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[140: Dr. Jill interviews Dr. Darin Ingels on Tips for Controlling Your Allergies and Asthma, MCAS](#)

Dr. Jill 0:12

Well, hello everybody! Welcome to another episode of *Dr. Jill Live*. This afternoon, I am so excited to have my friend Dr. Darin Ingels. He's written a book; we'll talk about that. And today we're specifically going to be diving into allergies and asthma. I know many of you either suffer from them, have suffered from them, or maybe your children or [other] family members are suffering. So we're going to do a deep dive. Also, at the end of this, we're going to be talking about another resource, a summit that is coming up that Dr. Darin is a part of, and how you can get access to all of those lectures for experts and other information. So not only will you hear some good information today, but we'll leave you with some follow-up if you want to dive deeper and get more information.

Dr. Jill 0:53

As always, if you have listened to past podcasts, you can find me on my YouTube channel [and] on Facebook. We have over 100 episodes. We have another episode—I think it's in the early 60s—with Dr. Darin. That was fun. We talked about Lyme disease and his book.

Dr. Jill 1:08

Let me introduce my guest, and then we'll dive right in. Dr. Darin Ingels is a licensed naturopathic doctor, author, international speaker, and leading authority on nutritional medicine. He's a former Lyme [disease] patient who overcame his three-year battle with Lyme disease after having failed conventional treatment and becoming progressively debilitated. Dr. Ingels found the proper diet, lifestyle, and natural therapies working with his body to heal instead of against it. Then he applied what he learned about diet and lifestyle to his own patients and found they recovered faster with [fewer] side effects. I love that approach. He's treated thousands of patients. And his book, *The Lyme Solution*, if you haven't got that, you definitely want to get a copy. You know, Dr. Ingels, there are a lot of Lyme books out there; yours is one of my favorites. I know we're going to dive into allergies and asthma, but maybe I'll just start here. If you've heard a past episode, you may have heard some of this, but give us just a brief snapshot of your journey of finding how these natural medicines help to heal your own body.

Dr. Darin Ingels 2:06

Yes. Well, I moved to Connecticut after my residency and got Lyme disease right before I opened my own practice. I got treated very quickly and recovered within a matter of days. But when I started my own business like you know, I couldn't afford [to hire] staff. So I was doing everything myself and working long hours. [After] eight months on that schedule, I relapsed and started having a lot of the symptoms come back. So I went back on antibiotics, didn't get better, changed antibiotics, didn't get better, and went through almost nine months of antibiotics and actually got a lot worse. I was fortunate to have found a doctor in New York City named Dr. Zhang, who's a Chinese medical doctor and acupuncturist. He started treating me with Chinese herbs and acupuncture. But it was also the realization that I wasn't doing everything I'd told my patients to do. I wasn't eating well, sleeping well, [or] really taking care of my body, and my body let me know. So it took another three years to feel like I got my energy back, got my life back, and eventually got to a point where I was symptom-free. So I really just applied what I was doing to myself, like we all do [with] our patients, and I was like, "Oh, the stuff actually works when you do it." So it was my wake-up call that you've got to pay attention to your body and do all these things that are inherent to having a good, healthy body—good sleep, good nutrition, and really taking time for yourself.

Dr. Jill 3:29

I love that. Especially in medicine, in the world you and I have trained in and grown up in, there's such an emphasis on putting aside your needs for the sake of the patient, your career, and your family. And that's all beautiful; it's a very sacrificial kind of mentality. For me, medical school was like, "How long can you hold your pee and not eat [or] sleep and still survive?" It was training for [things] like ignoring any of your body's signals on what your body actually needs. I just talked to a recent colleague and friend who has a large podcast. She was like, "I had to relearn to go pee when I needed a pee because I would always be like, 'I have to hold this, I've got things to do.'" And literally, she started getting bladder infections. So [it's about dealing with that] kind of mentality [and] relearning [things]. And actually, sleep does matter, and relationships matter, and all those things. So [it's] really, really important stuff. And like I said, I love your book. We'll be sure to put a link to that as well, if you haven't taken a look at that.

