Introduction to Mast Cell Activation Syndrome

Welcome back to the conversation. Today, we're going to be talking about Mast Cell Activation Syndrome. And I have Dr. McCann with me. Hi, Dr. McCann, welcome. Hi, Laura.

Thank you for having me. Yes, it's my pleasure to bring you back. And you are a massive expert in this field. So I'm really excited to have this conversation with you.

You're also a functional and integrative physician, and you're an expert, not just in mast cell, but all things environmental toxins as well. In fact, on the last summit that I interviewed you on, we had a great talk all about toxins.

And I'm thrilled to bring you back again as we continue this conversation on root causes of inflammation in the body. And specifically today, we're covering the root of mast cell activation syndrome, otherwise known as MCAS So we'll jump right in.

What exactly is mast cell activation syndrome and how does it relate to inflammation and development? Let's just kind of break that down, because I bet there's people who may have the symptoms of it and not have have not put a name to it yet.

There's going to be some aha moments right here in this first 5 minutes. Absolutely. There are many people who realize that that they've been struggling with symptoms for years.

And those light bulbs start going off. So mast cells are normal cells in our immune system and their job is to fight foreign invaders and they are born in the bone marrow.

They move to the periphery and they line the areas between ourselves and the outside world. So they're in our upper respiratory tract and our sinuses as they're in our mouth, entire gastrointestinal tract.

They're on the skin, they love the nerve cells, and they hang out around the periphery. There's some in the brain. In fact, there are mast cells in every tissue of the body except the retina.

And what they are, they're filled with all these chemical messengers called mediators, which are the cytokines and histamine, serotonin, heparin, lots of different enzymes.

And when they perceive a threat, real or imagined, they will release their little packets of mediators. And everybody's packets of mediators are different.

Everybody's mast cells are different, but they will release their inflammatory mediators and then the idea is that they're those muscles are called causing inflammation and calling to other parts of your immune system to come in and help mobilize to deal with that threat.

And then that means that we get lots of different symptoms. So we've all heard about the cytokine storm with COVID. The cytokine storm is an inflammatory response to the foreign invader COVID.

And people would have a massive inflammation. And oftentimes this is mediated by those mast cells and that's what they're supposed to do. We want them to have an inflammatory response because that's how the body deals with threats, deals with these different and invasions, infections, etc..

The problem comes when our mast cells get hypersensitive, turned on. They're like trigger happy little guys, right?

How Mast Cells Drive Inflammation and Symptoms

And now they are misperceiving threats in our environment, like the air that we breathe, that the food that we eat, different scents and chemicals, sometimes temperature, pressure and the symptoms that show up.

I call them multi-symptom, multisystem allergic and inflammatory symptoms. So when you have a variety of different systems that are involved where you've got inflammation or allergic type symptoms, oftentimes that is consistent with nasal activation.

So think about your head, nose and throat system. So if you have Cox Sinuses, post nasal drip burning mouth, if you have headaches, if you have palpitations and you kind of go through this checklist and there's many systems involved, it's quite likely that you could have mast cell activation.

Other symptoms would be fatigue, palpitations, chest pain, lots of gastrointestinal symptoms from anywhere from heartburn to gas, bloating, diarrhea, constipation, alternating diarrhea, constipation.

Women may have menstrual irregularities or PMS pain. You can get interstitial cystitis along with mast cell activation, fibromyalgia symptoms, migraines, you know, kind of go through the checklist from head to toe and you can think of all the and inflammatory symptoms that can show up.

It sounds like it's like all the other diseases and conditions. So how do you know it's mast cell versus not with it affecting every part of the body?

What what leads us down that path of diagnosing it? Very good question. I think it's it's in the history and it's in the presentation. So oftentimes I'll see that people have gotten progressively worse.

Maybe they were an allergic kid, maybe they had eczema or they had asthma. And then over time, they add on more and more symptoms as more and more labels.

And usually there is an inflammatory component. And when we talk about root causes, we can see then why there is an exposure and an exacerbation of symptoms, another exposure of something else and exacerbation of symptoms.

And so things kind of stair step up until the point where you're eating five foods and you're taking lots of allergy medicines and you know, everything bothers you.

