

[#35: Dr. Jill Interviews Rachel Fresco of Biocidin](#)

Dr. Jill 00:11

Hello, everybody! Thanks for joining us this afternoon. We are live here with Rachel Fresco. I love Rachel because she is such an innovator and someone who thinks outside the box, and she has really brought to us clinicians some incredible tools that we will talk about today. She is the founder of Bio-Botanical Research and the creator of Biocidin. You can find her and her products at Biocidin.com. But what I love is that she's got this great mind to think outside the box. And Rachel, thank you so much for joining and taking the time today. I'd love to hear your story about how you got started and how you founded the company. Like, way back, what happened, and how did that all come about?

Rachel Fresco 00:53

Thanks, Jill. It's great to be here with you again. And for those who haven't heard the story, it was sort of one of those kismet things. I had just finished acupuncture school and had taken my state boards, waiting for my license to arrive in the mail, as it were. Meanwhile, I was working at a Chinese herb company as a technical consultant, helping the doctors learn about the Chinese herb formulas. And I was doing veterinary acupuncture on the side and working with some very tricky cases with another veterinarian. We started to see that there were situations where the drug therapies hadn't been working, but the botanicals were really working in some difficult-to-treat infections in animals.

Rachel Fresco 01:35

Meanwhile, back at the herb company, I'm getting phone calls from doctors in San Francisco who are seeing the beginning of AIDS patients. And those patients had diarrheal diseases. They had opportunistic infections. They had thrush. They had all kinds of things. And there really weren't any treatments at that point yet. So the doctors were looking for any tools they could use to support these patients' health. I mentioned that the herbs I had been using had been useful in some very difficult infections in animals; "let's try them out." So some of the doctors started using them and giving me good feedback.

Rachel Fresco 02:09

Then one of the doctors, unbeknownst to me, sent the formula to Great Smokies Diagnostic Labs, which is now Genova Diagnostics. So the owner of this lab calls me up. Now, you've got to remember that I'm an acupuncturist; I don't know anything about comprehensive digestive stool analysis or anything else like that. My training is in Chinese medicine. But the owner of the lab calls me up, and he's like, "I don't know who you are or what this is, but it kills everything." I'm like, "Well, is that good?" He's like: "Well, yes. We've tested it against all these different bacteria, fungal, and yeast species. We want to put it on our panel." I'm like, "Well, okay. You can do that." So they did. And over a six-year period, they tested 250,000 or more patient samples. Biocidin came up as the most highly sensitive agent.

Rachel Fresco 02:58

So if you were looking at a petri dish of something growing like Candida—and they tried different remedies on the dish, both natural and drug therapies—the Biocidin was always the most effective one. Many, many doctors started hearing about it and contacting me. So I basically had to start a company to deal with demand for the formula. Then, as I saw the need, I started to think about: "Well, how do we support the system while people are taking these herbs? What else do they need? Do they need to bind toxins? Do they need to support their good flora? Do they need to work on viral conditions at the same time? What is it that we're seeing clinically?" So it started a journey for me into functional medicine. I was at the very first IFM meeting way back when with Biocidin. It's interesting how my life just took a turn into being sort of a specialist in biofilms and infection. And I never did become an acupuncturist.

Dr. Jill 03:57

We are so grateful, Rachel, because you bring brilliance to us clinicians and you support us. I always say that in allopathic medicine, I trained as a medical doctor, and our toolbox is really small. I'm really glad I learned it because it gives me a great foundation on which to build, but my toolbox was medications and surgery. And they're appropriate at times, but like you said, a lot of times when someone has SIBO or SIFO, these bacterial infections or the fungal overgrowth of the gut or parasitic infections or viral infections—which we'll talk about all those today—the drugs don't cut it in the sense that they're laser sharp and they have a plethora of side effects. So, say that I give an antibiotic for SIBO, I'm going to cause a yeast to be worse. What I love about the herbal combinations is that often they're

multi-fasted and multi-targeted, so you might do one product and it can actually have activity against bacteria, fungi, yeast, or even viruses, right?