Dr. Jill 4:20

What I also love about your story is that antibiotics are perfectly appropriate for some people, and I use them in clinical practice. But I find, like you, that there's a definite percentage that don't do well. And what I love is that you've given us

alternatives to go down a path of real healing with a much more natural alternative. I find the herbs and the remedies can be just as powerful and maybe more sustainable because they're not destroying the microbiome, and that's your journey too. So thank you for bringing that information.

Dr. Jill 4:48

Well, let's shift because over 50 million people in the US are affected by allergies and asthma. I want to frame this because I grew up on a farm, [being] one of five children. My youngest brother had such severe asthma. I remember one day in a hotel that probably was moldy, where literally we were calling the ambulance. I didn't know if I was going to see him again. He was probably five or six years old. His asthma was so bad. He was turning blue, and he couldn't breathe. And still today, it chokes me up because I'm the older sister and I see my little brother, like, "He can't breathe," and I'm seeing how serious it is. One thing it led to in him and his life was a deep faith because he prayed. He felt like that—not that that fixed him—was the piece that gave him a stronger sense of purpose. He felt peace in the midst of not being able to breathe.

Dr. Jill 5:32

And then, for me, I grew up with horrendous allergies. I had eczema where I'd bleed on the sheets at night. My skin was so itchy and excoriated. During harvest season, September through March, I had to stay inside. It also created part of my love for books because I couldn't be outside on the farm. It was corn and soybeans and the dust, and I was so allergic. So this topic is so relevant to me personally. Now at this point, because I've done a little work around it, I don't have allergies anymore. I really don't.

Dr. Darin Ingels 6:00

Yay!

Dr. Jill 6:01

I know, thank goodness, it's amazing. I mean, this is a big problem. I think it's very relevant. And I think even post-COVID, the mast cell stuff... Give me a framework of how you're seeing this. How many more people are being affected? And how big is the problem?

Dr. Darin Ingels 6:15

Well, it's an enormous problem, and it's getting worse. That's the sad thing about this [is that] Fifty million people, I think, is probably generous. My practice is filled with people dealing with allergy and asthma. Again, I work with a lot of people with Lyme disease and autoimmune diseases, but there's this element of allergy in a lot of people. Asthma may be a little bit different. But if you think about what we define as 'allergy,' it's more than just hay fever; that includes a lot of different things. Allergy can affect, of course, the itchy eyes, the runny nose, [and] the sneezing. But it's the chronic chest congestion, it's the chronic eczema, it's the chronic gastrointestinal problems. Even a lot of neuropsychiatric symptoms can be a sign of allergy. And if you've got a child that's having PANS or if you've got chronic migraines, you would never even think that allergy might be part of that. Yet, we know there are some people who have a lot of mast cells in their brains, and when they get an allergy, they don't get hay fever; they get neurological symptoms. So if we broaden our idea of what 'allergy' really means...

Dr. Darin Ingels 7:19

In the conventional allergy world, allergists look at a very strict definition of allergy being an IgE-mediated reaction. And that's part of it. But it's interesting when you read European journals versus American journals on allergy; their definition is much broader and encompasses IgE, IgG, [and] there's T cell-mediated. So there are a lot of different ways our immune system can create symptoms that we loosely define as allergy. But the fact that there's so much environmental influence of creating allergy. Yes, there is a genetic disposition. We know that if one parent is allergic, there's about a 20% chance your child will be allergic. If both parents are allergic or have allergies, it goes up to, like, 80%. So there's a huge genetic disposition. But look around our environment: Toxicity, glyphosate, herbicides, pesticides, phthalates, [and] the list goes on and on. All of that creates this environment where our immune system, honestly, just gets confused. It can't distinguish what's part of our world [from] what's not part of our world, and then we get this mass collection of symptoms.