You can't walk down the the detergent aisle in the grocery store without having a migraine. You can't go to Yankee Candle any anymore because the scents just drive you crazy.

More and more symptoms. And where perfume and. We're perfume can't go out to lunch with your friends who wear lots of perfume and personal care products that smell.

So it becomes very restrictive. And it started out as a protective mechanism and now it's just gone awry. I bet you there's a lot of just as I'm thinking about this, of course, I'm sitting here diagnosing myself right now. Right.

I'm like, oh, I have this. But I bet there's a spectrum. So there's people who are mild, moderate, severe. It's the severe people whose lives become very small can only eat five things.

Don't ever go out in public anymore because they're I'm assuming that their recovery time after that, it just crashes them. They can't be productive at work.

They can't be productive at home. Their relationships suffer. So that would be the severe spectrum. And then you've got this lower grade where it's kind of an irritation and I take an antihistamine and I do.

Okay, is that. Yes, absolutely. And you may not meet all the criteria. I mean, the criteria are clinical for for the most

part, we do have some laboratory evaluations that we can do.

They're imperfect. So imagine that we have hundreds, if not thousands of mediators that are available in those mass cells. And we have like half a dozen that we can test, maybe ten that we can test.

So it's a little bit like looking for a needle in a haystack. You may missed a lab value of an elevation because you don't happen to make that, you know, if histamine is not a big prominent player in your presentation and your histamine levels are low.

So the other thing with the diagnosis, I. Ask you something real quick. So no one with mast cell has a histamine issue. Correct? Correct. Very important to realize that, because I definitely have patients who have lots of fatigue, lots of other symptoms, but no allergy symptoms.

And so they think, oh, well, I don't have muscle. And that's not necessarily true. Okay, well, can you can you shed shed some light on, you know, we're going to get into this as we talk on this and this this this summit is all about the root causes of many health conditions.

And we're going to get into root causes of this. And this happens to be another area of your expertize. But in relating muscle activation syndrome to inflammation and the development of chronic disease, why is this important to us to do something about this.

Besides the fact that your life gets smaller and smaller and smaller is if that isn't enough? If that isn't enough, right?

Diagnosing MCAS and Understanding Severity

We know that inflammation, oxidative stress underlies all major chronic illnesses. And, you know, you might not have to have mast cell activation to have inflammation due to mold exposure, for example, but it can be causing cardiovascular disease and you don't even know about it or can be causing hypercargullibility and you don't know about it.

So if there is inflammation in the body, it's really important to understand not all or to not only get that under control, but to understand where it's coming from.

Because only when you understand where it's coming from can you intervene. So mast cell activation syndrome drives this inflammation in the body that then drives the development of chronic disease.

Do we have that or that? I would say I would say that's the trajectory. Okay. Okay. So it doesn't mean that everyone who has mast cell activation is going to get cardiovascular disease or cancer or, you know, Alzheimer's, but but we we all don't have something.

Right. So you look at the genetics, you look at the family history. You take as a practitioner, I'm taking all of these things into into consideration when I'm trying to help lower that inflammation and prevent ongoing health challenges down the road.

Okay. So we talked about, you know, what symptoms people have, right? They're they're reactive to things. And then and then their bodies have all these symptoms ranging from, you know, things that seem like common allergies all the way to pain and fatigue.

But what so what's actually underlying the triggering of muscle activation? Why does this happen to people? I think about it in terms of total load, right?

So the muscles are there to protect us, but in some lucky people, the genetics of which haven't been completely worked out, they can get tripped into becoming hyper responsive if you know, we want our muscles.

If we get the flu, if we get COVID, we want our muscles to have a reaction so that because that's how we fight

things, there's only so many mechanisms that the body has to fight the things that were exposed to in the world.

And so we want we want some reaction. We just don't want a hyper reaction. We don't want an overreaction. And that's really the difference between a normal immune system and normal mass cell behavior and abnormal mass behavior, which is this activation piece.

Now, I think I've forgotten your time, your quote of. Yes, I was talking about, you know, because there's so much so what triggers let me just trigger your memory.

