



EnergyMD Podcast

Episode 54:

Could Mast Cell Activation Be Causing Your Fatigue? With Beth O'Hara , FN and Evan H. Hirsch, MD

[00:00:00] **Evan H. Hirsch, MD** Hello and welcome to the FIX YOUR FATIGUE podcast. Whether you can't get out of bed in the morning, your energy crashes throughout the day, or you're a biohacker looking to optimize your energy, productivity and focus. This podcast is for you. I am Dr. Evan Hirsch. And I will be your host on your journey to resolving fatigue and optimizing your energy. And we'll be interviewing some of the top leaders in the world on fatigue resolution. Welcome.

Hey, everybody. Welcome back to the energy MD podcast, formally known as the fix your fatigue podcast. Where we're on a mission to help a million people increase their energy so they can have more fun and be more successful in every aspect of their lives. So I'm really excited today, cuz we're gonna be talking with my friend Beth O'Hara and we're gonna be talking about mass cell activation syndrome. So if you feel like you're sensitive to a lot of things. Foods, inhalants, whatever. And you feel like you're just reacting to everything, stay tuned, cuz you're gonna learn a ton about what might be going on for you. So let's learn a little bit about Beth. So Beth O'Hara is a functional naturopath and functional genetic analyst. She has a doctorate in naturopath, specializing in functional naturopathic approaches and a master in marriage and family. She has over 10 years of experience working with hundreds of clients with mass cell activation syndrome, mold toxicity and related conditions like chronic fatigue to unlock the keys to their health mysteries and support their healing journeys. She has been through the journey herself going from bedridden in excruciating pain and unable to function to living of. Full and joyful life by addressing the underlying root causes. Her mission today is to empower those struggling with sensitivities and significant chronic illnesses to reclaim their own full potential through individualized precision approaches, Beth saying, thanks so much for joining me today.

[00:01:56] **Beth O'Hara:** it's so good to be with you. And I'm excited to share this with your, your community, because I find that this can be a game changer for people when they start to realize how, what we're gonna talk about, connects the dots and gives them another roadmap for how to get through these things. And on the other side, which is what we ultimately want.

[00:02:14] **Evan H. Hirsch MD:** I agree so many people who have low energy and fatigue also have lots of sensitivities and a lot of them have multi MCAS mast cell activation syndrome. So let's get started. Talking a little bit about your story. What brought you to, um, MCAS can we just call it MCAS or is there a better way to, should we say mast cell? What would you like to call it?

[00:02:33] **Beth O'Hara:** MCAS is great. Let's do that. Okay.

[00:02:35] **Evan H. Hirsch MD:** Let's call it MCAS. Yeah. So what brought you to MCAS