Dr. Jill 8:24

I love how you frame that because the environmental toxicity, which is one of my passions, is so crucial to this. If I look back at my brother and me, both of us suffering—me from severe allergies and him from severe asthma—we grew up on a farm, a wonderful place but [one with] lots of toxic chemicals because my parents didn't know any better. It was probably the well water that was contaminated [as well]; whatever those things were, I think both of our toxic loads plus the genetic component of our parents [were big factors]. Say you compared it to 10 or 20 years

ago; this is increasing so much. Do you think it's just the environmental toxic load or any other things that you would contribute to that?

Dr. Darin Ingels 9:02

I think our toxic load has definitely increased. Consider that the average American gets exposed to over 80,000 chemicals a year. But we've now got research showing that there's up to a three-generational transmission of these chemicals. So it's not even the toxins that you and I are getting exposed to on our own; it's what our parents and our grandparents got exposed to that some of that's getting passed on. It's almost like we're kind of weakening each generation as our world environment gets worse. So I think that's a big underlying factor. If that's true, which I believe it is, it's going to take three generations to fix the problem. By the time we start to reduce that toxic load... We're dealing with so many different areas of exposure between what we eat, what we breathe, [and] what we drink. All of that keeps filling up our bucket, and we know that when the bucket overflows, that's when we become more symptomatic.

Dr. Darin Ingels 9:56

You and I talk so much with our patients and out there in the public about: Control what you can; control your environment. That's the best that you can do. That's clean water, good air filters. Make sure your home is a safe haven. That's a really great low-hanging fruit thing you can do to lower that body burden. But at the end of the day, once the immune system gets sensitized, we've now got the disposition that if you're allergic to mold, pollen, cats, dust, or dogs, those triggers can set you off. Lowering the load definitely helps, but often we've got to find other strategies to re-correct the immune system when it goes awry.

Dr. Jill 10:33

So I love it because what I always say is, "Clean air, clean water, clean food—start with the basics that aren't super hard." They're low-hanging fruit in your bedroom and your environment. You want to do whatever you can to contain the allergens there. Make sure you have good air filtration and hypoallergenic sheets and stuff. You talked about, like for me and my brother, childhood allergies, which are super common. They often last through life and get worse or better at times. What about someone in their 40s, 50s, or [later], and they start to develop new allergies? Are there any other different things that you think about for that? Tell us about that, because we might have a lot of listeners [who are] women who've said they've developed new allergies [or] new mast cell symptoms. What would you say to a patient who presented like that?

Dr. Darin Ingels 11:12

Well, I think this idea that you get allergies as a child and grow out of them is more the exception than the rule. For the children who develop allergies [at] two, three, [or] four years old, usually, by the time they're five or six years old, they start to grow out of them. Beyond that, it's like the longer you walk the planet, the more susceptible you become. So when I see older people—I'll say older being someone probably over 30—that start to develop allergies, there are so many different things that can dispose that point.

Dr. Darin Ingels 11:43

One of the biggest things I see in my practice is infection. Lyme disease—I have people who've never had an allergy in their lives, and after they get Lyme disease, now they're sensitive to food. They're sensitive to mold and pollen, and chemicals bother them. And computers and electromagnetic frequencies bother them. So infection can be another route to sensitize your immune system to your world. So that is probably one of the most common things I see. But I think it's also, again, an element of toxicity [in] that it may take 30 or 40 years for your bucket to fill up, depending on where you live in the world and what your exposures are. If you live in downtown New York City, where there's a lot of urban pollution, or if you said you live on a farm, where there's a lot of spraying of chemicals, your exposure might be higher than someone else who's just in a regular suburban neighborhood that has the normal everyday junk we all get exposed to. So it's a combination. Again, I think of exposure [and] toxicity. But infection is that one piece I really think people need to be aware of. When I see someone who is a little bit older [and] has new-onset allergies or even asthma, I think about infection being a trigger.