We're talking about what triggers this to trigger in the first place. Sure. So total load. We all are born with environmental toxins from our mom. So we're born with a certain amount of things in our bucket of our body is a bucket.

And then every time we get exposed to something, we get more stuff in our bucket. Hopefully we can drain the bucket, but sometimes we can't. I find that some of the biggest triggers are mold chronic infections like Lyme, bartonella, the bizarre environmental chemicals are a big one.

And, you know, there was a condition that was talked about in environmental medicine called multiple chemical sensitivity. And multiple chemical sensitivity has been around for decades.

Dr. Bill Wray, who founded the American Academy of Environmental Medicine, had a clinic in Dallas, and he wrote a four tome book and four volume book on multiple chemical sensitivity.

That's massive activation. That's, you know, a reaction to chemicals that's meso so this is something that we've known about. We just didn't give it that name.

And it wasn't really until 2007, 2008, when the first case studies came out that we were starting to understand the clinical picture of multiple chemical sensitivity was actually mass activated.

So environmental chemicals, any exposures of environmental chemicals, particularly solvents, can drive mass activation, EMF is a huge driver. So electrical, electrical, magnetic frequencies, huge driver for mass activation.

And then I see a lot of patients who have adverse childhood events and different kinds of traumas. Those things can add to mass activation. Stress itself can trigger mass activation.

Root Causes: Toxins, Infections, and Triggers

So there's many things that will trigger and exacerbate unruly muscles. Okay, so we have about 5 minutes remaining on this first portion of our talk here.

So let's see, let's talk about you talk a little bit more about chronic hidden infections. You mentioned Lyme. You know, you know, we deal with, you know, people I think they think of infections being in their gut because it's just a place that we can test.

And we think about eating bad food and getting. But really, infections can be anywhere in your body that can be in your sinuses. They can be, you know, in your lungs.

They can be in your bloodstream. They can be in your pancreas, they can be in your urinary tract. We can be colonized all over the body. So could you could you shed a little light on your work around hidden infections and Marcel and what you've discovered?

Sure. I will actually talk about the bladder because that's been my new exciting thing to talk about. We can go back and talk about Lyman and Bartonella in the next segment, but so in terms of bladder, we used to think that the bladder was sterile, right?

And you have burning pain. When you urinate, you go to the doctor. They do a culture, they take the urine. They played it out on a special petri dish and they watch it grow.

And then we identify what bacteria grows. This technology is 40 years old. What the heck, right? We can map the entire genome, but we can't come up with a better thing than a culture to identify that somebody has a UTI that's just sad.

So there are companies out there that have much better technology. There's a company called Micro Agenda X and they do what's called next generation sequencing.

And so they have a library of 70,000 different organisms, bacteria, fungi, and they can take the sample and match the DNA strands of the organisms that are in the sample to their library and figure out exactly what is there.

And what's amazing is that and that conventional medicine also doesn't really understand what we know. And functional medicine is that bacteria create biofilms, just like the bacteria in the gut create biofilm.

So do bacteria everywhere in the body. So if you have a bacterial colonization in your sinuses, in your bladder, there is a biofilm. I want to help people understand what biofilms are because they because this is like this big question mark and what is a biofilm.

So if you have a pet and you add the slime that builds up on their water dish can think of that that is a biofilm that's like bacteria from the animal's mouth, creating this little nasty environment where it's going to hang out and colonize and the slime builds over the top of it so that it protects it.

Yeah. And don't know that you're not paying attention to your animals. Water will you can also think about like the plaque on your teeth. Right. That's a biofilm.

If you've ever seen the scum on a pond, that's a biofilm. If you ever leave a glass of water out and the water evaporates and there's that like crusty ring.

That's the remnants of a biofilm. That is the the. The structure of the biofilm. That's the scaffolding. Right. But it's this mucous membrane protective shield.

I call it a force field, but it's not always this glob. It actually can exist in layers. And so when we're talking about a biofilm in a bladder, for example, say somebody has nighttime urination, you're getting up to three or four times a night to urinate or you have urinary frequency.

I had a a firefighter and he used to have to keep a, you know, a soda bottle in his in his truck all the time because he never knew when he was going to have to have some urgency and have to go to the bathroom.

