Introduction and Dr. Gordonu2019s Background

Hello, everyone. My name is Dr. Richard Horowitz. I am the co-host of the DrTalks Healing from Lyme Summit. It is my great pleasure today going to be having a conversation with Dr. Eric Gordon in California.

we're going to be discussing pain presentations in a typical way, said Eric goes after these chronically ill patients about how he gets patients better when other people fail.

Dr. Gordon is a family medicine physician and researcher who founded Gordon Medical, which is in Santa Rosa, California, and he treats complex chronic illnesses, including chronic Lyme disease, chronic fatigue syndrome, ME, fibromyalgia, autism, multiple chemical sensitivity, and other illnesses.

So, Eric, it's great to have you here today. Let's talk a little bit about why you got into Lyme. I know, you know, you're in California. People say there's not that much there. Of course there is.

But how did you end up getting into Lyme? Well oh well, first of all, yeah, we're in San Rafael now. We move south a little bit. Okay. Now, not that that matters.

The the, it's pretty close. you know, it's interesting because it weaves into lot into the chronic pain issues is that I, in the late mid 90s, I worked with Norm Shealy for a year and Neil Nathan and Norm Shealy and we were that was a chronic pain clinic.

Okay. And so I kind of got the idea that I did pain. And then when I moved to California, I started seeing people with, pain presentations. And then in 2001 or 2000, Wayne Anderson joined my practice.

And Wayne had been treating Lyme since the late 80s. He, he and Joe and probably you guys were on the phone all the time, you know, like figuring out what to do with these folks.

and what I realized quickly is that the patients that didn't make any sense to me from a, a pain perspective, you know, from the way that doctors are taught to look at pain and so far is like, you know, you know, it's supposed to hurt in the same place all the time, you know, and it's not supposed to wax and wane tremendously from day to day.

you know, these are things that, you know, unless you have MS You know, that was the only disease that we were taught that would change in time and space.

You know, everything else was this fixed problem. You had arthritis. It was in your shoulder, you know, and that's not what I saw. And I discovered that Wayne's patients, the ones who were treating for chronic tick borne diseases because, as we all know, it's rare to find Lyme in somebody who's chronic, just Lyme.

so I started to pay attention and I started to treat the Lyme because, you know, as you mentioned, you know, people say there's not a lot of Lyme in, California, which unfortunately is not true.

But when I, I come from I practice in upstate New York, little sort of, just in the area of Saratoga, you know, Springs sort of north of Albany and in the, 80s and early 90s, I was told by the infectious disease doctors that there was no Lyme north of the Catskills.

If you if you can imagine such an absurdity. But I still remember, I had just started, like, leaving the hospital practice, and I had some patients who came to me and I didn't know anything about Lyme, and people didn't even talk about Lyme much in the in the regular medical community, in the 80s and 90s.

Okay. And I had people come to me who tell me, I think I have Lyme disease. And I to this day I feel guilty because I said, no, no, no. They told me, you can't be up here.

You know, I mean, like I did this level of stupidity that I'm embarrassed about, that I. Oh, don't worry. When we all started, Eric, from the very beginning, a lot of us had to learn right in baby steps.

So we all make mistakes early on and we learned from our experience. yeah, yeah.

How Lyme Entered His Practice

No, no, but it's it's it's a, it's a great lesson is, modern medicine, all medicine medicine forever is, is full of these pronounced mints that we are taught as though they are fact like they have been, as we say, proven by the double blind, placebo controlled study.

But most, most of medicine is strongly held opinion by thought leaders. And, very often lies why patients are not believed to this day. And that's a big problem with people with chronic pain and Lyme disease is because if you do go to your doctor and you tell them that your, yeah, your shoulder hurts on Monday and, you know, but sometimes by the end of the week, it's your, you know, your knee is really bugging you or your hip, you know, and you have a, you have a lot of these Bernie kind of pains in your body that move around, or even worse, you get this deep pressure pain in your, in your calves, you know, you know, you're often met with the what I call the medical eye roll, which is, you know, shoot, you know, you know, they don't want to be insulting, but they don't.

It doesn't make sense. That's not what the average doctor sees. So to make this long story short, that's why I got into Lyme and, began to understand it.

and the tick borne diseases in general, was because people have a lot of pain. It doesn't make sense from the traditional perspective, you know. Then you you were doing pain medicine before, like this was a specialty of something that you were interested in doing right?

Well, again, I was not a pain specialist. I my my, it's just that I listened to people. And one of the things that if you if you wander off the, the, the, the road of what I call regular medical practice, if you no longer see people just for high blood pressure and diabetes, you wind up seeing a lot of, people with with pain, because that's what's not understood, because pain happens from so many different reasons.

And most doctors focus on is it arthritis? You know, did you break it, you know, or is there is there an, an infection I've heard about that's causing it.

Right. Well, you I mean, you bring up an important point when you were talking about migratory pain. I mean, those of us in the Lyme world know, but migratory pain is the hallmark of Lyme disease, right?

Whether it's migratory muscle pain, migratory joint pain, or if you were talking about migratory neuropathy, tingling, burning, stabbing, numbness, that's actually the only disease in medicine that, you know, Lyme is the only one that causes it.

Although now that I'm finding so much Bartonella in people, I kind of wonder whether Bartonella is playing a role in some of that migratory pain. It has to be discovered.

