

Hacking Mast Cells, Hormones & Mold– Interventions With Dave – Lisa B. – #949

Dave Asprey:

You're listening to Interventions with Dave. This is a special edition of my podcast, which was once called Bulletproof Radio and is now called the Human Upgrade. As I move away from just food and beverage into other ways we can upgrade humanity. What I do on Interventions with Dave is I talk with a member of the Upgrade Collective. This is my mentorship and membership group. A group of hundreds and hundreds and hundreds of people who are interested in having full control of their own biology. They want to be smarter. They want to be faster. They want to be younger. They want to be more powerful. They want to have control of the voice in their head and all of the things that go between that. And when I run an Interventions with Dave special edition, I find someone who could use a hand with a tough biohacking problem, that's going to teach you when you listen to this, how to think about a problem.

If we talk about something medical, I am not a doctor. I am not pretending to be a doctor. I do not play a doctor on the internet, but many doctors use my books in their practices. And I do lecture to doctors relatively frequently. So this is knowledge. And if it's medical, you go to your functional medicine doctor and you say, "Hey, I have a question about this." And then you work with them in partnership to consult and solve problems. But I'm going to teach you how to think about your own problems. So you can be well informed when you go to the doctor, if you go to the doctor. Today is an interesting, interesting case. And her name is Lisa. Lisa, why do you need an intervention with Dave?

Lisa:

Where do I begin? I've sent you a whole host of all of my issues that I've been having for umpteen years, probably since our second child was born. So he's going to be 15 in December. So that's when it started to be really prevalent. And I've named it because I don't know what to name it or what to tell people when they asked me why, why don't you feel well today? It's either the PMS flu because it starts either three to seven days before I have my cycle and I feel achy all over. I have a fever, like I'm coming down with something and it's basically, I just feel awful. I can also have it at other times of the month and I just call it a flare up because I've been diagnosed with so many labels. I don't really know what to call it so much. So I just call it a flare up whenever I'm feeling that way. At other times, maybe if I'm too stressed out or overwhelmed or overdoing, it kind of brings on similar symptoms.

Dave:

Now you're saying that you, and I'm looking at the notes that you sent ahead of time, that you have something that you call the PMS flu three to seven days before your period starts. And it takes over your life. You're 51 and you may be in perimenopause. You think you kind of are, but you're using the Wiley Protocol, something I wrote about in Super Human. This is a very carefully titrated, a bio identical set of hormones that women can take so that you actually still go through your monthly cycle, even after menopause, which according to T.S. Wiley, keeps you young. I think it's the Rolls-Royce Silver Cloud of bio identical hormone replacement. And it's hard to do and most people don't have access to it. But if you have a Wiley practitioner around, I've seen some pretty remarkable results from it. Suzanne Somers is also a fan of T.S. Wiley's work if I remember right. So you're on that. You've been on for two years. Did it do better? Shows you on a set of hormones that change every month. Did it improve anything?

Lisa:

Maybe gradually, but I haven't seen anything like, oh, that was it.

Dave:

Okay.

Lisa:

So I'm doing it because it's another thing to try to feel better, but I didn't see anything that was night and day difference.

Dave:

Okay. If my hypothesis that I'm forming is correct, it makes sense. During your PMS flu, you have sore throat, hot tongue, achy brain fog. No energy, feels feverish, but you don't have a fever. And then you have a period that's painful. Right?

Lisa:

Mm-hmm (affirmative).

Dave:

Okay. Have you talked with your Wiley practitioner about the painful period? Because if you're on hormones that are making your body have a period when it might not have, otherwise, that could be a part of it. Did you get any information there?

Lisa:

Yeah. I mean, I've always had very painful periods.

Dave:

Oh, so it's normal. Okay. It's not a new painful period. Okay.

Lisa:

It didn't really help in that regard.

Dave:

Yeah. It's not going to help then. Okay. You're supporting this mysterious hypothesis that you're so eager here, but I'm not there yet. Okay. And you live a real healthy lifestyle. You do better things than almost all of your friends and you're not getting the same results.

Lisa:

Correct.

Dave:

True?

Lisa:

True.

Dave:

Okay. Well, welcome to the club. It turns out there are a large number of people who have this going on. A lot of them don't mention it as well as you do. But I'm going to have to just be blunt here. You don't look like you're 51. Have you had work done?

Lisa:

No.

Dave:

Okay. So something is working for you. Probably, ooh, there's an interesting hypothesis there. Probably, are you extra bendy? You super flexible?

Lisa:

My doctor did mention with the mast cell that you could be hyper mobile.

Dave:

Yep. Okay. So are you hyper mobile? Can you do this? Touch your-

Lisa:

I can't do like the weird stuff, like you've talked about-

Dave:

Isn't like super bendy, you can't touch your elbows behind your back? Do you have any joints that are double jointed? Do my little finger do that. I have one double joint in my little finger, where it clicks and goes way further back than the rest. Nothing like that?

Lisa:

I don't think so.

Dave:

Okay. Knee problems, ankle problems, shoulder problems. Any of that in your past?

Lisa:

I've had knee problems.

Dave:

Okay. So that's a common one.

Lisa:

Yeah.

Dave:

Me too. I've only had three surgeries on it. Okay. That's a probable. We can go in that direction. And when you're feeling bad, this is only before your period or during flareups and during your period?

Lisa:

During flareups and during my period.

Dave:

Okay. I'm liking where we're going with this. When that happens, you don't have the energy to feed yourself or your family and your kids are saying you don't feel well, mom, I don't like it.

Lisa:

Mm-hmm (affirmative).

Dave:

Okay. I absolutely feel for you. And I'm sorry it's happening. I think we're going to actually crack some things open for you on this call.

Lisa:

Amazing.

Dave:

That's one of the things I truly enjoy about doing intervention calls like this is, let's see if we can rapidly put together crazy amounts of info into a working hypothesis that will explain almost everything. And this is where nonfunctional medicine doctors or people who don't do systems thinking or systems biology, they're looking for a single thing that causes a single symptom. What you are looking for is something that explains most symptoms. But if you insist on something that explains every symptom, you'll never get it, right?