[00:02:38] **Beth O'Hara:** a, well, it, for most of us that are living this kind of mission based practice where we have. You know this passion and we're trying to take this darkness we've gone through and help other people through it faster. That's my own experience. And I started having health issues as a child. We moved from, um, a small town into the country, which seemed like a big adventure. It was fun, but, uh, we moved into an old farmhouse. So I know your wheels are already turning, um, was playing outside all the time. Got lots of tick bites that old farmhouse had visible mold, which most people don't ever see visible mold, but there was so much mold. It was visible. You could see it. And it was, my parents were rehabbing it as we were there. And just starting about two years in having weird health issues. Other kids weren't having those kind of health issues. Uh, about that same time I was kicked in the head by a horse. So I had a traumatic brain injury as. And I didn't have a great recovery from that. I started setting in with a lot of anxiety. I had severe chronic pain from the injuries, but I was a kid, you know, I didn't know it was normal. I just kept checking along. I didn't have the energy though, to be athletic. Like other kids I really wanted to be, didn't have the coordination. I, um, didn't have the stamina. And I remember even around age 12, I decided I was gonna train myself to run and I was trying to run. And then I was getting this exercise induced asthma. And so running was off the table. And things just kept snowballing. I mean, I was in a car accident when I was 16 and the fatigue after that was crushing, I could barely move. I could barely get out of bed. Being in the country, it was an hour bus ride to school and one way, and, uh, that meant I had to get up even earlier than other kids. And I remember just whipping myself to get moving and to get dressed and to try to make it to the bus on time. And then. I, I kept going and my big dream was to go to medical school and I was a very geeky kid. So what I wanted when I was 16, the most was Grey's anatomy. And I was out, uh, finding bleach skeletons and bones, animal bones, and wanting to reconstruct them and out how they all fit together. You know? But when I was in, uh, college, I really burned the candle at both ends. I was working three jobs. I was teaching at a tech school when I should have had a master's degree and I didn't have a bachelor's yet. I just lucked into the job. And, uh, I was taking graduate level courses, doing independent study. Too much, which I know a lot of people listening to this are over achievers and can relate to that, which is why I wanted to share that piece. And I just totally crashed. And it was my junior year in college. I could not get outta bed. I just couldn't get up. I had multiple scholarship offers to med school, Dr. Evan and I had to turn them down. Um, it was devastating. It was just, I had no backup plan. There was nothing else that was gonna do with my life. I mean, there was no other option for me, but I knew that even if I made it through the courses, which I already knew enough about the course load, that it was gonna be grueling. I would never make it through an 80 hour a week residency. So instead of getting to go and I would go into neurology instead of going that route, I, uh, I did finish out my bachelor's in physiological psychology, so I still got to study something in that area. And then I had to become a chronically ill patient. And I went from doctor to doctor, to doctor I've had severe fibromyalgia, um, to the point that I'd be in tears. And I have pretty high pain tolerance. I mean, I've broken my spine and I know what pain is. Hmm. It was horrible pain. And I had this severe fatigue, brain fog, anxiety, panic attacks could get, and it just kept going downhill couldn't function. By the time I was 28, my friends were out still clubbing, you know, and going to school, the ones that hadn't had kids yet. And I was wearing orthopedic shoes and barely hobbling hobbling across the house with a cane. Hm. Um, just debilitating, severe joint pain. It was like walking on ground glass, looking back. What we know now is that house was full of mold and I had all these tick bites and I had lyme. I had babesia I had bartonella. I also had severe oxide issues and that was what was causing the ground glass pain in my joints. I exhausted everything traditional medicine had to offer. I started finding alternative healers, holistic healers, homeopathy. I tried shaman work. I, I was told I was crazy so many times that I did 10 years of therapy, which was helpful, but it didn't fix the fatigue and it didn't fix the pain and it wasn't in my head. and I also share that part because it breaks my heart, but I hear that story week after week after week in my own practice.

I know you hear that where people are told, well, your, your blood work looks perfectly fine. You look healthy, you should be fine. And yet I had to use the scooter at the grocery store at 28. So long story shortened here at the end. Uh, I started figuring out first histamine intolerance. and my sleep started getting a little bit better, severe fatigue. I didn't, I did not, or severe insomnia. I didn't sleep for four years and doctors told me you can't go more than a week without sleep. Well, that's not true. You can survive for a very long time without sleep, but it's horrific. So I, uh, figured out the, histamine intolerance of all kinds of other stuff, the head injury things I'm wearing orthodontics because I had. I had airway issues that were affecting my sleep. And, uh, so back then I wore an appliance. Now I'm getting the close structure corrected, and then I figured out the mold toxicity and that was huge game changer. I already knew I had lyme. I knew I had bartonella, babesia, but I couldn't tolerate any treatments. Everything. I tried made me worse and I became so sensitive that I couldn't even do sprinkles of quercetin, which should help the mast cells. I couldn't handle a little curcumin that gave me, uh, worse inflammation when it should have helped the inflammation and, uh, got to where it was down to 10 foods. But figuring these pieces out, figuring the nervous system, dysregulation out, putting all of that together. I got my life back and then in my thirties, I got to go back to graduate school and, uh, get a master's in marriage and family therapy and naturopathy and, and build my practice. So I'm on the other side of it. I can wear heels. I don't hurt myself or wear stilettos, but I can wear cute shoes. I can go hiking. And, um, two or three miles, four miles, which is a huge deal for me. Um, I can go dancing for a couple hours and, um, I share that part too, because I have so much joy and gratitude for having my life. And, and I, I work full time. I have my brain back. I work on extremely complex cases. They require a lot of concentration and other people can do this too. That's why I like to share my story is because I think it. I I not to talk about myself, but because I think it brings hope and it lets people know there is another side to this, and there were many years where I didn't think I had, I would ever have a life.

[00:10:50] **Evan H. Hirsch MD:** Wow. Yeah. Thank you. So, so much for sharing that story with us, because it absolutely gives people hope. I'm so glad that you got better. I'm so, and it's such a blessing, the work that you're doing with people.

