



How to clear viruses

Guest: Dr. Todd Born

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Alex Howard - [00:00:15]

Welcome, everyone, to this interview where I'm super excited to be talking with Dr. Todd Born. Firstly Todd welcome and thank you for joining me.

Dr. Todd Born

Thanks for having me.

Alex Howard

We did an interview as part of the first Fatigue Super Conference, which was super successful. So I'm really happy to have you back. And what we're going to do is we're going to go a bit deeper into one of the areas. So last time we covered this quite broad ranging conversation about the research, about diagnosis and understanding of CFS, we're going to go deeper into the area of viruses this time.

Just to give people Dr. Born's background. Dr. Todd Born is a naturopathic physician, certified nutrition specialist, co-owner and medical director of Born Integrative Medicine Specialists. He is the director of product development and scientific adviser for Allergy Research Group. He's also the medical wellness advisor for the International Medical Wellness Association.

Dr. Born graduated from Bastyr University in Seattle in 2010 and completed his residency at the Bastyr Center for Natural Health. It's 13 teaching clinics with rotations at Evergreen, Harborview Medical Center Emergency Medicine departments and Virginia Mason Hospital Department of Physical Medicine and Rehabilitation Spine Clinic. He is extensively published, has appeared on multiple news and national radio shows and lectured as an expert for the National Psoriasis Foundation and the National Arthritis Foundation. He lectures at medical conferences across the country and internationally.

Dr. Born's clinical focus is utilizing integrative medicine to treat families of all ages who have complex chronic diseases, with a strong interest in difficult and refractory cases of any conditions and age.

So, Todd, there's a lot of places we could go here. But I think a helpful sort of foundation point is, what is the role of viruses in fatigue conditions? Why is understanding this area so important?

Dr. Todd Born

Well, it's a good question, it's important because a lot of people with, you know, there's a million and one causes the fatigue, of etiologies for fatigue, and it's a really nebulous thing. And in conventional medicine, right, someone presents with fatigue. Doctors are like, well, let's rule out some of the organic causations. Even if someone presents with me, right, we got to rule out organic causation, iron deficiency, anemia, hypothyroidism, things of that nature. And then once those are all normal and they're still really tired all the time, especially if they meet the criteria of CFS where they have this post exertional fatigue, malaise. It's not your regular fatigue where these people drink a cup of coffee

and they're good to go. So we have to look at other causes. The conventional doctor typically doesn't have the training or the skill set, so they might put them on stimulants. That's usually what I see people get put on, you know, things like Amphetamines, like Adderall, Ritalin. And sometimes it helps, but it only gets from here to here.

So if you look at the research literature, viruses have a lot of correlation. But correlation doesn't mean causation, but it doesn't mean that those shouldn't be explored. And when my practice, when I've seen a thousand plus cases of people with unexplained fatigue, not your run of the mill fatigue where oh I had a bad night's sleep, then I start digging into the world of infectious causes and many of those would be viruses. You can't test all the viruses. It's virtually impossible, right? There's thousands and thousands of viruses that infect humans, can cause disease.

But you can make inferences in these, like looking at someone's complete blood count with a differential and looking at their lymphocytes, leukocytes and the neutrophils and many people, they're not overtly low. They're like low negative because the body's still able, the spleen, the bone marrow, these things, even the thymus gland doesn't do much as you get older, the immune system can still kind of keep up a little bit.

But there are a number of viruses that have shown the literature and then also just in my clinical practice that have high correlation to people's disease. And one of the questions that leads me down that road is, I'll say, do you have a cyclical nature of any kind to your fatigue? And those typically tell me, you know, they'll say, well, yeah, it kind of comes out every 4 to 6 weeks or 8 weeks where I feel like I'm getting the flu. That's the most common thing I hear people say. They'll say, I'll get a sore throat that comes and goes. I get a fever that comes and goes, or I feel like I'm getting a fever, but I don't have a fever, I get lymph nodes swelling that comes and goes.

And that's because as these viruses are replicating the immune system, they're going like this, the immune system is kicking out all of these white blood cells to basically kill the infection. So they feel sick, they feel sick, infection goes down, they feel better. And they do this for a long time. And either they get over it, like the immune system and the body kind of heal, or they end up seeing people like me and you at your clinic right where they're sick all the time, or they go in these flares, the flares last longer. They're of greater severity.