Because if a mosquito bites you on the face, so it's itchy and then you step on a nail, you say, well, it has to be one thing that causes everything. Well, they're unrelated. So we have that problem. And then you have the Western doctors where you can have a thumbtack in all three fingers and you pull one thumbtack out. No, they didn't fix it, put it back. Pull the next one out. Didn't fix it, put it back. So both sides can be too much. So that the way you think of it in biohacking is like, what is the solution that fits the most symptoms? And then we start from there. And then once we have a hypothesis, can we test for it with labs? Then we prove it or we disprove it. That's more of a medical kind of approach. The other thing you could do is say, "well, this is most likely labs are going to be expensive and time consuming. I don't have money and time for that. I'm going to do something that's relatively safe and see if it fixes it."

And if it does fix it, hallelujah, then you got it. And maybe you did too much. And then you can stop doing some of it and see if it comes back. This is how I lost my a hundred pounds. This is the process. And it violates both extreme sides of functional medicine and it violates Western medicine, but it's about control of your own biology. So we're going to see if we can find, what explains most of what's going on and then what would explain the rest? And then you can work on your lifestyle, your supplements, work with your doctors, or get some lab tests for this. But let's talk about some other stuff that's going on with you. You talked about something called a mold cough. What is that?

Lisa:

It's like this. It happens when mold is high outside or allergies.

Dave:

So you're mold sensitive.

Lisa:

Very. Yeah.

Dave:

Okay. Have you ever lived in a house with mold?

Lisa:

After listening to you talk about it so many times, I started thinking about it and I know you just talked about it this past week in the [Upgrade] Collective call. And I was like, I think in our house, when we lived in New Hampshire, there was mold in the basement.

Dave:

Oh, of course. Find me a New Hampshire house that doesn't have mold in the basement.

Lisa:

Yeah.

Dave:

Unless it was recently built with a dehumidifier in a swimming pool liner and proper drainage around the house.

Lisa:

Yeah.

Dave:

Was your house one of those?

Lisa:

No.

Dave:

Okay. You had mold in the basement. It's like, is there air the living room? Yes.

Lisa:

I was just like, oh, wipe it off and move on, didn't even think about it.

Dave:

How old were you?

Lisa:

Well, we moved there when I was 31 and we left there when I was 35.

Dave:

Okay. So you got five years of that stuff. And then for the last 15 years, you've had these severe problems, right? That seems to line up, doesn't it?

Lisa:

Yes. It really does.

Dave:

Yeah. Welcome to the land of people who've had mold. What are some other symptoms that occur at different times? Let me go through a list and tell me if you have these. Blurry vision?

Lisa:

Yes.

Dave:

Light sensitivity?

Lisa:

Oh yes.

Dave:

OCD?

Lisa:

Yes.

Dave:

Dizziness?

Lisa:

Mm-hmm (affirmative).

Dave:

Tingling in your face?

Lisa:

Yes.

Dave:

Numb hands and feet?

Lisa:

Yes.

Dave:

Burning sensations?

Lisa:

Yes. Are you reading my list?

Dave:

Yes. You're making me feel all psychic care. Yes. I'm reading your list.

Lisa:

I'm like, if this is another list we really match up.

Dave:

I did that for two reasons. One, I wanted everyone hearing this who has a good subset of that list to go wait. Okay. So that was to help listeners.

Lisa:

Oh yeah.

Dave:

Okay. But also because your list is the... If you were to write a book on mold toxicity with common symptoms, the only thing you're missing is extremely vivid nightmares. Do you get those?

Lisa:

Oh, I can dream.

Dave:

Okay. They're not always good dreams. You can have trauma nightmares and just weird nightmares and with mold though, it's really big, stuff's trying to kill you all the time and there's weird, dark stuff. That's your subconscious saying, something's trying to kill me. I don't know what it is. So let's make up some really good stories about it. Okay. It's very common. And the other one is nose bleeds or frequent bruising. Do you get those?

Lisa:

I got nose bleeds.

Dave:

Okay. Well, there you go. You were missing those two from your list. How did I know?

Lisa:

I forgot to add them.

Dave:

Okay.

Lisa:

There's so many.

Dave:

Every single item on that list has described major portions of my life. Okay. So you and me, we could do the mold secret pinky shake. I know this stuff. Okay. So mold cough. I actually have been working on a cough for a while. I've had a cough for about the last six years that just comes on and goes. It's very hard to explain why. I do not have mold in my environment. And it's annoying as all hell, to be honest. So I have some more detailed cough thoughts for you, but I'm going to go with the most common one for you because it's tied to some other things. mold cough has been going on for 15 years or...

Lisa:

I feel like it's been more recent. Maybe the past couple years.

Dave:

Couple years, got it. That's useful. And people oftentimes don't know this, but your vision changes every single day. I just did Interventions with Mark Bell, where we went deep on vision. But one of the things that neurotoxins, like the ones that you have, and I'm just going to say that with a very high degree of certainty, but I could be wrong, but I'll bet on this. They can actually give you blurry vision very specifically. And they can also make it harder to see contrast, even between subtle shades of gray and it a hundred percent gives you light sensitivity. So you wake up on a day, you're super light sensitive. And then the next day you're not. Well, the day with light sensitivity was a higher toxin day. And then OCD. I haven't talked too much about this. I mentioned a few times, but I grew up with OCD.

I had little stimming behaviors. I do it with my teeth and stim with my fingers and I get super into stuff. Now I don't have OCD, other than about biohacking stuff because I get really interested in it, but it makes me happy and it's not an unhealthy uncontrollable thing. It's just like, wow, this is awesome. I don't feel like I have to scrunch my nose three times before I do something, which I did actually have. What are your OCD kind of symptoms? How often does this happen? How bad is it?

Lisa:

Oh, I am a complete germophobe.

Dave:

That's probably not helping.

Lisa:

It's not helping. So that really started since all this. I didn't used to be that way, but I mean, everybody who knows me, who knows-

Dave:

Okay.

Lisa:

So that's kind of a running joke with everyone. Other just things around the house, things have to be a certain way. This sounds really weird, but having certain numbers line up a certain way.

Dave:

No, it's not weird at all. This is what brains do when they have a toxic load. Would you like for that to just stop?

Lisa:

Ugh, I would love it, and there's times where I'm like, I'm just not going to do this anymore. Then I'm like, oh God, I don't want this superstitious thought that I have to happen. So then I can't stop.

