

## Discover Holistic Lyme Disease Recovery

**Myriah Hinchey, ND, FMAPS**  
with **Beth McDougall, MD**



### **Myriah Hinchey, ND, FMAPS**

Hi, and welcome to another episode of the Healing Lyme's Summit. I'm your host, Dr. Myriah Hinchey, and today we are going to be speaking with Dr. Beth McDougall, who is an integrative medical doctor. She is one of the founders of the Jyzen Center, which is a multidisciplinary treatment center for Lyme disease. Welcome, Dr. Beth. Tell our listeners a little bit more about yourself and how you came to specialize in treating Lyme disease.

### **Beth McDougall, MD**

Thank you. I've been practicing since 1998 and came right out of the gate of my internal medicine residency knowing I was going to do an integrative practice. I came right into an integrative medical practice in the Bay Area. I was very holistic in my thinking. I was very interested in bioidentical hormone balancing, natural neurotransmitter balancing, working with the gut, and working functionally. I was in that first crop of doctors that went through functional medicine training in 1999, and very early in the practice, I began seeing infectious diseases that looked like Lyme disease. In the early days of the IGeneX Lab, I started diagnosing Lyme disease, and the way I handled it in the beginning was more. Some well-skilled professionals in the Bay Area were treating Lyme disease almost exclusively. Then I was referring to them and co-managing people in the beginning. I diagnosed a lot of Lyme disease. I co-managed a lot of Lyme disease. I didn't treat it myself. I was never a huge fan of antibiotic treatment for Lyme disease so I would let others do that. Then, in 2004, I developed Lyme disease myself.

I was camping, and while camping, I pulled a little tiny tick off the back of my daughter's ear. I knew it was in tick country, and I was unaware of being bit by a tick at all. But then two weeks later, I was home and was seeing the patient, and all of a sudden, in my appointment with the patient, I couldn't move my hand. Then I stood up and couldn't move my foot properly. I started not being able to move my tongue properly, and I knew I needed to go to the hospital because I was having a stroke. But I drew my blood, and before I left to go to the hospital, I sent it to IGeneX because I'd taken a tick off my daughter. Sure enough, even after a multi-thousand-dollar workup, including a CAT scan, transesophageal echo, and all sorts of other

things, I left the hospital with no answers. Then, two weeks later, my Lyme disease test came back positive. I began a journey in 2004. Ended up with a terrible response to antibiotics like bad, like I was throwing microclots and they were seeing it in my fingernails, and it was just not a course of therapy that was working for me.

Then I had to forge my path against the recommendation of my colleagues, who were like, you need to be on antibiotics for this many weeks. I ended up doing a lot of oxidative treatments, a lot of homeopathy, and a lot of nutrient therapy. But I was finding my herbal treatments, and then I realized that a lot of other things needed to be brought to bear in the situation to heal. I needed to do a lot of energy work and deep meditation. I changed my diet, and I gradually walked out of this, like, pretty scary situation. But it took me eight years to fully recover, and thankfully, I've learned a ton along the way that has allowed me to help people in a much shorter period. I don't expect anyone to have to go through that long journey that I needed to go through to learn what I learned along the way. I have now been approaching Lyme disease in a very comprehensive, holistic manner because that is what it takes. I fight to unwind the chronic Lyme disease cases. They're complex, and it takes the absolute best of integrative medicine to bring everything that we know to bear on the situation and fully unwind it.

### **Myriah Hinchey, ND, FMAPS**

I agree. Thank you so much for sharing your story. It's pretty amazing. I have a similar story, and I say, I went through what I went through to be able to learn what I learned and to be able to treat my patients the way that I'm able to treat them now. Had I not been through it firsthand, I wouldn't be able to identify with so much of what they identify with from these infections.

### **Beth McDougall, MD**

That is the course of the healer.

### **Myriah Hinchey, ND, FMAPS**

You have a pretty amazing center there, I hear. Tell us more about it. Tell us about the different modalities that you have brought under one roof.

