



Your Functional Medicine Expert®
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[#122: Dr. Jill interviews Dr. Tom Moorcroft on Enhancing Healing](#)

Dr. Jill 0:13

Well, hello everybody! Welcome to another episode of Dr. Jill Live. Today I have a special guest, Dr. Tom Moorcroft. We both love to ski, so we were just talking before we got on here. You're in Utah, right, Tom?

Dr. Tom Moorcroft 0:39

Yes, absolutely.

Dr. Jill 0:40

Are you in Park City?

Dr. Tom Moorcroft 0:43

Yes, right on the outskirts. It's a beautiful place to be.

Dr. Jill 0:46

Awesome! We're going to hopefully get together this winter, and we'll do some study of complex chronic illness on the slopes. How does that sound? Awesome! So, as you all know, you can find any of my episodes on Stitcher, iTunes, or YouTube. Please jump in there and rate, review, and subscribe.

Dr. Jill 1:04

Today, it is absolutely my honor to introduce my guest. We're going to be talking about glymphatic function, probably something you've not heard much about yet. But Dr. Tom is an expert. This will really shed some light on complex chronic illnesses. Many of you [listeners who] are out there—please say hello and tell us where you're from—have suffered from Lyme disease or co-infections [such as] Babesia, Bartonella, or anything else carried by a tick, spider, mosquito, etc. Or mold-related illness—a lot of you have suffered from that, and you know my own story with that as well. But the interesting thing today is that we're going to dive deep into the brain and glymphatic function. Tom will explain what this is. You might find some new pearls, tips, or things that would help you with these complex chronic illnesses. So please say hello, tell us where you're from, and we will jump right in.

Dr. Jill 1:53

Dr. Tom treats some of the sickest and most sensitive patients suffering from chronic Lyme disease, other tick-borne co-infections, mold-related illnesses, as well as children with infection-induced autoimmune encephalitis, also known as PAN and PANDAS. He specializes in optimizing glymphatic function—the brain's detox system. So that's what we're going to talk about today. He's also the creator of the Lyme Disease Practitioner Certification and Mentorship program and co-founder of MeditationRx, an online community using specifically designed meditations to awaken healing and overcome chronic conditions. Dr. Tom, I always have so much fun talking to you. Welcome to the show!

Dr. Tom Moorcroft 2:32

Well, thanks, Dr. Jill; it's so nice to be here. It's an honor. And hopefully, we'll have a really cool conversation, shed some light on some things, and give people some practical tips to help move their healing forward.

Dr. Jill 2:43

Yes, I know that we will, and I'm so excited to talk to you. We recently both spoke at the ISEAI conference, and you gave great information. So let's start. I always love to start with: How did you get here? How did you get into this? Tell us a little bit about your story and your own journey. Because often—as we talked [about] before we got on—this sheds a light and brings that passion and purpose to our lives, even though sometimes it's through suffering, right?

Dr. Tom Moorcroft 3:07

Right, yes. Sometimes through that suffering, we get the greatest learning and greatest calling, we realize. I was actually at the University of Vermont. I just loved playing outside—hiking and skiing and all the good stuff that we always talk about. I was on a wilderness trip, and I got injured. It was somebody playing a practical joke in a situation where they shouldn't have.

Dr. Tom Moorcroft 3:33

I was very interested in medicine at that point, just from a prevention perspective, but not really [interested in] being a doctor. The reason I went to school was to get into ecology and save the planet. So I was talking to all these adults who were my age and older. We were doing the research, and every time I talked to people, they were lame; they just wanted to talk about research and not actually take real action.

So I said to myself, "Who will take real action?" It's the kids. Kids get passionate, and then you can change the way they act for the rest of their lives.

Dr. Tom Moorcroft 4:07

So I went to the Institute of Ecosystem Studies in Millbrook, New York. I think they changed their name to the Cary Institute. Basically, I went there to teach alter[native] education, and I learned how to do it better so that I can really work with the kids and get them excited about integrating my passion for the outside into their lives if that was also something they liked.

Dr. Tom Moorcroft 4:28

During that time, my boss found me one day—after being a super high performer—she came over to me and was like: "You're not getting any work done. What's going on? I need this in an hour!" So she comes back to my desk about an hour later, and I'm staring at the wall, and there's literally a puddle of drool all over my chest and my belly. She's like, "I think you need to go to the doctor." At that point I was lost, so I went to the doctor and—

Dr. Jill 4:56

What age were you, Tom?

Dr. Tom Moorcroft 4:58

Twenty three.

Dr. Jill 4:59

Okay. Yes.

Dr. Tom Moorcroft 5:01

Yes, super young. So the guy goes, "Here's your Doxycycline because you've got classic Lyme disease," and "take [it for] 10 days and you'll be fine." So I lay on the floor for four days, and at 23, my parents helped me to the bathroom. I had drenching sweats alternating with freezing-cold shakes. But then, 10 days later, I felt fine.

