

Dr. Jill

Your Functional Medicine Expert®
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[#69: Dr. Jill interviews Dr. Erik Lundquist on Immune Resilience and CIRS/Mold Illness](#)

Text:

Dr. Jill Carnahan 0:13

Awesome. Hey everybody! Sorry, we're running just a few minutes behind. We are desperately dry in Colorado, and there are crazy wildfires everywhere. I just got caught in a torrential downpour and hail storm on my way home, so that's why I'm late, but I'm so happy because our ground and earth are getting watered—at least in my little area here near Boulder. I was really grateful, even though I may look like a drowned rat just a little bit.

Dr. Jill 0:40

But here we are with Dr. Lundquist, one of my favorite people in the world—an amazing colleague and friend. I have such respect for him in the field; he's in California. I'll get his official bio in just a minute and introduce him. But before we do, just a little background. You guys know where to find me on the website, JillCarnahan.com. All kinds of free blogs and resources are there for you. And then, if you need any products, DrJillHealth.com is my retail store. You can find this episode and all of the 60-plus other episodes with great professionals, leaders, and experts on my YouTube channel, which is just under my name, so please go subscribe, enjoy those there, and just leave your feedback for us.

Dr. Jill 1:24

Today we're talking about, of course, one of my favorite topics, which is CIRS—chronic inflammatory response syndrome—which was officially coined by Dr. Shoemaker. We will talk a little bit about that. If you're not new to my stuff, you've heard that term. Probably most of you listening have some understanding, but if you don't, don't worry; we'll explain a little bit about what that is and how it relates to immune resilience.

Dr. Jill 1:48

Today I've got [my] guest, Dr. Eric Lindquist. Like I said, we've known each other in this field for probably a decade or more. I really always love his perspective

because, like me, he deals with complex chronic illnesses, and as such, we've had to go really deep with infections and toxic load and all these things. I'm going to read his bio, and then we'll introduce him and ask him to tell us about his background.

Dr. Jill 2:14

Dr. Lindquist has a special interest in integrative and holistic medicine. He's currently the founder and medical director of the Temecula Center for Integrative Medicine and a member of the Holistic Medical Association as well as the Institute of Functional Medicine. He [treats] endocrine disorders, especially the thyroid, adrenal dysfunction, chronic fatigue, migraine headaches, cardio, metabolic disease, and chronic pain. Like me, he [treats] all these complex chronic conditions. He has so many degrees. I won't read them all, but he is dually board certified in family medicine and sub-specialized in the American Board of Integrative Medicine and the Integrative Holistic Medical Boards as well.

Dr. Jill 2:58

Married with three children, he loves inspiring his patients to take control of their health and combat disease. He enjoys lecturing to his peers, and he's one of those people I always enjoy listening to when we're on the lecture circuit. Last year with COVID, we both had a little bit of a break, but I'm sure you'll hear him speak, and he's well respected in his field. Dr. Lundquist, thank you so much for joining us today.

Dr. Erik 3:20

You're so welcome. It's always a pleasure to hang out with you, Jill, and have exciting and informative conversations.

Dr. Jill 3:29

Yes, I know. I love that. Many people probably know if they see you or know your clinic, but you really bring the heart to medicine and the mind-body spirit as well. I know we connect on those levels too because we know that healing is not just the physical body but [also] the emotional, spiritual, and mental—all of these things kind of play. I love that you bring that to your patients as well, and you live it too. So it's always inspiring to me to see a fellow colleague who really tries to integrate that.

Dr. Jill 3:55

Honestly, I've probably seen in the past five or three years, more than ever, that it's so important for the emotional and spiritual healing of our patients that I always

feel like I'm just a container. I don't want to bring my perspective necessarily, but I want to make a place that's safe for them to explore. And again, I know that you kind of bring that too. Tell us a little bit about: How did you get into integrative functional medicine? And then [tell us about], more recently, your journey into where you're at now.

Dr. Erik 4:24

Sure, I'd be happy to. Before I get there, just to piggyback on your thought there, I think the word 'resiliency' is really popping up all over, right? We're seeing it now across the integrative and functional medicine world. Resiliency, I think, has its roots in spirituality, right? It's like fortitude. If you're resilient to something, things bounce off of you; there's a shield. There's physical resiliency, but it's that spiritual and emotional resiliency that really sets us up for success, and that's what we're all striving for. You've seen it. This is what we were talking about, right? In the last three years, the level of resiliency in our population, in general, has taken a huge hit. There's a big deficit in our ability to be resilient to whatever life is throwing at us, particularly from an infectious immune standpoint. So we'll get into that, I know, a little bit later.

