



CANDIDA SUMMIT



Detoxing Heavy Metals, Parasites, and Candida

Guest: Dr. Jay Davidson

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Evan Brand: Hello, this is Evan Brand, certified functional medicine practitioner and nutritional therapist, operating worldwide via phone and Skype consults from EvanBrand.com. Now, onto today's guest.

Dr. Jay Davidson completed his undergraduate study at University Wisconsin La Crosse, majoring in biology with biomedical concentration and chemistry minor. He received his doctorate of chiropractic degree at Northwestern College of Chiropractic in Minnesota.

He focuses on functional, natural medicine. He is a husband and father. He is a popular speaker and two time #1 international best-selling author. Dr. Jay was the host of the Chronic Lyme Disease Summit #1, #2, and guess what? #3. He was also the host of the Parasite Summit, which I was part of. We had a lot of fun together. And a co-host of The Detox Project. And he bridges the gap between the scientific community and the layperson. And he leads his team of doctors that coach clients one on one and has an at-home, self-directed Lyme disease program. He's also the cofounder of MicrobeFormulas.com. Jay, welcome.

Jay Davidson: Thanks, Evan. It's great to be here.

Evan Brand: Yeah, I feel like we're doing interviews together every week now. This is getting pretty fun. This is my weekly routine now.

Jay Davidson: Yeah. Well, when you have events and I have events and podcasts, you want to pick experts' brains.

Evan Brand: That's it. That's it. Well, so today's topic is detoxing Candida from the body. And you and I were briefly chatting off air about the fact that, "Hey, look. We've got to discuss Lyme disease in this whole conversation because it's rare that we're going to have a client or a patient that's going to have just one problem or the other." Typically, it's this big spider web of infections. And I want to talk about biofilms today, also talk about some of the binding and binders that should be in a person's toolbox that we can get into.

Before we do all that, though, let's chat about Lyme disease, heavy metal detoxification, parasites, etc. Quite interesting story, like my own—how did you get into this stuff?

Jay Davidson: Just my wife, out of necessity. I went through chiropractic school with my wife, basically studying structural correction. And how do you reshape a spine? And then my wife would have some health issues pop. And then it was like, "Okay. We've got to figure this out." And it just seemed like it kept occurring.

And at one point, it was 2007, we ran a DMSA heavy metal urine challenge. And she came off the charts with mercury and lead. And it was like, "Okay. We definitely need to detox heavy metals." We started detoxing with DMSA. She started reacting. Stopped it. Okay, that's not the right way to go. Put that on the sideline.

The next year, we're down seeing a doctor because her health issues continued happening, 2008 down in Florida. The doctor is like, "Oh, you tried DMSA, and you reacted to that? You need DMPS." Or the brand name at the time was MercOut.

And I was like, "Okay. Well, let's try that." And I was that guy that just went along for the journey. I'm like, "You're doing a heavy metal test on her? I want to do one of those." I want to see. Do I have metals? And it was interesting that I came up almost the exact same level as my wife—super high mercury and lead.

Okay, so I had issues actually with DMSA as well. We did the DMPS. And I actually had a severe reaction to that. Basically, almost couldn't breathe. Face swelled up. Rash. Swollen lips. Extreme fever.

And the doctor that gave me the MercOut, or the DMPS, at the time called the "expert" in New Zealand. And the best thing they said was, "Well, if it's really bad go to the ER. Otherwise, try an oatmeal bath."

And I was like, "Okay, this sucks. Time to put that on the shelf. Obviously, there are heavy metal toxins, but I can't detox them. And there's no way my wife can handle that if I can't handle it." So we put it on the shelf.

And when my daughter was born in 2012, we were doing enough just to get by. But my wife just never wanted to rock the boat. She just didn't want to feel like garbage. She didn't want to get worse. And she was sick of being the guinea pig. So it was like, "Okay." Clean lifestyle. Try to do the things we were doing. We owned our own business. So that has its own stressors at the time.

But when my daughter was born, the bottom fell out. And it was all these things coming back. Two months in, she had to stop breastfeeding. She lost about 40 pounds of baby weight instantly because she was forced into fasting. The only things she could drink were water and bone broth, traditional bone broth liquid, for about 17 days straight. That's our exposure of fasting, was forced into it because anything else she'd put in her body—spinach, lettuce, carrots, whatever—boom! Swelled up even though it's supposed to be healthy.

And it was at that time, it was like, "Okay. We need to figure this out." And of course, one of the first things that popped in our heads was, "Could it be Lyme?" Because my wife had Lyme when she was 7 years old, was in a coma for six weeks, and from there is really when all of her health issues started. And granted, at the time of this recording—I don't know if she wants me to tell everybody this—but she's 35. So when she was 7 years old, that's quite a few years ago and had sinuses scraped and a couple heart ablations, SVT (supraventricular tachycardia), and just many other things that really came up. And through all that, we're like, "Okay." Just getting by.

