



Dr. Ron Ehrlich: Hello and welcome to Unstress, I'm Dr. Ron Ehrlich. Now, medicine is at its best when it names diseases and then can provide a pharmaceutical or a surgical intervention, which solves the problem or actually more often, the symptom the patient presents with. It's a model that doesn't lend itself to overcoming chronic health conditions because the causes and for that matter, the solutions, are often multifactorial.

It's why I've found clinically over many years, that using the five stressor model is a great framework for asking all the right questions. And the five pillars of health and wellness, a great framework for building or maintaining resilience.

My guest today is [Dr. Mark Donohoe](#), a general practitioner who has for the last 30 years, been working with many patients who present with complex health problems. For example, chronic fatigue. It's such an interesting discussion of how medicine approaches complex health problems or diseases, and chronic fatigue is an excellent example of a condition that doesn't lend itself to some quick fixes.

Apart from talking about chronic fatigue, we also go into how adults can pass toxicity onto their children, we also talk about the environmental impact on childhood behavior, and we also discuss the issue of vaccinations. Now, chronic fatigue is an excellent example of a complex condition where someone is suffering, but it's difficult to give an exact diagnosis.

Now, for the sufferer and for their family and friends, it's a very frustrating issue. Now, it's a complicated disorder and symptoms may include fatigue, loss of memory or concentration, sore throat and large lymph nodes, unexplained muscle or joint pain, headaches, unrefreshing sleep, a recurring theme in this podcast series, and extreme exhaustion lasting more than 24 hours after physical or mental exercise.

Above all, chronic fatigue is characterized not surprisingly, by extreme fatigue that can't be explained by any underlying medical condition. And often, tests, frustratingly, don't shed light on that condition. The fatigue may worsen with physical or mental activity, but interestingly, doesn't improve with rest.

According to the world-famous Mayo Clinic, and this is a quote, the cause of chronic fatigue syndrome is unknown, although there are many theories, ranging from viral infections to psychological stress or trauma. And I love this part because it's a holistic view, which I actually agree with, the quote goes on, some experts believe chronic fatigue syndrome might be triggered by a combination of factors. Damn right. I could name five stressors that my regular listeners will be familiar with.

Now, for new listeners, go back to episode one, the mission statement. Mark's practice focuses on these problems, even before we became aware of the potential for harm from environmental stressors. A concept that even today some circles are not readily accepting.

Mark and I discuss how we all have a physiological limit. Pull on that limit over enough time from multiple directions and things start to fall apart. In fact, we have a very interesting

discussion about how medicine approaches healthcare in general. I hope you enjoy this conversation I had with Dr. Mark Donohoe.

Welcome to the show, Mark.

Dr. Mark Donohoe: Pleasure to be here, Ron.

Dr. Ron Ehrlich: Mark, you have been practicing for quite a few years now.

Dr. Mark Donohoe: Don't push it.

Dr. Ron Ehrlich: We both have, but look, enough to say there have been quite a few years and for most of that time, you've been involved in [chemical sensitivity](#). Tell us a bit about that.

Dr. Mark Donohoe: I got dragged into chemical sensitivity. It's not an area that you go to voluntarily, but people who I was seeing with chronic illnesses kept reporting this odd thing that fragrances, things that they used all their life, at the time that their health turned, they became sensitive to alcohol, they became sensitive to chemicals, fragrances, supermarkets they go into, couldn't go down the washing aisle.

And at first, it was just, oh, let's go incidental because I've just heard that from one or two or three other people, and then it became such a pattern that it was clear that something was going on. People don't lose alcohol tolerance voluntarily, they like their drinks and so something was going on with each individual that their tolerance for the outside world was changing. It was possible that [the outside world was changing as well](#), as the chemicals just added and added, that I was back in the time where [organochlorines were the pesticides being used](#). They were really long-lasting, powerful immune stimulating, oddly, but oncogenic, they would cause cancer, given time.

So I was picking on these chemicals because the pesticide exposure was a trigger, but then I found out solvent exposure was a trigger as well. People who worked in service stations got the same sensitivities and their health declined in a way that wasn't fatal but was really disabling. They got chronic fatigue in a way that was not just, I'm tired, but I can't get out of bed. I can't go to work. I can't do anything.