Dr. Erik 5:33

So my journey is a little atypical for most integrative and functional medicine doctors in that a lot of our colleagues get into it because something happens to them either in medical school or to their family. And there are no good answers in conventional medicine, so they start looking for answers and find that the answers are really in integrative and functional medicine. I got started early in that.

Dr. Erik 6:04

I had a double major in biology and kinesiology, but we had a couple of professors there in LA at Occidental College who focused on nutrition and lifestyle and the impact that had on our physiology. Kinesiology is the study of human performance. Rob Bonakdar and I went to undergraduate school together. We both had this foundational training as undergraduates. And when I was in the Navy, finishing my family medicine residency, we had our 10-year reunion. He was down at the Center for Integrative Medicine at Scripps, and so I connected, went down, and spent a rotation with him, and really, that's where it started to turn. I started incorporating [it] more and more when I got out of the Navy and did some family practice lifestyle medicine for a little while. But it became clear that if I really wanted to practice, I needed to open my own center. [It was] almost seven years ago—next month, it'll be

seven years—since we opened the Temecula Center for Integrative Medicine. So that's really been my journey towards integrative and functional medicine.

Dr. Erik 7:19

But when it comes to Lyme and mold, that's where it starts to get personal, [and] you have your own amazing personal journey with that. But in my case, my wife and I were visiting Sedona about four years ago now; it'll be four years in the fall. We were hiking, and she came home six weeks later, and her left knee kind of blew up. I thought it was weird. [I thought], "Maybe it was from playing tennis?—I don't know."

Dr. Erik 7:49

I was still growing in my integrative and functional medicine. But I've done a lot of steroid injections, so I drained it, put a steroid in there, and thought, "Okay, here we go." Six weeks later, the other knee blows up. So now I'm starting to get suspicious: "Something's weird; this is not right." So I test her. She's got some white blood cells. It looks like it could be early lupus. I send her to rheumatology, and they think, "Yes, maybe it's seronegative early lupus." So they want to start on some disease-modifying drugs. She's like, "No, I think I can do this naturally."

Dr. Erik 8:25

So we start modifying her nutrition, using some anti-inflammatories and some specialized resolving mediators. She gets by for a little while, but then about a year later she starts to decompensate with her fatigue, and the joint pain is moving. Her elbow then starts to swell; it was migratory. And I'm still not clueing in that this possibly could be Lyme. I'm still thinking this is something autoimmune, so I sent her to an integrative rheumatologist. He tested her for a host of things, one of which was Lyme, and it came back IgM positive for Lyme.

Dr. Erik 9:08

At the time, I had been stiff-arming Lyme disease and mold for a while. Patients were coming, and we were like, "No, you go see these other guys. We're not dealing with it. We'll continue with autoimmune thyroid [disease]." Autoimmune thyroid, really, is where I cut my teeth in integrative medicine. But we realized this was going to be something of greater significance.

Dr. Erik 9:36

So oddly enough, about a year later, I'm starting to feel like I'm not so great, and my wife starts bugging me. She says: "I've been reading about how this can be sexually

transmitted. I think you should be tested." So sure enough, I get tested, and I am positive for Borrelia. She had a bunch of co-infections, whereas I did not, which then makes me think that it was more likely sexually transmitted than a tick-borne illness in my case. I think it was in her case because I didn't have a lot of co-infections.

Dr. Erik 10:12

So now it became really personal. I mean, it was already personal because we were dealing with my wife and trying to get her treated. I actually had to cut back [on] the number of days I was working. I cut down to part-time; I was working full-time. And it was a challenge, as you know, going through that process of reevaluating and feeling drained. I'm sure you had days like this, where I literally [did] all I could to make it through my patient load, and then I would go home and just rest. I couldn't do anything; I couldn't read, I couldn't sign off on charts—it was rest until the next day started. And then I did that day, and then the whole next three or four days of the weekend were used to get caught up on those three days of work. That was my life for probably six months.

Dr. Erik 11:10

Then, I started to turn a corner with some of the treatments we had already started offering at our clinic through ozone, nutritional support, and stem cells. That, in my opinion, was really what turned me around and allowed me to get back to work. I would say I'm probably 95%. It still feels to me that I'm not at 100%. I don't feel like I have the same energy or stamina. I know that if I don't get a good night's sleep, I decompensate very quickly. It has compelled me to be more balanced and aware of my stress, my nutrition, and my sleep in ways that I hadn't been so focused on. I could get by with cheating a lot more before than I can [now].

Dr. Jill 12:06

Yes. I love that there are so many really important themes, for those listening, that you brought out and that I really relate to. Number one is that resilience that you started out with. I always say that if we tested 10,000 people out on the streets for Lyme, we'd probably find a large percentage actually have positive IgM, IgG, Borrelia, and co-infections. And they're actually functioning okay; they might not have complaints, or they might have vague, small complaints that aren't totally debilitating. So, what is the difference between when you manifested, when I manifested with Lyme, and those symptoms?

