TRANSCRIPT

# What Your Doctor Might Be Missing

## Calming the Herxheimer Reaction and Supporting the Sensitive Patient

Jamie Kunkle, ND

gordon medical

# ABOUT DR. JAMIE KUNKLE

Dr. Kunkle specializes in Lyme Disease and tick-borne illness, autoimmunity, environmental medicine, Long Haul, MCAS, pain management, hormone regulation, metabolic/weight loss optimization, and neuropsychiatric conditions. He has been practicing as a dual licensed Naturopathic Doctor and East Asian Medicine Practitioner (Acupuncturist) for over 10 years.

Dr. Kunkle is skilled in low-dose immunotherapy and low-dose antigen therapy for allergy treatment. He is also trained in hyperbaric oxygen therapies, botanical medicine, including Chinese herbs, and intravenous/intramuscular nutrition.

**The following is a transcript from Dr. Kunkle's live webinar with the Gordon Medical community.**


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# WELCOME

Hello everybody. I am Dr. Jamie Kunkle. Thank you for joining me this afternoon on a Friday, I appreciate that. Today I'm going to talk about calming Herxheimer reactions and the sensitive patient. A little bit about myself before I begin. I'm a practicing naturopathic doctor at Gordon Medical Associates. I also have a master's in traditional Chinese medicine, so I may or may not today pull from some traditional theories and philosophies as well, but largely practice more in this integrative care setting of GMA. I've been working with complex chronic disease probably most intensively since about 2015 or so, about 10 years out from when I started to practice. I started out doing more primary care, general practitioner, that kind of thing. The majority of my patients at this moment, as some of you may know who are in the GMA community already, are more on what we call the sensitivity spectrum.

**(01:03):**
They tend to be more reactive or responsive to therapies, which is sometimes the reason why they end up coming to us because getting the therapies that they need may be difficult at times or there may be reactions that they don't really fully understand. And sometimes it can be frustrating both, obviously for themselves, and sometimes for the provider who's trying to help them. And so they may go from one doctor to the next and it's a tough world out there for a lot of reasons to really understand what's going on with these reactions. We're going to discuss that today in a fair amount of detail. So I look forward to that.

Also, a little bit about myself personally. I have two young daughters and I have a little mini farm with ducks and chickens and all this kind of thing. Trying to grow my own food, but a gopher's been eating all of it, so it's a sad day, but I won't talk about that right now. More about me later. And you're welcome to ask questions at the end.

**(02:52):**
Alright, so what are we going to talk about? Well, you're probably here to talk about Herx reactions. Maybe you didn't know though the real name for them is actually Jarisch-Herxheimer Reaction, named after some guy that we'll talk about later, but a lot of people just call them Herxes. So we're going to dive into the history of that a little bit so we can understand some of the context of why and how we talk about it here.

Here we're going to talk about how to differentiate these truly defined Herxes - what has been defined in the historical context with other types of reactions or agitations or sensitivity responses in and around treatment. We're going to talk about general principles of treatment support. We're going to talk about preventing these types of reactions if at all possible, diet, nutritional home therapies, things you can do at home that are really easy. I'm going to talk a little bit about the importance of emotional and neuropsychiatric support considerations around treating chronic infections and other therapies. I think this is often overlooked. So I'll dive a little bit into that. I'll of course talk about natural medicine. That's the world I come from. And I'm going to of course talk about pharmacologic treatments, which may be necessary in some sensitive patients and I'll explain why that is a little bit later.

**(04:20):**
It was originally defined as a transient or temporary phenomenon when starting treatment. It didn't really start coming into recognition as much until penicillin was invented and it was most often associated with the treatment of syphilis. Syphilis is also a spirochete infection, just like a very common infection that we treat that also has Herx responses. And if you didn't guess it already, that's Lyme Disease, Borrelia, and its family burgdorferi and all of its other similar relatives. They are all spirochete. So the original Jarisch-Herxheimer Reaction, it wasn't really surprising that it started showing up in Lyme later. But what type of reactions were they?

Well, there's fever, chills, nausea, vomiting, worsening joint pain or arthritis, commonly elevated heart rate, hypotension, what we usually call autonomic dysregulation of different sorts. Rashes are also possible, which may be confusing if you're thinking any treatment reaction could be an allergy response even.

**(05:38):**
But it's supposed to be acute, it's supposed to be transient as mentioned, it's supposed to be self-limiting, ideally not life-threatening, but certainly can be in some cases. Most of the time it is not, however, at least as far as a traditional Herx response.

And it was first described as I mentioned, in the late 1800s actually with syphilis and then the early 1900s and there you go, named after two dudes or one rather in this case. Since the identification of Lyme, it's also been defined in other infectious diseases as well. So originally spirochetes were thought to be the primary Herx drivers, but other stuff too. I'm looking at questions already here, but I'm definitely going to talk about MCAS and endocrine.

Mast Cell Activation is what MCAS means. What types of infections can cause Herxes? I sort of already went over this. This is more information for you guys, but it's not really limited to tick-borne infection and it's not limited to syphilis, and here's some antibiotics that commonly can cause it. So you might see doxycycline in here and some of these other guys, but why not herbals, even though it's not in the scientific papers. Why not herbal antimicrobials? Why not other things that might affect immune function?