Dave:

You know what that's like? Okay. I want you to not eat until your ideal weight. You know how many people can do that? Nobody. When there are a few people, yeah. Okay. You can fast and all that, but no, over the course of time, not eating when you have a core biological drive to eat, it doesn't work. And then we tell people, abstinence is the best form of birth control. How'd that work out? It doesn't work because we have a core biological drive that happens before we can think about it. And then we... Why did I do that? You did that because your body wanted to, and your body is in charge much of the time, unless you're at full energy and you have a highly trained brain, then you're in charge most of the time. But even then, if a tiger jumps out, you'll jump back and that's good.

So for you to say, "Oh, I'm going to use my willpower to overcome OCD," You can for some of it, but when it wins it's because someone turned down the dimmer switch on your self-control mechanism and it's the same thing that's causing that. And you have a few other things that make it really obvious what's going on with you. You were diagnosed with lupus when you were in college. So you have a strong, autoimmune thing going on and another smoking thing. And by the way, for people listening, lupus is an autoimmune condition where your immune system attacks different parts of your body. The most common autoimmune condition I think is probably Hashimoto's, but there might be some kind of weird skin thing that's more common than that, but Hashimoto's is very common, which is a thyroid thing. And you have exercise-induced hives.

So you have a problem with histamine and hives and lupus is also related to that. And you have seasonal allergies, like no one's business. So you have an immune system that's kind of not very nice. Okay. On top of that, what else do we have that's interesting? Oh, panic attacks and anxiety as a kid. When the body feels like something's going to kill it, would you feel anxiety?

Lisa:

Absolutely.

Dave:

Yeah. People get extreme panic attacks and anxiety in moldy environments. When I was filming my documentary on mold, it's moldymovie.com, guys, it is a gift. You can just watch it. And yes, it was a lot of work to do that, but I just thought it mattered because this is a real thing. It affects a hundred million

structures in the country. And some people like you and me, are genetically more susceptible. So my producer, we went to a place that had been damaged by a hurricane in some island in New York.

And I said, "I'm not going in the basement." I just know, I don't want to feel like crap for a week and I know how to deal with it because it used to be three months. If I was exposed to mold of just not quite being myself and pimples and GI distress and all. You guys are listening to me going, Dave, I thought you ran six companies and you write New York times books. You have this big podcast in the top 1% of all podcasts, blah, blah, blah. Yeah. I had to fix all that crap because I was a total wreck. And that's why I can do a lot of the stuff I can do. And you're like the manna from heaven intervention, because I get to help you avoid all sorts of shit that you've been going through and explain it to you.

And it's actually not just mold that's going on here. It's more complex than that, but that's a major part of this obviously. So for those things you've taken antidepressants and there's some stuff around hormones. You've had difficulty carrying pregnancies to terms. So you've had some miscarriages in your past. Used IVF to get pregnant. You have MTHFR and MTHFR, If you guys are listening and you're new, this is your first podcast going, what the heck is what's going on with this Dave guy? He's weird. Yeah. I'm weird. That means I'm not normal, which means I'm not average, which means it's probably worth listening. But I can tell you here, we're going through all this stuff because this MTHFR thing is such a common problem. It's a genetic variance in how you methylate proteins and thus how you methylate genes.

It's how you detox compounds in the body. Somewhere around a quarter, a third of people have meaningful problems here. What I learned from the Bulletproof Diet, which has helped people lose more than a million pounds, my first big book and where Bulletproof coffee became famous. When people go on the Bulletproof diet, which accounts for all the modern trends, it's got intermittent fasting, it's got, don't eat lectins, don't eat omega six oils. Don't eat the bad stuff. Only the good veggies. It kind of had it all packed in there, keto, but not too much. When people don't respond to that, it makes me mad. I'm like, what the hell? This is the thing that makes no one hungry. I'm done. So non-responders I tell them, look at your homocystine levels. This is a very cheap and available blood marker for inflammation that is caused by MTHFR genetics.

And if you're one of the people who doesn't respond to the Bulletproof Diet, then you look at that and say, "Oh look, I have inflammation markers for this." And then you take specific types of B vitamins called methyl donors. Usually partnering with a functional medicine doctor, if you need to. And then that goes away. But in your case, even if you fixed your MTHFR, it doesn't work very well.

All right, I'm going to ask you one other thing before we get into the real kind of causal stuff. You mentioned extreme anxiety following one of your miscarriages, nervous breakdowns and huge amounts of antidepressants afterwards, benzodiazepines. Are you a highly anxious, a person... Are we dealing with a past history of trauma, things like that because you have a history of anxiety and OCD, but you had a really big anxiety attack there. Was that something that was an anxiety attack that mirrored some traumatic childhood parents who weren't kind or something like that? Remember, this is your first name only on here, but we don't have to go too deep on that. But basically are you dealing with lifelong trauma, emotional difficulties, abusive situations, anytime in your life, horrible, not horrible. It's probably the wrong word, but major surgeries when you're a young baby? I'm trying to figure out if there's a built in emotional trauma response on top of the biology or whether they're separate.

Lisa:

Yes, there is definitely trauma.

Dave:

Okay. We don't have to go into what it is, but some early childhood-ish kind of stuff?

Lisa:

I think it would be later.

Dave:

Later. Okay.

Lisa:

Yeah.

Dave:

Got it. So that's probably part of this. So even after we unpack the biology, you're going to want to do probably the lowest hanging fruit is EMDR, eye movement dissociative or dissociative. I forget the D... I always forget the date EMDR. And it's a reset mode for trauma release that works really well. The most complete trauma, it's not a stream of trauma, but just where people really do deep, full forgiveness to turn off the switches is my 40 Years of Zen program, which isn't accessible for everyone. So I just tell them, if you know a specific thing that caused a lot of trauma in your life, call up a therapist who does EMDR. It is fast, it is safe and you might need to do a year of it. If you have a whole bunch of stuff, like a pattern of abusive generations in your family, et cetera, et cetera. But sometimes it's two sessions, if you know, oh, little Johnny was mean to me and I got over it.

Lisa:

Right.