And so I followed that through, we even built an environmental unit back in '88, '89.

Dr. Ron Ehrlich: I was going to get you to put a timeframe on this because this is going back quite a few years and well before people, a lot of people are talking about it now. Dare I say it, Mark, you are a pioneer in this area because it's not something medical school covered.

Dr. Mark Donohoe: And on occasions, I talked to those people and say, hey, we were there 30 years ago and the answer is, oh really? I never picked it up. So it was a discovery that the people who were talking to me in my practice, I spend a long time talking and I got a chance to hear what their origin stories were, how they got sick. There was always stress in it

as well. So it was not one factor, it wasn't, I got poisoned by chemicals, those people either lived or they died. And there were people that I saw so poisoned that they died.

But the others were a mild poisoning. The body did not adapt and from that time in the 20th century, was not their friend, the places that they could go, the things they could do, they just couldn't do anymore. We published this, we actually did some research with Uni of Newcastle, we published in the Medical Journal of Australia and I remember the editorial being, well, that's fascinating research, but it can't be true because these chemicals only affect insects.

And then the story later on, okay, now we've got rid of those chemicals because they were bad, but the new chemicals only affect plants. And so every time the story of poisons is the same, we introduce poisons, we don't expect problems, the sensitive canaries that I see, are the ones that are hit, they get sick, and then we go 20 years later, oh wow, who would have thought that? Thank God we've got new poisons that don't do it anymore.

Dr. Ron Ehrlich:                    You mentioned when you're sensitive to one thing, then you become sensitive to another thing and your whole adaptive capacity is reduced.

Dr. Mark Donohoe:                I think that's true. I also think that there are canaries and there are politicians at the other end. The politicians, you could hit them with a hammer and they poison themselves with alcohol and they go on and they're completely unaware of the world. And at the other end, people highly artistic, emotionally sensitive, the concept of sensitivities, my patients are very creative, thoughtful, they can ... one example, they visit a specialist, they can tell in one second that that specialist doesn't care. They're not interested. And so they pick up other humans, they're sensitive to a whole range of things and when the poisons hit, they're the ones that are also sensitive to the poisons.

And so I've become used to that, that sensitivity is a double-edged sword. You may be creative and artistic, however, if you are in that hypersensitive world and the world is not your friend, you suffer the consequences. And people I think, are hibernating. I think what happens is the body says this is no good and it takes them down a notch and the thyroid goes down and the adrenals go down and they go into a kind of hibernating state, and the body keeps the alert going. The radar is still out there saying, where are those chemicals? And they get an out of proportion response to those chemicals and we call it chemical sensitivity.

Dr. Ron Ehrlich:                    And that manifests itself in, you've mentioned a few things, but how would someone know or what should someone be thinking about it? How would they know if they're chemically sensitive?

Dr. Mark Donohoe:                They know it simply because they can't do the activities that they used to do. Half of them find that when they go to Woolworths and they head down the washing aisle where all the detergents are, there are fragrances down there. They find that they get headaches, that they are dizzy, unwell, disoriented and they have to leave, and so that's a very typical story that people are just doing their daily activities, thinking something must have been spilled. And then more and more, they're aware that mum's perfume is setting me off. I can't go down ... I can't have two drinks with my friends anymore.

And so it is a kind of closing in effect of the world, but they are in fact still intact when doctors do blood tests. The blood tests look fine, but their world is constricting, they are able to have less and less stimulus to trigger that aggressive response.

So my research, my work for 30 years now is in chronic fatigue syndrome, and I'm fascinated how you get to a stage of persistent, stable ill health, that it is almost impossible to pull a person out of. So as doctors, we're used to dramatic disease, give you antibiotics, bang, you're through that doctor cures you and you go home and that's how it works in hospitals. You come out to the community and the person comes in and says, I'm tired all the time and I get headaches with chemicals and you think, I can cure this. And as a youngster, I thought I could.