Dr. Tom Moorcroft 5:24

Over the next eight years, they decided—as brain fog, fatigue, and joint pain crept in and ultimately irritability [too], because no one could tell me what was wrong—that I was depressed. Then I was [supposedly] bipolar, and then I [supposedly] had ADHD. And then ultimately, my favorite was... I went to my primary, I said: "Look, I've done all the meds, I've done everything you guys have asked for the last five and a half years. Please help me." And I said, "I have brain fog, fatigue, and horrible joint and muscle pain, and I need help." And he goes: "I know! You have fibromyalgia and chronic fatigue." I was just like, "You've got to be kidding me."

Dr. Jill 6:01

They're all labels, right?

Dr. Tom Moorcroft 6:03

Labels. It didn't give me a new way to figure out how to get better or even what the underlying cause was. So I kind of just gave up on everything and I went inside. I was in medical school at this point because I had switched a little with my own health. I was like, "I've got to look into this." And somebody gave me a yoga DVD one day. So I just looked at it and really dove deep into Ashtanga yoga. I started to notice that my body hurt less as I started to stretch gently. And granted, guys, I could only touch my kneecaps. That's pretty pathetic, right? I had been an athlete until all this happened. But still, that was way tight. But anyway, Jill, in the end, my brain couldn't calm down until I did six or eight months of yoga. Then I could sit and I could start to really feel it.

Dr. Tom Moorcroft 6:58

What was interesting is that even though I was in medical school at an osteopathic school, we were, at the time, one of 13 [schools] that had a nutrition class. But it was a pamphlet this big—[showing thinness of book with fingers]. Really, it was like, "B-12 does this." I started to change my diet before I even knew anybody who knew about diet because my body had said so. So I went into medical practice. I thought I was going to be an osteopath that did essentially cranial-sacral work and get paid to meditate and [say], "Here's your vitamin D, and let's get the energy flowing better."

Dr. Tom Moorcroft 7:27

But I found one person who had Lyme disease, and they just felt different than everybody else I treated. I didn't know who to send her to. I remembered back to when I was sick, and I was like, "I'm going to help you out," even though I didn't even know what I was doing because I had only been taught the old stuff. That started it. And I helped her. She referred one person [to me], and then the rest of it is just

history. You know, you just dive in. I knew how she was suffering, and I didn't want her to have to suffer for as long as I did. So I just grabbed the bull by the horns, and here we are today.

Dr. Jill 8:01

Aw, Dr. Tom, thanks for sharing that because there's so much compassion and love for you, for your story, and for what you've been through. Often, as healers, I really feel our souls are called to that. We don't really know it until we hit our 20s or 30s and find out: "Oh, we're actually supposed to do this." But part of a healer's journey is suffering. It's part of our schooling [and] our education. And I have suffered a lot as well—breast cancer, Crohn's, mold-related illness, Lyme, and co-infections.

Dr. Tom Moorcroft 8:27

Holy moly!

Dr. Jill 8:28

And the truth is, it was so hard in those times. But when I sit in front of a patient and they're describing their journey through cancer, their journey through Crohn's, or their journey through mold, there's such a depth of understanding. Often I'll shed a tear because I feel them and I know like you said—

Dr. Tom Moorcroft 8:42

... right in your soul, right?

Dr. Jill 8:43

It does. And for both of us, I think there's this passion for [asking], "What can we possibly do to help the world?"—because there is so much suffering. I hate that you had to suffer, but I love that it brings the heart of a healer to your practice and even that curiosity. That's the other driving factor in your story. There was this clear pattern of this curiosity, like: "What else? This doesn't make sense." Fibromyalgia and chronic fatigue are just labels. They're good labels that describe something. [But] they don't tell us why. I love the way you got into it because there's much more of a meditative, mind-body piece. I love that because I really feel like the next level of healing is the stuff we are talking about. So let's talk briefly about: What would you prescribe? How would you do mind-body yoga?—those pieces. Then let's go right into glymphatic and how those two [merge]. When did you discover glymphatics?

Dr. Tom Moorcroft 9:29

Yes. They tie in so well, and it's interesting. As you know, I love telling my story because it really motivates people and we can connect. And the other part is that when I was young, I was so connected to the planet—I was kind of trained out of it—being so connected with not just the physical and the emotional but the spiritual and the energetics of who we are. I think that was part of the reason I went through all this because we talk a lot about disease and dis-ease, and hyphenating it. And it was [that]. I was in a state of imbalance. I find that a lot of my patients—I don't think that they deserve Lyme or mold illness—I don't want them to suffer at all, but they can also look in and say, "Where was my life out of balance that made me a little more susceptible than maybe my neighbor?" and "How can I learn from that and then inspire others?"