So the viruses that I would look at are ones that are more reliably testable. And usually you can't test the virus themselves. But what you can do is, because that would take typically like a spinal tap, right no one wants to go in and get the cerebrospinal fluid pulled out. So we measure antibodies in the blood to response of a number of viruses. And there's other infections, certain bacteria, certain mycotoxins, etc that can cause chronic fatigue.

Alex Howard - [00:06:00]

And can you say a little bit about why viral overload actually causes fatigue? I think people sometimes think, well, if I've got a virus, surely I'd have a fever or I'd have sort of headaches or what it may be. But when the immune system's fighting something that drains a lot of energy for the rest of the system, right?

Dr. Todd Born

Right. So like in medicine, everything's become so reductionistic. And don't get me wrong, I love specialists, I use specialists all the time for the diagnostic prowess. But we tend to get these blinders on that think, oh, the endocrine system is only doing this if there's constant crosstalk between every single system in the body. So, if someone, say has this viral load where they can't quite clear it, we'll take Epstein-Barr virus because lots of people are familiar with Epstein-Barr virus, and even in the literature there is a strong correlation to Chronic Fatigue Syndrome and Epstein-Barr virus and a few viruses in the herpes, right. Herpes Human Simplex 6, cytomegalovirus, and there are other ones, parvovirus, you know, but those are the main ones you can really kind of test.

And I think what ends up happening is, yeah the immune system, we don't fully understand but what I theorize from clinical observation, what the right reason, the research literature is that the immune system is just getting so busy constantly trying to clear this. The other systems get taxed and they are no longer essentially in balance, homeostasis to start off. And we're seeing this now in COVID-19, SARS-CoV-2, it's a coronavirus that now have these, they are calling them long-haulers. These people who are, have completely cleared the virus, but they're absolutely exhausted, they're super fatigued, they're having lung issues and they may have had this for months and months. And I've seen a number of those patients, and I say, I kind of treat it more or less like I do everybody else with Chronic Fatigue Syndrome. I may have to do more system specific support like they're having a hard time breathing, so I might do more lung support or things like that.

Alex Howard - [00:08:00]

So, you've mentioned a few, you mentioned Epstein-Barr, there's obviously long-COVID is a more recent thing, but what are some of the other common viruses or viral loads that we tend to see in the fatigue population?

Dr. Todd Born

For me, I would definitely see as far as viruses are concerned, it's certainly Cytomegalovirus, Epstein-Barr virus, Herpes Human Simplex 6. Those are the ones I typically test for because they're reliable tests. You can run the antibodies, but the key, especially Epstein-Barr virus, is that there's four components that actually have to be run. So I'll see a number of clinicians erroneously run maybe one component, three components and they're like you're fine, but that's not how you actually can diagnose reactivation. So Epstein-Barr virus, Cytomegalovirus, Herpes Virus 6, they're all in the herpes family. Humans do not fully clear herpes virus. That's just not how we've evolved.

Just like when you get chickenpox as a kid. Right. You know, herpes zoster, it hides out in your system until later in life. It hides in the dorsal root ganglion. It's an opportunistic infection. It waits for an opportunity for your immune system to get depressed. And one of the major ways that people get an outbreak of shingles or herpes simplex on their mouth, their genitalia, is actually chronic stress. And this isn't an esoteric naturopathic thing, this is in conventional literature because chronic prolonged stress is an immunosuppressant. That's the reason why you get cortisone shots. Cortisone is just a pharmaceutical grade cortisol. It's a lot, lot stronger. And so it suppresses the immune system. These viruses are like sweet, surveillance down, I'm going to go off. These things are hundreds of millions of years old. They're not stupid.

Alex Howard

They've learnt a few things over the millennia, right?

Dr. Todd Born

That's right. They're like, oh, I can evade this. So what ends up happening is that these, well your immune system is kept something in check for many, many years but then maybe you got a death in the family, you lost of a loved one, or you've got a toxic relationship, toxic work environment, COVID-19, fatigue, whatever it may be just now these things can replicate. So if you test all four aspects of Epstein-Barr the antibodies, which is the viral capsule antigen, IgM and IgG, IgM is your acute antibody, IgG is your prolonged one. So if you're IgM, it's usually more like acute mononucleosis, something like that.

