

HOW NEUROINFLAMMATION DISRUPTS YOUR IMMUNE SYSTEM – GARY KAPLAN, M.D. – #889

Dave Asprey:

You're listening to the Human Upgrade with Dave Asprey. Today, this episode is already full of lots of juvenile humor because, I don't know, I maybe had extra coffee today, something like that. It is with my friend, Dr. Gary Kaplan, who focuses on chronic pain and integrative medicine, and he's a pioneer in the field. He works with conventional strategies like stuff that big pharma would sell to you. In fact, stuff that big pharma would probably force you to do against your will given how big pharma's behaved most recently. But he also does alternative and functional strategies.

Dave:

So this is my favorite style of thinking where you're, dare I say curious and open, so you just look at the field, say, "Oh, I'm just going to pick what works and I don't really care where it's from. I'm results-driven. So he's Board-certified actually in, well, two-and-a-half things? Family medicine, pain medicine, and medical acupuncture. Is medical acupuncture really a Board certification?"

Gary Kaplan, M.D.:

Yes, as a matter of fact, it is.

Dave:

Okay, triple, so it's not two-and-a-half. I was like, is that considered a board? I believe in acupuncture, it works.

Gary:

I was wondering which was the half.

Dave:

Okay, good deal. Yeah, that was that ... Well, pain medicine's a joke. We all know that that's just opioids so we could just write that one off, right, Gary? This is called baiting a pain doctor, it's not a good idea.

Gary:

I owe a great deal to the 1999 conference where it was decided with the white paper that we would be okay with treating chronic pain with benign pain syndromes and on cancer pain with opioids. Dave Haddock was there doing the presentation, and so one of the things that happened was I went home and was going back and forth with the opioids and seeing that my patients were seesawing back and forth between depression and anxiety disorders and chronic pain while we're giving them opioids and I'm going, "Okay, this is bullshit. What's going on?"

Gary:

So I was blessed at being able to pull together a study group of a colleague from one of the head of outpatients with chronic pain. As a matter of fact, NIH, Jose Apud, and Mike Lumpkin, who's a neurophysiologist over at Georgetown, and several of the psychiatrists and other colleagues who we sat down and said, "Okay, what's going on?" What we found out was going on as we went through the literature over several months was ... what it evolved out was this inflammatory model of chronic pain.

Dave:

Yes.

Gary:

That pain was this inflammation in the brain and that opioids were not making it better. In fact, opioids were making it worse. Then out of that evolved an understanding of what was causing brains to be inflamed, what are the mechanisms? And out of that evolved a whole new understanding of how you get sick, why you stay sick, and how you can recover, and that led to my first book, which was Total Recovery in talking about pain, depression, and fatigue, among other things, as being part of an inflamed brain. At that point, so that's back in 2010, 2011, so our understanding was relatively primitive at that point, because that was the evolution of this understanding, and since then we've gotten considerably more sophisticated, but the basis of it remains the same.

Gary:

Basically, you have an inflamed brain. Inflamed brains cause depression. Inflamed brains cause anxiety. Inflamed brains cause chronic fatigue syndrome. Inflamed brains cause chronic fibromyalgia. Inflamed brains cause the post-treatment Lyme syndrome. Inflamed brains cause PANDAS, these pediatric neuropsychiatric disorders. So as we started re-evaluating all of this stuff from a standpoint of neuroinflammation, we started to understand that there were basically multiple components to this. The first was, certainly, some level of genetics. The genetics beginning to evolve out. The second was epigenetics. So epigenetics, you know well this business of on top of. So this business of what environmental factors have contributed toward potentially damaging the immune system because, look, 80% of people get Lyme disease, get doxy, recover, they're done, but 20% do not.

Dave:

Let me ask you this, I mean, from an aging perspective, not just a pain perspective, neuroinflammation and immune activation that's inappropriate, my gut says about 40% of aging is caused by inappropriate immune activation and a lot of the dementia and Alzheimer's things, and even in my book on it, it's tied to that inflammation. So if we treat the pain, are we reducing the inflammation, or do we treat the inflammation to reduce the pain?

Dave:

If we treat the pain, are we reducing the inflammation, or do we treat the inflammation to reduce the pain?

Gary:

We treat the inflammation to reduce the pain and I push you closer to 70%, not 40%.

Dave:

For aging?

Gary:

Yes.

Dave:

Wow, okay.

Gary:

Oh, yes. Absolutely positively, and I may be underestimating at that because the more we look at these things, the more we're understanding how inflamed and how much trouble we had measuring of inflammation. So I see people who have been very sick for a very long time and they come to me with pain. They come to me with chronic fatigue. They come to me with sleep disorders, brain fog, difficulty focus, concentration, right? They're disabled. My crew is very, very sick.

Dave:

One of the things I respect greatly about you, Gary, aside from your bad sense of humor, it's that-

Gary:

The status thing.

Dave:

In the ... status thing, there you go. In the early days or early-ish days of chronic fatigue ... And, guys, if you haven't heard my story, I had chronic fatigue syndrome or fibromyalgia. I believe it's mostly caused by toxic mold, and there's a whole bunch of neuroinflammation involved in all this. But people didn't believe it, especially MDs. But in 2013, the U.S. HHS, the Health and Human Services secretary put you on the Chronic Fatigue Syndrome Advisory Committee. So you were an early doctor willing to raise your hand and say, "These patients are not all bad people, malingerer, crazy people."

Gary:

Oh God.

Dave:

"They're actually sick and we need to do something." What made you know this was real before most of the people knew it was real?

Gary:

So when you see one person with this problem, you're going, "Eh." You see a second person with a very similar set of complaints, you're going, "Something there." You see a third person ... And so it's a function of listening to and paying attention to people and you're going, "Okay, we're missing something." Clearly, these people are sick. These people are disabled. These people are not malingering. Frankly, most of the time they've been pretty damn beat up by the medical profession. My average patient has seen somewhere around 20 to 30 other physicians before I see them, and many of them have been told they're crazy. They've been told ... They've been dismissed, and in some cases they've been out and out physically abused by docs who refuse to believe that they were sick and performed procedures on them they had no business performing.

Dave:

That was my story, aside from probably the physical abuse. But you could see, they thought I was nuts. They thought I was trying to get drugs. "Guys, do you not see when I walked in the door," I'm like, "I have this successful career. I'm working really hard here and I feel like I've been poisoned," and they go,

"Maybe you should lose weight." Like, "Maybe you should go F yourself because you can't tell me how to do that," and I did everything, and they looked at me like I was lying. But you didn't look at your patients like they were lying, so what makes you different than a normal ... I don't say normal doctor because so many doctors listen to the show and they actually are working to listen, but I certainly had the experience multiple, like at least a dozen times of people saying, "There's nothing wrong with you except for you."

Gary:

So I think one of the things was this understanding of neuroinflammation, which I had very early on. I also understood about mold toxicity. I worked with Ritchie Shoemaker back in 2000, shortly after he wrote his book *Mold Warriors*, and so I had a lot ... Then the other thing is acupuncture, quite honestly, because in acupuncture we talk about root causes. Too often, what we do in medicine is we name the symptom and we decide if it's a disease without understanding with the pathophysiology, if you'll excuse the expression, but basically understanding the mechanism via which the disease is occurring.