Dr. Tom Moorcroft 10:19

I had always been more spiritual than religious, even though I grew up in a religious household. And I just wanted more. I would be out hiking [and I would feel] the energy and the connection, the grounding to the planet—I had always been drawn to it. And the thing that was interesting, I think, Dr. Jill, I was type A. I'm mountain biking, I'm racing, and I'm in medical school, and it's just like, "Pile it on!" because I said I could never calm my brain down. I programmed myself to believe I was ADHD, and I couldn't calm down. My nervous system was so hijacked by the way I thought and also what other people labeled me, like [what happened] with the ADHD [label]. Yes, I'm not the world's most focused person, but it's like a superpower, and we all have our own unique superpower. So when I started to get into yoga, what was interesting was that the energy that was flowing was just not flowing everywhere. And when I was able to open it up and allow it to flow where it wanted to—which also, at times, I had to experience some uncomfortable moments and allow myself to understand that it's a part of healing—like being able to eventually, in about eight months, put my chin on my knees, [going] from not barely being able to touch them. There's a lot of discomfort along the way.

Dr. Tom Moorcroft 11:40

It's interesting. I had a really great teacher. He said that yoga is movement on breath at the beginning levels. So he said that if you're not able to fully breathe, you're pushing too hard. And I had never really found a gauge to understand when I should push and when I shouldn't. I've just taken that lesson into the work that you and I do, understanding that sometimes you've got to push a little bit, but sometimes you've got to put the brakes on, and that gets us to the end faster. And this breathing—it was like, "Oh my God! Now the energy can do its healing work," whether that's a Herxheimer reaction or I'm just stretching and breathing into it.

Once the energy started to flow, I actually could understand what was just me not allowing it to do its work and what needed to be treated and go away. So I was able to learn respect for the way my body was healing itself and realized my body hadn't betrayed me; it was really working so hard to heal me. It was my mind assuming it knew the answer. That was more of an accidental betrayal, if you will.

Dr. Jill 12:50

Oh, Dr. Tom, I love what you're saying. I can relate on so many levels. The things that come to mind are, number one, the left brain and right brain [balance]. I come from this analytical, engineer family, and they're brilliant; I love them, but I thought I was one of them. I was actually this hippie, rebel, spiritual, and creative [type of person]. I was in that family, so I tried to become that, trying to suppress my sensitive nature—my right side, my creative side—I went into bioengineering, medical school. It's very masculine, very allopathic, and very driven. I suppressed this other side.

Dr. Jill 13:22

Now, [on the other hand]—we were just talking [about it] before—I'm writing a book, doing a documentary, [and] I'm becoming much more [of] a creative artist. We were just talking about creating space for that too, right? And that's my true nature. But it's actually this combination because in medical school—I don't know about you, but it sounds like our experience is similar—it's so driven by the analytical left mind that you start to not trust your intuition, and you start to lose touch with your spiritual self.

Dr. Jill 13:43

As I've gotten reacquainted with that part of myself and [have] become more kind to that part of myself—instead of saying, "Shut up, you don't know what you're talking about"—and [as I'm] integrating these right and left parts, I have much more wisdom to help patients. I have so much more healing within myself. And I hear that in your same journey—how you touched base with nature, how you were so connected. I feel that too, and I think that's the spiritual, right brain, creative part of ourselves. But there's wisdom there, right? And we kind of say, "Because that's not medicine, that's not wise." But the truth is that those two together breathe brilliance as far as solutions [go]. So that's number one.

Dr. Jill 14:18

Number two, I hear you saying, like me, we're driven, we're pushing, and we're putting the sympathetic system in a tone that's way up here. If it's a scale of 0-10,

we're at 9 all the time. That will literally completely suppress our immune system. And our limbic system is completely [in] fight or flight [mode] all of the time; we can't heal there. What you're talking about is the same path I found to healing; it's like going down. But what happens is that if you have old trauma, old pain, or old suffering when you're in a high state of 9 out of 10, you just suppress that; you don't feel it. I didn't have anger, I didn't have sadness for years, and I didn't have pain.

Dr. Jill 14:51

But when you start to downlevel, whether it's [through] yoga or meditation or sitting with yourself or being quiet or being in nature, this stuff bubbles up, right?—and it's uncomfortable. So we have to be okay with a level of not only uncertainty but [also being] uncomfortable—anger and sadness and all these emotions. But as we do that, it's almost like the kindest thing we can do to our body because it's [like] saying, "I trust you to be okay even if it's sad, even if it's painful, even if it's hard." And our body, literally, our soul, will respond by helping us heal.

Dr. Tom Moorcroft 15:23

It's so true. It's interesting because as we keep trying to steer ourselves toward the glymphatics, which this whole conversation actually does, one of the things that comes up so much for me is the fight, flight, or freeze mechanism when we talk about safety in the limbic system.

Dr. Tom Moorcroft 15:38

What's interesting is that in my life, when there's [been] a big change, a lot of times I've taken the time and done everything right. Even the other day, I didn't sleep. I don't have sleep issues; I sleep great. But I was up all night, and I was like, "What just happened?!" I was a little irritable the next day. My wife goes to me [and says], "Every time you get really close and you do some deep work, this happens." A lot of people experience this right as they're about to make this huge shift—something really big blocks their way. I've heard it described in many ways.

Dr. Tom Moorcroft 16:12

But I love the safety conversation because if we can't understand that we're safe, we can't heal. And the areas of the brain that allow us to understand that we're safe are also ones that Lyme has been shown to negatively impact. Lyme can physically put you in this unsafe zone—and I would be willing to bet that things like Bartonella and even mycotoxins [can do the same]. If we did enough SPECT scans, we'd find that out.