[00:11:03] **Beth O'Hara:** Thank you. It's, it's a blessing to be in a position to do it right. And that's what drives me, right? Because I, I was lost. I didn't have anybody to guide me. I was told over and over was the most sensitive person practitioners I ever met. It was the most complex person, most complex case. And these were like the top functional medicine doctors, you know, in my area, we didn't have how telehealth back then, but, you know, To, to, to be there and know how lonely and scary that is. And then to be able to go, let's get people through this faster. Let's get people through this easier. I spent over \$350,000 trying to figure this out.

[00:11:45] **Evan H. Hirsch MD:** True.

[00:11:46] **Beth O'Hara:** That's not necessary. Let's get people through this in a way that's affordable. So we have a method now and we have a way that we can guide people through it.

[00:11:54] **Evan H. Hirsch MD:** Brilliant. Yeah. I wanna hear all about that. Let's but let's start off first. Make sure we're all on the same page. How would you define MCAS or mast cell activation syndrome?

[00:12:05] **Beth O'Hara:** Well, let's talk about how I would define it. And then we'll talk about what the, uh, proposed criteria is.

[00:12:10] **Evan H. Hirsch MD:** Mm-hmm

[00:12:11] **Beth O'Hara:** I define it as mast cells being dysregulated, and in particular, they're gonna be in at least two systems of the body.

So that might be GI symptoms and skin symptoms. It could be somebody has acid refl and, and issues with diarrhea, constipation. They may have abdominal pains. They may get itching, flushing. Uh, some people get hives. Some people don't have those skin symptoms at all. It might be brain symptoms with the brain fog, the insomnia. Anxiety, depression. It may be the, um, heart palpitation. So that's still really the nervous system. That's real common, low blood pressure is really common. There are hundreds of symptoms that have shown up, correlated with mast cell activation syndrome. So before I even go into a little more, I wanna talk about why that is it's because the mass cells are these frontline defending cells of the immune system and sensing cells. So they're sensing with receptors, everything that's happening, inside our bodies, outside our bodies. So every molecule of air. every chemical in that air or mold toxin in that air, every pathogen, every hormone, every neurotransmitter, all of these things that are occurring. Every particle food, we eat, everything we swallow and their job is to sense it, to see if it's safe and if it's not safe. Then their job is to sound the alarm and use chemical messengers, like cytokines, other types of chemical messengers to call the, when you think of the army in or the fire department or the police department to help managing control what's happening. So they're gonna respond to allergens. They're gonna respond to infections. So they respond to injury and they're really important in injury recovery. They're quite important in our bodies. We can't survive outside of a bubble without them, uh, but they get a bad rap. So it's often, you know, you, you might read about mass cells just being this major problem cell, but they're not, they're very critical. Just like the police department, the fire department, you don't wanna live in a city without those. You need those there

[00:14:27] **Evan H. Hirsch MD:** mm-hmm

[00:14:28] **Beth O'Hara:** but what's happened is we have been exposed to such an onslaught of chemicals, EMFs, this huge heightening of mold epidemic. This increase in infections like lyme. Um, even our current pandemic that we've been dealing with for the last few years, all of these things are bombarding our mast cells at a rate that we've never had before in human history. So mass cells, just like a guards of a castle gate or security guards should be standing on duty and then they should be able to get a break. Now what's happening is our mast cells are on, on duty and fighting 24/7 for years and years and years. So just like a person would get wonky if they didn't get to take rest, same thing's happening with the mast cells. So they get dysregulated. They have over 200 different types of receptors. So that's what makes them so flexible in terms of what they can sense, what they can experience and respond to. And then they have over a thousand different mediators. So far that have been identified, which is. Huge amount, not many cells have that much flexibility and adaptability to respond to what's happening, the best known of those receptor or those, uh, mediators inside is histamine. A lot of people have heard of histamine. Some of the other ones that are commonly known are tryptase. Cytokines make all kinds of cytokines. So they're involved in things like cytokine storms and they re can release those selectively depending on what's going on. So you have an injury, there's certain things are gonna be released for injury repair. You get a splinter and you don't get it out. and it's getting bacteria in there. You start to get an infection that's gonna have other types of meters are released. Then they're gonna call other immune cells in to work there. If you have swallowed, uh, a food that's not good for you or maybe a food that's actually gone bad, they're gonna be involved in helping you purge that uncomfortably, but purge that so you can get a sense of this flexibility with them. Now they are in almost every tissue in the body except the retina. So that means they're in the skin. They're everywhere. We meet the outside world, the sinus blinding the whole GI tract from the mouth all the way down the lungs. They're in the bladder. They're in the inside the ear, you know, lining them the ears, this tissue around the eyes, they're in the brain, they're in the heart, the muscles they're made in the bone marrow and they migrate out of the bone.