**(07:24):**
Okay, so what is the science suggesting about what's going on here with Herxes? Well, it's probably a lot of different things, but what they do know is that there are inflammatory, there are rises in inflammatory markers called cytokines.

It's possibly because of some of the components of the infection entering into the bloodstream and causing an immune reaction. So it's kind of like some of these infections, they're called stealth infections for a reason, they like to hide in certain tissues in our body. Not all of them are just floating around in the blood all the time. If they were maybe we'd be having immune reactions, a lot of them live inside of the cell.

For example, they might live in certain connective tissue here and there, that kind of thing. So now you went and killed it and its components, whatever they may be. In this case, they're describing lipoproteins or lipids maybe from their cell wall or something like that are floating around in the blood. So naturally that's going to create an immune system response typically. So that may be sort of the simple answer to some of these reactions. If you're following the really precise definition of Jarisch-Herxheimer and they can begin about two hours after treatment there.

**(08:45):**
I'll talk about probiotics too. I saw another question. There are other types of agitation responses that aren't considered true, but people have sensitivity reactions to a lot of different substances for a lot of different reasons. And I'm hoping to really parcel that out here. And that's kind of what my next slide's about, I guess, is what other types of reactions might happen that really mimic the Herxheimer reaction or look like the Herxheimer reaction.

And a lot of people will just call that Herx too, and maybe that's not the appropriate use of the word, but we all know what you're talking about when you say that at least that you're having some sort of agitation from treatment. But a Herx is supposed to have a beginning, middle, and end. And the hope is if the rise in inflammation initially isn't too severe, there's going to be some sort of gain from it too.

**(09:35):**
So you're not just going to keep torturing the patient over and over and over again with the treatment. So that may differentiate some of these other reactions too, that if you're not seeing a resolution of that reaction with support, with or without support, because originally, I don't know if they had all these cool supports, maybe they were just giving people mercury for syphilis or something. It's just like I have a reaction, but there was hopefully an end to it. So sometimes the duration is really important. I'm going to talk more about that. But allergic responses may be different than actual Herx is. But mast cells, since they're part of your defense system and your immunity, they might be involved in this somehow. So it's not completely wrong to say that the mast cells are not involved in a Herx response. They certainly could be. Maybe they see those lipid proteins, those components of the bugs, and they're just like, whoa, okay, I don't like that.

**(10:34):**
I'm going to attack that or send out signals at the very least. But true allergies might be a different story. What if the drug you're giving somebody is causing the allergy? It's not a Herx, it's just that they literally are not liking that chemical or substance that you're giving. So that's a possibility. Autoimmunity, it's kind of confusing because what really causes autoimmunity, but I kind of say that because sometimes the immune system does become a little bit confused about who or what's going on. And certainly certain drugs and substances can contribute to some of that confusion sometimes. And that's kind of a little of a weird one, but I'm not going to, maybe I'll dive into autoimmunity generally later. But let's just say if the body is starting to attack itself in response to something, it may be a related, but also sort of separate entity going on here.

**(11:34):**
Autonomic dysregulation, well, yeah, anytime the immune system becomes activated or the body senses danger response in some way, there's a real chance that autonomic stuff can happen.

Classically, we might think POTS, dysautonomia and these kinds of things, but there's so many other varieties. I had a patient recently that when he treats he gets these big adrenaline surges, you could really feel an immense response like anxiety or danger. And it really affects his nervous system and his heart rate and everything like this. And maybe that's in relation too, but it's also sort of a separate entity. So I have to talk about, and also that can get triggered and sort of stay dysregulated for too long.

**(12:21):**

Microbiome- this is an emerging field of study. It's not like we didn't know that they existed, but just how did they respond to treatments as well. It may be that there's a balance in your terrain that's happening and you put an antibiotic or something else in there and now everything's somewhat imbalanced there as well. And some people that might be a good thing, and some people maybe there was something that was being held together well and now you're dealing with whatever that thing is, if it's Candida or classic C. diff even. Those are really common examples. It had been documented. But there's certainly a lot of other ones too that we're looking at. And that could be any one of these areas because you have a rich biome on your skin and your sinuses and your gut vagina. Other areas as well. General toxic load and burden... I'm going to talk about detox, so don't worry about that.

**(13:17):**

Certainly you can be mobilizing those components of the bugs, but it seems like when you're treating too and you're creating all these changes in the system, it seems like those bacteria can also create toxins and maybe that is a Herx, maybe it's the drug that you're putting on there too, causing problems or maybe you're loading up the liver or the kidneys or other things. But toxicity can be a separate and related entity.

Obviously we think a lot about the individual here, genetics, genomics, snips (single nucleotide polymorphisms), what they can really handle or not in the world. In some cases, some of these mutations may turn on in states of chronic infection or duress. But it may also impair their ability to process a drug that they're taking. I have some patients that can't really take a lot of things by mouth. Maybe their liver can't process it effectively, but they can do IV therapy for example, or intramuscular therapies.