And then you need, so you're doing the viral capsule antigens to the outside of the virus. Then you need the nuclear antigens inside, and then you need the early antigen. Early antigen is one that starts rising, that is when the virus is becoming reactivated. And that's when you start seeing people who are sick. In the beginning when it's doing this, most people are fine, they go about their day, they're just a little annoyed and perturbed that they're getting sick here and there. But it's not become so deleterious where it's adversely affecting their life in a significant way. And as you and I both seen, probably, you know, we have a large clinic, thousands of people will come in months, years later, like,

you know what, I used to do this, and yet now I'm just sick all the time. I'm exhausted. I'm catching every little cold, anything that goes around. I can't even walk two blocks without being wiped for a day or two. And what we see is, is that after time, the circulating pool of white blood cells do become depleted. And you will see on people's blood work that it is, their leukocyte count is frankly low or the lymphocyte count is frankly low because they are just, the immune system can't keep up, it's fatigued it can't clear these viruses.

But Herpes Virus 6, Cytomegalo and Epstein-Barr is what I see a lot of. And even if those come back negative, which they occasionally do, if it walks like a duck, quacks like a duck, it's a duck. So they still have that symptom picture. I'm like, well, maybe it's not those viruses that I tested. It's some other latent virus and something I didn't test, I'm going to treat you presumptively. And I would say 90 percent of the time they respond just as well as if Epstein-Barr was elevated, Cytomegalo and they feel like a million bucks, especially because they've been sick for so long.

Alex Howard - [00:12:20]

So using the clinical picture is a big part of it, Right. That there's obviously a place for testing, but also looking at the history, what people might have been exposed to, things they've tried in the past, that all helps build that understanding.

Dr. Todd Born

Exactly. So remember, we're testing antibodies. So what if you have a patient who has an autoimmune disease and they're on a DMARD, right, Disease-modifying anti-rheumatic drug or they're on some kind of biologic that suppresses their immune system. Well, you're suppressing antibody production, too, so you may get spurious negative results because they're on that. So, clinical picture is really quite key. And a lot of times I run, I'm known as a vampire in my community. I have patients all over the world, all over the United States, because I run a lot of blood tests, particularly these cases. One is because it's really complicated. I need to understand them. Is it a mycotoxins thing or is it a viral thing? Is it bacterial? Is it all of them? The gentleman I saw yesterday, it was all of them, you know. Then we got to clean these things out and then build up the mitochondria later.

And what we tend to see with these people is that you have to go on clinical picture. But the tests are also a motivating factor because people generally are empirical, by nature. Humans like to see numbers. They're like, oh, my gosh, look at those titers, I mean, I got to get those things under control. And so that makes them more adherent to the things that I'm suggesting for them to do to clear the virus. If they don't have those numbers, some of them are like, especially if I get the skeptics of the world, which is fine, I'm a skeptic. But usually it's the person who got drug into the office by a loved one or family friend. And they're like, yeah, I don't know, I'm fine, you know, but yeah, I'm in danger of losing my job. And it's like the engineers they want to see that on paper. The clinical picture, typically, once you do it long enough, you can usually determine what it is. And you know the course of action based upon what intervention they're doing, it becomes predictable over time.

Alex Howard

So when you get that clarity, what are the next steps in terms of intervention? How much are you focused on the wider functional picture, like sort of looking at systems that are out of balance, where the system's not able to fight the virus? And then let's come into some of the actual direct, more kind of antiviral elements.

Dr. Todd Born

So typically, like yesterday's patient's, a great example and we see this all the time, right. You'll run these battery of tests and it's just everything's a mess, because everything's out of balance. And then it's like, where do I even start? And I see a lot of clinicians make this mistake. it's that they're like they get a little overwhelmed, it's kind of cumbersome, so they try to treat everything and it backfires. Well, it's just because things are out of balance. For example, hypothyroidism. If you have a TSH that's elevated that person may not actually have hypothyroidism. There's the hypothalamic pituitary, really

thyroid adrenal axis, constant crosstalk. So if someone is, I come back to chronic stress because it's easily relatable to people. Elevated, chronically elevated levels of cortisol, inhibit T-4 to T-3 conversion. That's what comes out of your thyroid. T-3 is what binds the receptors and that's what activates in the body. That's your active thyroid hormone.

