



Environmental Medicine And It's Effects On Menopause

**Dr. Sharon Stills interviewing
Nafysa Parpia, ND**



Dr. Sharon Stills

Hi ladies, welcome back to Mastering The Menopause Transition Summit. I'm your host, Dr. Sharon Stills. It's an honor, a privilege, I'm so grateful you're here. We have a great talk coming up for you today. It's with my dear friend and colleague, Dr. Nafysa Parpia. She's a board certified naturopathic doctor. She spent the last decade treating patients with complex chronic illnesses. She has specialties in tickborne illness, environmentally-acquired illnesses, mold, and mycotoxin illnesses, autoimmunity, fibromyalgia, chronic fatigue.

And she uses a variety of cutting-edge laboratory tests and deep intuition, applied to the full range of scientific data, to create comprehensive treatment plans that are highly personalized. Her targeted system of care includes a synergistic blend of regenerative medicine, oral and intravenous micronutrient therapies, PEP-type therapies, botanical medicines, pharmaceuticals, injection therapies, functional nutrition, and lifestyle counseling. And we are gonna have a great talk today about all of the things we just mentioned, and how it affects you, as you're going through your menopausal transition. So, welcome to the summit.

Nafysa Parpia, ND

Thank you so much for having me, Sharon, it's such an honor.



Dr. Sharon Stills

Oh, the honor is mine, I'm so excited you're here, and we get to connect and get this information out to the listeners.

Nafysa Parpia, ND

Yes.

Dr. Sharon Stills

So before we dive in, I always like to ask, you know, how did this medicine find you, and how did you end up doing what you're doing now?

Nafysa Parpia, ND

Yeah, so when I graduated from Bastyr around a decade ago, I was at Dr. Klinghardt's clinic, training with him for a year, and his physicians there at the time. And I was drawn to the patient population who suffers with chronic illness. I knew there was a healer in me, and I wanted to go deep in medicine and healing, with people who really, really needed it, beyond maybe just the common cold, or the common yeast infection. I wanted more, I wanted to give more. And so I was working with our learning, really, from Dr. Klinghardt and his doctors there. And it just transformed the way that I practice medicine today, so I'm so grateful for the opportunity.

Dr. Sharon Stills

He's a great one to learn from. And all of us in bio-regulatory medicine, and European biological medicine, we've all been influenced by him in some way or another. So I love that you got to have that opportunity with him, and that you are so drawn to this population. Because so many doctors don't know how to deal with this population. They tell them, "It's all in your head, there's nothing we can do, take this medicine, that's all I have to offer." And there's so much, as we're about to learn, that can be offered, and can be done, and healing can occur. So we're lucky to have you in that position and serving in that way.

Nafysa Parpia, ND

Thank you, I'm honored. And I know you are, too, serving in that way. So we're both in the trenches together with these people, and it's a blessing.



Dr. Sharon Stills

It is a blessing. I love clinical practice.

Nafysa Parpia, ND

Me too.

Dr. Sharon Stills

Yeah. I don't think I could ever just be a researcher, I gotta be in there with the patients, right?

Nafysa Parpia, ND

Yeah, yeah.

Dr. Sharon Stills

Give me the research so I can give it to the people.

Nafysa Parpia, ND

Exactly, exactly that, yeah.

Dr. Sharon Stills

So we're gonna talk today about a lot about environmental toxicity, and really dive into that. And so I guess, just to start off, you know, how does that affect the women who are listening, who are going through these hormonal changes on their journey, what do they not know?

Nafysa Parpia, ND

Yeah, so I would say that menopause is really an example of the diversity of our responses to life in general. So some people can go through menopause without noticing that much has changed, except their periods have stopped. But not my patient, they, you know, they're the ones who start to really feel transient episodes of brain fog, or not just transient, but it might feel like long-term brain fog, chronic fatigue, low energy, irritability. And they're experiencing all of these things at the same time for a long time. And, you know, depends on the person's genetics, their biochemistry, and their environmental exposures. And so then what can exacerbate the situation is a combination of



environmental toxicity and infections. And that's what I'm seeing in my patients on a very regular basis.

Dr. Sharon Stills

Mm, so I think if we're alive, there's no way to escape environmental toxins. What are some of the toxins that you see most affecting women?

Nafysa Parpia, ND

That's a great question. So one thing that I think is really overlooked is mold and mycotoxins. So for our audience, mycotoxins are the toxins that mold create, and they create this to subdue your immune response so that it's more difficult to fight off the infection. And so I'm seeing a lot of this in my patients, in fact, illness for mold and mycotoxin, I'd say it's more common than we realize. Because many people can be breathing in mold from exposure to their buildings at home or work. And 85% of the US buildings have had past water damage. And if it's not correctly repaired, it can harbor the hidden toxic mold species.