**(14:20):**
That's kind of strange. So we'll talk about that. And then of course, trauma responses. A lot of my patients have accumulated trauma, medical trauma, maybe childhood trauma, all of it together. And sometimes when you're treating and even when you have a change in inflammation response or just people come into the recognition that they have an infectious disease or whatever it may be, or maybe they've had a long medical journey, sometimes these trauma responses can come up too. And maybe it's related to the autonomic system as mentioned or maybe it's coming up in other ways. So talk about that a little bit. So that's kind of not a completely exhaustive list, but I just wanted to make some pointers because I'm going to be probably mentioning some of these concepts later, so don't worry, I'll come back.

**(15:17):**
So ideally we would prevent these responses from happening altogether. We can't always do that. As you know, medicine is practice. Unfortunately, we make the best educated decisions we can for an individual. We try to weigh the risks and the benefits. We try to really understand their history, where they've been, what they've reacted to before. Obviously if you have a drug sensitivity, we won't probably give you that one again, at least not unless we absolutely feel like we need to. So I just kind of broke this down into sort of a who, what, where, when, why, how, and just how I think about it.

So as I mentioned, treat the whole person. Who am I treating? Who are you? What's your history? What are your tendencies? What are your genetics? What's your constitution? What can you handle? What have you handled? What agent am I going to use? What's the toxicity of that particular agent? Where am I really targeting this treatment? Are you having a chronic sinus infection or are you having a systemic, multi-systemic, infectious disease? Like say, might be where it's affecting multiple systems or something like that. So can I pick an agent or agents that are targeting that particular area alone if possible. So if you had a skin infection, I wouldn't necessarily give you an oral antibiotic all the time if I could treat it locally. If, I can't always.

**(16:44):**
When? Is now the right time to give you an antimicrobial treatment? Got a lot of stress in your body. Maybe you do have mast cell activation. Maybe you do have a lot of trauma, maybe you have a lot of toxins. Is now the right time? And why are we even doing this in the first place? Do we have a good reason? Are we just killing Lyme for fun? And how, of course, the route of administration, as I mentioned. I may give you a nasal spray for a sinus infection.

I may give you a topical for a skin infection and I may give you an oral agent or an IV or an intramuscular for a systemic disease. The nervous system might respond better to an IV for some people, not everybody.

**(17:29):**
If I can do that though, upfront, I do feel like I can try at least to mitigate the worst responses with the best of intentions. And of course, I'll talk more about sort of generalized prevention too. I didn't want to gloss over. I will talk about detoxification in here a little bit. And sometimes doing that type of work before you start treating is also important. So it may be that you want to do other work first. Like I said, you may want to do trauma work first or other things.

There may be a lot you want to do before you even start treatment to begin with. And I suppose that goes with the "when", when's the right time or is it urgent and emergent? I mean, some people certainly have immense amounts of inflammation and are not entirely functional. And if we determine that infections are really a driver for that, we may have to treat them more aggressively earlier and kind of mitigate the consequences through more aggressive means too. So we'll talk about how we have to do that sometimes too.

**(18:35):**
What are some of the natural supports for Herxheimer reactions for sensitivity responses in general? If you're able to use the natural world, it's great. Some of my patients can do way better with the natural world and drugs are like a no-no for various reasons. And some people try as they might, natural world does not work for them. And they do better with pharma, at least upfront, at least when we're starting out, at least when we're trying to get them more stable and more regulated. So there's not a right or wrong way to do this. There's time and place for everything.

In my medicine philosophy, there's a therapeutic order to everything and I love to treat everything with diet, lifestyle, spiritual health and exercise and all that good stuff. But as you know, these syndromes do require oftentimes higher levels of intervention. But don't forget this stuff, we'll talk about it.

**(19:29):**
So these are all inflammation regulators so to speak, and from the plant world. So you might see your friend turmeric and Boswellia, artemisinin, even though it's technically an antimicrobial it also has inflammation, modulating qualities, anti-inflammatory. I'll talk more about diet a little bit, but eating a less inflammatory diet is important. Generally speaking, we love antioxidants, vitamin C, NAC, glutathione, resveratrol, natural flavonoids, rainbow foods, colorful things in your diet.

Alkalization, which means making you less acidic, making you more basic. This is kind of an old school method. Alka-Seltzer Gold, which is just calcium carbonate, tri-salts just also include potassium and magnesium carbonate with the calcium carbonate. Really cheap, really easy. Good for your mouth and good for your teeth too actually, as an aside. You don't always want to over suppress stomach acid, but most of the time these things are pretty safe, I'd have to say, and not really causing a big problem.

**(20:42):**
And an alkaline diet is usually more of a plant-based diet. Acidic foods may be more meats, red meat and that type of thing, for example, tomatoes as well. Some of that type of stuff as well is pretty acidic even though it's in the citrus even though it's in the plant world. So think more like leafy green vegetables and root vegetables being more basic.

And then of course supporting the removal of these lipoproteins as they call them, or the toxic components, the things that come out from treatment. Hydration is really important. Sometimes IV hydration, sometimes just regular old hydration.Removing some of these things from the gut. Some of it comes out through the liver and the bile systems. So you may talk about binders, you may talk about making sure people aren't constipated. You may talk about enema sometimes, not always needed.