Gary:

So at the point that we started understanding, we were looking at inflammation in the nervous system, that caused us to turn around and start asking a whole different set of questions about what was wrong with these people, how they got to be the way they were. My intakes grew from a half hour to 45 minutes to now it takes me two hour hours to do an intake on a patient because I need to get the totality of what's going on with them to understand how they got into my office, why they're here. That history includes child abuse. There's-

Dave:

Quite often, surprisingly for bodily pain and inflammation, whether it's emotional or physical or sexual, a background of abuse predisposes you to inflammation, or birth trauma even will do it, which was part of my story.

Gary:

Absolutely positively, and the problem is when you hear the story of child abuse, frequently, the docs immediately shunt to go to the psychiatrist, right? The psychiatrist, I've got ... So I'll give you two things first. One is child abuse, child neglect, unquestionably sets you up for a broken immune system. It sets you in autoimmune disease. It sets you up for heart disease. It sets you up for obesity. It sets you up for early Alzheimer's. It sets you up for a whole range of very real, very serious, and sometimes life-threatening diseases. So child abuse and child neglect needs to be factored into our healing process as we help people recover. Child abuse also is not infrequently in environments in which there is deprivation: food, exposure to mold because of poor living conditions.

Dave:

Maybe exposure to other human beings and smiles. Could that be a form of deprivation?

Gary:

Yes.

Dave:

Oops. Maybe we're making some mistakes on our society today, people.

Gary:

Listen, human touch is ... I've got two patients who come in to see me who basically need hugs when they walk in the office. They just need ... and I hug almost all my patients, because it waters you, it nurtures you. Human touch is important, appropriate human touch, but human touch and being in a loving environment is absolutely crucial for our growth, our development, our proper maturation. So that has to be a factor in everything that we do.

Gary:

The other thing is being sick, having your life disappear when you're 20 years old or 16 years old because you got sick, and now you're disabled and you're out of school and people are telling you, you're crazy. There's an abuse by the medical system that occurs as well, and we have to be attentive. So prime case, a young woman I just started seeing, she's about 17 years old. Since age 10, she develops obsessive-compulsive disorder. She develops severe depression. She develops cutting behavior. She's hospitalized psychiatrically, okay? So what do you think that does for the self-esteem to a young woman that she's been told pretty much most of her life that she's crazy and treated as such by the psychiatrist and nothing is working? Well, we took a look at her from a neuroinflammatory standpoint and what was the matter with her? She has Lyme disease. Not subtly Lyme disease, she has full CDC criteria Lyme disease that's been missed.

Dave:

Ugh, had that too. It sucks.

Gary:

And she has antibodies in the central nervous system. So she has, if you'll excuse the expression again, autoimmune encephalopathy of infectious etiology. This is a situation where the body's immune system is attacking the brain as a result of an over-response to an infection.

Dave:

Is there myelin antibodies, specifically to the lining of the nerves?

Gary:

They can be. So they're specifically, and we looked at the Cunningham panel, it's not so much the myelin, because myelin is going to give you a different presentation, but it will be to the receptors, dopamine receptors, in particular. So we're looking at specific receptors in the brain ... Cunningham panel is what we utilize ... to determine damage that's been done, specifically, interestingly, off in the limbic system, so that gives you issues with focus, concentration. It gives you ADHD. That gives you obsessive-compulsive disorder. That gives you depression. That gives you generalized anxiety disorders, sleep disturbances, behavioral problems.

Dave:

So does this explain half of the behavior of kids in school? I know that, that stuff is explains what was going on with me. I mean, yeah, I was a high scoring student, top of my class in high school kind of thing, but they wouldn't let me be top of the class because I was such a dick. So they made me number two

because I was such a bad person from their perspective. But the behaviors, I did have OCD. I had certainly all sorts of autoimmune conditions. I had lots of toxic molds.

Gary:

Yep.

Dave:

Probably active Lyme disease, Bartonella, all the stuff you see in your chronic patients. Part of the reasons I do biohacking and Bulletproof is say, "Look, if I can come back from all the crap that I dealt with, I'm the hardest, like I'm your worst patient, except I pulled it off." So I want people who see that to go, "Oh, there is hope," and then I also want people who didn't have that to go, "Well, if you can do that, what's the next level I can get to because I don't do anything?" Do you ever see patients who are totally healthy or like, "I just want to kick ass," or are you like all about you're the walking dead, zombie land like I was?

Gary:

I have a small percentage of patients who want to kick ass, and the interesting thing is what we've learned from the patients who are really, really sick, is how to really optimize your performance to get really, really healthy.

Gary:

And the interesting thing is what we've learned from the patients who are really, really sick, is how to really optimize your performance to get really, really healthy. The percentage of people in my practice who are really, really sick overwhelm my ability and time to take care of that other. We have other docs in the practice who work on essentially longevity and super health, so that's part of the practice and it's come out of what we've learned from taking care of these really, really sick people and how we can back up. Remember that condo in Florida that collapsed within the last year? Okay, so you've got people building these million dollar, multimillion dollar penthouses in this thing, which has a rotten basement, and the whole thing collapsed.

Dave:

I heard it collapsed because all the people in Florida thought masks were bullshit, so they were just throwing them away and it clogged up the sewage there and that caused the collapse. Is it not true?

Gary:

That was part of the problem. No, no. No, no, that was part of the-

Dave:

... Because Florida has so much freedom that they just couldn't stand it there. I don't know.

Gary:

They have so much freedom that they didn't feel any need to enforce building inspection codes.

Dave:

Exactly.

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Gary:

That for four-

Dave:

And the mafia was probably involved too, right?

Gary:

That for four years was saying, "This place is going to fall down," and yes it did. And then they-

Dave:

And by mafia, just to be really clear, I was not talking about the FDA or CDC. I'm talking like the real mafia, just so in case there was any confusion.

Gary:

The government of Florida. So this is what we have to be careful of. We have to be careful of building these magnificent exteriors when, in fact, underlying is this horrible inflammatory process that's eating away at us. So do we have mold toxins? Do we have old unresolved emotional issues that need to be addressed as part of our healing? Do we have problems with exposure to glyphosates, Roundup?

Dave:

What percentage of your patients don't have old emotional problems?

Gary:

Oh, I would say about 45, 50.

Dave:

Have no emotional problems affecting their health at all.

Gary:

No, they have emotional problems that have been induced by virtue of the illness and the way they've been treated in the medical profession. That's 100%.

Dave:

Oh. So, there's the MITs, medical-induced trauma, and it's true.

Gary:

Absolutely.

Dave:

Guys, I feel ashamed to admit this, but I was so pissed I hated doctors. I mistrusted them. I saw them as the enemy. After the guy in Palo Alto told me vitamin C would kill me and didn't believe anything I said, and I'm like, "Fuck these guys. They don't know what they're talking about. I will go do this myself," and I spent at four hours a night until I fell asleep at my desk studying biology and cellular health and

everything. When I finally went to a doctor, I walked in, I was like ... I guess, I'm in California, I can't bring a handgun with me.