So, not everyone is gonna be susceptible, but my patients are. So definitely I wanna talk more about mycotoxins, about metals are a big one that I see in my patients, particularly during osteoporosis and osteopenia, because metals are, so bones are repository for mold. I mean, for metals, bones are repository for metals, I'm gonna repeat that. And so then when we're having bone loss due to osteopenia and osteoporosis, we can have metals circulate throughout the system, particularly lead. And so I see that a lot, and I see glyphosate, I see other chemicals; pesticides, and insecticides, things like that.

Dr. Sharon Stills

Mm, yeah, you've brought up such a good point that we haven't talked about yet, which I see all the time as well; lead. And when bone loss... and so it's really something we need to be thinking about. Everyone's so focused on osteoporosis, but we have to also be thinking about what happens. Of course, we wanna support the bones, but what's happening when those bones are breaking down, and what's being put into circulation?

Nafysa Parpia, ND

Right, yeah, so we wanna support them at the same time. And the data shows that lower levels of metals, blood and urine are associated with lower levels of osteopenia and



osteoporosis. Because the people with more bone turnover have more dumping of the metals from the bone.

Dr. Sharon Stills

Exactly, exactly.

Nafysa Parpia, ND

Right?

Dr. Sharon Stills

Yeah, and I, it's not even, "Am I gonna see lead and also mercury when I test?" It's just, "How much am I gonna see, how much is the body releasing?" It's come to that point, unfortunately, where it's just common stance that these metals are present.

Nafysa Parpia, ND

It's true, not only in the environment right now, I'd say, especially since the fires in California, I've seen a lot more metals in people's blood and urine. But an interesting thing is that the environmental exposure of lead in children was very significant between 1976 and 1980. And so 88.2% of children had, ages 1 to 5, had blood lead levels greater than 10. Which is so significant, because now no acceptable level, there's no acceptable level of lead in children, even the CDC says that. So then people who are 30, an internal source of metals is trabecular bone.

Dr. Sharon Stills

Exactly, we grew up, my generation, right, we grew up with lead everywhere.

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

It was just ubiquitous. It was in the pencils, on the newspapers, on the side of the road; it was everywhere.



Nafysa Parpia, ND

And in the houses, right? And the house is built before 1978, even. And so we were, people are, we're full of lead, if you will, and it got deposited in the bones. And so now we're having bone turnover in perimenopause, and menopause, and now that increases. And so there's increased risks, risks of cardiovascular disease, and cognitive decline, pain in the body. You know, cadmium is another one actually. So after cadmium enters the body, the kidneys and the bones are the main target organs for cadmium. And so then actually, cadmium on bones, that's considered to be a late manifestation of cadmium toxicity, but say you've got it for a long time over time, you're gonna have more of that. Am I freezing again?

Dr. Sharon Stills

No.

Nafysa Parpia, ND

No, okay, good. You were freezing earlier.

Dr. Sharon Stills

You were having technical difficulties, so... We're doing great.

Nafysa Parpia, ND

Yeah, yeah.

Dr. Sharon Stills

So, do you see patients who, these patients who have heavy metal loads, that they're unable to get rid of, or mycotoxins... How do you see it affecting their hormonal pathways and their hormones in general?

Nafysa Parpia, ND

Yeah, that such a good question. So, mycotoxins, so when people have illness from mold and mycotoxins, which are the toxins mold create, they can have chronic fatigue, and mood disorders, and disruption in their hormonal systems. And so then this can take effect in many ways. I see women go into early menopause, or their experience of menopause is very, very difficult. They'll have heavy periods, or severe PMS. And even if they're not going into menopause, it could be infertility, or unexplained rapid weight



gain or loss, thyroid dysfunction, adrenal dysfunction. And so, you know, some of the symptoms of mold, the mycotoxin illness and environmental toxins, can resemble symptoms during menopause. So it's very interesting, right? It's like, "Oh the irritability, the depression, the fatigue, the insomnia, the waking, is that from the toxins, or is it from the fluctuating hormones?"

Dr. Sharon Stills

So this is one of these topics where it's really important, no matter where you are on your journey, but also thinking about the other women or girls in your life, because these are things that we all should be clearing up and investigating to see if they're an issue. So how would someone know, how do you find out if someone is dealing with a mold issue?

Nafysa Parpia, ND

So there's a few ways. So I think about a few things at the same time. First of all, I wanna know, I ask all of my questions, my patients this question, because all of them come into me with complex chronic illness, and most of them have tickborne disease. And what I know is that mold illness and tickborne disease go hand-in-hand. So if someone comes to me with chronic Lyme, one of the first questions right off the bat I'm gonna ask about is mold and mycotoxins. So I wanna know if they live in a building where there's been a leak that they know of, water damage that they know of. And then I'm gonna test for mold IGG allergens, to see if the patient has an allergic response to mold. And then I'm gonna also test their mycotoxin load.