Dr. Tom Moorcroft 16:36

But I was thinking about this a lot. It's almost like self-sabotaging. Why does it happen so frequently in our people? And why does the community talk a lot about this illness mentality? What I realize is that a lot of it is about familiarity and unfamiliarity. [For example], our kids want to watch the same show over and over. They want to watch the same movie. They want to listen to the same music, and the adults are like, "Oh my God!" But it's familiar, so it's safe. That's just a normal developmental thing.

Dr. Tom Moorcroft 17:05

So if you think about when I got Lyme disease when I was first sick, I was so pissed off. I was like, "I'm sick, and I need to get better!" But as I'm chronically sick over time, that actually becomes a more familiar state than wellness. So by accident and through evolution, my nervous system and my heart even, to some degree, started to view that as safe. So now, when we treat someone and we get them better, they take a big step forward or they have a flair—a Herxheimer type of thing—that is no longer safe. And you're like, "Why don't you want to get better? That's what you came to me for." But it's an interesting piece of how the limbic system works with safety.

Dr. Tom Moorcroft 17:45

I always try to get people to work on the things that they love in life and focus on that so that even when these moments come up, they can go back to that sense of love and gratitude. Because, as you mentioned, we see that our immune system gets suppressed by stress, and when we're in love and gratitude, even if we just have to set a reminder on our phone to get us there for a moment a day, we get that immune boost, and we can improve things like heart rate variability. These are all really important because, in the end, when we go and look at glymphatic function, everybody wants to detoxify, and I'm like, "The first thing you need to detoxify is your emotions and your trauma and all that," unless you're in the acute state.

Dr. Tom Moorcroft 18:26

But then it's like, "Let's look at how we actually detoxify the body." As an osteopath, I'm so fortunate; we look at how the body functions. So the lymphatic system is how we get all those toxins out. And in our arms and legs, it's about muscle contraction and movement. In our midsection here, in our chest, in our belly, in our pelvis—and thinking about even healing people with ulcerative colitis or Crohn's [disease]—it's [about] pressure gradient changes. So then we need to breathe deeply, which is why

all of us are saying, "Breathe into your belly; allow your pelvic floor to descend." Find time, because not only is that going to calm your solar plexus—which is kind of your second brain area, the nervous system of the gut—but it'll physically clean things up. But as it tones down the nervous system, it feeds back to calm the vagus nerve, which then gets us into the head.

Dr. Tom Moorcroft 19:19

The way the head drains and we detoxify our brain isn't through supplements or IVs; primarily, it's through sleep and deep sleep. So there's this cool system that we've been talking about—the glymphatic [system]. What happens is that there are arteries all through our brain, and along the side of them, the cerebral spinal fluid comes in and moves into the brain substance and actually kind of creates a fluid wave with this interstitial fluid. Essentially, both of these are almost completely water. So it's the water inside the head. We're just pushing through the brain between the arteries and the veins, and then along the sides of the veins this water drains. And that dirty water comes out along a lot of our cranial nerves, especially about 30% through our nose. It doesn't function optimally unless we're getting good sleep.

Dr. Tom Moorcroft 20:17

So when we're working on our spirituality, our energy, and our calming, going from that sympathetic—or that really frozen parasympathetic—down to the joy and the love [and the] gratitude part of the parasympathetics, that's actually one of our best brain detoxifiers and drainers because it calms the nervous system, so we can start to sleep better.

Dr. Jill 20:39

Wow! So this is huge. So glymphatics are the drainage system that is outside the blood vessels—kind of like the lymphatics of the brain—if I'm saying that right.

Dr. Tom Moorcroft 20:46

Absolutely.

Dr. Jill 20:47

It's a more simplified version. And again, it's draining toxins and all that stuff that's happening while we sleep, and deep sleep is key. So, Tom, we have a lot of patients who are tracking with an Oura ring or whatever and either aren't getting a deep sleep or [are only] getting 5-10 minutes [of deep sleep] a night. Where do you start

with people who aren't getting good, deep sleep?—because that's a big question. I bet a lot of listeners are curious about what you have to say on that.

Dr. Tom Moorcroft 21:09

Oh my gosh, right. The famous functional medicine response is: "It kind of depends." It's very specific. But there are definitely some things. We look at sleep hygiene. I mean, certainly, there are so many [things]. Your bed is for two things when you're an adult: Sleep and sex. And if you're a kid, it's just one of those, and it's not the second one. So we need to create a sleep sanctuary. For me, cool, dark rooms help you sleep. I have sleep routines. Sleep routines start hours before bed. We want to get off the screens whenever we can. If we absolutely can't, we want to have blue blockers or remove the blue [light] from our screen. But we want to have a de-stressing ritual.

Dr. Tom Moorcroft 21:57

One of the things that I notice is that a lot of my patients tell me that they have a hard time sleeping, and then they tell me on and on and on about how hard it is to get sleep. I'm like, "What about all the good things that go on in your life?" I think about [it this way]: Updating my operating system. What are those constant thoughts I'm thinking about over and over [again]? If they're saying, "I can't go to sleep," well, then maybe I might want to change that a little bit.