So what happens in the brain is that if it has a bunch of cortisol and then T-3 is not being converted and just a bunch of T-4 is floating around, then the brain says we need to make more thyroid. So thereby TSH goes up. So I don't need to treat that person. I may have to treat everything else. I've had people come in with TSH's of 10, 15, 20.

And usually they'll say to me, you know, I have this elevated TSH all the time, chronically tired, everybody gives me thyroid meds and I feel terrible, I feel hyperthyroid, I'm thyroid toxic. That's because the wrong gland is being treated and I have done it. You treat the adrenal gland, I'm oversimplifying it, but you get where I'm going, and all of a sudden TSH 6 months later is normalized. So with these complicated patients, I usually almost always will be like, I'm going right for the infections because you got to kind of get those viral loads down or the mycoplasma bacteria down or whatever it is, you get those down in the body and then you start building the person up. The body will start fixing everything else. It's restoring underlying physiology first, fighting all this pathology.

Alex Howard - [00:16:48]

It's often that thing where people get in these sort of downward spirals and then you get a peace imbalance and then the body has this remarkable ability to start to correct those other elements, right?

Dr. Todd Born

Yep. And I've seen it, one clinically, like they report they're feeling better. And then what I'll do is 6 months later or 9 months later, depending on what's going on, I'll retest only the labs that were abnormal. And almost always they're completely normalized. And I didn't touch any their thyroid, I didn't touch any of this. And then it's really just keeping their immune system in check so these viruses, the latent viruses don't have a chance to reactivate again.

Alex Howard

What are some of the key building blocks that you find help support one's immunity? So when you're looking at a general, how do you support the system? What are your sort of go to favourites there?

Dr. Todd Born

Well, there's basics, right, which is, the two hardest things to change with people is diet and lifestyle, especially if you're fatigued. And I try to explain this when I used to teach medical students, conventional and naturopathic medical students. When they would, they would bring treatment plans, right, coming in, like when I was at a teaching clinic and I was one of the attending physicians and they got this laundry list of things like 13 things they want their patients to do. I'm like this person can barely get out of bed and you're asking them do all these things. Either, one, we'll never see them again because it's just too much and they feel embarrassed they don't want to come back to the doctor and be like I didn't do anything. Or they're just so overwhelmed, they're like I can't do any of that, that person can't help me moving on.

So usually if they're diet's clean, that's great, that's one less thing. But usually it's, in naturopathic medicine, there's a therapeutic order where it's the least invasive, least aggressive treatment strategies and interventions first. Drugs and surgery, the higher level as a last resort. But you meet the patient where they are I mean, sometimes someone's got mycoplasma IgG titers that are elevated. I'm going to give them a azithromycin with a biotin buster. The herbs will work, but they just take a lot longer in that case. And I want to get them feeling better because now they can start getting motivated and doing things like this is great, I'm not wiped out at 11:00am.

So it's always, healthy diet, whole foods, plant based diet. And then I do, with these individuals it's graded exercise. They tell me they can walk two blocks and they're wiped, like only walk a block then.

Alex Howard - [00:19:15]

So that's interesting, what you're saying is that grade exercise, whereas traditionally people are used to that to try and get them to do more. You're doing the opposite. You're getting them potentially to do less.

Dr. Todd Born

Yeah, because I know I don't want to send them into a flare. I need to just be like, OK, you're going to walk for a block, do that. We're going to start doing these interventions. And when you feel ready, take that two block walk and see what happens. All of a sudden they'll walk the two blocks and be like, wow, I'm not wiped out like I was. And then we can start saying, OK, well, now you can start doing three blocks. So really, it's baseline interventions would be, whole food, plant based diet, organic, preferably when you can, avoid toxic dense. If you're a person who sits there and lathers on the Axe body spray all day you might want to avoid that because they're not a healthy, overall healthy individual who can normally clear those things. Their livers, everything is kind of overloaded. And so we need to kind of clean those things up, make them feel better, and then I can start bringing on other interventions.

