

Radical Remedy Podcast - Dr Kristin Reihman Transcript

0:00:01 - Chloe

All right, everybody. Today I am joined with one of my very good friends, Dr Kristin Reihman. She is an expert in Lyme disease, an expert in paediatric neurology and developmental neurology and chronic health disorders, and it's a true honour to have you here to join me to talk today.

0:00:17 - Kristin

Thank you, Chloe. I'm so happy to be here. It's always fun hanging out with you.

0:00:21 - Chloe

Awesome, so let's dive right in. So one of the things that you've done a lot of work on including wrote a book about life after Lyme is Lyme disease, and it's something that you have a lot of personal experience with. Living in Pennsylvania, you've had Lyme disease I think what three times now, and I'm sure you've had many, many patients with it as well. So why don't you tell me a little bit about your journey and some of the things that you've used to help yourself?

0:00:48 - Kristin

Yeah, well, like you said, I've had the Lyme three times and I don't even know if I should be counting anymore because as far as I'm concerned, Lyme is with me. It never really leaves your body once you have it, and that shouldn't freak people out. It's like anything else in your microbiome, you know, you take something on in the world and it becomes part of you. The real question is whether your immune system is up to the task of kind of keeping it at bay. So I will say, happily, for many years now my immune system has been strong and healthy and keeping Lyme at bay so that it doesn't cause symptoms or a frank disease. But by three Lyme episodes, I guess, were really very different from one another. The first time I was a new resident in family medicine, living in the Lehigh Valley, Pennsylvania, and I got a tick bite and I got a little bullseye rash and I took doxycycline, which at that time was the only thing I knew to do, and I took it for three weeks, which was, you know, sort of. At the time the recommendations were either 48 hours after your tick bite or for three to four weeks, and so I took it for three weeks and I got better. I mean, I didn't really have any symptoms other than the bullseye and I was a busy resident. So if I had symptoms, I maybe didn't even notice them or they didn't, you know, strike a chord as being anything beyond the normal. What I was already dealing with, which was fatigue and exhaustion and overwhelm, but you know I felt the same afterwards so it didn't really create much of a blip on my radar. Many years after that, as a new mom with my fourth child I was a new faculty member in, also in the Lehigh Valley, still in Pennsylvania got another tick bite and another rash, and that was an entirely different ballgame.

I had been learning what to do about Lyme beyond just, you know, doxycycline, which is kind of the go-to antibiotic in Western medicine, which is you know what I'm trained in, obviously. But I had a patient several months prior before I got sick, who had come to me with all these like sort of mystery symptoms. I mean, she was fatigued, she was not able to hold her urine, she was having palpitations, she was very anxious and fearful and these were not things that were ever part of her before. And she said to me you know, no one believes me. I'm pretty sure I have Lyme disease and three co-infections. I didn't even know what that word meant, by the way, at that time. Co-infections are just other infections that travel with Lyme disease and can sometimes make it worse. And she said but if you want to be my doctor, you have to read this first.

And she handed me this stack of internet research, you know, printed out sheets, many of them from websites that I would have said weren't maybe sort of evidence-based, but others that were actual papers and you know from the medical literature, things showing that, like you

can culture Lyme disease spirochetes out of the knee 10 years after a course of doxycycline or 10 years after even seftriaxone, which is considered a stronger antibiotic for Lyme, penetrates more deeply. And so all of these things really kind of flew in the face of what I had been taught about Lyme disease. What I was taught about Lyme disease was that it's easy to catch and easy to treat and not easy to catch. So it's difficult to catch, easy to diagnose and easy to treat. It's none of those things, and I learned that the hard way, kind of on my own later. But you know, it didn't just go away with doxycycline, according to these things I was reading, and so I remember reading them and having this sense of like oh my gosh, I really missed the boat on a lot of diagnoses and potential places to help people and set people away thinking they didn't have something that they could have done something about if I'd known better.

And so I was going through this kind of process of you know, this sort of internal struggle really of trying to understand how to learn something that's outside of the bounds of what your training is teaching you. You know, even going as far as calling several infectious disease specialists within the hospital network to ask them for insights about this patient or that patient who has these labs or these labs. And I was so surprised, chloe, by the blowback that I got from these doctors you know colleagues really who I was calling on behalf of a patient, but they would interrupt me rudely and almost yelling say well, on what basis have you diagnosed them with Lyme disease? And it was like nothing else that you could ever bring up that would like strike such a nerve right. So that's kind of my first inkling that you know this wasn't a normal disease. This was something that was really emotionally charged for a lot of people. And so in the midst of that, trying to help this patient and learn about Lyme and kind of go outside the box a little bit to sort of learn things that might might actually help people and not dismiss people.

I got bitten by a tick and for those who don't know, lyme is a bacteria. It's a little spiral shaped little guy that travels in the bellies of ticks and other biting insects. So even though on our board exams they want to make sure we know it comes, it comes only from the black legged tick and the. You know the nymph version of that tick. It's really something that can travel anywhere. It's been found in mosquitoes, it's been found in fleas and sand flies and all sorts of biting insects, spiders, I mean. We can also talk about how. It's been found in dentas of miscarried bullies. It's been found in semen and breast milk. It's been found in the blood supply, so it's pretty much everywhere. Which again gets to this notion of it doesn't make sense to be afraid of Lyme disease, right, because it's everywhere. You're either sick from it or you're not, and if you're not, it means you have a pretty good immune system managing things right now, and if you are, it means we have an opportunity to heal the terrain, to heal your immune system so that you can actually help it do what it's supposed to do, which is keep those things at bay, keep your microbiome from taking over.

So when I got Lyme the second time and found a tick on myself and got a bullseye rash, I had been learning about these other treatments and learning about the sort of inadequacy of doxycycline in some cases. So I did go the doxy route for a few months but ultimately ended up on a lot of herbs. I did Klinghart's protocol I don't know if you know about his Lyme healing cocktail, but he was sort of who I'd found my way to at that point and ultimately healed myself that second time. And then, of course, I started learning, really diving into this, like you like to say nerding out. I was nerding out big time on Lyme and co-infections and just kind of finding anything I could put in my toolbox that might help me prevent a relapse and help my patients, who, of course, now were coming to me. Like you know how this happens the second you learn something, the person shows up in your life who needs what you just learned. Well, that's what was happening. So I was suddenly attracting all these people who had these chronic mystery illnesses and they had quasi-positive Lyme tests which I could now interpret better and understand that they did have Lyme and did need some help. So I had a lot of places to practice this medicine that I was learning, but not a whole lot of support from the medical

environment in which I, you know, was training and then teaching. So I ultimately left that environment.

By the time I got Lyme the third time, I had gained a whole other set of tools and was no longer dabbling in antibiotics or antibiotics or using those.

I was using more terrain-based therapies. And so there were three very different experiences. The second one I would call my near-death experience. You know, I had three months where I was pretty sick, you know not, you know not able to really be awake much longer than eight hours a day and, you know, exhausted all the time and in a lot of pain, and then after the antibiotics round, I got even sicker and then I was like in bed for months. So it was kind of a long, drawn-out journey that I wouldn't like to wish on anybody and certainly don't want to repeat. But the third time I got Lyme I felt all my symptoms creep back after another tick bite and I jumped on my new you know I think it was MMS at that time that I was kind of dabbling in and learning about and use that to pretty quickly nip it in the bud, and I think six months was all I, you know, felt that that episode really cost me.

0:09:04 - Chloe

Yeah, it's amazing it's. There's so many different facets of Lyme that are really fascinating. To me. One thing that popped up when you were in my head when you were talking about how you got this tool set and then all these patients came and it's very much the when the teacher is ready, the students will appear sort of phenomenon, but it is. You know, it's also a facet of healing tools that you've used for other chronic health disorders and for children with special needs. So I'm excited to dive into a lot of the tools that you that you've learned about. I do want to backtrack just for a moment. Why do you think that people, and doctors in particular, are so emotionally charged around Lyme and what do you think all the controversy is? Do you think it's just because Western medicine doesn't really have the diagnostic skill set or tool set in order to really make clear diagnoses and to really treat it properly? Is it because it sort of hides within the body from time to time? You know, after a course of antibiotics, what do you think that's sort of about?