When my daughter was born, it was like, "Could this be Lyme coming back?" Which, that alone was emotional because it's like you just want to get over it, be done with it, and never revisit that again.

And then the second thing was, "What about this heavy metal thing that we just had in limbo, that we know is an issue, but we never really could figure

anything out?” And longer story shorter is heavy metal toxicity was probably one of the biggest things that got my wife well. And also, Lyme was still active. So we had to address that.

So it was really those two things that completely changed her path, her health history, and her being healthier than she’s ever been today. She doesn't remember anything earlier than 7 years old. That was the first part her brain goes to. But possibly, the healthiest she’s ever been today.

Evan Brand: Wow! Amazing. So in terms of all the food sensitivities, how did you guys reverse that? Was that just a byproduct of removing metals and fixing Lyme and co-infections? Or how was she able to get back to a somewhat normal diet?

Jay Davidson: Fasting. So really, she was forced into fasting. If she put anything her body, she’d have a reaction. So the only thing she drank was the traditional bone broth that we’d make up and then water. And that was 17 days. And then things calmed down enough. I really believe, Evan, that that down regulated inflammation enough where it was like, “Okay, now we can start introducing.” And so she just introduced a food here and there and slowly built it up. But we didn’t have the toolbox then that we have now. So it was pretty limited. I really believe fasting was probably the big thing.

And then the fact that she stopped breastfeeding—as soon as she stopped breastfeeding, my daughter stopped fussing and colicky instantly. And I’m like, “Okay. Obviously, stress hormones and all this must have been pouring into her.” But it had to be just so draining on my wife, too. She can’t even care for herself, let alone produce things for the newborn.

Evan Brand: Yeah, wow! That’s amazing. So in terms of fasting, I’m always curious about how to approach that with people. Do you think it’s something that you have to be strong enough for? You have to have your adrenals and thyroid and everything dialed in where you can handle it? Whereas in her case, that was just the only option. How would you recommend somebody approach fasting?

Jay Davidson: Yeah, I wouldn’t recommend jumping right into it because so often the adrenals are taxed. They’re stressed out. There’s not a lot of life in the body. And I really believe as you intermittent fast or as you fast that it can be stressful. And yes, you’re forcing your body to become a fat burner from a sugar burner. But usually, you feel like garbage when you’re doing it.

My wife was lying on the couch for multiple months. So it wasn't like, "Oh, yeah. I'm fasting. And I'm feeling better." It was like, "No." There were so many nights I can just picture lying next to her when we were living in Wisconsin at the time and just not even wanting to go to bed because I didn't know—when I woke up, would she still be alive? It was that bad.

Evan Brand: Gosh!

Jay Davidson: And I would never want anybody to go through that. But fasting was something that really brought inflammation down. So I love it as a tool. But I don't like to jump hardcore into it because I feel like it's too big of a shock sometimes for the body. But when that's your crisis mode and there are no other options, then it's that tool.

Evan Brand: Yeah, well said. And how do you feel about the heavy metal piece? I know fasting and detoxification of heavy metals and saunas and such are becoming trendy and pretty sexy ideas. But I do feel like you should give a bit more of a professional, clinical perspective on this as opposed to some trendy article that somebody sees. And then they just start doing heavy metals as their first step.

Jay Davidson: Yeah, so the first book I wrote—*Five Steps to Restoring Health Protocol*—the fifth step is detox. And I did for a reason because when my wife and I just jumped in like, "Oh, we have toxins; we need to detox," we both had issues with it—multiple times.

And that just told me, "Okay, detox should not be the first step." Especially when you're doing something like a DMSA, when you're doing something like a DMPS or EDTA or ALA or really pushing maybe glutathione really hard or the chlorella/cilantro/spirulina—all these different things that people try.

I just don't feel like that's a great place to start because if you don't prep the body and get the body ready in what I like to really refer to as drainage—the colon, make sure you're pooping, and you're not constipated. Make sure the kidneys are draining, the liver bile duct I think is the most important area of the whole piece of it. The lymphatic system, the glymphatic system which I know we've talked about and you've discussed just on how important it is to sleep. That's when the brain drains and that glymphatic.

But if any of those pathways are clogged up and now we're going to jump into, "Oh, I'm going to start killing all kinds of bugs like Lyme or Candida," or, "We're going to start detoxing heavy metals," they have nowhere to go. And

that's when inflammation really gets jacked up. We feel horrible. That's where the word herxing really comes in because sometimes pushing it before the body is actually ready for it.

So I love the idea of think about detox later. It's the sexy topic. And it's where we want to jump to right away because we're like, "Metals, toxin, inflammation causing cell damage. I know this is affecting me." But it's not always the first place that we want to start because we've got to make sure the body is prepared for it.

When I was detoxing with DMPS, I remember at the time we had a Chrysler Sebring convertible in Florida. It was my wife's car that she got when she graduated college, from her grandparents. And that was the only car we had. And we would literally drive down the road. And I'd be spitting sunflower seeds out because we'd just eat them. And then one day all of a sudden, I'm like, boom! Allergy—sunflower seeds, nuts, seeds, everything in that nut and seed category.

