



Your Functional Medicine Expert®
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[#52: Dr. Jill Interviews Dr. Nafysa Parpia on Chronic Fatigue Underlying Factors](#)

Dr. Jill 00:12

Hello everybody! You're here this afternoon with us and Dr. Nafysa. I am so excited about today's topic because I know a lot of you struggle with chronic fatigue and fibromyalgia. We're going to do a really deep dive into some of the mechanisms behind that. You're going to find some really fascinating information from Dr. Nafysa today that her practice, Gordon Medical Associates, was actually instrumental in some of the research behind it. So stay tuned for that.

Dr. Jill 00:43

Before we start and before I give her a formal introduction, a little bit of housekeeping: If you don't already know, you can find all of these videos on my YouTube channel. Just go to YouTube and find my name, Jill Carnahan and you can find all the 50+ interviews there for free. And I'd love it if you'd subscribe, leave feedback there, or share those videos if you find them helpful. You can also rewatch them here on Facebook and on the podcast. All things medical here. And then, if you do want information about blogs, information about Lyme disease, co-infections, fibromyalgia, chronic fatigue, and other topics, you can find that on my website at JillCarnahan.com. And if we do mention any products or services, you can find those at DrJillHealth.com.

Dr. Jill 01:32

So, Dr. Nafysa, I would love to formally introduce you, and I'm so glad you're here today. Dr. Parpia has spent the last decade treating patients with complex chronic illnesses from all over the United States and the world. Her specialization is [treating] patients with tick-borne illness, environmentally acquired illness, mold mycotoxin illness, autoimmunity, fibromyalgia, and chronic fatigue. It sounds really familiar. External factors to the body, such as environmental toxic burden, pathogens, diet, and lifestyle, affect the balance of internal factors—we'll talk a little bit about that today. Over or under-expression of immunity, infection susceptibility, epigenetic expression, cellular and biochemical function, mood, and

the microbiome—all of these things are some of the things that we're going to talk about that affect our mitochondria, which express fatigue and some of these other things. Each of these aspects is different for every patient we see.

Dr. Jill 02:26

Investigating to discover and remove the underlying cause while providing symptom relief, she uses cutting-edge lab testing and deep intuition applied to the full range of scientific data to unravel the mystery of each patient. She then creates a carefully crafted treatment plan [that is] highly personalized in healing. She uses a synergistic blend of regenerative medicine, oral and IV micronutrient therapies, peptides, botanical medicine, pharmaceutical injection therapies, functional nutrition, and lifestyle counseling. She sees patients at Gordon Medical in the San Francisco Bay Area and previously worked at Dr. Klinghardt's clinic. She's also, as I am, on the ISEAI board and is a scientific and medical advisor for the Neurohacker Collective. What an absolute honor and delight to have you, Dr. Nafysa. Thank you so much for joining me today!

Dr. Nafysa Parpia 03:19

Thank you, Dr. Jill, for having me. It's such an honor to be here!

Dr. Jill 03:22

Yes. And we kind of met through the ISEAI board but I know about the work you've done. And like I said, it's an honor. It's so parallel when I read your bio. We're all doing our things in our corners of the world, trying to solve the mysteries of these chronic illnesses. Before we dive into chronic fatigue and fibromyalgia, I'd love to hear just a little bit, and I know our listeners would [too] about your story and how you got into medicine and healing. Tell us just a little bit about your journey into this field.

Dr. Nafysa Parpia 03:49

Yes. I always knew that I wanted to help people in their healing. I began as a yoga instructor. The more I taught yoga, the more I realized I wanted to go deeper with people, particularly in illness and in health and restoring illness into health. So I went to Bastyr and I studied naturopathic medicine there. It wasn't until I was in the offices of Dr. Dietrich Klinghardt when I graduated and I saw people who were very, very, very sick—that was when my heart just went out to these patients.

Dr. Nafysa Parpia 04:25

I could see that they were suffering but they weren't treated—at other clinics before going to his clinic—with very much respect. They were told this was all in their heads or they were just aging and there was minimal treatment or a minimal diagnosis offered to them. And I could just feel the depth of their illness. It was painful to see the judgments that were put upon them. So I wanted to help create treatments and protocols, really dive deep with these people, and help them out of the suffering that they were having a hard time coming out of.

Dr. Jill 05:02

Yes. Gosh, I love that because, for most of us who go into medicine in some form, it's this healer within us that really does want to just help and understand. And I think, especially for those of us who end up with environmental toxicity, mold, pathogens, and chronic illnesses, no one in their right mind would choose this unless they were healers, right?

Dr. Nafysa Parpia 05:20

Right. Exactly.

Dr. Jill 05:21

Because it is definitely the hardest [and] most complex form of medicine. I'm sure you agree. I love it. I know you do, too. I love the complexity. I always say: The more complex, the better. But it's really, really difficult sometimes. And these are the cases that most conventional doctors don't want to see, sadly. So it's good that you and I are welcoming them to our practice.

Dr. Nafysa Parpia 05:44

Absolutely.

Dr. Jill 05:44

You've had such a great experience with some amazing medical partners. You were with Dr. Klinghardt originally. Was that right after you graduated?