0:10:10 - Kristin

I mean, I think those two things are certainly things that make it complex and hard to treat. I like to imagine that most people who go to med school are curious, at least in the beginning. I think if you, if you're drawn to studying the human body and you know the process of disease and wellness, there's some, some level of curiosity there, right. But I will tell you that nothing about medical school really felt like it was promoting or encouraging curiosity. There's a lot of dogma and there's a lot of tradition. There's a lot of ritual rites of passage. I mean it's essentially of it's kind of a, it's a little bit of a cult. I mean it's a little bit of a. I mean culture has the word cult in it. It is the medical culture and I would say there's a lot in there that isn't conducive to free thinking or to exploration. And I remember those moments like you're asking about.

I mean, the truth is, I don't know why doctors are so emotionally charged around this, but I will tell you that the experiences I had when learning Lyme and I don't think I learned Lyme correctly initially, but the experiences I had still stand out, and the first one was sitting in class at Stanford Medical School with my colleagues and listening to a microbiology lecture and having the professor talking about you know the spirochete called *Borrelia burgdorferi* that causes this illness called Lyme disease, and I remember very clearly him saying about 20% of people seem to develop these long-term symptoms and they can be things like, you know, heart disease, myocarditis.

They could be nerve problems, peripheral neuropathies, joint pains. These things are classic kind of chronic Lyme symptoms and people who don't get treated or who are inadequately

treated can develop these symptoms. And I remember thinking, well, 20% is a pretty big number actually, like one in five people. That's a little concerning, like it makes me never want to kind of rule out the idea that if someone comes back and says, well, I was treated for Lyme but I still have symptoms, I certainly wouldn't rule out the possibility that Lyme still exists. But I remember the thrust of the conversation afterwards which was well, you know then, if you're acting, if you're actually going to treat these people, you're going to be like those crazy Lyme doctors. I remember thinking, wow, this is a new category of human. I've never heard of a crazy Lyme.

0:12:39 - Chloe

But I'm going to get you a hat.

0:12:44 - Kristin

Thank you. I mean, I've been waiting for someone to get me a hat. But I remember thinking like, wow, there's a lot of fear in that remark and clearly we don't. You know, we wouldn't want to graduate from Stanford and then become one of those crazy Lyme doctors. It's sort of shameful to the practice All this stuff you can read in from a comment like that. Right, it wasn't the first and last, it wasn't the last time I heard a comment like that. I remember the next time was when I was in this kind of gathering information mode and like sort of like reformulating my brain around the concept.

After this first patient of mine and the other patients were coming in and actually a long time patient of mine came in with new symptoms that really seemed like a stroke and I ended up working her up in the outpatient setting but then quickly sending her to the hospital for a more complete workup because I decided I think she's having a stroke. Well, happily she wasn't having a stroke. But they took her seriously. They did a whole work up there. They did, you know, a CAT scan and then an MRI and ultimately the neurology team said we think this is Lyme, we think this must be Lyme disease, because it's not MS and it's not a stroke. It's got to be Lyme. And of course they got infectious disease involved. And infectious disease came in and said well, look at your testing. Your Lyme testing is clearly negative. It's clearly not Lyme. We think it must be MS that just hasn't manifested yet enough to show us labs. So I was on the phone like a ping pong ball, back and forth between, like rheumatology, infectious disease and neurology and the admitting team, trying to make sense of all this, and ultimately everybody was saying it's their problem, because it can't be this, their problem can't be this. But the neurologist kept saying to me this is Lyme. They just don't want to accept it. And I remember thinking this is so bizarre, Like why are doctors doing this? This patient is clearly having symptoms that everyone, except for the infectious disease team, thinks is Lyme disease. And so I ended up calling I actually I called the on call infectious disease, attending to speak with him and said listen, and he was sort of the big guy in the hospital at that time, sort of the professor emeritus of all infectious disease there. They said listen, help me understand why. Oh and, by the way, before all the labs came back. They'd given her doxycycline and she was getting better. Okay, that's the best part of this. Doxycycline was making a difference. So they're discharging her and they're like well, we're taking off the doxy because clearly it's not Lyme, because your labs are not showing it's Lyme.

Meanwhile, 65% of the Lyme testing people who have a negative test, 65% of the time they actually have Lyme. That's how insensitive the testing is. That's huge. I never knew that. I'm nerding out. I'm learning all this stuff right now. I'm learning all the background here.

And so when I call him, they say listen, Dr, so and so what do you think's really going on with her? He says, well, you know, it's just really hard to say Kristin, I don't know. I mean it did seem like Lyme, but then there, you can't argue with the negative test. I said, well, what, if you kind of can? Have you seen the studies that showed that 65% of the tests? He goes I hear you, I hear what you're saying and his voice is rising. He's like I hear what you're saying, but you know,

then you're just doing with those crazy Lyme doctors doing and I'm like, wow, there's a whole sleeping bear here that I don't even know was present.

So ultimately I just had to kind of step away from the conversations because there was not rational thought happening.

Yeah, it was all fear.

Why do I think it?

The fear is there.

I don't actually know the answer to this, but I suspect it has something to do with money and something to do with the fact that insurance companies have been known to call medical boards and report doctors who are treating quote outside the guidelines for Lyme disease.

Now, you cannot actually be faulted for treating outside of guidelines if it's your medical decision and you're using the art of medicine and guidelines are just guidelines, right, and ultimately those doctors then are have to pay a huge price of being audited and having people sit in their office for a year and having to pay for that and it's it can become very costly. So I do think what has happened is that a lot of professional societies, like the IDSA, the Infectious Disease Society of America, for example, have just made a blanket decision let's protect our people, our physicians, from that kind of hassling and just tell them we don't believe in chronic Lyme, we're not treating it, don't come to my office for that. So doctors at the end of the day often are just following guidelines that someone else made and they're not always evidence based. Sometimes they're fear based.

0:17:17 - Chloe

Imagine that it's wild. I mean, with the epidemic of, you know, as we talked about, chronic health disorders and autoimmune disorders, latent pathogenic factors like Lyme disease, I mean I hear this all of the time from patients and friends where they're just being shuttled from one doctor to another. You know, it could be lupus, it could be Lyme, it could be MS, it couldn't just be, you know. And these poor patients are just completely confused and lost and have nowhere to turn. And you know, honestly, that sort of was where I was at with Rami when he first got diagnosed and everybody was like, well, he's got a genetic disorder, there's nothing you can do, put him on some seizure beds, best of luck to you. And I was like, well, I don't know, I'm pretty sure there might be some other ways to support him, whether it's, you know, to get him. You know, not necessarily to get him a total reversal in his symptoms, but to help Rami live his healthiest and best life. And that's where I sort of started going down all of these rabbit holes and learning how important some of these infections could be and some of these sort of outside of the box treatment methods are even beyond. You know, even as an acupuncturist and herbalist. I've gone far beyond that and it's a really fun path as a practitioner. It's a really scary path as a patient and hopefully we can help bridge that gap a little bit with some of this information.

Let's walk people through Lyme a little bit. What are some of the symptoms you know? I know typically people think that you're looking for a tick bite. I know it's sort of a myth that it's supposed to be on for a certain amount of time, or whether or not you need a bullseye. What are some of the symptoms and red flags that you might be dealing with Lyme or might even have chronic Lyme?

0:18:59 - Kristin

So that answer could take up a whole book. What I would say is this if you start with the understanding that Lyme can do almost anything, it really can. Syphilis used to be called the

great imitator because it could show up and act like really any disease out there. Lyme and syphilis are close cousins. They're both spirochetal infections, bacteria shaped like little corkscrews. Lyme has about 14 times the genetic DNA complexity of syphilis. So if you think of what syphilis, as a great imitator, could do, think of like syphilis on steroids, is what Lyme can do.