Rachel Fresco 04:49

That's right, and that's what we found. When we started to do the research, when you really start to dig into PubMed and look at the different studies that have been done on a lot of the ingredients that are in the Biocidin—we've got 17 different ingredients in there, many of them antimicrobial and multi-targeted, and some of those are additionally immune modulators, anti-inflammatory, or supporting the liver or detoxification pathways—[and] when you put that whole combination together, you get something that doesn't throw people off balance. If you took one single ingredient... For example, my experience has been that if you use something like straight oregano oil, it's a great killing agent, but it can also throw people off balance, and they might not be able to tolerate it long-term.

Rachel Fresco 05:32

Most of the people, I think you'd agree, who are coming to their functional medicine practitioners have chronic issues. They've had these things. Maybe they've even been going on for more than five or ten years. So the path to healing is going to take time—changing their diet, looking at all the different systems, and most importantly, balancing the gut and dealing with dysbiosis or disordered environments. So that's what's been exciting for me.

Rachel Fresco 06:01

The first time I lectured to a group of MDs on biofilms, I asked them to raise their hands: "How many of you understood chronic infections and biofilms?" Less than 10% of them raised their hands. Then, after the lecture, a lot of them came up to me and were like: "This makes so much sense. Now I get why the sinus infections keep coming back." The kids with ear infections, urinary tract infections, or these gut issues—there's a reason why we need to think more holistically. We need to think about the biofilm issue. We need to think about the multi-microbe issue. We need to modulate the immune system at the same time and then look at the positive factors in other areas of the patient's lifestyle.

Dr. Jill 06:43

I love that you're saying this. I love that we're starting with biofilms because I want to say, in my clinical experience, the same thing. This persistent bacterial

overgrowth in the small bowel is also called SIBO. You listeners probably have heard that or maybe have been diagnosed with it. SIFO is fungal overgrowth. Chronic sinus infections, even chronic lung issues like persistent old mycoplasma and old chlamydial pneumonia—these are atypical pneumonias, so they can come up and down and back and forth. Those biofilms are key.

Dr. Jill 07:09

And I'll tell you [about] my experience. We find something in our mold patients called MARCoNS. It's really about the biofilms, because the biofilms that bacteria create destroy pituitary hormones like MSH. That's a lot of complex biochemistry. But all that to say, those biofilms in the sinuses... I always describe them as like pond scum, so it's like a gummy kind of stuff that hides all the infections. By themselves, the biofilms create damage to the hypothalamic-pituitary axis. All that to say, years ago we threw heavy antibiotics, some of which caused hearing toxicity at the MARCoNS. We've shifted now to just treating with biofilm agents alone, finding that we can get rid of the infection. So it makes perfect sense to me for these chronic, long-term patients with gut issues.

Dr. Jill 07:54

I think Biocidin, which is your namesake product, [is something] we can talk about all the different uses for, [and] one of them is gut. We use this with kids, adults, [and people of] all ages. There's a liquid form that we can use. There's a liposomal form that's a little more systemic. And if I have any errors here, Rachel, you can correct me. But that liquid form—really good—has been [used] for decades for gut issues. Now we've even put it into netty pots and things where patients, with the instructions of the clinician, can use it to get those biofilms out. All that to say, sometimes all we need to do is treat the biofilm, and it eradicates the infection. What are your thoughts on that and on biofilms possibly being a primary target?

Rachel Fresco 08:35

Well, here's my thought: It's hard to say with Biocidin. It's definitely breaking the biofilms because we've done the research on that. There are a couple of different university studies on biofilms where we saw it break apart any type of biofilm, whether it was yeast or bacteria. We even looked at Lyme biofilms. We looked at biofilms in the mouth.

Dr. Jill 08:53

Rachel, I always add it to my Lyme protocols. I'm just going to say that right out

front. I use drugs, I use herbs, and I use all kinds of protocols. Almost everyone I see who has Lyme or co-infections is on a form of Biocidin.