He's 50 years old. That's not normal for a 50 year old, right. He had a biofilm colonization in his bladder. So you're able were able to take supplements to break down the biofilm and then see what's underneath.

So I think about it a little bit more like a lasagna. Right. So you've got your biofilm. Oh, yes. So and then you have the meats, meat and cheese sauce, and then you've got another layer of biofilm, which is the lasagna.

So as we uncover and break through that biofilm, we can see different layers of bacteria. And these layers have been built up over quite a long period of time in somebody's bladder.

But the amazing thing is, as we start to kill off these bacteria and lower the inflammatory burden that they're having on the body, the symptoms get better.

But the the mast cell symptoms get all. Of the symptoms get better because the total body inflammation is less. I have a woman in her seventies and you know, we're doing a lot of these tests and a lot of these treatments.

So we were on like round eight or nine of testing and treating. She's 80% better. All of her symptoms, she used to have rashes all the time, fatigue, joint pain.

She's so much better for having identified these bacterial biofilm colonizers in their bladder and treating them. So me, you know. My own example, I have been colonized with bacteria in my bladder most of my life.

I had my first UTI as a teenager and I had UTIs. That was before I was sexually active. I can still remember my mom taking me to the ER and they and she's now they're going to ask you and I was mortified like why would they ask me that?

You know, and I wasn't sexually active. I got a UTI with you. That's a main cause in young girls or young, young teenagers. And most of my life into my thirties I had chronic UTIs and into my forties as well.

And it wasn't until I started working on my gut health and working on breaking down biofilms in my body and, you know, breaking down biofilms in your gut.

They're going to break down other places to do. You know, I finally solved the chronic UTI problem. It was those biofilms. Yes, it is. And what we can talk about in the next segment is how people who have biofilms in the body often have an issue with coagulation.

So we can talk. To Dr. McCann. I want to thank you so much for joining us today for this talk on mass cell activation syndrome to our audience. I hope you found this first part of our conversation insightful, helpful.

If you're a summit purchaser, stay right here, because we're about to dove even deeper into this discussion.

Hidden Infections, Biofilms, and Bladder Issues

And if you're not, click on the button on this page to get access to a continuation of this conversation and many others and get the tools you need to reclaim your health.

Now, in the next segment here, we're going to go into the intervention and treatments for mass sell. We're going to talk about dietary and lifestyle changes.

So so come back and watch the rest of it. And we'll be happy to continue this conversation. If you're watching this continuation of my talk with Dr. McCann, thank you for being a valuable member of our community.

And now let's dove right back in. So, Dr. McCann, we just got done talking about biofilms in the bladder. Such a fascinating discussion and how you have this patient that got better once you got rid of these biofilms.

So anything else you want to say about infections in the body before we start talking about some solutions here? Sure. A couple of things I did mention coagulation at the end of the last segment, and that's super important because what happens in people who have a predisposition is that fibrin, which is a building block of clot, gets incorporated into the biofilm and it makes it that much more difficult to break down.

And your standard enzymes don't necessarily break that down. There are only specific fiber analytic enzymes that you have to use in those cases. And one of my mentors, Ruth's Chris, has really learned that people who have biofilms like you do.

Laura Yeah, probably also have a coagulation issue and there are a couple of genetics that will show up. There's one called the Plasminogen activator inhibitor and that that I've been finding that in 85, 90% of my patients.

So of course, I have a question. Is that hyper or hypo coagulation that occurs? It's hyper coagulation. And I think regulation and this particular gene is on the breakdown of clot side.

So insufficiency of breaking down clots, not necessarily making clots. So oftentimes the family history is not

pulmonary embolism or DVT. It's it's like heart attacks or strokes.

So it's more of a breakdown of clot. But in getting back to your other question about the other infections, so I think Bartonella is one of the bigger drivers of mass activation, probably much more so then Lyme.

Bartonella is otherwise known as Cat Scratch Fever. For those of you who remember that song of Sammy Hagar song, so Bartonella is can be transmitted by a tick.

It can also be transmitted by a cat bite or a cat scratch. It can be transmitted by all sorts of different insects, mosquitoes was mites and its worldwide distribution and very, very common infection.