As the years have gone by, I realize every individual story is a kind of puzzle to be unwrapped and if you don't spend the time, you don't hear them tell you the answer.

Dr. Ron Ehrlich: That's just so interesting because a mentor of mine, many years ago, a woman who is a physician, 92 years old, once said to me, if you listen to your patients, they'll not only tell you what's wrong with them, but they'll often tell you how to fix it. But of course you've got to know which questions to ask and a lot of the medical practitioners are just not pursuing that line of environmental issues, are they?

Dr. Mark Donohoe: I think that we've become a profession that got defined by Medicare or Medibank when it originally started, and I know the dentist never went down that path and that may be one of the best decisions ever made. But if you have time pressure as a doctor, you don't do home visits, you don't listen, you're looking for getting that person out. The concept of the six-minute appointment being the optimal income for a doctor is true. And so if you're thinking of getting people out of your room, you're not listening to what they say.

Taking what you said, every patient tells me how they're going to get better. The ones that are going to get better in the first couple of hours when they're talking, they make a little note of things that made a difference in a positive way, and they look to see if you're paying attention. So deep down in there, they know where their answer is going to be, but if you're not looking, if you're writing scripts, you do not see that moment, that kind of point where they're saying, here's what's going to get me better, can you help me along that way? Where the doctor is thinking, you've got symptoms that I've got a pill for. If you take this antidepressant, you won't be talking to me so long next time.

And so that battle goes on of efficient medicine to cure disease. In our disease models of pneumonia, of heart attacks, they're like, works brilliantly, bang, get in, do the job, use what you've learned at university to get the job done. It doesn't work when people present with complex illnesses, and I think that transition from the quick, efficient doctor to the listening, patient-doctor is something my medical profession is struggling with. We haven't figured a way to make an income from that, and so the doctors in Integrative Medicine, the dentists that are making a move into holistic and integrative practices, you have to spend more time, you have to pay attention to the details that just get washed away in normal healthcare.



Dr. Ron Ehrlich: As a health practitioner, you actually need the mental and physical energy to engage with your patients on that level, and I think that's a challenge too.

Dr. Mark Donohoe: I do and I agree with you that when things are simple, they're simple and you can do the scripts and you can get things out and it works, medicine works that way. When things are complicated, the ability to say, I will engage with this whole experience and I'll feel what the person's feeling is a whole new skill.

And medicine regards the objective, statistical, scientific double-blind trial as if it were a gospel of some type, that if you vary from that, you are an evil doctor, but the story of medicine at the general practitioner, at the face to face with the public is the story of each person. And you cannot statistically normalize that, you have to say, my first guess is this, we will do something. We do something, it makes you worse, okay that's a lesson learned for you as an individual. So each person starts as their own baseline and we work through it and I think that's really hard work when you just can't say, the Bible says, X, and that is the given truth. That's working through something where you've got all unlearn what we've learned at universities.

Dr. Ron Ehrlich: Now, you've been dealing with these chemical sensitivities for a long time. You mentioned 1988, that's 30 years. Okay, I know, I'm just coming up for my 40th year in practice, Mark, so you're getting the hang of it. But anyway, you mentioned chronic fatigue as well, how common is that problem?

Dr. Mark Donohoe: The commonest presentation to a medical practitioner and so probably 40% of all consultations are about fatigue, feeling not right. Nothing particularly wrong. So 40%, come in about 5% are solved by a medical approach, you're low in iron, you've got anemia, your thyroid is low on standard thyroid tests. So we've got about 40% presenting, 5% solved in the medical model and the other 35%, which is about a third of the population presenting to doctors, of persistent fatigue of unknown origin.

So it's incredibly common, but the beauty is most people find their way out of it, the doctor may help, the doctor may give them reassurance that there's no serious disease. One of the best things a doctor can do is make sure no cancer, no diabetes, no stroke, no nothing and that gives people a confidence to go and discover. The ones that are in the chronic fatigue syndrome category, the severe ones, I see a probably 2% of the population. one in 50, maybe as little as one in 30. Now, there's a sense that there are more and the FDA in America is making a big move for authorizing substances to help with fatigue syndromes because they say it's rising at about 10% per year. Now that's a big rise. That's at a small base of 1%, but a 10% increase, 1.1, 1.2, 1.3%. It doesn't take long before it adds up to millions of Americans and about 100,000 Australians.