So coming back around to what is mast cell activation syndrome? These cells are dysregulated and they're over responsive. So now they're responding to things. They they've lost their fine tuning. So it's like they don't have good targeting anymore. So instead of shooting just at the enemies, they can't tell the difference between the enemies and the butterflies. So that food, that should be just fine. And I've had people who had severe reactions to carrots, to broccoli, things like that. You wouldn't think of that should be okay. They can start targeting those kinds of things. And because they have over a thousand different mediators, the type of symptoms that you get are gonna be dependent on which receptors are dysregulated, which mediators are being released, which mast cells and which tissues are affected. And that's, what's made this so confusing. It's taken so long to be officially recognized, cuz it was only diagnostic code assigned to it in 2016. But it's been in theoretical phases for a few decades and was kinda poo-pooed for a long time. Um, but when I first saw this, I said, oh my gosh, my whole life makes sense now.

[00:18:41] **Evan H. Hirsch MD:** yeah. So, so then it sounds like the mast cells are just reacting to all these things in the body that aren't supposed to be there. Is that like a short way of saying it?

[00:18:51] **Beth O'Hara:** Well, the normal functioning is the mast cells will react to things that shouldn't be there and normal functioning even might include like, um, seasonal allergies. But that's not mast cell activation syndrome. mast cell activation syndrome is when the mast cells are reacting to things in ways that they shouldn't be

[00:19:11] **Evan H. Hirsch MD:** mm-hmm.

[00:19:12] **Beth O'Hara:** either to things that shouldn't elicit a response or there's a over response. Another example would be everybody gets a little swelling when they get a mosquito bite. And if people have skin involvement, those mosquito bites might get quite large. Now for somebody without mosquito, without skin involvement with mast cell activation syndrome, that might not be what gets them. It might be something they're eating or something they're inhaling, or they're smelling super sensitivity to things like paints. Gasoline, perfumes might see it show up like that.

[00:19:46] **Evan H. Hirsch MD:** Mm-hmm

[00:19:47] **Beth O'Hara:** because there's so many variety of symptoms. We made a symptom survey. Available for free it's on our website. People are welcome to go there. Then you just total up the number of symptoms you have closer at a 50 or above. The more likely you should take a look at this.

[00:20:04] **Evan H. Hirsch MD:** Nice. And so then how common is MCAS right now?

[00:20:09] **Beth O'Hara:** The population studies. I'm glad you asked that this is why people need to really pay attention. The population studies have shown that we're looking at the low end at 9% of the general population up to potentially 17%. Of the general population. So we're talking least around one in 10, could be one in nine, one in 8.5 people. It that's the general population and people with chronic illness, mass activation is a multisystemic inflammatory condition. If there's inflammation going on in the body in two or more areas, there's gonna be mast cell involvement. And that's how I look at it. So when we're looking at chronic illness. Whether we're looking at autoimmunity, or looking at chronic infections, we're looking at mold toxicity. There's likely some mast cell involvement. And that is probably affecting when I've talked with other colleagues who specialize in this area and we're thinking bare minimum, 50% of people with chronic illness, probably more around 75 to 90% of people with chronic illness are dealing with this. Mm-hmm

[00:21:21] **Evan H. Hirsch MD:** And so then you kind of talked about it a little bit, but how does this compare with chronic fatigue, chronic fatigue syndrome, cause symptoms are similar, lots of different causes. Um, what would you say?