And I know what happened. When I started detoxing with DMPS, it started stressing my gut out. And I'm sure that opened up the leaky gut that I already had, some gut issues. Made it worse. Boom! I start becoming reactive to all kinds of things sneaking through that shouldn't have been because I didn't give attention to the gut. I didn't give any attention to the drainage system in my body. I wasn't really actually following the half life rules either of true heavy metal chelation at the time either.

Evan Brand: Wow! So how do you feel about chelation now? Do you feel it's a tool that should still be in the toolbox? Or do you believe with some of these herbal approaches and other more holistic ways of detoxing metals we can get a similar effect?

Jay Davidson: Great question. So I'm definitely biased in this category. The bioactive carbons that are now available to the public I feel like are the biggest game changer in functional medicine in I don't know how long. When you look back, Andy Cutler was probably really the forerunner in heavy metal chelation for somebody to do it and understand it with half life and dosing and when to take it and cycling on and off. I think he really gave a lot to the functional medicine world with the DMSA, ALA, DMPS, understanding ALA and DMSA is four hours. And DMPS is usually a little bit longer, like eight hours.

So I detoxed DMSA, ALA for two years. And it stunk because you're waking up every four hours. You go five days on. This is what I did for years with

clients—five days on. Four nights on. So I would start Monday morning, end Friday evening. So I'd have four nights and five days on. And then I would take about nine and a half days off. With a heavy metal chelation, something strong like that, giving some rest in and then trying to replenish minerals on the off cycle was really needed.

But the thing that stunk about it is you have to take it every four hours. So you time it out and say, "Okay, I go to bed at 10 o'clock, and I wake up at 6 a.m." Well, then if you take one dose at 10 p.m., then you only have to wake up at 2 a.m. Then you can take another dose when you wake up at 6 a.m. You can be very regimented. But it's still disrupting sleep. And sleep is one of the last things I want to disrupt the more and more I understand how important it is for healing and recovery.

So I definitely know it's effective because it was effective for me. I just feel like there are better options out there. There are better tools. Obviously, there's a whole category on the zeolites and the clinoptolite-type molecules and things that are more aluminum-type based. And I think that's an option. There's the chlorella/cilantro/spirulina, those kinds of things.

But really from a clinical standpoint, I believe the bioactive carbons are the game changer that not only do what traditional charcoal and carbons do. But they go the step beyond. So if I was to say, "Okay, you're going to detox heavy metals," where I would start is the bioactive carbons for heavy metals. That's where I would start because you can do it with a kid.

The half life is 12 to 18 hours. So we're not talking about disrupting sleep at all. Some people notice actually taking it three times a day is better—first in the morning, middle of the day, and then later in the evening. But most people, twice a day is very easy. So just have it by your nightstand. When you wake up, you can take some. Or just have it by your food so when you eat breakfast if you eat breakfast, take it. When you eat dinner, take it. And that's another we can get into, too—timing, if you want.

Evan Brand: Yeah, so regarding these bioactive carbons, what's the intensity of that? Is that something that still needs to be approached step four, step five of a health protocol, near the end of the journey? I totally agree. All my protocols, detox is last. But is the intensity of the bioactive carbons such that it needs to be postponed. But if we're on step one, working on adrenals, thyroid; maybe step two looking into gut bugs and such; can we do bioactive at that time as well?

Jay Davidson: Yeah, this is where using bioactive carbon—now if you're using a DMSA, ALA, then that's got to be last. You have to be ready for that. But when you're looking at something like a bioactive carbon, you can introduce it sooner. So when I wrote my five steps book a couple years ago, or now probably two and a half, maybe even three years ago when I wrote that, what I look at now as being the steps is definitely different.

So step one is always identify what's wrong. That way you can create a roadmap. That doesn't change. Step two was drainage in my book. And that I really feel like you can only do positive things. When you're working on drainage, it's not like you're going to over drain. Like, "Oh, I guess my kidneys are draining too much. And my liver and bile duct is moving too well." It's like, "No, you can only do good," I feel like, "with that." I love drainage.

I love introducing now what I understand about parasites. I like to introduce that sooner because what I understand about parasites is that mold spores can live in parasites. Heavy metals are stored in parasites. Pathogens like Lyme, Candida; these viruses like Epstein-Barr and human herpes and CMV and all these things—they can live inside parasites.

So I feel as if parasites are step number one in the detox pathogen side because they're the ones that store all this. So if we try to kill something like Lyme or Candida or try to detox heavy metals out but there are parasites that are holding onto it, now we're not going to clear them all out because the parasites are protecting if that makes sense.

Evan Brand: Yep.