Dr. Jill 12:39

The immune system is so key here because I feel like there's this play between... Immune systems should keep old infections that are low virulence like Epstein-Barr and Lyme... We take the ebola virus—that'll kill a person in three days—that's high virulence. Lyme is actually low virulence. It doesn't kill people quickly. It's insidious, it's low grade—the same with Epstein-Barr, Coxsackie, and other viruses we deal with. But what happens is when we have a weakened immune state—like you mentioned, that we're seeing epidemics of immune weakness now in the entire society—and then you throw a mold on top of it where there's an exposure, that dampens the immune response and then this infection pops up.

Dr. Jill 13:14

So what you described, working like we do, we're working hard, we're throwing in 60-80 hour weeks, which is kind of our norm, and we get by with it until something like this happens. So resilience is important, and the immune system is important because our overcoming this has been [understanding]: How do we get our immune system resilient? How do we get to sleep, exercise, and diet?—because I agree with you, I walk a fine tightrope. I've got it all fine-tuned so that I can function at 95%. But if I don't get those things, if I don't get my Epsom salt bath and my PEMF mat and my hydration and my sleep—I need all those things to function. And I can function great, but if I don't [get those things], I can crash easily, just like you said—and our patients as well. So resilience [is key].

Dr. Jill 13:56

The other thing I heard in there—and you didn't mention this word, but I know it's true for both of us—[is that] this kind of came as a teacher, right? It kind of stinks that we had to have this, but what happened is that through the experiences we had to have... Like you, I was like, "I don't treat Lyme"—this was like a decade ago—"let's send them somewhere else" because I knew this was complex. And then we had to deal with the gut microbiome and the effective herbs or antibiotics on the gut, so I was like, "No, I'm not going to deal with that" until we have ourselves, our patients, or loved ones that are dealing with this. And we're like, "Oh gosh, if I want to really be a great physician and help people, I have to really know this and understand it." Don't you feel like, with Lyme and mold and this chronic infection toxin combination that we're seeing in epidemic proportions, there is no more complex medicine than what we do, right?

Dr. Erik 14:41

Yes. I couldn't agree more with you, and it's super challenging. The part of it, I think, that makes it most challenging is that there's not one treatment for one person. You can have 10 people come in [that] have the exact same lab data and similar symptoms, and yet the treatment regimens that each one will need will be

different and unique to those individuals. I think that's where it makes it so complex and challenging. It'd be great if all we [had to do was] pull out the doxy, we give them a preview week to doxy and they get better, and everyone's great with that; "I just have an algorithm"—boom, boom, boom. It'd be awesome, but it's just not—

Dr. Jill 15:26

It does not [work that way]! And like you said, the norm is a little toxin and multiple co-infections. That's what's so different from our training with Occam's razor with one diagnosis. The one diagnosis is CIRS, which we're going to talk about in just a minute. But the bigger thing is that there are so many levels, and whether it was Dr. Horowitz's MSIDS, whether it's CIRS from Dr. Shoemaker, whether it's cell danger response from Dr. Naviaux, all of these are descriptions of the same elephant in the room, which is this complex chronic systemic burden of toxic load infections [where] everything's stacking up.

Dr. Jill 15:58

I've always found relief in that, [although] it is helpful to know the infections we're dealing with, honestly, I can go into a patient and know there's a toxic load and infectious burden—I definitely want to have some ideas of what is in that bucket—but I don't have to know every last toxin in the bucket. I just know: "Toxic load—let's do a detox," right? It's almost freeing in a way because if we had to know the thousands of toxic exposures, and which ones and how much of each, that's overwhelming—completely.

Dr. Erik 16:25

Yes, I know. I totally agree. Both of us have actually given talks recently on toxicity and its impact on the immune system. I'm curious: If you had to give three components that you would say are most critical in helping deal with that immune resilience, [what would they be]? So if we look at our toxic environment, which I think is impacting—because I go back to exactly what you're saying, it's not the bug, the virus, or the mold that's really the problem; these things have been around for millennia. It's not like, all of a sudden, somebody dropped a dirty bomb and now we're being exposed—except for COVID, which is now a novel virus; it was created in a lab—I guess we can say that now officially. These things are there, but it's the immune resiliency that has deteriorated so significantly that now we can't deal with them. So it's this barrel of toxins that gets to a point where now it's just spilling over. So what have you shared in your recent discussions and talks on toxicity and immune resilience? What are the three things that you typically share as, "This is what I would recommend as the key points"?