Dr. Nafysa Parpia 05:52

Yes, right after I graduated.

Dr. Jill 05:54

Excellent. Fantastic. You probably got a little bit of good information on Lyme and co-infections and all of that there. And he's so good at some of the environmental toxicity and the stuff that's on the cutting edge. I always feel like the Europeans are way ahead of us. And because he's originally from Europe, I love his perspective. He's not jaded like many are, right?

Dr. Nafysa Parpia 06:13

Exactly. So it was really wonderful. That's where I first learned—right after school—how to work with this population about tick-borne illnesses, mold, and detoxification therapies. And then, from there, I really made it my own.

Dr. Jill 06:32

Was there anything in particular with that experience that you learned as far as how to approach a chronic infection? Well, first of all, we're talking about chronic fatigue and fibromyalgia. So say you had a patient with fibromyalgia and chronic fatigue from your early days. Was there anything that sticks in your mind about the lessons that you learned about how to approach them?

Dr. Nafysa Parpia 06:48

Absolutely. The first was to detoxify them first. To find out what the toxic burden is—testing through different labs or looking at different heavy metals or different chemicals [such as] glyphosate and different pesticides—and understanding what that burden is because if we detoxify them first, then we can get the immune system to be more modified. We can get it to be more able to handle the killing of infections.

Dr. Jill 07:20

What a great pearl. And for those of you listening, you've probably been to doctors who were like, "Oh, let's start these antibiotics." But what you're saying—which I've seen that as well—it's like the body's toxic load if its bucket is full... And that's usually the ones that are coming to see us because some of that pain and fibromyalgia type of stuff—again, we'll go deep into why that happens and some of the reasons behind it—is from the toxic burden and the tissues. So if you take a person like that, they have infections that need treatment, but you throw these [medications]—even herbal antibiotics but for sure medications—it's too much for their system to handle, isn't it?

Dr. Nafysa Parpia 07:51

Right. They'll actually backfire. A lot of times, they've got this hyperactivity in the immune system. On one hand, they've got a hyperactive immune system, and on the other hand, the immune system is too weak to even mount an appropriate immune response. So many times, if we try to treat them with antibiotics—herbal or pharmaceutical—first, they'll be sensitive to those treatments. So we have to decrease the toxic load and get the mast cells in order first, and then they can [inaudible].

Dr. Jill 08:19

I love that order because it's so important. I've noticed that with my own practice as well. If there's infection, toxin, and mast cell activation, which is a common trio—and chronic fatigue and fibromyalgia—you really can't go to treatment until you start with getting those mast cells calmed down and the detoxification at least under control. When they first come in like that, what kind of testing panels would you do for the initial assessment?

Dr. Nafysa Parpia 08:47

Yes. I like to do the Great Plains panel, where I'm going to look at their glyphosate and mycotoxins. My patients do have a high mycotoxin load. Also, on their Tox panel, I'm looking at a lot of chemicals. I'll also do the Doctor's Data heavy metal provocation. But I'm also going to look at metals unprovoked first, just from Labcorp. Just urinate in the cup or have their blood taken at Labcorp, looking for the ones that Labcorp will look at, like mercury, lead, aluminum, and arsenic. By the way, I'm seeing a lot of arsenic in people's blood. I think that's from the fires. It's not something I saw in previous years; it's all of a sudden this year. Whoa!—lots of arsenic.

Dr. Jill 09:28

I bet you're right. I suspect that with the fires, there's definitely a lot of metals that were released. And I'm seeing more and more aluminum in all of my patients.

Dr. Nafysa Parpia 09:35

Me too. Yes. Which I didn't see.

Dr. Jill 09:38

Isn't it? And I'm like, "Where else is it coming from?"—because we know that vaccinations over time can be a source and aluminum cookware. What are some other sources of aluminum that you think of when you see aluminum? Is there anything else that you think of?

Dr. Nafysa Parpia 09:51

Recently, I had a drummer—I have a drummer in my practice—and he drummed barefoot. And there is aluminum on the pedal.

Dr. Jill 10:02

Wow!

Dr. Nafysa Parpia 10:03

His aluminum was through the roof. I just measured it.

Dr. Jill 10:07

Wow. That's so fascinating. Isn't it funny when you find one of those where you're like, "Oh, I think this is from this"? And arsenic too. And I think it's more in the rainwater but [also] probably from the fires and then the rain and the soils. Wow, very good. And then one thing we kind of glossed over: We talked about how you got into this medicine. But is there anything else that interests you about this population? We talked a little bit about the help and the healer within you. This is a population that is very complex. But you must love to solve problems. Is that one of your—

Dr. Nafysa Parpia 10:44

I love to solve problems. I love to solve human problems.

Dr. Jill 10:48

Yes, exactly, right? Not the tech stuff or the...