**(21:34):**
You may talk about sweating or Epsom salt baths. Those are skin supportive therapies, pulling things from the skin. Lymphatic massage, dry skin brushing, all this good stuff I'm going to talk about more later. And then hormones and endocrine support. I think somebody may have already mentioned hormones a little bit. I think they're very important. They're another factor for why people don't always do well with treatment. And I will do a pretty thorough assessment of the tryout of hormones that are most important here. And there may be more hormones that are also important.

But what I mean by that is the adrenals, the thyroid and some of the sex hormones, maybe all of the sex hormones. It really depends on the person, but that importance varies from individual to individual. But the adrenals are very integral to this because obviously there's been a lot of stress to the system and the adrenals have had to respond to that stress.

**(22:30):**
And that's physical stress, that's emotional stress, that's spiritual stress, that's all stress. All stress affects the adrenals. That's really what it comes down to. And then that in turn also ends up affecting the autonomic system. So we really have to be clear on what level we may need to support them. Most of the time if people were able to tolerate it, I will put them on even a natural adrenal support first before I even treat them.

And when I'm treating them, I may have to increase their support. And when I get to the drug section sometimes I even need to give them low doses of cortisone, which is basically giving supplemental cortisol because maybe their system is not regulated and not making an adequate amount. Thyroid, of course, if they have autoimmune thyroid, that's a thing. We want to make sure that that's being recognized and diagnosed. It's very common in tick-borne illness especially, and a lot of other infectious diseases.

**(23:22):**
So we definitely want to check the thyroid out and appropriately support it, whether nutritionally or through thyroid hormone supplementation. And then what about the sex hormones? Well, some of them actually do help you regulate inflammation. So that's kind of an important thing. And some of them are produced not just in the gonads, which are ovaries or testicles, but also in the adrenals themselves, among other organs.  But those are sort of the two main areas that they come from. And those are what we call neurosteroids, especially if there's neurologic manifestations of illness at hand, that would be pregnenolone, progesterone, DHEA.

I look at those quite extensively. But what about estrogen and testosterone? Certainly they still play a role in immune regulation. Sometimes if there's too much estrogen, that's a problem. Sometimes when there's too little, that's a problem.

**(24:15):**
If I have a 20-year-old patient and their hormones are out of whack, that's going to be a big problem for them because that's kind of against nature for them. At age 20, they might be at peak hormones normally, and all this chronic infection is causing major havoc on their system and their hormones may actually be low and that's not appropriate. And that might be working against them. It doesn't mean I always have to supplement them, but I certainly need to identify that as a contributing factor.

So hormones are important, and I imagine it's not the last time I'll be talking about them in this lecture. And then of course the others, not to neglect them are the insulin systems and blood sugar dysregulation, liver lipid systems, other HPA access stuff, growth hormone even. There's a lot more to that is maybe as common or at the forefront, but still needs to be recognized.

**(25:18):**
Herbal medicine. Yeah, I mentioned some classic herbs here that are used quite often. These are ones that I like too. And they're certainly more than what's present here. Some of the common features is a lot of them calm the nervous system. A lot of them have really interesting antioxidants and flavonoids in them typically. Some of them are more for detox support or moving lymph or something to this effect. There's no drug that moves lymph, but there are a lot of herbs that help move lymph. Just remember that. That's really important. You have to talk about safety with some of 'em. Some of 'em are low dose herbs of course, but there's some classic that are really quite chill that grow in your backyard like calendula and gallium, which is cleavers, the ones you can throw at people and stick to their clothes. They're fun.

**(26:10):**
And then peptides. Peptides, I still consider them sort of somewhere between where the natural world meets pharmacy, I guess, of course, because turning a lot of them into pharmaceuticals, and that's kind of why they're less available. But I won't get into that. But the whole point is that they are protein-like signals, amino acid sequences that do signal the body to do certain things or to try to encourage it to do certain things maybe better if it's not doing that well.

So we might use some of these peptides to support Herx reactions or die off reactions too. It may be prudent to give peptides before you even start treating if people are responding to 'em. And that's really the thing is usually we have to do a trial with a lot of these treatments no matter how cool they sound to establish tolerance, establish efficacy, that's working.

**(27:05):**
And if we feel good about that, we can really load up on some of these support measures before we even begin treatment with antimicrobials, with antibiotics or whatever it is that we're using herbs as well. I mentioned a few peptides here. If people are interested, they're welcome to ask me more specifics at the end. I think I'm just going to save questions to the end at this point unless I get really want to look at the question marks.

**(27:34):**
Okay, a comment about detoxification. So I wanted to put a whole slide on this because it's really worth going over how this relates and what it means to me. I think too, it means something different to everybody. I have to say that the word detoxification or detox is kind of like the word Herx. It's got an X in too. It's very popular phrase that gets thrown out there all the time and we don't always really know what it means for the individual or what's the connotation, what's behind that.

And it's not always something that's safe, just like a true Herx response might be unsafe going after detox or performing a detoxification protocol should be medically supervised or supervised by a professional that really knows what they're doing and talking about, I've had a few patients that some of their really bad inflammation and dysregulation started with a "detox" that they were told, Hey, you should do this because you're toxic. And I don't know if people always know what that means either. Is it heavy metals, is it mold? Is it all the other lovely environmental stuff that's around us on a regular basis? Is it glyphosate for example? What is it that is really toxing them? And what's going to happen whenever you start opening up the floodgates there?