Sometimes it does nothing. I mean, sometimes people get a tick, bite. Little tick injects Lyme and yes, it does not have or injects, I guess, penicillin it does not have to take 36 hours or 72 hours. A number shifts and change, just like whether a child should be on their back to sleep or their front to sleep. It goes back and forth. The bottom line is within seconds you could have spirochetes in your blood. Some people will quickly mount an immune response of that. Their white blood cells will come to the fight. They'll make little antibodies that take a few weeks, but in the meantime they're doing things like dropping little peroxide molecules on that spirochete or walling it off and bringing in macrophages and bringing in other parts of elements of the immune system neutrophils.

If there's a very robust immune response, you develop a bullseye rash. A bullseye rash is exactly what it sounds like. It's a little target-shaped lesion around the bite and that red ring on the outside is evidence of an inflammatory ring. That's the front line. That's what's happening between your immune system and the Lyme, creating a little bit of an inflammatory zone around the inoculation that you got. 50% or more people who end up with chronic Lyme do not remember, probably didn't develop. Hence they didn't remember it because it didn't happen. A bullseye rash, that's because their immune system wasn't on point. The worst off you are, the more likely it is that you don't have what's considered the pathognomonic or classic symptom of Lyme disease, which is a bullseye rash. By the way, bullseye rashes can look like no rash or any rash. It doesn't have to be a perfect target. If it's a perfect target, you're in luck, like I was, although luck is an interesting choice of words here but you have a clearer picture of what's going on.

So after that happens, you have a period of time during which your immune system is working to wall off and fight off the Lyme. It probably never fully clears it. It's kind of like chickenpox you get chickenpox and you end up walling it off. Your immune system ends up walling it off, clearing it from your skin, clearing it from your brain, and it just hangs out in the dorsal root ganglion of your spinal column until maybe later in life. It reactivates as herpes zoster, right as shingles. So Lyme is very similar. It can reactivate in periods of stress. It can reactivate with new tick bites. It can reactivate you don't get enough sleep. It can reactivate when you take a medication that undermines your immune system. There are all sorts of things that can create the perfect opportunity for Lyme to kind of get a foothold.

Now, Lyme is very slow growing in your body. It's like similar to tuberculosis, which is a very slow growing bacterium, hard to culture as a result and also hard to notice because it moves so slowly. But Lyme will fall asleep for three to four weeks at a time and do nothing, and during that time your immune system is like wait, wait, what was just here? Oh, nothing, go back to something else. Right. And three weeks later it pops out, maybe pokes a little elbow out of some biofilm, or it puts a hand up and your immune system sees it and kind of gets back to work on it.

Those are usually the times when people experience flares. So it's common in Lyme to have waxing and waning symptoms, have episodes of feeling worse and then a period of a few weeks of feeling better, depending on what the immune system is doing. Sometimes you'll go months feeling great and then have a stress point and have it a week or two where you're feeling crappy again. But it's classic in Lyme to have kind of three weeks off and then one bad week a month. A lot of women will have that bad week around their cycles, which gets to this idea that our hormones are actually contributing to our terrain and to our immune system and

our immune health and also to either are feeding the pathogens or keeping them at bay, depending on what the symptoms are for different infections.

0:23:31 - Chloe

Does that often. Do you ever see that correlating with the moon cycles Also? I know that with Remy's seizures they always correlate with the moon Typically. I see that correlating with parasites, since the parasites lay eggs and cycle with the moon also. I'd just be curious if that sort of plays into it.

0:23:47 - Kristin

It can, and so I'll give another couple of general principles about that. But I want people to remember that Lyme can really do anything. So even though it might fit a picture that's slightly different from what I'm describing, that doesn't mean what you're dealing with isn't Lyme. So parasites are an interesting feature. We can definitely go there in this conversation if you want to.

One of the things that parasites do in our body and I'm talking about intestinal worms know that most people have, whether they're in your intestines at this moment or not. There still are tropic for the intestines. They want to go there, they want to mate, they want to, like, pass on their, their you know, their babies and pass eggs there, and they tend to collect the pathogens in our body. They are think of them as like a silo for anything that we take on. So any viruses or yeast or heavy metals or Lyme disease that we have in our system is going to flow down a gradient and kind of find an equilibrium throughout our tissues, and parasites in our body act like a sink for some of those, for some of those things. So they carry heavy metals, they carry mycotoxins, mold toxins that we get from our environment, and they carry.

Lyme Parasites tend to have their own life cycles, which are slightly different from Lyme cycles. They tend to wax and wane around the full moon. So on full moons you might notice that some people will get like a little itchy, itchy tickle in their throat that they have to clear and then ultimately swallow. Well, pay attention, and now that you've heard this, because around the full moon people do that more than around other times of the month and often what that is is that the worms and the tiny microscopic they're not like huge things necessarily. They can be microscopic, but they're traveling up from the lungs, which is where they live part of their life cycle. They're tickling us in the epiglottis, in the back of our throat, and creating that swallow reflex so that we put them where they want to go, which is down in the.

0:25:42 - Chloe

No, I know Nobody wants to hear this, I know, but it's so fascinating Pretty importantly, you know your parasites really don't want you to hear this.

0:25:52 - Kristin

So if there's part of you that's like already gone, running from the building, you probably have more parasites than your fair share, because they can control us right. They're part of our microbiome and they secrete all sorts of toxins and chemicals that keep us happy when we're doing things that support their breeding and their lifestyle and make us feel crazy when we're not Around the full moon. You'll also see kids, especially the special needs kids I take care of. You'll see them go kind of bonkers around the full moon. Again, the full moon is when, for whatever reason, these creatures are fluxing and changing position in our bodies. 90% of them don't live in the gut, even though the gut is where they mate and where they pass on their eggs. 90% live in our tissues, a lot of them in our lungs, some in our livers, our gallbladder, our skin, our eyes, and so these things move back to the gut and that can create a lot of disrupted sleep, a lot of goofy giddiness like crazy giggles and kind of wackadoo behavior among our kids. You'll also see kind of itching in orifices, so anal itching, anal or vulva itching, scratchy throat, itchy ears, itchy eyes and nose. Those are all evidence that your microbiomes trying to

leave the building or at least look for food. And so people, when they start paying attention to these things, they really do see them.

And people often ask well, I don't mean, is it true that everyone has parasites? And I said, well, I've never really met a person who I've done a parasite cleanse with who didn't have some evidence of passage of pathogens when they actually took this on. So why is this relevant to Lyme? Well, your Lyme lives in your parasites and so if you're going to do a big parasite cleanse, you have to be prepared for whatever is getting dumped out of those worms while they die. If you have Lyme disease, you have to be aware that even though you might feel great after two weeks of antibiotics or six months of antibiotics or herbs or whatever you're doing, you probably have a silo of these things living in your parasites. So I remember learning this. Like I said, I went on a whole year and a half.

I guess my nerding out online hasn't really ended, but in the beginning of it all it was pretty extreme. Chloe and I remember reading one night about parasites and just had been thinking about it for a while I said to my husband, listen, I am doing a full on parasite cleanse this summer, like my summer is about pooping out worms. And he was like you know, you're getting crazier by the day. And I said maybe so, but if I produce worms with this project, everyone in this household is going to get a parasite cleanse, because I don't want to get reinfected by you people and living together people. Be past these things on.

I mean you have, you wipe your bottom, you go to the sink to turn on the faucet to wash your hands, like a good human supposed to, and you just put, you know, worm eggs on the sink. By the way, one, *ascaris lumbarcoides*, which is the roundworm, which is probably the most common worm I see, lays about 200,000 eggs per day, per day. Per day. And those eggs can dry out on the faucet, become aerosol rise, get breathed in by anyone who walks into the bathroom, and they live for five years. So don't tell me that we don't get parasites from one another, like it's just inevitable.

0:29:00 - Chloe

Wow, even as somebody who has studied parasites pretty extensively and done multiple parasites lenses on me and Rem, I got to want to ball that. But keep going. I'm fascinated yeah.