Dr. Nafysa Parpia 10:51

I'm not an engineer or an accountant. But it is; it's very much a mystery. It's very much a puzzle. And each person has their own mystery. So while I run the same labs for everybody, I'm going to find different pieces. And one person will react very differently than another to treatment or the same exposure. A lot of that has to do with the genes. Speaking of labs, I like to use the IntellxxDNA lab. I found that they

really looked at how the SNPs will interact with one another. As opposed to: Here's a SNP or there's a SNP. They'll look at them together. And they really called for the research to look at what diseases are related to which genes, as they're acting in symphony with one another. So it's expensive.

Dr. Jill 11:40

Oh, this is great because I just started doing this. I have a couple of patients pending. I did it on myself and it's pending. And I've got Sharon coming on, so stay tuned for the show. In about a month, I've got Sharon on. I'm so excited because we'll have her talk about that. She's the expert, the medical director of IntellxxDNA. I love that you're using that because I bet there are so many genetic tests out there, aren't there?

Dr. Nafysa Parpia 12:01

Yes, I feel like this one is the most informative.

Dr. Jill 12:05

I agree. Again, we're going to get to fibromyalgia and chronic fatigue in a moment, and the cell danger response, which I want you to talk about. But before we go there, say you do have someone with arsenic or metals. Say they have a little bit of mast cell activation. They have chronic pain, chronic infections, toxic burden, and all these things. If you do find metals, are you going to do detoxification early on? Are you maybe going to do some treatment? Where would you order that in your treatment plan?

Dr. Nafysa Parpia 12:33

It depends on the person. But for most of my patients, I have to treat mast cell activation syndrome first. Usually, they come to me with that. They don't even know they have it. So I just want to calm down the immune system. That's the hyperactivity in the system that I want to calm down. I use peptide therapies very often with that. I like to use thymosin beta 4 to help calm down the immune system. I'll use BPC-157 as well to help with decreasing inflammation. I'll give them sleep peptides.

Dr. Nafysa Parpia 13:03

Often, they need to sleep before they're even ready to detox. Sometimes they're constipated, so I need to deal with the constipation before they're ready to detox,

or else there'll just be a backlog of toxicants that aren't exiting the system. Sometimes they have issues with their kidneys, so we have to work with that. Often, with these patients, I'm calming down their immune system while I'm working with other systems that aren't quite ready for detox. I'm doing, like, a pre-tox for them. I'll do herbs to support, right? And then I'll retest some labs, see where they're at, and also see where they're at with the way they're feeling. And then we'll begin chelation therapy.

Dr. Jill 13:43

That's tremendous. Some of my best learnings are from my naturopathic friends, because I feel like you guys have such great training in some of those detox... What's the name in naturopathic medicine of the detox pathways? Is there a name?

Dr. Nafysa Parpia 13:56

Emunctories?

Dr. Jill 13:59

I've learned that over time. But in traditional allopathic medicine, we're not taught about this, which is sad. This is why most doctors, unless they go [through] extra education, don't even know. I feel like you guys have a lot to teach us in this way. Tremendous. What other things would you do?—because we know some of the homeopathic remedies or drainage remedies or things. What about non-herbal, non-homeopathics [remedies], like maybe Epsom salt baths or alkaline water? Do you have any environmental or lifestyle things that are good for detox that you like for most of your patients?

Dr. Nafysa Parpia 14:34

Yes, most of them actually do well with coffee enemas, as strange as that sounds.

Dr. Jill 14:39

You're a fan, I know.

Dr. Nafysa Parpia 14:41

It helps their liver continue detoxifying. Saunas, I think, are really important or at least getting the sweat going, because the skin is the largest organ of detoxification. And, of course, making sure that they're not using products that

have chemicals and toxins in them and that they're eating organic as much as they possibly can.

Dr. Jill 15:09

Fantastic. Yes. And do you do castor oil packs, dry brushing, or some of those?

Dr. Nafysa Parpia 15:14

Yes. Yes. Castor oil packs, dry brushing, and oil pulling. I'll use a combination of very classic naturopathic techniques along with... With this patient population, I have to use a lot of medications.

Dr. Jill 15:28

Yes. Definitely. Especially with the MCAS, you sometimes need to layer four, five, or six things.

Dr. Nafysa Parpia 15:33

Yes. When I went to naturopathic school, these were the treatments that were taught to us, and they're wonderful for the population that's not extremely sick. For the people who are extremely sick, they're excellent and supportive, and I consider them foundational. But then I have to go stronger.

Dr. Jill 15:54

Right. Right. I love it, though, because we're pulling from both worlds. I learn from the homeopathic/naturopathic world, but we still need medications, of course, on both ends. So that's great. We talked about your interest. So let's dive into what's behind these illnesses, because there are so many. I'll just let you talk a little about what's behind [them]. And then after that, we can go into the cell danger [response]. I definitely want to talk about that. And what was so great is that in the bio that I read for you, you literally listed what's behind these illnesses. I love that. But talk a little bit about: Say someone has fibromyalgia or chronic fatigue and is listening. What might be some of the causes behind that?

