So the first year they did a relatively small dose, with five.

And that's where we started. And, didn't have any side effects. Went really well. The second dose is a little bit of a different story. Since I didn't have much that many side effects with the first dose, I decided to test a more.

It depends on school that there's there's there's a few schools of that on on how to dose. But what most would say would be in that like kind of moderate dosing.

So I did quite a bit of jump to 20. And I definitely learned from that. I had what can happen after and we can talk about this with the, the side effects, is something called the worm flu.

So 3 to 6 weeks after you inoculate with the helminths, you can get what's called a worm, the flu in that can be some indigestion. Digestion just changes abdominal pain.

Etc.. I got that pretty significantly. I'm pretty serious. Abdominal pain for, a longer period of time. Almost five, six weeks. Yeah. So I don't recommend doing that big of a jump.

Felt that pretty hard. And so next dose, I will go back down, and try, a more reasonable approach. Okay. So that's really. And, I feel like that's so common where we try things on ourselves and we would like, never do this extreme of a dose or, you know, a treatment with a patient.

Personal Experience with Helminth Therapy

But for some reason we think it's a good idea for ourselves. I've definitely done that and been there. But you also get the full experience in terms of, you know, the potential side effects as two patients about.

So I guess I could be the silver lining. Yeah. Yeah. No. Yeah, definitely. Even doctors should have doctors to help guide them. So don't get too excited.

Yeah, absolutely. Okay. So that's really interesting though that you've had both in terms of I didn't really notice much with five at all and then decided to go all in and really experience some of the side effects.

Would you do it again had you not done it yet, would you go back and do it again? I mean, inoculate with helmets? Yeah. And I do still plan to. I just intend to do it, to reenact inoculate with time.

I attempted to do it with a little bit more care. I did wanted to kind of test myself and see what that felt like, and I certainly experienced that. But I would do it again.

I think the, the benefits, outweigh that. The side effects there and there are things that we can do to help manage those side effects. Things like prednisone is an option for that one flu and can be really helpful.

And yeah, just do it, do it a little bit with more care. And that that is one of the things that, it is a main part of, treating with helminths is that patients is important.

Going low and slow is important. Especially if you are treating for a hyper inflammatory condition. We want to be really careful as not to be can for inflammatory bowel disease.

If you do, too much can cause a flare. So we go really, really want to be really really careful of that. And, and we expect an increase, a transient increase in inflammation after inoculation regardless.

That's a normal part of the process. That's what we want. And so that can be something we really have to think about with people who are super inflammatory and also with people, who have Crohn's disease, who, might already have inflammation going on in that small intestine, that transient increase in small intestine.

We want to be careful not to cause obstruction if that the small intestine swells a little bit more, which is a normal process in this, in, in this process, that's normal part of the process.

So need to be really careful that conscious of that. Okay. Let's go into contraindications then. And side effects and safety profile a little bit further.

It sounds like that's potentially one in terms of Crohn's with structures that are known to be present. What else do we have there. Yeah. So with with Crohn's disease strictures, not necessarily a full contraindication, but even be really careful if there's severe strictures.

And I wouldn't recommend the other things too is if you have a infection, severe infection, things that we would not want to then add on to the immune system.

With these helminths, that would not be a good time to do that. The other things too, is if if you know that you have, coronary artery disease or plaque in your heart, that's pretty severe.

With that transient, increase in inflammation that can cause those, blood vessels to occlude and that can cause an MI. So we want to that would be a contraindication as well.

Cancer as well is something that we is is a, contraindication. There are certain parasites that are known to be, can cause cancer. And there are certain it's just unclear with, with the helmets that we have research and clear and there's certain solid tumors that it might not be even a good decision with, with the, beneficial home.

And so that is something that I view as a contraindication, as well. And then the other thing, there can be something of the blood. So that's something to pay attention to depending on what you're using, how much you're using, if you're monitoring, if you have clotting disorders or if you're on blood thinners to pay attention to.

Okay. Yeah. The numbing tends to I mean, we don't talk about it as much, but there's viruses, right, that we believe that are causing cancer cancers, HPV for example, HSV, herpes simplex virus.

So, you know, just to think that other microorganisms couldn't be implicated because of the effect of the immune system makes a lot of sense. What are the most common?

Well, actually, first let's go into, like, what does this look like in terms of the process? And maybe you can use your experience to, but, what is the actual process look like?

Like how do you get the hormones inside of you? And what's that timeline look like? Yeah. So process. It depends on which one you're using to cater. I'm you're kind of saying specifically is a dermal application.

Safety, Contraindications, and Side Effects

So, essentially, you get this little, bio of, what looks like saline, but it has the innate in it, and you just can't see them. Put it on a cotton. And then put that, have that on your arm.

And then with that, you'll get a little bit of a rash. After application, that's about 24, 48 hours that depending on how big of a dose you do it. Again, when I did the larger dose, mine lasted longer than 48 hours.

But generally speaking, if you do it appropriately and water for 48 hours, and then and then you're done, with, with that one, it will travel through the vasculature, and up in our bloodstream and go into our lungs.

We actually moves up our cilia, cough it up, and then we swallow, it goes into our stomach, and then, finds its way to the small intestine where it, establishes residency.