Dave:

If it's a bullying, a light bullying situation. So I don't know. I don't have to know, but I will tell you at some point, you're going to need to do this because a stuck trauma will stop some of the cellular level healing that your body's going to need to do. So it's kind of a chicken and egg situation there.

Lisa:

Agreed.

Dave:

Okay.

Lisa:

I have done some work with trauma as far as, I don't know if you... Have you heard of Emotion Code?

Dave:

Yes.

Lisa:

Okay. So I've done a lot of Emotion Code.

Dave:

Okay, good. So it's something you're aware of and you're working on it.

Lisa:

Yeah.

Dave:

Fantastic. As long as you're doing work on it, and you're seeing some progress, keep doing whatever works, but that's a part of healing your biology and good functional medicine doctors will tell you this. But a lot of times like, well, I have a license. And if I ask this patient who shows up with nose bleeds about childhood trauma, they're going to think I'm nuts. And this happens and the doctors are listening and there are more than a few listening to my show. And thank you. I'm honored anytime a doctor listens to me because you guys actually have a whole bunch of training. I have no knowledge of it. So my wife is a doctor. I ask her, I don't know, my arm hurts, told me the physiology. It's not in my universe, but the system's biology, I know that stuff. So good.

So you are doing what you need to do there, which is good. And if you are a doctor and you're listening to this and you treat patients and you have the time in your practice to ask about the trauma, things like that, especially with chronic inflammation, you may find you can help your patients enormously, as long as you have enough training to ask those questions and you're still within the bounds of your license, et cetera, et cetera. Okay.

Now scrolling through a little bit, here comes the big stuff. 2020 MCAS diagnosis, mast cell activation syndrome. What brought about the diagnosis? How was it diagnosed?

Lisa:

The facility that I go to here in town, they have a lot of amazing doctors. And one of them, who was a rheumatologist, I asked to see her to get a different opinion of what was going on. And she looked at my chart and wondered if she should test me for that.

Dave:

Wow. Did they tell you where the mast cells were in your body that were most active?

Lisa:

No.

Dave:

All right. Let's do a little course on mast cells, which I think is going to be helpful for you and for everyone listening. This is a seriously massive problem that is under-talked about, just in our society. And it underlies all kinds of chronic lifetime things that you just don't know about. Mast cells are cells in our body that are part of our immune system. And something comes in and it triggers our toll-like receptors, TLRs. When the environmental or other insult, it can be some sort of infectious thing, whatever. It's like a lock or a key that goes into a lock in the toll-like receptor and says, okay, mast cell de-granulate. And when a mast cell de-granulates we get histamine, which everyone knows, oh, histamine equals bad allergies. Well, histamine is not the only thing that happens in mast cells.

So the most common thing is, oh, I have itchy eyes. I'm coughing, which is the cough. I have kind of swelling, puffiness in my face. But it also is responsible for anaphylaxis. When your airways are

closing, it's responsible for a bee sting and it stings you if you swell up enormously and some people react strongly to mosquitoes. By the way, you're one of those, aren't you? Yeah.

Lisa:

Yes.

Dave:

Say some mosquitoes bite you and-

Lisa:

They love me.

Dave:

... you swell up and yeah. And you hate them. Okay. There you go. How did I know that? Because mast cells.

Lisa:

Right.

Dave:

So that's what histamine does. But people say, "Oh, mast cells do histamine." And this is even a lot of doctors. This is kind of where it goes and turns out mast cells release about a hundred other nasty things that affect your body systemically.

So that's not it. Why is your nose bleed, from mold and all that? Well, over time, there's a vitamin C collagen story. But the real reason it does it, that's the short term reason, not the long term reason that I just mentioned. Well, it's that the mold, which you are clearly sensitive to, you probably have been your entire life, but clearly you lived in a house for five years that made you much worse. Well, now you're toll-like receptors, get activated by mold to this day, you're still sensitive. This is common in people have had mold. Remember guys, 28 to 30% of people are extra mold sensitive genetically. And all of us have some degree of sensitivity to the toxins from mold. Some of us don't get this specific response. Well, what happens with your mast cells is they make heparin and you might have heard of heparin.

It's a pretty common medical thing. It causes blood thinning. So just like me, you put me in a moldy environment. And literally, sometimes in 10 minutes, when I was a kid and I lived in a moldy basement, I have 10 nose bleeds a day. I used to carry around some extra Kleenex and a bottle of Afrin, the nasal spray, because funny enough, Afrin causes blood vessels to shrink and you can shut off a really bad nose bleed very quickly. And then I'm like, what? That's weird. It's a humid day. And I have more nose bleeds. That's because mold likes to grow on humid days. It is so programmable. So people, if you have chronic nose bleeds, there you go. Let me guess. You go on vacation to somewhere new. Do your symptoms usually get better?

Lisa:

It depends on the place. I can smell... I can walk in and go, Ugh. You know? And I bring like a-

Dave:

So you're walking mold detector.

Lisa:

... and oils and everything. The Homebiotic. I bring the Homebiotic spray.

Dave:

Okay. So, you know you're dialed in on that mold is a trigger, but now you know, because you have mast cell activation syndrome and this is something that's way more common than we like to think. And it's not like it... The diagnosis is actually relatively extreme when they do it. We have mast cells in our lungs. We also have them in our uterus. Well, if you're so equipped, you're looking for your lifelong painful periods. There you go. It's because you have overactive mast cells. You're looking for what's going on with your lupus, it's because you have overactive mast cells. Right? And now we're like, okay, what can we do about mast cells?

Well, it turns out there are a bunch of mast cell things that are some pharmaceutical, some natural, that help you with this thing, but okay. Your toll-like receptors now have huge numbers of, Hey, is that mold? Emergency. So we want to turn down your mold sensitivity, which is important, but we also want to make your mast cells, so they're less likely to de-granulate and give you hives and give you all the other symptoms, including these other things. Talk to me about your blood pressure. Typically high, typically low, typically normal?

Lisa:

Typically low.

Dave:

How did I know you were going to say that?

Lisa:

I don't know.

Dave:

Have you had low blood pressure, your whole life?

Lisa:

Pretty much.

Dave:

Okay. So that's interesting. Blow blood pressure explains why, when you... I'm just looking through my notes for you. When you have, what you think is tied in probably is tied with PMS, three to seven days before your period, that low energy. But you also get that low energy other times. Right?