And I'm gonna test to see if they have an allergic reaction to the mycotoxins themselves. I like to test the home. And so I wanna know if the patient has a current exposure, or was it just a past exposure? So there's all these different tests to look at. We can look at organic acids in the gut to see if they have fungi in the gut as well, so I'm looking for it all over the place. The sinuses is a big one. Actually, mycotoxins can cross the blood-brain barrier, and cause hormonal disruption, by affecting the limbic system in the brain. So that's another thing I'm testing as well, is mold in the sinuses, and other bacteria in the sinuses as well, that don't belong there.



Dr. Sharon Stills

So for someone listening who's thinking, "I live in Arizona, it's dry, mold couldn't grow here if it tried." But could they still have, are there other ways that they could get mold exposure, or have a mold issue from the past? Or how does that work?

Nafysa Parpia, ND

Yeah, so a lot of times there could be a leak in someone's home, and it's been like that for a long time. No matter where they live, even though it's dry in Arizona, the leak is in, you know, behind the walls, or under the floors. The nice hot weather you have over there won't dry it, 'cause it's deep in the fabric of the building. So that's one way that people can have mold issues, a big way people can have a mold issue in a dry climate. But it's true that I'm gonna see it happen more in areas where I live, like the San Francisco Bay area, or Washington, areas like that.

Dr. Sharon Stills

I remember when I was in India doing Panchakarma, it was so moldy there and moist. It was rainy season, and I had a pink baseball cap, and it just grew mold all over, it just... I was like, "Bummer, I loved that-"

Nafysa Parpia, ND

What's going on here? Did you get sick?

Dr. Sharon Stills

What's that?

Nafysa Parpia, ND

Did you get sick?

Dr. Sharon Stills

No, I didn't, 'cause I was there doing cleansing. I was doing Panchakarma, but I tossed that hat. But it was an interesting environment to be in.

Nafysa Parpia, ND

Right.



Dr. Sharon Stills

For sure.

Nafysa Parpia, ND

And so, oh, go ahead.

Dr. Sharon Stills

I was just gonna say, so if someone should, do you feel like everyone should be checked for mold? Like how often do you see it as an issue? And what is your advice to the listeners?

Nafysa Parpia, ND

Yeah, so bringing it back to hormones and menopause. Usually I'd say that, you know, once we correct for the hormones, and we fix the lifestyle piece, we make sure the diet is good, lifestyle is good, stress is taken care of. And most of my patients, actually, they've already got that dialed in, because they've been sick for quite a while, that they they've had to dial that in, but they're still sick. So then say I correct for the hormones, I give them some bio-identical hormone therapy, and then they don't have as much brain fog, which is great. And they're less depressed, and that's great, but they still have joint pain, or they still have nerve issues. Then I'm gonna start looking. I'm gonna start casting a wider net, because I know, well, your hormones are taken care of, and your lifestyle, your diet's taken care of, the foundations of health are being taken care of.

And you should be feeling back to normal, but you're not, let's dive deeper, let's figure out what else is going on here. And so then I'm taking a clear history, a thorough history, doing the review of all of the systems in the body. And that's going to guide me to do further testing. I also do an environmental assessment as well. At that point, when someone is just not healing, and I expect them to be, then I'm testing for mold, and the toxins from mold, mold allergies. I'm also testing for tickborne diseases, based on their symptoms, and other infections, and other environmental toxin molds. Because now we're in a soup of inflammatory cytokines, and toxins from molds, and other infections. And all these different things that can cause hormonal dysregulation beyond menopause.



Dr. Sharon Stills

So you said "an environmental history," what are some questions that people could be asking themselves, to kind of see they fall into that box?

Nafysa Parpia, ND

Yes, so one of the questions is, have you lived in a home with water damage, or do you have mold exposure that you know of? You'll be surprised, well, people will say, "No, I don't have, well, there's no mold." But then I dig a little bit deeper, water damage, how about a few years ago in your house? "Oh yes, that's right, there was a leak in the bathroom, I forgot about that. Oh and we redid the walls." You know, or, "Oh, in my childhood, the basement flooded, and it was flooded for a long time, and the house wasn't redone." So when you dig, you find answers like that. The other thing I ask is have you lived on, or near, a vineyard or a golf course? I mean, the amount of glyphosate I've seen in my patients who've lived near a golf course is baffling. I haven't seen glyphosate higher than those who've lived by golf course.

Dr. Sharon Stills

Golf courses, it's like, oh, it's a... We lived on a golf course for a couple of years. And it's like, "Oh, it's this prime thing you wanna live on a golf course, it's so prestigious and so pretty." But you forget that all they're doing is spraying the golf course continually with pesticides.

Nafysa Parpia, ND

Exactly.

Dr. Sharon Stills

So one of the most toxic places you can find out.