There. All of the other ones, those are oral. So they'll be again also in that saline solution. So a little bit salty. Solution some we like to do with food, some without, and then you just take it and that's it.

Interesting. Very interesting. You have a life cycle. So fascinating to me in terms of how they get in and what I'm sure you get like tons of questions about this.

What are the most common questions? And we actually wrote some down. So maybe I start with them and you can let me know if I'm missing any. But the ones that you let me know about, where, you know, can I infect my family or others close to me.

So for you, and for instance, can you pass on to your partner? Yeah, this is one of the top questions I get. And honestly, it's it's oftentimes from their partners or their family members being like, what are you doing?

No. So there's no direct or so asterisk, so there's no direct transfer from one person to another when you there is eggs that are passed through the stool.

So if you were to be, using the bathroom outside and then it would, they would have to have 4 to 5 days to, compost. And then somebody were to step on that, then they would be able to get transferred.

But if we're using toilets, if we're using push systems and not an issue, as far as, transferring from person to person, there. Okay. Yeah, it's interesting actually, because I have some friends who have, like, composting toilets and that may be like an implication there because then they're using it for manure for their plants too, yet.

So that one is something that we would want to be a little bit more cautious. There's the the soil needs to be certain temperature. So it's sometimes not an issue, but it depends on where you live and what that looks like, that we would want to be a little bit more careful people listening.

I'm not sure how many people know people that have composting toilets. Not super heavy and not common. You would want to make sure that you drain your septic tank before it overflows, or just step in it if it does.

Yeah, yeah. And once you inoculate, can they overgrow like, in your intestines? And. Yeah. Like replicate. Yeah. And so with the life cycle, they don't replicate in our gut.

They have to, to leave the body again. Same thing with, passing from another person. They have the larva that we, pass through our stool. And then it has to be certain soil temperature for a certain period of time for them to be able to grow. And then somebody assisted on them.

So don't replicate in the gut only, through that process. So whatever you give yourself is what you have. And then

maybe less depending on just they, they do die for various reasons, their living being.

So it doesn't always, all of them don't always survive the whole process. Or you could eat something or have to take some certain drug or etc. that might affect them.

Yeah. So the potential of you, you potentially have 25 maximum in you right now if you didn't do that for the next I should say. Yeah. Yeah. And which I haven't. So that would be my Max.

Yeah. Okay.

How Treatment Works and Common Questions

And then with a single dose of anti homomorphic drug, is it, you know, easy to kill them off or can potentially you have an issue I guess. Can you get stuck with them as the question.

Yeah. No. So they're very easy to kill off. That's part of the requirements for it to be considered a helminth is that it needs to be easily copper. So usually one dose of an antigen and thick drug like Hellbenders all takes care of everything.

And and so that's always an option with in my case if I was struggling too much I could have done that. Oftentimes what I find with the the patients that I work with, it's that that we're trying to do everything we can if they are having a, reaction to be inoculation to avoid doing that because of the progress they made.

So far, and not wanting to have to, quote unquote, start over. But it is in that case, if we wanted to do that, easy to do. Yeah. Question I'm having is, you know, you started with five like no effects could then you just have done.

Okay, I'm going to add another one, like, and then you add one and then, you know, so gradually titrate just so you know, 5 to 25 and big jump which you already talked about.

But is there a reason why you couldn't go like really slowly and at intervals like that. No. And that's typically what I recommend doing so with I mean with somebody with IBD, which is my main population, I wouldn't do more than three for that first dose.

And then depending on what that response looks like, it would be maybe three again. Or I mean, there's some people who do one. And then and the other thing too is we could talk about any is a little bit more systemic.

So sometimes that could be a little bit harder. Do we kind of start with something a little something else or etc.. But yes, you low and slow is is a really good motto.

And generally what I do follow like I suppose, and we have a whole nother video about inflammatory bowel disease on the website. So just wanted to also plug that.

This is not Doctor Sheila's only method of helping people with IBD. She has a lot of patients, but don't take any helminths at all. As well. So we have so many tools in our toolbox for, for this condition.

Yeah, absolutely. Absolutely. And with IBD, another common question that I get too is that people will come on, biologics or steroids and ask if they can do this with being on an, immune suppressant and that.

Yes, definitely can still do that. Again though. And so the way we want to do it, and not make any major changes between medications and or helmets, but that's still an option.

You won't run those. So anything else that we didn't cover that you think is important for people to know today? Yeah, I think that's that is all of it.

I think, yeah, I think we covered quite a bit. Awesome, awesome. Well, thank you for joining us. We'll put the link

below to in terms of if you're watching on YouTube, a modern Mediacom is where you can learn more about Doctor Sheila, watch all the other videos that she's done on our channel as well.

And, and then you can also apply to become a patient if you're interested in working with her one on one, please tell us all the states that your license denounced.

I still can't keep track, so I'm going to let you do it. Yeah. So right now definitively license in California, Arizona and Maryland. And then we are waiting for the license approval in Connecticut, Massachusetts.

Who and you make know in Vermont even I can't keep out it. Yeah. Awesome. Okay. Thank you, doctor Sheila, good to see you. Great to see you. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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