### **Beth McDougall, MD**

I moved my clinic of over 20 years into this larger center that I helped create with a couple of other co-founders, and it's got integrative medicine, intravenous medicine, a full laboratory, and the largest suite of energetic biohacking technologies for health under one roof in the world. We've been told by so many people that it has a fully integrative medical, like, integrative bodywork department with an all-star cast down there, including physical therapists and deep tissue therapists. We used to utilize a lot of technology down there, like shock waves and windbacks, in a variety of ways to break up fascial adhesions. We do a lot of analysis of gait, posture, and ability to do functional movements, and we diagnose body asymmetry. We have a full neuroscience wing where we have an incredible neuroscientist named Cindy Reynolds, who does 19-channel qEEG brain mapping, neural modulation, and neurofeedback. It takes all of the

things that we have here to bear on the situation with people to unwind fully. For example, it's a little different if you just get bit by a tick and you have an acute infection; you can often treat that quickly. That's simple. But what I tend to see are people who have been sick for a long time.

Maybe they were sick and kicked around the medical establishment for a while before they were finally diagnosed with Lyme. Maybe they were treated and someone didn't pay attention to their functions or didn't pay attention to the potential that they had been exposed to mold or something like that. They were only partially treated and didn't get better from that. Maybe someone has even been through enormous antibiotic courses, and still, they're not quite feeling right. I created this center not just to treat Lyme disease, but to treat chronic disease, a variety of variety. But what I find is that oftentimes, a Lyme patient could be broken into some categories. You have those individuals who are slow to detoxify, and they have trouble when you start treating their pathogens because it generates a lot of toxins, and they have a hard time getting them out. We have strategies for that. We have those individuals whose symptom presentation is largely neurological. They have mood changes, brain fog, headaches, or even peripheral neurological issues like muscle situations, neuropathy, etc. Then we have those that have more of a body focus where they have joint pain, muscle pain, or those that have more of a fatigue-type presentation.

Sometimes people have a little of all of it. That's why we needed to create this enormous ecosystem here: to provide the resources to address all of the issues. What I find is that, for example, let's just break it down, starting with the poor detoxifiers, and sometimes people we need to like before we treat anything, we need to focus on opening up the pathways of elimination. We do that in various ways. We do it with some work liver flushes. We do a lot of drainage remedies, oral drainage remedies, and intravenous drainage remedies. We have a kit here, which is an infrared ozone sauna. We might spend the first couple of weeks, or in severe cases, the first month, just opening up those pathways of elimination so that, when we do turn our attention to treating pathogens, people can get that stuff out of the body without it making them feel worse. Then if someone has a lot of body issues, it's important to address that, because I find that pathogens like to hide in areas of stagnation in the body. A lot of times, people have pulled themselves in particular ways. They have incorporated their biography and encoded it in their biology, and it affects the way that they hold themselves.

They may have, let's say, a head-forward posture or their shoulders might be elevated, or maybe they had an injury at a young age and it was like tweaking their pelvis or something. They have these structural asymmetries. That's going to lead to some fascial adhesions, and that's going to be the type of area where pathogens are going to like to hide and proliferate. It's hard for the immune system to get in there, even your therapeutics to flow in there to treat what's there. What we find is that simultaneous with the treatment, we need to be helping people to become aware of how they're holding themselves and their structural asymmetries and working in various ways to realign, with myofascial work, shockwave, which is focused ultrasound to break up fascial adhesion, and, do you like functional exercises to try to rebalance the posture? We find

that very helpful. then if someone has a strong neurological focus, we can do 19-channel EEG brain mapping. This has been an incredibly valuable tool because we find that sometimes people have traumatic births and sometimes they have emotionally traumatic childhoods. a lot of times that will lead to the limbic system in the brain being stuck on.