Dr. Jill 17:54

Yes, gosh, I love it. You're interviewing me now, but I'm going to turn it back on you. [laughing] And then I'm going to ask you the same [thing]. You've heard me say this before, and people who are listening get tired of it. It's like, "Come on, let's get some more complexity," but it's so simple. We have to start with the stuff you and I were talking about, which is sleep. You have to get good sleep. It doesn't mean a number of hours, although that's part of it. What I've found is that through PEMF and some other things that I've done, I can actually get six and a half hours, but if I get three hours of deep or two and a half hours of deep—it's the actual quality, not the quantity. The studies showing you need 7 or 8 hours are because many people only get 20% deep sleep, so they're getting an hour, hour and a half [of deep sleep]. So they need more volume of sleep to get that percentage.

Dr. Jill 18:44

What I've found with these biohacks [is that] the mat has really helped me with that. What I use is level 1, which is the human frequency of the earth's [geomagnetic field]—like seven or eight hertz. It's amazing! All of a sudden, in my six hours of sleep, I'm getting two and a half hours of deep [sleep], which is almost unheard of. But then I wake up early and am refreshed. So sleep is critical and the quality of sleep [is too]. If you don't have some sort of device—I have the aura ring—there are all kinds of things out there; there are Fitbits. [Dr. Lundquist shows the aura ring on his finger] Totally, right?

Dr. Jill 19:09

I love this because I can do an intervention, like an Epsom salt bath or a mat. Or if I stay out too late and I can see the direct correlation to my sleep. What I've found is that if I get to bed after midnight or after 11 p.m., I lose some deep [sleep] because the deep [sleep] tends to be focused in the early part of the night. If I don't get my mat on level 1 for 20 minutes, I tend to not have as much deep [sleep]. And then if I wake up early, like [when] I have an early flight, I have to get up about 4:00 or 4:30 a.m., I lose the REM. So I'm always trying to balance those. I notice if I shorten my sleep at night by staying up later, I'm going to lose the deep [sleep].

Dr. Jill 19:44

Deep [sleep] is going to be restorative [to the] immune [system]—really, really core. So if you have immune dysfunction, infection, toxins, and things, your deep [sleep] is a priority. Now, REM is important because it is going to process memories, [the] acquisition of new knowledge, word finding, and your ability to focus, concentrate

and be creative. So it's really important too. But if you're an immune dysfunction/infection [sufferer] and you had to choose—and I'd love to know if you agree with that—I think deep [sleep] is the core for your immune resilience. So that's sleep.

Dr. Jill 20:12

What I was going to say is clean air, clean water, and clean food. That sounds so simple that you want to vomit, right?—because you're like, 'Duh!' But honestly, we can't emphasize enough the real basics. Clean air—your air quality—80% of your toxic load is in your air. So [it's about] having air filters and making sure your home doesn't have any mold, VOCs from carpets and formaldehyde, wood flooring, synthetics, or vinyl types of products. And new home construction materials—all of these are massively contributing to our environmental toxic load. All of these amazingly efficient buildings—LEED certified—are great. But guess what? They trap in that air, so if you don't have a circulation of air or your crawl space is circulating air from somewhere that's damp and moldy into your living space...

Dr. Jill 20:58

There are tons of things we could talk about, but that air quality, people don't think about, and it's absolutely critical. We saw it in COVID because all of a sudden people were at home in their houses, and if they were moldy or not fully filtered as far as the air quality [was concerned], they started getting sick. [It's] because they were home, inside, and not going outdoors. So air.

Dr. Jill 21:15

Water is just a basic thing that we forget, whether it's just drinking enough pure water or getting electrolytes in your water. If you have mold exposure, you're drinking, you're peeing, and you're not staying hydrated. The quality of water is deteriorating as well. And then clean food and having a diet that's low antigenic, which would be gluten-free, dairy-free, sugar-free, at the very minimum, and minimal or no alcohol [is important]. Often we'll take out soy, corn, peanut, and some of the others, and we shouldn't have to do this. These are all normal foods, but what's happened is that our gut permeability, our leaky gut, and our inflammation have gone to the extreme, [so] that gluten, for most people, is fairly inflammatory. I would love to know for you, [when dealing] with autoimmunity, do you just automatically make sure they're off gluten?

Dr. Erik 21:59

Yes. I think that sometimes there's this misunderstanding or misinterpretation that gluten-free diets are just a fad, and to some extent they are. I mean, anything that can be capitalized and [used to] make money is going to become a fad. I think what people, at least my patients, don't always understand, and I think some of our colleagues sometimes miss a little bit, [is that] every time we eat food, there's an inflammatory process. I think sometimes we think, "Oh, their inflammation is bad. I can't do this because it's going to cause inflammation." No. When we eat red meat, we eat gluten, dairy, and fiber—all of that's going to create some inflammation in the gut. But as I like to say, "How good is your fire department?" If you can put out the fire, if you can manage that inflammation, then you're getting the nutrients; you're going to get the things that you need out of that. People who don't do well with gluten—particularly [those] with autoimmune—because their fire department is already taxed out. All the engines are out; there are no reserves, so now this inflammation starts to wreak havoc. Reducing things that we know are more pro-inflammatory than others [brings the inflammation] down.