Nafysa Parpia, ND

Right, right. And a lot of people have grown up on farms. Or another is I ask about mercury amalgams in the mouth. And so a lot of patients will have that, these are people who usually 35, 40 and older. And then sometimes they had a lot of them, and they were removed not by a biological dentist. So then mercury can vaporize up and cross the blood-brain barrier, it can vaporize down and cause issues. So I ask those questions that I've done.



Dr. Sharon Stills

Big thing I see with mercury, is even if you have had it removed correctly by a biological dentist, did anyone then go in, and check your body burden, and then help you chelate what had already dripped out and stored in your fat tissues? And I see that a lot in patients, where they're like, "Oh yeah, I had my amalgams removed." And then I'm like, you know, when someone says that I'm always like, "Oh, please tell me it was proper dentist." And then they say it was proper dentist, but then they no one ever followed up. So it's important that you understand that one, if you have them in your mouth, you've gotta see a biological dentist who understands how to prep you, and how to do it properly and protect you. They should be protecting themselves. And then you wanna work with a naturopathic physician, and you want to make sure that you're chelated out afterwards, so that it's truly out, and truly a thing you can put behind you.

Nafysa Parpia, ND

Right, and so then it's important to test. Well, is there still acute mercury or other metals in the blood? So just testing straight-up blood or urine, and then doing a provoked test to see if there's, what the body burden is. And that's gonna give us a sense of what's stored in... Actually, metals store in the cells of the organs and the bones, particularly kidneys, the liver, even the thyroid. And you're right, Sharon, people aren't testing that. And then it's controversial to treat that. Which we can talk, we could be a whole other topic.

Dr. Sharon Stills

Why, that would be controversial, kind of strange.

Nafysa Parpia, ND

Well, strange to me. It's an important thing to treat, as we see when, as we just talked about, when women have bone loss in osteoporosis, and when they're flooded with metals: cadmium, lead, mercury. Well, what do you do with that? We've gotta get rid of it.

Dr. Sharon Stills

And it's important also to think about that when we test, when we do the provocation, you know, it's like the gold standard, but it doesn't really give you, it's not like exactly, 'cause then you'll go in and start chelating. And often when you do another check, the levels can be higher, and patients will be like, "Wait, this isn't working." But actually it is



working. It's kind of like, we've now opened up Pandora's Box, and inviting your body to release, and this is a good thing. And I say this all the time, but heavy-metal detoxing, any kind of detoxing, it's not like a weekend event. It's not a, "I'm gonna do a five-day cleanse and get rid of my heavy metals."

Nafysa Parpia, ND

Exactly, it's a, you've gotta be in for the long haul.

Dr. Sharon Stills

Yeah.

Nafysa Parpia, ND

It takes a long time. It has to be done properly. We have to make sure those metals don't recirculate back into the system.

Dr. Sharon Stills

Exactly.

Nafysa Parpia, ND

Women and menopause are more susceptible to this, and it's, I think, such an overlooked thing.

Dr. Sharon Stills

Yeah, no, it's a really, really important topic. And it's why I wanted to do the summit, and not just talk about hormones consistently. Because hormones are super important and I love them, but you've got to do all the surrounding things. And these are the things, we wanna go through menopause, and we wanna live long, healthy, active lives. And so we can't do that if we're going through our transition, but we're bringing metals, and mycotoxins, and pesticides, and glyphosate with us. We have to be wholly looking at our bodies. And it's just gotten to the point where detox is, it's inevitable, it's not optional.

Nafysa Parpia, ND

I fully agree. And like you said, I wanna drive that point home, Sharon, to our patients, that it's not just a weekend thing. It's not like, you know, I love yoga, and a lot of yoga studios might offer, oh, your detox. Or the grocery co-op might offer that, but it's not



personalized. And it just touches the tip of the iceberg. You may not even be ready for that. I've seen a lot of people, they backfire from that, because their system wasn't bolstered, it wasn't prepared for detox. So there's a lot of personalization that goes into detoxification that's-

Dr. Sharon Stills

Well, let's talk about pre-tox, 'cause that's something you and I share a passion for that. You know, even before you get to the detox, you have to pre-tox, and what does that mean, and what does that look like?

Nafysa Parpia, ND

Yeah, so it means that the patient has to be ready to have that burden of toxins exited from their cells, exited, then exited out of their bodies. So now if somebody has constipation, for example, and you'd try to pull toxins out of the cells, then those toxins are just gonna recirculate. Or if somebody has consistent urinary tract infections, that's not a time to detox as well, because the toxins need to come out via that avenue. But if you're inflamed there, it, or if you have interstitial cystitis, for example, it's not a good idea to do it. If your hormones are not balanced, I don't believe it's a good time to detox as well. So there's a lot of preparation. Liver enzymes are often elevated in people, because they have a high environmental toxin loads. And then we need to support the liver first, because the organs of elimination are responsible for that load of toxins that are gonna come through, as we do the detoxification process. So I wanna make sure that all of your systems are supported and ready for this, or it can backfire.