[00:21:35] **Beth O'Hara:** Chronic fatigue is really a manifestation of what's going on underneath and. To look at chronic fatigue, along with mast cell activation, we have to look at a few different pieces of it. One is the nervous system side, which I know you talk about quite a bit as well. And mast cells are an integral component, really of the nervous system. We don't think about them as being nervous system. I know my courses, we were taught. Here's the nervous system. Here's your immune system. These are different courses. And then if you wanna study psychology that's campus over there. but this isn't really how we work. And our mast cells line, every nerve ending, every nerve sheath they're in the limbic system, in the. You, you can't separate the, the nervous system and the mast cells. They're really the interface of the nervous system and the rest of the body. Way that's important in chronic fatigue is that when we've reached a threshold of too many chemicals or different kinds of toxins, mold, toxins, whatever it is. Heavy metals, too many pathogens, too many infections. Doesn't matter what viruses we're talking about. Bacterial load parasite load. We, we cross the threshold. And or stressors, which is one of the things that just as a whole in healthcare, we're not addressing enough, but this can be either early traumas. It can be those daily stressors. It can be toxic people to find a lot of people with chronic illness have toxic people in their lives. All of these things put us in a state of not being safe. And the limbic system and other parts of the nervous system are monitoring for safety. Mast cells are monitoring for safety and they work together on that. In chronic fatigue. There's at least in the cases that I've worked with, people can look back and go. There was some kind of event. So I had a car accident. It was like, boom, but it wasn't the car accident. It was the years of mold exposure. It was the tick borne infections. It was the earlier head injury, everything lined up and that car accident was the straw that broke the camels back. So, what we're really talking about is the framework that was developed by Robert Naviaux and was first published, I believe around 2014 called cell danger response. And that is where we cross this threshold and our body goes into lockdown mode. And survival mode and it's really a healing response. And it's a way to protect us from the pathogens, the chemicals, the stressors, the abusive people, or whatever it is that's triggering. So that's why knowing the root triggers are so critical for people to come out of this. And. In that cell danger response, you're going to get this uptake uptick of mast cell activation. You get an increase of histamine production, you get reduction in methylation. So all these people have methylation issues. This part of that lowered vitamin D status. Cell membranes harden, all of that's protecting us because certain pathogens will hijack the methylation process. Certain pathogens will hijack vitamin D production they'll, uh, enter the cells. So the cell membranes harden, I say that I know I'm weaving a lot of things together, but I'm, I'm bringing it. I promise. Um, because so many people who are dealing with these things keep hitting brick walls with trying things in the wrong order. They're trying to hit methylation too hard too soon when the body is actually, this is, there's an intelligence to why methylation is not working. Some people are really reactive to vitamin D other people can take it just fine if they can. It's great. But if you keep reacting to vitamin D don't keep hitting yourself in the head. There's a reason. You're not responding well to vitamin D there's a protective reason, fatigues, the same thing, fatigues part of that cell danger response to make us conserve resources. And this is a huge mistake I made when my fatigue was coming on and I was burning. The candle both ends. Working the three jobs and pushing myself beyond my skill level to teach these courses that were, you know, a little dicey for me to be in there teaching. Um, and that was so much stress. And my body, I hit that fatigue wall, cuz my body said. No more, you, you can't be running around doing all this stuff and we're still fighting off mold. I didn't know. At the time we're fighting off these tick born infections. I didn't know. At the time you, you can't scatter your resources so widely.

And the other piece that I find that happens with fatigue, is that the limbic system has the set point for energy levels. And there's plenty of studies that looked at athletes who were professional level athletes. And when they would hit that, uh, Very end of what they could do. Then in the studies, they ran all of these different tests on lactic acid, mitochondrial function, all these things to see were they really, truly out of energy and they weren't, they always had a reserve tank left. And evolutionarily, that's great because if you just outran a bear and then there's a saber tooth tiger, you better have a reserve tank

[00:27:20] **Evan H. Hirsch MD:** mm-hmm

[00:27:20] **Beth O'Hara:** to, to, to make it out of there safely. And then the limbic system, if we push beyond that repeatedly will set that, set point lower like a governor, and then we can't go beyond it without having a lot of fatigue and then it'll set it lower and lower. And this is where people end up, like I did where they're bedridden and just getting out of bed is too exhausting. It's not that the gas isn't there so that the nervous system and this mast cell access with it are saying, you can't keep going. You have to heal and rest

[00:27:53] **Evan H. Hirsch MD:** mm-hmm.

Thank you. That was a great explanation. Okay. So let's talk about some of the causes of mast cell activation syndrome, which I would imagine are also some of the causes of fatigue.

