Episode 102:

Chronic Fatigue: 40+ Years of Experience with Dr. Eric Gordon, MD and Evan H. Hirsch, MD

Evan H. Hirsch, MD 00:04
Hey everybody, welcome back to the energy MD podcast where we help people with chronic fatigue MECFS, long COVID and M casts, find and fix their real root causes, which are a combination of heavy metals, chemicals, molds, infections and trauma. So really excited today because today we're going to be talking with my friend, Dr. Eric Gordon. And we're in and he is also a chronic fatigue and MECFS specialist. And so I'm really going to be picking his brain and getting to learn about his experience. And so let's learn a little bit about him. So Dr. Eric Gordon is a clinic is the Clinical Director of Gordon Medical Associates specializing in complex chronic illness, in addition to clinical practice of over 40 years. Oh, my God. Dr. Gordon is engaged in clinical research and is the president of Gordon Medical Research Center. He has focused on bringing together leading international medical researchers and cutting edge clinicians focused on MECFS, Lyme disease and autoimmune diseases. Dr. Eric, thanks so much for joining me today.

Dr. Eric Gordon, MD 01:06
Thank you, Evan. It's a pleasure really if it's been great to call you Dr. Hirsch. But you can call me Eric Evans, good flows. It's yeah, I, you know, I met you interviewing you. And I really was impressed with your program, and how well you've, you know, set up the stages for what I think people need to do to begin the, as we say, the healing journey, get back to life as normal.

Evan H. Hirsch, MD 01:31
Indeed, yeah. And so I'm super excited about getting your opinion on chronic fatigue and MECFS, I know that you've got a lot of experience and a lot of years in the field. And so let's kind of start when somebody walks into your office, and they are chronically tired. Where do you begin?

Dr. Eric Gordon, MD 01:52
Well, as I was going to, as I had the experience this this morning, is that when people have just chronic fatigue, I, in the last, I'd say probably 10 years, I rarely I rarely see those people do I did see one this morning, interestingly, because generally, the people don't come to see me until they've gone through a lot of the process, a lot of the, you know, they've gone through the steps that I think you outlined so well is looking, you know, looking for the toxins, looking for the lifestyle issues, of balancing their hormones, making sure their guts are working, you know, their nutrition is adequate. I mean, what I call the, the basic, but, you know, crucial, necessary steps, if you don't do those, once you get chronic fatigue, you're not going to get better. I mean, it's you know, until you get chronic fatigue, you can, you know, play all night and eat junk food and you know, do lots of things. And you know, maybe getting another chronic illness is a little bit easier. And earlier in your life, you know, probably some achy joints and maybe some cardiac diseases. But you a lot of people, their energy stays pretty good, despite what looks to me like a horrific lifestyle, you know, something changes, that allows the development of chronic fatigue. And so that being said, when somebody walks in with fatigue, especially like I said, I think we're we should specify, because in my definition, chronic fatigue, it, I have the simplest way of looking at it, if you have post exertional malaise or, you know, if you overdo and feel, you know, bad the next day, then I then you're kind of fit my definition of chronic fatigue, obviously, you need a few other things, but that's that's the big difference, you know, fatigue, you're tired all the time. But if you push yourself, you're a little more tired, but you wake up the next day and you're still the same as you were before. Okay, that's regular fatigue, that can be leading to chronic fatigue, it can be the first steps, but those people generally respond well to, you know, often just hormonal tightening, not many, you know, like, I mean, once you get rid of the, you know, teach them to stop burning the candle from both ends, and a little lifestyle changes. I think people with general fatigue, often it's just, you know, they through talking through usually some toxins or toxic exposures, you know, Mercury's a big one. You know, their thyroid and adrenal axis is off and you know, you balance that out and often they'll just the fatigue people. Sometimes they need to their reverse T three can be elevated in that that needs to be addressed. But these are the people who I first started seeing, you know, I when I first got into medicine, I always saw these people. And they would, they're the ones who inspired me to really go into this field. Because, you know, when in conventional medicine, we couldn't do much for them about as much as I could do was, you know, adjust, you know their thyroid a little bit. And then, when I started to really launch out into treating these people, I went deeper into thyroid, of course, initially, I think a lot of us do. And that's often the gateway, the gateway drug for doctors, treating complex illnesses is often beginning to treat people with hormones, and you start to