Dr. Sharon Stills

That's such a good point to what you were saying about, you can go into the health food store and there's the five-day cleanse. But why do some people do it and not feel good? Because they haven't pre-toxed, because their liver isn't functioning, so they're stirring things up, but then they can't excrete them. And so we wanna think of it, you know, backwards. You wanna open up everything, you wanna, you wouldn't sweep the dust off the floor if you didn't first open the windows. And so-

Nafysa Parpia, ND

Exactly.



Dr. Sharon Stills

Pre-toxing is opening your windows, your eliminatory organs. And I think that's such a... I think we just so wanna jump in and do it, that we need to, like, take a breath, and know it's gonna take time. Just like our hormonal transition, and our hormonal life is a journey, so is detoxing and pre-toxing. It's a journey not to be rushed.

Nafysa Parpia, ND

Absolutely, such a good point.

Dr. Sharon Stills

What about Lyme Disease? What can you say to Lyme? That's such a huge... I think Lyme and mold is such a overlooked contributor to chronic illness-

Nafysa Parpia, ND

Yes.

Dr. Sharon Stills

in most fields.

Nafysa Parpia, ND

I'm so glad you asked that, because that's what I see in my patient population. So the immune system becomes more sensitive, as your hormones change in menopause. And so with menopause, there's an increase in pro-inflammatory cytokines, like Interleukin-1, Interleukin-6, and TNF-alpha. And then there's an increase in response of the immune blood cells. So these cytokines, a decrease in T and B lymphocytes, and a decrease in the cytotoxic activity of the natural killer cells. And so far our audience, what does all this mean, right? It's immunology, but it means that we're less able to recognize and fight infections. And on top of that, we're more inflamed, that's what all that means.

So really it's the bite you had 10 years ago from a tick, not necessarily that you just got bit last month, maybe you did, but more often than not, it's that old tick bite you forgot about; absolutely can't recall. So Lyme often appears in women after menopause, and childbirth, and we have more inflammation and stress in our bodies at the time of menopause, and more stress at the time of pregnancy. So all of a sudden, a woman can be in chronic Lyme when she's in menopause, and she's never had Lyme before. And so



because, so Lyme is an intercellular infection, and some are viruses, and so you need your natural killer cells to recognize that there's Lyme, or a virus. Well, if your natural killer cells are depleted, they help to kill sick cells, but also signal the rest of the immune system to kick in, you're not having all that happen. So now we're inflamed, and we have immune dysregulation. And if we have an old Lyme infection that your immune system has been able to keep in check, might not be able to now.

Dr. Sharon Stills

That's such a great explanation, and important because we tend to think like that, "Oh, well, I haven't gone bit by a tick." We don't realize the whole immune system, and keeping things at bay, and how things can resurface. So let's talk for a second about diagnosing that, because I think, in traditionals, so much gets missed, and the co-factors get missed. So how do you like to test your patients?

Nafysa Parpia, ND

Thank you for asking that. So a lot of patients will come to me and they say, "I've got these chronic symptoms." And they're describing symptoms of tickborne disease, and mold mycotoxins. And they say, "But I have a negative Lyme test." And I say, "Okay, let's retest this with a test that's a lot more sensitive." And the test is gonna look at what's happening today. So the Lyme test from the standard labs are not as sensitive. They're not looking at as many immunological bands, as say an IGeneX test is looking at. So I like IGeneX, but I also like Infectolab. Sorry, one second. So Infectolab is a German test, and it's looking at T-cells. It's looking at interfering Gamma and Interleukin-2. So what it's doing is it's taking your blood, and it's exposing it to Lyme and co-infections, which are Bartonella, Babesia, Ehrlichia, or a relapsing fever. And then it's also exposing it to concurrent infections.

These are viruses and other bacteria, that people who have Lyme, they tend to be more susceptible to these other infections. These include mycoplasma pneumonia, a Chlamydia pneumoniae, Epstein-Barr Virus, cytomegalovirus, HHV-6, HSV-1 and 2, the Herpes Simplex Viruses 1 and 2. And so it's taking the blood, exposing it to all these bugs. And if Interferon Gamma lights up, it means that you are fighting this infection right here, right now. If Interleukin-2 lights up, it means you've recently seen the infection, and you've got some inflammation left from it. So now we have a test at our fingertips, which can show us something actionable for you fighting this right here. Or is it just an old



infection? Which the antibody test will tell us that. So there's no more guesswork in my mind anymore. So I like to use that test.