Rachel Fresco 09:04

Yes, I agree. I think it's really useful that way. So I think that if you just break the biofilm, maybe your immune system can kick in enough to kill those infections, but I think it's helpful to use something like Biocidin that's going to do both. It's going to break the biofilms, and it's going to address the infection as well. We actually did some studies before and after on patients with MARCoNS. I don't know if you saw them.

Dr. Jill 09:24

No, I didn't.

Rachel Fresco 09:26

Totally cleared. And now we did a study with 40 patients with the OAT test on mycotoxins, so we're going to be publishing that soon. And we've got a SIBO trial starting up. It's interesting; the doctor who's doing the SIBO trial is the head of the College of Integrative Dermatology, Dr. Raja Sivamani. Do you know him?

Dr. Jill 09:49

Yes.

Rachel Fresco 09:50

Yes. Raja was telling me how so many patients that have SIBO have eczema. And I'm like, "Well, of course, because in Chinese medicine, the lung, large intestine, and skin are all part of the same system."

Dr. Jill 10:02

That makes perfect sense. And they all have endotoxemia—that's when the gut bacteria, the coatings called LPS, cross over into the immune system. And that whole endotoxemia LPS thing, which is, again, just for simplicity's sake, [when] bacterial coatings cross over the enterocytes, the lining of the gut, into the blood and create havoc. They are the most potent inflammatory triggers known to man. They underlie heart disease, obesity, diabetes, insomnia, and mood disorders, such as bipolar and schizophrenia. They underlie testosterone deficiency in men. They

underlie autoimmunity. So this is a huge swath of things, and this LPS is at the root. And this is one of the things that the Biocidin will target: That excessive bacteria.

Rachel Fresco 10:43

Right. That's what we've seen: LPS can be found, causing the amyloid plaque to build up in the brain because the body is trying to protect itself from this toxic endotoxin. I once had a client call us who was a local practitioner. She had tested her stool and had 4+ Klebsiella pneumonia. She had rheumatoid arthritis, and she would have these flares. The only thing that showed up in her lab work was Klebsiella, and I'm like, "Well, let's do a cleanse. We'll throw in the whole Biocidin program." We used everything in our comprehensive program for her. I said, "Let's do it for eight weeks and then go back and retest." Sure enough, in eight weeks, there was no more Klebsiella, and she didn't have another RA flare.

Rachel Fresco 11:31

And I'm like: "This is good. Let's keep going now, maybe with a maintenance dose, and then I want you to check in with me every three months for the next year. Then, at the one-year mark, I want you to do one more month of full-on treatment again." I've been keeping up with her. She has never had another flare. So I think for a lot of people, it's not that simplistic, but in her case, that one gram-negative bacteria that's causing the endotoxin issue was the culprit for her.

Dr. Jill 11:59

I am not surprised at all, Rachel, because I've seen a ton of Crohn's and Colitis patients, which are severe inflammatory bowel diseases. They are a little bit different from SIBO and SIFO in the sense that they're inflammatory and usually lifelong. They consider them incurable, which is funny because 20 years ago I was diagnosed with Crohn's, and I don't have it anymore. I'm cured by all of the stuff we're doing and talking about today. But Klebsiella, I have seen more than once—I would say dozens of times—as a massive trigger for inflammatory bowel [disease]. Now, not all inflammatory bowel [diseases] are triggered by the same bacteria, so this is not a one-size-fits-all [approach]. But we see it enough that we think of it as kind of like a not-super-awful player, but just like in your case with the rheumatoid arthritis, I see it as a big deal, and I always seek to eradicate it if it's present.

Rachel Fresco 12:45

Well, especially if there's 4+; that's a high level. We had an autistic child too, and the only thing that showed up was Klebsiella. And after he was cleared of that, all of a

sudden his speech came back, and he was able to go into the normal class at school when he had been in a special ed class. His parents wrote us a letter about that and told us the story. So I think that it's a good idea to get these kinds of tests run if you have any issues to see if there are any bad players in there and then work up a protocol that you can easily do.