**(29:06):**
Because our body does a pretty good job of trying its best to not only get rid of toxins, but also to sequester them and keep them from being a big problem. So they might go into our fat storage, they may go into our bones even sometimes they may go into some of our organs and it may not be a great thing that they're there, but they're kind of being pushed aside to the best extent they can. So sometimes I have to be careful saying, oh yeah, well you're toxic, you need to detox. That's a whole reaction in its own world because now you're suddenly opening up the gates as I mentioned, and that stuff is all coming out. And if there's not an easy way for the body to eliminate it, which might have been the problem to begin with, you're going to have some pretty immense responses there. And so I've heard some people call these instead of Herxes, they've called them intensification responses. That's a word that gets thrown out.

**(30:05):**
Yeah, I mean, that's cool. I like it. It doesn't roll off the tongue like Herx as well. And I'm sure there's some other nomenclature out there that I haven't quite recognized yet. And if anybody knows it, throw it in. I'm interested. So here's some examples of detoxification. I just basically broke it down into the different organ systems because really you want to make sure they're all open.

And this is the first thing we're doing when we're assessing a patient for the first time anyway. What are your gut symptoms? Are you having bowel movements every day? Or are you having diarrhea even? What's going on? Are things moving too much or too little in that arena? Can you sweat? Some of my patients can't sweat, believe it or not. Maybe it's part of their autonomic dysregulation or maybe it's something else.

**(30:51):**
How much water are they drinking? Are they hydrating or have they had kidney disturbances before? Even lungs are a detox organ, we don't even think about that. And then of course our general cells, if you break it down to the cell model, all the individual components that make us up, those things, sequester toxins, hold toxins and also need to be released in different ways. So we may do a general detox and it has to come out from one of these areas, but where's it coming from? It's coming from cell system somewhere - fat, bone, organs, whatever, somewhere in the system, vascular system, neurologic system. So I just wrote down sort of general cell detox tools for that model. Glutathione, NAC, magnesium, zinc's quite important. Phospholipids, oh, very good questions coming. Thank you guys. I promise you I will get to them. I get asked about diet a lot and that's cool.

**(32:00):**
It's a really great question. I remember I said foundations of health. Diet, people say really, disease and dysfunction begin and end there. It's important to understand how our food affects us and affects our health. In a sensitive patient though, certainly food sensitivities can develop and unfortunately in some of my patients, they just get worse and worse over time and that's really frustrating. I have several patients that can only eat five foods, maybe three in some cases. It's really concerning. That's not an ideal diet and they may not feel like they're healthy for that reason and maybe they're not getting enough nutrients. It's a really frustrating experience for a lot of reasons.

So I have to admit that any dietary recommendations are not a one size fits all approach. They're very personal in these cases. So I'm just going to present some very basic principles about what you might want to follow or look at, based on my experience and what I've seen and read and understood about this.

**(33:12):**
There's a lot of different "anti-inflammatory" diets out there. For example, there's a lot of people who choose paleo in this world to use a framework. There's also AIP paleo, which is autoimmune paleo for example, there's Mediterranean paleo too. Mediterranean has been studied with cardiovascular disease. It's sort of an anti-inflammatory diet. One of the common factors of a lot of them though is they are oftentimes low glycemic diets. So they don't really push up insulin immensely, which means they tend to be more complex carbohydrate or lower carbohydrate diets. And I'm not saying that everybody should go keto because keto is a medical diet too, and it's not good for everybody. And I firmly believe you shouldn't live in there for the rest of your life unless you do have a seizure disorder or cancer or something that's really can be treated by that aggressive of an approach effectively.

**(34:08):**
This is more just kind of a balance. So I wrote here sort of flipping the food pyramid on top a little bit. Not to say we use that old pyramid anymore, but healthy fats kind of being your primary source of fuel. And then protein, of course, you need the amino acids in the building blocks for a lot of cellular process. And then carbohydrates being sort of on the bottom of that order. I like this arrangement for a lot of reasons, and I think it has to do with if people can tolerate all these things, of course is really the core issue. But it has to do with reducing excesses of insulin, which tend to worsen or dysregulate some of these inflammatory responses. Also, the mitochondria or your energy production systems in your cells are often quite stressed and strained. We tend to have a more sustained energy source with fat versus sugar.

**(35:05):**
So sugar is like a kindling on a fire and fat is like a big log, nice slow burn. So we tend to have more sustainability in our energy production if we're able to process fat for fuel effectively. So we try to think about priming that system a little bit in these cases. And it also tends to be good for detoxification too. You get more outflow of bile, more gallbladder movement of toxins and production and all this kind of thing too. So there's a lot of good parts about fat. And what is healthy fat? Well, if you're doing meats and stuff, you can, it's usually just more of the grass range, organic free range, less chemicals, less hormones, things of this nature. And then you can also do low mercury fish, of course. You can do seeds and nuts if appropriate. Some of those are histamine inducing, so be careful with mast cell. And you can do coconut, avocado, that's also a histamine food, but if you can tolerate it, do it.