Dr. Erik 23:27

I'm just going to grab another word that you said: 'antigenic.' Sometimes that word is kind of—"Well, I don't know what that means." Antigenic basically means that [a certain food is] a stimulatory for the immune system. These foods are causing our immune system to react in such a way that it's above and beyond the normal response. That's what we get concerned about. So when we say that 'hyper antigenic' or 'hyper allergenic foods,' we want to pull those out—[the reality is that] we just want to calm things down and give the immune system a rest. Eighty percent or so of our immune system is in our gut; that's what we see initially. We just need to calm things down. So, if we're trying to restore our immune system and get better function, healing the gut, focusing on that, and getting the diet aspect [right are] super important. So I totally agree. I'll let you finish now with your three things if there's anything else you want to add to that.

Dr. Jill 24:27

Perfect. So yes, sleep, air, water, and food. And then the other thing is this whole—and I want to go back to you and hear what you have to say on it—stress resilience. This could encompass a lot of things, but it's the mind, body, soul, and spirit. And if we go down to a real core level, I feel like we all need passion and purpose. We need meaningful relationships.

Dr. Jill 24:48

A lot of people that I talk to, when we really dive deep—whether it's a parent or a child or a spouse or a sibling—there's a lot of toxicity. Dealing with these relationships in a healthy way is really core because if you have chronic conflict or difficulty in your relationships, it's going to affect your immune system. It's really important to get healthy and to try to resolve these things in order to get to that state. Sometimes we ignore those relationships, but they really do affect the immune system.

Dr. Jill 25:18

And then, [regarding] passion and purpose, we all need something in our lives that we're passionate about or purposeful about. We've shown the studies of the people who retire and lose their purpose, and they die sooner and have higher mortality and more disease. So, I am such a fan of helping patients—maybe they're in a career they hate and they feel like they have to be in that job—and going deep and saying, "What do you really want to do if there were no restrictions on time or money? What do you really want to do?"

Dr. Jill 25:45

I literally write on the prescription a couple of things to help them start to go in that direction. I'm not a therapist, so I'll get the professionals to help them, but one thing I ask them is, "What else is possible?" That opens up their subconscious and their spiritual realm of thinking about, "Maybe there's something else possible for me" that they're not thinking of.

Dr. Jill 26:04

Then the other thing I often tell them is, "Be kind to yourself." Most people are very compassionate and kind to other people. And we as healers too; it's very easy to show that love and compassion to others around us, but we're very critical, judgmental, and hard on ourselves. We have these negative tapes playing in our heads. I'll tell you what: I love your comments on this, but what I feel like is that autoimmunity is partially due to those negative self-talks, self-loathing, self-hate, and judgment—all of those things.

Dr. Jill 26:34

I know from my personal journey with autoimmunity that one of the biggest healing things was taking out those negative self-talks and replacing them with loving myself and having self-compassion. This doesn't mean putting myself above anyone else. Cancer and Crohn's that I fought, it was like this battle. [I thought]: "I'm going to fight this. I'm going to beat this. I'm going to do this." But that fight, when it came

to mold, was actually the thing that was hurting me because the fight in my immune system was actually creating more inflammation, which is CIRS by definition. So I had to reprogram and reframe my thought process from being [one of] fighting to [one of] loving, [showing] kindness to myself, and knowing that I was capable of healing. It changed everything.

Dr. Erik 27:19

Wow! That was a lot that you shared in just a very, very short period [of time]. So I'm going to try and piggyback on a few of those things, and then I'll distill it down into the things that I would share. So [I'll mention] a couple of things that you said that I totally agree with and feel are super important. One, you talked about relationships. At our center, we talk a lot about the five pillars of health. The five pillars of health are our movement/exercise, sleep, nutrition, stress management, and relationships. I feel like often, relationships is the one that gets set to the side and left out.

Dr. Erik 28:10

[I'll mention] just a quick story about a patient of mine. This is why I'm pretty confident my wife got Lyme in Sedona because she's in Sedona. She had lymphoma. She was on the way back from Sedona when she started to get a rash, and before she knew it, she was in the hospital receiving IV antibiotics for borreliosis. So she had fulminant Lyme disease and was treated. So we were working with her, and it was years of working with her. She was getting better in a lot of ways, but a lot of her symptoms weren't [improving]; she was still wheelchair-bound at times. And sometimes she could use some support, but a lot of times she would be in a wheelchair. I would look at her labs, and her labs were better. Her Lyme disease had converted from IgM to IgG, and her CD57 count, C4a, or TGFp—all of those were still inflamed and abnormal but so much better. It didn't make sense; her symptoms were not consistent with the disease's regression. It was just a struggle.