Dave:

But I'm going to go in anyway and I was like, "I have one of these seven conditions and I want this lab from this place, and if that's the case, here's my treatment plan." To her credit, her name was Dr. Christine. She said, "Well, Dave, I believe you," and I'm like, "What? She believed me? This has never happened before. I didn't know they made doctors like that," and she said, "Can I at least order a list for you?" and I said yes. She said, "Oh, you have Lyme disease," and it turns out I had toxic mold, which was number two on the list that induce Lyme. But, hey, I'm going to give her lots of credit. So it's Christine Green, if you're listening, hey, thank you.

Dave:

But there are trustworthy doctors. So if you're stuck, you're listening to this, you're stuck in that doctor who are a bunch of jerks, no, there are actually more like Gary than you'd ever believe, you just have to find the ones who are allowed to have enough time with you. So that's my PSA for the day. Keep going, Gary.

Gary:

Well, but I think your point is extremely important in terms of time, because what's happened is the medical profession has been taken over by the insurance company. So docs are being forced to work to what the insurance company dictates, which is about a seven, eight minute visit. You cannot do this medicine at seven, eight minutes. You have to have time to respectfully listen to the story. You have to get clear on what's going on in all aspects of their lives, and you're not allowed to super focus on just the cough and not pay attention to the sleep disturbances and the brain fog and the digestive issues and everything else going on with the person, because of the fact they're all interrelated and we have to look this as one organism, all having these different symptoms. That's okay, but then what's the unifying factor? For most of our patients, the unifying factor is inflammation in the central nervous system. Then how did they get there? Then we start the investigation, walking through it.

Gary:

The reason most people are sick and have normal labs is because we haven't done the right labs yet.

Dave:

Thank you. Okay, that, we're going to cut that out and make a little Instagram thing for that. It's totally true. They say, "There's nothing wrong with you," it's because you didn't look hard enough.

Gary:

Right. Right. And you were smart enough to actually do the research, and, Dave, just between us, you are the single smartest non-doc I know in the medical area. You do your research. No, no, you're very careful, you do your research. I love your books. I've learned from your books and you've really been very thoughtful and careful about the message you put out and extremely systematic in the way you go about organizing your thinking and getting this out to the public. It's been a huge public service and-

Dave:

Thank you, Gary.

Gary:

... Do more, do more because truly, Dave, I mean, what you do is extremely important.

Dave:

Well, I appreciate it and I'm also grateful for a difference between us. I don't have a license you can take away for speaking the truth, and I've had so many doctors say that I've said it on stage at the American Academy of Antiaging Medicine ... actually, they're meeting today. You and I couldn't make it there, obviously. But, in fact, I met my wife there years ago.

Gary:

Oh.

Dave:

So it's one of those things where, especially now more than ever before, doctors are actually being handcuffed or threatened with blackmail by their licenses. If you talk about this certain horse medication that the WHO used on four billion people or [inaudible 00:21:06] ... Well, we can't talk about that if you're a doctor. I can talk about it. They just have shadow banned my account. I can show a video to a quarter million people and a thousand new people get to see it versus before it would've been 25 or 50,000. So the fact that I'm speaking about this, I still get punished, but I don't get punished by losing my livelihood the way they will for doctors. So even just doing early stage chronic fatigue, early stage neuroinflammation and talking about child trauma, all of those are risks you take to help patients. So I want to honor that for you as well, and I'll keep doing it, but I can only do it if masters like you tell me all the good stuff, even if it's off camera. I'll repeat it.

Gary:

Let's step aside for a second, if we can, if you're willing to?

Dave:

Sure.

Gary:

I want to talk about this conference I've organized and why I've organized it, okay?

Dave:

Absolutely.

Gary:

We have put together a faculty that is some of the literally best and brightest in the world, and they're not talking fringe docs. I'm talking physicians from Oxford. I'm talking physicians from Israel, from Germany, all top institutes, all highly regarded in their professions from Columbia, from Yale, from Stanford, and I'll be biased, Georgetown as well, but also from Duke.

Dave:

Is that on the list of top schools still? I thought it dropped.

Gary:

Oh, don't give me that.

Dave:

Sorry, couldn't resist.

Gary:

We were down a notch, but we're still up there.

Dave:

Just joking all my other Georgetown friends. That was just joking with Gary.

Gary:

No, it's painful. But what we've done is ... so there's several things I wanted to do. So one was I've brought together geneticist, epigeneticist Shoenfeld is the ... Yehuda Shoenfeld from Israel is the leading epigeneticist on autoimmune diseases in the world. I've got people who are expert ... Calliope Dendrou runs her own main lab at Oxford, reasonably prestigious place on autoimmune diseases. And we've got Ochoa Reparaz on the gut microbiome. What we've done is we've brought together these really top docs and researchers from around the world so that we could present a conference to tell the rest of the profession that, A, all of these conditions are real: chronic fatigue syndrome, fibromyalgia, chronic pain syndromes; and redefine them from their symptoms into the pathophysiology, the causes, which is neuroinflammation, and then talk about-

Dave:

It's so good.

Gary:

... how to go about treating them. So it's a very high level medical conference. Yeah?

Dave:

Is autism on that list as well?

Gary:

I don't know enough about autism. I think it is, and I think what happens in autism is early on, there's a disruption of the gut microbiome. I've seen studies and cases who have repaired that, but it doesn't hold. So there's a heavier genetic factor in there, but autism's on the rise. I'm not an expert in that area.

Dave:

End of the day, after having had Asperger's syndrome and doing a lot of work in this space, it is clearly a neuroimmune condition and a neuroinflammatory condition, and there is no one cause of neuroinflammation, as you well know. So I would put it on the list. It's just earlier, whether it's in the uterus or after, and whether there's genetic risk factors. There are for every one of these conditions that

are tied to having infection, getting an inappropriate immune response to the infection that then causes long-term symptoms.

Gary:

So when we go through this list of people, we're talking about 20 million people just in the U.S., not worldwide, okay? Just in the U.S., and they're not being treated properly. They're being told they're crazy when, in fact, they're sick. So what I wanted to do was, first stop was get the profession's attention with a really high level conference. We're going to have this proceedings published in one of the immunology journals, and so we're going to create an opportunity for docs to understand what the pathophysiology of this disease is, what the cause of this disease is, how to go about that pathway to how to go about treating it.

Gary:

So our patients will be able to have this information, and we want civilians, if you will, non-docs at this conference. It's a virtual conference. You can attend it from home. This is about backing you up. This is about helping you understand, yes, you're really sick. Yes, we now understand why you're really sick. Everything? No, but we're getting there, and now you can go to your own doctor and say, "By the way, here's this information." So we want to take the sense of helplessness and hopelessness out of the docs when these patients come to them because they don't know what to do with them and say, "Here's a path. Here's an understanding of this," by some of the best and brightest docs in the world. So that's one-

Dave:

Powerful.

Gary:

... That the first thing we want to come accomplish with this thing.

Dave:

What's the name of the conference, and is it open to lay people or is this a doctor's only kind of?

Gary:

No, no. We want as many lay people at this conference as possible because what we're doing, in addition to having all of these top docs, peppered throughout the conference is going to be stories of patients told by themselves about what they've gone through in order to find the healing path for themselves, because we want to constantly be connecting the academic to the clinical. We want to be connected to the patients who are struggling with these conditions. So the conference has the really ugly title of Autoimmune Encephalopathy Secondary to Infectious Disease: A New Perspective on the Pathogenic Interactions of the Immune System Infections, Stress and Chronic Disease.