But, yeah, those are the basics. Other basics would be like most people don't eat 5 to 10 servings of fruits and vegetables a day right? I mean, in America we eat like two.

Alex Howard

An apple and an orange yeah.

Dr. Todd Born

Yeah, yeah, exactly and that's probably not even organic. It's like, well we need to cut down on your fast food, on your packaged meals to start fine-tuning that. I'm not going to just say let's have you go out and all of a sudden you're a vegan now. We kind of incrementally do those things, but I do like multivitamins because they will supplement the things that are missing in that person's diet, plus their immune system, the central nervous system, it needs extra support. It needs extra D, extra B vitamins, extra zinc. And I will usually give them, and I like the whole food one a day multis. I'm not into these, like, monster 6 a day crazy supplements. Healthy, high quality probiotic and prebiotic.

But I usually use that with fermented foods for prebiotics. But most probiotics on the market, at least in United States, they're actually, they're contaminated with pathogenic bacteria and/or they don't even meet label claim. So it's got to be really high quality, multivitamin and usually some kind of essential fatty acid blend. And many patients end up getting put on adaptations because you get the stress support, you get the immune support, helps you sleep better. I mean, they kind of do everything in a very best bang for your buck kind of way.

Alex Howard

Yeah. OK, so you're building up the fundamentals with diet and lifestyle. You're putting in place some fundamentals in terms of supplements and support. Where do you go next?

Dr. Todd Born

So if it's a virus, a viral implication, which you and I talked about in the last Fatigue Super Conference, most often I would say, 85 percent of the time in my patients, it's virus. Many times it's more than just a virus. You get the slam dunks which is like, this is it, everything else is negative. Boom, they're better in like 6 weeks, but most of the time it's other things. But it has to be targeted antiviral support.

And I don't get into the, there's a lot of things out there what was taught to me that I just modified my practice style over the last 11 years, is I use these three botanical medicines and a form of medicine called Gemmotherapy. A number of companies make Gemmotherapy. Gemmotherapy, when I first heard Gemmotherapy I thought it was gemstones and I was like, that doesn't make any sense. I mean, I'm sure people are into gems, that's cool, but I don't see how that would kill some virus. And then the person I learned it from, she's another doctor, she's like, no totally different.

So Gemmotherapy is basically herbs on steroids. I mean, they are supercharged forms of herbs where you take either the young shoot, the young bud or the young bark of the plant, depending on type of herb, and so energetically that's where the plant's putting in all of its energies because it's growing that young part of the plant, but also biochemically, that's all it's RNA, DNA, nutrients, because it's growing that piece of the plant. So then that is then, and then in some of the companies do it in an alchemic type of way. So it has to be pulled it like a certain time of the month and certain moon, so that kind of energetics gets theoretically infused into the plant versus just a regular tincture which is just macerated in alcohol and water for 30 days.

Then it's alcohol, water and glycerin macerated into the plant because each one of those will pull out different constituents. Glycerin pulls out certain polysaccharides, alcohol will pull out certain tannins, water pulls out other constituents and then it's diluted into a 1 to 10 ratio. So then you get more of this, almost like cell signal transduction because there's still a physical aspect of the plant. It's not like above a 6C potency, constitutional myopathy. So you get all that.

And I can tell you in this instance for reactivated herpes viruses. Yeah, they work like nothing else I've ever seen. And I've taught many doctors this. I've taught friends, colleagues, I've used it on probably 500 or 600 patients. And it works and it works fast and people feel great. And then, so it's three herbs. One of them is Juniperus Gemmotherapy, Juniperus Communis then acer and tamarix. So it's acer campestre, tamarix gallica and juniperus. And you basically just have them pour all those, they're big 4oz bottles, you pour them all into a 4oz bottle and you have to take a teaspoon twice a day with copper, gold, silver, a legal element.

Especially conventional people might be like, oh my God, you give people copper and gold and silver. It's true. We have those in our body anyway, but these are in physiological doses. So even if someone drank the whole bottle, they're not going to end up like ajara and turn blue. And even the old rubedo gold because it's a very strong antiviral. It basically potentates those herbs. And I can tell you, 99 percent of the time, literally within a few days, people are like I don't know if it's possible, but I feel way better. And then it takes about 6 weeks. Some people will get, it's a little too strong and they get like some die-off or they feel a little more fatigue, I'm like just take half and we'll work your titrate up. But those three botanicals and the copper, gold, silver 9 times out of 10, take care of it with no problem.