Dr. Jill 12:52

Yes. I love that because the toxin-infection thing, I think, is at the core of functional medicine and what we do with complex chronic things. And what I hear you saying, which is interesting... As I posted about the summit you're going to be hosting in a few weeks—or actually, when you hear this, probably this week and on—one person was saying, "Well, is it just the classical allergies or is it more?" Like, is it the food sensitivities? And what you're saying is that we've got the classical allergy skin prick test and the IgE-mediated stuff, like I had with corn, soybeans, and [other] things, and asthma. And then you also have the IgG, and like you said, in Europe, they think bigger [concerning] food sensitivities. And then you have chemical sensitivity, like the multiple chemical sensitivity bucket. And then we have mast cell activation. And then here we have the eosinophilic diseases. I love this, though, because it really covers all the weird things the immune system can do [when] reacting to outside

chemicals or triggers. It's actually a lot bigger than just allergies, but I love that you're that broad because it's relevant.

Dr. Darin Ingels 13:45

Yes. Well, it's interesting. I'm seeing a lot of kids in my practice too. I can't tell you how many kids I've seen with eosinophilic esophagitis. I don't remember ever seeing this when I was in medical school [or as] a resident. I mean, that was a rare thing, and now it's really common. I'm like: "Why do we have all these kids that are getting this kind of allergic esophagitis? Is it the food that they're eating? Is it something that happens in utero?" I don't have the answer to that, but I just think it's another marker that we've got this very toxic society that's obviously influencing young children.

Dr. Jill [pre-recording] 14:18

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by [ReadUnexpected.com](http://ReadUnexpected.com). There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine in finding resilience.

Dr. Jill 15:16

I love that you said that, because in medical school for me too, it's taught as like a "zebra," which means it's really rare. "You may not even see this." The same thing [happens] nowadays—it's all the time. I probably see a case once a month. It's amazingly common. I heard Stephanie Seneff talking about glyphosate and the way it attaches to the gluten molecule and how it's potentially creating more celiac and non-celiac gluten sensitivity, which is just another immune reaction, right? It's not exactly allergy, but it's the same bucket of these immune reactions. And so they're seeing exponential increases in cases of true celiac and non-celiac gluten sensitivity with the exposure to glyphosate-treated wheat. It's a new denatured molecule that our body is like: "Wait, what is this? We thought it was wheat, but it doesn't look like the wheat that we used to know." And I think that's relevant. So talk about some natural therapies. Say a patient, let's say a 35-year-old, [has] really

severe allergies, maybe a little chemical sensitivity. Where would you start? What would you give them? Besides what we talked about [in terms of] clean air, clean water, [and the] basics there, what else would you do?

Dr. Darin Ingels 16:16

Well, always diet and gut—that's the foundation of everything. So we need to make sure you're eating good, clean, healthy, organic food as much as possible. The [fewer] hands that touch your food, the better. And if you're having a lot of gastrointestinal problems, understand that up to 80% of your immune function comes from the gut. So if the gut's not functioning well, again, your disposition towards allergy and/or autoimmunity goes up exponentially. So we need to make sure you have healthy elimination—you know, that you poop at least once a day, if not twice or more, depending on how much you eat. That's foundational.