And it often becomes chronic. Not everybody has a literal cat scratch and a fever and a known acute infection. More often than not, these are chronic smoldering infections and they can manifest in all the symptoms that people have a massive activation.

So it makes it very difficult to tell. Is it mold? Is it Lyme, is it bartonella, is it nasal? Is it all of the above? And in my experience, it's often multiple, multiple factorial.

So I'm assuming you're doing some lab testing to figure this out. Yes. Yeah, we really have to do labs. It depends on the presentation. Right. So most people come in and they have all these symptoms and I'm ruling out mold and having conversations about whether or not we need to evaluate for chronic infections.

Where did you grow up? Where did you vacation? Do you have a recollection of a tick bite? Have you ever had a mosquito bite? I don't know anyone who hasn't.

So so a lot of these infections like Babesia and Bartonella, they can be transmitted by mosquito bites. And you think nothing of it, right? Especially if it happens in Southern California in the fall?

Well, I will tell you, the what runs through my head is, which is the lesser of two evils, the mosquitoes on my property or hiring the pesticide company to spray for them.

Which one is going to cause more damage in my body? The the co-infections from the mosquito bite or the toxins in the insecticide? That's where I'm at with my question about me, because we have a problem now down in Southern California that we never used to have.

It's problem now. I think the whole thing stemmed from the housing crisis when people's homes were left kind of abandoned and swimming pools were abandoned and just people weren't taking care of their homes and it just was a breeding ground.

I mean, that kind of was a catalyst that got it going and it's just been a problem ever since. Yeah, I'd probably air on the side of avoiding the pesticides.

For the gopher infections. Well, I mean, I think you just have to be smart about it because not all not all insects are infected. Right. But we know that across the board, the pesticides are going to be damaging.

But if you're somebody who already has an infection, you have a compromised immune system, you don't have this robust constitution. You may want to make a different choice that, you know, pick your poison.

Yeah. Now, we talked about how symptoms of mass sell can vary from person to person and how people have, you know, different different packages is what you said.

There are packages of these cytokines and histamines and enzymes and everything that comes out too to solve the problem. Can you talk about how how the interventions or treatments to manage this, how you execute them?

Obviously, I'm thinking part of the answer is already you've already shared with us, which is get rid of the infections

and the biofilms, but there's more to it.

So what do you do to solve this for people? Because this is really your specialty. I mean, day in and day out, you're helping people with chronic muscle in your practice.

Yes, I am. Everybody is unique and how we move forward with the treatment really depends on where people are at. You know, for some people we can do some dietary interventions and we can talk more about that.

For some people, dietary interventions don't really help very much. For some people, they're willing to do antihistamines. And then there are a number of different pharmaceuticals that I use on a regular basis that can be helpful.

And I have my tools and I kind of go down the list depending upon the symptoms and what tool I think might be used useful. And then what what did the patient is willing to do?

Like, I tried that and that didn't work and I tried that and that didn't work. And I want to I want to do herbs only. I want to do, you know. So it's a it's a dialog gets a conversation.

Treatment Options: Medications and Supplements

When I did my research for my summit last year, in 2022, there were at least 65 different nutraceuticals that one can use for muscle stabilization and reducing inflammation.

So there is a ton of tools in the tool kit right? And that's not talking about all these combo things that we can do. So there's a ton of nutraceuticals, herbs and supplements that can be helpful and a whole variety of medications.

The important thing is to find what works for each individual. So we might go through the H1 blockers. Zyrtec, Claritin, Allegra, all which one works, which works best.

I might do H2 blockers if people don't have a lot of histamine present, then we might skip over the antihistamines or they may be surprised for me. They may really help.

Crumlin is another favorite of mine. Chromium. Sodium can be administered in a nasal spray, in a nebulizer and can also be taken orally to really calm down and be a block between the muscles and people's food that they ingest, which then triggers the muscles she thought often is a compounded mass or stabilizer that I love to use to, particularly with really sensitive people, because it has to be compounded.

So it's really clean. And then in terms of supplements, Quercetin is probably the most famous one that people use. Woody Allen is another one in that same family.