Dave:

This is why doctors should never do marketing ever, ever. Say that again fast, Gary.

Gary:

But the website that you can go and register on is hopehealingknowledge.com. We'll keep that simple.

Dave:

And, guys, it's in February, but if you do it before sometime in mid-January, it's 69 bucks, so it isn't a highly expensive thing. It's a four-day, lots of knowledge. Everyone listening to this doesn't have one of these weird, "I don't know what the heck's wrong with me," but a meaningful number of us do and a meaningful number of people who think there's nothing going on because, "Oh, it's normal for things to hurt all the time." Like I thought I was supposed to hurt to walk until I was 24. I'm like, "Oh, wow, you could walk without hurting? I had no idea." Literally, I had no idea. Like I was a competitive athlete and I had no idea because pain's a part of it, and I don't generally experience pain anymore because I deal with inflammation and neuroinflammation. Now, magically my brain works.

Dave:

So I think this is worth your time if you're interested in performing better or if you know that something's wrong, or if you think something's wrong. This is cool because it's real, it's not fake, and this, your idea of renaming these symptom-based diagnoses with cause-based diagnoses is really, really important. Because it'll let doctors who don't have time to do what you've done in your career to go really deep and be triple Board-certified, and to look at the hard cases. They're getting five minutes of patient because that's what the insurance companies have mandated, and, by the way, mandates are evil from anyone, anywhere. We'll just have to say that.

Dave:

But, anyway, they, they have gone and they don't have time to do it, so if it's not in the DSM, if it's not a standard diagnosis, they can't treat it. But you'll change the field of medicine with this conference, if you do it right and you're going to help a lot of people who are sick. So there you go. It happens in mid-February, February 9th and hopehealing ... what was it?

Gary:

Knowledge.

Dave:

Hopehealingknowledge.com.

Gary:

Is the website where you can go and register. Now, the other thing that happens with this conference, we know, because we're doing this at a very high academic level, I think this will ... There's plenty of it that will be accessible to the public and make sense to them, but what we're going to do is three weeks later, for those who attend this conference, we're having a second conference for which there's no charge that's part of this package where there'll be a two hour Q&A, bring it down to earth, bring it down to practical matters, how do you specifically employ this information? We just worked out at this high level for you. How is it exactly relevant to you? How do you move forward in terms of your own healing path, based on what just came out of this conference?

Gary:

Now, there's a second thing coming out of this conference we haven't anticipated, because we're also looking at post-COV ID and we actually are appreciative of post-COVID.

Dave:

Thank you. I was hoping we're going to get to go there on this. When you say post-COVID, I'm pretty sure that when it comes out, it's going to go post-bleep, and we'll just put a bleep over that each time because if anyone talks about this online other than something else, it's getting shut down, but everyone will know what you're talking about.

Gary:

So these are people who continue to have symptoms, some of them fairly disabling, at least a month or later after they've had a case of COVID. All right, CDC has this on their website. This is not magic.

Dave:

It's real.

Gary:

It's real.

Dave:

Yeah.

Gary:

It's real. But the beauty of this thing, and what I had hoped the silver lining would be in this whole COVID situation, is that it would advance the fields of immunology and virology about a decade, and it's done that.

Dave:

Yeah.

Gary:

And very cool things have now happened. So one of the things that's going to happen at this conference is we're going to have Bruce Patterson speaking. We have opened a post-bleep clinic, where-

Dave:

I think you're allowed to say it.

Gary:

I could say post-COVID because it's a real thing.

Dave:

Actually, we might get less listeners so I'm just going to say long bleep and you probably-

Gary:

Long haul COVID, post-COVID syndrome.

Dave:

Yeah.

Gary:

So Bruce has identified a piece of the immune system that's been broken as a result of the infection. Now what we're doing is we're looking at cytokine panel. Now, what's a cytokine? Cytokines are small molecules that come out of the inflammatory cells that turn on and off inflammatory process. They're the ones that actually govern inflammation and quieting of inflammation and growth, for that matter.

Dave:

I'm laughing because two weeks into COVID, I wrote a big detail blog post about everything you can do to reduce interleukin 6 or IL-6, which is the primary inflammatory molecule. It's not the only one, but the primary one in bleep, and I received a letter from the government to take it down so I did.

Gary:

Well, there's a fairly substantial literature-

Dave:

Just saying.

Gary:

... That backs you up in the medical literature, peer reviewed, solid.

Dave:

I cited it. It's ridiculous, but cytokines are at the key for all inflammation and people have long beep, they actually have cytokines that stay elevated, and you know which cytokines are elevated. So the IL6 is a famous one.

Gary:

Oh, good Lord, [crosstalk 00:32:39]-

Dave:

TNF alpha. What are the other ones that are high?

Gary:

... big ones.

Dave:

Which ones?

Gary:

TNF alpha, tissue necrotizing factor alpha is also one of the major stays of this thing. But interleukin-13. Oh God, you want the list? The list goes interleukin-6, chemokine factor L3, chemokine factor L5, RANTES, GMs CSF, there's a whole series of letters and numbers; interleukin-8, VEGF, vase-endothelial growth factor.

Dave:

Which is tied to mold in a big way.

Gary:

Yes, it is.

Dave:

Which is why I know about that and IL-6, right?

Gary:

Interleukin-10 and chemokine 4, interleukin-2. So there's a whole bunch of these factors, and what's particularly interesting is that we have figured out certain medications that we can use to target, to modulate these things, and more importantly is we're seeing people get better. We're seeing-

Dave:

Yep.

Gary:

And we're seeing them recover not in a year's time but in a matter of weeks to a month.

Dave:

Now, I'm going to say something that's probably irritating to you.

Gary:

Okay.

Dave:

Now, if you were to replay this or look at the transcript of that list or look at the literature that's available and you cannot use Google anymore to do this, because Google will not give you medical information that's useful. They have stopped being useful as a search engine. I cannot write my books using them anymore. So I use a search engine called .gov, but there are others, and I think doctors need to hear that, especially because, frankly, you guys can all go to Medline and whatever the-

Gary:

Right, PubMed.

Dave:

... the dumbest, the dumbed down stuff, it's not useful for you. But, of course, PubMed. Anyway, you can go there and you can search natural compounds that will reduce these things, and you can talk about them. One of my favorite compounds, one you probably know about is andrographis, which is an herb.

Gary:

Mm-hmm (affirmative), yeah.

Dave:

That, funny enough, a 20% reduction in all lung infections for people who take it and a 20% reduction in the duration and severity of their symptoms. Now, I don't care what the lung infection is, I'm going to take that stuff when I travel and I have for years, because it's inconvenient to get a cold, right? But talking about that in the context of bleep, you just don't do that anymore, but that's something I take regularly. So there's a whole bunch of other things, so if you get a test from Gary or from any of the people who are going to be at the Hope, Healing, Knowledge Summit, they're going to tell you what these are, and you can find out what compounds, pharmaceutical and non-pharmaceutical, could lower the ones you have that are high, and then you could probably have a reduction in symptoms.

Dave:

Better yet, get a lab test, see a doctor, work with a doctor. Maybe you don't have a doctor, you don't have the money. You have a right to say, "I'm going to try this \$12 herb."

Gary:

Yeah.