see, oh, it's really cool. But then I started to find people that didn't respond. And usually, you know, there was a lot of Gi stuff with those people, you know, and again, they've got is often the reason that the thyroid is messed up, because so many people have, you know, gluten sensitivities or true celiac, and you wind up with, you know, thyroid, Inc, and where to put thyroid antibodies. So I'm circling here. So these are, like, considered like the ground issues. So like, these are the things that we always want to be sure, and it's a lot what you write about is, you know, the hormones, the gut. And I shouldn't say the gut, like, it's simple, I think the gut probably is the hardest thing to deal with. In medicine. I mean, when people are really sick, it's easy to say, Oh, the gut, we're going to deal with it. But it's, it's, we'll talk more about that later that that's a real minefield. But luckily, simple things do work for a lot of people. And then, you know, once you get past the hormones, the regular toxins and the GI stuff, you start looking at infections, and that's when you start seeing the people who I think far more into the chronic fatigue world, where then I said, my big demarcate between just fatigue and chronic fatigue, is that, you know, not only do you wake up in the morning with unrefreshing sleep, because lots of people with fatigue, if it's going on long enough, you know, in wake up feeling tired still, you know, and sort of their that place, they have to sleep more on the weekend, but they can push themselves during the week still. And then somewhere along the line, it slips over to oh, you know, when I push myself during the week, I feel terrible the next day, and now you're slipping into the chronic fatigue world that post exertional malaise that place where your body is not recuperating. And, again, we don't have a complete answer for what really causes chronic fatigue. And I think it's very different in different people. And I think that's why the world of chronic fatigue research has been so frustrating is because they're looking for a cause, right? And do you mind if I am sorry, I'm tired, you let me know, if I'm rambling on too long. Where I'm, I'm zigging where, but I'm going to I am going to zig zag a little bit right here. Because I, I was one of the things that frustrates me in the research world surrounding chronic fatigue, is they come up with many good ideas of what may be the potential cause of chronic fatigue. Okay, and if those of you who ever follow what is it health rising, it's a blog. That's very nice, a lot of information on on, on the research around chronic fatigue, I think it's a nice place for for people to resource, but everybody presents their idea as root cause of chronic fatigue. And the cause of chronic fatigue is your mitochondria have stopped producing energy, you know, but they're not broken. They've just, they're responding to the environmental cues, they're there, they've done this as a way to protect you. Okay. You know, and, and I'll say more about that. Near the end, we'll talk more about my favorite subject called the cell danger response near the end, and it's my favorite subject because it helps us understand it's a story to put into put this illness into context. And that's why I'm saying I'm so frustrated with the research is because people have great ideas. Yes, there is a problem with your, your cure renin and tryptophan metabolism, you know, and yes, your

immune cells are using too much energy and there's a bright No, I can't keep up just like 10 other different really strong reasons for people to have chronic fatigue, but they only apply to some people and they're only part of the problem. Most people Have a little bit of all of them, you know, but if if the researchers focus is that this is because, and you try to fix that cause, and you give it to, you know, 100 people with chronic fatigue, and you only help like 10 or 15 of them.

Dr. Eric Gordon, MD 10:15
In medical science, unfortunately, they take that as a failure, because they don't understand the disease. A, that was one part of the whole problem. So maybe let's make a bigger picture, and include that as one piece along with the six others, and let's fix all of them kind of simultaneously, maybe we might get somewhere. But also, in chronic fatigue, if I have a 10% response rate to a therapy, that's cool. Okay, because that means I just have to find the people who who respond, and I'm going to do well with that subset. But if I insist that everyone who comes to see me gets that thing, and then if they don't get that, I send them away, because I'm done, then that's not so good. You know, and, and in medicine, if you only get a 10% response, it's considered a placebo response. And people throw it away. Even if you get 30%. Sometimes they go off, who cares? You know, but we care. And the other thing is that I find that people with chronic fatigue in my in my population, there are folks who've been sick for often, sometimes decades. They are not placebo responders, they have spent hunt literally hundreds of 1000s of dollars, and sometimes even million, I'm trying to get better. Okay. So when they respond to something that's not a placebo, because they had lots of people who told them, This will fix you, this will give you health, and it hasn't. And you know, so I really feel that's one of the big problems. It's not that people don't respect how hard people with chronic fatigue, and these, all these other chronic illnesses work at getting well. And the disrespect for thinking that they're, you know that they're not working hard enough. But so I've rambled on here, so we focus me and where do you Where are we? Where shall we go?