[00:28:06] **Beth O'Hara:** Definitely. And again, we're with this framework of a cell danger response. So in that we just get based on our genetic makeup and what kind of environmental load that we've taken on different expressions. Of the same kind of thing, but the root causes are the same. And one of the biggest ones that I see over and over and over, I hope people stay really open to and take seriously is mold toxicity and of the hundreds and hundreds of people we've had come through the clinic. We have very rarely seen anybody with the kind of health issues that we deal with. Not have some level of mold load

[00:28:49] **Evan H. Hirsch MD:** mm-hmm

[00:28:50] **Beth O'Hara:** of mycotoxin load. Now that's not to say that's the only issue. But that's a core one nervous system. Dysregulation is big and that can be triggered by mold toxins. It can be triggered by to traumas. You can be triggered, uh, quite frequently by tickborne infections, particularly bartonella. And we see quite a lot of Lyme, most frequently Lyme, and bartonella sometimes babesia. Sometimes we'll see chemical toxins, uh, particularly if the water's not being filtered with RO. And I see people with all kinds of super expensive filters and I still test their chemical toxins. And it's amazing what we see come back or the RO, um, Filter may have failed. So checking those chemical toxins can be really important. EMFs can be a trigger for some people. Some people don't seem highly affected by them. My husband can sit in a room with a router and be just fine. And I'm all hardwired here. I don't use wifi. Um, I'm quite sensitive to them. So we have to see what's happening there for people, but even things like having. The smart meter on the other side of the bedroom wall, living near a cell phone tower. Sometimes these things can really affect people for quite some time.

[00:30:10] **Evan H. Hirsch MD:** Mm-hmm

[00:30:10] **Beth O'Hara:** we do see a lot of metals, but part of cell danger response is to store those metals in the tissues. Because again, many pathogens will use those metals also to replicate. So we keep 'em stuck in the tissues. So that's gonna keep people from excreting them once we deal with the core pieces, which in our method and the MC 360 method that I've developed is nervous system dysregulation, mast cell stabilizing, address mold, address tickborne infections, if they're a, an issue. And we generally do them in that order, most of the time people will start excreting the metals on their own.

And it's quite easy to get rid of them, but super sensitive people can't detox metals early in. It just, it it's so triggering for them. It's so it's so harsh. Um, those are the, the biggest ones we see. There's certainly lots of other triggers that can affect people. And there are other downstream things that we see things like we see a lot of hormone dysregulation, a lot of cortisol, dysregulation, HPA access issues that are being triggered by these root causes. And then those can further create more mass cell activation.

[00:31:31] **Evan H. Hirsch MD:** Mm-hmm . So let's talk about the, the sensitive person. Who's not sure whether or not they have mast cell activation syndrome. So how do they know?

[00:31:43] **Beth O'Hara:** That's a good question. One I'd highly recommend just doing the free symptom survey on the website. It's easy to find it's under the menu. It's a symptom survey

[00:31:53] **Evan H. Hirsch MD:** and that's mastcell360.com.

[00:31:55] **Beth O'Hara:** Yes. Yeah. Then the other thing is, think about, are you having sensitivities pretty quickly to an exposure? This isn't everyone with mass cell activation. But if somebody is sensitive to foods within about 15 to 30 minutes of eating it, if, or sometimes it's with, as soon as it goes in a person's mouth, I've worked with people who would have reactions as soon as they smelled something. within seconds. And it used to be thought that mast cells couldn't respond that quickly. It's now known that mast cells can respond within fractions of a second. Hmm. So we're not making it up. Um, too many people have been told they were making it up, but they're not. And that that's happening through the nervous system. So you can have food, a smell of food. It's detected body olfactory. Cigna goes to the limbic system limbic system through the nervous system can tell the lower GI that there's danger and you're running to the bathroom with diarrhea within less than a second.

[00:33:05] **Evan H. Hirsch MD:** Mm-hmm

[00:33:05] **Beth O'Hara:** um, that's an example of how it can show up. If people have a lot of sensitivities to foods to supplements to chemicals, I would definitely take a look at it. There was a great paper that just came out was co-authored by Dr. Tania Dempsey. Who's somebody that I follow. And, uh, as a colleague of mine, I have a lot of respect for her and it was all on the connection between mast activation, multiple chemical sensitivities, and, uh, the correlation. We don't have causation yet, but it, it showed correlation very strongly.

[00:33:37] **Evan H. Hirsch MD:** Mm-hmm. Excellent. So then in terms of healing from this, or in terms of dealing with some of these sensitivities, um, you talked a little bit, can you tell me again, was that four steps or five step process?