Lisa:

Mm-hmm (affirmative).

Dave:

What if I told you that was primarily lack of blood to the brain? Would you believe me?

Lisa:

Sounds reasonable.

Dave:

When you lay down, do you feel better.

Lisa:

Eventually, yeah. Because I mean, it basically causes me to lay down.

Dave:

Right? Well, there's a reason. Your body's like, could I not pass out? I'm not getting enough blood up here. This is what happens with low blood pressure people when they're exposed to things that trigger mast cells. It's intimately tied with POTS, which you probably haven't been diagnosed with. But do you ever like stand up and get rapid heart rate and all that kind of stuff? You do?

Lisa:

I-

Dave:

You might not have POTS. You don't sound like you do.

Lisa:

I don't think I have rapid heart rate. No.

Dave:

Okay. But you just-

Lisa:

I thought you were going to say dizzy.

Dave:

You get dizzy when you stand up, you just have chronic low blood pressure.

Lisa:

Yeah.

Dave:

Which is okay. Well, I am going to recommend something that's probably going to be life changing. And I want you to talk to your functional medicine doctor. Whoever's doing the Wiley protocol might do this. I don't know if Wiley does it. There's a hormone in the body, that's really interesting. And it's called cortisol and it's a bad hormone. The stress and inflammation, hormones, the one that kills you, right? Except that when you have low cortisol, you don't have enough blood pressure in your brain. You can't

fight off infections and you're tired all the time. You don't have any energy. So is cortisol good or bad? It's just like every other hormone. It's a Goldilocks hormone. And what if your cortisol was too high in the morning and too low at night or vice versa? Well, was it good or bad? Well, it was great at some part, right? So it's a very nuanced hormone and people with chronic lifelong autoimmunity, like you and me, are quite often low in cortisol. So have you ever done a 24 hour cortisol salivary test?

Lisa:

I just did one last weekend.

Dave:

What did they... Oh, last weekend. There you go. What did they say?

Lisa:

I haven't gotten it back yet.

Dave:

Oh my goodness.

Lisa:

I wish.

Dave:

All right. I predict that at least at some times of the day, that you're going to have very, very low cortisol and you might have an inverted cortisol rhythm where you have higher cortisol at night instead of in the morning, or you might just be chronically low. It turns out that there's a guy with only 40 years of clinical experience, who has found over and over and over, especially in women, but also in men, women who fit your profile to a tee, that five milligrams of cortisol, bioidentical alcohol cortisol. It's a drug called Cortef, C-O-R-T-E-F taken basically every six hours. You basically take it four times a day. Sometimes three times a day is enough that it dramatically and for decades reduces or eliminates their symptoms of lupus, autoimmunity, painful periods, all the stuff you've got going on.

And it's big deal. And if you people are listening to this going, what the hell are you talking about, Dave? Cortisol can be good for you. I have been present with someone who had very similar symptoms to you, but who was a little bit younger at a dinner. And I told her what I just told you. And she somehow acquired a five milligram cortisol pill that happened to be sitting on the table in front of her. I don't know how it got there.

The waitress brought it and it was a dinner with lots of doctors who had some and she took it. And five minutes later, she started crying. Literally in tears going, I feel like myself, I haven't felt like myself in so long. How is this possible? Right. And it is hard to put words to the profound fatigue that you can feel. It's not like you didn't want to feed your kids. Right?

Lisa:

Right.

Dave:

It's like a mom's job is to feed her kids.

Lisa:

Yeah.

Dave:

Everything you have, you've turned, you've pushed the accelerator, you've turned it all the way up. And there's nothing there. Right?

Lisa:

Right.

Dave:

If you take five milligrams of cortisol and put it under your tongue and wait five or 10 minutes, you're going to get your life back.

Lisa:

How often do you take this?

Dave:

You take it in the morning when you wake up and then you usually do it three or four times a day. Now this is the old school protocol. And the book that talks about this is called. It's probably online. And this is from a guy. I think he was 88 when he wrote it. He's saying I spent my whole life doing this. I can't get people to listen. And here's what every doctor heard me say. Okay, doctors, you listening to this? You heard me say prednisone, didn't you? I did not say prednisone. Okay. Prednisone is a mineral cortoid that is similar to cortisol, but it has much more aggressive and long acting and immunosuppressive effects. It is not bio identical. The cortisol approach we're talking about is more bio identical. There are some compounding pharmacies that'll do time released bio identical cortisol and what most people who figure out this works for them will do, is they'll use, working with a doctor. They'll go to a mixture of synthetic cortisol that lasts longer, so you can just do it once a day.

And the drugs typically use there for orthostatic hypertension. And what you have is dludrocortisone, and dexamethasone. And you take very low doses of these and magically, let me list some of the symptoms that go away when you take these, if it's caused by the things that I'm hypothesizing it's caused by. Blurry vision gets better because blood. Light sensitivity gets better because blood. OCD gets better because blood. Dizzy gets better because blood, okay. That's kind of epic. Right? You have some other sensations that are not caused by this, that are on that list. That's a big deal. Okay. So we're going to address, I don't have enough blood to think and do and act. And some of the reasons for that are the mast cells, which we still have to stabilize.

And some of the other symptoms, like tingling and numbness and burning sensations, those are actually mycotoxins and mold based, but they're not blood based. It's not about blood pressure. So we're going to fix your blood pressure and your energy with cortisol, so you can get your damn life back and you can start healing faster. Okay. This is a big deal in and of itself. And if that's too much to digest in this thing, we're talking Safe Uses of Cortisol is the name of the book. Now, where do we go next? We let's talk about the mold. And then let's talk about the mast cells. Sound like a plan? And then we're going to clean it up with testosterone and thyroid.

Lisa:
Perfect.

Dave:
Okay.

Lisa:
I'm excited.

Dave:
You're a complex case of biohacking here.

Lisa:
I don't do anything halfway. Okay? I do it all.