Dr. Nafysa Parpia 16:35

Right. In classic fibromyalgia, they say there's no cause, right? And then you can [inaudible] and they're supposed to be better. Most of my patients are not like that. If I give them Lyrica, it's not going to really help—maybe a little bit for a couple of weeks and then nothing. So usually I'm looking for pathogens, often parasites,

viruses, tick-borne illnesses, mold, dental occult infections—that's very common—sinus infections, which I think are overlooked a lot. I bet you're thinking the same thing about the sinuses. It's so close to the brain. And I'm finding a lot of funguses or MARCONS, in people's sinuses. And once I treat that, the brain fog begins to resolve. I think of the inflammatory cytokines, the bugs that are in the sinuses, and how close they are to the brain.

Dr. Jill 17:28

I find this to be one of the biggest missing pieces for people who've been for mold treatment in other places. I'm like, "Did anyone treat your sinuses?" They're like, no. This is a really big deal. So I totally agree.

Dr. Nafysa Parpia 17:38

Yes. And I'll treat the sinuses the same way I treat the gut—actually, by killing the infections and restoring the whole thing.

Dr. Jill 17:48

Let's pause there real quick, because what do you like to use? I mean, I have some herbal favorites and some prescription favorites. But what are some of your preferred ways to treat the sinuses? Do you do irrigation? Do you use sprays? Do you compound? Do you do herbs?

Dr. Nafysa Parpia 17:59

Yes. I do compounding very often. I'm going to start with our argent and silver. I found that if people nebulize it—not just spray it, but they atomize it so it really goes up high—then I've seen that really reduce brain fog. If they do this—and this is a tall order—like four or five times a day for two weeks, it's changed people's lives. People who are not chronically ill but who have brain fog—that has changed their lives just by doing that.

Dr. Jill 18:25

And you do this with just plain silver or do you use it with EDTA? Would you use both?

Dr. Nafysa Parpia 18:28

Well, I start with silver, and then I also have them do a nasal probiotic flush at night. Also, I'll have them put coconut oil in their nostrils because it's hard to kill

infections in the sinuses when they're dry. So they'll do that for two weeks. Then I'll move on to using chelating PX, which is EDTA, to bust up the biofilm. And then, if they have a fungus, I might use amphotericin or BEG spray if there are MARCoNS, or whatever antibiotic they need, atomizing that.

Dr. Jill 19:01

Oh, that's tremendous. And I love a couple of things you mentioned. First of all, [I love] that you start with silver without EDTA because I think sometimes that biofilm busting is way too much. They get headaches or get really sick because often it's the dumping of dead material. I think of the biofilms, if you're listening, as pond scum. It's like this gross covering that keeps everything hidden from the antibiotics or the silver. So you need to bust that up to clear it out. But if you bust it up too much, too quickly, the system gets overwhelmed—and the mast cells get angry too, right?

Dr. Nafysa Parpia 19:30

They sure do. So I think of it as a gentle way in. In fact, that's the way I'll treat most people. I'll start gently and ramp them up.

Dr. Jill 19:41

Oh, tremendous. And the other thing you mentioned was the dryness. Most of us aren't flying a lot nowadays, but just flying in an airplane is so dry. That's why people tend to get sicker—again, now things are just very different [yet] still toxic—because they spray all these chemicals. And here I am in Colorado, which is really dry. That really makes a difference. The moisture—I love that you recommended [coconut oil]. Now, are you having people just put it kind of in their nostrils a little bit?

Dr. Nafysa Parpia 20:05

Yes. Just have them take a Q-tip and put it in. Yes.

Dr. Jill 20:09

Perfect. Instead of Vaseline, which is petroleum-based, right?

Dr. Nafysa Parpia 20:11

Right, exactly.

Dr. Jill 20:13

Oh, this is a great, great pearl. So we talked about nasal and then I interrupted you. What else would be the underlying factors in chronic fatigue and fibromyalgia?

Dr. Nafysa Parpia 20:22

Definitely heavy metals, which we already talked about. It's a whole soup, so it's not salad, like: Here's a tomato, here's a piece of celery. It's the whole thing together in one soup. So, metals. Usually, there's a high viral load. I'll measure people's nagalase. I love the Infectolab test, by the way, because now we can use T cells to look at if an infection is active right now or not—as opposed to looking at antibodies, where we have to kind of guess. I'll use that test to see if there's a high viral load. If there's mold, I like to look at the mold IgG allergens as well as mycotoxins, so I'll look at that on Labcorp. So basically, I'm hunting for different infections and toxins because those are the two things that I think hijack the system. Of course, I'm looking at their hormones, their sex hormone panel, and their thyroid, because those are areas that are going to be affected as well, causing fatigue.

Dr. Jill 21:24

Excellent. So pathogens, toxins, infections, and hormones. Oh, this is great.

Dr. Nafysa Parpia 21:32

And the gut. Of course, the gut.

Dr. Jill 21:35

Yes. And you always do [things] like stool and organic acid [tests]? Or how do you like to assess the gut?

Dr. Nafysa Parpia 21:39

Yes, I like the GI-MAP test. I find it to be the most sensitive. So I look there and most of my patients also have SIBO, which I generally like to treat first. I like the trio-smart test because they're looking at hydrogen sulfide SIBO, and no other test has done that before. So that'll give us a chance to find SIBO in ways we haven't been able to before.