It's like firing 24/7 which can result in the autonomic nervous system being stuck in a fight or flight state, which impairs your immune response. It makes it much harder to get rid of infections. We have a lot of techniques here for calming the limbic system down and balancing the autonomic nervous system. If there is a history of head trauma, we can spot that on an EEG and then work on healing the areas of brain injury. Doing that simultaneously with treating infections allows us to get those pathogens out of the nervous system.

### **Myriah Hinchey, ND, FMAPS**

It's so important to do a holistic approach where you're simultaneously treating all of it so that the patient can heal. Do you have a specific way that you would rotate patients through or specific protocols that you develop for patients?

### **Beth McDougall, MD**

Everyone's unique, and I'm sure you practice that way as well. There's no specific protocol that's one size fits all. It's very individual. But we can start with the skeletal backbone of thinking of these things in people who are presenting in this way. But yes, we design protocols to work throughout the ecosystem. Everyone needs some degree of opening up pathways of elimination. Then we turn our attention to treating infections. I love oxidative treatments. We do a lot of EBO2 here. Just autohemotherapy with ozone and light wavelengths. We do a lot of other types of intravenous therapies for treating infectious diseases. Meanwhile, we're sending them to the Hockett so they can do they can they can detoxify that way. We're sometimes pairing the IVs with the drainage remedy IVs. Depending on their focus. We'll be working on brain training, brain neuromodulation, neurofeedback, a lot of bodywork, or both, depending. At a certain point, you need to begin doing therapies geared toward up-regulating mitochondria and cellular health.

That is a huge focus here. I do red light near-infrared light band therapy, intermittent hypoxic training, exercise with oxygen therapy, and hyperbaric. We do all of these things to help boost mitochondrial function and stimulate mitophagy, which is where the body will edit, repair, and eliminate damaged mitochondria, and birth new, more pristine mitochondria. We do a lot of intravenous NAD to try to upregulate mitochondrial function that way, as well as oral supplements. And an area we haven't spoken about yet. that is foundational to people getting better is to do some work excavating and helping people become aware of and then releasing where they had stored trauma in their system. Sometimes we see it encoded in the nervous system, but other times it's just stuck in the energetic anatomy of the body. it becomes an impediment to fully resolving healing. We do resonance biofeedback therapy here and deep energy work with people who are interested in pursuing that, because that deep level is foundational.

**Myriah Hinchey, ND, FMAPS**

I agree. What would you give as advice to a potential patient who's listening? What would be your top three pieces of advice that you would give a patient when it comes to seeking treatment?

**Beth McDougall, MD**

Be wary of people who think they can approach it fully on a physical level. One pathogen, here's a treatment for that pathogen. That's all you need. then, of course, and I'm sure other people at this summit have talked about this. Be wary of thinking it's one thing because oftentimes it's not just *Borrelia*; it's *Borrelia* and co-infections. It's *Bartonella*. It'd *Babesia*. It's *Rickettsia*. Maybe *Mycoplasma*, maybe *Chlamydia*. Maybe the stress of having those infections has led to some viral reactivity. Maybe there's been some lifetime exposure to mold. Now you have mycotoxins in the system. Someone needs to be paying attention to their diet and making sure that they're eating foods that are right for them and their hormone balance. All of these things need to be addressed. be wary of practitioners who think it's just like one bug, one treatment. That's all you need.

**Myriah Hinchey, ND, FMAPS**

Anything else?

**Beth McDougall, MD**

It's important to do some deep introspection and work on an energetic level. That is, meditating and developing a practice where you can sink in and get to know what you are holding in your system is going to go a long way toward eliminating the pathogens and coming to a state of great vitality. The other important thing is being mindful while you're going through the process. It was so important for me because your emotional vibration plays a big role. When I had neurological symptoms, they were scary. So if I allowed myself to get fearful about my future. If I started futurizing and stayed out of the present moment, I would see my symptoms spiral out of control. Then if I could become aware that I was out of the present moment, fearful about the future, and just could bring myself back to the present, I could call on those symptoms down. So, our minds are incredibly powerful, and we need our minds to be on the team, so to speak. We need to be helping ourselves out by staying present.