Jay Davidson: So I love working with parasites earlier on. The other interesting thing is parasites can actually clog up, be big factor of why there are clogging of the drainage pathways. So why the liver bile duct is clogged, why there's constipation. And if the liver bile duct is clogged, automatically we're looking at the lymphatic system clogged. Automatically the brain-to-lymphatic (the glymphatic system) is going to be clogged or not draining as well. So liver bile duct is focal. Parasites have a huge piece of that.

So work on drainage. Clear parasites out. As you're killing worms or clearing them out, they're going to be releasing some of the metals that are stored in them. And that's where I believe if we introduce the bioactive carbon, even maybe not so intensely, but we introduce it while we're parasite cleansing, we can protect some of those metals that get released.

And then as you get farther along, now you can actually step the intensity up. Now, you can actually go to a higher level and really push detox when the body is ready for it. But I think drainage, parasites, bringing in detox definitely sooner than later because of that combination, and then now we can also look at smaller bugs like the bacteria and the fungus and the virus, address that.

But long term is we definitely want to be pushing detox more. And I feel like the farther you get along, the harder you can push, and the less sensitive you'll be and less likely you'll be fatigued and can't sleep and all those things.

Evan Brand: Well said. Great info. So by the time you're finishing out a gut protocol, maybe you've had some mild detox in. Now, you could turn up the dial of the intensity a bit. You could start hitting detox harder as the gut protocol is phasing out. You've removed bugs. Maybe now, adding in some leaky gut nutrients—your DGLs and slippery elms and marshmallow roots and zinc carnosine—trying to heal the gut because now you just removed all the bugs. And then just keep that detox button pressed and keep going a little bit longer. Is that pretty accurate?

Jay Davidson: Yeah. Yeah. I'm not a huge fan of taking things forever because I feel like there's a phase. There's a certain point when you want to take things. I think in the forever category I like magnesium. Soil is depleted on that. I like iodine. Obviously, if you have autoimmune thyroid, you don't just start with iodine. I really believe you need iodine to heal the thyroid. But you have to be cautious on how you start that. But iodine I really believe is something that we need long term.

And when I really look at it, I'm like, "Okay. So we have aluminum. We have cadmium, arsenic, mercury, all these different chemicals in our environment that we're exposed to." How can we prevent from ever having to go back to a more intense heavy metal detox? And that's where it's like, "Well, we need some type of preventative maintenance."

And then the other thing, too, is—so bioactive carbon, what we would call number one right now. But bioactive carbon number one does heavy metals. And it does pesticides, specifically glyphosate. Well, all the issues with pesticides, I feel like, are really glyphosate, the RoundUp stuff. It's in rain water. It's in soil. It even tests in organic food. You're like, "How does this happen?" Because we share one atmosphere.

So when I look at, "Okay." If I'm like, "I did all the work to get my body to a point of I'm really well. How do I maintain it?" I see some type of maintenance

heavy metal detox and glyphosate pesticide type of removal being in that mix. And that's where I'd almost argue maybe taking the stuff with food would be more important than even on an empty stomach for a maintenance standpoint because most of the exposure we'll have is probably food supply.

And the difference of the bioactive carbons is you can actually take it with or without food versus the traditional charcoals or clays. If you take it with food, it'll actually bind onto the nutrients. It'll bind onto the food. The bioactive carbons are very different chemically where you get a lot more flexibility. So it makes it easier protocol-wise. But you can also make an argument maybe it's actually better from a maintenance standpoint to actually take with food just so anything you're putting in your body you're not actually absorbing metals or glyphosate or pesticides.

Evan Brand: Interesting. So have you done any tests with the GPL-TOX chemical profile or the glyphosate testing from Great Plains where you run the urine? Have you done any before and after where maybe you take an autistic kid where glyphosate is generally off the charts, done bioactive carbon for maybe 30, 60 days, and then retested and seen what kind of percentage drop you can get in the chemicals?

Jay Davidson: We have not yet. That is what we want to do—case studies on that category. Specifically autistic population is a big area we want to monitor. We've done a lot of testing on the scientific side. So one of our scientists has been working with fulvic acid, humic acid for over 30 years. And he's one of the top scientists in the world on the topic. So there's a lot of research behind this stuff. But as far as from functional medicine and clinical side, that's really what I want to bring more to the table for sure.

Evan Brand: Cool. And I should have some stuff to contribute, too. I was telling you off air. I've been using some of these binders and the bioactive carbons, the fulvic acid products that you have. And this is so new. You guys have just launched these relatively recently. So I just started implementing these into my protocol. So all the parasite protocols that I'm doing now—any Candida, fungus, yeast, bacteria, *H. pylori* protocols—I've got the binders in now. And so I should have some updates for you.

By the time people are listening to this, I may even have more updates. So stayed tuned. If you're not already on Jay's email list or newsletter and you're not already on mine, make sure that you are because we'll be updating you with this stuff. The case study stuff to me is the most important because I'm looking at hundreds—and you are, too—looking at hundreds and thousands of

labs. And it's like, "Okay, I like the before and after on a piece of paper. The clinical symptoms are awesome." It's like, "Okay, great. Now, energy is better." Now, your wife, she's able to add more foods back in. She's able to get back to life again. But the cool thing is when you can see the piece of paper that verifies the symptoms improvement. That's the coolest part for me, like, "Oh my god! This binder stuff actually works. It actually pulls out glyphosate."