Evan H. Hirsch, MD 12:11
Yeah, so I mean, it sounds like and I agree with this, that we really need a different model for research. You know, when it comes to this, you know, oftentimes I talk about how there's 38 different causes of chronic fatigue, and everybody has a combination of about 20. You know, were the most important ones that I believe are heavy metals, chemicals, molds, infections and trauma. What do you think of that statement?

Dr. Eric Gordon, MD 12:34

I, I agree with you. I mean, and it's all in and what's hard, is that everybody wants it to be one of those things. Right? You know, and, and just to sit here, it's a nice scientific thing. Don't you know, Dr. navio, when he did, I said, my claim to fame is that I supplied Dr. navio. With patients for his study, I often reply to refer to as a co author, but I always remind people I supplied the patient's, he supplied the brains. But, but I do, I mean, I have enormous respect for his, for his intellect and for his ability to see pattern, okay, because he comes from an evolutionary biological biology perspective. And that just lets you see more than what's in front of your face. But so that being said, he, when he's looked at about eight or 10, chronic illnesses, including them chronic fatigue using medical omics, which means looking at about 500, to 800, different chemicals that your body uses to produce energy and to communicate with itself. These are not some not the, not the hormones so much. But these are smaller chemicals, but they're crucial to what your body does. And what he's found is generally about somewhere between 40 and 50, we'll have these 500 will be abnormal in the group of people with X disease, let's say chronic fatigue, that we found about 40 chemicals that were clearly different from normal. But out of that 40, only about 12 or so were specific to the chronic fatigue people, the other 28 or 30 were individual. So basically the people, the people shared only 25% of the abnormal chemicals defining the illness, but because the other 30 the other 75% of the abnormal chemicals were their own personalized biochemistry, your own weirdness. Like I say, We're all neurotic in our own ways. And your body is also it's that and that's what makes it difficult when we're trying to unpack people who are determined to I shouldn't say determine people who are chronically ill, okay, because when you're acutely ill Your body reacts like everybody else's. Okay, you're dealing with the acute event. And most of the time, because it happens every day, you don't even get sick, but you get exposed to a bug, you know, your body is knocks it out, it's ABC, you don't even notice it, you know, you, you cut yourself, it heals, you know, you're spraying if you you know, mild, a mild sprain, you know, it's annoying. And then a few weeks later, you forgot that you did it. Okay, that's when the body heals. It's all great. All cool, works all the time. That's why life works. For most of us. Chronic Illness is when that system fails, when there are steps in that system in that healing that that healing phase, there are distinct steps that Dr. navio has labeled CDR one, two and three, calls it cell danger response, one, two, and three, but it just three steps doesn't really matter their names even. And that first step is this inflammatory step, where your body goes in and cleans up the damage, okay, or if it's a virus, it restricts the virus from getting enough nutrients. And that's kind of why you make a little less energy and you feel tired, but you're also restricting the virus from getting nutrients. And you have a lot of inflammatory cells, and they produce chemicals that make you feel tired and sick. And a lot of people with chronic fatigue, get stuck in that first step of that cell danger response, you know, where they're, they get kind of better, and then they get a little stressed, and their body fights