Dr. Jill 13:16

I love this because we started out with the gut, which is so core. Let's talk a little bit about the lungs. Right before we got on, you mentioned we're getting new research on the lung-gut connection, and I know, like you said, in traditional Chinese medicine, the colon and lungs are connected. I would love to hear a little bit about what you're seeing or reading about the lungs, especially now that we have COVID. And it affects the whole body, not just the lungs, but primarily, these respiratory viruses can clearly affect the lungs. What are your thoughts on that, and what should we be thinking about as clinicians?

Rachel Fresco 13:42

Well, I tell you, the person who would be the best to talk about this is Dr. Jocelyn Strand, who just did an article on this for Kara Fitzgerald's website. But what I understood from the research was that they used to think that the lung was sterile, but they were finding that no, it has a microbiome. Just like the gut, if you have a disordered microbiome in the lungs... If you have an oral cavity full of pathogens, the most impact on the lungs is going to be from the mouth. So anything you can do to protect your oral care is going to positively impact your lungs ability to fight infection and not succumb to viruses. There's good research [suggesting] that taking care of the oral lung microbiome could be a mainstay of prevention.

Rachel Fresco 14:33

It's interesting because when we did the studies on the Biocidin toothpaste, which is called Dentalcidin, we saw up to 35 different pathogens hiding out, like in a root canal cavitation. Then, after using our program with the liposomal oral rinse as well as the toothpaste, those pathogens came down to only three. And there are also studies [that show] that candida in the gut can be reduced by 50% just by brushing your teeth more after meals.

Dr. Jill 15:04

Wow. This is so relevant. I definitely want to talk about your dental products

because this is an area that most clinicians are not thinking about, yet it's absolutely profoundly affecting our patients' health. Literally, like you said, we've done the test. I've done them myself. So I'm actually lacking two teeth here. The third molar back—I can't remember the numbers there. If you're a dentist out there, I'm sorry. But I remember—this has probably been eight years ago—looking at the acupuncture meridian charts on these teeth, and they were related to the pancreas, colon, and breast. And I looked at my health history: I had pancreatic insufficiency, I had Crohn's disease, and I had breast cancer. I thought: "Oh my goodness. Those were my two root canal teeth."

Dr. Jill 15:46

I went the next day. I called my biological dentist and said, "I need to get these out of my mouth." At the time, I had psoriasis. I don't have psoriasis anymore. Within seven days of pulling those two teeth, my psoriasis was gone. So for me, that was a very personal testimony to how big a deal this is in your mouth. You showed me the data on this, because we can pull the teeth or we can swab and look at the DNA from all the organisms. And like you said, there were 20-30 of them. And after... Was it four weeks with the Dentalcidin toothpaste?

Rachel Fresco 16:16

No, they're down to, like, three. And some of the ones in there you just don't want to think about having in your mouth, like HPV and amoebas. It's really scary. And the dentist that we're working with now and the hygienist, she's called the queen of dental hygiene, Barbara Tritz. If anybody wants to look her up, she's very cool. She showed me the phase contrast live microscopy of going into a patient's pocket—like a four millimeter pocket—in the office, taking a sample, putting it on the slide, and then watching everything that was in there. You would see rods and spirochetes. You'd see all these things swimming around.

Rachel Fresco 16:54

Then, [after] applying the Dentalcidin and then going back and taking another swab ten minutes later, they were all gone. So she thinks that this is going to be groundbreaking for people's oral care—the fact that we can actually strongly impact the microbial balance in the mouth and stop the biofilms, or plaque, from developing. So this is really key, and I'm really excited to be working with that more next year.

Dr. Jill 17:24

I am too. I use your Dentalcidin, and there's an oral rinse as well. And I'm going to show you guys a sneak peek. I've never shared this publicly, but because I found it really easily... Check this out, Rachel; you'll find this pretty cool too. This is my sample from my root canal tooth on the right side. I don't know how many years ago—maybe six or eight years ago. This is what grew—this is DNA and PCR, so this is PCR testing in the tooth: Strep, prevotella, and treponema. There are protozoa here. There is clearly bacteria here. There are all kinds of things here. And red is bad; red is significant. Look at this! So this is what was in my mouth and in my root canal.