**Myriah Hinchey, ND, FMAPS**

One of the common themes from this summit that most of the guest experts have brought up and reinforced is that if you don't think you're going to get better, you're probably not going to get better. Having hope and trusting that you will get better, and almost like having that as your mantra. I tell my patients, You don't have to lie to yourself. Don't say you're healed. Your body doesn't know that's true. But if you say, I'm healing," I'm getting better and better every day. It goes a long way. That positive outlook and gratitude for even the smallest little steps that you're making, as improvements go a long way to stop you from going down that spiral.



## **Beth McDougall, MD**

I could not agree more. It's so important, and I remember that in the early days, one of the most impactful things that I had was this energy healer that I worked with who was holding this vision up for me of being entirely well; she almost refused to see me as not entirely well. It was a little frustrating at first. I was, like, not feeling well. But then I was able to begin holding that for myself. then resonating with that. then and then I realized that I was able to dual track it, where there was a part of me that was focused on me as a thriving well person, and then going through the steps of treating what I had, and so it was like, You can do that. You can acknowledge what's going on in your body and take steps to improve it while holding this vision of yourself as well. That's what's required for recovering from anything, whether it's cancer, a neurodegenerative disease, or Lyme disease.

## **Myriah Hinchey, ND, FMAPS**

Being sick for a long period, like having a chronic illness, is going to impact your mindset, your outlook, and your vision in a certain negative way. but also like dealing with the fact that there are certain centers in our brains when we have this stuff that is inflamed and almost on fire, that are bringing out various neuropsychiatric symptoms, that it's just a huge double whammy. For a lot of Lyme patients, having that positive mindset and going through all of this is hard because you have the physiological impacts, but then you also have the emotional impacts. But working with a good therapist or healer—an energetic healer, whatever they may be—to help you get there just is so impactful, and it positively impacts your immune system. your ability to heal.

## **Beth McDougall, MD**

I completely agree. You bring up such a good point about how inflammation in the nervous system affects our immune system and outlook. I also find that it affects our ability to sleep. I see that all the time. One of the things that I find indispensable in being able to help someone is working with the neuroscientist here because I can do a 19-channel EEG on somebody and right away tell if their brain is inflamed, if it's on fire, if it's or if there's dormant-like areas that have low voltage and are under firing. It's like this beautiful window into what's going on. Then, of course, I would be handling things differently if the brain is inflamed. It's interesting because when the brain is inflamed, we do need to be working on quenching free radicals, working with any inflammatory type, using therapies, pulling toxins out of the brain, and then treating infections in a way that is something they can tolerate.

## **Myriah Hinchey, ND, FMAPS**

You bring up such an important point with sleep. the immune system's ability to function properly and repair the body, and all of that. when you have a chronic illness. What are some of your favorites? I don't want to say remedies, but what are some of your favorite approaches for a patient who isn't able to sleep due to an infection like Lyme, Babesia, Bartonella, etc.?

## **Beth McDougall, MD**

Great question. I bring everything integrative medicine has to bear on it. Like, working with supplements such as Magnesium L-threonate, L-Theanine, GABA, and Magnolia bark. I find hormone balancing incredibly important because the steroid hormones have inflammatory properties. If you have this, if you're unfortunate enough to have this synergism with perimenopause or maybe even secondary adrenal fatigue from the stress of all of this and the levels of these steroid hormones are going down, that's going to exacerbate your body's ten-fold inflammatory tendency. Breaking into the situation by, like, balancing the hormones first can be incredibly helpful then you can be working with supplements on top of that, even things like intravenous glutathione. Someone can tolerate that and quench the inflammation and then gentle detox, like with the neuro drainage remedies that can begin to pull the toxins out of the brain, we can begin to get people sleeping. Occasionally, we have to work with some pharmaceuticals. I thought I didn't love pharmaceuticals, but I don't love the lifetime use of pharmaceuticals for sleep. But, like, if you need to take something to sleep, it's better to sleep than not sleep. In the beginning, sometimes that's where the judicious use of pharmaceuticals comes in.