Dr. Erik 29:31

Finally one day I actually asked her—I knew her family and I knew her husband; he was a patient—"How are things going?" All of a sudden she started opening up about the abusive relationship she was in and how her husband would literally say: "I have a gun in the drawer over there; I could just blow your head out if I wanted to," [and] just crazy stuff like that. That was the kind of stress that she was under. He had a drug addiction, and she was dealing with that. So when we talk about immune suppression and difficulty with immune resilience, it's these kinds of things.

Dr. Erik 30:19

You and I have had this conversation multiple times before, just talking about our own personal stories of emotional traumas growing up with our families, who often mean well but end up causing emotional traumas. It's not because they are always intentional. The emotional traumas that we experience while growing up are not intentional, a lot of times, but they're part of mortality; they're just part of life. I think these relationships are really important and have a huge impact.

Dr. Erik 31:01

I would say—a little pearl: [Whether] you're a practitioner or if you're a patient, if things aren't getting better, if you're hitting a plateau and they're not resolving, if they're not moving forward, stop and think about what's going on with your relationships. And it could be a prior relationship; it doesn't have to be a spousal relationship. It could be work, it could be children, it could be parents, or it could be your next-door neighbor. If there is significant emotional trauma going on, that's going to impact your fight-or-flight response and your immune system negatively.

Dr. Erik 31:43

Both you and I have seen this in our patients, right? We both use DNRS, right? We've seen the almost miraculous turn of events with patients when they start doing this self-affirmation and these exercises to start rewiring the brain out of this negative emotional loop into a more positive, reaffirming, healthier, non-shaming loop, and it moves forward. I'll let you comment before I go on.

Dr. Jill 32:16

Oh, I just love, love that you're going here because again—I know we think the same—truly if you're stuck, these are the kinds of things that are going to make the difference. I only speak from personal experience and then with patients as well, because I've been there, I've done the work, and I continue to do the work—it's never done. But one of the things that just resounded as you were talking, and I remembered... I'll just give you an example of a patient a few weeks ago who talked about—literally, as a very young infant—having abuse, and she found out later what happened. As I heard her story, what she was presenting with was reactivity to everything in her environment, even water—everything in her environment caused reactivity. We've seen these patients, whether [with] severe muscle activation, CIRS, mold—like everything in the book—just reacting to food, air, and her home, and [she was] really in dire straits.

Dr. Jill 33:05

Literally, I started crying when I talked to her because I said, "You've never felt safe, have you?" I knew in my soul, "This is a safety issue." She started out her early life being unsafe in her home, and she had never dealt with that. My heart was so compassionate towards her because I realized just by talking to her that there was no pill that was going to help—there's no vitamin, IV, ozone, antibiotic, or anything [else in that bucket]. It was just pure safety. I had such compassion. This poor woman—she's in her 50s, and basically, her entire life, her body, her immune system, and her limbic system have never really understood what it is to feel safe. I had such compassion. I'm not an expert, right? [So I said to her], "I'll help you get to the people—the therapist, the DNRS—whatever you need, because I know experts that can help you deal with this." But I knew in that instant that we have to deal with her safety first before I can do any sort of intervention. That's why I had gotten to that point. Doesn't that make sense? I'm sure you've seen the same thing.

Dr. Jill 34:13

I grew up in a culture that was pretty against self-love because it was like being prideful or putting too much emphasis on oneself versus others. I've really shifted because I realized that going to that extreme of putting myself down, putting myself last, self-loathing, rejection of myself, or even judgment of myself, was actually hurting my own body. So I had to come to a place of [self-love]. When we talk [about] self-love, literally for me, it's knowing God created my body; it's a vessel, and it's worthy of love and respect and messages that are positive, but it's not either extreme. And sometimes our society, I think, gets confused about that.

Dr. Jill 34:51

I was so profoundly changed when I started loving myself and knew my cells were worthy of that. So safety is a huge message, [as is] love, because autoimmunity is an attack on oneself, right? So metaphorically, it makes perfect sense that there's a piece [about] not loving yourself and your cells. And again, you may listen and be like, "Okay, Jill, this is all metaphorical." But guess what? We both know there's great science behind what we're talking about, right? That's the best thing. Whether it's Gabor Maté or Peter Levine, the science behind what we're talking about is strong. So I'll let you comment on that now, but this is important stuff.