Dr. Jill 18:03

Now, my immune system has never been great, so it's no surprise or shock that I have a lot more organisms than, maybe, the average person. But this is a big deal. Like I said, from personal experience, is it any wonder that those bacteria have direct access to your bloodstream? I had psoriasis. I no longer have that. As soon as that was out of my mouth, just like that RA patient with Klebsiella, it went away. Isn't that amazing? I'm so glad I found that. Of course, I love using that frequently now. And I've also used a water pick and put the Biocidin in the water.

Rachel Fresco 18:33

I do that too. What my dentist is doing now—she is doing a study with us—is using this in the scaling fluid. They do the sonic scaling. She's using this in the fluid mixture and then having the patients do [something] like an oil pull with it at the end, then go home and put this in their water pick and use it every day in addition to the toothpaste. And we're seeing pocket probing depths come down in half. We're seeing the number of pathogens practically disappear, so I'm hoping that we can actually interest a dental school into doing a full double-blind study about this because this is really groundbreaking. If you can make that much impact just by doing something so simple...

Rachel Fresco 19:14

And the cool thing about the Biocidin is that unlike the things that dentists normally use, like gentamicin, it doesn't kill the beneficial flora. We're doing a study right now, Jill. I don't know if you've heard this, [but] Sun Genomics is doing a study for us on the whole genomic sequencing of the gut for patients on Biocidin. What we found is that the keystone species, the Akkermansia bacteria, which is the baseline

for all the beneficials, is going up in every single patient. So it's not hurting the good flora. In fact, it's increasing the diversity and number of beneficial [species]. We can only assume that that's the same with the mouth—you know, it's all part of one system.

Dr. Jill 19:54

Right. Absolutely. Okay. This is really exciting because I teach a lot about the gut and have done a lot of research on probiotics and stuff. And as your company has one of the few spore probiotics, same thing; they're the ones. So these spores... And it's Bioflora, correct? Am I saying that—

Rachel Fresco 20:08

No, Proflora.

Dr. Jill 20:11

Thank you. I'm so sorry. Proflora 4R, for your probiotic. And it's a spore. So let me tell you really quickly, if you're listening, about the spores. Again, we've used lactobacillus and bifidobacterium. You might look at your bottle in your fridge and see eight or ten strains. But what happens is that we have hundreds, if not thousands, of strains in our actual gut. The postulate was: Could we actually be creating monoculture—meaning a less diverse culture—by giving a four-, eight-, or ten-strain probiotic for years? I think the answer could be yes. And what I saw in clinical practices [was that] patients with SIBO and SIFO sometimes didn't tolerate these lactobacilli because they already had too much in their small bowel. So I started shifting to spores.

Dr. Jill 20:53

And I'll tell you, Rachel, years ago, when I had no idea what a spore was, I found this one strain called *Bacillus coagulans*. I had no clue what it was, but this was when I had Crohn's and was healing. And all I knew was that it was the one probiotic that worked for me. I didn't know anything about it scientifically, just that my body liked it. And then, as I come to find out [about] the spores, they are the only ones that now have studies to increase *Akkermansia*, or these keystones, and increase diversity. And diversity is king. So having this diverse milieu, especially the keystones, two of the common ones, which have funny long names, are *Akkermansia* and *Faecalibacterium prausnitzii*. These keystone strains, if you have them present in good amounts in your gut, actually indicate diversity just by being

there. So the fact that, Rachel, you're saying that you've seen increased numbers after the use of this—and then I've seen that with the spore studies and your product in particular—these are really powerful. So I'm a huge fan of spore probiotics.