## **Myriah Hinchey, ND, FMAPS**

I agree that sleep is so important. Do you have a favorite modality in your center that you want to talk about?

## **Beth McDougall, MD**

There are so many that I love. But I would say we have three more beds. They're the red and near-infrared light beds. It almost looks like a tanning bed. You get in, you take your clothes off, you get in, and then you close the lid down, and it's red and near-infrared light wavelengths. Those wavelengths of light are incredibly powerful for up-regulating mitochondrial function in a lot of disease processes. Because of infections or toxins, sometimes cytochrome c oxidase, one of the enzymes in the electron transport chain, gets blocked. So energy production goes way down. The red and infrared light wavelengths will keep that toxin or that pathogen off of that enzyme, liberating it so that it can begin functioning fully again until it improves energy production within the cell, which then has so many ramifications.

When more energy is produced in the cell, it alters the cellular pH and alters the cell membrane potential, which is almost like the little aura around the cell of electrical charge that can improve the health of the cell and make it less vulnerable to invasion by microorganisms. The red and near-infrared light wavelengths improve energy production within the cell. They have also been shown to be anti-inflammatory and immune-modulatory, and they release tissue-specific growth factors that are going to help with the healing of the joints, the tendons, and the ligaments in the brain. Red light therapy is so helpful, and I recommend someone do it a couple of times a week to three times a week for up to 20 minutes.

**Myriah Hinchey, ND, FMAPS**

I was just going to ask. Red light therapy is amazing. I was wondering how many times a week you recommend it. Is that something that a patient can find you and come there to do? Or do they have to take a whole, well-rounded approach? Or if someone just wanted to come and do a red light, could they do that?

**Beth McDougall, MD**

Yes, they could. They could do that. There are so many therapies I love here. We have exercise with oxygen therapy here, and sometimes it's the first time that a chronically fatigued patient can begin exercising. I've had people who have horrible exercise tolerance, tremendous post-exercise fatigue, and who can't exercise. But then, if you have them exercise while breathing oxygen, they can, and they don't have that lingering fatigue afterward. It's been a way to build up endurance in people who are very deconditioned. and then it builds on itself because it can begin to build some muscle mass, your muscle contains a lot of mitochondria, and then the mitochondria generate more energy. It just brings up the energy of the entire body. I love that. The exercise that we typically recommend is called Vasper. Vaspers are used by Olympic athletes. It's used by professional sports teams. It's where it's like: you come in with a device, and you're pushing with your arms and legs while you have compression cuffs on your upper arms and upper thighs that have cold liquid coming in. It's a 20-minute workout, but you get the benefits of a two-hour workout because you're getting aerobic and anaerobic benefits because of the compression. But anyway, that with oxygen is a game changer for a lot of people with Lyme.

**Myriah Hinchey, ND, FMAPS**

Would you do both of those together?

**Beth McDougall, MD**

Boy, there are so many other therapies I love here. It's just crazy. You got to come.

**Myriah Hinchey, ND, FMAPS**

I would love to come and see the place.

**Myriah Hinchey, ND, FMAPS**

Dr. Beth, tell me what other modalities you have there to help upregulate mitochondrial function.

**Beth McDougall, MD**

Quite a few. One of them that I love is intermittent hypoxic training. Intermittent hypoxic training is where you're breathing oxygen through a mask while you're lying in a recliner chair. The coach will cycle you from normal levels of oxygen to mild hypoxia and back four times in a session. It's like being at sea level and then going up to altitude and coming back four times in a 40-minute session, and in 2019, three scientists won the Nobel Prize for discovering something called



HIF-1-Alpha. This procedure releases HIF-1-Alpha. That is a master gene regulator that will trigger the transcription of thousands of genes that are involved in how we utilize oxygen. It enhances the efficiency with which we utilize oxygen and generate energy from oxygen and glucose. It causes you to make more hemoglobin, so you have better oxygen-carrying capacity.