Dr. Jill 22:03

Yes. Yes. Now the key is, then, what do we do with hydrogen SIBO? I've read a little bit about some of the pearls for treatment. But if you do find hydrogen sulfide, are there any particular things you do differently with treatments or herbs?

Dr. Nafysa Parpia 22:16

For sure, I'm having them decrease sulfur in their diet. Yes. But I'm using the same treatment as I would for regular SIBO, which is xifaxan, Flagyl, and bismuth to bust up the biofilm and goldenseal to prevent yeast.

Dr. Jill 22:32

Yes. Oh, fantastic. It sounds so similar and so important. I love that you mentioned two things that I think are so critical that you really can't get past [them], and that's sleep and constipation. So if you have someone coming in who has insomnia or constipation, no matter what kind of protocol you put them on, if they're not sleeping and they're not pooping, you're not going to get very far, right?

Dr. Nafysa Parpia 22:53

No. Exactly.

Dr. Jill 22:56

What about for sleep?—because a lot of these patients have sleep issues and it's related to everything else we talked about. But [are there] any tips or tricks that you have for helping patients sleep?

Dr. Nafysa Parpia 23:03

Yes. I have an ayurvedic sleep tea, which I really like. There's cardamom in it. Cardamom helps people stay asleep. There's ashwagandha and shatavari in it. That can help people. Now, there are some people for whom that doesn't help. Or the regular [supplements] like valerian, GABA, or L-theanine—that's not helping them. I'll go to peptides for them. I like epitalon for sleep or delta-inducing sleep peptide. Those really, really help people. I'd like to not use benzos for their sleep. I found that peptides can be a way around having to use benzos for those people who just can't sleep, no matter what herb I give them or what sleep hygiene techniques we give.

Dr. Jill 23:51

Yes. So this can be tricky. And tick-borne infections can play into that too and the activation of the immune system. So I find that sleep issue for some people is really hard to hack. But like you said, between peptides and herbs... Oh, I was thinking that antihistamines like hydroxyzine can be really helpful.

Dr. Nafysa Parpia 24:09

Yes. Ketotifen, actually. I give ketotifen for mast cell activation syndrome and it really helps them fall asleep. There's the odd person I found in my practice—that makes them groggy in the morning. Not too often, but sometimes I can't give them ketotifen.

Dr. Jill 24:25

Yes. Great tips. So let's talk about this cell danger response. Gordon Medical Center was where—you had told me right before we got on live—you guys had actually done some of the research with Dr. Naviaux. So tell us first: What is it? And then you can just dive in. I can ask some questions. But I definitely want to talk about this. If you haven't heard about the cell danger response, this is groundbreaking.

Dr. Nafysa Parpia 24:46

Yes. At Gordon Medical, we provided the patients that Dr. Naviaux did research on. And this was right before I joined Gordon Medical. But Gordon Medical and Dr. Naviaux were involved in the research together then and wrote the paper on this. It is groundbreaking. The cell danger response is modulated by the mitochondria, which is the energy-producing part of the cell. But it's also sensing when the cells are not getting the nutrients they should be getting. That means that the cells are in danger. That's signaling the immune system to take action—that there is danger. It could happen when there's a virus in the air or a toxin that ties up nutrients. The mitochondria will then send a signal to other cells. But that signal is that it starts to send ATP outside of the cell—so actually around the cell membrane instead of inside the cell.

Dr. Nafysa Parpia 25:40

The important thing to remember is that it's not an on-and-off signal. There's a little bit of signaling every day to help your body pay attention to when there is an invader, a pathogen, a toxin, or stress, whether that's emotional or physical stress. So it doesn't have to be a disease. So it's really happening constantly as a normal defense mechanism. But when the signal persists, that's when illness occurs. So it's like there's a healing response that's stuck in this loop and it just can't stop. Mast cells are constantly activated. The immune system is constantly activated. So it's like trying to understand: Where do I cut that loop? How do I stop the cell danger

response from happening? Speaking of chronic fatigue and Dr. Naviaux and Gordon Medical, the research occurred on chronic fatigue syndrome itself.

Dr. Jill 26:27

Wow. He associated the cell danger response with Lyme disease, autism, and chronic fatigue. So it's been really wide. It's one of the things that I know you and I can see that unifies a lot of these complex chronic illnesses that we see—almost all of them, actually.

Dr. Nafysa Parpia 26:47

Exactly. Yes. They're stuck in this repeating loop of incomplete recovery and re-injury and they're unable to fully heal.

Dr. Jill 26:53

There's the cell danger [response]—phase one, two, and three. In each of those, if it gets stuck there, there are different sets of illnesses and things. Do you want to talk just a little bit about some of those and the differences between the [inaudible]?

Dr. Nafysa Parpia 27:08

Sure. Part one involves the innate immune system—the neutrophils, the macrophages, the natural killer cells, the monocytes, and the mast cells. The mast cells come to prime the immune system and then the other cells will come out to begin the killing and actually do the killing. But the infected cells, at this point, stop making normal amounts of ATP. This is when they start to export the ATP to the cell membrane outside the cell, and that's the danger signal, usually signaling to the rest of the body and cells: Hey, there's a danger here. There's a toxin. There's a bug that's activating the innate immune system.