Rachel Fresco 21:49

I love them too. And I love the fact that by adding the quercetin to the Proflora... This particular quercetin, called QU995, is 17 times more bioavailable than regular quercetin. So many patients with SIBO or SIFO have bloating and gas, which can sometimes get exaggerated. But the addition of quercetin in there really calms that mast cell response down—maybe you can talk about that more—and it helps seal the tight junctions, which are the root of the leaky gut issue. So that's why I added that to the spores, so that we kind of had a one-two for calming down the inflammation and then supporting the good bacteria.

Dr. Jill 22:32

Yes. And that's where you're so brilliant because, again, you take that background in traditional Chinese herbs... And you know, it takes a village, right? Just like you said in the beginning, we have these individual ingredients, and they can work—and I combine them a lot of times—but your formulas all contain the thought-out process of: What else might actually modulate this? And I feel like that product is really good for calming that inflammatory response because of the quercetin and marshmallow [root]. Was there a third ingredient too?

Rachel Fresco 22:58

Aloe.

Dr. Jill 22:58

Yes, okay. And aloe is soothing, coating, good for healing, good for just keeping the bowels moving—all that good stuff. So that's a great product. We don't have a ton of time left, but let's talk a little bit about the immune system because everybody's worried about that. We're going into flu season on top of COVID. What do you use? What are your favorite tips and tricks for people?

Rachel Fresco 23:18

Well, the thing that we have that we study is the throat spray version of Biocidin. We did a study with a university, and they found a 66% increase in immune

response in the upper respiratory tract. With each dose, you're raising your body's ability to protect you, and you've got the antimicrobial activity of this. So what I do is have one of these in my car, in my purse, and whenever I'm going to go in or out of a store or be exposed to people. I just use this daily. I make sure to use it at least three times a day, and then extra times if I'm going out.

Rachel Fresco 23:53

Then, of course, I'm using vitamin D, zinc, and [vitamin] C. I'm getting in the sun more. I never liked to be in the sun. Now I'm going and laying out on my back porch because we're all home with COVID anyway, might as well. I have a tan now! So I think that's important. Diet is going to be really critical right now. The nice thing about being home is that we do have a little bit more time to prepare healthy food. Sometimes, if I do get busy, I'll order Uber Eats to bring me celery juice and just healthy things. And I think that helps too. What do you think?

Dr. Jill 24:29

Gosh, I love that. Uber Eats, in my mind, is always kind of like fast food, but it's not. You can get some really clean stuff. I never thought about ordering celery juice. That's an awesome idea. I love it.

Rachel Fresco 24:38

I get a huge one, and it'll last me all day. There's a company called Clean Juice, and everything they have is organic. I get it with cucumber added because it's a little extra [inaudible].

Dr. Jill 24:53

Ooh, that sounds so delicious. I'm totally writing that one down because I love those pearls. And it's funny because years ago I did Instacart and got my groceries delivered, and it was this big secret. Well, of course, now it's great that we can all get it and get it easily. I have the Costco delivery because of those large Pellegrino cases that I don't want to carry and Epsom salts, which I get from Costco. So if you're a bath person, I just had 10 boxes of salts sitting outside my door last night because I didn't want to carry them, and I had them delivered, and it was great. If you hear me talk about Epsom salt baths, which are a great detox thing you can do at night, I get the six-pound bags and put half of the bag in the bathtub because you want that saturation so that it goes into your skin.

Dr. Jill 25:34

But yes, I have my Biocidin spray in the fridge. I actually made a nasal spray—homemade. I can't really advise you over the public here, but if there is a way that you can create a spray so that you can [inaudible].

Rachel Fresco 25:47

If you're going to do that, use the regular Biocidin liquid because the throat spray has too much alcohol, and that would be burning. But I've done this myself too. And we can't give medical advice, but what I've done for myself is put about 10 or 12 drops in an ounce of saline, and then you want to use that up within a couple of days because it's not preserved. That has really helped.