again, really hard and produces these chemicals that make you tired, because what happens when you get sick, you know, we call it sickness behavior, you know, you lose your appetite, often you don't want people around you, you want to lie down, noise and light, everything is annoying, you know that sickness behavior, that's just what happens. But it's supposed to be transient, supposed to last one to three days slowly get better. And maybe after five or seven days, you're supposed to be back to normal because your body has gone through this healing cycle. Chronic Illness is when that healing cycle is interrupted, and you're in enough cells, not not your whole body, thank God because you'd probably die if it was all stuck there. But certain percentages of your body of organs in your body get stuck in this healing cycle. And you know, on the gross level, if it's, you're stuck in these, what he calls the second phase, and the second phase is the healing phase. That's when your body's making new tissue, you've damaged things. Now you're repairing, you're making new tissue, but during that time, those cells are not communicating really well with other cells around them. Okay, because they're busy kind of growing up and learning how to function. And so the cell cell communication isn't good. So that organ, if you've got like a lot of those cells in the CDR to in that second phase of healing in your liver, well, your ability to detox might go down, you know, so, or if it's Yeah, I mean, depends on the organ, it's going to decrease your functioning a little bit. And if you're in CDR three, that third phase, well, during that third phase is when the cell is reintegrating, okay, it's cell receptors, it's hormone receptors, it's cytokine receptors are coming to fruition or going back to normal. But during that phase, if you have a lot of cells that are stuck there, then you can start having, you know, places where your hormones start looking normal in the bloodstream. But your body's not responding to them, which makes endocrinologist crazy because they just look at the bloodstream and they go, Oh, your TSH is normal, therefore, you're fine. You know, and know, your TSH might be fine, but maybe your cells, you know, because the cells that are determining whether how much TSH you make are in your, you know, your brain, your hypothalamus and pituitary. And if the cells in your kidney and liver are not responding appropriately, pituitary might not care. But the, the the endocrinologist, you know, like things black and white. So, now I've confused. So that's the story of difference between acute and chronic illness is acute illness. Your body goes through this thing called Healing, which is really a bit of magic, because medicine has a very limited understanding of what healing is, you know what the steps are in this black box, so to speak, you know, Dr. navio, has broken it down to three stages. But the million dollar question is we don't really know yet. How to get the body to move from stage one to stage two to stage three. Okay. It seems to be when a certain level of chemicals are released and certain signals come from the brain The system just moves on to the next step. You know, and that's, you know, but but very few people are looking at that, because everybody's looking for the single chemical, that's gonna fix the problem. And

it's this more this meal, you this change in the overall soup, that gets the body to move to the next step. You know, it's like a quantum leap, I don't know, if you remember your high school chemistry, you know, like, when the when probably confused people. But anyway, when the electron is in one is in one balance in once in one orbit, it takes a certain amount of energy to get it to bounce to the next. But it's got to be the right amount, a little more, a little less, it doesn't go. So it's kind of the same thing when it takes the right neighborhood and, you know, the right, the right combination of ingredients for the cell to move to the next step. And that's comes into how people heal, because one level, and I think, and you do it almost unconsciously, one level, you're taking away the irritants, the triggers. So the root cause is whatever language people want to use for, you know, the toxins, the bugs that maybe shouldn't be there, and maybe we just have to learn to live with a little bit better, you know, the emotional, it stresses that need to be ameliorated a bit. You know, when you take those away, that's good. But still, when people have been chronically ill, they often need a stronger signal coming from the, from the brain from the controller of all things, because I know people, it's not that the brain, the thinking brain isn't what's controlling, but your, your sub, well, you know, who knows which levels, but parts of the brain that usually we don't control very well are controlling everything. And if you ever wonder, when you go to sleep at night, within seconds, every cell in your body decreases energy production. So that's why the brain does control things away. I mean, it's the whole body just shifts, because this something something up here shifts, you know, but again, it's feedback. It's never one or the other. Yeah.

Evan H. Hirsch, MD 22:25
So then how do we how do we make that change? So if if the if this process of cdr one two and three is part of that healing process, and it gets hung up at these different stages, if the healing is not complete? How do we how do we foster a more complete process