Dr. Nafysa Parpia 27:48

If it happens in a lot of cells, that's when we start to see the sick behavior: Fatigue, brain fog, body aches and pains. If it only happens a little bit, we're just going to get a stuffy nose. But at this point, they're depending on glucose for energy instead of ATP because the mitochondria are now browning out. It's anaerobic respiration. They're producing little energy, so we'll see illnesses here if we're stuck here.

Dr. Nafysa Parpia 28:13

We'll see HPA axis issues, allergies, asthma, and chronic infections, which are often underneath the chronic fatigue syndrome and the fibromyalgia that I see. It can be stuck here and in part two and part three, which I'll talk about in a minute. So it can be stuck in different parts and different systems of the body.

Dr. Nafysa Parpia 28:37

Part two is when we start to rebuild tissue damage. That's cell proliferation. The mitochondria start to go back to producing more ATP, but it's still anaerobic. We're not burning fat still; we're still burning energy from glucose. But there's less of an inflammatory signal. So here it's more proliferative disorders: Cancers, hypertension, and different heart diseases.

Dr. Nafysa Parpia 28:59

Then there's part three, where we're restoring intercellular communication so the cells learn how to function as part of the whole. A lot of hormones are important here. Neurotransmitters are important here. So here we're going to see illnesses like chronic fatigue syndrome and fibromyalgia, autism spectrum disorder, PTSD, anxiety, and depression.

Dr. Jill 29:23

So I love it because you really cover all of medicine, right? This is—like we're talking about—at the cell level, one of the things that goes wrong. This is why when Dr. Naviaux really presented his data, all of us were just like, "Wow!" I remember two years ago, at ISEAI, when he presented. And you had been involved a little bit in the research. So maybe you knew some of the backstory. But for me and most of us who hadn't heard a lot of the research, it was literally jaw-dropping—"Oh my goodness, this is amazing!"—because it just puts everything together.

Dr. Jill 29:53

I may not be exactly scientifically accurate, but for those of you who are listening and you're not super scientific, I'm going to try to explain in really simple terms what's happening. You have a cell and when the cell spills its contents, it's broken, right? It, like, spills out. Then the contents get outside. That's what's triggering. This is outside the cell. We call it damage-associated receptors. Basically, [due to] the damage to the cell, the contents of the cell got exploded or damaged or leaky. And then the outside is getting a signal that: Oh, there's cell contents outside the cell.

This is not good! So I think of it really simplistically as: You've spilled the contents of a cell that was damaged. And outside the cell, there was a signal because your body knows. It's very smart. It's like: This should not be outside the cell. It should be inside the cell. And that's the ATP.

Dr. Jill 30:38

So ATP is the cellular currency. It should be in the cell, making energy for the cell. If it gets outside the cell, this is the cell danger response. And again, it's super simplified and probably not completely scientifically accurate. But for those of you listening to understand, it's just the spilled contents. The cell is broken. It's damaged. And because it's damaged, it's telling the body: Oh, something is dreadfully wrong. You've got to mop up this mess you've spilled on the floor. That's kind of how I think of it, in a simplistic way.

Dr. Nafysa Parpia 31:05

Yes, exactly that.

Dr. Jill 31:08

So then what do we do? Again, this is a cellular mechanism. There have been drugs studied to stop this that are highly effective. Unfortunately, they're not available.

Dr. Nafysa Parpia 31:17

Right. [inaudible]—you can't get it. In medicine, we're so good with A goes to B. A heart attack, a broken bone, a bullet wound—medicine knows what to do. But Dr. Naviaux calls what we're talking about the black box of healing—the complex chronic illness. So this is where it becomes highly personalized. We look at the genes; we look for the toxins. We're looking for what is causing the most irritation in the system. But usually it's the immune system that's the loudest first, and the mast cells. So back to that.

Dr. Jill 32:06

We're back to where we started, which is starting with calming the mast cells, supporting the immune system, clearing infections, treating heavy metals and toxicity, and then going down the road... One question I just thought of as we're talking about fibromyalgia. I have heard some of the theories around having lactic acidosis, which is basically that in the tissues you have a more acidic environment, which can cause pain. It's not a new theory. It's nothing that's different from what

we're already talking about. But have you found any sort of alkalization therapies helpful, like, say, mineral water, Alka-Seltzer Gold, or even alkaline diets? Have you done anything along those lines?

Dr. Nafysa Parpia 32:45

Yes, absolutely. Alkaline diets, I think, really help. Or intermittent fasting. For sure, the detoxification is going to help.

Dr. Jill 32:55

Yes. Excellent. So what else would we look at? Let's talk about chronic fatigue and fibromyalgia just slightly separately because they are very similar in mechanism, but we might treat them slightly differently. Let's start with fatigue. Most people who are sick may not qualify for chronic fatigue, but most of them do. And it is usually associated with brain fog. It's so funny because, for those of us in medicine, brain fog isn't really defined, right? But every patient that we ever talked to, if we say brain fog, they know what we mean. So we use that term a lot. And how would you define brain fog? Or what would people be complaining of when they come to you with that?