0:29:12 - Kristin

So I guess that this all comes back to cycles, right, and symptoms. So you might have symptoms around the full moon and new moon. If you do consider parasites, you might also have symptoms that are more classic for Lyme, like straight up Lyme disease. So classic symptoms are fatigue, brain fog, physical exhaustion, sometimes ringing in the ears, sometimes visual problems like visual floaters, throat pain, trouble, swallowing, like it's almost like you're the. All the sort of smooth muscle systems that are supposed to just do their thing automatically without your thought need help, like you've maybe dribble.

Like my first patient I told you about who would dribble urine. I mean, she was an artist's model. She was posing in the nude for hours at a time. She's like I can't work because I'm peeing all over myself, like that's not acceptable. Like you know, as an artist's model I can't do that, and that's.

That's a pretty common one too. I mean interstitial cystitis. There are a lot of Lyme doctors who would say you know until proven otherwise, interstitial cystitis is Lyme disease. I think it's more complex than that. There's a couple of you know I don't know if you know Ruth Criss.

She's an amazing nurse practitioner who spent the last 30 years. She should be on your podcast, chloe. She spent the last 30 years looking at the sort of biofilms in bladders and sort

of slicing and dicing out like what are all the different things infectious organisms that can create IC, and then treating people with installations of antibiotics and biofilm breakers at the same time and getting amazing results with IC. Because when it turns out, when you break down the biofilm that these bugs are hiding in and you kill the bugs, you lose the infection and you lose your symptoms. So that's another big one is IC or interstitial cystitis, fibromyone.

I mean here's sort of catch words. Here are the words that people might have a diagnosis of already and no one's given them kind of an etiology or an underlying reason for it. Because in Western medicine we don't believe we know that, but it's often Lyme. So MS, alzheimer's, fibromyalgia, chronic fatigue, autism if you have one of these things and no one's ever talked about looking for underneath causes like what's at the root of this, find yourself a doctor who knows about Lyme disease, because it may be that you have something treatable that you can actually chip away at and make a real difference for people Absolutely Well and that's such a great point and it's so important for us to start looking at the underlying pathogens.

0:31:44 - Chloe

One of the things that I love so much about these chronic health disorders and treating them and learning about Lyme and other disorders like that is that these really create like. The healing framework that we have, for Lyme is something that we can use for so many different disorders that are out there that are sort of you know, particularly these kind of untreatable disorders by Western medicine. So tell us a little bit about what you've found to be most effective to actually address Lyme and to help work with these chronic health disorders.

0:32:17 - Kristin

Yeah, I love the way you frame that and it reminds me of as I was kind of reformulating myself as an integrative, holistic doctor after my Lyme journey, which really truly was the gift of Lyme for me. It really helped me kind of learn a whole world of new tools and approaches that I think are more natural and more effective. I remember thinking, wow, lyme, as debilitating and awful and scary as that near-death experience was, was actually the perfect vehicle for learning integrative medicine, you know, because it touches everything. It touches everything and it's not just about a bug. It's not just about a bug, right, the bug is the least important piece here. As complex and wacky as it is, it's really about the terrain. It's about this person's immune function, it's about their stress level, it's about their thought, it's about their support system, it's about all of the pieces that make you healthy, right or not. In this case, for people who get Lyme, I would say you know, by definition, if you have symptoms from chronic Lyme chronic symptoms from Lyme which, I would say, over six months, your immune system didn't just handle it, or the doxy that urgent care put you on didn't just handle it, then by definition your immune system's in the toilet and you need to really look at how to rebuild that from the ground up. So the basics are the basics, you know, their adequate sleep, restorative, adequate sleep, which usually I describe for people as not using an alarm clock in the morning. If you're using an alarm clock, by definition you're not getting sleep your body needed the night before it would have been awake already. And I know people will say, well, I wake up one minute before my alarm clock, to which I would say, well, you have created a Pavlovian response in your brain that probably still means you're not getting the sleep you need, like what happens on weekends, you know, when you don't have to do anything. But that's huge, you know, and a lot of people. Just, that's so basic and yet so overlooked for so many people. So I always start with the basics Drinking enough water.

You know drinking at least half your body weight in ounces of water, if not double or triple. I had a patient who would get hives until she reached three times or one and a half times her body weight in ounces of water. She weighs 140 pounds. She's 70 is her minimum. She was drinking 20, 210 ounces of water a day and then she wouldn't have hives Like that was what her body needed to detox from all the chemicals that you know killing lime was throwing off.

Speaking of chemicals, a lot of times heavy metals are players. People have this kind of chronic burden of toxins and chemicals. And you know we're talking about Stephanie Seneff's work with glyphosate right before this, and you know these chemicals are no joke. You know we are sort of soaking in a toxic slurry of all this stuff, and not for nothing. But like our mitochondria can only take so much, you know, our cell membranes can only hold so much, our interstitial tissues, which is where these toxins are usually stored, can only, you know, get so full before they start to just not function for us very properly.

So I encourage people to think about detox as a way of life. You know. Think about the foods they put in their body, think about the foods they shouldn't put in their body. You know there's a whole handful of things I take everyone off of gluten, dairy, sugar, caffeine and alcohol from. You know, go, because to me, if you're not going to get off the things that are obstacles to your healing like what are we doing here I can't really help you. If you're not going to do the things that are basic that you have to do to empower your immune system to be functional. Okay, yeah.

0:35:52 - Chloe

It's so essential. I find that gluten and dairy and sugar can be such a game changer for patients, even just after a couple of weeks. I always say give this one patient I had back in New York who would have just such chronic inflammation She'd be barely able to walk up and down the stairs to the office and she'd go off a gluten, dairy and sugar for a month and she'd drop 20 pounds and she'd be dancing at her family weddings and stuff. And she'd come in looking down at the floor a couple weeks later and be like, oh, I'm back on it again. And it was just always amazing to me that she had such a dramatic shift with getting off of those foods and yet it still was so hard for her to make that emotional change. You know, to make that change by eating the food. So it's, you know it is.

I do get how challenging it is for people to to let go of some of these things that are. You know we live in such a stressed out society, everybody's over tax, especially if you're chronically ill. So for a lot of people these foods, these drinks are, are treats. You know, this is sort of what we've conditioned ourselves to, to be our little gifts to ourselves, but I do encourage everybody to look to other gifts, and you know there's a lot of wonderful food out there that you can, you can substitute it with, and once you sort of get into that habit, it gets easier and easier as time goes on.

0:37:16 - Kristin

Yeah Well, you can start tasting it. You know once, like the, the high fructose corn syrup is no longer coating your mouth. You know you can actually taste food, taste vegetables and taste. You know clean, clean food in a way that I think isn't possible when you're putting only processed. You know quick dopamine hits into your mouth.

0:37:35 - Chloe

If the hyper processed foods are just absolutely terrifying to me? Yeah, and it's. It's mind-blowing to see all the children eating them all of the time. So again, I also encourage parents, if you can do it. You know it's. It is hard making sure that your kids have wholesome sacks and and fighting the good fight. But they, you know, if you give them a little bit of time, normally they do shift over pretty happily and enjoy the healthy foods. I mean I even have Remi eating kimchi, which is like one of my proudest points as a mom.

0:38:08 - Kristin

But well, I'm sure some really good tips for parents.

0:38:10 - Chloe

actually, I should be asking you what, what is one of your biggest tips for, for helping kids make that transition from the sort of more processed sugar sugar forward through foods to some more whole foods?

0:38:23 - Kristin

So I think the algorithm starts here. If you can't imagine giving up your own gluten, dairy, sugar, processed foods, start with you, because you have no chance giving up those things for your child. If every part of you is screaming that like you're a bad parent for not feeding your child the things that you are feeding yourself because you can't live without, I mean I think I think it's. It's often a case that people are just out of control because they, their microbiome is out of control, like if you've been eating that stuff, you have a. You know we talked about parasites. Well, yeast is kind of a parasite too. That just can overwhelm a person's drive and desire and cravings for these foods that do not serve the human. They serve the yeast.