Dr. Eric Gordon, MD 22:45
ah, a combination of pick up sticks and pin the tail on the donkey you know, it because what we have to do is we have to look at the systems and see what which systems are, when I say systems, which compensations Okay, and then the, let me just define myself better here is that, when you have when inflammation becomes chronic, then the body compensates to keep functioning. So it learns to, and I think the simplest thing is like, if you sprained your ankle, and you got to keep walking, you start walking a little funny. But you often can keep walking, you just have to, you know, take you can't put the weight, you can't move the ankle the normal way, you got to find a way of of putting pressure on the heel, that doesn't bother your ankle too much, you know, so you compensate. And if

you do that for a few hours, not a big deal, you do that for a few weeks. And even after that heals, you still might not walk so well. Because your body's learned to new pattern, a compensation a new pattern. And so that's what we get into when we stay stuck in one or all three of those places. Again, in different parts of our tissue, our body compensates to do its best to live with the changes. But those compensations are often what produces the symptoms, you know. Your

Evan H. Hirsch, MD 24:23
So, can I redirect you a little bit here? Yeah, yep. Okay, so then, I'd like to talk a little bit about the gut. So oftentimes, when people come to see me, they've spent one 510 years trying to quote unquote, heal their gut. And I tell them, you know, you can't heal your gut if you have heavy metals, chemicals, molds and infections that are inhibiting your ability to do so. Do you agree with that statement? If not, tell me why. Yeah,

Dr. Eric Gordon, MD 24:47
well, but the same reason because it's all a circle. Okay, it's all a circle. And that's what I meant when I said you know, like, we have to play pin the tail on the donkey and pick up sticks. You got to find the place in the city. system that is susceptible to change that is willing to. Yeah, you know, it's the old story, the light bulbs gotta want to change. Oh, joke, I'm sorry, I'll psychiatry joke, but but if the system has to be amenable to change, and sometimes there are places that just aren't going to move until they feel safe, so you have to find what's making that feel unsafe. So if the metals are causing causing a lot of inflammation, okay, and that's really getting your mast cells riled up, you know. And then you got to see, you might be able to work on the metals, okay, but you might find when you move the metals, if I mean people, usually you can get away with moving metal slowly and gently. But slowly and gently, because if your glutathione was in the toilet, and you're trying to move a lot of the metals, you're going to flare people. So that's the pickup sticks part, you got to make sure that the pieces are in are there to move. But yes, is that if you're, if you're toxic, your guts not going to heal, because you have low level inflammation going all the time. And you're going to change the milieu of the bacteria in your gut, the your level of inflammation influences the bacteria that want to grow there. And then the bacteria that want to grow there learn to live in a slightly more inflammatory state, and they to produce chemicals that keep that state because different subspecies of the same I mean, what's there was a great bug. Anyways, pregnancy pregnancy, I, you know, like not that there's a million of these bugs, and I forget them all the time. But this is an interesting story, because this is a bug that's supposed to be kind of vaguely healthy for the gut. But it turns out that there's one species of that, that like to grow in inflamed guts, that actually increases atopic dermatitis, when for most people, if you have the right subspecies of this gut of this bug,

it actually lowers inflammation in your body, and it's really cool. But if you're growing in, in the wrong environment, it changes and it creates chemicals that cause inflammation. So this is the feedback loop. And that's why people get so frustrated, because on some level, you can do micromanagement. Sometimes you can pick the right. You know, replacement bug probiotic. Occasionally you don't I mean, I mean, that's the thing is that, I wouldn't count on it. But I have seen cases where people take the right probiotics, and oh, my God, everything starts to shift in the right direction. Unfortunately, I think that's not that common when, when people are really ill. It's all where you are in that pathway. In that early pathway, when you're just fatigued, I see a much better response to the general probiotics and colostrum, and just quieting down the inflammation in the gut, you know, the same thing with the, with with with removing heavy metals. And that was, again in the 90s. That was my big focus in the beginning was I was a big, heavy metal guy. And, you know, I would see some amazing things. But as I worked longer, I got sick, the patients who came to me were sicker and sicker. And my success rate doing the straightforward things was less than less, because their bodies had developed compensations. So if I try to remove the metal, they got sicker. If I gave them, you know, the probiotic of the month, they blew up and had more discomfort, you know, so it became so your, your, your path, you know, your your, and I'm very bad at numbers of things, but you're five or six, you know, these are the things I agree with 100%. I mean, that's why I love your work. I mean, it's because I think the organizational approach to it, and making sure people aren't missing things, things is critical for a baseline. And so many people will heal if they follow that. And it's just the people who, who have already been sick long enough that there's that pick up sticks, mentality, no net, now we upset the whole pile with moving something that looks like it's safe. You know, and that's when it comes to you know, experience intuition and more testing, which makes people crazy because none of our tests are that great, but they are sometimes it's, it's, I tell people, you know, a negative test doesn't mean much. And a positive test means maybe, right? Which is very frustrating because people want you know, a negative two means I don't have it and a positive test means I've got it and that's not how it works in this field, because you can have a million positive tests. And it just means that there may be they may be bothering you they may had been an issue. Your immune system just might be up regulated. You know, I mean, you can't go, you know, oh I, I have EBV, or I have mycoplasma or I have Lyme or I have Bartonella. Yes. But most of the time, even I mean, even if you have a positive PC, well, if you have a positive PCR, we should probably do something about, but shortly, and even then, it might not be right to do something about it now, because it might just make us a whole lot sicker, and often well until we fix what's underneath. So go back, I'm sorry, I guess it's time for you to redirect me again,