I love resveratrol, turmeric, pecknold and all. Pyrimidine. Braswell Yeah, bromelain, Panadol, ex or butter. BR And it just goes on and on and on of the things that can be helpful for people.

And honestly, because there are so many different choices, I actually teach people how to muscle test the because I can use my own intuition and my medical experience.

But really what I want to do is empower each person to not only take an active participation in their healing, but I think some of what happens when we get sick is that we we stop believing in ourselves.

We lose our connection with our bodies. We feel like our bodies are against us. We lose our connection with our intuition. We don't trust ourselves anymore.

And part of the whole healing journey, in my experience, is learning how to reestablish that connection and that faith in yourself and your ability to make healthy choices for yourself.

And so I use the tool of muscle testing first with supplements, but then we can use it for other things to. Teach your clients to muscle test themselves.

Yeah, look at, you know, me with my medical degree. Teaching people I. Must do. Energy, medicine. I've done. It's good stuff. It's good stuff. Sounds like there's a lot a lot of different treatments.

What about dietary and lifestyle changes that can also help give people some relief? Absolutely. So some people do really well on a low histamine diet.

And so I would give them the information about that. You know, try it for a couple of weeks, see if you notice any benefits. I don't personally. So I don't have to eat a long histamine diet.

But many people do have an amazing response to a low histamine diet in terms of lifestyle. You know, it's it's all about learning how to feel safe again in your body.

And so what happens, as I talked about these mass cells and the dysregulated nervous system, the body is in fight or flight all the time or probably freeze.

Right? So we've got our sympathetic nervous system. You can be fight or flight or freeze. We'll just talk about it that way. And most people, when they're chronically ill, they're either in fighter flight or they're frozen.

And by freeze, I mean that overwhelm, that inability to move forward, that feeling stuck, depressed, like they're they're immobile. And that's a response to stress.

Like when you get scared, what do you do? Right. Frozen. So in order to heal, we have to get over here and to parasympathetic. So any lifestyle thing that is going to help shift the body from sympathetic overdrive, fight or flight or freeze into parasympathetic stimulating the nervous system, the vagus nerve into parasympathetic will help with calming down that nervous system dysregulation and helping people heal.

And there are lots of devices and apps and, you know, meditation, yoga, those lifestyle pieces that are going to help reteach people how to get over here on the parasympathetic side.

And then the last piece is really the limbic system dysregulation. So the limbic system is the ancient part of the brain that takes our memories and our emotions and turns them into, you know, more concrete emotions into memory, really.

And many people who have muscle activation syndrome also have what we call limbic system activation or the limbic system, the amygdala, different parts of the brain that are involved in the limbic system have become hypertrophy.

They are larger, more swollen, more activated.

Diet, Nervous System Regulation, and Limbic Retraining

And what we need to do is retrain in that part of the brain and reestablish that sense of safety in the world. Because until we can learn that our bodies are safe, our nervous systems are safe, our immune systems are safe, we're going to be stuck in this pattern of hypersensitivity and hyper reality, hyper arousal hyper reaction.

What do you recommend for limbic retraining? What do you like to use? I like to encourage each person to find the program that works for them. There are a handful of programs out there.

For a long time we just had to Annie Hopper's Diana or the Gupta program. I've had a lot of patients really love Kathleen King's Primal Trust program, and then there are other ones there to answer rewire re origin.

I think there are even some beyond that. There are some Christian based wants. I mean, there's plenty of of

different programs out there. The most important thing is for each person to find the program, the device, the app that resonates with them that you're going to use and recognize that it's not the program, it's not the device, it's not the supplement, the medication.

It's not even the practitioner who's going to help you heal. It is doing the work. No supplement is going to take you from being sick to being healthy because remember, the mind and the body are linked.

So we have to deal with things at a physical level, emotional, mental or even spiritual level to really get you from where you are to where you want to be.

And that's what I was going to ask next was, you know, you use specialize in this. You see people day in and day out. And I wanted to know where people trip up what.

So the difference between the people who resolve this and go on to get their health back, have energy, be able to eat what they want, feel balanced in their bodies, have their brain turned on and work, have proper reactions to stress.