Dr. Jill 22:23

It's like neurolinguistic programming, right? We say that, and our subconscious is like: Well, you've said you can't sleep, so I must make that happen. And then it's done; we can't sleep. So I love the thought that we can retrain and actually verbalize something more positive.

Dr. Tom Moorcroft 22:36

Yes. Think about [it this way]: Whatever is in your head or coming out of your mouth is literally the program that you're running all day long, so think about what your program is. Tell your doctor and maybe a support person your basic symptoms, and then let it go. We have a patient commitment agreement when people come to see me. Part of our agreement is that you get to tell me your full story exactly that many times [holding up his index finger]—just once. Outside of that, I want you to make a commitment to yourself that after you write it down and we have it documented, you're allowing it to go because you put it in our hands and we have it safe in our medical record. So it's there for anyone who needs it. The

only time we go back to it is if we need it for medical treatment. And then we go back to focusing on what you want, which is good sleep.

Dr. Tom Moorcroft 23:26

Being the medical school type of person that we talked about earlier, I like to make things really complicated. So then I said, "Okay, I've done all this training and all kinds of things, but it's so hard to get to that question: 'How do I just get to bed?'" So one of my favorite things to do is really simple: At the end of the day, I give myself three to four minutes, I grab a piece of paper—and paper is obviously better than a tablet—and I write down three wins for the day. I just write down three things that are great. And if I have a really lousy day, I just write out three lessons, because those are sometimes the biggest wins. And then what you realize is that sometimes it doesn't have to be a big win; it's just [about] recognizing you had wins. Then what I do is look those over, and then I write down three wins I'm going to have for tomorrow. I think about the things that I just want to get done. And then I just put it down and go to bed.

Dr. Tom Moorcroft 24:18

Everyone's like, "Why do you write down three wins for tomorrow?" Part of that is because as soon as I say tomorrow I'm going to do X, Y, and Z, your conscious mind starts to say how you're not going to do it. Like, "Tomorrow night, I'm going to sleep well." Well, immediately you're going to be like, "Well, in the past I haven't slept well," and "you can't do that because you're going to be stressed out." What's really cool is that when you eventually fall asleep, you dissociate from your conscious mind. And then your subconscious actually gets tapped into superconscious knowledge, and now you can create this.

Dr. Tom Moorcroft 24:49

Now if you just bear with me for a couple of days and do this, what you'll find is that when you wake up in the morning, you read them over—that's 15 seconds, so you spend all of three minutes and fifteen seconds planning—by the end of the day, like three or four, you're not going to be able to do three because you're going to have 20 wins for the day, and you're going to be planning your whole next day. What's really cool is that you start to see the gratitude build for these little wins because you're savoring it. It's like you take a sip of wine, and instead of just chugging it, you just taste it, and you just let all the flavors change over time. What will happen three or four days [later], [is] you'll feel this lovely energy in your heart. All your energy will sink in, you'll ground, you'll take a nice deep breath, and [you'll] go, "Oh,

my life has really got some good stuff in it!" And there are also some bad things. And then sleep starts to get easier.

Dr. Tom Moorcroft 25:43

But sometimes it's like work. When I did the yoga, or if you want to run a marathon—or for some of us, we want to go from our couch to our bathroom and back—we have to work out a little bit to do that. So work out that mental and emotional muscle. Your brain wants you to heal, and your heart wants you to heal. So just look at it. Even as I'm talking about it, my energy is getting so calm, and I'm like, "I want to go to bed now."

Dr. Jill 26:08

I love that. And we see what we're programmed to see. So if you're always looking for what's wrong, always looking for what's going to happen, and always looking for the storm that's going to come, you're going to see it. I literally have a friend who's very negative. Whenever I talk to her, I ask at the end of the day, "What was the best thing that happened to you today?" For a while, there was just silence. And now I'm helping to shift that to: "What good happened today? This is all the bad." It really does make a difference.

Dr. Jill 26:41

And then, like you said, the subconscious will has no brain of its own. The conscious argument is all of our consciousness, right? The subconscious will just do what we tell it to do. It doesn't argue; it doesn't question. Years and years ago, when I was suffering from Crohn's and trying to reprogram my brain, I would take walks and I'd say: "Every day in every way, I'm stronger and healthier, wealthier and more resilient, younger, and more beautiful. I will overcome all obstacles and outlast all adversity. Things are turning in my favor!"

Dr. Jill 27:06

Literally, every one of those things has started to [come true]. I'm like, "Oh my gosh, I'm stronger and healthier." All the things that I had said really are manifesting. It's starting to become part of [my subconscious mind]; I can say it without thinking now. And sometimes, when I walk upstairs, it'll just come to mind. But what happened is that my subconscious just took it and ran with it, and [the subconscious is] like: We've got to make these things happen because Jill says it's true.