Evan H. Hirsch, MD 30:36

you're, you're doing great, you're doing great. So let's talk about that. So in the like the last six months or so I've kind of changed my tune a little bit on this, where I'm doing less and less testing, you know, the more that I see, you know, used to be that I'm testing people, you know, every three months heavy metals, chemicals, molds, infections, and seeing what's coming out. And as I work with people, I'm seeing everything coming out. So depending on when it is in the cycle, sometimes there's different heavy metals coming out. Sometimes there's different chemicals, sometimes different molds and mycotoxins, sometimes different infections. And so what I'm finding is that these people who I see who have chronic fatigue, they really need treatment for all of these things. And in part, it's also because they're all interconnected. And the heavy metals and chemicals are feeding the mycotoxins and the infections that are all bound up. And as you go after one of these things, the others are being released. And so you need to make sure you've got some heavy metal support on board and some chemical support on board when you're going after mycotoxins and infections. So that's been my thinking, lately, less testing, treat all of these causes, because they're the all the whole combo is going to be there in different amounts for different people. But they all are there. What do you think about that approach? Yeah,

Dr. Eric Gordon, MD 31:51
I love it. Because I, I mean, I test in the beginning, because I, you know, as a check, because, you know, yeah, just to have an idea that my ideas kind of are fitting the patient, you know, so, but I have so low confidence in so many of the testing that I don't like that I don't have the need to repeat a lot of it. It's one of my great frustrations in this field, is that though I think our testing has, I mean, dramatically improved over the last 20 years, I mean, the tickborne testing, especially, it used to be really, really not good. And now, we have enough different ways of looking at it, that I feel more confident. But even when it's, yeah, I feel more confident that it's that it's that it's there. And now using some of the T cell testing in the PCR testing, I can have more confident that it's actually playing a role now, when it comes to molds and mycotoxins. I've always, the history to me is always the most important part there, because I just don't feel that I have enough state in any of the tests to know 100% That this is your big that this is really a big player for you. I mean, again, because I've seen too many really abnormal tests in people who aren't having many symptoms. And you know, because it varies again, exposure. We don't, we don't know. But anyways, I digress. It's just the but this is my bias. I mean, this is not I want people to understand that in this field. Don't take anybody word for like, black and white, because we're all learning. And, and my big fault with the laboratory companies is they don't spend enough of their of their resources on more controls and more testing to see for validity. Okay. I just I mean, it really is upsetting, because they have the resources. I mean, I helped start a little lab that years ago. So I know the profit

margins that you know, like when you start and they're not there, but I know it's there. And I just don't think it's right. They should be spending, you know, a little bit more on validating what they're seeing, but they get to test out, we all start buying it, and then they don't want to find out. And that's that's not right. I just my personal.