But but you're right. I mean, it moves around the body. it's very specific. And you want to talk a little bit of And what gets confusing, I think for people, it affects inflammation in every organ.

So you can get eye pain with uveitis and you can get pericarditis right in chest pain or costochondritis bladder pain. It's sustained. It's it falls people and they go to Subspecialists looking for answers.

And they just don't know because they don't know where to look. Yeah. Yeah. Well, the multiplicity of the pain presentations is, is. Well, what. yeah.

Often makes us think of tick borne disease and I agree, and I always, I always felt so good when you came out with your with your, with your list. And that was on the top because that was always on the top of my list.

You know, the migratory pains, you know, especially in the, early 2000s, our testing has gotten a lot better. But in the early days, the testing was really.

Yeah, well, it just wasn't that good because so many people have problems forming antibodies, and that was the only thing we could measure. We couldn't always be sure.

And, you know, these, and so this looks like a lot of different things. And so you were right when people came in and after a while and they had pain that moved around, I felt and they didn't, I said, and they didn't have mass or a few of the rare things that they, they probably had Lyme disease, you know, so that or I said to me more have also learned to me, you know, they have a chronic infection, okay.

And it's usually not viral. Okay. And one of the things that we've that we saw is that when you treat the, the bacterial most of the, a lot of the pains go away because we did a study with Dr. Naviaux looking at, trying to do a metabolomics sort of way, of a way of defining people with chronic fatigue.

And, our population was pretty, coherent, you know, it was consistent for, for the findings because we made sure that our other that our patients would Lyme disease didn't get mixed in.

And we did that because we made sure if they had lyme if we knew they had Lyme, we didn't include them. But if they had just chronic fatigue and we had treated them for their Lyme, we made sure it was gone.

Because the presentations are different. though, I like to remind, people who are treating Lyme that they can have coexisting chronic fatigue and don't keep giving them antibiotics to get rid of the chronic fatigue.

But that's. Right. And in this day and age, it's it's actually not unusual that a lot of our patients come in with Covid exposure. And a lot of these patients may, in fact, have long Covid.

They may have viral persistence, viral reactivation on top of right what they were coming in with. So it the clinical picture starts to get a little bit confusing.

And you really have to know how to do a differential diagnosis. Right? Right. You have to be careful not to keep treating what you think is there, when it's not quite adding up.

So but getting getting back to, to pain clinic, is it a I am not a pain specialist. I never was my my my I just happened to wind up in that niche for about six, seven years because, I wound up working with, Dr. Norm Shealy, who was just a brilliant, he was had been it was a neurosurgeon and really understood the, psychological, I hate to use the word psychological underpinnings because everybody thinks that means that if I if there's a psychological underpinning that all I need is an antidepressant or a good therapist, and, I'm all my problems are going to go away.

All my pain problems. No, but the brain is part of the nervous. I mean, the nervous system controls the immune system. And if your brain is always in this fight or flight or fear mode, it's hard to get your immune system to relax enough to do its job effectively over the long run.

Okay. you know, being in fear will give you a lot of transient strength in the in seconds, you know? But if you stay in fear, that dissipates very quickly.

And then you're then you don't have the real strength to persevere. You know, you have to be able to turn down the fear signal. And the problem with so many people with chronic illness is that they're, sometimes it's the bugs themselves that produce these chemicals that kind of get our nervous system so wired up.

I mean, I really believe that because I've seen, especially with the PC and Bartonella, I've seen where, severe

depression, there's black depression will, just lift when we treat the bug.

but again, and I and people say, well, what will depression fear? Well, if depression is what happens in some people when the, the body can't ever find a place to rest.

Migratory Pain and Chronic Infection

You know, it just depends how we're wired. You know, some of us tend more to depression. Some tend more to severe anxiety or OCD. you know, it just depends.

But when you're chronically ill, you have chronic inflammation and psychiatry is beginning to finally wake up that, you know, mood disorders are not merely imbalances in neurotransmitters.

I mean, that is just like one little aspect of it, but a big part of it is persistent inflammation in the in the nervous system. and that's where, the, the need to understand, pain, and depression is one story.

We have to we have to get and we have to get rid of this idea that it's a moral family. I mean, that's the other part that I find. So, distressing. Is that so many patients, will come in and, be so defensive if we talk about the need to find a way to quiet their nervous system because they feel like, oh, you're telling me I'm just anxious, you know?

I mean, you. Bring up a great point, which is, And Bob Mansfield, of course, had been talking about this for a long time about microbes and mental illness.

But Lyme causes depression, anxiety, OCD. I mean, every psychiatric disorder you can come up with, as does Bartonella, which makes it much, much worse.

And BBC, of course, also increases that. So, you know, it's not a failing, but, you know, you were getting at this before with Norm Shealy. I you know, I affectionately talked to my patients and refer to them as most of them as the walking wounded, because many of us, including myself in childhood, we may have had traumas.

It affects us later on. And your nervous system basically gets affected. So I was curious when you were talking about the mind body effects, which of course is, you know, well-established at this point.

Do you have specific techniques you teach to your patients? You know, I've, I've learned meditation from my Tibetan teachers. I teach it to patients, but I also recommend things like eMDR and cognitive behavioral and, the gut to technique or anti hopper dynamic neural retraining.