Dr. Sharon Stills

Yeah, so, you know, that's a great test. And take-home message is there's so many different ways to diagnose disease processes, or toxins, that you really can't trust just a traditional MD or your primary care, who's not trained in these things. It's not to say anything bad about them, but if you're not trained, and you don't know how to look. Like, I'm sure you, I'm constantly studying, and learning, and finding new tests. And you know, my patients, "Nope, we don't use that test anymore, we use this test now." Finding a better test, more accurate tests.

Nafysa Parpia, ND

Oh, always, right? We have to stay on the cutting edge and keep learning, and keep growing, so we can offer that to our patient.

Dr. Sharon Stills

Exactly, so the message is, you know, find someone that, you know, if you are suffering from chronic illness, find someone who understands this, who can help you get through it, so suffering can be a thing of the past. And traditional medicine just doesn't have a lot to offer in that area, unfortunately.

Nafysa Parpia, ND

And I'd really say it's because traditional medicine is built on the acute model of care. So for heart attacks, broken bones, acute issues, it's great. We can rely on it, right? But then there's chronic illness. And in traditional medicine, we're trying to put the model of acute care on to chronic illness, and it just doesn't support it, absolutely not. Because now we're looking at immune dysregulation. It's not one-size fits all anymore, it's about your genes, how they're expressing. What's triggering the genes to express all of these things, that we've just been discussing. And so we need a new model of care, which is what we're discussing today, actually.

Dr. Sharon Stills

Exactly, I always say, you know, "God forbid you get hit by a car, don't run to me." You know, I might be able-



Nafysa Parpia, ND

Exactly.

Dr. Sharon Stills

to throw some homeopathics in and help you with your information. But, you know, go to Western medicine, that's where they excel. I mean, they do fantastic surgical things, and acute care, and, you know, they shine there. And so-

Nafysa Parpia, ND

Exactly.

Dr. Sharon Stills

So solutions, what are some, even easy tips, that women can institute right now, if they have heavy metals, if they have mold, if they're dealing with Lyme?

Nafysa Parpia, ND

Yeah, so speaking of Lyme, now about that, the symptoms of perimenopause and menopause can look like chronic Lyme, but I don't wanna go chasing that diagnosis, right? I wanna work on, you know, if once we've corrected the hormones, and maybe you're sleeping better and your mood's better, but you have the chronic joint pain, and you have these other mysterious symptoms, fibromyalgia, or you still have autoimmune diseases that, you know, Hashimoto's maybe, right? Or rheumatoid arthritis, or these unexplainable symptoms, that's when I want to go to the testing. But as for solutions, most of my patients have all of these issues. All of these issues we've talked about today: the Lyme, the mold and the mycotoxins, the metals. And my women in menopause have the menopause issues on top of all of that.

But I want everyone to know that there's hope, right? 'Cause we do this every day, right, Sharon? We give hope to people every day, and we work to turn our patients around. So I start by measuring the labs, start with diet and lifestyle. So, you know, an organic diet, maybe the person needs an autoimmune paleo diet, or a FODMAP diet, or whatever diet the patient needs. And we have to assess for that, I know you do that also. So really getting diet, lifestyle, right, stress management, sleep hygiene. And like I said before, most of my patients already have that set. They've got that, because they've been sick for so long. And they're still, even after diet, lifestyle, sleep hygiene, they're still not well. So



we wanna make sure this foundational support is there. Then I'm coming in correcting with bio-identical hormone therapy, not synthetic hormones, because the synthetic, as people have talked, I'm sure about synthetic hormones, versus bio-identical, so I won't repeat that. But then I want to, I wanna get the bone turnover stopping. So I'm treating that with different supplements, and testing, you know, testing with an N-Telopeptide, or a DEXA scan, to look at what the osteoporosis looks like. And at the same time, I'm pulling the heavy metals out of the patient, sometimes using chelation therapy when it's appropriate, sometimes not, sometimes that's not the right thing for the person. And I'm working on immune dysregulation with, I like to use peptide therapies for that. So now we're going into the things we don't do at home necessarily, on your own. But the things to start with are the diet, and the lifestyle, eating organic, and managing your stress. And then it comes to treatment.

Dr. Sharon Stills

Yeah, I think that's, it's the way I look at things too. When I first created my RED program, it was kind of like, what are the things everyone can do? The diet, the hydration, the sleep, the gut, the exercise, because sometimes when we just do those things, we get better.

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

And so we have to really layer, like you're saying, the foundation of those things, and then see what's left.

Nafysa Parpia, ND

Exactly.

Dr. Sharon Stills

Sometimes nothing's left, and you can just go on your merry way.

Nafysa Parpia, ND

Right.



Dr. Sharon Stills

And sometimes other things are left that are deeper, and we need to do deeper work with. But if we don't do the foundation, we just never know. We skip these important steps. You know, are you, do you have brain fog and fatigue because you're just not hydrated?

Nafysa Parpia, ND

Exactly, doesn't have to be Lyme, or mycotoxins, or the high glyphosate; it could be a lot easier than that. But if it's not, then we have to cast the wide net.