Dave:
What I'm sharing here is the results of probably a half a million dollars of medical work on myself and learning how it worked because no one doctor could put it all together for me, even though I've been honored to consult with so many people who helped with so much of this. So this is not to throw doctors under the bus. You need them. In fact, for especially you, need doctors to care for you. And to help you with each of these things. I'm giving you the highest level map view with geographical boundaries and painting some of those red. But you're going to have to go in with the doctor and say, "Okay, can you help you? There's a suspicion listen to this episode, or I took notes," whatever. And say, all right. And then it's entirely possible.

They're going to say, "Dave totally missed something. I'm a specialist in mast cells and that's directionally accurate, but you totally need to do this." And I would listen to them and if I was there and I was consulting with them, they might tell me something I don't know, but I'll tell you, this is already more than most people are going to put in one bucket. Okay. Let's get into the mold. Face tingling, numb hands and feet. Those are mycotoxin symptoms. And you may still be getting exposed to mold. Is your house free of mold?

Lisa:
It was tested when we moved in four years ago and they said it was mold free. But then my doctor said that those tests may not be as accurate. So I just did, he suggested ImmunoLytics, those little petri dishes you put around the house.

Dave:
Okay. That'll work.

Lisa:
So I just sent those in last week.

Dave:
Excellent. Let's hope that you don't have any.

Lisa:

I hope not.

Dave:

And however, I've got some bad news for you. You probably have some onboard mold.

Lisa:

That sucks.

Dave:

So when you've lived in a moldy environment for years and you have these symptoms, you have some in your body, right? So it's going to be creating these things that goes on and on. And if you were to get a test for your IGG and IGE mold response, it'll tell you whether that's true or not. And there's a little known test called my MyMycoLab.. M-Y-M-Y-C-O-L-A-B. Guys, I have run this test on myself. I don't have a business relationship with them. Sometimes I'd mention stuff on the show that's sponsored and whatnot. I just think it's a good test. And it'll tell you pretty much whether you have an active mold infection. The guy who runs the company, whose name is escaping me right now, although he's an epic doctor, who's in his seventies and is one of the most giving open hearted, just win-win people I've talked to in the medical field and is Andrew Campbell.

I bet you it is. There's two Andrew Campbells. I think that's why my wires are crossed in my brain. If that's not it, I'll figure it out. Anyhow, what he says is his protocol is Itraconazole, which is a mold, a prescription drug that does have some side effects. And he says take it for six to nine months until one day you wake up and you feel like you're done. And that might help a lot with your mold cough. So that's going to help you get rid of the mold that's there. There are various people who will tell you to take cholestyramine, which is a binder for mold. They'll tell you to take it for long periods of time. I think that's a bad idea. I've experienced the negative effects from that at all. But if you find that you're having a flare up, something's wrong here.

Well, you can take a couple packets of the stuff without Nutrasweet in it. There's a cholestyramine that you can buy that way. It's a prescription drug. You need a doctor to write it for you. And all it does is it binds bile and bile in your body is where mycotoxins recirculate. And you do that. And maybe some charcoal, maybe some Bentonite clay, maybe some Chlorella and magically over time, your levels go down, your levels go down. You might also take some mineral. I minerals like humic and folic acid could be helpful for you as well. So you're going to start reducing the levels of mold, but if it's being generated on board, then you're going to have to kill the stuff that's in there. All those compounds I just mentioned will absorb prescription drugs. So that's going to address the burning sensations.

You might also need some infrareds on or something like that. That's going to help you a lot on getting rid of that stuff. So now we've got blood coming back up in. Cortisol is also an anti-inflammatory. It's going to turn down overactivation of mast cells a little bit, from what I understand. Too much cortisol is not good, but if we get your levels back where they should be, that's going to help quite a bit. So now we've gotten half the symptoms there, other half the symptoms there, but we still have the painful periods and we still have the mast cell activation. So we're almost to talking about mast cells, but you kind of did this other thing, in 2021. What did you catch, anything interesting?

Lisa:

The COVID.

Dave:

After COVID, was there any long COVID symptoms other than what the ones you had before? COVID

Lisa:

Yeah. I mean, what else do I add to the list?

Dave:

Did it change is what I'm saying.

Lisa:

Yeah, I mean, it took me a lot longer. Both of my kids had it with me and they recovered a lot quicker.

Dave:

Okay.

Lisa:

But I mean, I activated charcoal. I took the NAC, all the recommended supplements. And so I think that helped me not have it as badly, but I think the thing that lasted the longest for me was all in the nasal. I sounded really nasally for a month.

Dave:

Oh, wow. So you got extra inflammation there and probably that overactive mast cells are most likely inter-sinuses, which explains some of the cough as well.

Lisa:

Yeah.

Dave:

Has anyone put you on steroid nasal sprays for that?

Lisa:

Like Flonase?

Dave:

Yeah.

Lisa:

Yeah. They wanted me to do that. I did it a couple days. And then I got the X clear spray with the grapefruit. And I'd been doing that.

Dave:

All right. So I'm not a doctor. I can't recommend, actually that stuff was over the counter now. So I probably talk about it, whatever. What I know about Flonase is that you need take it for about a month

to really see if it's going to work. It's not a single action kind of thing. I love Clear. Clear has stuff that prevents bacteria from sticking in a wash stuff out of the nose. Bonus points if you don't want to get any sort of unpleasant viral things that shall not be named. Putting a couple drops of iodine, you need to be at less than 1% strength. Okay. This is very important in studies, even 0.5% strength, you put it in Clear or something else. And you put it in your sinuses, with a nasal pump thing. And in your eyes, like I said, don't make it too strong.

Only use something that is a saline rinse or something that's actually supposed to go in your nose and eyes. So I'm not telling you to do something stupid here, but there are really good studies for all kinds of infections. In fact, the Bulletproof sinus rinse is something I've had up for 10 years where you dip your face in a solution or that stuff, but you can actually use a little pump bottle, which will help you be less likely to get sick if you're exposed to something. But with COVID, most long COVID cases are mast cell activation cases, where these are people who had underlying reasons, their mast cells were going to get tweaky and different mast cells are in the brain. They're in the reproductive system, they're in the skin, they're in the sinuses and the mouth and the eyes, the lining of the eyes. A lot of people get mast cell things. They get extra styes, they get super dry eyes. That's also mast cell. Do you have dry eyes by the way?

Lisa:

Yeah.