And then afterwards, after the 6 weeks they may come back and say, you know, I feel a lot better, but I still have the fatigued, but not like that draining extreme fatigue. So then I just use a different Gemmotherapy, which is ribes nigrum, which is blackcurrant and it's very, very stimulating herbs. So I usually have people start on like 10 drops. You know, I'd like to start with 10 drops in the morning, 10 drops in the afternoon, see how you feel. And if it doesn't interrupt your sleep and doesn't it make you feel kind of hyper then every week, up it, until you're taking about a half a teaspoon twice a day. And occasionally people would take a teaspoon twice a day, but that's not very common. And then usually they're fine, as long as it's just a virus that's causing the problem.

Alex Howard - [00:26:33]

And what's the role for more pharmaceutically based antivirals? Do you see those also having an important part in the picture?

Dr. Todd Born

I do, because once in a while I get patients where maybe they did two rounds of those herbs and they're only like 50 percent better. But there is no other cause, right, there's no inorganic or organic

cause, there's no other infectious cause. So then I will sometimes, I usually end up bringing on a pharmaceutical antiviral. And there's studies showing whether it's going to be acyclovir or valganciclovir, that they do help people with Chronic Fatigue Syndrome that have a viral underlying etiology. And I usually, and they're very safe, they're not that liver toxic. You give it to them for a month with some liver supportive herbs and things like NAC just to keep them on the up and up so they don't have any issues.

And that usually seems to be the nail in the coffin. But I rarely, if ever, just give them the, the antiviral because I haven't seen it work as well as herbs. It's more like when the herbs didn't do it enough, but just kind of did what it could do. And maybe we've got some highly resistant viruses that just kind of shoo away the herbs, then I do bring on the pharmaceuticals and a dose is different, depending on which pharmaceutical you use, and you can look those up, usually, acyclovir is usually 1000mg twice a day, valganciclovir is not much lower.

I've seen more side effects from valganciclovir. I've had people get a rash, I've had people get nauseous. So I stopped using that one, even though there was a couple of good studies. People are getting sick, more valtrex they just seem to tolerate just fine and no problem. So I just went back to using that, but only about 5 or 10 percent of the time.

Alex Howard - [00:28:29]

How much do you find that personalizing of the herbs or of the drugs is important? Is there a fairly generic approach that one can use across viruses or do you find particularly with certain viruses, there are certain combinations that seem to have a bigger impact?

Dr. Todd Born

If it's in the Epstein-Barr family or the, I should say, the herpes family, if it's CMV, HHV6 or EBV botanicals work every single time. But I will have the conversation with patients. They'll say, you know, these tinctures do have alcohol in them. Will that be an issue? Maybe you've got someone who is a recovering alcoholic or someone who's just like, I avoid alcohol. I've had very, very sensitive patients feel like I can't have it. And even a small amount of alcohol, like any alcohol makes me have palpitations or the glycerin that's in there because there is a fair amount of glycerin.

So then I'm like, oh, that sucks because this works so well, so that I might have to go to something like humic acid, which is found everywhere. It's part of the earth. You could go out to your soil and find humic acid. It's extremely antiviral and the data is really mostly in vitro. What it does is inhibits, it works a couple of ways, one inhibits docking of the virus inside yourself, that's how viruses work, they're not alive, they have to hijack your internal machinery to replicate. And it inhibits the replications. So that can usually work with people, not as well as the herbs.

And then I do have some people very occasionally, like there's only one woman I can think off the top of my head. She's the toughest cookie ever but she has, she can't take anything. She has an allergic reaction like anaphylaxis level reactions, and she's got a couple of autoimmune diseases, now she's got chronic Lyme. I mean, it's a terrible situation. And so, we will sometimes go to the pharmaceuticals and she might tolerate the pharmaceutical, but not the inactive ingredient like the binder. So and then I have to use a compounding pharmacy to make it as pure as possible and give her a test dose of it.