So it's not uncommon, it's incredibly disabling, nearly everybody does no productive work, and so of course, what happens today is everyone translates it to lack of productivity. That's the only hope that many of these people have for providing funding for research that will uncover the details about what they can do.

Dr. Ron Ehrlich: You mentioned the standard iron tests and all the other blood tests that give you an immediate path forward. What are some of the other strategies? Avoidance, I guess.

Dr. Mark Donohoe: A good doctor should always do the obvious and so we do have guidelines and basically they say make sure all the thyroid is okay, make sure X, Y, Z. We go through that. When you find the person that doesn't have any of those wrong, you move to small, subtle stuff, maybe the genetics, maybe the methylation, maybe susceptibility to gluten, and so you look into the areas that are the less common things, but which are really critical per individual. And so that is the step forward from, let's make sure you don't have a disease which medicine should treat, to let's understand the process by which your body's dumped you in here.

And I think it's fascinating that the research is generally leading in one direction, but when they do the genomics and the proteomics and all of these omics, everybody's-

Dr. Ron Ehrlich: I know genomics would be the genetic-

Dr. Mark Donohoe: Contributions. The proteomics are the protein. Omics just means the area of. It's the proteomics, the genomics, the immunomics. Everything gets an omic at the moment, but when they've looked at the broad spectrum, the things that researchers find is that people have a no disease state, but they have a pattern which is similar to hibernation in higher-order animals and even worms. And so the shutting off of things appears to be voluntary by the body to preserve itself in the face of a stress or a stimulus that it cannot solve. And so the body sensibly backs off, we doctors often take ... I can cure your thyroid. I'll push you back forward and we get a person active again, but they get sicker and the body backs it off again.

And so I think we're in a new form of medicine. Disease is the failure of the body to handle what came before, and you go over the edge, and doctors are there with drugs for disease and it works. If you go backwards, you can't apply those drugs, what you have to apply is some other strategy and understand why the body will back off, and if you just rampage in and say, I will push you back into function, something fails that's really significant. People get chest pain, they get tumors starting to grow, things that they didn't even know they had.

And so I'm learning over my 35 years, five behind you, but my 35 years is the wisdom of the body you've got to respect first, if you don't, and you rampage over the top and you just say, I know how to cure you, which is often what people come in. I need to be cured of my fatigue and to back off and say let's understand it, seems second-rate somehow. But when people have gotten no sleep, their diet has fouled up, they are putting up with stresses that they should not, they're trying to get back to work, going through all the stresses of NDIS and financials and everything.

Dr. Ron Ehrlich: NDIS?

Dr. Mark Donohoe: The National Disability Insurance Scheme. I have dozens of patients for whom that is now their new stress. They get no support from the community

unless they pass muster. What does NDIS say? You have to have a disease that a specialist will authorize before we are going to give you any money. So people are clearly disabled, everyone agrees they're disabled, but because they don't have a disease name, they fall out the edge.

And so this concept of going back and saying, I have my line too, genetics is a predisposition, it's not a death sentence, it's nothing like that, everybody carries trap doors of genes all the way through life. If you're lucky, you never tread on one of those trap doors and nothing breaks, but nearly everybody finds a way of finding one of those and when it goes, you drop down a level. Then the environment, if it impinges on that and the environment is not right for you, you go down another level. And so the microbiome is a responsive area here, from the mouth right through the anus and probably all over the skin. There are factors at play that we doctors don't help when we say, I will help you with antibiotics. We now set a stage, two years, three years, 10 years in the future where that will come back to haunt us.

So I do see this as the failing of a person who fails gradually. We all know how to handle a heart attack. We all know how to handle a tumor that's rapidly growing. What we don't know how to handle is when the body's stepping down, step by step, they enter a state which is dysfunctional and fatigued, but it's adapted. It's not going to let the person die, but it isn't going to let them live.