Dave:

How did I know? Okay. You are so classical here. It's ridiculous. Okay. Now, what should you do? Well, one of the things that helps with mast cells and there are guys out there who would... There are very few of them and maybe women as well, but who are serious mast cell doctor experts, not just like at MCAS but looking at all these people who don't qualify as MCAS but have mast cell problems, which is most of long COVID. So for those, you can sort of say, what are the drugs and compounds that are mast cells stabilizing or calming? And maybe you should try those. The typical thing that people talk about, and I'm going to be very careful in my words here, so that this podcast will be allowed to stay up. This is a protocol that you would use for about six months, maybe a few more, after you were exposed to something that triggered extra mast cell activation that was consistent with a post viral exposure.

Okay. I hope I'm really clear on that. This is specifically not about any specific popular anything. And if you Google around with some other keywords that I shall not mention, actually don't Google. Google is useless for any of this. Use DuckDuckGo and you might find something, that's a search engine that works better than Google for anything health related. Google is off the radar or off the map, off the whatever the heck you want to call it. They're one fruit loop short of a full bowl there. Sorry, [inaudible 00:45:34]. Where was I going before I got distracted by fruit loops? Sometimes I get that way we were going for, what do you do for mast cells? You would do for this protocol, that you do for about six months, you would do Pepcid AC, double dose in the morning, double dose at night.

Pepcid's a histamine two blocker, so your mast cells won't get triggered as often. That's a heck of a lot of Pepcid. That's the mast cell thing, not the GERD thing. By the way, if you had bouts of heartburn throughout your life?

Lisa:

Oh yeah.

Dave:

Well, there you go. That's another mast cell activation syndrome, who would've thought? So this will help with that. By the way, this is not recommended for mast cells. This is just Dave biohacker talking. If you turn off your stomach acid, your digestion's going to get trashed. So that means every time you eat, you take Betaine HCL, which is stomach acid in a pill. So you can still have functional acid in your stomach. You just have to turn off the histamine blockers in your stomach. So that's Pepcid. You take Claritin in the morning. And at night, those are the two most common drugs that work most frequently for mast cell people.

But there is a list of about a dozen more that a good mast cell specialist can go through in increasing expense. Some of them are four grand a month, that are also cancer drugs, but some people need those to have complete relaxation. Now, guess what? Those benzos you like to take? Benzodiazepines. Guess what they are? They're antihistamines.

Lisa:

Oh.

Dave:

They actually have a mast cell effect that is unrecognized.

Lisa:

Wow.

Dave:

So sometimes a low dose of those makes you feel better because it's turning off mast cell activation inflammation in the brain. Okay. Now some doctors hearing this are going, Dave, who the F do you think you are? That is not true. And I'm just going to tell you, I'm not speaking from an opinion here. I'm speaking from PubMed. You can look it up.

Lisa:

Wow.

Dave:

And so that's just how it is. And I'm not saying that you should go out and take handfuls of them because clearly there are addiction issues and GABA receptor issues and all sorts of other stuff.

I'm not a psychologist, but I'm just saying one of the reasons you get profound relief, especially from a low dose and you don't have to keep pumping your dose up. It's not neurotransmitters. It's calming because it actually physically calmed the brain. It's fascinating to me. By the way, how do I know that? Well, I saw that fact and said, well, gee, that's interesting because there are certain times during her cycle that my wife on actually, maybe every other month, she'll take a half a child's dose of one of the benzos, a very low dose and magically symptoms clear up. The flushing, the burning feeling goes away. Right? And it's really cool. And it's not because of the anti-anxiety thing. Well, it is anti-anxiety but not the way they think. So you do those two things. You take probably two grams of black seed oil or black cumin oil, which is a mast cell stabilizer.

You take Coristin low dose, vitamin C and bunch of different polyphenols. Essentially, those are mostly mast cells stabilizing. And I know I'm kind of cutting corners there, but that is the basic protocol that's going to make a big difference. You should probably also have turmeric. And I'm a huge fan of

something called Stephania Root that no one knows about. If you do this right, your IL-6 inflammatory cytokine levels should drop. Now, if you're follow me on Telegram guys, t.me/aspreyofficial, I will either have, or will be posting my IL-6 protocol. It was taken down through an act of censorship. And this is just me saying, here's how to deal with this one marker of inflammation to turn it down. But I was told to remove that. So I'm distributing it via other ways and well, that's just how it is.

So there you go. You could do this for a few months with a doctor's help and see what happens, whether you get profound relief. If you don't, you go to a specialist and say, I'm going to go up the rung of drugs for mast cells. But for most people who have a temporary new situation, in about six months, most of your mast cells die and regrow new ones. And if they regrow new ones in an environment with less inflammation, because you took histamine blockers, well, there you go. Maybe it'll work.

So people have had great results who had problems of systemic, weird problems, post-infection from something or another. So there we go. We've got your mast cells, we've got your mold, we've got your blood flow. And those are all connected because the mold triggers an inflammatory reaction, which lowers your blood flow via mast cells. But so they are all connected, but we're dealing with each chunk, right? And what's left is your testosterone is eight on a range from two to 45. You are 51. Talk to your Wiley hormone doctor and say what the F Chuck? I would like to have more zest for life. And I would like to go to the bedroom right now, except I don't want to. So am I right?

Lisa:

Yeah.

Dave:

Okay. So there you go. Your testosterone levels are too low and the range is two to 45. You're at eight. You probably want to be 35 or 40 because Hey, it's not like you're 200. You should be getting some and enjoying it. Okay. I'm being a little bit crass here, but seriously.

Lisa:

For real.

Dave:

Testosterone is the hormone of desire. Not just bedroom, that's a side effect. It's desire for everything good in your life. Right? And your DHEA, which is a testosterone and estrogen precursor is relatively low. And I wouldn't mess with your DHEA, unless of course any of these things, you have to talk to a doctor for anyway. But I would be looking at your cortisol levels and your DHEA levels and moving those together with the doctor, don't just go out and buy a DHEA and start taking it.

Some people may do that if they just can't afford labs, but DHEA is a powerful hormone that'll change all your other hormones. If you just take it to see what happens, whew, that could be bad. And then there was one other thing that made me sort of want to throw up in my mouth when I saw it a little bit. And that was your TSH, your thyroid stimulating hormone level. You're tired. You have all these things going on and your level is two. I think it should be around one. And that's just your simple test. You actually should get a full hormone panel so that you know your body's screaming desire for a testosterone, but also, whether the body answered the screaming desire and no it's not bad. It could be five. It's only two, but it's still too high and you're tired all the time.