It causes you to sprout new capillaries, so you have better oxygen delivery. It improves the coupling of oxygen in the mitochondria for energy production. It even activates these things called GLUT, which are insulin-independent glucose transporters, in the cell. This therapy is great for metabolic syndrome and losing fat mass. It also triggers something called mitophagy, which is the holy grail in medicine. What we're trying to do is make the body more efficient, like edit and repair or even destroy damaged mitochondria, and then birth more pristine mitochondria. This therapy has been shown to do that. It's got tons of clinical research on treating various types of conditions, but we find it helps upregulate mitochondrial function. We'll do that for Lyme patients. As I mentioned before, a lot of pathogens that have an intracellular stage in their life cycle can also go into the mitochondria and begin to suppress mitochondrial function. This is an antidote to that.

**Myriah Hinchey, ND, FMAPS**

If someone were going to do this therapy, how many times a week and for how long would they have to do it before you would see a substantial increase and highly functioning mitochondria?

**Beth McDougall, MD**

There are now about 30 treatments.

**Myriah Hinchey, ND, FMAPS**

Is that within, like, a certain window of time.

**Beth McDougall, MD**

Depends. We have people traveling from around the world to come to our center. They may come for, let's say, a four-week, six-week, or even 90-day period of time. They're just trying to get those 30 treatments within the time that they're here. Some people do it five days a week. Some people do it just two to three times a week, based on their protocol. We will create these stacks. Sometimes people will be getting an IV in the morning, and let's say they come in, do some brain training, and get an IV. Then, after the intermittent hypoxic training, they might do a cryotherapy treatment later; they might do the exercise with oxygen or on a different day; and then they're heading to the integrative bodywork department. They're seeing the physical therapist down there or the deep tissue therapist. Maybe they're doing shockwave therapy to break up fascial adhesions. It depends on the individual and what they're presenting. But we create these protocols for them that involve multiple therapies stacked in a day.

**Myriah Hinchey, ND, FMAPS**

That seems like the smart way to do it. They're not coming back and forth to the center multiple times a week. You mentioned earlier or when we were off the air about PK IVs; is that something that you would work into these stacked sessions as well?

## **Beth McDougall, MD**

Often necessary. PK IV is a tried and true protocol. I've been using it for, maybe almost 20 years, and it's intravenous phospholipids followed by glutathione and folinic acid. Then, at a certain point, we add in some phenol butyrate as well. Most of the toxins that we're exposed to in our lifetime are fat-soluble. They tend to collect in the fatty compartments of our body. One of the largest fat reservoirs in the body is collectively all of our cell membranes and even the membranes of our intracellular organelles, like mitochondria. When you collect toxins in those membranes, they begin to disrupt cellular health and energy production. If someone's been exposed to mold, mycotoxins are fat-soluble, for example, and they're going to collect if someone has had Lyme and co-infections for a long time. Even during the treatment of those co-infections, you're generating a lot of biotoxins.

Very oftentimes, those will go into hiding in the cell membranes. At some point, you need to go and sweep those out. Heavy metals are fat-soluble, petroleum solvents, glyphosate, pesticides, you name it. A lot of what we're exposed to is fat-soluble. We do a very sophisticated test called IGL that we send to Germany in certain cases. It measures DNA, adoxy toxins, and then toxins that are complex in the cell membranes and even in mitochondrial membranes. It can measure, and it's a good window into mitochondrial function. If we see a very high toxic load in some way, we need to begin to sweep that out. Of course, I've talked in the beginning about opening up pathways of elimination in the infrared ozone sauna and how beneficial those things are, but sometimes you still have to go and sweep it out of the cell membranes and then mop up what gets eliminated.

We flush out these toxins with the phospholipids, and then we mop them up with glutathione, which is a self-feeding agent. then methylated agents like folinic acid and Methylcobalamin. That is the best way to route these toxins out of the body.