[00:33:51] **Beth O'Hara:** Yeah, we, so our method is we start with nervous systems. We start with the, the process called stabilizing. Okay. So we have a whole step called stabilizing in that stabilizing step. We're calming the nervous system. We're calming the mast cells and we're identifying triggers. And then any of the triggers that we can manage, it might be those Glade plugins that have all the immune disrupting. Fragrances, you know, it might be personal care products. It might be the cleaning products. Uh, for some people it can be food triggers. So we're looking at, are you triggered by histamine? A lot of people, mast activation are, but not everybody is, are you triggered by solicitate oxalates lectins. We're looking at those kinds of categories, fodmaps.

How do we find a way to eat that is not triggering, but yet still, very inclusive of as much nutrients as we can. Just to me, we whittle, whittle, whittle down like I did to 10 foods and that's not healthy. So how do we keep this really open, but not have constant triggering. And then we're especially looking for environmental mold in that stage and making sure that we're not having significant environmental mold exposure looking at managing EMFs. So once we're a little stabilized, we've gotta bring this just hypervigilant, hyper alert hyperresponsive system down a few notches to be able to address underlying mold toxicity, pathogens, and so on. Then we can start going through a very gentle detox process. So we do that step by step by step. We've gotta make sure we've got regular elimination, so we don't have constipation. We've got good water consumption so we can flush the toxins and the kidneys. Then we're gonna move into binders, gentle liver, lymph supports. And then if somebody needs them, like they have mold colonization, they have Sebo, we move into the antimicrobials. Many supplements. Many people have also failed. They failed supplements because either they were done in the wrong order for them, or they were too high dose for sensitive people. Or they had mast cell triggering ingredients in there. And I see that in a number of the antimicrobials things like cinnamon and clove or histamine liberators, sometimes that can trigger some people that are dealing with this issue. They're great supplements for the right people, but we've gotta get the right things in the right order for people. And then there's some excipients that can trigger people. So those inactive ingredients or preservatives dyes, titanium dioxides of mast cell trigger for the gut. That's in a lot of even really high quality brand supplements. It's a whitener. And to see things like potassium, sorbate sodium benzoate. So we're carefully checking everything. That one, we check everything the person's already taking and then every recommendation to make sure there's no mast cell triggers in there.

[00:37:00] **Evan H. Hirsch MD:** Nice.

[00:37:00] **Beth O'Hara:** And then after that we can clean up what's remaining. We may have to support the adrenals along the way. We may have to balance hormones along the way. We may have to support digestive enzymes, those types of things.

[00:37:12] **Evan H. Hirsch MD:** Okay. And so it sounds like step one is like not supplements. It's more like, um, lifestyle modifications, removing things out of your environment, coming your nervous system. What sort of tips or what sort of things are you doing?

[00:37:28] **Beth O'Hara:** We do do mast cell calming supplements. If somebody's ready for supplements in that phase one as well. So some of my favorites, there are things like, um, for the most sensitive baking soda by carbonates modulate a mechanism called cert two, that then can trigger inflammasome production that trigger mast cells. So baking soda for a lot of people is very calming. I can get that on board for about 98% of people. Now I have people come into practice who can't take can't drink water. So if 98% is phenomenal in our practice, um, I love perilla seed extract, baicalin and Chinese skull cup extract. Some of these are some of our top just vitamin D. If people tolerate it is mast cell stabilizing. So we have a whole. Um, selection of those. Some people do better with homeopathics. We can start with some of the homeopathics that are stabilizing on the nervous system side. Everybody does both limbic and vagal work. And I see that many people will want to do one or the other. They'll wanna do a limbic program or they'll wanna do something vagal, but we have to do both because they're both monitoring for safety. And if we just reboot the limbic system, the vagal nerve will take over. In that hypervigilance and vice versa. So limbic work, Annie Hopper's DNRS is wonderful. Asha Gupta's Gupta program is wonderful. They're both great. Some people feel more resonance with one or another, the vagal nerve side has to go deeper than in, in my world anyway, gargling and, and swallowing and yawning. Those are great, and people should do those, but we can get even more targeted in terms of, uh, specific exercises. Stanley Rosenberg describes some wonderful exercises for releasing the vagal nerve.

It's um, he has a book all on that and we can do things like brain tap. If somebody doesn't have sound sensitivity, we can do things like acupressure points for the vagal nerve people can do on themselves. Emotional freedom technique. Kinda is this nice combination of vagal and limbic do a little of, get a little of both with those. So there's just a few of the things that are in our toolkit. People might start with safe and sound program is really wonderful for the vagal nerve, if somebody's not extremely dysregulated.