Dr. Sharon Stills

Yes, so I just think it's important to understand that there's so much you can do on your own for taking charge of your health, and the bio-identical hormones are a big piece. You can't do those on your own, but-

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

I won't even give bio-identical hormones to my patients unless they're doing everything else.

Nafysa Parpia, ND

Exactly, no, otherwise it's... They need the foundation of everything else, which is the diet and the lifestyle first.

Dr. Sharon Stills

Yeah, and I definitely see, 'cause I test for glyphosate all the time, that I'm sure you see it too, that if patients who have been eating consistently organic, their levels are so much lower than patients who aren't.

Nafysa Parpia, ND

It's true.



Dr. Sharon Stills

And so-

Nafysa Parpia, ND

Yeah, yeah.

Dr. Sharon Stills

You hear, "Oh, organic, schmanic, whatever," you know? But it really does make a difference.

Nafysa Parpia, ND

It really does, it really does. But then I also like to test, to see how much of the glyphosate, or the other toxins, are stored in the fat cells. So the metals are stored in the cells of the organs, but the glyphosate, and the mycotoxins, and the chemicals, are stored in the fat cells. So I give them, I have them do an IV glutathione, or oral glutathione for a week, every day, you know, and then provoke. So then I can get a sense of the body burden, because someone might say, "Okay, I'm eating organic and the glyphosate is low." And I say, "Perfect, your acute exposure's low, I'm so happy, and now let's just see if you've got a body burden." And sometimes, many times, they do.

Dr. Sharon Stills

Right, 'cause we all started eating organic debt at some point. Not many of us, I wasn't born raised in a household where we were eating organic, I was eating McDonald's.

Nafysa Parpia, ND

Me, too.

Dr. Sharon Stills

I was very sick.

Nafysa Parpia, ND

Right.



Dr. Sharon Stills

So that's a good point. So do you do a, just a, so you do a urine test for the glyphosate, and then you provoke them, and then you do it again?

Nafysa Parpia, ND

Right, or a lot of times I'm just provoking just to see what the body burden is, 'cause then it's expensive to do it both. Some people really want the data. So then I'll say, "Okay, let's do unprovoked and let's do it provoked." Some people, you know, if they don't wanna spend the money on both, I'd rather just have the provoked to understand the body burden.

Dr. Sharon Stills

Do you ever see anyone who doesn't have glyphosate? 'Cause I find everyone has glyphosate, and the lab says, you know, "It's okay unless you're in this high percentile," but I'm like, "No, it's not okay."

Nafysa Parpia, ND

No, it's not, especially because it's never just one toxin, right? So they might be at the 50th percentile of glyphosate, but then their perchlorate is through the roof, or their mercury is through the roof. So it's that added burden of all the toxins. If you're at 50th percentile of glyphosate, but you have a lot more than that 50th percentile, even 25th percentile means a lot.

Dr. Sharon Stills

I see perchlorate all the time.

Nafysa Parpia, ND

Yes, me too.

Dr. Sharon Stills

All the time, and it has such a negative effect on the thyroid gland, we see so much thyroid disease. And I think about also mercury creating autoimmune activity against the thyroid. So, so many issues can really, when we start going back and digging into the root cause, we really always end up at these. And we end up at these environmental



toxins, and we end up at stress. And so stress has many different variations, and environmental toxins is certainly one of them.

Nafysa Parpia, ND

Right, right. And then stress and inflammation, and then immune dysregulation, and hormone dysregulation, it all flows. But there's hope, I wanna always take it back to that, right, that we have answers for you.

Dr. Sharon Stills

Yes, there there's always hope, always.

Nafysa Parpia, ND

Always.

Dr. Sharon Stills

Always, I have seen so many patients over the years who are, you know, told they're gonna die, or there's no hope. And they go on to live long, happy, productive lives.

Nafysa Parpia, ND

Right, or they're told, yeah, or they're told, "You just have to live this way, you have to live with this pain. You have fibromyalgia, I don't know why. It's just the way it is, you're getting older." No, you don't have to live like that. We reverse that, we do. All the time.

Dr. Sharon Stills

So what would you say, spiritually, to the women going through this hormonal journey, as we wind down? You have such a beautiful spirit, and I know you work intuitively. And I just love to hear what you have to say about menopause, and what it means on our journeys.

Nafysa Parpia, ND

Thank you, you have a beautiful spirit too, Sharon.

Dr. Sharon Stills

Thank you.



Nafysa Parpia, ND

Yeah, I think a lot of women sometimes think of it as a time of loss for themselves. Maybe a loss of what they thought was a certain expectation of beauty. But you're even more beautiful, and I'm not being cheesy, I mean that, truly. Because now there's more wisdom, there's more wisdom accumulated, and you get to share that with the planet. You get to share that with the people around you. I have goosebumps, as I've seen it. That's beauty, you know? And I think as women age, that even the physical beauty shines, 'cause you're carrying that wisdom.