Dave:

Because it might work, and the side effects are unlikely to be a big deal. That's the biohacker street smart I don't have the money way of approaching this. If you have the money, you get the lab and then you treat it with a doctor. And if you only have some money, you get the lab and then you treat it yourself, and you have a right to do that. A fundamental human right that no government can take away.

Gary:

Hear, hear.

Dave:

All right.

Gary:

You're absolutely correct, and by the way, one of the medications we use is aspirin. Baby aspirin.

Dave:

Thank you for saying that. Yes, aspirin is ridiculously good at mast cell regulation, right?

Gary:

Be good for mast cell regulation, but it's also good at specific cytokine regulation. So 81 milligrams, enteric-coated.

Dave:

Oh, so you like the child's dose, not the full 340?

Gary:

You don't need it. We can accomplish the same thing. So less is more.

Dave:

Now, I have to ask you a question.

Gary:

Yep.

Dave:

You're going to know this because you've been in practice for so long, and I think you have way more information than I do. There's a whole body of knowledge that says, "Okay, aspirin is probably good for you in low dose." There's also a body of knowledge that says, "It probably contributes to macular degeneration if you take it long periods of time and there's GI bleeding."

Gary:

Right.

Dave:

So the standard of care is to take Pepcid AC or a similar H2 blocker with aspirin to stop the bleeding of the stomach.

Gary:

Right, that'll do for the stomach, but it won't do for the rest of the intestinal tract. The problem with non-steroidal antiinflammatory meds, of which aspirin is one, is we focus on the stomach in terms of bleeding, but the reality of the matter is it causes ulceration in 75% of people who take it chronically, in the large-

Dave:

Wow.

Gary:

... intestine, in the small intestine. So your gut microbiome, your gut blood barrier is severely disruptive with chronic use of these things. So we do have to be attentive to this stuff and we want to be specific about who's using it and how long they're using it. But taking Pepcid is only going to protect your stomach, you will not protect the rest of the gastrointestinal tract, of which there's-

Dave:

So what do we do?

Gary:

... 28 feet?

Dave:

How do you balance it out?

Gary:

Individualize. Individualize.

Dave:

Okay, so if you have-

Gary:

Proper testing.

Dave:

.. If you have long COVID, you're willing to get leaky gut maybe to get rid of it, or do you take some other supplements with the aspirin, like slippery elm or something? How do you do it?

Gary:

So I think, basically, you got to balance the whole thing. So I think consistently taking probiotics is a very spiffy idea, and so taking those to begin with. I think that otherwise DGL can help protect the gut, deglycyrrhizinated licorice.

Dave:

Yeah, that's a really good idea.

Gary:

Now, we need to be deglycyrrhizinated, not straight licorice because straight licorice has its tendency to raise your blood pressure, so unless you happen to have POTS, we don't want to do that. So you take a little bit of licorice-

Dave:

Good, I have POTS and I like DGL, so I take regular and DG licorice.

Gary:

... and that will ...

Dave:

Okay.

Gary:

It's a bit bitter, but nevertheless, and the stuff we buy as licorice isn't.

Dave:

It's full of gluten and sugar and flavorings.

Gary:

And does not have any licorice in it, so.

Dave:

Yeah.

Gary:

So you got to buy real licorice, which is hard to come by in the States because it's regulated because of its risk for raising the blood pressure.

Dave:

Which some portion of people actually need, so they don't get dementia.

Gary:

Absolutely correct.

Dave:

That goes back to the Viagra dementia study from two days ago.

Gary:

Yep.

Dave:

Taking Viagra has a 69% decrease in symptoms of dementia because of blood flow, right?

Gary:

Right.

Dave:

There's that reason to raise it. Maybe the regulator should back off and let us make decisions with our doctors. Just saying.

Gary:

Just a thought. Just a thought. So we're trying to put this whole thing together to get people to understand that they're really sick, not kind of sick. They're really sick. Why they're sick? Let their doctors understand this and then how to get better, and then put it in their hands. Now, the next stage, because you asked a very interesting question, which is how many people have this?

Gary:

So what we want to do, and we've had this conversation with Brett when we were together in San Diego, the next stage is I want to do a study looking at the juvenile detention system and kids who've been hospitalized psychiatrically, and I want to know what percentage of these kids are really sick. What percentage of them have neuroinflammatory disease, and actually define that population. My bet from the literature that I've seen, it's going to be every bit of 25%, if not higher. So we've got a bunch of kids that we are ...

Gary:

Another example, I had a kid come to me who was suicidal, who not responding to any of the antidepressant medications. He tried to hang himself. Really a complete mess. No gastrointestinal problems. But because I'm looking for a neuroinflammatory process, I do a neuroinflammatory workup, which includes looking for Celiac disease, of which 5% of cases will present with only neuropsychiatric symptoms, depression, anxiety disorders.

Dave:

Wow.

Gary:

Focus and concentration. He had full blown Celiac. Full blown Celiac.

Dave:

And didn't know it because he wasn't farting.

Gary:

Exactly correct. Exactly correct. We took him off all gluten. We had to do some other gut repair stuff. Over the course of a year, off all anti-depressants. Depression is completely resolved. I still see him as a patient over five years later. He just comes in for checkups. He's a 100%. No return of depression, no nothing.

Dave:

Amazing.

Gary:

So this failure to look at these causes of inflammation in the brain is causing a lot of people to remain very sick, to be labeled psychiatrically ill when they're not, and to become disabled when they don't need to be. We have to do better. We can do better.

Dave:

Yes. We can indeed. So we all know, now we're familiar with long COVID, there's another condition that I'm going to term ... I just made it up ... long strep.

Gary:

Yep.

Dave:

Do you know which one I'm talking about?

Gary:

PANDAS.

Dave:

PANDAS. Can you talk about what PANDAS is?

Gary:

So PANDAS is a case where kids get sick and officially defined as, before the age of 13, but in fact it occurs after that. What happens is they get a strep infection. They frequently don't get a strep infection, they get multiple strep infections throughout, and there's one point at which they develop psychiatric symptoms: obsessive-compulsive disorders, really bizarre behavioral, pseudoseizures and they're called pseudoseizures because they look like a seizure except if you put them in a lab and you do studies, EEG studies, they're completely normal. But these kids run away. They scream. I had one kid do about \$10,000 worth of damage to the house. He would have these events and he would break windows. He would put his fists through a plate glass window, not an easy thing to accomplish without breaking his hand.

Gary:

What happens is they ... and they go into these like fugue states. They're essentially a type of seizure activity with behavioral responses and they come out of them, and they are sweet and lovely and great kids. But they do have these events and it scares the bejesus out of the parents and the kid and nobody knows what to do with them. When we look at these kids, they've got chronic strep, their ASO titers are extremely elevated, and they've got antibodies to their brain as a result of this chronic strep. This is the Cunningham panel.

Dave:

Because the strep presents a protein that looks like the brain, so eventually the body's like I always have this damned invasive infection, let's make antibodies to it.

Gary:

This is molecular mimic.

Dave:

I'm not certain-

Gary:

And Swedo, by the way, who defined this condition, is one of our speakers.