Yeast gets a rapid download of sugar when you put a piece of white bread in your mouth or some pasta or a muffin or a donut, like they love that and they're going to secrete over 483 chemicals that make you either feel really, really happy and, you know, comforted which is where comfort food comes from or the opposite, when you don't feed them what they want, I mean they're. They're truly controlling our behavior that way. So I think part of what gets in the way for parents is they? They know what their kid gets like when they don't get their snack, their comfort, comforting, you know whatever. Ho ho or ding dong, or I guess for the nineties it's something. Well, it's, or the nineties anymore he's not been. I just blew into a time warp.

0:39:50 - Chloe

Chloe, I'm just going to stick with my students.

0:39:54 - Kristin

That's a crazy line, doctor. That's a crazy line, doctor. Where's my hat? So I think that I think that when parents are feeling that resistance, they're often imagining what they've experienced before is happening, which is their kid becomes like a junkie and withdrawal, and that that is not their kid, right, that is their kid on yeast chemicals which will eventually get out of their system. But you got to kill the east off. You can't just keep feeding them and expect to see something different.

So I tell people listen, expect, expect your kid to either be a junkie and withdrawal tantrums and telling us screaming that you're killing him because you are killing his yeast and they're speaking, you know they're speaking through him or, on the other extreme, you get like well, my daughter used to get which she would get, just like peek it in one and like fatigued and lethargic and a little febrile, a little fevery, and look like she was dying. On the other extreme, right, but ultimately the yeast are dying and the truth is the kids all survive and at the end of the day, when the yeast are knocked back a little bit, the kids are much more themselves and much more even killed. Their energy comes back. They're not dealing with these rollercoasters of energy all day. They're not dealing with behavior issues. It's a beautiful thing to see but not necessarily a beautiful thing to live through to get to that end goal. So I get it. I get the resistance.

The other thing I would say is, if you can imagine doing this, because you, you can eat this way yourself, but you're just afraid of your kid. Just know it's time limited. Like everybody gets through that. I've never seen a child perish from a yeast die off and there are a lot of things you can do to support their detoxification and make them more comfortable while they're yeast. Or I'm trying to make them miserable and trying to drive them to eat another ho ho or ding dong, and that's Epsom salts, baths and plenty of water more than you think is necessary, and heating, getting in a warm, snuggly bed and reading a book and just encouraging them and saying we're going to get through this. You're sick right now, but we're going to get through

this and continuing to put proper meals in front of them that aren't laden with these sugary, processed foods. Eventually you'll be surprised to find they kind of blink, look around and start eating the food in front of them and it's like your child has now emerged. So I encourage people by saying, look, you'll get through it. Everybody goes through this and I can't tell you how long it's going to take for you or your kid. But I don't recommend the sort of slow wean because it can really prolong the agate.

I've seen people try to wean their kids off sugars for months and months. I'm like, okay, that's your path. I prefer to go cold turkey and be done in five days. You know, everyone's a little bit different and I guess the very last thing I would say is you know, unless your kid is driving to the store and buying food, you actually are in charge here, like they came to live with you and your rules. And if your rules are, we eat whole, real foods and we don't overgrow our yeast because that makes, for you know, a lot, of, a lot of strife and struggle and illness and disease. Those are your values. You get to live them and your kids get to get to follow along, because they came to live with you and they will learn this. You know, through your actions and through your choices how to make healthy choices for themselves. So I try to encourage parents and say, look, you can do this. It's hard but you can do it.

0:43:02 - Chloe

It is hard and it gets easier as you do it, day in and day out. I know that in my house we just don't have processed foods, we don't have things that are not organic. Remy and I are going out to eat. I'm less worried about it when I'm going out to eat because there's certain things that are outside of my control. In my house everything is as clean as it can be and you know there are so many shortcuts to cooking. Once you get the basics down, it's not, it doesn't take long. You know I make big batches of things at Rizum. Remy's got his lunch, hot lunch, every day, with some fruits and veggies, some avocado.

You know it's a little bit more work, but the payoff on the other end is so important for our kids and so important for their long-term health, because the diet of our children and the toxin loads of our children is leading to these chronic health disorders, not only on them when they're young, but now.

You know what is it. I think around 70% of millennials are at least one pharmaceutical, most of them SSRIs, which you know. We could easily talk about how the gut is where serotonin is made, you know, and how much the gut impacts brain health. But it's just, you know, if you're not setting your kids up for success in terms of their diet and their immune system and their children, you're setting them up potentially for a lifelong of pharmaceutical interventions and really complicated health disorders. So I really really do urge people to take Dr Christensen's advice very seriously and just start walking that path. Walk it for yourself and start seeing how great the foods are and how much better you feel personally, and then it makes it much easier to convince your kids on the other end when they're seeing how you're thriving on these foods as well and how you're excited to incorporate whole foods into your diet.

0:44:49 - Kristin

Yeah, and I will say there's one other thing that people might not appreciate, which is that your brain actually works better when you're eating this way. So it does become a lot easier to look at a you know, to pick up a recipe or to you know, google a new recipe, or to go shopping in an aisle you've never been in before. There's only one or two aisles. I even go into right the rest I try to shop periphery. But like it makes it easier to think and get organized into plan and to have the stamina when you are afraid your kid's going to be tantruming when your own brain is working. So it's another good reason to sort of do it for yourself before you trot it out for your family.

0:45:26 - Chloe

Yeah, Well, and I was saying this to you before, one of the greatest lessons that Remy's taught me is you know, I can take Remy to every doctor in the world which I practically have. It feels like some days I can do all of the programs that there are. I can, you know, do hours of therapy with them every day. I can get trained as a neurofeedback practitioner and buy a goddamn hyperbaric. All of these things are things that I've done, but if I, as his mom, have tapped out and depressed and overwhelmed and unhealthy, then I can't, then none of that matters for him. So really, I really hope that moms can take, you know, the accountability for themselves, because also, we deserve to take care of ourselves and feel our best, and so many moms out there are just beyond capacity and you know we're thinking about ourselves last. I really encourage everybody to think about ourselves first and if it's not for you, then do it for your kids. But you gotta get there one way or another. Yeah.

0:46:22 - Kristin

Leverage the kid love and the self sacrifice to do something for you. And you know, getting back to what you said, I really loved how you said that about there's other ways to gift yourself and other ways to treat yourself. Pretty amazing to feel good. You know, it's pretty huge tree in this day and age to actually feel vibrant and well and, you know, have your brain working for you. Those are all real gifts to be grateful for and there are things you can cultivate for yourself that end up being, you know, really worth the work.

0:46:52 - Chloe

Absolutely Well. That's one of the you know. Again, another reason why I started the podcast was because I'm looking at many of my mom friends and people that I know and moms out there in general, and they're just so impressively tapped out and overwhelmed. And you know, I know that I am in no way special in any way, shape or form, and I'm a single mom of a child with multiple disabilities. I own three businesses and I finished my doctorate in the past couple of years and I had no way say that to brag, I'm just saying that, like, I get happier and healthier every day, despite doing things that many people couldn't comprehend. And that is really because I take really, really good care of myself and I make sure to take time outside and eat good food and to meditate and to do all the things that I'm going to be talking about on the podcast, because that gives me such a return on investment so that I can live my best life and, in turn, hopefully help as many people as possible.

Beautiful, so so get it, peeps, you can do it, but let's let's go to something over controversial. We talked about MMS and how you have found that to be helpful for Lyme, for other co-infections, chronic diseases and just about everything, because this is a really interesting topic. Mms just for background for some people listening, it's called Miracle Mineral Solution and it is very controversial if you Google it. But what I have found on my path is that a lot of the things that are slandered on the internet are being used by practitioners and doctors that I highly highly respect, with very high safety reference and very, very strong efficacy. So I think it's certainly worth listening to and exploring, and this is something that I personally used and have used with Remy as well, so love to hear your take.