What's the difference between those group of people who regain that freedom in their life and those who stay stuck? They do the work. They do the work.

So, you know, I had one patient who came in like all the other patients, tons of symptoms. She was in her thirties, wasn't even menstruating anymore, had issues with oxalate and every soup, every single system and a review of systems was checked.

You know, everything was out of balance. And, and we started really slowly, let's tweak the diet. Let's take these supplements. I started her on hormone replacement to help her feel better.

And slowly, slowly, not only did she start to trust me, but she started to feel better. And we started working on her medical trauma, the idea that she had been gaslit for years, that, you know, she'd go into a doctor's office and they'd say, Oh, you're depressed, you just need an antidepressant.

And I know people out there listening have heard this and have had this happen to them. You're not crazy. You might not need an antidepressant just because you have all these symptoms, but the symptoms are telling you something and it's your job to listen and to be open to the possibility of what your body and your your your subconscious and your intuition is telling you about your life.

And at some point, I felt like this patient was really ready to hear this. And so I said, okay, you're ready. It's time. I'm going to have you read this book by my friend Amy Cher.

And the book is called How to Heal Yourself When No One Else Can. And essentially it was her her book of how she got from a disabled old chronic Lyme patient who couldn't get out of bed, who was in pain, 24 seven to a vibrant, healthy, happy person.

Again. And what she did was start to recognize that she was the common denominator in her relationships, in everything in her life. And so she recognized that how she was in the world, how she was being in the world, was not serving her, not that it was bad or wrong, but that it wasn't serving her.

I mean, some of it so many of us walk around like, I'm not good enough. I have this wall of of diplomas and, you know, I'll joke, well, that's actually my wall of shame.

And people are like, what are you talking about? Right. That wall of diplomas was because I didn't feel good enough. So I had to go prove to myself in the world that I'm okay.

And then I got a master's in spiritual psychology and I work through all that stuff. So I love this. But the idea is that how we are in the world has served us up until a point, how we've coped, the things that we tell ourselves, all of

that.

But at some point it stops working and at some point our bodies and our our subconscious are trying to tell us something. And the only way that it can speak to us is through messages, the body.

And if we had the willingness to listen, rather than blame the body, you know, feel like a victim, get angry at our bodies, the more we're able to say, okay, this is where I am and I know that this is not where I want to be.

So what do I have to do? How do I have to see how I am in the world and shift that that you start to make a different life for yourself. You start to make different choices for yourself.

This is the biggest pearl of information that you just shared. And I know so many people want a supplement to take this away and they want a bacteria or parasite protocol to take this away.

And they want you know, they want to identify that toxic and that forever chemical, get it out of their body in the glyphosate, in the mold, and they're doing all the things.

And if you don't do this emotional piece, if you don't reset the limbic system, if you don't do the parasympathetic work, if you don't face yourself and you know that piece of you're playing the game, you're winning.

And and some people are more committed to their sickness and their wellness because they're winning at that. There's a payoff for that. And I mean, some people may be listening this right now going, I can't believe she just said that. I don't want that.

But there is a payoff there. If you haven't figured out how to get out of it, there's something about being in that sick space that is, there's a gain somewhere.

That's a hard thing to face. And look at you know it because you've done this type of work. But the gain might be I don't have to be responsible for X, Y or Z when I'm not feeling good.

I can rely on others to take care of that. Right. That may be the gain. So I have a great example of that.

Emotional Healing and Long-Term Recovery

I had a young man come in and he was mold exposed and at the time he finally found me, he was very sick, emaciated, to the point where he looked gray and gaunt.

He had scabs on his head because he's so malnourished and, you know, was suicidally depressed, very severe muscle activation, mold exposure, you know, the whole the whole thing.

And he worked really hard. He was a very diligent patient. He did all the protocols and he would come every month and check in. And and we got him to the point, after about a year and a half now he's running, you know, seven and ten miles a day and going to three hour yoga classes.

And he looks healthy and vibrant and he's starting date and he's feeling great. And he went back to work and then it started raining and he was working in a building that was moldy and he got super sick again and his muscles flared.

And all of a sudden he had to he had to quit work. He had to leave his apartment. Now he's living in a tent in his backyard, in his parents backyard, and depressed again.