Dr. Darin Ingels 16:48

And then beyond that, there are a lot of things we can do in the natural world for symptomatic control. In the conventional world, of course, it's antihistamines, things like Zirtech, Allegra, Claritin, [and] Benadryl. They use other types of things like Singular, which is a leukotriene inhibitor, or they might use mast cell stabilizers. I know a lot of people in the mast cell world, [and for them] it's like, "Yes, let's do all of it"—H1 blockers, H2 blockers, lukeatrine inhibitors—they kind of throw the kitchen sink at you. And that's fine. There are times [when] you're having an asthma attack. Please take your steroid inhaler. Take albuterol; it's going to save your life. But long term, that's not a great solution. All these medications come with side effects. So there are a lot of things we can do naturally. Vitamin C is a great natural mast cell stabilizer and does so many great things for connective tissue and your immune system. We've got things like quercetin, which is another great mast [cell] inhibitor. We have a lot of good mast cell inhibitors: Quercetin, luteolin, [and] PEA. Cromolyn sodium, which is kind of a semi-synthetic bioflavonoid [that] works really well. But I think if we really want to get to the root of the problem, in addition to all the things we just talked about, immunotherapy is the most effective way I've seen to correct the immune system, like, permanently. We rarely use the c-word, the "cure" word, but I have seen patients whose allergies were cured when we started doing immunotherapy.

Dr. Jill 18:16

Let's talk a little bit about that because, of course, with allopathic medicine, we aren't really taught this. And a lot of my colleagues like you teach us, and then we can go to seminars and learn. I don't actually do this in my practice, but I'm very



familiar with the power [of it]. So tell people who've never heard of immunotherapy: What is it? How does it work? And what do you do?

Dr. Darin Ingels 18:33

Sure. Well, immunotherapy—immune therapy—[means] that we're trying to change the way your immune system reacts to a different allergen. So if you consider that, it's really an overreaction of your immune system, right? Why are some people allergic to cats and other people aren't? There's just something in your immune system that recognizes that [as] being foreign and creates this reaction. So in conventional allergy, they would do allergy shots, what they call subcutaneous immunotherapy. You go in every week, [and] they inject you with dust, ragweed, cat [dander], or whatever it is you're allergic to. Over time, they build your immune tolerance, and then you get to the point of being on maintenance. And then you don't go every week; you're going maybe every three or four weeks, and that goes on for many years.

Dr. Darin Ingels 19:12

In our world, instead of doing allergy shots, we can do what's called sublingual immunotherapy. So sublingual means under the tongue. The concept is exactly the same in that we're still giving you the thing that bothers you, but instead of going to the allergist every week, these are drops you do at home. You put the drops under the tongue. But it desensitizes you to whatever allergen is in that mix. We can test people to find out what they're allergic to, and then we put those allergens in bottles and mix them based on the different allergy types. But over time, it builds your immune tolerance so that these things stop bothering you. What's amazing is how quickly it can work for people. Kids come in with head-to-toe eczema; they come back a month later, and their skin's almost completely clear. People with a chronic congestion [and] runny nose, within a matter of four to six weeks, can start to breathe again and they don't feel all boggy. So it's a very safe [and] effective method. It's really interesting because it's widely used throughout Europe. In fact, in most countries, it's the preferred method over allergy shots. It's also a quarter of the price of allergy shots. But unfortunately, in the US, allergists get reimbursed for doing allergy shots. So there's really no financial impetus to want to switch to the drops under the tongue. But there are over a thousand studies on sublingual therapy. They've done it in children [and] adults. It's safe for everyone [and a] very effective therapy.

Dr. Darin Ingels 20:36

I also like to do what's called LDA, or low-dose allergy therapy. And LDA is a little bit different. These are mixes that are made by a pharmacy. So there's a food mix, there's an inhalant mix—which is mold and pollen and cat and dust and dog and feather; pretty much anything you breathe in—and then there's a chemical mix. So what a lot of people like about LDA is that there's really no testing involved. It's not necessary because we give it to you based on your clinical history. So if we know that food bothers you, mold bothers you, or pollen bothers you, we can just give it [to you] without the testing.