0:48:45 - Kristin

Well, this is, that's the thing I use. The third time at Head Lyme, you know, I'd been, like I said, in a whole, learning everything I could, and in a bunker, as Matt Newell would say. And in that bunker I came across Carrie Rivera, who is a mom, you know, a mom warrior, mom of autistic kid, who just was looking at, looking at every possible solution to help her child learn to speak and crawl out of that hole, and she had found many things helpful. She'd found diet to be useful, she'd found hyperbarics to be useful, she was in the process of becoming a homeopath or maybe already had become a homeopath. So she was building her toolbox, like, you know, all good mothers of kids who are struggling to do. And she had this epiphany one night where she was, I think, on the floor praying to God, like I need the thing you know, I need the next thing that's going to get everybody there. Like these things are great, but not everyone heals all

the way and I need the next. I need the next tool, god, and it can't be like only for the rich people. Like it has to be accessible and affordable and simple. And she's like I didn't hear a booby voice, but I did in the next couple days, remember that I'd had these little bottles in my basement that some practitioner or some autism, maybe biomedical Dan doctor had given her, you know, a couple of years prior, as like a deep. She called them detox drops. So she went down there, found these detox drops, whipped up a little solution and drank it and broke out in measles which she'd had as a child, and she was like that's interesting. So she decided to go a little slower and dilute it and put her for herself on this dilute amount for I don't know a week or two before she felt like this is safe, this is, I'm actually feeling good, my brain, my brain's, clearing up. I'm going to give it to my kid, gave it to her kid and within some short amount of time, less than a week, he was speaking in full sentences that he'd not been before and she was like this is the thing, right. So she jumped into that and researched as much as she could about it. That time there was nothing on the internet really about MMS and autism. It's actually not a technical term.

Is chlorine dioxide? It's a solution that you make yourself out of two different bottles of ingredients and they come together and make ClO_2 , which is a molecule of chlorine and two molecules of oxygen, a very simple solution. It's non-toxic to humans, to healthy human tissues. It will not burn you like bleach. It will not corrode your skin. It's not going to corrode your internal organs, but it does swoosh through cell membranes very easily. It's actually a gas dissolved in solution that moves through your cell membranes and kind of takes no prisoners.

So I remember learning about this at the time I learned about it and that was at a Klinghart conference and Cary Rivera gave a talk and she had actually you know she wasn't there but we were they were presenting her her research from Mexico and she had at that time recovered, I think, 82 kids from autism.

So you know, in this world when you say recovery from autism, you're either going to get burnt at the stake or Possibly, in some enlightened future, a Nobel Prize. And I was like, well, this woman's clearly bold and brave to say that out loud. I'm going to learn more about her. I watched everything I could find online about her and I have pretty good radar for people like I think it's just one of my Talents I'm able to tell if someone's BSing or if someone's a real deal and this woman Was, like every mom of an autistic kid I've ever met, like a who's actually trying to recover her kid. You know, some moms get tired and they have to stop, and I understand that that's, that's their path. And other other moms are like Nope, this is gonna. This is the reason I'm here on this planet, I'm gonna recover my kid. And I will tell you that all the recoveries I've seen come from those moms. They don't come from the moms who do nothing. I don't see spontaneous recovery from autism, unfortunately. But there are a lot of cases of kids who who Get relieved of their symptoms and no longer qualify for a diagnosis of autism. And it's not for nothing. It's because those parents are working their butts off. And she was one of those parents and I.

I watched everything I could find on her. I learned about these drops and I said you know what? I'm gonna get myself a couple of bottles of that and try it next time I get lime. Well, wouldn't you know it? Within a couple months, I had my third fight and lime episode. Thank you, universe, you asked for it. Dude words to my manifesting and I was like, yeah, I mean everything. I've read the stuff.

There was one case, there was one sort of story about a couple on a cruise in Japan or somewhere who had the. The woman died and she had been taking MMS for the virus that killed her. Like, I don't think that chlorine dioxide was the thing that killed her and there was no way to prove that, but to me it just seemed like there are thousands upon thousands of reports of all these people giving it to their kids with no ill effects. No lasting ill effects, I should say there is. You can have a detox reaction. Like anytime you kill bugs, you can feel crappy. That's

why you feel crappy when you have the flu or COVID is your body's killing bugs and creating inflammation around that. Well, that happens with with CD as well, and so that's why you go really, really slow when you try not to reactivate all your old viruses, like she did, and you ramp it up.

So I really liked her approach, I really liked her protocol. I really liked that she was very conservative and very even though she's kind of a trailblazer warrior on herself Like she was really conservative for these kids, many of whom can't speak to you and tell you I have a stomachache, I have a headache today. So she really slowly, slowly moves up on the dose and I finally just decided to do her protocol. So I did her autistic kid protocol the third time I headline and it was an interesting experience. I think the most interesting thing about it was the number of looks I got from people who would see me with my little baby bottle of yellow fluid that smells like a gas.

Take the lid off. I'd say, be like, what are you drinking? And I should probably confess that sometimes I would just say bleach, to get them off my back because it's all like it is not bleach. And it is a huge bit of misinformation now that nowadays about Chloride dioxide, because people who want to drive it into the ground and put in a coffin will like to say that you're bleaching your children. It's not bleach, it's a completely different molecule, way, way Less toxic than bleach. Again, can't harm you healthy human tissues. It can potentially harm cancer cells and it definitely harms unhealthy and pathogenic bacteria, viruses, emold yeast parasites, some of them, not usually the big ones. The big ones just get pissed off. You have to bring it, bring out other guns to get the big worms, but it breaks down biofilm. It kills, dare I say it?

0:55:25 - Chloe

SARS-CoV, sars-cov one a lot of good research in that, wasn't? There is one country in South America in particular that was doing a lot of research, yeah, yeah, using a mess for it.

0:55:37 - Kristin

Yeah, there's been. There's been some flurries of activity at the very beginning of the pandemic. There was there'd already. There was a paper from 2005 that showed Chloride dioxide is as effective as bleach, which is to say a hundred percent effective and killing SARS-CoV in hospital wastewater in 30 minutes. So it was the foundation of my preventative strategy For a long time are you taking it daily preventively during the pandemic? Yeah, yeah, I was taking it every. Every morning took a shot.

0:56:10 - Chloe

Well and you?

0:56:11 - Kristin

you ended up going and working on a COVID hospital ward, right for a couple weeks, yeah, april and May of 2020, I went down with a good friend and colleague, chris Dan Hines, and I went down to Georgia. They had a big makeshift hospital in a community center or one of those things called Auditoriums and Blaking on the word, those big, you know they're convention center. Ah yes. So we convened in the convention center and a bunch of health care workers from all over the all over the states came and Set up you know, set up camp there and took care of people and, believe me, I was.

I took down the full crack assault team. I had herbs down there, I had chlorine dioxide I had. I had Colloidal silver, I had a bio mat, I had beamer I had, you know, and of course we had. We bought perfect food. We all, we both went on the elimination diet. We took our Vitamix so we could make, you know, bunch of smoothies and we were off the hook. We basically pulled out all the stops because at that time, right April of 2020, it was still pretty unclear what we were dealing with. I mean, I, I figured it's probably, it's probably a virus, right, we know it's a virus, or

we think it's a virus and we can probably use all the things that kill viruses, and so that's why I had my kind of armamentarium against viruses and felt pretty confident about that. But yeah, I was doing a. I was doing three drops every morning for a year and a half.

0:57:39 - Chloe

Yeah, I am. As soon as everything sort of popped up and I was like I don't know what this is, but this seems to be my excuse to buy an ozone machine. So that's what I did. I was like now is the time. I was like if I was on treat, see bowl, I'm pretty sure we're, we're good, I'll just have that for me.

0:57:57 - Kristin

I'm on, it's not now, when is gonna be the right time for the ozone machine? I mean anything. You mentioned ozone, because ozone is another in that category of oxidative agents. I mean, that's how ozone works it oxidizes. It oxidizes pathogens and it's stronger than chlorine dioxide. Even though chlorine dioxide is also an oxidizer, it's a very weak oxidizer. It's weaker than ozone. It's weaker than hydrogen peroxide. It's weaker than oxygen, which is another oxidizer. You know they're lime heats oxygen, for example.