You could put yourself in a bubble. But I'd rather not put myself in a bubble. I'd rather try to do the best I can and then have these other tools on hand because, as you mentioned, even organic wines, for example—that was a huge thing in the past few years where all these organic vineyards in California are contaminated with glyphosate.

And as you and I've discussed together on other interviews, parts per billion of glyphosate kills beneficial bacteria. So it's like, "Here are all your beneficial bacteria that you're trying to nourish. But yet the neighbor's glyphosate is in your body killing your gut bacteria."

So it's like, to me—and I'm sure I'm preaching to the choir, but maybe you can add a comment to this. To me, 2018 and for the foreseeable future, detoxification should be a daily, weekly, monthly, yearly thing. And then inside of that, there can be different levels of intensity that fit into that word detox.

Jay Davidson: Completely agree. And it's really just the status of health of earth. The toxicity load doesn't give us the option. And every once in awhile, I'll hear a doctor say, "Well, we have detox organs built in. And there's no need to detox." And I'm like, "That's silly because, yes, we have a liver. Yes, we have kidneys. Yes, we have these things that can help excrete things. But when it gets to a certain point where they can't keep up, now we need to give assistance."

And today, I really feel clinically that we've not only hit that point, but we've gone over that point. There are more toxins that ever. And we just don't have a choice. So we have to detox. And the amazing thing about this is despite the earth "becoming more toxic," we're also coming out with more natural tools to help remedy and fix it.

And I really believe that that's the exciting abundance idea of this—yeah, maybe there are toxins out there and asbestos and the DDT and the Agent Orange that are still in the environment from things that we did before. But

look at what we have created as far as solutions that are natural, that can really remedy it. That's what gets me excited.

Evan Brand: I agree so much. It's like the pendulum has stopped. The pendulum is at a central location now. We went far end of the spectrum, chemicals and even the DES that all these pregnant moms were taking and then all these children with birth defects and such. And the DDTs and the Agent Orange you've hit on, the 2-4D, the glyphosate. Still millions of pounds, unfortunately, of glyphosate being sprayed in the U.S. But I feel like the pendulum is—maybe it's not central. But hopefully, it's coming to that central location. And then in the next five, 10 years, you and I can reach millions more people. And that pendulum can go the other way.

I don't think we'll be able to fully stop this thing. But I think that we can circumnavigate and educate people like the ones listening that, "Hey, look. There is another way. And there is a way to protect yourself and keep yourself healthy," like you've done with yourself and your family. So I just love it.

I want to talk more about some of the waxing and waning with symptoms. And you hit upon this idea of, "Hey, you don't want to be on stuff forever." So you gave us an idea about the body system approach. Here's a good order of operations that makes a lot of sense.

Can you give us some timeline on this? If you're going through maybe a biotoxin removal project; you're working on gut bugs; you're bringing in the bioactive carbons; what does that look like? Is that 30 days? Is that 60 days? Is it five days on, two days off on the weekends? Is it seven days on during the entire 60 days? Can you give us some details on that?

Jay Davidson: Yeah, so great question. Talking about the case studies—so I just had a doctor a few weeks ago call me. And he's like, "Doc, I just want to tell you." I'll leave his name out just for privacy so I make sure he's okay with this. But he's like, "I've got to tell you what I'm finding so far with this bioactive carbon biotoxin binder," the bioactive carbon that does mold and ammonia. He's like, "I know I'm in an office with mold. And I can feel waking up with some night sweats and stuff. I know things are coming out of me. The problem is," he's like, "I'm still in the environment."

I'm like, "Yeah, you're going to be limited. But this will help modulate until you can get out of there."

And he's like, "Well, I gave it to another client that had massive mold toxicity. And she just hasn't recovered even though she's cleaned up her environment and is safe now. She said 12 days into the bioactive carbon (the mold and ammonia one) she had literally just 10, 11, 12 stools in one day. It wasn't like diarrhea but just pouring out of her. Next day, she felt amazing. Felt great for a week, two. And then all of a sudden, boom! Had it again, same thing. And then felt amazing." And he's like, "Is that normal?"

I'm like, "That's obviously the body clearing out stuff that's been built up." And when you look at mold being in the fungus category, same thing as Candida being in the fungus category—there are at least 20 different species of Candida. *Candida albicans* always gets brought up in the Candida world and side of it. But fungus, there can be so much of it inside the body.

So if you're in an environment where there is mold, it's going to be a really long journey to get well because you're still exposed to it. So assuming that you're not exposed to that anymore can really shorten the time period.

And that's probably the biggest takeaway. If you're working in a moldy environment, living in a moldy environment, you've got to remedy that. Or you've got to get somewhere where that's not a factor because it just ends up being a barrier.