Dr. Darin Ingels 21:06

The idea behind it is that each mix may have 60–70 different things in it. So if you're allergic to 10 of them, we cover the 10, and the other 50 or 60, well, who cares because you're not allergic. So this has actually been around since the 1960s. It was developed by a doctor in the UK. He was an ENT surgeon named Len McEwen. He discovered that when you dilute these extracts out—I mean, a lot more than what a conventional allergist would use—and you mix them with an enzyme called beta-glucuronidase, it modulates whatever you mix it with to desensitize you. We've used this for people who have legitimate anaphylactic reactions. It's so dilute that it's even safe in this population of people. But again, it's a really easy way to control food allergies, environmental allergies, [and] chemical sensitivities. The ultimate goal is still the same: We're trying to retrain the immune system to stop being so overreactive.

Dr. Jill 21:58

This is tremendous. And again, stay tuned. Whether you're watching this live on Facebook, YouTube, or any [other] channel, you're going to find the link to the allergy and asthma summit below. I hope you check that out because if you like this information, you're going to get it times 100 with all the experts that are speaking there. So stay tuned. That's linked, actually. If you're listening now, the link is right in there; check it out. Now I've got a few questions, Dr. Darin, that I think would be relevant. Andrea asks: "So my allergist says that there were many restrictions and only certain things, and he couldn't do mold." Any thoughts on that? I'm assuming this is a traditional allergist. And I'm assuming: One thing you just said was in the LDA, it's safe for someone who's had anaphylaxis, whereas maybe allergy shots would not be. Do you think that's what—

Dr. Darin Ingels 22:41

Yes. Yes, that could be. I mean, some people, when they do allergy shots, will start to have an anaphylactic reaction, and then they have to stop. They can't do it, and

there's no option at that point other than medication. So for someone who's that hypersensitive, LDA would be a great option. The other thing, too, [is that] if you're getting allergy shots, understand that that's going to be completely based on either your skin prick testing or blood testing that only looks at IgE. Well, we know from the research that a lot of mold reactions don't involve IgE. I've had patients who've had conventional allergy testing for mold. It comes back completely negative, but every time it rains, every time they go into a damp basement, [every time] they get in a moldy environment, they feel the reaction. So clinically, they're telling you they're allergic to mold; it just didn't show up on a test. So I see a lot of undertreatment with conventional allergy shots only because they're limiting that to IgE reactions alone.

Dr. Jill 23:31

Oh, I love that. I want to just repeat it because I think this is such an important point that you just made. Your classical allergist—there's a place for them; we're not saying that's bad. But the narrow spectrum of what they're checking is just an IgE reaction, which is considered the classical allergy. And as I mentioned before, we're now looking at T cells, mast cells, IgG, [and] even IgM and IgA. You can have an IgA reaction in the gut and have a stomachache or increased permeability, and these things aren't going to be classically tested. So you may not notice a difference, or you may miss things that are [pertinent], whereas, with immunotherapy, SLIT therapy, or LDA, you're actually covering a much greater multitude of reactions, correct?

Dr. Darin Ingels 24:11

Absolutely. That's the beauty of immunotherapy: It kind of doesn't matter what the reaction is. I've had allergists say, "Well, it's not allergy." Okay. It's a sensitivity; it's an intolerance—now we're just haggling over names. But in fact, there's an immune reaction that is causing symptoms.

Dr. Jill 24:29

Yes. And like you said, I studied this years ago, even though I don't do it. I've referred to it. And I want to ask in a minute where people can find people who do this. But I remember seeing the European studies. This is very clearly science-based; there's no question. It's just that it's not the standard of care because it's not the standard of reimbursed care, which is often what [happens], at least in the US, under our traditional allopathic system, which is the primary system for reimbursement. So it has a lot to do with reimbursement [and] not with science. I have another question here from Leanna. "I tried immunotherapy years ago"—it

doesn't say exactly which type—"but it made my eosinophilic esophagitis worse. My doctor thinks it was a preservative, a phenol, and I started to react to each job." So do you do preservative-free [mixes], or is there something that could be in those mixes that could react? Tell us about that.