What what do you like to get that autonomic nervous system, central nervous system back and balance. Well that is a work in progress. yes. Because, you know it.

What I find is you got to find the right note for the right person. And I just met someone, actually, who was. Oh, I feel so bad because I can't remember their name.

Just Monday, just three days ago, you know, who has worked out a system of being able to, help people find the methodology that's going to work for them to relax their nervous systems because, you know, as you probably have seen, if you have somebody who is often, you know, has a very overactive mind in is really, really anxious, you know, meditation can be a hard, a hard way in.

I mean, for some of them, it's going to be the perfect answer. And for some of them, it's just going to they're going to get more agitated. you know, so it's a question of, of finding the right tool for the right person.

And you know, and I start with everybody is, just getting out in nature. I think if you can, you just open the window. I mean, open the blinds, you know, if you can't get outside but see the truth if you can.

I mean, it's hard for people who are in cities and stuck in an apartment. Then it gets harder. But, anyway, that you

can get and touch the earth and be, in tune with nature even for a few minutes, is going to begin to quiet the nervous system.

so that being said, you know, and if you have the abilities again, is finding out what turns that person on, what what can fit with them, whether it's cheap gong, I mean sitting qigong, tai chi, stretching in bed, you know, if you're kind of the vigorous sort, you can do, you know, I mean, any kind of a you can do exercise of any kind is changing your state of being.

That is the crucial thing, is that when we are ill and we are stuck in, depression, anxiety, you know, changing, changing your state physically, if you have the ability is just amazing.

and as far and we have used I mean, I again, Annie Hopper for the people who are more, I don't want to say rule that people who can follow, a regime very well.

And that makes them happy. You know, if I tell you to do seven things every day and you're really happy doing that, then I find the Annie Hopper program really kind of often will meet your needs.

but if you're more a little here, a little there, then I think, you know, either the Gupta I've been using, re origin of late, this, young fellow, Ben Aarons, who actually had Lyme disease, you know, and he, you know, and the thing I have to remind people is that many times you meet folks who have found a way through this mess, through this illness problem of chronic Lyme and chronic, tick borne diseases.

But you have to be kind to yourself because we're all different. Like this fellow Ben Aaron, he was, you know, bedbound, IV antibiotics, the whole thing.

And then one day he started working on himself and over a few years actually cured himself. But the. Remember. But this man was a, a surf instructor. I mean, he, he paddled, I think, 26 miles, you know, and, one time.

So, those of us, if you've ever been on a surfboard, if you can, you know, paddle, you know, a half a mile, you're really good, you know, and strong and determined, you know, so it's we're different.

I mean, I don't have that kind of drive. Okay. I would, you know. So, you know, we all need to hear different messages and don't beat yourself up because respect that for you.

Meditation is wonderful. And maybe for you, you know, it's not. And, you know, walking or physical exercise might be great for one person and it just might not do the thing that makes somebody else feel, feel, really comfortable in their bodies.

so we just have to find it. so it's personal, but it's crucial because if you don't let the body know that it's safe to heal, you're not going to heal.

And so, you know, but the basics sunlight. sunlight. Good. I mean, the things that are hardest for really sick people to get sunlight. Good rest and good nutrition, you know, is the way it is.

And and learn how to relax or, you know, and. And safety as you were talking about it earlier, you know, when I used to speak to Neil Nathan about this and you were talking earlier about Bob Navajo, we know that if you're not in a safe environment, you're not going to heal because of the cell danger response.

Right? The mitochondria get kind of stuck right in in M0 and not M2. They get stuck there. So no matter what you do to people, if they're not in a safe environment, the healing won't happen.

And and of course, you're right. I mean, with the wildfires in California and the rains and the mudslides and it the climate is definitely causing a lot of climate anxiety, where people are having a difficult time coping.

so, Eric, if people want to contact you after we're done, what is the best email for them to get in touch with you? It's

just, I believe it's info@gordonmedical.com or just, just the best thing to do is just on the gordonmedical.com website.

Pain, Mood, and the Nervous System

There's a button they can press and you can. And there's lots of information about what we do and how we do it. so that easy to find. yes. The you know, but you brought up the cell danger response, which is really my favorite topic.

I have been lecturing on that for the last seven years. And I must say, I think I'm beginning to understand it. it. Well, the first time I gave a talk on on the cell range response, I was at Islands, actually the Lyme organization, and I think I confu I know I confused myself and I think I confused everyone there because at that point I was still, overwhelmed by the biochemistry of it.

You know, when you, when you Dr. Naviaux has one of those, amazing minds that, he can he, he has in his head, you know, biochemistry from almost A to Z.

and the rest of us, especially people who are physicians, you know, we have pieces of it, but we forget it because it's not our everyday, world. But I think it's so critical because the whole idea of the cell danger response is, I think, gives people an understanding of why, when we talk about fear and anxiety and OCD, that sometimes can get in the way of their healing.

It's not that you have to be this perfectly calm person to heal. Please don't take that message away from what I'm saying. It just helps. Okay. very, very, very anxious people still get better, okay?

It just means they have to work a little bit harder often. because your your immune system, just works better when it's not feeling like it's fighting for its life.