So someone who's tired all the time with a TSH of two, you have thyroid dysfunction. You probably have Hashimoto's if they test for it, because you already have lupus. So let's just write that off

as most likely. So get yourself on the right thyroid and oh my God, that's going to give you the energy. So if testosterone is desire and just take out sex from that, just desire for everything good. Well, if you have desire, but you don't have fire, then it doesn't work.

But testosterone is the fire. It's the heat. It's the energy, it's the electricity and testosterone is the spark that makes you want to do something. And when you have the energy and you have the spark, the desire, then you go out and you do stuff. And yeah, some of it's in the bedroom, but most of it is in the world around you. It's parenting, it's community involvement, it's friendships, it's cleaning the house. It's whatever you would've done, if you weren't so tired and if you could just make yourself, want to do it, because you know you should, but you're not. Am I speaking your language?

Lisa:

Yes, you're speaking my language.

Dave:

There you go. That is our intervention.

Lisa:

That's amazing. I do have a question about the cortisol. Do you take that forever or do you just take it for a certain period of time?

Dave:

Forever.

Lisa:

Forever. Okay.

Dave:

The book about this that taught me all of this, the doctor says, look, I've been doing this for 40 years. I've had some patients for 30 years. This is back when doctors had patients for 30 years. And many of them, after five years or 10 years will say, they come in. They say, I have all these symptoms again. He says, oh, that's interesting. What'd they change? Oh, I tried to go off the cortisol. He goes, they go back on the cortisol. The symptoms go away. They wait 10 years, they go off the cortisol. Then they go back. So what's going on is the body doesn't make enough cortisol. Now the one thing we didn't talk about that might be relevant for you, but you didn't... Do you have stretch marks all over the place, post pregnancy? That's another interesting one.

Lisa:

I do have some stretch marks.

Dave:

More than average?

Lisa:

I don't know. I mean, it's more my hips area and legs.

Dave:

Hips. And so that isn't a normal pregnancy place, is it? Huh. Okay. So I have more stretch marks than you. I promise you.

Lisa:

Yeah, It's more like it's not my stomach really, it's all around.

Dave:

So that makes it maybe more likely. There's something called the RCCX phenotype. People who are hyper mobile and have extra stretchy skin and autoimmune issues and low blood pressure tied to low cortisol, oftentimes have this weird set of genetic stuff. And that may be what you're dealing with. So for that one, you can Google RCCX, sorry. Don't Google. Google is not a verb anymore. Google means to sensor and surveil. Okay. That's the new meaning of Google. So I'm going to break that habit. You should use a quality search engine, like DuckDuckGo or something similar, and you should look up R-C-C-X.

And that'll tell you about it. I don't know if that's you or not. There's some advanced genetic testing that can do that. And I think you're going to find with this, that something pretty interesting happens to you. We didn't talk about mitochondrial activators and enhancers, which I've manufactured some of those or I formulated some of those when I worked at Bulletproof. There's a variety of things out there, but all of those are going to make you feel better, whether it's from Bulletproof, or the general things like Acetyl-L-carnitine, just like there's lots of stuff out there. I think that's going to be really, really helpful. Clean air, that kind of stuff is going to be going to be really useful for you. All the prostaglandins that are triggering those symptoms, which you may have had tested, they're all from mast cell activation. That's one of the things that they release.

And we didn't talk about your gut bacteria. Frankly, yes. You're going to have to deal with that, but deal with the mold first. And the gut bacteria effect is going to be through mast cells largely. So work on that stuff. For sure. And you may look at a couple of the episodes with Dr. Mansoor Mohamed episode 658, has some good stuff in it. But I think we're in a good place here, where we have a hypothesis, that there were three things going on that matched everything. Now, if you listened to this and you made it through the whole episode, congratulations, you might be a functional medicine doctor, or Dave just said a whole bunch of stuff I don't understand. And I want you guys to understand something. You can go to PubMed, which is a website that has most of the research papers that you can get without having to pay for them on it.

And by the way, bet me that within a few years, it'll only be licensed and will actually, you'll be censored from seeing that because you might try to control your own biology and exercise biological autonomy. I hope that doesn't happen, but bet me. Anyway, while you can still access it and it's not all just on the dark web, black market medical papers, just someone writing science fiction books. I want to read your book. It's coming. Anyway, while we're still free to do it, you go to PubMed and you read a paper. You don't know half the words in it, read it anyway. This isn't something that's taught very often. But remember, I'm the guy with 40 years of Zen, and all that stuff. You absorb it. It actually works. I started out many, many years ago, when I said I'm sick all the time. I feel like crap, my brain isn't working, whatever.

I would read papers and only understand half of them. I understand all of them now, except for a few, really, really, really deep esoteric, PhD level in fields I haven't really paid much attention to. Your brain will organize that information over time. So if you listen to this and didn't hear some of it, most of your pain is anxiety. Oh no, if I don't remember it won't be on the test. And then I'll fail the test. And then mommy, daddy won't love me. Then no one will love me. And then the lion of tines will eat me. So

you don't have to know everything I said. You got something out listening to this? Congratulations. You're improving yourself by downloading the info into your brain. It'll stick. I promise. On that note, I really, really appreciate that you are willing to talk about all this stuff publicly and openly in order to help yourself and others. Lisa, thank you.

Lisa:

It's been an amazing, it's been an honor. So thank you.

Dave:

If you like more content like this, or you'd like to work with me directly, definitely join the upgrade collective, which is my membership and mentorship group that you can join. There's more than 200 videos, including four courses where I teach you every one of my books, because not everyone learns by reading. I gives you discounts on tons of health and performance products that I actually use. You get to be in the live studio audience, interact with guests on the show, ask me questions, type things back and forth. And every week, there's community coaching calls and every other week or thereabouts, I am on a call delivering new content and answering questions for you. So this is a way to be part of a group of people who really care a lot about upgrading themselves and upgrading humanity, which is part of my core mission. Just go to our upgradecollective.com to join.