Dr. Tom Moorcroft 27:26

Right! It's really interesting because there are so many little tidbits where you can play around with this. One of the things I did was every time I came to a stoplight, I would feel my energy. But it was in my body because I'm very empathic. So a lot of us who are empathic [individuals] and a lot of people with chronic illness either were empathic or they get turned on to their empathy, and then they get flooded from outside because a lot of empaths lose their barrier. So it's almost the edge of our aura is not quite—

Dr. Jill 27:59

Permeable, right?

Dr. Tom Moorcroft 28:00

It's very permeable because we haven't decided how to turn it up and down when we need to. So we have to learn that. And with chronic illnesses, it's like boom! "Oh my goodness, it's on." So one of the things I did was just ground my body and start to be aware of it. But the one thing—as you were talking about it—I remembered was that I would find it great almost everywhere except [for] a couple of spots. One of the things I learned was that if I can just say that those areas of energy that really aren't me—they're kind of stuck but they also may be from outside, like maybe from Lyme or even mold—100%, it's totally cool for them to exist. I totally respect their existence. But they're just not welcome in my energy and in my body anymore. It's okay for you to be out in the ether or wherever, but it's just not [okay to be] in me. It allowed me to really get this thing and to feel grounded because, [for] a lot of us, our boundaries get so lost because we're just looking everywhere. We're like emotional sieves when we're not feeling well. That's the beauty of it—we can learn to be in that place.

Dr. Tom Moorcroft 29:11

From a sleep perspective, I have people who still have a hard time. If you're just an insomniac [type of] person because you stay up too late on TV too much, I'm like, "Hey, get up in the morning a little early and go exercise." Well, a lot of our people can't do that, so I have created meditations where we have binaural beats that, if you put your headphones on, actually help your brain calm down.

Dr. Jill 29:32

Okay, I love this. I'm totally on board. I love this. Tell us just a little bit about [it] because there are different frequencies in the ears, right?

Dr. Tom Moorcroft 29:39

Yes. And if you want to get to a certain delta brain frequency, or whatever, that is getting you to deep sleep, I like doing simple math rather than the math the people that make these tracks do. But, essentially, you have 14 beats over here, and you've got 10 beats over here. These cool parts of your brain called the olives—of all places in your brain—will actually subtract it out and just leave you with four. So when they talk about binaural beats or brainwave entrainment, while listening to this, they can actually slowly but surely bring those frequencies closer until your brain subtracts them down, down, down, until you're kind of resonating with the sounds, which brings the frequency of your brainwaves down. And then, before you know it, you're falling asleep.

Dr. Tom Moorcroft 30:29

I couple that with meditation tracks where I'm walking people through. The one that I like the most and that my patients seem to give me the best feedback on is [where] we walk through different areas of your body, just letting them become more fluid and releasing any tension that you have. And then, in that particular, going to bed, I kind of let go of the energy talk, and we just really allow it to be about fluidity and relaxation. And then people are finding that they're falling asleep that way as well.

Dr. Jill 31:00

That makes so much sense. I love that you do that for patients, and I love the binaural beats because I've always felt like those have been really helpful. For me, PEMF mats, some of those frequencies are really [effective]. I sleep well, so I'm one of those fortunate [ones]. That's not my area. But when I track it, I went from, say, an hour and a half of deep sleep, which is great for seven hours, to all of a sudden two or three hours of deep [sleep] in maybe five and a half hours. So it compressed, and I would have 30% or 40%, sometimes 50%, of deep sleep, which is crazy to me. What happens with that is that I normally get seven hours; I need about seven hours [or at least] six and three-quarters [of an hour]. But on those nights when I get a lot of deep [sleep], I can wake up after 5 1/2 hours and feel amazing.

Dr. Tom Moorcroft 31:42

Boom!

Dr. Jill 31:43

Right. I had all that deep [sleep]. Yes. I feel superhuman in the sleep realm because I've got that hack. For me, the mat was the thing that really shifted it.

Dr. Tom Moorcroft 31:49

I think that's so key because I definitely use PEMFs. I have a mat. I've got a little portable device. Some of my patients are super sensitive.

Dr. Jill 31:58

Don't you think [of] 'impasse'? We are probably more sensitive than the average person because we feel the energy.

Dr. Tom Moorcroft 32:05

It's interesting because some of my people feel it and they're like: "Oh my gosh! I'm freaking out. Oh my gosh!" And I'm like: "I feel it too. I can actually feel it from across the room when you're on it, and your body loves it. But you're moving like I was in the beginning when that energy starts to move in more natural ways. You're not comfortable with it." So it's that unfamiliar lack of safety thing. So we work in that direction. But yes, I love PEMF. So many different frequencies in the Schumann resonance are—

Dr. Jill 32:33

Yes, that's the one I use to get sleep—the Schumann.

Dr. Tom Moorcroft 32:35

Holy moly, right? It's just like floating, in the embryo.

Dr. Jill 32:39

Totally! And for those who don't know Schumann frequency is basically the earth's magnetic... So if we walk barefoot on the beach or you're in nature, you're probably getting some of that. If you love nature and feel calmed by it, like both Tom and I do, that's probably a piece [of the usefulness of it]. For me, that's the frequency that gives me the best deep sleep.