So when I look at timeframe, what we used to do in the detoxification world—DMSA, we'd introduce it for two, three, maybe four months. And then we could introduce ALA (alpha lipoic acid), which would cross the blood-brain barrier. It'd go deep into the cells. DMSA is water soluble, so it doesn't go deep in. And then once you're on ALA, you were looking at maybe two to four years to really clear all the mercury out of the brain. That's a pretty long timeframe.

But you can't just start with DMSA, ALA like we mentioned. There are always charcoals and clays and carbon coconut and carbonized bamboo and regular charcoal. There are always things that you would do to prep to get the body ready.

But even as you were going, then you would still want to take it or even a humic acid or a fulvic acid. So there were multiple products. And you thought about where they would go in the body. And then you're really focusing on the concentration gradient. So you'd clear the gut up. You'd get to the tissues with DMSA. Then you get deep in the body, ALA. And it all made sense. And it all worked. It was just rather stressful. And there were multiple products. And it took a long time.

When you actually look at the bioactive carbon side of it, within one of those capsules, there are long chain, medium chain, and short chain. So there are actually different size carbon chains within that molecule. The carbons are based from humic acid, fulvic acid, ulmic acid, so a few different sources. And then they're modified. So it's not just regular humic acid or fulvic acid. They're modified.

But the sizes are really where the golden is. So if you think about, one-third of it is large chain. One-third of it is medium chain. And then one-third of it is small chain. And within each of those categories there are actually some variations. So it's not just a very one specific size of long. It's not a very one specific medium. There's gradient within it.

And it's on purpose because within one capsule, we have a whole concentration gradient within it. So there are not multiple products, necessarily that we need to take to detox now. Now, we've got something that, no matter how small or big of a dose you do, it's covering that spectrum because we want things that go deep into the cell, that go deep into the brain because if we don't clear those toxins out, we're going to hit a wall. We're just not going to get well. So going deep detoxification is super important.

But then we want things that can help facilitate and move that out even more which is the tissues. And then we want to help and support the digestive tract. So the long chain is what sits in the gut. So it's kind of like the traditional charcoal or clay sort of in the fact that it just stays in the digestive tract. It's not absorbed systemically.

Then we've got the medium and the small. The medium goes into the tissues. So it gets absorbed into the body and goes more in the tissues and fluids. Then the small gets absorbed. But it goes into the cells. It goes into the brain. So we've got that whole thing there.

And the difference is they're modified. But they're programmed for certain things. So I've actually found that when we take the bioactive carbons with food, it actually can upregulate our nutrient absorption. Versus the traditional charcoal and clay will bind on and steal the stuff away.

And then the other aspect—and this is where it's really just like, “How can we communicate this?” because this is so different than what we're taught. We're so trained, “Wait two hours. Empty stomach. Then take some charcoal or clay.” This is like—it doesn't need that.

But the other aspect of it is these bioactive carbons are actually donating carbon to the body. So when you look at our bodies from a biochemistry standpoint, carbon, hydrogen, oxygen—chemical makeup. Periodic table of elements. 96% of our body is made of carbon, hydrogen, and oxygen. So those are the building blocks of the body.

So often, though, we focus on the co-factors of the building blocks like minerals, for instance. “Oh, take your minerals. Get those in.” But it’s the backbone, these co-factors that are so amazing for the body.

So the bioactive carbon will not only essentially bind onto toxins. But it also has this restorative and rebuilding effect. It’ll actually donate carbons to the backbone of our cells. It’ll actually help drive increased oxygen to the body. And it’ll also help the mitochondrial side of it, too, with the carbons.

So it’s its own category where it’s not just detox. It’s not just a restorative thing. It’s combining those aspects.

Evan Brand: That’s pretty deep. Now, when you’re talking fulvic acid, humic acid, my brain always thinks that’s volcanic rock. Is that what it is? Or does that come from somewhere else?

Jay Davidson: No, so it depends on what you’re looking at. So carbonized coconut usually is ashes of coconut. Carbonized bamboo is ashes of bamboo. The fulvic acid, humic acid, I’d have to check with our scientists the exact source of where that is. But what I do know is that we modify that because I’ve used—with the detox protocols in the past—fulvic acid and humic acid in binders for the gut because it’s great at binding heavy metals. But traditional fulvic acid, humic acid don’t cross into the body, don’t cross into the cells. So that’s definitely one I will ask our scientists for some more details.

Evan Brand: Okay. Circle back because I want to know. It’s like, “Where the heck? How do you even make these things?” Alright. And so you did a lot of explaining about the carbons. What about the timeline, though. You didn’t go too deep there.

Jay Davidson: Oh, yeah.

Evan Brand: Are we talking two months, three months? How long would you say you would recommend going before you take some time off?