Dr. Erik 35:27

What you said is absolutely beautiful. I'm going to use that to then jump into my three things. So the three things that I would say are: First, [I recommend] starting your day off with some kind of centering—some kind of spiritual centering, whether that's meditation or prayer. And it's more than just a quick 30-second: "This is what

I'm going to do." There's an element of really thinking about things that are bigger than you—whether you're religious or not—thinking about the universe, thinking about yourself, and what your role is, and then just asking the questions: "What good can I do today? Who do I need to touch? Who do I need to help?"—and just pondering and centering and doing that to start the day off.

Dr. Erik 36:27

And then I love what you were saying—the self-affirmation. Every human being is worthy of love, every human being is in and of themselves worthy of hope and love and being cared for. Acknowledging that you are a divine being and being able to move forward—just starting with that is huge. That creates a center of peace.

Dr. Erik 36:27

Gabor Maté talks about [how] it's not about the addiction, it's about the pain. Where's the pain? Why are you having pain? How do we get to the root of that and solve that? When you spend time in awareness as you start the day, things will bubble up.

Dr. Erik 37:16

I have a good friend who's a documentary producer, and [I know that] you're getting into doing a documentary this next year. Several years ago, [he] started [with] three pages a day. He said the first week of just writing three pages a day felt tedious. He was like, "I'm just writing about what I did each day, and there was nothing that was cathartic about it." But then it started to come. Then it started to flow. It took some effort at first, [but] now it's been a game changer for him. He's gotten a lot out of it. So that's number one.

Dr. Erik 37:53

Two is what you've already done. It's like having a deliberate and conscious awareness of what you're putting in your mouth. So whether it's clean water or clean food—having awareness [is so important]. Now, I'm not saying that you can never have a piece of chocolate cake [or that] you should never have a chocolate chip cookie, which are some of my favorites. What I try to do is be more aware of what that's going to do to my body. I know that this is going to be a higher-inflammatory food, so I need to make sure that I don't do it super often and that I'm eating other rainbow colors, like what Deanna Minich always says about eating the rainbow. But it's because those plant nutrients and antioxidants are going to be healing. They're going to provide the energy, nutrients, antioxidants,

and vitamins that we need to heal our bodies from inflammation and help support those fire engines.

Dr. Erik 38:53

And then lastly, what you started off with: Getting adequate restorative sleep. I totally agree with you in regard to deep sleep and REM sleep. Deep sleep is where we're restored; REM sleep is where we're rewired. That's why we're having dreams. We're having this dream state and all these things because our brain is rewiring. Sometimes these dreams are scary and crazy because there are these emotional traumas that are coming up and our brains are working through them and we have to replace them with better memories and better rewiring and stuff. So dreams are ways that we do that. But it starts with how we start the morning, then with what we do with ourselves during the day, and then with how we end [the day] by getting that restorative sleep. So those are my three things.

Dr. Jill 39:45

I love that we're going there. Now, you guys saw the title here; it's resilience and CIRS, so you might be like: "Where are you going?" This is all related. Let's pull this together in the last five or ten minutes because it is absolutely resilience and CIRS—everything we've talked about. Why don't you go ahead and tell us: What is CIRS? What is this thing?—in case people don't know. And then, how does this relate to what we're talking about?—because I think there's nothing more important we could talk about with resilience and CIRS in our discussion so far.

Dr. Erik 40:10

I'm going to refer people to the Metagenics Institute. I gave a talk there on chronic inflammatory response syndrome. That goes into a lot more detail.

Dr. Jill 40:22

I will be sure and link that wherever you're watching this. I'm going to have the link below; you will find it there. So, Dr. Lundquist, be sure and give that to me, and I'll make sure it's there for you all.

Dr. Erik 40:31

It's only 20 minutes, so it's relatively brief, but that will go into a little broader detail about what CIRS is. But in brief, it's when our immune system is responding to some kind of infectious trigger [such as] a toxin that then creates this inflammatory

loop, so we can't get out of it. We continue to have chronic inflammation, and what that does to our body is it doesn't allow for repair.

Dr. Erik 41:05

The easiest way to understand [it is this]: If you think about macrophages, which are a type of white blood cell. They're [either] in the alarm phase or they're in the repair phase. They have the ability to switch back and forth. What happens in chronic inflammatory response syndrome is that they get into this alarm phase and then continue to release these inflammatory cytokines, these chemicals that go out of the body and continue to perpetuate the alarm, and the body can't get out of it. So in order for that to switch, we have to get these M1 macrophages into an M2 phase, where now they're starting to eat up the debris, get rid of the toxins, and release these similar cytokines. But now these are more triggering to restore. They will start recruiting stem cells to repair damage. So it's a different type of communication that has to happen.