Dr. Darin Ingels 25:13

Yes. This is a problem. There used to be a company called Antigen Labs. They were the only company that made preservative-free antigens. They went out of business many years ago. So it's actually an FDA requirement that they have to put phenol in some of the extracts. So what we often do for people who are sensitive is that we desensitize them to phenol before we start their immunotherapy so that they can tolerate it. Now, that's only if you're doing conventional allergy shots or sublingual immunotherapy. LDA does not have phenol in it at all, so for someone who's that sensitive, I would rather them do LDA.

Dr. Jill 25:51

Fantastic. I know there are some organizations that train. But say someone's out there [who's] like, "Who do I find in my area that does this?" How would they find someone?

Dr. Darin Ingels 26:00

Yes. The best way is to find a doctor who's trained through the American Academy of Environmental Medicine. It's [aaemonline.org](http://aaemonline.org). Unfortunately, AEEM, I think, was the American Academy of Emergency Medicine, so that got taken. So it's [aaemonline.org](http://aaemonline.org), and you can find a practitioner. Many of the members of that academy have been trained in immunotherapy. Many of them do it, and you can probably find someone more local to your area. Although I should say that in the era of COVID, so many of us have been working remotely with patients that there are ways to work with practitioners remotely. If you can't find someone in your local area, you can definitely reach out to other doctors and see if that's an option.

Dr. Jill 26:43

That's fantastic. And are you taking patients or clients, Dr. Ingels?

Dr. Darin Ingels 26:46

We still are, yes.

Dr. Jill 26:48

Okay, good. So, obviously, we can send them to you too. And again, wherever you're watching this, links will be below or wherever you're watching this for all the things we're mentioning. So don't worry if you missed it. If you're driving in your car, you can grab that. So obviously, I've mentioned the summit. That's one of the reasons why we're here because I really believe in this. And I told you my little personal snippet because I really, really suffered from allergies and asthma and almost saw my brother die from asthma. So it's close to my heart. Tell people just a little bit about the summit [and] what they can expect if they join. That'll be when you're listening to this, either coming up really soon or live this week.

Dr. Darin Ingels 27:19

Yes. So it's an allergies and asthma summit, and it goes from March 13th through March 19th. It's completely free. All you have to do is just sign up. And then every day you're going to get access to seven or eight different speakers. We've got experts from all over the world that talk about different aspects of how allergy impacts your health. So we've got everything from regular seasonal allergies. I've spoken with a couple of ENT surgeons. We've talked to people about eczema. Dr. Ana-Maria Temple, who's an eczema expert, [gave] a great talk on that. Dr. Elisa Song talked about how allergies affect children. We talked about the neuropsychiatric effects of allergy, which grossly gets overlooked. So again, we've got almost 50 speakers covering the bases on everything allergy- and asthma-related.

Dr. Darin Ingels 28:05

The goal is really to empower you to take stock of your health. This doesn't mean you just throw your medication out the door and start taking a bunch of natural stuff. But we want to give people an understanding that there are options and that there is a way to improve your health, so hopefully, you can get off the medication. So we just want to invite everyone to take part. Again, it's completely free. And we have all these downloadable guides that are absolutely free. Our team put together this great [guide]; I think it's like an 80-page guide on natural treatments for allergies and asthma. There are so many great free resources. We just want people to take advantage of that, and they'll have the option at the end. If you really enjoyed it, you can buy it. You can keep going back to it over and over again. I think people are going to really find a lot of value. So share it with anyone you know [who is] dealing with allergies and asthma, and I think people are going to really enjoy it.

Dr. Jill 28:56

Dr. Ingels, as always, it is such a pleasure to talk to you. I love your heart and soul for helping people in the world [and] the fact that you continue to put great information out. We just put this together really quickly because we were like, "I want to get the word out." So thank you for even making time to talk to us today. I so appreciate the work that you do.

Dr. Jill 29:14

Well, thank you so much, Jill, for having me.

Dr. Darin Ingels 29:15

You're welcome.