Dr. Tom Moorcroft 32:56

Absolutely. I also have a higher-end grounding peg. I actually take my TriField meter and then all these other millivolt meters. I've tried multiple ones [before] and

I found one that really works to bring down the actual EMFs rather than just saying it. So I'm recharging myself with the negative ions from the planet every single night. I'm also protecting myself to some degree from the EMFs around me.

Dr. Tom Moorcroft 33:23

Oh my gosh, I almost forgot. [I'll share] one of my favorite tips, talking about EMFs and electricity. WiFi is terrible for sleep, but you don't have to worry about it because it's not about none. Even [with] mold exposure, it's not about none. I think of it as two things: We've got an ability to deal with crap, and we have an amount of crap to deal with; and when the amount of crap you have to deal with is above what you can [handle], well, that's what you feel like. So we have just two goals: Bring down the amount of crap and improve our ability to tolerate it if we really want to simplify.

Dr. Tom Moorcroft 33:54

From a WiFi perspective, a lot of people with inflammatory diseases, even rheumatoid [arthritis] or lupus, and a lot of these other things, if we took their red blood cells and we did a live smear, you'd see a stacking of red cells often called 'rouleaux bodies.' What's really interesting is if you do that to someone pre- and post-WiFi exposure, if you turn on the WiFi router, you'll actually see your red cells stack as if you had inflammation. You can actually look at brain wave studies and see that there's more irritability. But the beauty about WiFi is that the distance is huge. So this is why we want all electronics out of your room in general.

Dr. Tom Moorcroft 34:35

But the other part is for WiFi routers, I just tell people to get a timer so that they can set it and forget it. At whatever time is bedtime generally, you have it turned off. And then you have it turned on a few minutes after you wake up. That way everybody in the house gets to calm down and sleep better, and you don't have to think about it and remember to do it every night.

Dr. Jill 34:58

Tom, that's brilliant, because I've heard of switches and stuff, but again, unless you have a switch wired by your bed... The timer is brilliant. I love that idea. I really do.

Dr. Tom Moorcroft 35:05

That's like eight bucks or something, and you'll have it for the rest of your life. It works so easily. Thank you.

Dr. Jill 35:10

Brilliant. Actually, I have right beside me a professional grade meter, so I actually test these things. And sadly, my house is not wired yet. It's still WiFi. Fortunately, I'm not super sensitive, but I know I could feel better if I were to do that.

Dr. Tom Moorcroft 35:36

And the cool part, Jill... I have a lot of people who live in New York City and stuff. They're like, "I can't get away from it. I turn my phone on, and I see 75 WiFis." I'm like: "Great. That's not a problem because it's about distance." We live in a world where we don't need to be afraid of everything. We could be. But we're not going to change the rest of New York City. We can just give our immune system and our nervous system a little calmer. And that's really what it is—little things add up in my experience.

Dr. Jill 33:58

So just to summarize your router distance from your human body, that's what you're talking about. So you either have it in the farthest room from your bedroom or you turn it off at night or both. The same with the phone; I've noticed a massive difference in sleep, of course, when my phone is off. Nowadays, the high-end iPhones 12/13/14 sometimes still transmit when they're off, so you have to be really careful. I won't even go into that. I should put it in airplane mode; I should clarify that. I think some of the newer ones are actually transmitting when they're off, but either way, at least turn them off.

Dr. Tom Moorcroft 36:34

Yes. I have a mom who's almost 83. I've got brothers and family members with younger kids and everything. I've always heard that being about 12 feet away from your bed is pretty good. So I put mine on airplane mode. So [at night] it's WiFi turned off on the phone, Bluetooth turned off on the phone, and I put it on do not disturb [mode], and my favorites are only the emergency people because we don't have regular phones anymore. So I just put it pretty far away, as if it were almost in the other room.

Dr. Tom Moorcroft 37:00

But the other part that's really interesting—I have a video of this somewhere—we were testing the grounding pegs to see how well they really work. On one of those torchiere lamps with the dimmer, my daughter grabbed the thing, and we got a

baseline reading. She walked over to it and hugged it, and it was like 13,000 milli... It was insane. The thing made a noise I had never heard before. So one of the things that we think about is trying to keep the head of our bed away from the outlets. The thing to remember is that whatever you plug into that wire becomes another transmitter. So [I mention this] not [for you] to go crazy and [get] paranoid, but if you have a light by your bed, have it going away [from the bed], not closer. Little things like that [can be very helpful].

Dr. Jill 37:42

I can totally vouch for that because I've had a professional [inaudible] just come in and assess, and the head of my bed, which has an outlet that has my lamp and my phone cord charger and about five things plugged into it, was the highest by a longshot compared to everywhere else. So I did the same thing. I pulled the plugs and put them away from the bed. It's these small things—it doesn't have to be: "Surround yourself with aluminum foil."