Dr. Jill 26:10

Thank you for sharing what you do. Very similar. And I found too... And especially with the mold, I know you presented a case study of a young girl who had mycotoxins in her urine. She was going to a daycare with mold, and they pretreated [her] with... I think it was a four to eight week... I don't know the exact timeframe, but it was a short timeframe with nasal spray, and the mycotoxins were completely gone.

Rachel Fresco 26:29

And I would use the GI Detox at that point too. And I know you like this product, Jill, because it's a binder. And anybody with mycotoxin issues or LPS issues, or anybody who's using Biocidin and suspects that they're having some die-off, should be using a binder.

Dr. Jill 26:43

Thank you. I can't believe I forgot that, because everybody gets GI Detox in my office. So let's talk really quickly about that. GI Detox is an incredible—I'll let you read the ingredients in a second here—mixture of binders. Binders have synergies. I love charcoal, I love clay, and I love the combinations. But when you get several binders together, they have different affinities. So I find it works much better to put multiple binders together because they each grab on to different toxins slightly differently. So tell us exactly what's in the GI Detox.

Rachel Fresco 27:13

So you've got the zeolite and the activated charcoal. And then you've got silica, which was going to bind to metals more, and then the apple pectin, humic acid, and

folic acid, which work on xenobiotics as well. So you're kind of covering a lot of bases with this.

Dr. Jill 27:28

Yes. You've done a great, great job. That is literally my favorite binder. And humic and folic acid—many people don't know are antiviral. So it has some antiviral effect. We'll use that sometimes in other formulas. But I love that it's in there. Some of the studies show decreased permeability in the gut as well, so it's got other cool little things about it that are powerful.

Rachel Fresco 27:50

A very quick story: Last night I ordered dinner to be delivered from a local fish restaurant. I've ordered dinner from there before, and it's always been really clean and fine. But I ordered some oak-grilled oysters and some salmon and vegetables. I mean, how bad could that be, right? I don't know why, but I went into a full, like, IBS episode. I was cramping, I swelled up like a drum, I was doubled over, and I was running to the bathroom. I was, like, emptying my guts from the last 10 years. And I'm like, "Oh, my God, what just happened?" And then I remembered: "Oh, my God, this happened once before when I ate oysters. I don't know if I've suddenly become allergic to oysters. What a weird thing to become allergic to."

Rachel Fresco 28:31

But anyway, so I thought about it and was like, "What am I going to do right now, right this second, to get me out of pain?" I'm, like, doubled over. My dog's looking at me like, "Mommy, what's wrong?" I took like six GI Detox [capsules] on the spot and laid down on the massage table, put some essential oils on my stomach and gently rubbed them, and did the infrared pad. I just laid on it to stop the spasm—I was just full-on spasm. Then, once I felt a little bit better, I got up and took three or four more. Within an hour, it was completely over. And usually, if I have those kinds of bouts... I don't know about you; do you get that sometimes, where you eat something bad and you just—

Dr. Jill 29:07

Yes.

Rachel Fresco 29:08

It's not fun; if anybody else has that, it's really not. It's very painful. So this is a good thing to have in a medicine cabinet. If you eat something bad, if you're exposed to mold, if you're traveling, or anytime, this is a really good one to have on hand.

Dr. Jill [29:22](#)

I always have it in my travel bag. I remember a guy sitting next to me having one of those episodes. This was when we were traveling a couple years ago. I'm like, "If you trust me..." He tried this, and he was like, "What did you give me?" Thirty minutes later, he felt amazing. So I couldn't agree more with you. It's my travel trick, really, because if you get bad food or too much alcohol... Now, I don't drink, but if you are drinking excessively, it's good for that too. And of course, [with] food poisoning or any kind of weird, bad food, it'll just mop it right up.

Dr. Jill [29:50](#)

Rachel, I knew this was going to happen because we could talk for like two hours, so we're going to have to have you back on. Thank you so much for your time today. I know the listeners are just like, "Wow, this is great!" They want more information. So we'll be sure to include links to your site, your products, and all that information. And then we'll do this again in a few months. But thank you so much for joining me!

Rachel Fresco [30:12](#)

It was great to be on! See you again.