Dr. Nafysa Parpia 33:34

Most of my patients have brain fog, actually. So in tick-borne illness, I find the brain fog is actually more tied to pain than in people who have mostly just viral issues. But in both populations, the brain fog will sound similar or be experienced similarly. "I went into a room and I forgot what I went there for." "I went to the grocery store and I picked up peas, but I meant to get potatoes" or things like that. Or "I just can't think straight." A lot of them say, "I think I'm losing my mind." I actually find it's more the tick-borne illness patients that it's that extreme when they say, "I think I'm going crazy." But for women, a lot of times, if they're not sick, we can just fix the hormones. That'll help them, right? But for these patients, if we fix the hormones, they're still going to feel like they have brain fog. So that's another sign that there's something else going on.

Dr. Jill 34:39

I love that because I remember 15 to 20 years ago when I started in functional medicine, I had a menopausal patient or a patient with hypothyroid, and it'd be very simple and straightforward. We'd replace the hormones, balance the hormones, or give them thyroid, and they'd feel better. And I don't know when I've seen one of

those kinds of patients lately, because there's so many layers. If it were only that simple. Certainly, there are people [for whom] that's all it needs—just a little tweaking. But I find that to be kind of a superficial level... Not superficial; it's very, very important. But it's superficial enough that what we're talking about here usually has way deeper causes. So just doing that alone, unfortunately nowadays, at least for my practice, doesn't usually 100% turn them around, right?

Dr. Nafysa Parpia 35:19

No, definitely not.

Dr. Jill 35:20

I wish it would.

Dr. Nafysa Parpia 35:21

I wish. And they wish it too. They say: "Okay, now look, the labs say that my progesterone and my estrogen are back into balance. But I still feel the same."

Dr. Jill 35:28

"I still feel terrible," right?

Dr. Nafysa Parpia 35:30

Yes. And I say: "That's just a foundation for you now. At least we have this foundation set. Now we have to really get into the nitty-gritty of working on the immune system and working on bringing out the insults." But what I also find is that you can take the knife out—like the bugs and the toxins—but the symptoms still persist.

Dr. Jill 35:53

Yes. It's also a memory, right? Even though you've cleaned up the terrain, the body still remembers. What do you do with that? We may even go into this, but I feel like emotional trauma, emotional health, and some of these limbic system things are so critical. Tell me a little about your thoughts on that. And what would you do?

Dr. Nafysa Parpia 36:12

Yes, I think that's a really big piece. That is when, a lot of times, I might start to use regenerative medicine. Exosomes or biological allografts—those I found can really help. NAD IV can help a lot at that point as well. That's looking at the biochemical

piece. But you just talked about what I would consider such an important piece, which is the healing piece. These people have normally experienced a lot of trauma in their lives. That's what I find. Just like these illnesses of hijacking the different systems of their body, they've also had people in their lives do what I would call hijacking their lives in some way. So much trauma. So that piece is really, really important. I like to give them craniosacral therapy and we have some amazing healers that we work with as well. So I send them to that. I send them to the healers for that kind of work, [as well as] acupuncture.

Dr. Jill 37:14

I love that you're mentioning that because I feel the same. And those aren't my areas of expertise, but I know people who do it. So whether it's somatic-based trauma therapies, whether there are programs like DNRS, the Gupta program, or Safe and Sound [protocol] by Porges—there are a bunch of programs out there that are really helpful. I love craniosacral [therapy]. I love acupuncture. And naturopathy, some of the traditional... We have emotional... What's the name of that? There are a couple of emotional remedy types of things with homeopathic remedies and things. Again, not my area of expertise, but those altogether can be really profound at that layer. What happens with these illnesses is that even if you're healthy and have a good family support system, the body subconsciously sees this mold or Lyme as a trauma. So even if you're super healthy and weren't abused as a child, it's still a trauma. And then the medical system, I think sadly, most of the time further traumatizes the patients.

Dr. Nafysa Parpia 38:10

I agree; they really do—because they haven't been accepted.

Dr. Jill 38:16

Yes, they've been told they're crazy or "Go take this medicine for your mind." You might manifest as insomnia, bipolar, or depression anxiety, but these are not primarily psychological issues.

Dr. Nafysa Parpia 38:28

Exactly. Yes. They're secondary to the issue at hand, which is usually the infection and the toxin.

Dr. Jill 38:33

Yes, I wonder nowadays if all mental illness isn't really gut, microbiome, or cell danger response. I don't know if there are any pure psychological disorders anymore because I can always find a root cause that's actually psychological, right?

Dr. Nafysa Parpia 38:50

Exactly. Exactly. It takes some time to turn these people around, but once they're turned around, I see big shifts in their psychology.

Dr. Jill 39:01

And moods and relationships. It's amazing, right? The whole dynamic shifts.

Dr. Nafysa Parpia 39:06

Yes, it's amazing.

Dr. Jill 39:08

Well, let's shift in our last couple of minutes because we've really covered a lot of ground. We talked a little about the limbic [system] and some of these things. But whether it's social support, isolation, especially with COVID and the pandemic, and all that we've experienced, what are some mental health tips, social tips, or things that you might encourage your patients to do just to have a support system? Or anything in that realm that you would think about or encourage them [to do, such as] nature walks or things like that?