Dr. Tom Moorcroft 38:08

It's so funny. Years ago, at Mindshare, they were asking for social media haters. And just to kind of send something in, I had done a talk for ILADS about this, and I said: "Look, a lot of my patients feel better." This is another thing that people should be aware of with sleep because now I sleep great. I've slept great for 15 years—actually, no, 12 years. Before I forget, I had 13 years from the tick bite and infection. Eight years later I got diagnosed. Then it was 13 years [of being] symptom-free. But I've been 15 years—sorry I keep saying 15; I just realized I've been in practice [for] 15 years last week. [I've been] 13 years symptom-free. You can get better.

Dr. Tom Moorcroft 38:59

When I first started to sleep, Jill, I was four hours, twelve hours, it didn't matter; I said, "Sleep when you're dead." But when I learned the importance of sleep for brain detoxification, I started to go on this mission to learn how to sleep. For the first 10 months, I was more tired in the morning. But I started getting [more] energy at the end of the day. So over that 10-month period, I would get better and better energy. And then, ultimately, I woke up rested. But my body had a sleep debt. So if you're getting better sleep through all the things that we're talking about—your meditative practice, maybe your supplements or peptides or whatever you're using, or just turning off your WiFi—you will probably be more tired for a while as your body is getting more and more sleep and wants more and more to heal. So it's normal to actually feel more tired when your sleep treatment is working—for a while.

Dr. Tom Moorcroft 39:55

What was really interesting was that my sleep had gotten better, and I went to a conference where I learned about all this WiFi stuff. So I go home and turn off my WiFi router. I did not sleep for two weeks. I had horrible insomnia, and it was like detoxification.

Dr. Jill 40:10

It's because the body is set—9 out of 10, right? Your body is here [raising hand] and you're like, "What the heck just happened?!"

Dr. Tom Moorcroft 40:14

Right! But two weeks later, I felt fine. So then I'm sleeping great again, and then all of a sudden I'm up all night, and I'm like, 'What?' And this happened three or four times. Then I go, "Hey wait, let me see if I didn't turn off the WiFi." I forgot to turn off the WiFi. So whenever the WiFi is left on, I'm kind of awake. I'm like, "That's really interesting." So it's just to be aware. That's where I put a timer on it.

Dr. Jill 40:41

Brilliant! It's the best tip of the whole thing. Well, there are all kinds of good tips—I didn't mean it that way. But I mean, that's a really practical one. I'm going to go do that. So let's kind of summarize. I would love to leave listeners with: What's the most important thing if people are like, "Where do I start"? We talked about sleep. Give us a little takeaway point here.

Dr. Tom Moorcroft 41:02

I remember clearly standing in my apartment in medical school at this point. I might have been 27 or 28, and [I said to myself], "I've been five years into this journey of just a shitshow of feeling crappy." I remember really clearly that I saw my whole life in front of me. And I was like: "I've got two choices. What I feel like [doing] right now is giving up and just crawling in a hole. Or I just say, 'I already feel that way, and there is no way in hell I'm not making it to my dreams.'" I was newly married. I wanted a family. I loved playing outside, and all those things seem to be going away for me. The moment I said it was more important to me to focus on what I wanted than describing my illness...

Dr. Tom Moorcroft 41:51

I'm never going to forget about my illness, right? It's there. We're not pretending it doesn't exist. In fact, that tells me where my biggest growth potential is. But I

clearly remember the exact moment that... Just like with my wife, the second that we knew that we were meant to be together, it was the exact same moment for both of us. When we talk about quantum leaps in healing or quantum leaps in anything, I think the quantum leap is more the instant you make the decision that you are worthy of having all your goals [met], that you are worthy of healing, and that no matter how hard it is, you're going to give it a shot to go there. Because then it opened up all the doors where I learned all this stuff. Before that, I was just struggling. It's not to say, "Just think about the positive things and you'll get better," because yes, that might work, but realistically, you need to do a lot of stuff. But it gave me hope rather than hopelessness.

Dr. Tom Moorcroft 42:46

When we look at the way the brain functions in safety, hopeless is without hope, and when we move to hope and gratitude and just the joy of the possibility, that shifts our immune cell system up. It shifts our heart rate variability up. It shifts our parasympathetic nervous system up, which then allows us to sleep, and then we can do all the stuff we've been talking about. But until we declare that we're personally more important than our illness, it's going to be a self-fulfilling prophecy the other way.

Dr. Jill 43:19

I love that, Tom. I love it, love it, because you really have to believe that something else is possible, and that belief opens the door to an amazing experience. Even with difficulties, it's still an amazing journey. Tom, thank you so much for sharing your life, your work, and all that you've done. We could talk a lot longer. We'll have to do this again. But I truly thank you. And thank you for all that you've gone through in order to learn to help other people.

Dr. Tom Moorcroft 43:44

Yes, well, thank you so much. It's an honor to be here, and thanks to every one listening. And thanks for all the work you've done. It's so nice to be able to have a conversation because you've always been such an inspiration, and now we get to hang out and do things. So yes, let's do it again soon, and thank you.

Dr. Jill 43:57

And the skiing is coming, right?

Dr. Tom Moorcroft 43:58

Definitely skiing.

Dr. Jill 44:00

Awesome! Thank you so much, Tom!