**(36:17):**
Be mindful of histamine responses. I might as well just mention that because people have been asking already and it's worth saying. So just like everything else, you can follow a "low histamine diet", but it maybe that some of the foods in that diet, in my experience, people tolerate just fine. So maybe the avocado isn't always evil, so you have to be kind of cautious with that. It may be that the mast cells are mediating these reactions. But it's not that only histamine foods are causing mast cell responses or histamine type responses. It can be any food theoretically. So you have to diet diary, you have to monitor what foods are working for you. Some reactions may be immediate, some reactions may be delayed. There's a conversation to be had there to try to discern what is a true reactive food or not.

**(37:06):**
I really try my best not to over restrict diets in these cases. I kind of put some general frameworks here, but I try to encourage people as much as they're able to handle to eat varieties of different foods, fresh foods, ideally on a regular basis.

And then of course, plant fibers are also good for detox as long as people don't have SIBO, small intestine bacterial overgrowth, sometimes they can react to fibers in certain cases and that, so be careful. Certain people don't do well with legumes or bean family, but if you do well with it, it's great for helping to support bowel movements and detoxification and great minerals. So nothing is evil all the time. So let's not demonize all foods, but find the diet that works best for you. Oh yeah, an old alpha gal, that's always a fun one.

**(38:01):**
Caution with beef and red meat if you have been diagnosed with Lyme Borrelia. This is an interesting cross reaction that can happen where people can develop almost like allergy responses to meat. So that's something that is quite interesting. It doesn't mean that if you have been diagnosed with Lyme that you shouldn't eat red meat occasionally because a lot of people do fine with it, just something to be attentive to. But it stands to reason trying to avoid allergens and food triggers or rather mitigating them or lowering them. Lowering the load on your system makes sense for trying to broadly support your immune system response.

And if you do have a mast cell disorder, one can imagine that's important. And I mentioned from the beginning about alkaline diets and alkalizing. So plant bases are great, but that doesn't mean that animals are bad. If you're following a paleo, what do you have? You have kind of vegetables and you have meat sometimes. And if you're allergic to lectins and everything else, sometimes you actually do need to branch out into the animal world if you're not principally or philosophically opposed to it.

**(39:19):**
So I mentioned how in the pharmacy world, why my sensitive patients may do better with pharmaceuticals than they do with herbs. So this is just a slide that mentions some of those things.

Obviously we talk about mast cell agents for people with mast cell disorders that may be antihistamines, sometimes it's even ibuprofen, sometimes it's this asthma medication called singular, this mast cell stabilizer called ketotifen, cromolyn, all that kind of stuff. So these are all technically pharmaceuticals even though some of 'em come from the natural world. And then sometimes we do need steroids. Steroids are largely considered not a good idea alone for Lyme syndromes by some accounts, but if you're treating people, you can use them. And oftentimes I just use low doses. I'm not really the kind of person that typically uses immense doses of them.

And maybe I'm really just supporting the adrenals when I'm doing this to some degree, but I'm supporting the mast cells as well. I am just reducing overall cytokines in the body to try to make sure that the treatment is safe so that the inflammation is not getting out of control. And I consider IV therapies of all counts, sort of more pharmacologic because even if they're nutrients, the doses that are getting into your blood are way far higher than anything that you could possibly achieve through oral or dietary arrangements.

**(40:47):**
And then I didn't want to gloss over this too much, but this is more about physical and emotional support. So you can do physical things for your body to support these reactions, and you can also do emotional or neuropsychiatric support measures to also support these therapies. And generally speaking, I mentioned how the autonomic system gets involved in all of this and the body doesn't really like to heal if it's feeling like it's constantly in a danger response. So we shouldn't gloss over any of this. It's really quite an important discussion. And I kind of put these both together in a way because I think that they both really do well to calm the autonomic system, which is your rest and digest fight or flight or freeze response. How your body adapts to stress. So all of these kind of work in that similar way. It's just some are more in the mind and some are more in the body, but maybe it's connecting those two things when you're doing these together.

**(41:48):**
So maybe walking out in nature, maybe body work, there's different types of body work. Some may support detox and immune function. Some may just be calming to the nervous system, giving the space to heal, starting treatments, not when you're too stressed or busy with everything else in your life. If you can kind of create space for healing, that's really important. Meditations, counseling and talk therapy, journaling, even simple things like journaling. You can journal for yourself, you can journal for me even and tell me what symptoms are going on. Maybe every day is different. So maybe you want to write something down every day and maybe it's also a release. And of course there's a lot of different trauma support resources out there as well. I listed a few here.

**(42:39):**
So when would you contact your practitioner with these types of reactions? Well, I usually try to give you a bunch of tools like all the things mentioned today to try to mitigate them. But if those aren't effective, you might want to contact me or contact the office usually. And that's any your practitioner. Make sure you have an action plan together and make sure you have some way to communicate. Maybe there's not an after hours or an emergency line or something, but maybe there's at least a way to put out there your concerns and get them responded to in a timely manner as soon as able. If you're not really certain if this is an allergic reaction, because a rash could be either. Maybe you're having difficulty breathing. I mean that sounds maybe a little more allergy like. Say your fever's over 102 or much higher, you might want to seek emergent care or even just contact your practitioner if it's just 102, if it's like 106 or something, maybe you should go to emergency.