Jay Davidson: So I love parasite cleansing and introducing the carbons and detoxification within that time period. You're not pushing it. But you're introducing them. Now, it's a little bit more important to introduce something like the bioactive carbon that's binding ammonia and mold and things because those can be released from parasites. And that's not a forever thing. Some people, though, that struggle with Lyme and parasites and they have this big production of ammonia (this is a very alkaline toxin), that's a game changer. Those people who get tingly in their bodies and tingly across their faces. And they usually develop a very strange body odor if they're sweating. If they're not sweating, that's another drainage pathway clogged up.

But I like introducing the heavy metal and the pesticide binder earlier on but at a smaller amount. And then when you get in a better place where you can really start pushing detoxification, like you get farther along—for instance the parasite side, you've gotten through that.

Then I really look at six, maybe eight months total where you're pushing it more. And pushing it would be—at our full dose of 500 mg, which is very strong with the heavy metal one, but you'd be doing two caps twice a day. That would be about six to eight months.

If you're not over it, then you always want to look at what's holding you back. And it's usually parasites, for instance, because they hold onto heavy metals. They can absorb six, eight, sometimes even 10 times their body weight in metals. So that's usually what holds people back, the parasite side. That's why I like to address that first.

And then after you get through more of that intense six to eight month of heavy metal detoxing, now we're just doing something that's more of maintenance/preventative to prevent from having to go back to doing the more intense cleaning the stuff out of us.

Evan Brand: Okay. Well said. And would you say worthwhile to test and then retest after that just to see, "Okay, how much has the needle moved?" Whether you want to look at cadmium, lead, mercury. Of course, you and I chat a lot about organic acids testing. So we can measure the Candida, by the way. You're not just guessing if it's there. Stool testing, you're looking at parasites. You're not just guessing they're there. You know you're clearing that stuff out. But would you be advising looking at metals, too, just to see, "Okay, is it a problem?" Or do you just assume, "Hey, it's worked"?

Jay Davidson: So when I wrote my book a few years ago, the first chapter, or the first step, was detect. And it was just a whole plethora of the tests—the SpectraCells and the nutrients and the heavy metals. And it was the Cyrex and all these different tests that we could do. And the farther I get along in my journey, the more I get frustrated at the tests that are actually available. I know GI Maps recently upgraded and changed their test to include more parasites.

But the more I get frustrated of heavy metal testing, parasite testing, mold testing, and Lyme testing. I think the big four things that I see clinically are the tests I feel like need to step up their game. And we need to get better solutions out there.

So there are definitely ones I would recommend if you want to run a test. Heavy metal, I've just never really been a fan of the Tri-Test. I've never really been a fan of the hair mineral analysis because it depends on what you're excreting from the body. If you're a bad excreter, you're not really seeing it.

I still like the heavy metal challenge with something like a DMSA or an EDTA or DMPS or all three or just a DMSA. But my only caution is it's so stressful on the body. And so many times, people are not in a great place to even do that. You don't want to set them up over the edge.

So I like to, unfortunately, assume. We all live in the one planet. We're going to have toxicity. My good friend that I co-hosted The Detox Project with was born—his dad is a chiropractor. He lived a natural lifestyle, never vaccinated, no amalgam fillings. And he was off the charts in mercury. And I'm like, "What?"

And you start thinking about it. It's like, "Well, environment." Obviously, having mercury fillings in your mouth or getting that injected into your body via vaccine, that's going to increase it. But it doesn't mean that if you haven't had that you don't have it.

So I don't know. Parasite, I'd almost rather just have somebody parasite cleanse than spend money on a test because you're probably going to have to parasite cleanse anyway. And even if the test showed up negative, I wouldn't say it's conclusive of you don't have it, too. So I don't know. I'm a little up in the air on the testing for those categories.

But it is nice if you can run and test, and you're like, "You're super high in mercury or lead." And then you retest. And like my wife and I, you see it's low.

You're like, "Wow! This is really cool." But also in that process, it's more money toward testing.

And then it's also not always the most accurate thing, too, because when you're running the heavy metal urine challenge, you're checking what's in the body tissues. You're not actually checking what the mercury is in the brain. And technically, the only test would be a biopsy of the brain which means you're not alive. Or possibly the best heavy metal test ever would be cremation where you actually cremate, which means that person's not alive. And then you see what heavy metals are left over in the ash. But that doesn't sound good. We want life and thriving, not post-mortal checking.

Evan Brand: Right. Actually, I saw a documentary. I can't remember the name of it now. But it was basically talking about how we've become so toxic. And one of the biggest ways we've become so toxic is cremation and the fact that a lot of these crematories are not using any filters. So when they're burning the bodies with all these people with amalgam fillings, which maybe this was your friend, the mercury is going up into the atmosphere and raining down into your organic garden.

Jay Davidson: Bingo.

Evan Brand: It was amazing. I think it was called *Our Daily Dose*. I can't recall. But maybe if you just start Googling, folks, "Documentary, heavy metals, cremation," something like that, you can find it. But it was talking about how crematories are one of the biggest sources of heavy metal toxicity on the planet. Nobody is talking about that, Jay.