Dave:

Okay. I am so excited about this conference because I would love to hear that. I had chronic strep as a kid. I had it every month for 15 years. I would take antibiotics, and I had OCD and some behavioral stuff. I didn't have all of the symptoms you talked about. No one's ever diagnosed me with PANDAS, but I've often thought I had some of this stuff going on because how could you not after that much strep throat and a history of autoimmunity? One of the fugue state things, when you put me underneath fluorescent lights or bright LEDs, to this day, I can look at it. There's an EEG response and it's not a seizure, but it's disordered whole brain theta activity where I come out and people think I was awake, but I actually don't feel like I was awake. I've learned to manage all that stuff. It's all manageable, but it's a pain in the ass and I wish it'd be gone.

Dave:

My question for you there is, do you see in the next 5 years, 10 years, 20 years, just in what timeframe, when are we going to know how to go in and turn off stupid immune activation like this? Like, I want to flip those switches back.

Gary:

I think we can turn them off in a high percentage of people now.

Dave:

How?

Gary:

And I think we'll be able to turn them off in pretty much everybody in the next five years.

Dave:

All right, see, this is what I like to hear. So I'm talking beyond just generalized antihistamines like Claritin. It does amazing work for long COVID. I mean, like just flip the switch. So if I'm exposed to whatever that molecule, my immune system stops targeting my brain. My immune system doesn't care if I get strep, it just fights the strep and doesn't punch me back in the face.

Gary:

Now, there's an interesting secondary problem with a lot of these kids that's been missed, and the reason you get all these strep infections is because a piece of your immune system isn't present, specifically subclasses of IgG. So we label pieces of the immune system A, G, M, E, okay, so IgE, IgM, IgG, and there are four subclasses of IgG. Typically, there's a dropout of one of the classes of IgG and that's why you're susceptible to all these infections because the body can't mount a proper response to it, and we can fix that by restoring the IgG content with IV IG, intravenous immunoglobulins. So that's one way, it would fix the number-

Dave:

Right. I would do that.

Gary:

... Of these kids and adults, as a matter of fact. Adults present differently, but they present essentially with the same problems as the kids, their brains are inflamed.

Dave:

One of the big reasons that I did Moldy, the documentary ... It's moldymovie.com, guys. If you haven't seen it, it's free. It's an hour. It's worth every minute of your time to watch it.

Gary:

And I will second that.

Dave:

Oh, thank you. It's because the number one cause of strep throat in kids is environmental toxic mold. You're going to a moldy place. The bacteria in your throat say, "Oh, look, here's an antibiotic in the air. I'm under threat. Let me form a biofilm and become more aggressive," and then you get more of the toxins that it makes, and then if you are unfortunate to have this kind of immune system, oh look, there are autoimmunity to your brain and then you start punching plate glass windows, or maybe other kids as the case may be.

Gary:

Yes.

Dave:

Possibly in like head. So they punched me first, that's all I'm saying. So we can avoid all this crap, number one, let's have cleaner structures. Number two, let's have the ability, when people get sick, to address the autoimmune things. And this leads, it's a long way of leading to my question about long bleep. I have suggested to multiple people who called me and said, "Hey, Dave, I got this thing. I'm not feeling great. It's not the end of the world." What would you do if you had it? And by the way, this is what I did when I did have COVID. As I said, "I think I want less immune activation," like the overarching inflammatory stuff. I am going to take H1 and H2 histamine blockers during and for six weeks after having COVID, because it reduces mast cell activation. I'm less likely to have long-term immune effects from this because I want to reduce my incidence of that and I want to feel better. So, in other words, that's Claritin and Pepcid. Good strategy, bad strategy?

Gary:

I think it's a perfectly good strategy. So you have to back up, and the question you have to ask is what causes inflammation, right? So if you've got itchy eyes and a runny nose, secondary allergies, all right, that's because allergens are being attacked by IgE typically, and you're getting histamine release and mast cells. So what you want to do is stabilize the mast cells and you can do that with antihistamines, or you can do immunotherapy, which teaches your body to stop paying so much attention to this stuff. Quit being such a delicate flower.

Gary:

The other thing though is if you skin your knee and that gets infected, okay, and it's all red and angry, treating that with an antihistamine isn't going to work because the mediator of inflammation there is bacteria. So you need an antibiotic to treat that and-

Dave:

Because of lipopolysaccharide instead of from ... yeah.

Gary:

Exactly correct. In the brain, the inflammation can be mast cells. The inflammation can be microglia, the inflammation is astrocytes, and the inflammation can be from the acquired immune system and then there's this whole gut microbiome communication, which is literally our second brain and about 70% of our immune system, and so that has to factor in to what we're doing as well. So we've got to be attentive to that. There are subspecies of Clostridia, which can overgrow not cause diarrhea, but sure as hell screw your brain. So they produce substances like HPHA and 4-Cresol, and so we have to be ... Again, if we don't test for it, we don't look for it, we don't find it. So you have to look at putting together

an entire picture in order to help somebody fully recover. So everything we can do is look at, okay, what's causing the inflammation? So low dose naltrexone; excellent drug in order to treat hyperreactive microglia. CBD actually quiets down microglia, so can be effective in terms of reducing inflammation in the brain.

Dave:

For some people, but not all for different strains of CBD, right?

Gary:

Right.

Dave:

Just want to be really clear. That's still ... There's a little bit of fuzz around the edge. So one brand may work for you and it might not work for your friend and vice-versa.

Gary:

That's exactly correct, and that drives me a bit crazy because there's no standardization that I can simply tell you this makes sense, and it varies so much from state to state.

Dave:

It does.

Gary:

So there's lots of things which will quiet down that whole process, cromolyn sodium, in terms of mast cell stabilization. Some can be ketotifen, which is an antihistamine, which is both an antihistamine and a mast cell stabilizer. And the interaction between the microglia and the mast cells is extremely important, and the interaction between the microglia and the acquired immune system, that's the antibodies system, is extremely important. The beauty, by the way, so the other unbelievably exciting thing that's happening here as we've had a conversation a month ago that rocked my world looking at these cytokines, is we're now asking the questions, what's the definition of a persister? So persisters, we have believed in the past, were you still had strep in your system? You still have one in your system.

Dave:

So someone who treats a disease, but it's still present after the symptoms go, right?

Gary:

Right.

Dave:

That's a persister. Okay.

Gary:

That's a persister. But we've been thinking it's a viable organism. It's chronic fatigue syndrome associated with Epstein-Barr, mono. It's mycoplasma pneumonia, and there's a whole bunch of different

bugs in addition to Lyme. But we've thought for years that they maybe remain active, and in CO VID, we know they're definitely not active. So what's a persister? It may be a piece of the organism still left in the system, still tickling the immune system. So now all we need to do is find the cytokine patterns to identify the piece of the immune system that we need to target and modulate them, not turn it off, but modulate them, and we will have ... We already have a set of tools to do that. We are going to be able to do that unbelievably well within the next three years.

Gary:

This is going to completely change how we define diseases and this is going to completely change how we treat diseases. This is really breakthrough and we're going to be talking about that at this conference. First time anybody's talking about it, because we just figured this out about a month ago, talking with Bruce Patterson, [Joe Bilante 00:51:19], myself, and [Amy Katz 00:51:21], and we went, "Holy macro." We have got 50 patients with chronic fatigue syndrome, post-Lyme syndrome that have been now fed through a deep learning program that Bruce has, and we're waiting for those results to come out and see what the buckets drop.