Okay. Now it still works, but it works better, especially with over the long haul. Especially when you've been, you know, you you've been in this for a few years.

it's really good if you can find places of peace, because that signals your body that life is safe and, and safety is so important because basically, how we pay attention to anything is this extracellular ATP, this magic.

You know, ATP is the energy molecule of the body, the energy currency, if you will, of the body. How we sort of save energy and use it someplace else, store it and use it.

And but it's also a signaling molecule. Now normally there's very, very low levels of it outside the cell. And when that amount goes up a little bit, it tells you, but it tells you your immune system and this nearby cells to pay attention.

Something's happening. So and that's how we remember things. You know, we have so much input throughout the day. We can't we know if we remember everything, life doesn't go well, and or feel everything.

You know, you don't feel your buttocks until I mention them, and then you realize, oh, I'm sitting on something, you know? And that's all that awareness is triggered, is modulated by changing levels of ATP on the cell surface.

I mean, then that gets that whole nervous system and all your neurotransmitters and all that other stuff to happen. But that's kind of the first message.

And so, so our quick, quick question on that because it's a great topic. And when I've listened to Bob now talk and learn about it, the thing that I found a bit frustrating was that the only drug that they found that was like across the board, effective for raising extracellular ATP was Surman, right, for sleeping sickness.

Right. trypanosomiasis, which you can of course get in the US. And there were studies like on autistic kids that a large percentage of these kids took it extracellular ATP went up and their brain function woke up.

the closest I've seen. And I know if you have any tricks here, the closest I've seen to that may be sulforaphane, glucosinolates, which is the broccoli seed extract.

Hopkins did studies years ago on autism and found that if they gave 300mg, the kids brains also a certain percentage woke up. Do you do you? And I don't know if you have any other tricks, but that's the only thing I've ever come across in the literature to raise it.

Do you know of any other ways of like raising this? I mean, of course, of course, a party, right? Yeah, yeah. Getting the nervous system and balance. Right.

Well lowering it I mean, you know, it is. yeah. Unfortunately, nothing as elegant as as certain. you know, and I know, you know, you know, Dutch Inovio is is like, focused on, like, finding other pure energy drugs to, like, quiet this down.

but I think it's so important because it's, it's, when you understand this, the system, when you understand the body. So you, you you, you realize when you're giving, when people come in and you're giving them, you know, coke, you ten and other things, the whole mitochondrial support cocktail, and nothing's moving.

Okay, well, then you kind of know that they are stuck in, in this, in, in this inflammatory part of the Cd-R where you're at or where even I should add, sometimes you'll give them, these mitochondrial things and they'll feel worse then, you know, they're stuck in the Cd-R in the, in the inflammatory part of it.

and so I just when I see people, if they're super inflamed and super sick, I kind of know that these, mitochondrial cocktails aren't usually going to help that much at that point.

We have to. So I use it. It's not so much as a way of finding a therapy, but it's a way of understanding where the person is in the system and, helping helping me have a, a map to understand chronic illness.

you know, unfortunately, it doesn't give me a straightforward to do. And people always ask, is this the Cd-R? And I have to tell them everything is the CD is the cure.

If you're ill, you're in the cells. Danger is fine. But. And the thing is, you have some cells that are stuck in inflammation in, in liquid. but Bob calls the, you know, CD1, which is that acute inflammatory phase, where, you know, you're, you're killing cells or you're killing things and, but you don't have but that can be happening.

Maybe in your intestines and maybe your liver is stuck in CD2. you know, where you, your cells are just producing, proteins that are giving low level inflammatory signals to the body that don't go away.

And that's, you know, so it's, it's a complexity that I don't want. And then I realize we can't go into right now. But just to say is that when you understand the body through the lens of the CDR, I think you can help tailor programs for people who aren't making sense.

you know, if people come in and, and we say, if we can go to the front door with people, which is to treat them with, you know, with either herbs or antibiotics to treat Lyme disease, and they respond fairly appropriately, you know, they have a 2 or 3 day hurts and then they feel a little better and I can keep going.

Then I don't have to worry about where they are in the CDR. Okay. But when I when I need to think about this is when people come in and unfortunately, well, anyway, my practice over the last 20 years, that's what's happened, is that we usually only see the people who have failed, what I call the straightforward approaches, whether they be the natural path like approaches, you know, the oral oral antibiotics, IV antibiotics, you know, ozone, whatever you want to add, silver, whatever you want to do.

We have tried. Okay. I in my younger days, I was an early adapter, so I, we worked and I had with Wayne working with me. and we had lost and we had, you know, Neal, Dr. Nathan was with us for a bunch of years. And, you know, we tried everything.

And so we know what I always what I always believed that everything works sometimes.

Calming the Nervous System

And you have to find what works for that individual. So that's where having this CDR tool helps is because it just like I'm interested in this other fellow who has a tool to figure out what type of, relaxation therapies or return to your own inner being.

Therapies are right for the individual. Well, the CDR gives me a little bit of that lens to say that, okay, you know, this person needs something that's more on the energetic level.

That's very soothing. and we kind of do a bunch of cleanup before we can ever get to the antibiotic level or even the herbal level. Right? So, Eric, question.

So a lot of these people are coming in with chronic low grade inflammation. They can't tolerate treatments. You know, when I when I look for inflammation and inflammation obviously is causing pain fatigue, brain fog.