There are certain we call them anaerobic bacteria that can't live in the presence of oxygen. It's not, it's toxic to them. And in the same way, anything that oxidizes pathogens that is strong enough to pull off their electrons. You know that's what the process of oxidation is. It's like a chemical reaction in which one thing attracts electron stronger than the native thing, and then it gets ripped off that thing, it becomes denatured and is no longer a thing.

So healthy human tissue holds on to its electrons, just the right amount, such that oxygen cannot pull them off and oxidize it. That's why oxygen and we play so well right, but a little bit stronger than that Ozone. You know bleach, which you know oxidizes by a different mechanism with chlorination. But the bottom line is it's all about how much integrity you have as a molecule and ability to hold on to your structure and your, your electrons.

And so the microbiome, the healthy, happy, you know flora and fauna of our digestive tract and skin and everywhere else, has similar oxidative reductive potential to healthy human tissue. So oxygen doesn't harm it, chlorine dioxide doesn't harm it either, so you can take chlorine dioxide without fear of wiping out your microbiome, which is a really helpful thing to know, right? Because if you're going to be on antibiotics for months, for lime for example, or if you're gonna be given on some herbs, well, herbs do a lot of other things that are, you know, better than I, but many of them will, you know, mitigate those effects, right, of killing bacteria, but chlorine dioxide just not even strong enough to kill your healthy microbiome, which is a pretty cool feature.

1:00:02 - Chloe

It's very cool. Yeah, it's really interesting how well it works selectively in the gut. So for anybody who's sort of interested in learning more about chlorine dioxide, I do have any resources that we could point them in that direction. I know that Kerry Rivera's book Treating the the symptoms known as autism is that what it's called was pulled off of Amazon a couple of years ago, so you can't find that there. She's been on a couple of other podcasts that I've listened to and I find her very interesting and fascinating. So I definitely recommend looking up her on on any podcast platform that you're listening to. But you know, just in terms of like starting protocols or more information, that we could lead people. I know your book actually has some really great information there, so hopefully people can go there.

1:00:50 - Kristin

My book I give kind of my overview of all the different treatments I use and I mentioned chlorine dioxide is my favorite. It's not for everybody right. If you can't handle people looking at

you and going, why are you drinking something? It's not like a pool store. You don't want to be taking it. If you can't handle the people who love you that are researching it and finding all the haters in the Internet talk about it, then coming back and saying to you you're crazy, you're gonna kill yourself, it's not for you, you're not crazy, it's not gonna kill you. But you will get a lot of blowback, probably from people in your life who love you. So I have a couple of other options that I'd listen my ebook. I talk about antibiotics and herbs as well, but, hands down, for me chlorine dioxide has been my favorite.

It was the easiest and most Gentle treatment of anything I ever tried for Lyme disease and part of that is because it's you know you titrate it to your tolerance so you don't go faster. You don't ramp up on your dose any faster than feels good. If you feel badly at a certain dose, then you stop dosing for the day. You've done enough killing for one day your immune systems cleaning up the die off. Your Inflammate inflammation is going to get rid of everything, but you don't want to make more inflammation when there's already fire. You take a day off and when you get back on it you go backwards to the last dose that you tolerated without any symptoms at all. Now I will. Sometimes I'm honest about it I'll push myself and I'll go a little faster than I should. And that's not recommended, because after a few days of pushing yourself through a little bit of nausea or a little bit of a headache, your body will put its foot down and be like no, today you're going to lie in bed completely unable to move, because you didn't listen to me on day one. So now I listen better Not always, but I do and it's just a great way to kind of cleanse your body of what's not serving it.

I will tell you that I intermittently have Lyme flares. I have Lyme in my body. Like I said before, I don't expect it's gone. It's pretty rare for me to have Lyme flares, but I still might every once, maybe once a year, get up a weekend where I'm like oh, this is, I can definitely feel like I need to go back on some chlorine dioxide. Well, the year and a half that I was on it during the pandemic, I've never felt as good. I think I've never felt as good. My brain was working in clear, my body felt great, I had energy, I didn't have any joint pain, none of my Lyme symptoms, so I definitely felt like it was kind of keeping a background of you know, a background of treatment going.

1:03:04 - Chloe

Even at that point Is there any reason not to just keep taking it chronic, like to just take it sort of daily after you've sort of finished with your course of it?

1:03:14 - Kristin

or I don't see a problem for that. Carrie used to say I don't know what her current recommendation is right now you can only work with her one-on-one. So if you go to her website, which is carryreveracom, I think there's still ways to work with her one-on-one. But back in the day, when I was learning about it about 10 years ago, she would say you know, once you get to your goal and you feel amazing and your autism gone, your fibromyalgia is gone, your chronic fatigue is gone, whatever you're dealing with is gone, then twice a week drink your full dose. So Tuesday and Friday drink your full dose and that'll keep you at your full dose. Usually when you stop for a couple months you have to go back to square one and start ramping up your dose from one drop a day. But if you keep doing that you can stay on your full dose.

And then every three months she said do a parasite cleanse, do five days of a parasite cleanse? I mean that's built into her protocol. Is this underlying assumption that if you have this level of toxicity that's creating symptoms from chronic infections, you probably also have parasites and it's a good idea to get rid of those two? So she has a whole. You know she uses different people to kind of advise her on that. I think Andreas Kalker was who she was basing a lot of her protocol on. You know, back when I first found it, there are a lot of ways to kill parasites. You don't have to do that one. But it's nice to have chlorine dioxide kind of in the

background when you're doing a parasite cleanse, because you kill a worm and what comes out of it it doesn't matter, because chlorine dioxide sweeps through the tissues and not whatever shouldn't be there. So I like to use them in conjunction with parasite protocols.

1:04:44 - Chloe

Yeah, and the diop reactions, the Herxheimer reactions from parasite cleanses can be pretty brutal, so that's definitely, definitely advised. So just to bring it back a little bit, let's discuss and I know we're sort of running out of time, I'm just enjoying this conversation so much let's discuss just a little bit of how Lyme and these hidden pathogenic factors can cause such a wide variety of symptoms and ailments. You know, from autism to Alzheimer's, to chronic fatigue. How is it that it taxes the immune system in such a variety of ways? And you know what are some of the other compounding factors that you see.

1:05:30 - Kristin

I don't know if I can answer that, Chloe. I mean it's so varied based on the person, but if you go back to, it's really not about the bug, it's all about the terrain, and you think about all the different things that can impact your terrain, which is to say your body, mind, your immune system, your detoxification pathways, all the parts that play a role in keeping you well and vibrantly healthy, or don't? It can be any number of those things, in any combination, in any amount, the things that are most common, you know. I like to think of like what are the usual culprits? Well, the usual culprits are things like food allergies, which undermine the integrity of the gut. You know, people eating gluten and not recognizing that gluten is inflating their gut, even if they have no symptoms. And, by the way, public service announcement, if you live in this country which is America, gluten inflames your gut. There are some places where they're not using roundup sprayed on, you know, wheat to bring it to head, and those places are few and far between. There's also some places where they're using ancient grains. Those might be better. They still all have gluten and gluten inflames the gut. So hidden food allergies is a big one, which is why I take away, you know, five of the top allergens right off the bat.

I think ideally people should do an elimination diet to learn to A to heal their gut and B to then learn, as they add foods back, what foods are acceptable to their bodies at this time, and that can change over time. But certainly while you're in the ring with a line healing project, you should be eating a diet that agrees with your gut. So another common culprit is just stress levels. You know people who are stressed the bleep out and are in this kind of sympathetic overdrive and like they've forgotten that they even have a parasympathetic nervous system, right. So people need to find ways to relax and to chill out and to calm their overactive nervous system. An overactive nervous system creates an overactive immune system, which can lead to all sorts of imbalances that either lead to ineffective response to Lyme and I'm using Lyme as a catchphrase for all these different still infections, right or an overactivity that can lead to autoimmunity the lot of people who develop, you know, autoimmune issues like psoriasis or Hashimoto's, thyroiditis, MS. At the root of all this is not an immune system that hates you. It's trying to do its job, but the brain is on such hyperdrive that the immune system takes its cue from the brain and then you get this kind of just over enthusiastic, non-focused battle in your body that can activate in different places depending on where the Lyme is sometimes. So those are a couple of big ones.