Evan H. Hirsch, MD 34:22
i Yeah, no, I agree. I think the challenge also is that, you know, depending on where somebody is, in their healing process determines what's coming out of their body, right? So we could do a heavy metal test right now, when people are, you know, just come to see us, and nothing might be coming out. But six months later, there's a whole bunch of stuff that's now being dumped because of a number of the things that we've done. So I think that's also a really a challenge with trying to do the research is that you know, these companies they they may not feel very comfortable about the validity of their test because of this exact thing where they're like, you know, and and how do you act? really know what truth is that always kind of bugs me about it's like percent sensitivity? And it's like, well, what are you comparing it against? How do you know for sure it's like this test is only this amount good, because this over here is telling us that it's perfect. Well, that's a different test. And we still don't know if that test is perfect, right? Yeah,

Dr. Eric Gordon, MD 35:18
well, the gold Yeah, the gold standard in medicine, is they often use that and as, and it's, it's not very common to have real goals. Most, most of medicine is still based on strongly held opinion, we call that a grade C, you know, they grade, you know, a is evidence that was willing to receive a controlled study. And B, I think is some perspective, I forget which way it goes. And grade C is expert opinion, and expert opinion. Um, you're getting it today and take it away. It changes I learned something tomorrow, and my opinion changes because, you know, we are dealing with we are when we're dealing in the world of medicine, in general, it changes. I mean, that's why, you know, immunology and everything you read online about th one and th two and now th 17 It's it's gross simplification, okay, gross simplification, I mean, and when you go into the details, sometimes the information actually gets less, because we need to have the simplification because we can't think about, about the details. That's maybe I shouldn't say it can be frustrating for a patient to hear that, like, you know, because I get frustrated, I get I get some lab tests back and I go look for the immunologist who's going to help me figure out what this really means. And I find out that they don't, the clinical immunologist, meaning the pate, the immunologist, it's a doctor just tells me oh, this doesn't mean anything, because he hasn't, he hasn't seen the pattern before. And the immunologist who knows what the words what the real test means, doesn't know how it applies to people. He knows what it does in mice. So it's, it's, that's not a very,

what I'm trying to tell people is that there's a lot we don't know, luckily, luckily, you know, there's a lot a lot of doctors out there who are now struggling to help people who are struggling, okay, and we are learning. And I said, I've been learning, I've been studying this stuff for this chronic fatigue role for 30 something years now. And I can tell you that there's more and more information. And not only that, there's more and more research, that's the hope, long COVID though, I think they're wasting tons of money doing a lot of stupid stuff. There's a lot of good research, and not only that, there's we're getting really smart people interested in this, okay, because before tiny before COVID, to go into chronic fatigue, I mean, chronic fatigue research was kind of semi, you were kind of betting your career, that it wasn't going to be stellar. You weren't gonna get the Nobel Prize going after chronic fatigue, because people didn't care. You know, that's why your doctor didn't believe you is because he didn't know about it, or he thought it was just and maybe it's real, maybe it's not real. So long COVID has made a big difference, because we still have a bunch of doctors who don't think it's quite real, they, but less and less. And that's the exciting news and the, the some of the immunologist. I mean, I can't tell you, we're getting really smart doctors getting and researchers, which is probably we need both. Because when you when just researchers work alone, they produce nothing useful. And when doctors try to do it, we produce things that genuinely aren't, don't make the grade, to convince the scientific world that something is important. I mean, that's, that's what's so frustrating. We do our little clinical studies. It's hard. We know it's hard to it doesn't make that academic grade that we need. But when we can put the real researchers together with academic with clinical doctors, people actually treating patients, then we can sometimes get the papers that will get the world to pay attention. Anyway, another prayer for for better research. Because, you know, with all the money being spent, people deserve better, better results than they then they then they get and Amen.

Evan H. Hirsch, MD 39:25
So we've got a couple of minutes left, so tell people where they can find you online and in person. Okay,

Dr. Eric Gordon, MD 39:33
well, it's Gordon medical.com. We have a better name, but that's what stuck because we have a bunch of doctors who work with me for you know, one of them Wayne Anderson's and work with me for since 2001. So yeah, he's stuck around. And, you know, we've got got to party and if you support Pio who's, you know, uses again, we all do things in our own way. We're all working from the same model. But it's interesting in an eye in just in my own world, I'll often start seeing patients, and then I'll often pass them on to to Dr. parpi. Because she is much more systematic. I like the big picture, and I get