Right. All the symptoms we're seeing mood disorders sleep disorders. you know, I think of it in terms of the three BS Borrelia bbca, Bartonella microbiome may be off too much.

Prevost tell a class tritium not enough sacraments. You they've got mast cell disorder, food sensitivities. They're not sleeping. They have mold. They have heavy metals. They have nutritional deficiencies.

Right. All these things cause inflammation. But if people come to you and they've tried all these things and they can't tolerate the treatments, how do you work up these patients?

Like how do you approach them to figure out, like how to get them through to the other side? Well, a lot of it is just understanding that each one of those things that you mentioned can be playing a role.

Okay. And, and, and we have the, the beauty of hindsight, I can go over them, I can go over with the patient. what did they try for each one of those, things and what testing they did to look at whether that was there or not, because often people will come in and they say, well, I've done, you know, mycotoxins.

I, you know, I, I treated my mold. but, you know, because there's different schools of thought. One of the problems that we have is that, some great doctors, you know, I think of Richie Shoemakers as a great example.

They come up with a, with the big insights, you know, and they teach us a lot. But then they see the lens, they see the world through that lens so much.

And then when they start teaching it, it comes out as, as almost, like it comes up with rules. Okay. And it's what worked for the patients that they saw, but it doesn't mean it works for everybody.

So, you know, when I look at people who say, well, I've had mold exposure and I, you know, I took Kostya, me and I went through the 12 step series program, but, you know, but the 12 step series program, people have a hard time understanding it.

Sometimes you actually have to kill them all. That there is such a thing as colonization, you know, in the nose and the gut, and you've got to kill it one way or the other, you know, you know, and, you know, it's the same thing with, measles a lot of people treat manic measles are huge because mast cells are your most primitive.

I mean, not primitive in a way, but the original immune cell, you know, like that. So they interact with everybody, and they're everywhere in your body.

Pretty much. So mast cells are always involved if you're inflamed, if you have pain, they're mast cell involvement. is but but if your cells are triggered because of your mold exposure, treating mast cells from today to tomorrow isn't

going to help a whole lot because you didn't deal with the mold, you know?

So it's this it's this, this thing of layering, of knowing, of knowing. You have to know a lot about all the layers so you know where to do it. I mean, this goes yeah, back to that.

There's a concept in osteopathy. I was I was interested in osteopathy a lot for in the 90s. I still am I still think structure is huge for people and we ignore it too much.

But anyway, but you have to treat people, you know, somebody comes in with sciatica, you can do the right treatments, but if you don't do them in the correct order for that body, it doesn't work very well.

It doesn't hold. And that's the same thing with this with with tick borne diseases or any chronic inflammatory disease is usually you have to treat things in the right order for that person.

You know. And when we have our lists, you know, I mean, like, in the, in the tick borne disease world, remember when, we when we finally learned about the BSE, Bartonella?

it it was the it was the rules, I think in the early mid 2000s or something. You got to treat like your first and you know, then you got to treat Bartonella.

Then you treat the Lyme. By the way I never did it. And that's I for me I kind of I approach it from the point of view that you have multiple ninjas attacking your fort, and you can't just go after one ninja, two ninjas.

You got to deal with the whole tribe if they're going after you. So when I was discussing what I call the six Rivers of Inflammation earlier about, you know, Marcell, microbiome, sleep disorders, heavy metals, mold, nutritional, the three BS, you know, etc.

what I discover is, is that you're right. I mean, some people, for example, if you try giving them antibiotics and they say, gee, my gut is giving out, I'm either getting candida immediately or I'm getting loose stools.

You got to go after the gut and support the gut or the detox pathways first and clean it up right in that order, because if you don't, you can't proceed with the other thing.

So I mean, that's and that's taking a good clinical history, right. To figure out what order to do it it. Right. Well but but it's to a good clinical history and knowing the possibilities and that that that is the thing.

But no, but that's what makes you such a good physician is that you know right away that you kind of got in the beginning that even though people are coming down with these, like, they sound like rules, you know, you have to treat the babka first.

I mean, that was a big thing, you know, and it's, it's and patients and patients fall into those traps because unfortunately, you're looking for guidance as a patient, you know, and when you find somebody who can give you, a, you know, something that sounds like, you know, one, two, three, 4 or 5, this is the steps.

You do these, you are going to be well, that's very appealing. And, and that's how our medical regime, our medical system is set up, because that does kind of work for acute illnesses.

Okay. things that happen to you today, you know, like you break a leg, unfortunately, you know, something, you get an acute pneumonia, but once you have a chronic illness, a chronic illness is about your body interacting with the environment.

Okay? I mean, an acute illness is also. But we all kind of act the same, you know, pretty much in an acute illness. And and the treatment works you can give, you know, you break an arm and you can treat that arm like in almost 100% of people the same way.

And you'll get a pretty good result. But once you have chronic illness, it's a it's how your body has comp and sated for the events. And those compensations are built on compensations.

And there are about your own personal, lifestyle and genetics and your life experience. They all lead to a different way of your immune system interacting with the bug, and a very different immune system, because that's why.

Yeah, you're talking about a paradigm shift. And I think all of us who do chronic disease medicine know this. The acute illness is not the problem we're having.