Dr. Nafysa Parpia 39:33

Yes. There are a lot of support groups out there. Sometimes I've heard patients tell me: "Oh, that just really drags me into my diagnosis more. That's just not what I want." Other people say: "Oh, I needed to meet more people just like myself." So I think that everybody who's interested should try to experience it and see if it's for them or not. For some people, it's great. For some people, they don't want that. I think those are people who are more solitary people. And for everybody: Nature walks. I think grounding really helps—just putting their feet in the sand and feeling the sunshine on them.

Dr. Jill 40:13

I love that. And yes, you're in the Bay Area, did you say?

Dr. Nafysa Parpia 40:17

Yes.

Dr. Jill 40:18

You don't always get sunshine.

Dr. Nafysa Parpia 40:21

Yes, it can be cool down here.

Dr. Jill 40:22

Yes, exactly. And I love the earthing and grounding. And then, do you guys recommend pulse electromagnetic—PMF—in your clinic at all?

Dr. Nafysa Parpia 40:32

Yes and no. I've seen it blow up a lot of our patients. They're just not quite ready for it. So, more towards the end of treatment, I've seen it work really well.

Dr. Jill 40:43

It's kind of with that NAD and exosomes and stuff—some of the powerhouses. Yes. I found that for me personally at this level now, I love it. But I think it would have blown me out of the water five years ago when I was really sick.

Dr. Nafysa Parpia 40:52

Yes.

Dr. Jill 40:53

That makes sense. Let's see. I wanted to go back to one other thing. You mentioned coffee enemas. I went to Switzerland for a detox clinic the last two years—before, when we could travel. One thing that was there that they had were these coffee enema kits that were just so amazingly easy to use. It's the Swiss Mountain Clinic. It used to be Paracelsus. We've actually imported those, and I have them at the clinic. I wanted to be sure to let the listeners know. I agree with you; the coffee enemas can be so profound. And you can get online kits and setups. Do you have those at your clinic that you sell or recommend at all?

Dr. Nafysa Parpia 41:27

We don't. But Ben Greenfield wrote a really good article, so I just send people that website. So I'd love to hear about the one that you use.

Dr. Jill 41:33

Yes, I was going to say, I'll include a link down here. I just want to mention it because it's such a unique thing that we have at our clinic and we can ship it to you anywhere in the US. We actually import them from Europe because they're not made in the US. It's a really simple setup with a bottle that's BPA-free and then a setup with tubing. And literally, an instant, really, really clean, low-roasted green coffee with charcoal in it. It's a German formula. It's the cleanest thing I've ever found.

Dr. Jill 42:01

Then you just put it in the bottle [with] warm tap water, shake it up and you're done. So it's super easy to use. I'll include a link in case anyone's interested because it's just one of those things I found in Switzerland. I'm like, "We need this in the US!" And when I tried to figure out who had them, no one had them. So I'll put a link on that.

Dr. Jill 42:21

So the last bit here: Where can people find you? Where can people find [out] more about you? Are you accepting new patients?

Dr. Nafysa Parpia 42:26

Yes, I'm accepting new patients. You can go to www.GordonMedical.com or just look up Gordon Medical Associates and all the information is over there. People come from all over the country, particularly for IV therapies. You were talking about socialization; it used to be that we had a big IV suite and people would sit there and socialize. It would be their hangout time with people just like them and they loved it. Now we can't do it that way. People have their own private rooms, and we take all the precautions that we need to to make sure that it's safe in there. So you won't have company in there anymore, but—

Dr. Jill 43:09

But you still do. And I have had patients that have been [there]. So again, nothing but good reviews and it has just been neat to share a few patients once in a while

that have been back and forth. So I can attest to that—the great care. Now, the other thing you mentioned right before you got on [is that] you're doing a summit. Tell us all what's coming up with the summit.

Dr. Nafysa Parpia 43:27

Yes, so Dr. Gordon and I are going to be hosting a mycotoxin in chronic illness summit through doctor summits. I'm very excited about it. And hopefully, you'll be participating.

Dr. Jill 43:38

I would love to.

Dr. Nafysa Parpia 43:43

And it's going to be in June. So we're just starting right now. We're hosting it with Dr. Christine Schaffner.

Dr. Jill 43:49

Oh, wonderful!—because I love this stuff. So if you're listening, if you go to the Facebook page, follow me on Instagram, just Dr. Jill Carnahan. You will see the updates there. I'll be sure to get information from you guys and share those links. So if you're interested in that summit, stay tuned. I will have it on all my social media pages for everybody and we'll share it. And I would love to be a part of it.

Dr. Nafysa Parpia 44:11

Thank you. We'd love to have you.

Dr. Jill 44:13

Awesome. I can't believe how quickly our hour goes, but I think we've got some great information. Thank you so much for being here. We've got your websites. I'll be sure to include them. Thanks again for all the great information.

Dr. Nafysa Parpia 44:29

Thank you so much for having me. It's such an honor.