Jay Davidson: Yeah, so really wrapping this up because this is the Candida Summit.

Evan Brand: Yes, please.

Jay Davidson: Where this all fits in is Candida's fuel is heavy metals. So if we can detoxify especially mercury or Candida will protect itself from the body through these metals—so whether you want to look at it as food or protection or both. The key I see with Candida is let's detoxify the thing that's allowing it be there instead of focusing with how do we minimize Candida, which can be very helpful and beneficial through the journey. But the goal is always remove the source. And I see heavy metals being that.

And when you look at Candida and other funguses and other bacteria like Lyme and these viruses, they form biofilms. Or they have their own colonies of all these different organisms. And the biofilm is essentially like a blanket or a slime or a snot layer over these different organisms.

And if we don't peel away that biofilm, we can't get deep down into fully getting rid of Candida. We can't get deep down into fully getting rid of Lyme and these other viruses like Epstein-Barr and CMV and these different herpes type viruses. And in biofilm, not all biofilm is the same. But we've got different ingredients like calcium, magnesium, iron, copper, mercury, lead (which specifically those last two are heavy metals) as being ingredients in biofilm. So if we have heavy metal toxicity, we don't detox. The likelihood of us actually peeling that biofilm layer away is very unlikely.

So I feel like for those who are suffering with Candida, consider heavy metal detoxification. For those suffering with other pathogens, because there are usually other pathogens that get associated with Candida, like the *Ehrlichia* and the *Bartonella* and the *Babesia*, the parasite, and these other fungus and virus and bacteria-type things—consider detoxification. Consider peeling the biofilm away. A great way to do that is detoxifying of the body.

And that's why I feel like my wife—when I look back, I'm like, “Man. She's doing so well today,” because I feel we just got down to the deep level. And for her, it was almost more heavy metal detoxing than it actually was Lyme itself, even though a lot of times I get known as “the Lyme guy.” It's addressing it all. And I know that's what you focus so well with, too, Evan, is really looking at all the avenues instead of just focusing on one thing or trying to minimize one thing. Everything is connected.

Evan Brand: Agreed. Well said. Way to wrap it up in the fourth quarter here with a bang. This is a deep conversation that people need. There are so many surface level conversations about heavy metals out there. So I just really am so grateful for our relationship and friendship to be able to take a deep dive because most people don't do this, Jay. They, “Oh, yeah. Heavy metals are bad. Go detox. Do a sauna. The end.”

This is the stuff. This is what people need to get to that next level. So I just want to say thank you so much for all your work and what you're doing from a clinical perspective. What you're doing is helping to fuel my clinical perspective. And the education you're giving me is helping me to learn more about binders so that my parasite protocols work better.

And my Candida protocols work better now because I'm bringing in the heavy metal conversation. Where before heavy metals were phase 4, now I'm bringing in heavy metals phase 2 ½ where before I had to do it another few months down the road. And it's just speeding up the rate that people are getting better.

What does that equate to? Well, it's people getting better faster which is why you're listening to this summit—because that's what you want to do.

So Jay, thanks so much for all your hard work. Where can people learn more, find out about you, stalk you, study you, work with you, etc.?

Jay Davidson: Easiest place is just my website, DrJayDavidson.com. Doctor is D-R. Jay is J-A-Y. And then last name Davidson.com.

Evan Brand: Awesome. And Jay puts out—just like myself. He's putting out consistent content, which I think is a good sign of a great practitioner. If you see a practitioner out there who is just selling you something—and I'm sure we could call many people out, but we'll save that for another day.

If you see somebody that's just selling you something but they don't have a clinical background or maybe they're not producing content like videos, podcasts, summits—like, Jay. Dude. You're producing hundreds and hundreds and hundreds of hours of content. To me, that is someone that you want to look up to. That is somebody you want to dig deeper into and learn from and look up to and investigate with.

If it's just somebody that who puts out a blog post every six months and then there's some magical product, please be a skeptic. Jay and I are in the trenches. So we're seeing, "Okay, what's working?" And we're coming back and reporting this to you guys. So this is not like, "Okay, we made something in a vacuum, and then we sold it."

No, Jay has to follow up and figure out, "Okay." What he implemented, did that work? What I implemented, did that work? And if we fail, we've got to fix it. And so I feel like, from that perspective you know that you're in the right place, when you've got somebody in the trenches. So just keep that in mind when you're on the hunt, when you're trying to find the good gold mines out there. There are a lot of gold nuggets out there. But among those gold nuggets, there are some pieces of coal.

Jay, my friend, you are a golden nugget. So thank you.

Jay Davidson: Appreciate that, Evan. Always excited to chat with you and just excited for this event, the Candida Summit. I think it's so important.

Evan Brand: Well, take care. And we'll be in touch for another event soon.

Jay Davidson: Sounds good.

Evan Brand: Bye-bye.