But now that long Covid is out there and right, they're throwing billions of dollars at this to figure it out. What I did, I in fact, just I did this about a week ago because I'm writing up a new series of case studies for the literature.

I looked up long Covid to see how many of the factors on the message map are now associated with long Covid.

Cell Danger Response and Chronic Illness

All 16 when, I did an interview with Dale, Bredesen and I looked up Alzheimer's and I said, well, how many of these factors are associated with Alzheimer's?

It was all 16. And I have a feeling as I start going forward looking at me, chronic fatigue. What I think the problem is, is that we have not had like a way of understanding chronic illness of like there are multiple sources of inflammation, there are downstream effects because if you just talk about mitochondrial dysfunction for fatigue, but you didn't look at the hormones and you didn't look at Potts dysautonomia as a cause of fatigue, or that Bart is hanging around, you're going to miss all the other causes of fatigue.

So it's almost like we needed a new checklist and a way of understanding chronic illness. And I think that's what a lot of us in the field, I think, are discovering.

I mean, have you discovered kind of the same thing over time? Yeah. I mean, I say, yeah, so, so blithely because, yes, this is the issue is that chronic illness has, a very, common underpinnings.

And what makes him different, you know, you know, it's all, you know, toxins, viruses that you haven't dealt with completely or your immune system keeps letting them pop up and and stress your body, infections that are, you know, that live with us, and that's.

Yeah. And, and, you know, and stress the craziness of modern life, you know, and Emfs probably, you know, I mean, all these things have made a new soup, okay.

Because, you know, the old soup was infections, was acute infections. but now, you know, with the addition of, you know, what, 80,000 somewhat chemicals, God knows how many pieces of nano plastic.

I mean, you know, we we have a litany of stuff that can hurt us out there in the environment. And at the same time, the way our lifestyle has, isolated us and kept us away from community.

Okay. I mean, like, and that's why I, you know, like, there's a lot, You know, I think the, the, the isolation that has changed when, when we were growing up, when I was growing up in the 50s and 60s, you know, almost everybody lived in neighborhoods.

They're only a few. The super rich were like, you know, isolated in their little in their little bit. But the rest of us poor people, you know, middle class people, upper middle class people, there were neighborhoods where kids were in the street all the time, you know, and everybody interacted and, and then families were bigger.

But now and the last 60, 70 years as we've shrunk to this really, like isolated nuclear family, you know, we're all in our little fortresses and that is not good for your immune system.

Okay. You know, we need exposure not just to bugs, because bugs, the exposure to bugs makes us healthier in a way, you know, but we need exposure to other people and other feeling states and other ideas.

Okay, I won't go off into. I just it's just. You know, but you're you're correct. In fact, I mean, what happened with this outbreak with Covid when people were isolating, the reason they felt that, you know, the flu epidemic and the RSV epidemic and meta pneumonia virus and all these other things popping up, even mycoplasma, is because we were too isolated.

People weren't right. They weren't being exposed. They weren't getting cross-reactive. Their antibodies weren't keeping up. That's part of the reason we're seeing all these viruses.

Now come back because you're right, people did not get the same type of exposure the last couple of years. Yeah. And and but you know, but it's also the societal isolation I think is, is is just, is just I to say killing but is dampening that, that energy that we need to, to be human and, and that human interaction is what helps people heal, you know, and I think we, we, we really need we really need, to bring I don't know I again, I, I'm a man of lots of, lots of questions, lots of problems.

they, I have answers, I think, sometimes, for individual patients, but for figuring out society. No, I, I. I don't think anybody's figured that one out completely at this point, considering some.

Of I'm working. I like to work one at a time. You know, I have I know many people who are in public health and they're trying to save all of us. And God bless, I appreciate it, but, you know, we work one thing at a time.

and looking for what is out of balance in your body that needs balance and what we can balance. Because one of the biggest issues that I find in the really difficult to help patient, is you always you seems like your every move you make your checkmating because that system has become so defensive.

So, you know that they can't even the compounded antihistamines, you know, they can't tolerate, you know, is that kind of, even, gentle touch can sometimes, cause an extreme, you know, response and not just not just a pulling away, but a a crash.

you know, you can people can have their bodies pushed to such places that we really have to work very hard at finding the note that that body can heat, that body can here to begin to heal, because some people start to collapse, you know, and they, they when they get to the point where noise and, and light and all kinds of stimuli are just too much.

And so they're. By the way, they're apart from the tick-borne doing it. The you said it before the chemical exposure, the worst people that I see in my practice, and these are probably a lot of the people that come to see you are the ones who have chemical sensitivity, who are very, very chemically sensitive mast cell, you know, the ones that are immediately sensitive to light, to touch, to.

I mean, those are usually the ones the mast cells are just hyper activated, right? so so those are the ones I think we're all seeing. But do you have anything, you know, in your experience now seeing all these people, in fact, they come to you when they failed a lot of other physicians.

What is like the top 5 or 6 things you find that maybe was missed by other doctors? What do you find sometimes is the clue for a lot of these patients, regarding their pain, but but also regarding just, you know, in general, getting that mind body, spirit back and balanced.

Well, actually, I was going to say, you know, mold and mast cells, but really the most the thing that's almost 100% is their structure. Okay. People do not look at the structure because once, you know, we all can have, you know, you know, our our one shoulder higher, you know, our heads forward, you know, our back is too straight or 2 or 2 curved.