excited. But sometimes I don't have the patience to keep people on a process. And which is really important. You know, I, I still, I spent 12 years as the what I call a regular doctor, and that when you're, you know, admitting someone to the hospital, and they're dying, and you do X and they get the news, they survive. It's that rapid, real, we get very, what's the word? Yeah. And the dopamine, often, it takes, you know, you can get some quick responses, but the real healing takes months, and if not years, and I often want to change things, typically and people's regimen. So I always like other doctors that I have working with me who are unwilling to like sit and go, Okay, things are okay, just sit a little longer with it, you know. And so anyway, we have quite a team. Dr. Kunkel and a big news is Dr. Steve Harris, who is extraordinary. In the light Lyme doc, as I said, we've always been big online because even though everything is not Lyme disease, Lyme, and it's, you know, Bartonella, and the BC and a few others, are often a big irritant, or a big undrilled playing underlying thing that is not letting people heal. So it doesn't mean you need antibiotics by antibiotics, the rest of your life. There's lots of ways of dealing with that. But anyway, but Dr. Harris, who's been actually he's now the president, I think community and president of for AI labs for his joining where his group is merging with ours, Yvonne, and Jen, Jennifer Soglin are joining us. And we're just really excited because we all have been doing this a long time, and have slightly different ways. And to me, that's what's needed. Because, you know, we're in all individuals. And as I said, that people share maybe 25% of what's abnormal in their quote, unquote, diagnosis, but that other 75% is crucial sometimes to allow that's about them, to allow us to get into that box that they share with everybody else to be in to treat that we sometimes have to quiet down their own biochemical individuality. That's not happy. And having a lot of different viewpoints is really crucial. So you know, like, you know, so Steve, Dr. Harris is great. And he works very closely with Avon, Avon on black Sorenson black on her name, who, together Steve is like a little works a little like me lots of ideas, and Yvonne makes sure that she drives the bus and people are happy. So anyway, it's a real exciting time, because we're gonna have more ideas. So anyway, that's it, board medical.com, you can read a little bit about us, and we're looking forward to just, you know, helping people on their way. And, you know, especially, you know, people who've worked through your program, and if they're hitting places where it's not working. That's because I think what you do is just such a good way to let the body know that it's safe to heal. And if that's not happening, sometimes we have to have that individual under the you know, under the hood look a little a little harder, you know, but

Evan H. Hirsch, MD 43:42
yeah, anyway, and then, thank you. Yeah, and then you also have a free gift for our audience, the healing cycle and new approach to chronic illness. So we will, we will drop that below. Eric, thank you. And

Dr. Eric Gordon, MD 43:54
I shouldn't want anything. I don't know when when this airs, but we do have a a symposium like, you know, when you interviewed 40, interesting people among them, the good Dr. Hirsch, on ways of approaching healing, I think it's called cracking the chronic code, ticks, ticks, moles, ticks, of ticks, toxins, and moles. And but really, it's everything. And we have a lot in it. This time, about healing, about healing therapies about things that people can do for themselves and home and things that you can do online, that aren't expensive, that are about setting the stage to allow your own healing. And I think we didn't get to talk about that today. I know that you include that as part of your your work is that's so important, the biochemistry and all the things we can give you, but it's helping you design a program that allows that nervous system to begin to heal. And, you know, our basic neurotic tendencies, we all have them. Sometimes we have to adjust some of them for healing to happen, not everybody gets to stay crazy their whole lives, you know? And so much, Evan. Yeah,

Evan H. Hirsch, MD 45:09
thank you so much for coming on today. I really appreciate it. Okay, my pleasure. So if you have chronic fatigue, long COVID, or mast cell activation syndrome, and you're looking for help, check us out at energy MD method.com. We have a program for almost every single budget, and we're here to help. I hope you learned something on today's podcast. If you did, please share it with your friends and family and leave us a five star review on iTunes. It's really helpful for getting this information out to more people who desperately need it. Sharing all the experts I know in love, and the powerful tips I have is one of my absolute favorite things to do. Thanks for being part of my community. Just a reminder, this podcast is for educational purposes only, and is not a substitute for professional care by a doctor or other qualified medical professional. It is provided with the understanding that it does not constitute medical or other professional advice or services. Thanks for listening, and have an amazing day.