I think also it makes a difference what people are doing for their Lyme Like, not everything works for everybody, and so I encourage people to really think about themselves as detectives. And the case is, what's going to be the thing that solves your Lyme disease issue? And it's probably not going to be one thing. You know, like people want it to be a single thing, a silver bullet if you will, and it's never that by definition. If you're chronic with these things, it's not going to be that because you've already tried a bunch of those things and they haven't worked. It's going to be a whole lot of things at once and you may not know in the end what exactly was necessary.

I mean, you have a whole lot of things in your house, right, You've got a hyperbaric chamber and now you have the ozone machine. You have all these things. You're like throwing the kitchen sink at you and Remy in the hopes that something's going to stick and a lot of it is sticking right Because you feel awesome and he's doing really well, much better than would be expected, based on what doctors told you when you got his diagnosis his rare diagnosis. So you know something's sticking and sometimes you don't know for sure, like what the right combination is. But it doesn't matter. Like if it's sustainable and it's not hurting anybody and you're feeling better, keep going.

But if nothing is changing after three months you know three months is kind of my litmus test for, yeah, if you've seen no change, it may not be the thing that's going to work for you I mean we need to take another approach.

We may have to layer on some other things, Like maybe we're killing line with some herbs or some MMS, but we really need to also break up biofilm, like we were talking about with IC. Like we really have to kind of dredge up some of the slime that these bugs are hiding in in our bodies to help them be accessible. So I would say people need to understand that it's a complex illness and not a simple or even complicated problem. It's a complex illness which means it's like the staircases in Harry Potter, like they're going to change and you have to be willing to like hop on a staircase and see where you go. If you step in a good place, you'd be like woohoo, good thing I took that staircase. And if you don't, you've got to be willing to like scale the walls and change the staircase Totally.

1:10:16 - Chloe

I feel like it's also important to be able to start learning to check in with your body and see how you're feeling and be able to assess if something's working or not.

I find so many patients are so checked out from you know, as an acupuncturist, we always ask how many bell movements do you have a day? And I can't tell you how many people are like I don't know, and you're like wait, do you actually not know? Or you're just embarrassed to say, because if you have no idea how many times you're going to the bathroom, that's a problem, and you know. I think one of the reasons I've been able to try so many things with Remy is that I'm so in tune with him and his responses to things that, if you know, if I push his herbs a little bit further or play with the hyperbaric or whatever it is that I'm trying out on him, I can. I can gauge his reaction very easily and we can always, you know, stop something, titrate it or whatnot. But I think that people need to trust their bodies and start learning different ways that they can check in with themselves and take that time to really assess how they're feeling.

1:11:16 - Kristin

So I just have one more. I just want to say I'm going to play off that because I'm so glad you brought that up I think that's something that people really resist and I think it's because when they're afraid, they just want the security. They want someone to tell me what to do, how much to do it, and then I'm going to be well at the end of it, Like just tell me what to do. And that that's really that comes from a place of fear, right, it kind of gets back to the Lyme Doctor comments Like if, if you find that you're fearful in this process, you need to fix that shit. Like you got to find like some tapping or a therapist or a fluffy dog you can cry into, like figure out how to discharge that fear. Because there's nothing that cuts your intuition better than fear and a fear response. There's nothing that makes your immune system more wackadoo than being afraid all the time.

And so I'm not saying it's an easy thing to do, necessarily, but it is a doable thing to do and it is a foundational thing to do, and I can't tell you how many people who come to me like that's where we have to start. We spend a, we spend a whole visit, just tapping, doing EFT type stuff

to help them transform that so that they can get back into their bodies in a place that isn't just like because, first of all, you can heal with this, right, you can't heal with that freak out. And number two, they have to be in charge of their, of their process. Like I don't know what the right answer is when someone comes to me and wants to know how do I get from this? I don't know what the path is going to look like.

We have to walk that together and for us to make choices, you have to be in touch with your own intuition and be able to check in and say, yeah, you know what this is really calling to me. I don't know why, but it is. Or you know what. For whatever reason and not because of fear, because we already worked on that in chapter one, right, but for whatever reason, that's not the thing for me now. I respect that. You're the expert on your life, on your child. You know better than anyone else what path to take. We just have to help you cultivate the ability to hear that and follow it so you can get well.

1:13:20 - Chloe

It blows me away to hear a doctor say that you don't know the direct path, which is something that I so very much appreciate, because as a practitioner and as a mom, we don't always know the path that we're walking on, and sometimes you just have to have that faith and I think it's important for people to lean into. I know it's so much when you're in these chronic health disorders, these chronic health states or, in some ways worse, your children are. It's so that fear can be so pervasive. What if I don't get better? What if I don't find the path? What if I like and I think it's just so essential to see, just to find, however way you have to look into the possibility of what if this step makes me feel a little bit better.

What if you know what if this healing path might be the one for me? And I know that it can be hard and I know that there can be so many setbacks and I know financially and physically and emotionally it can be exhausting. But you know, stepping into that possibility is something that allows for the opportunity for healing and without having that possibility in your mind and in your heart, you know I never see patients get better, unless that's an option that they can tangibly feel as a possibility. It doesn't have to be. You know I'm going all the way, but you know that there's a shot is really a place where people have to at least start. So I think we're going to have to have a whole another conversation in the future about your work with children with special needs.

I do have one more question about sort of the way pathogens. I'm sorry, but in terms of the long haul COVID, that seems like it's likely significantly impacted by somebody's pathogenic load, whether it's toxins or whether it's the stealth pathogens. What have you seen clinically and what are you experiencing with your patients with long haul?

1:15:15 - Kristin

Yeah, I mean, it's a thing.

I think that there's a lot of this long haul COVID that is probably persistent COVID, persistent infection and, more likely, just based on, I think you know, the possibilities inherent in having a microbiome.

There's also stirring up of old infections that happens, so people who didn't know they had Lyme disease or who had quote managed their Lyme disease with their three weeks of Doxy back in 2017.

Suddenly, are, you know, dealing with all the same symptoms or worsening of those symptoms, and so I think of the spike protein and I don't know which part of COVID it is, but it's, you know. The spike protein is kind of where I'm focusing my attention right now in terms of how to mitigate its effects, because it seems to definitely be a bad actor. Whether from a

vaccine or from the infection, it really tends to act like a little rotor rotor, stirring up what's there. So I encourage people to think about this chronic stealth infection business, whether or not you've had COVID or whether or not you have long COVID, because COVID is now on the playground, like COVID is here to stay, and this is what it does, and the healthier you can be, the healthier your terrain and the more tools you have to kind of get in the ring with these pathogens, I think the better off you're going to be.

1:16:32 - Chloe

Awesome. Yeah, that's sort of in my take on it also, it's all the basics you know at the end of the day, bringing it back to sunlight, good sleep, good food, moving your body, sweating through detoxification a little bit, you know, but all right, well, I have picked your brain long enough. So I really really enjoyed this conversation. I found it so fascinating and I know everybody else will also. I'd like to encourage everybody to go grab Life After Lime. Dr Christen also has a podcast, the Healing Grove, which I find super inspirational. She does a wonderful job of making sure that we all have actionable steps to improve our health with every episode, and she also has the Healing Grove, which is a healing collective. So I will put all of the links to all of her stuff in the show notes, so please check it out. I highly highly recommend her work. She has been a beacon of light on me and Remy's journey and I'm really grateful for your time, christen.

1:17:34 - Kristin

Oh, thanks, chloe, for those kind words, and it's just been an honor to know you and watch you and be such an inspiring example of a mom who's going to the end of the earth, literally to help her kid, and you're doing it. So kudos to you and thank you for, on behalf of everyone who benefits from your knowledge, thank you for sharing it.

1:17:54 - Chloe
Thank you.