So it has to be, sometimes you have to dig deep, especially with, don't give up on people with chronic fatigue because some of them don't respond as well, they're complicated. They might have adverse reactions. But I always tell patients with complex disease, you'll get tired of seeing me before I run out of options for you. It also helps them get motivated and they're like, cool someone... And it happens sometimes. I'm like 6, 8 months into it, I'm like, I'm not helping you, I need to get you someone else, whatever I'm doing is not working. But fortunately, that's not that often because I'm further in my career where I can pivot quicker than I used to be able to.

Alex Howard - [00:31:03]

Yeah. You mentioned that lady, with those sort of sensitive folks, maybe they're not anaphylactic in terms of their reaction, but they have those sensitivities. How do you sort of navigate the dosing and introducing of things and sort of doing that in a way which is sort of working with those sensitivities?

Dr. Todd Born

So what I do, I usually will ask people like, it usually also comes up during the intake. And when I kind of get a feeling, when it gets time to discuss treatment strategies, I'll say, are you a sensitive person? Are you really sensitive to medications? Are you sensitive to the environment? Are you sensitive to herbs? And if they say, yes, I'll usually go, with these they're, that's what I like about liquids they're very easy to titrate. I can give them a drop.

And there are some people where I'm like, you're going to take a drop and then you're just going to wait a day and see how you feel. No reaction. Good. It's not enough to make a therapeutic effect, but that's not what I'm going for. I'm going for, I need to see where I, how much I can give you before you don't feel well or if you have an adverse event.

And also, it seems like it's priming their body to be able to keep taking more as your titrating. Almost like giving someone allergy shots or doing supplemental therapy. It's inducing some kind of tolerance where they can get more. Some patients I have to actually, basically almost like detox them first, like give them glutathione and epsom salt baths and topical castor oil and have them eat brassicaceae foods to get their liver and their kidneys working so they can actually tolerate what I'm giving them.

And there's a number of people over the years that I've had, like even like autistics where you give them anything and it sends them off into a downward spiral. So then I'm like, you know what? Maybe I'm just going to give you some topical glutathione that's compounded by a pharmacy because the taste, most people don't like and they don't want small pills or whatever with a child. And then I'm like, wait till they go to sleep and then just take that cream and put it in their arm. I like to do armpits because it's highly vascularized and a lot of lift. Even when I do testosterone or therapy I like people to put it in their armpit because it gets absorbed quite quickly. So yeah, there's a lot of strategies, saunas. I'm like, can you get into a sauna? Let's just start detoxing from saunas.

Alex Howard

Is there a place for sometimes people not being strong enough to be able to detox and actually doing work to sort of build up, either with mitochondrial function or hormones, whatever it may be, to get them strong enough to then be able to handle the detox?

Dr. Todd Born

Yeah, it kind of depends. It's very individual with the case. If you have somebody who say has, a chronic toxic metal load, which can be assessed very easily via your analysis, if you start to get them the heavy metals out, all of a sudden all these other, because those are neuroendocrine disruptors they mess a lot of things in the system, like we're not supposed to have a whole bunch of cadmium and arsenic and lead and tin and tungsten in our bodies. So you've got to kind of get those things out and build them up before you can do anything else.

Usually the paddle protective, the liver supportive herbs will do that. Common ones are like milk thistle, everybody knows about milk thistle. I'll give them NAC. There's, akin to the gemmotherapies there's also these things called UNDA numbers. I have no affiliation with this company that's, UNDA's out of Belgium. And they go on the system of biological medicine, which has been around for probably about 200 years, where the premise is you restore underlying physiology versus fighting pathology. You're supposed to restore cellular physiology. So people like that, I will give them, and UNDA numbers are system specific, So I will give them UNDA numbers and say put a couple of drops in some water. This liver UNDA, this kidney or usually both and start drinking those. And all of a sudden now they start processing things better and now they can do these other things.

Hormones, I usually don't go to right away in those, the patients you're describing because usually it's just too much for them. They're like, oh my God, I took 5mg of DHEA and I just felt awful because they're not ready for it yet.

Alex Howard - [00:35:16]

When you have people that come in that feel like they've tried everything, they've tried multiple different protocols, they've tried detoxing, they've tried antivirals and they feel hopeless. What do you say to them?