[00:39:58] **Evan H. Hirsch MD:** Brilliant. And so then, um, So then you're going into supplements. So I find that sometimes going topical with supplements can help. What other tips do you use for folks who are more sensitive when you talked about doing some like gentle detox or binders? How do you get a binder into somebody? If they're more sensitive?

[00:40:19] **Beth O'Hara:** Yeah, this is one of the areas that we really specialize in. We don't get a lot of easier cases where people can start off with three capsules of charcoal and they're good to go.

[00:40:31] **Evan H. Hirsch MD:** Mm-hmm

[00:40:31] **Beth O'Hara:** we, we get the people who they had trouble with a half a capsule of charcoal. So one of the ways I put people in three categories, they're they're easy. and we don't have many of those cases. They're usually family members of, you know, the sensitive people. We have sensitive people and then we have super sensitive. So it depends on which category they're in. So I'm gonna talk about those sensitive categories. If somebody's just sensitive, they're gonna open the capsule. They're gonna put a few granules. Of the charcoal or whatever binder we're working with in water, that might be the equivalent of four or five granules of sand. That's small stir it. You're gonna sip it through the day. For most people are sensitive. That's gonna work. The reason we go that slow is twofold. It's not gonna do a whole lot biochemically. Although I have had people detox, just on that microdosing and that's as high as they could go. So it will work, but also slips under the hypervigilance of the limbic vagal mast cell axis. So it's kind of like if they're beefed up Arnold sorts and guards at the door, you can slip a little mouse under undetected. For people in our super sensitive category that may actually be too much. And so if we feel they're ready and they usually there's more to be done to shift them out that super sensitive, we usually get people outta super sensitive to sensitive, not always sensitive to easy, but. Sensitive, you can work with super sensitive. You can shift out of, um, if they're super sensitive, they may actually start with a couple granules in that water. They stir it. Take an eye dropper. We're making almost a homeopathic solution. Then they're gonna take a few drops. So the eye dropper and put it in another glass of water. And stir it. So they have such a tiny dilution. A lot of times what's going on is a limbic system. They've had so many bad experiences with medications, with supplements. They're terrified to try them and the limbic system's not letting them, and it's very suspicious. So we have to get to this place of safety and then they may even hold that water with their super diluted solution and do limbic work around that and holding that water that this is safe. We work a lot with our super sensitive people and developing a sense of deep safety.

[00:43:03] **Evan H. Hirsch MD:** Wow. Yeah, that's some great ideas. Yeah, we do. We see a lot of that in fatigue as well. Um, you just, you gotta go slow. You gotta start low and you gotta go slow so well, wonderful. That's all the questions that I have. This has been really amazing. I so appreciate you taking the time to, to share this with us. And so how, what's the best way for people to get ahold of.

[00:43:31] **Beth O'Hara:** Oh, thank you. Well, we have our website with a lot of resources, mastcell360.com. So it's M as in Mary, A S T as in Tom cell 360. Tons of blog posts, we have Facebook lives most Mondays at two o'clock.

People can find us on Facebook @mastcell360. We have courses, people can start to step themselves through the method. And then if they want one-on-one help, we have a clinic, we have an amazing nurse practitioner. And, um, she works through the method. She's been through all this herself. She's experienced all of it. And then I also oversee every case. So they get two practitioners on their case, which is a wonderful thing for people with complex illness, you need, you need multiple eyes on a case when you're dealing with a lot of complexity.

[00:44:21] **Evan H. Hirsch MD:** Absolutely. And it sounds wonderful and you have a free gift for our, uh, community and we'll put the link below. And what, tell us a little bit about the MCAS genetics link.

[00:44:33] **Beth O'Hara:** So this is for our health geeks. Um, if you love genetics and you wanna get into the genes that can be involved with mast cell activation from a genetic root cause kind of standpoint, I step through all kinds of genes that people might, may not be familiar with, including the sirtuin genes that I just mentioned. Um, it'll talk about how methyl. Just DAO and HNMT so people can dig into that and it'll give them all kinds of fun info to geek out on.

[00:45:07] **Evan H. Hirsch MD:** Wonderful. Well, Beth, thank you so much for joining me today. I really appreciate you taking the time and sharing your knowledge.

[00:45:13] **Beth O'Hara:** Oh, it's a pleasure to be with you and thank you so much for all your work in helping us get this information out there.

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