Can't believe that he's back in the same place. And I had to have that conversation with him like, look, you did the physical work last time and you got your physical health back.

But we never addressed the emotional stuff. We never addressed the trauma that you experienced as a young

person or the, you know, the desire that you just want to be taken care of.

I mean, he would actually come out and say that, I just want somebody to take care of me. Is there a place where I can go? Is there a hospital? Is there a facility where I can just go and they can cook my meals and I don't have to worry about being an adult.

Adulting is hard, right? Don't we? I we would all love to just be taken care of. And now that he's recognized that he has to do this internal work and, you know, the path by which everyone gets there is a little bit different.

But he's making strides and he's happier and he feels more hopeful. His depression is lifted like things are moving in the right direction. He's doing that internal work.

When you get to the point where you do the internal work and then let's say you get exposed to mold down the road, your body can actually handle it. You don't get a mast cell activation.

Yes. Yeah. That's what I needed to hear because I know people are watching this right now thinking, no, it's not the emotional work. It's not the traumas, it's the mold, it's the bacteria, it's the forever chemicals, it's the glyphosate, it's the heavy metals.

But when you have those traumas and when you have unresolved just emotional patterns, maybe unhealthy emotional patterns that we create, then it makes it much harder to handle those things.

And when you do create that resilient, that emotional resiliency and strength and resolve and forgive and clear these things out, when you do get exposed to toxins and metals and it your body can handle it better not to say that, you know, we're going to have to detox the rest of our lives living on planet Earth.

I mean, we're going to have to get those metals out of your body for the rest of your life. You've got to have some kind of maintenance plan. But maybe, maybe you can just be like a normal person exposed and not completely drop your entire health from an exposure.

Right? Right. Well, so incredible. So glad we went this deep in this talk. Kelly Yeah, yeah. I would be doing a disservice to everyone out there if I didn't bring this message, because I think it's really important, you know, and I'm not blaming nobody is blaming you.

Nobody is saying you're, you know, you're causing your illnesses. It's not that simple. It's really about unhealthy patterns and ways of showing up for yourself.

And if we think about it, I mean, I really want people to come away with this idea that your body is on your side, right? Your body is not against you.

And we learn about this in medicine when people go to the ICU because their body is fighting an infection caused sepsis and the the blood vessels get leaky and people get admittance and the blood pressure drops.

These are all because the body is doing everything it can to protect yourself. There's inflammation, there's edema, because it's trying to flood the system and deal with the infection, the insult, the best way it can.

And it's going to do it in ICU sepsis situation and it's going to do it every day that you're alive is to do the best that it can with the probe slamming that you have given it in your early childhood, in that those early decisions probably that you made about how you wanted to be in the world even before you had the ability to speak.

And so there's no blame. There's only the opportunity that your body is presenting yourself to say, okay, there's a message here for me. I need to understand what it is so that I can move forward.

And then there are people out there like Amy Scher and there are many other medical intuitive that can help identify what are those blocks, what are those resistances that you might have?

Or you can figure this out yourself. And that's the whole purpose of Amy Scher's book is to give you the tools so that you know. How to heal yourself when no one else can.

That's right. Yeah. So that you have those tools to figure out what's happening. When's your book coming out? Oh, I. I, you know, I need to start doing this summit so I can write my book.

Write your memoir. No, write my book. No, it'll. Yeah. One of these days. Hopefully soon. tell us where Tell our audience where we can find you, Kelly, because I know there's people that are wanting to come see you right now and get help with their mast cell So my clinic is thespringcenter.com that's thespringcenter.com My personal website is drkellymccann.com You can kind of go back and forth between those websites.

So I have a how to get your mast cell under control environmental Deep Dive Masterclass and a couple of Q&A's is on my personal website as well as blogs.

And then yes, you can find me at The Spring Center with me and my team. Thank you so much for pouring into our audience for going to this deep place in this in this talk today, the people who stuck around and listened to this are in for a big treat.

So thank you so much for always being a big yes and for helping humanity and just doing hard stuff. Thank you, Laura. My pleasure. Everyone. Take care.

Bye now.