## **Myriah Hinchey, ND, FMAPS**

Are all of these in one IV or you would do them in sequential order?

## **Beth McDougall, MD**

The PK protocol is a series of sequential IVs at the same time. You use one right after the other. That's the protocol.

## **Myriah Hinchey, ND, FMAPS**

But they would contain glutathione, the folinic acid, in the IV.

## **Beth McDougall, MD**

Then you hang separately the butyrate. Then you hang separately the glutathione and then B vitamins at the end.

**Myriah Hinchey, ND, FMAPS**

Then how many of those would you recommend?

**Beth McDougall, MD**

It just depends on the person. It depends on the top levels of the toxins, and whether they have had mold exposure. Oftentimes, if you've been exposed to mold, you're going to have a lot of microtoxin exposure. You will see, for example, on the 19-channel EEG brain map, low voltage in the brain because mycotoxins are direct mitochondrial poisons. When the mitochondria are suppressed, energy production goes down. We see that as low voltage in the brain. When we look at a brain map, if we see this blue brain, which has color coding for low voltage, it's amazing. If we begin detoxing mycotoxins, we will see the voltage in the brain starting to come up. We can, of course, do other types of therapies, like the UV light on the brain in specific areas to improve the mitochondria. Like just how you can get in the know before bed, which is a red light near-infrared light bed, you can wear special no red lights on the skull that will penetrate down and activate the mitochondria that way. At the end of the day, we are doing so many different things to try to upregulate mitochondrial function because that is the foundation. I already said that, like your childhood traumas and cleaning, the energetic anatomy is the foundation. But like from a cellular foundation, it's the mitochondrial health that you need to pay attention to.

**Myriah Hinchey, ND, FMAPS**

It's so important. Like you said, it's so much more than just focusing on killing an organism. Even when we're looking at the opportunistic infections, the co-infections, and all of those things, I say it's like, Patients come in, and finally they're like, Yes, I found the underlying cause of all of my issues. It's Lyme disease, or it's this infection, or it's that infection. I'm like, I take it a step further, and I'm like, but now what have those infections done to create other underlying causes in the body? It's like, so we have to be detectives and go in and figure it out, like all of these other things that have been altered in the body, like the mitochondria. It's like we have to simultaneously fix everything while trying to kill these infections.

**Beth McDougall, MD**

Unless you do, you don't get better. People have even said, I don't think you get rid of Lyme disease. You just put it in a dormant state, or it never goes away, or I don't believe that anymore. You can get it out.

**Myriah Hinchey, ND, FMAPS**

It's all about the immune system. If you can recover the immune system and get the immune system to function properly, then your immune system can get it out of your body. It's just hard

to tell in the end. Is it there in remission, or is it out of the body? I don't think anyone knows the answer to that question.

Why don't you let our listeners know where and how they can find you if they'd like to become patients?

**Beth McDougall, MD**

They can go online to [jyzen.com](https://jyzen.com), which is JYZEN.com. They can also find me on social media as @bethmcdougallmd

**Myriah Hinchey, ND, FMAPS**

Are you accepting new patients?

**Beth McDougall, MD**

I do; I have a long waiting list, but we all practice the same way here. Dr. Maria Marian, who is incredible, is accepting new patients, and we handle things absolutely the same.

**Myriah Hinchey, ND, FMAPS**

Wonderful. Any last pieces of advice for our listeners before we sign off?

**Beth McDougall, MD**

Just so I hope you can get through this. I have done it for so many people, including myself, and you can bring yourself back to an incredible state of health and vitality, and maybe even healthier than you were before.

**Myriah Hinchey, ND, FMAPS**

Wonderful. Thank you so much again for joining us, Dr. Beth, and thank you all for listening. I'll see you next time for another episode of Healing Lyme. Take care.

**Beth McDougall, MD**

Thank you.

**Myriah Hinchey, ND, FMAPS**

You're welcome.