Dr. Todd Born

So you've come to the right place, hopefully. And these people are usually, they're almost always referred to me, so they kind of know what they're getting into. Some Google around and maybe, like the Super Fatigue Conference they did with you two years ago, you were kind enough to send me that piece of it and I put that on my website. Sometimes people will come across and be like, I watched that video and you're saying things differently than what anybody else said, you sound like you know what you're talking about, I'll give you a shot.

But those people I usually say, look, I'm not going to give up on you. It's not all in your head. There is real science showing that there are perturbations in the metabolome, endocrine system, the whole thing. And I think I can find out why you're so sick. And once I do usually uncover why they're sick, whether it's mycotoxins, a virus or whatever, heavy metals, then they have a strategy that no one else did. They may have went to a clinic and got IVs and spent \$10,000 for them in a month. And they're like, I got a little better.

I had one guy that I've been seeing him for about a year and a half who saw me, who saw the interview from the first Fatigue Super Conference, and he was that guy. He'd seen the best of the best, spent all of his money. He lives in the Bay area. He's like, I saw this Lyme specialist. I saw this fatigue specialist. I saw this and I've been worked up by Stanford by UCSF. And everything is always normal. I was like, Oh man. So I did all my batteries of tests. They are all normal except for one thing. His mycotoxins were literally like, there's 12 mycotoxins I test for in the lab that I use it's called my micolab. And the reason I use them is that most of the mycotoxins test and things out there, people don't know what mycotoxins are. We're all exposed to molds but molds, some mold produce, like aspergillus, can produce spores and that individual gets bio-transformed into basically toxin, a toxicant. And since it's inside, it's a toxin.

But if you're doing urine tests, most mycotoxins are very large proteins and they bind albumin, the major protein carrier in our body. They're not, unless you have severe kidney disease, you can't pass those in your urine. So you'll do these urine tests. And then again, they're negative. But this test from Dr. Andrew Campbell, he's one of the world's leading experts on mycotoxins. He has developed an FDA clear test that runs antibodies to 12 different mycotoxins.

So this guy had like 6 of them that literally there was, just the end of the chart stopped. That's all it can measure. So then I asked him, I said, you know, we talked about molds and things. And I said, where do you think you were exposed to these? He's like, I grew up in Paris with my parents and I lived in an apartment that was full of mold. And I said, when did you start noticing the symptoms, he lived there until he was 12, moved to the United States and he first started noticing symptoms when he was, chronic fatigue, when he was a senior in high school. Very highly successful PhD engineer could barely think, he couldn't walk more than two blocks without being exhausted, you know, etc, etc. So I treated him for mycotoxins, which is an antifungal itraconazole, and gave him some detox support. And he's fine.

Alex Howard

Wow.

Dr. Todd Born - [00:38:59]

Which was nice for me because he'd seen everybody else. It almost made my job easier because I'm like, well I only need to run a few things.

Alex Howard

That's right. They eliminated all the other things that could be a factor.

Dr. Todd Born

Yeah. And so he's a very nice man, very happy. He's not the kind of guy that's been bouncing off the walls, that's just not his personality. He's not a high energy kind of guy. But he's like, I can go for walks I'm fine, I don't have brain fog anymore. And he's like this is great, I've got my life back. And it was just unusual for him because over 30 years of his life, he lived a certain way, which was extreme, debilitating, nearly debilitating fatigue. When it was debilitating, he would just have to take off work and lay in bed and it was because he had all these mycotoxins. I'm like, ok.

We had to do some mitochondria rebuild afterwards, too, because like the toxins are mitochondria disruptors, the pretty basic botanicals, adaptogens, CoQ10, you know, some carnitine, ribose, just some basic rebuilders.

Alex Howard

Yeah. There's so many directions we could go, but I'm also mindful of time. So for people to find out more about you and your clinic. What's the best way for them to do that?

Dr. Todd Born

You can just Google my name, Dr. Todd Born like a baby's born, BORN. My website is bornintegrativemedicine.com, lots of free articles. You can hear my interview from a few years ago with Alex, things I published, you know, not everything's on there because it just gets cluttered and boring, but you can find lots of free info there and then all my information is on that on the website.

Alex Howard

That's awesome. Dr. Todd Born, thank you so much for your time. I really appreciate it.

Dr. Todd Born

Thanks, Alex. Appreciate it.