**(43:42):**
I think it's important to note, abnormal behavior or worsening of pain responses. I wrote about nervous system reactions, that if the brain becomes acutely inflamed, that can have consequences.

And I think some of the worst reactions I've seen have certainly been whenever there's immense nerve pain or neuropathic pain that develops, or if the neuroinflammation becomes so bad that that person may become, their behavior may alter, or they may get really immense headaches or I haven't seen any seizure disorders or anything, but theoretically other excitatory experiences could happen. So that's probably a good time to tell somebody about something. Sudden loss of motor sensory function, that's more neurologic stuff. So you see, I'm kind of harping on neurologic stuff. I'm talking about really overreactive immune responses, differentiating different responses and making sure you have the tools that you need. And if you can get a hold of your healthcare practitioner, especially if they're like a Lyme literate practitioner, it may be a good idea to contact them if you can first, because the ER may not be able to help as well. But that doesn't mean don't go there if you're having these more severe reactions. Just means if you can bring your practitioner into the loop, sometimes they know what types of things that you may need in your chronic illness.

# Q&A

**(45:16)**:
Alright, I'll take questions.
Okay. So the first question I got right at the beginning was, Stacy, **how do you handle histamine MCAS and hormonal issues?**

**(45:58):**
Well, it depends on why the ovaries were removed, of course. I mean I think that in most cases they're probably not removed primarily to address the primary immune syndrome, but I've definitely had at least one patient who they've done a hysterectomy for because they thought their hormones were creating reactions in their body. So that's kind of a controversial subject, but I would say that you have to be kind of cautious with estrogen, progesterone, it depends on estrogen can be more mast cell promoting progesterone to a less extent.

I usually do progesterone first with these cases, and I might slowly put in estrogen on the side. It may be that they need some of that. I'm not going to deprive them of that, but I will just work more with those "neurosteroids " first - pregnenolone, progesterone, DHEA. DHEA is a precursor to estrogen too, but you might get some anti-inflammatory effect from DHEA and some people it's helped allergy syndromes as well.

**(46:57):**
So I might approach it from that angle. I might look at the adrenals, I might look at the thyroid. I'll look at everything around it, and then I'll get to estrogen later. I'll make sure they're also detoxing their estrogen because that's another issue. If their gut is not doing that well, their liver's not doing that well. Toxic buildup of estrogens or if they're being exposed to external endocrine disruptors.

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**(47:21):**
**Can probiotics cause a Herx reaction?** Well, I guess that wouldn't be a technical Herx, although there's an idea though that some probiotics like say spores actually do kill other things. So if you're looking at that angle on probiotics, then maybe, but generally speaking, we're seeing more sensitivity reactions with probiotics and there's a lot of reasons. It could be SIBO, small intestine bacterial overgrowth. It could be the derivation where they're coming from. A lot of them have dairy components in them.

**(47:55):**
There's a lot of considerations there. I have many patients that don't tolerate probiotics, so don't automatically assume a Herx unless you're talking about those killer guys, spores.

**(48:06):**
**For someone with heavy metal toxicity, bad gut dysbiosis and sensitivity, severe MCAS in the gut and anxiety and mood problems, what are the best peptides to calm mast cells and in what order? Yeah. And then you mentioned ketotifen here at the end. Is it best to start with peptides before other supplements?** Yes and no. I think it can be very productive, but I have to start it very slow. I used to like to test dose with BPC-157 peptide because it's funny, it's the one we use the most common, but it's like we don't know everything about it as much as the other ones. But it tends to be really chill for gut, brain, liver inflammation modulation, connective tissue inflammation, pain response, all this kind of stuff.

**(48:54):**
But I've been kind of also moving on to the proverbial TB4-frag or thymosin beta frag. And that's because that was developed specifically to not activate mast cells. So that one seems to be one of the lowest reactors that I'll start with. And then I might move to KPV, which also modulates mast cell. I might use amlexanox, which also modulates mast cell and leukotrienes and all this good stuff. But if I can get ketotifen and other agents like that on board, I might even just do that first. If they've tolerated Benadryl and other things, well, I might go that route. Other stabilizers first.

**Why do some patients tolerate pharmaceutical treatments better than natural treatments?** That's always a really good question. I would have to say that it might have something to do with if they're a person...This is just a pattern I see, so this is just a theory. If they're a person who has a lot of food sensitivities, foods and herbs may be very similar together.

And a lot of natural supplements are derived from foods. You wouldn't believe it, but man, it's very hard to find a supplement that doesn't have a corn derivation, for example. And I have people that swear up and down, they can't have anything that's even ever touched corn in their entire life. So it seems to me like it's possible it has something to do with the food sensitivity reactions in some cross-reactive states with herbs being close to foods and then nutraceuticals coming from foods.

**(50:26):**

**Can KPV be a better peptide to start than BPC for very sensitive mast cells?** Yeah, I'd say generally I still see reactions with it though, so there's not a guarantee. For a while I was in the BPC wagon. I think it's better to start and then I kind of move around. Right now I'm at TB4-frag.