Dr. Sharon Stills

Mm.

Nafysa Parpia, ND

Knowledge, you gotta share.

Dr. Sharon Stills

That is beautiful, and I wholeheartedly, obviously agree. And I think about that a lot, sometimes I think women wanna reminisce about their lost youth, and how they don't have perfect skin, or don't have, they're not five pounds lighter or whatever, they can't fit into their jeans. And I kind of look back and think, "God, those were, some of those were, I know I needed them, and I know they were transformative, and I was learning, but that was kind of like wasted years." Like I was worrying about the wrong things.

Nafysa Parpia, ND

Yeah.

Dr. Sharon Stills

I wasn't honoring myself, I didn't love myself enough. And like-

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

What a great season of life this is.



Nafysa Parpia, ND

Yes, the season where we can actually come to self-acceptance, 'cause we've been through enough life, enough experiences. We've had a chance to get to know ourselves better.

Dr. Sharon Stills

Yeah.

Nafysa Parpia, ND

So we can carry that in the world. We walk in the world knowing who we are. And if we don't get that, that's okay, 'cause guess what? We're changing, we're constantly changing, we're used to that. And so to re-get to know ourselves, through all of these transitions, it's amazing.

Dr. Sharon Stills

A time to be curious, right? A time to be curious about who you are, who you're becoming.

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

Who you can be.

Nafysa Parpia, ND

Right. And to really increase your joy.

Dr. Sharon Stills

Joy is good medicine, if we could put that in a pill...

Nafysa Parpia, ND

I know, right?



Dr. Sharon Stills

And then we'd just be doling, then I would say, "Yes, there is a magic pill, take joy, one time capsule, three times a day."

Nafysa Parpia, ND

Right?

Dr. Sharon Stills

We could all retire, but unfortunately joy doesn't come in a capsule, we have to cultivate it from within.

Nafysa Parpia, ND

Right, but we've had time and experience. And it might be easy to say, I know some people might be listening and thinking, "Well, that's easy to say, I'm depressed." That's okay, we're here to work with you. We're here to work with you.

Dr. Sharon Stills

Exactly, yeah, exactly. And you know, that's such a good point, because it is easy to say. And there's been a lot of work that goes into getting to a place of that. And if you are depressed, and you've just been given an antidepressant, no one's really stopped to look at what's going on. And there's so many reasons you could be feeling depressed.

Nafysa Parpia, ND

Right.

Dr. Sharon Stills

There's so many reasons you can not be losing the weight you wanna lose. There's so many reasons you can feel anxious. And so, we're back to, there's always hope.

Nafysa Parpia, ND

Exactly that, always.

Dr. Sharon Stills

Yeah, yeah, it's just looking in the right places.



Nafysa Parpia, ND

Yeah.

Dr. Sharon Stills

And you know, not everything is physical. Some things are on the energetic level. They're on the vibrational level, they're transgenerational. They're in your issues, but you've taken 'em on from your ancestors, so there's so many. So if you're listening and you're not feeling good, whether it's emotionally or physically, I hope what you leave from this conversation, what you take away, is that there's hope, there's doctors out there like Dr. Nafysa, who's in the trenches like myself, that there's hope that we find solutions for you. You just have to sometimes dig a little deeper.

Nafysa Parpia, ND

Thank you so much. It was just so great to talk to you, Sharon.

Dr. Sharon Stills

Yeah, so, what a fun time. And thank you for all you do in the world and the work you do. I know you're up in Northern California, and I gotta get up there and come see you.

Nafysa Parpia, ND

You do, I can't wait, I know you're going to. You gotta come visit me, I'm gonna make sure it happens.

Dr. Sharon Stills

I would love it to happen.

Nafysa Parpia, ND

Yeah.

Dr. Sharon Stills

So I know you have a free gift that you can tell us about. And also where can women listening find you, where's your clinic, do you have a website? How can they learn more about you?



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Nafysa Parpia, ND

Yeah, absolutely, so the free gift is gonna be about how to pre-tox when you're going through menopause. So how to prepare yourself for detox when you're going through menopause. And you can find me at Gordon Medical. So on the website, it's just that, Gordonmedical.com. And we're in the San Francisco Bay area.

Dr. Sharon Stills

Wonderful, wonderful. Well, thank you, thank you for being here. And thank you everyone for listening. And you know, we're here to support you. So if you are struggling with chronic illness, we know it's not a one-trick pony. So reach out, get the support, we're here to help.

Nafysa Parpia, ND

Yes we are, thank you, thank you so much, Sharon.

Dr. Sharon Stills

Thank you, we'll come back soon. Blessings, everyone.

Nafysa Parpia, ND

Blessings, bye.