You know, we we can we can have lots of minor, changes in our body and, and define, have no pain and be

running our lives and doing everything with no problem.

But when you add chronic inflammation, all that changes. Okay. and then that head forward position which has been straining your neck for the whole life, you know, that old story.

5% flexion, like, quadruples the weight of your brain, the weight of your head. So, you know, for your neck muscles. So but, you know, you look around you.

Everybody's walking around these days with their heads forward, and, you know, they're doing okay. But when that person gets inflamed, when inflammation stays chronic, then those, the tiny areas where your nerves are coming out of the base of your skull, especially the vagus, which comes out of the base of the skull, and also even areas in the brainstem at the bottom of the, of the brain, if those ligaments get a little lax.

So hyper, hyper, mobility is a big one, but you don't need the hyper mobility. That just makes it a lot worse. But just having chronic muscle tension is going to decrease drainage from your brain.

Okay.

Layered Causes of Inflammation

So how many people come in with my the head pressure, my my head? You know, I got constant head pressure. well, when you when, when you're traps, you know, the muscles that hold that the big shoulder things here and we call the scalene.

So little guys that are like, right behind your, your collarbone, you know, in there. And if you press in there and you go, oh, that's really not happy, that's not good, okay.

Because that means a, you're not breathing well, okay. Because you're overworking these muscles, you know, to to breathe and you're not draining. I think that's the biggest thing.

You know, we talk about you know, Dr. Tapia has like to use that word pretax. Well a big part of pretax in my world is opening up the body because in the super in the sickest people, if we can begin to get a little opening of the connective tissue, the fascia, the things that people don't think about, it will help.

And this usually requires a good osteopath, a good anyone with good hands. I hate toes, you know, it doesn't have to be an osteopath. but it has to be, someone who's trained in, usually in cranial, or there's now a multitude of different things out there, that they kind of are offshoots of Cranial and Feldenkrais work, which are very gentle but begin to talk to the body, open up the connective tissue and let things drain, because that's why you often have a lot of pain in that shoulder.

because you may be just twisted, that thing, you know, 20 years ago and it didn't really bother you. But then you get, you know, Lyme disease and it's really a problem.

Well, it's a problem because your body has 20 years ago, when you twisted that it didn't really heal completely. And so there is restriction in that area.

The muscles are a little tight, the nerves are not as happy. the lymph drainage is not as good. But again, we we don't feel it. But once you get inflammation that you get a little more fluid in that area and then you really stop.

You really begin to impede the lymph drainage because the lymph is such a low pressure system that millimeters of mercury, you know, tiny amounts of pressure change is enough to impede it.

And and so you want so then. You bring up some very important points, which is and I think and that you're the first person, by the way, I've interviewed so far.

And the summit is discussed. This is because these people come to you and they failed so many of doctors. One of the things really you're saying regarding pain and just getting them better is don't ignore structure and don't ignore drainage to make sure that the body is getting rid of these.

But, you know, of course, when you were mentioning the neck Lyme, of course it's no. And it goes into the collagen. And these people have, you know, the Lyme shrub where they're, you know, kind of doing this all day long because it's too tight.

I do find, of course, it does get better. But you're right, I mean and Neil I know loves cranial sacral. I mean in these techniques Feldenkrais cranial sacral.

I mean my brother in law is a chiropractor. I've certainly sent people and he's gotten help with them, sometimes when they can't get help in other places.

So you're right. I think it's something that's overlooked that people need to keep in mind. It's not just liver detox getting phase one, phase two, it's really talking about how to get the whole body to drain right and using things like cranial sacral to kind of relax some of these areas to get it back into balance.

Yeah. And one thing I really want to emphasize here is just be careful and be gentle. If you if you think of yourself as a very sensitive person who has trouble with lots of medicines and just, you know, just has to keep the world a little bit of far away from you, you know, let the person know that you're that sensitive and really suggest that maybe they only treat you for ten, 15 minutes the first time.

And be gentle, because what happens is that if you begin to release this stuff, you will have a hurts. You will feel terrible sometimes if you do it too quickly.

And then you're going to say, oh my God, stay away from me. This is terrible. I never want to, you know, you can't touch me. It's funny you bring that up.

My wife early on before she had done that some because she's now like four and a half, almost five years in remission when she used to go get massage and this person would do some really deep tissue massages with her, she would be hurting the next day because she basically was like letting go a lot of these toxins and stuff from her body.

And, and it took a couple of days to clear it. So yeah. No, I've, I've seen that with my wife and I've seen it with patients. You're right. You got to listen to how sensitive people are and kind of where their bodies are.

Yeah. You know, and my biggest concern is because I have so many people who I, I have to somebody takes me years to convince them to, to, to let the people because I've got a bunch of people who work with me, I've collected them over the years because they're hard to find that people who really understand the fascia, because so many people who have like chest pains and they think they have tachycardia.

But, you know, with the pulse that the pulse monitor doesn't know the pulse is 70, but they feel their heart. Well, your heart is enveloped in connective tissue and that can twitch.

Okay. And I mean there's all kinds of wonderful connections in the body. I mean, like the tongue in the heart. I mean, there's just amazing stuff out there that as done as a regular doctor, nobody told us anything about, you know, and, and, and as people are getting more I mean, not getting more as if you really want to deal with the full body and let, let people really heal from the inside out.