**(50:45):**

**I take a number of supplements for pain condition, including curcumin, BPC, SPM, special pro resolving mediators. Yeah, glutathione, LDN. When pain is increased, it was suggested that I might be having a Herx reaction. I'm wondering if something else is happening. Since I started taking all these, I had an increase in herpes outbreaks. Oh yeah, and infectious rash. Is it possible that all the inflammation lowering agents could be lowering my body's ability to fight infection?** It's always a good question. I mean, we have to remember too that symptoms are the body's response to an infection. So occasionally a herpes outbreak could be the immune system sort of waking up and lifting and responding more. So it's kind of a complex issue though. Most of the agents that you mentioned here, I wouldn't typically say are immune suppressive. I would call them more immune modulating. BPC-157 supposedly had at least one study showing that it can be antiviral to the herpes viruses, kind of comparable to acyclovir.

**(51:48):**
So that's kind of a complex issue. I don't know if I can completely answer it, whether that's a Herx or not. Yeah, I guess that was my first suggestion is that maybe it is something about how these modulators are creating more immune activation. With folks like yourself, I often look at the immune system a little more deeply and kind of see what the dynamic is. People with these syndromes may have really low immunity, but then are also hyperreactive, like mast cell responses and other things like this, might see that in autoimmunity too. And that's modeled in cell danger response. There's a lot of complexity there. So I can't say with certainty.

**(52:22):**
**What do you recommend for patients who can only tolerate five or six foods?**
Well at least eat those five or six foods first. I probably have to try to work on mast cell stabilization with them. If they're not able to do that, I will usually try to give them some sort of hypoallergenic meal replacement or supplementation. That might be elemental powders. Sometimes I can get away with Kate's farm or something like that too, temporarily. I might look at other features of their gut too, like their microbiome and see if there's anything else modifiable I can do. I think that's a chance that there's a lot of biofilm activity in some of those cases too, in the gut and things I may have to do a little more aggressively before I can open it up. But if I can get away with the mast cell stabilizers, I'll do that first, like chromolyn or something.

**(53:10):**
**If urine provocation test shows metals are sequestered in the body's tissues, is it true that it's important to remove them from the body via detoxification?** No, I don't think you should just leave them in the body indefinitely. I think there's just a time to do it. So it's not really just leave them there. I just meant don't force them out at the wrong time when the system is overwhelmed. That might not be good for them. And then do it safely too. That's the other thing. Don't just use one agent to push 'em out. You have to use at least two chelators and probably glutathione at the very minimum.

**(53:44):**
What if your body has difficulty breaking down fats, even healthy fats? Well, we do a lot of work with the gallbladder for that reason and bile systems. And then there's our friend TUDCA, tauroursodeoxycholic acid, if I said that correctly. But we've also used, the great Wayne Anderson used a lot of Actigall or ursodiol. There's a lot of things we can do for that. Or just classic pancreatic enzymes. A lot of people do have extra pancreatic insufficiency or EPI. I see that on the radio station sometimes.

**(54:21):**
**Have you observed increased Herx reactions in persons having taken covid vaccines?** Oh yeah. I mean, are those Herx reactions? It's a good question. There's some kind of reaction. I've seen quite a bit of reactions though. Absolutely. People that harbor these infections, the covid vaccine may reduce their immunity temporarily and may excite mast cells and may worsen dysautonomia. So the spike protein is the only common feature between covid itself and the vaccination. So certain groups of people, we can't always predict who they are, do not respond favorably to spike protein. And they may not even have an immediate reaction. They may have a delayed reaction two, three weeks down the road or suddenly their infections may start flaring and then you may have to treat them.

**(55:10):**
I don't know if those are actually Herxes I guess they're probably some other type of reaction. Although I did have at least one person or two people tell me that the vaccine improved their symptoms, but it was very temporary for two or three weeks. So there was something about that immune activation, interferons, I don't know. There was something about immune activation in some of these people where they actually felt better, but it was short-lived.

**(55:33):**

**When most of the things you have tried failed. When is it time to stop treatment?** Well, that's a good question. I try to give people, I mean, realistically, it depends on what their endurance is. Let's just say two years is sort of a word that gets thrown out there often that I try to give them. I reevaluate them frequently, of course, but I try to give them up to two years to really try to see if we can work with and unlock their syndrome effectively, because there's a lot of exploration that can happen within that time period.

**(56:07):**

But if they have a degenerative disease, for example, I mean, I have patients on severe autoimmune spectrum or I don't see any cancer patients, but that might be an example too. There's a time and a place where palliative treatment is maybe the most important thing that you can do. And it's hard when somebody is really sensitive and they react to a lot of things. What is palliation for them too? What are they able to do to improve their quality of life? And I think it's always important to go back to some of the basics and foundations there too, and maybe work with some of the deeper emotional traumatic responses, even if it's medical trauma or different things, and try to figure out other ways to find some peace and enjoyment in life despite having a chronic illness.

**(57:23):**

**Is internal vibration a sign of Herx?** That's quite possible. I've heard that before. It's quite possible it might be a nervous system response. I definitely have had people tell me that they feel like they're vibrating. I don't know if I can fully explain it, but it is something I've heard.

Well, I will see you guys all again. I'm hoping we're going to be doing this more often. So I look forward to hearing more of your questions. And if you have any thoughts or comments, please let us know. We're going to take some really interesting topics of discussion here in the future. Have a great rest of your day.

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