Dave:

All right, what you just said there, I'm going to have to kind of step back and do another PSA. I have said, I'm going to live to at least 180, what you just said, "We figured out last month, because 50 patients worth of data went through deep learning, and we didn't know this." This is why if we can't do better than our current best in the next 120 years using deep learning, I swear it's because a comet hit the planet or we ran out of topsoil. Since I'm building topsoil on my farm, and I'm hoping that you will join me, if it's at all possible for you to do the same thing, or at least support local farmers, let's just do those things and let's do our asteroid defense ... Elon, I'm counting on you ... and then we can all live to 180. Like this is doable.

Gary:

And it is doable, you're absolutely correct. But we're going to have to understand what aging is differently, and aging is ultimately inflammation. Then how do we dial it back? How do we take the poisons out of our system, both that are already in and the ones that are already there and how do we fine tune the immune system so that it's really working for our benefit and not against us?

Dave:

You're doing something else magic with the summit. It's that you're bringing enough big names from big institutions that it hopefully will be undeniable.

Gary:

Right.

Dave:

Because in the history of medicine in the last 50 years, there has been an enormous amount of repression of valid ideas, just a built in bias. That's not to say medicine doesn't work or it's bad, or even that there are necessarily bad people in charge, although I would argue there are some of the time. But it's a systems behavior that all human systems, all companies do that. There's a reason that big tobacco said it was good for you and 51,000 doctors support the idea you should smoke, right?

Dave:

But the system of medicine has to acknowledge at a certain point a change like this because you have enough of the greats in the system involved. This is how you create change faster, and that's part of what we need. Before, we just wait till all the non-believers died and a new generation of doctors came in, but that's too slow for the amount of change in the world around us. So you're causing change faster by bringing the right people into the room, Gary, and I think that's cool.

Gary:

Thank you, and our goal at the beginning of this was to build a bulletproof conference.

Dave:

I know a guy.

Gary:

But in all seriousness, it's got to be academically bulletproof so that we can-

Dave:

Completely high integrity and unimpeachable.

Gary:

Absolutely.

Dave:

Because everything it says is real and backed up by data. I sure do my best, and if what I say is not data-backed, I'll usually tell you it's not data-backed. That's just what I think, and I'm probably right.

Gary:

And actually you probably are, so.

Dave:

My track record is good, but it's not 100%. I wasn't raw vegan, I admit it.

Gary:

And then we have a conversation about kale someday, but.

Dave:

Yeah, exactly. Please no. Now, the other reason I think this matters really greatly, and this is probably a little bit of personal stuff. It's that we are wrecking our kids right now. It is normal for kids to be exposed to a healthy amount of bugs. It's how they build lifelong immune systems. By marinating our children in hand sanitizer to an obsessive degree ... you go to the mall, every store wants you do that. Really? That doesn't even make sense. I would say even in situations where they're safe to require obsessive amounts of protective measures, whatever they are, I think it's actually going to cause more immune problems, more behavioral problems, more autoimmunity, and more of these things. So what your

discovering, what you're talking about this conference, it's stuff we're going to need to fix the damage we did over the last two years.

Dave:

I'm not saying that there wasn't some benefit. There was, I just don't think the juice was worth the squeeze from where we are today, but it doesn't matter what I think. We have a bunch of kids who have less functional immune systems than they did two years ago because they aren't playing in dirt the way they did outside. So we're going to need this. We're going to need this for our adults. We're going to need this for our kids, in particular, kids, so the amount of autism that happens right now, if we follow through on what you're saying, I already predict this is one of those. I don't have the science, but I already know, autism can level off or even go down if we do what you're doing before people get pregnant, and we do this in younger children. We look at the inflammatory panels. We modulate the cytokines in the right way, and this is part of the equation of living long times. This is very important work you're doing.

Gary:

Thank you.

Dave:

I'm really grateful for it.

Gary:

You are also 100% correct. The number of autoimmune cases is dramatically on the rise, and by the way, all of these diseases we're talking about are not presently considered autoimmune diseases when, in fact, they are. They're autoimmune diseases associated with neuroinflammation, brain inflammation. But you're absolutely correct because we've been living in an increasingly aseptic environment, because we're not eating dirt, because we are so sterile in everything that we do. Our immune systems are not getting the workouts they need in order to be able to toughen up and be able to take proper care of us. I'm seeing this, interestingly enough, now as people have started to go back to being with their families. For the last year and a half, I have seen nary a cold nor gastrointestinal infection nor sinus infection nor bronchitis in my office. In the last two weeks, I have seen more colds, more gastroenteritis, more sinus infections than I've seen for the last two years confined because people are back and now it's happening is those snotty nose, little kids.

Dave:

The ones that have always been snotty nose little kids.

Gary:

Yes, and they're cute and you hold them and you hold them and you snuggle them, and then you get exposed to all of those germs. So your immune system goes, "Oh my God, I haven't had to do anything for a year and a half. What the hell do I do now?" And, yes, being exposed to this stuff on a regular basis actually keeps us healthy. Being exposed to us in children keeps us healthy, makes us healthy.

Dave:

It's one of the reasons that first year ER doctors, they get sick all the time, and then after maybe not even first year, first six months after that, suddenly they don't get sick like all their colleagues, it's very rare. Because their immune system is like, "Oh, you mean I have to work out every day?" And teachers, when they first start teaching, yep, same thing, and then after they've been a teacher for a year, the next year, they don't really have that same thing because we've trained our immune systems to be resilient and strong and, as you said, the lower B version of bulletproof, like they can take the hits that the world gives to them.

Dave:

So if you get a cold because you're walking around without putting something over your face, it's okay. It's normal and it's not going to keep happening if you keep normally exposing yourself to other people and this is missing from our thing. I would like to ask you a question about whether these cases of autoimmunity that you're seeing on the rise, whether you could correlate them with a test group and a control group, but there's a certain kind of treatment going around for which they're trying to eliminate a control group, so I'm not going to ask you that question, because that would be wrong.

Gary:

Control groups, research is tough and control groups are hard, but I think we can actually do a control group. I think basically what we do is background. You do a control group of people who are healthy and otherwise not apparently healthy, and that's the other thing is apparently healthy, right?

Dave:

I'm talking about like mandated treatments where the goal is 100% of the population. They're saying did autoimmunity rise in the group that got the mandated treatment versus the other group that no longer exists, so I would like to, at least-

Gary:

Tough question.

Dave:

... At least have a few hundred people where we could do a test. We can't really talk about that because that's the realm of thou shalt be canceled.

Gary:

Except that there was a study that just came out looking at chronic fatigue syndrome, and I don't have it in front of me.

Dave:

Oh, is there? I'm so interested in the real data on this if we're allowed to talk about it.

Gary:

Yes, yes, yes, and I don't have the data in front of me. It literally just came out in the last two days and I was going through it. It's published by Myalgic Encephalomyelitis/CFS, so ME/C, Solve ME Now, and so it's on their website. But, basically, what they found was a higher percentage of people developing post-immunization problems who have ME/CSF-

Dave:

Yes, anyone with strong autoimmunity is at higher risk from any immune-modulating treatment. I mean, that's just how it is.