If you if you open these areas up, they'll drain the nervous system will be more relaxed, they'll have more resilience, you know, but it's slow work for a lot of them.

And, but it's yeah, I kind of say that's probably when people have been willing to do it because it's funny. People will come and be glad to pay me tons of money to talk to me.

Okay. But what I want them to spend, you know, a fair amount of money to have somebody touch them, they go, oh, I've had massage, massages, doesn't do anything.

I don't, you know, and no matter how much you try to explain it, it's that that mindset is like, you know, there's nothing that anybody can do that's going to change my body.

and I just said no. And, you know, we hold emotions. I, I, the person who works on me at least once a month, she does, myofascial release and a couple of months ago, she had gotten in there deeper than I think anybody's got in a while, and I notice I started crying, I started releasing stuff, and I realized it was an area of my body had healed trauma, from from childhood. And I was I was shocked.

And I said to her, is this something you see from time to time? And she said, oh, yeah, like all the time. And I think people don't realize because you started earlier talking about this mind body connection.

The body is holding on to these things. And sometimes you need very specialized techniques with drainage, right? Especially in these very sensitive people. Yeah.

And it just it makes you make me realize I have to put something together because, you know, in, in, in, you know, interviewing lots of people over the last few years, I begun to collect people who have such different techniques.

Structure, Drainage, and Gentle Bodywork

And that's, I think, the other thing that's got to be so frustrating for a patient, you know, because even if they have unlimited resources, nobody has unlimited time.

And so and, and most, most of us have limited resources. So it's really hard to spend a fair amount of money on something that doesn't work. You know, and when it comes to this mind body work, you, you know, we just we always talked about earlier, we have to find ways, to have a better idea of what's going to work for which person, you know.

And because it's like now we have a million machines out there, you know, the pulsed electronic, the PEMF, the pulsed electromagnetic fields, the microcurrent, you know, and these are all great, but sometimes they make people worse because they detox too quickly.

So again, knowing in some people's nervous systems, like one more than the other, it's just, there's so much to learn. And, unfortunately, we can't even fund, you know, like, studying something like gap. So.

Which is like, you know, it's a thing. We can measure it. And, you know, we can have a, I mean, we can really know who it works in. If we had if you had enough money, you know.

And so we're never I mean, I don't know if we get to the point of really figuring out who all these other small things work for, they're all so subtle because there are so many different ways of talking to the body and dancing with the body.

And, it's, dreams. I have dreams of of being able to to pass those out someday. So we could just be more efficient in helping people get well, because right now I know that we're wrong about what's going to be the the best treatment for you in the beginning.

You know, we we make up, we have to make a few mistakes. You know what we say? We're we're playing pin the tail on the donkey. You know, that's always like and and the patient, unfortunately, is the donkey.

And it would be nice if we didn't have we could take the blindfolds off and we had the information to know what therapy for what person. Because that's the bottom line.

These chronic illnesses are a debt are about your body. And just like some of us are tall, some of us are short,

some of us look better. And, you know, with this, in that we're all different.

And that's not something that medicine wants to hear. Medicine wants the, you know, the Kaiser approach to medicine. No, I, I think, you know, the personalized precision medicine approach using obviously the omics approach in the future, but also a clinician taking the time to listen, right, to listen to the patient, to feel in to the patient, to see what's needed.

no matter how good the AI gets, there's a point where it's ultimately be the condition who listens carefully. and that's something you've been doing, obviously, for a very long time.

and it gets people better. So believe it or not, we have come to about an hour of our talk. We're coming to the end of it. So, I just wanted to thank you again, Eric, for taking the time today to discuss, you know, how you're getting these chronically ill patients with pain better, who come to you with chronic Lyme and co-infections It's been fascinating actually hearing, you know, the way you the way you do this.

Can you just tell people one last time if they want to get in touch with you, the best way of getting in touch with you and you have any upcoming seminars or webinars or anything you want to tell people about?

Oh yes. Well, getting in touch with us, GordonMedical.com there's a, a little a button there, that says, and, you know, somebody you can make a call if somebody will give you a call back that you can schedule an introduction call.

So you know how we work and what we think we can do. and yes, and we do have, a summit coming, a symposium coming up, called, Cracking the Chronic code.

Ticks, toxins and mold. I, I think I have the title. Right, but that's that's it. It's not you and I, and we interview a bunch of really interesting people, including the good Dr. Horowitz, where we get a little deeper dive into dapsone, for those of you, for those of us, for those of you who are going to need more information, there's more there.

Well thank you, Eric, this was great. So thank you. Richard. Yeah, thank you for taking the time today. And and good luck. I mean, you've been in the field long for a long time in the, you know, in the trenches, helping these chronically ill people, trying to figure it out.

So, so Bravo. Because, as you said, the acute medicine phase, everybody's pretty much got. But these chronically ill patients that go from doctor to doctor who are looking for answers, you're one of those people they end up coming to when they when they fail.

And and I know people have gotten help. So thank you so much for taking the time and again, for everyone who's been listening, you've been listening to the healing from Lyme Summit.

I'm your co-host, Dr. Richard Horowitz. Thank you for joining us today. And I look forward to speaking to you again. at another summit. Thank you so much.