Dr. Erik 42:04

That's really, in a nutshell, what chronic inflammatory response syndrome is. And we can see it from Lyme disease, we can see it from mold, we can see it from even breast implants, illness, from toxins, we can see it from exposure to water and toxins, and other things. So this is something that we're seeing a lot now. There are similarities with post-COVID syndrome. They're falling into the same camp, and it's no surprise because it's the same kind of activity.

Dr. Jill 42:36

Again, [as] we talked about before, our title was resilience in CIRS, so really this year encompasses a lot of what we're seeing nowadays. What it is are these layers of infection [and] toxins that are stimulating, like you said, the immune system. This is the cycle that keeps perpetuating until we put a stop to it. But the relation to what we just talked about is, gosh, IV, ozone, hyperbaric therapy—all these really fancy expensive things—these are great and they can be very helpful, but you must start with the emotional health, the meditation, and prayer, the centering, the food, the sleep; all of these things we just got done talking about. Those are still the foundations of healing. Is there anything else we didn't mention in that resilience bucket that you think we should address for people dealing with this that they might want to know? What else could they do?

Dr. Erik 43:30

I'm sure there probably is. But I want to get back to what you were just saying. The question is, why is there so much surge now? Recirculating back to that, it's because of the toxic environment, the stressful environment, that we are living in right now. There's never been a time when our kids have had to go through more stress, more anxiety, more chemical toxicity, more food toxicity, and more infectious exposure than ever before. So it's no wonder that we're seeing this. But the only way we can combat this is by doing things that will strengthen our immune resilience. There are treatments and then there's strengthening the immune resiliency, and there's a difference between those two. And the ozone, the stem cells, the PEMF, and all of those things are great, and they move the needle faster than if we don't use them, but you don't need them in order to continue to progress. They're just moving you faster.

Dr. Erik 44:46

So I think that's something I was trying to frame for my patients: "Look, we're going to get you there, but the chronic inflammatory response syndrome is going to take about three to seven years to get you to a place where you're going to be immunely resilient again. So don't get impatient. Don't think this is going to be a quick turnaround." I'm curious to hear what your thoughts are, on your journey, about how long it took.

Dr. Jill 45:15

I love that you said that—three to seven years. I love, love, love that because a lot of times doctors are overpromising—six months or three. There's no way. In my experience, six months was the minimum to see the tiniest budge of the needle. [It typically takes] 6 to 18 months to get out of crisis—that's crisis—[resulting in] maybe up to 30% better. And then, like you said, I'm five years out, and I'm 95% better, just like you. But I still—all those things we just talked about—I literally practice them every day. Every day, I incorporate those things. So I love that you talked about that because the reality is that if you're suffering out there and you think that it's going to be six months, you're frustrated because you think: "I am the outlier; I must be abnormal; there's something wrong with me." [I say]: "No, sweetheart, it's okay." I say that with compassion because having the wrong expectations is part of this too, isn't it?

Dr. Erik 46:11

Yes, for sure. I think that's a good sum, a good place to probably wrap it up.

Dr. Jill 46:19

Yes. Where can people find you? Like I said, I'll include all the links to the video from the Metagenics Institute, but where can people find you? And is there anything else you've got going on for future projects?

Dr. Erik 46:31

Yes. They can find me at the Temecula Center for Integrative Medicine, and the website there is www.tcimedicine.com. I've been working with Metagenics for the past year and a half to open a personalized lifestyle medicine center in Orange County, California. So you can find us there at www.plmc.com, and the background that you see is that new clinic there in Aliso Viejo.

Dr. Erik 47:04

Essentially, the new projects and the new things that I'm working on really have been this joint project with Metagenics. We're really hoping that as we get this established, we're going to be able to start cranking out some lifestyle medicine research, get a bunch of studies out there, and hopefully change the way medicine is practiced. We're working on some software development that is going to really revitalize the way that patients and physicians can communicate and partner in their changes from lifestyle to nutrition to sleep. Use the tools that we have. [They're] all in one succinct place where we can communicate and have that journey together.

Dr. Jill 47:47

I love this, and I love what you're doing because you're moving the needle on a much bigger scale. I've always had great respect [for you]. You've got a great business sense; you've done a tremendous job with all the creation you've done, and now [you're] pushing research and education and getting more. Both of us really want—whether it's a documentary or your work with the Personalized Lifestyle Medicine institute—to get the public to really understand this at a larger level. So thank you so much for your time today. This was an absolute pleasure. I think we hit on some really important topics, and I hope to see you on the circuit here soon or back out and about.

Dr. Erik 48:20

For sure. It's always fun, Jill, to have a conversation with you. It's always a joy and a pleasure, so thank you for the invitation.

Dr. Jill 48:28

You're welcome.