Gary:

Right. So I'd give you the numbers if I had them off, but I don't have them off the top of my head, but there are real numbers and they have actually demonstrated a significantly higher increase number of cases of their flare up of the ME/CSF, of them getting sicker, more disabled as a result of getting the immunizations in this group, specifically in this group.

Dave:

So perhaps we could say people with ME/CFS in their background or documented autoimmunity ought to have a medical exemption in a normal life.

Gary:

And a certain percentage of my patients do have that, by the way, because we look at them and-

Dave:

The problem is their employer won't honor it, restaurants won't honor it, and the government won't honor it, and that's my big thing. Like you guys can say, "Look, this is highly recommended for everyone, unless you have a good reason." I'm just saying sometimes there's a good reason and it may be why antidepressants don't work for one person, but they work for another. Well, if there's a good reason, don't take antidepressants, but they might work for ...

Gary:

Right.

Dave:

That's just like Medicine 101. So I'm pretty worked up about the whole idea that if you, as a doctor, know that this patient is at higher risk from a treatment, it's not okay for some legislator to say they have to get it anyway. Like that's not how the world works.

Gary:

No, and we need to not have our medical judgment usurped by the state legislatures or the federal-

Dave:

Yeah, by legislatures or insurance companies. Doctors have to be able to be doctors and anyone who gets in the way of that, it all goes back to Benjamin Rush.

Gary:

Yes.

Dave:

The only doctor founding father who warned of medical tyranny, although people sometimes say that wasn't his quote, it probably was. But regardless-

Gary:

Founder of my undergrad, by the way.

Dave:

He was what?

Gary:

Founder of my undergrad school.

Dave:

Oh, I see. I love it. So you know about that. So, guys, there is no protection in the Constitution and the Bill of Rights about medical freedom, but there is for a lot of other freedoms. So if they said you have the right of free speech, the right of guns, and the right to choose your own medical care, we would not be where we are right now. But thankfully the first two are still there, and the second one is to protect the first one, and that's why the U.S. is not Australia right now.

Gary:

And one of the massive problems with access to medical care is insurance, because insurance says, "Oh, you can do anything you want, but we won't pay for it," and then one medication that I use for patients is if they have to pay out of pocket \$1,500 for the month.

Dave:

It's nuts.

Gary:

My daughter just got medication that normally would have cost her \$16,500 in the U.S. from Canada for \$1,000.

Dave:

Well, that's because there's the law in the U.S. that says the U.S. government cannot, by law, negotiate prices with drug companies.

Gary:

Well, that's as far as Medicare-

Dave:

Who do you think signed that one into law?

Gary:

That's as far as Medicare is concerned, you're absolutely correct.

Dave:

Yeah, yeah.

Gary:

Right.

Dave:

It's crazy pants. So we don't have to go into diagnosing the system because it has multiple ills, but what I do want to just highlight is that, number one, there are doctors like Gary Kaplan here, there are many of them out there. Gary's conference, I think, is setting up to change the face of medicine because there are lots of disparate, disconnected groups of patients and doctors looking at them, and they're all looking at the same thing, but they don't know it.

Dave:

By bringing these together, it's sort of like we used to have just gay rights, if you go back into the '80s, and now it's like LGBTQIA plus, and then there's like a bunch of other letters that are raising their hand to be added. I'm not sure where that's going to end. But the reason that that works is you get them all together into the equivalent of a trade union, and so diseases need trade unions as well so you have enough mass to get attention from drug companies, get attention from medical schools, and you're creating essentially a trade union for odd immunity and it's badass, and I like that.

Gary:

Thank you. Thank you. We want as many people at this conference as possible. We need your support. We want you informed. We want your docs informed. We want to help you get better. That's what this conference is about.

Dave:

All right, so let me make a suggestion. Our Upgrade Collective members are going nuts. They're all signing up for it. By the way, one of them says that it says tickets are not available, so you might want to have you guys look at that.

Gary:

Oh, good. I'll find out what that's about.

Dave:

That should be fixed by the time this goes live.

Gary:

Yeah, will be fixed by tomorrow.

Dave:

But here's what I want you guys to do. If you want to go to the conference, it's very affordable, and what you're going to find is if you talk to your doctor between now and then, say, "Hey, do you know about this? It's by the greats in medicine, you should take a look at it. You might enjoy it, and it's going to be

written up in medical journals. This is a doctor level I'm just going because I'm really interested in my condition." So tell your doctor about it because we need doctors to know-

Gary:

Absolutely.

Dave:

... that this is real, and I'm just going to go out on a limb here and say, as a guy who's lived most of this, I'm like your ideal patient type, who won? Okay? Like I am younger, smarter, faster, stronger, healthier, like I like the vast majority of what's going on with my biology, and I came from behind. So given that stance and that set of knowledge, this is the right direction. This is the real stuff. So let's get your doctors on board with understanding it. They'll probably treat you better, but it's a nominal amount of money and it's four days of content, probably more than enough time to watch, but I'm definitely going to be there tuning in. It's hopehealingknowledge.com is the name of it.

Gary:

So, Dave, thank you very much for that point, because it is extremely important. It's a full-blown medical conference, okay? There's 19-and-a-half hours of continuing medical education for physicians to attend. This is sponsored by Georgetown as well as my Foundation for Total Recovery, and this is a conference for docs to get educated by some of the best people in the world.

Dave:

I'm laughing because I have lied to take medical training that requires you to be medically-certified so you can get continuing medical education. So I've attended a few conferences as Dr. Dave. I've never treated a patient because I can't have patients because I don't treat any of that kind of stuff. But in order to get in and get the training and you're just saying, "I'm going to open it up for 69 bucks to everyone," that's also disruptive.

Gary:

Yep.

Dave:

So there is no ... Like the whole reason you use Latin words in medicine is to make it harder to be a doctor. It's unnecessary. So you're opening this up in a cool way that's different as well.

Gary:

We're democratizing this. We want everybody there because everybody can learn. There's something for everybody to learn from this conference.

Dave:

I think that's the case, and there's also something for everyone to learn from this episode. We talked about inflammation. We talked about aspirin. We talked all kinds of stuff, but most of all, if you are sitting here going, "I still don't like my life. I don't know why I'm puffy. I have all this inflammation. I don't know the hell's going on," it's all caused by the same basic stuff. The uniting elements here, oh, there was an infection thing. There's an immune response. There's a mast cell issue. There's a mold

issue. There's a mercury issue. There's not that many things when you unpack it all, and Gary's assembling them into one of the major packages so we can look at this from a more functional perspective. Thanks, again, my friend, for being on the show and for doing this conference. I'm pretty excited about it.

Gary:

I'm honored to be here, Dave. Thank you for having me here. Keep up the work you're doing. It's so important and I'm blessed to have you as a friend. Thank you.

Dave:

Thank you.

Virtual Conference Details

- “Symposium on Autoimmune Encephalopathy Secondary to Infectious Disease: A New Perspective on the Pathogenetic Interaction of the Immune system, Infection and Chronic Disease”
- Feb. 9, 10, 11, 2022
- **Early bird pricing = \$69 before Jan. 10, 2022**
- Regular pricing = \$99 after Jan. 10, 2022
- Webpage: www.hopehealingknowledge.com
- [Landing Page](#) (with agenda & speakers)
- [Registration](#)
- More about the sponsoring foundation: <https://www.brainonfire.org>