Dr. Ron Ehrlich: There's the issue here of resilience too, isn't there? And the other thing as people search for their answer, their one answer from you, the doctor, is this idea of cross-reactivity as well. Because people ... I know that I've had patients who've gone off gluten and dairy and responded really well and others who aren't well go off gluten and dairy and very little difference, until they explore the other things that they're cross-reactive to, they may never have even considered.

So this is the idea of cross-reactivity is an important one, isn't it?

Dr. Mark Donohoe: It is, I see that in a slightly different way. I worked with a naturopath many years, you may even have heard of him. William Bader?

Dr. Ron Ehrlich: Oh yes, of course.

Dr. Mark Donohoe: Bill, we worked together and he had this visual imagery, which I loved, which is a boat with five anchors. You pull up an anchor, nothing happens. Do you toss it back before you pull up the next one? And so the idea of failed treatment came to me in my medical practice. I was doing things, people getting better from chronic illnesses slowly.

I rang Ian Brighthope and he said, look, try intravenous vitamin C and I had a couple of dozen patients. A magic happened, these people got up, thank you doc, why didn't you think of that before? I thought it's just vitamin C, that's the cure. It was a cure when you'd done everything else, but it was not the cure when it was the first thing you did. I started to run a vitamin C practice and nothing happened because I didn't manage the allergies, they were still on their diet, they were still in their stressful job. What I mistook was the people who

pulled up four of their anchors and they just waited for the fifth one to be raised. We all blamed the last thing that was done, and it was all the work before that had really unloaded those people and just all I needed was a push from the vitamin C.

So I learned my lesson and I've taken that with me that there are principles, it's not like if one drug doesn't work, move on to the next one. It's like, if you have not paid attention to diet, [if you have not paid attention to sleep](#), if you've not paid attention to susceptibilities, allergies, if you don't pay attention to them, and you leave those dangling, the person doesn't get better.

And so trying to pick them out, it always seems like simple little things. I tend to love to use pathology or some measure to know when I've won a little battle. Sometimes it's the lymphocytes, sometimes it's C reactive protein, but you need these little things as doctors to give us confidence that we're doing the right thing. But the patient walks in and goes, no, that was a big thing. I went on stewed apple or probiotics, a bit of Saccharomyces, my gut is better I'm feeling way better. Are you well? I'll still not well, but I'm halfway there.

That kind of progress is not what we're used to in medicine. We think when we stumble on the right answer, the edifice, you will not be depressed when I pick the right one. The doctor may not see that five years on, that antidepressant is the thing that the person is desperate to come off because it has just ruined the quality of life, but it worked brilliantly as an initial symptomatic cure.

My problem with my own profession is, you mistake the power of the drug to do a short-term thing for something that's worth doing in the long-term without going the extra distance of why. We never ask why we just keep on saying what.

Dr. Ron Ehrlich: Another thing that occurred to me as you were speaking there was also this confusion with the term allergy and sensitivity. There are different types of allergic responses. When we kind of have this, oh, if it's not itching, if I haven't got hives, if I don't have a runny nose, I'm not allergic, I'm not sensitive, but there are other kinds of sensitivities.

Dr. Mark Donohoe: Half of all the people that just listen to you are scratching at this moment. I just did as you said it.

And so yes, you're right, the term allergy is owned by the medical profession. This is something that patients in the world don't understand. nosology is the naming of diseases. Doctors own it. When they say you are not allergic and you say, but every time I eat a carrot my face swells, I feel terrible, I get constipated and I have to go to bed, that's not an allergy because the allergy is a type-1 histamine releasing, mass cell, IGE mediated sensitivity reaction. It's called a type 1 sensitivity. We've got four different types of those types of reactions, but when people say allergy, they mean I have a terrible reaction to something. And so you get this mismatch of the person eats gluten, feels terrible, bloats, gets pain, may get diarrhea or constipation, say I'm allergic to gluten, doctor does a very specific test case. No, you're not allergic to gluten. They're both right in their own terminology, it's just that the crossover of that terminology is not right.

Medicines at its best when it's naming diseases. Did you have a heart attack? The T-wave inversion will tell me, yes, you did have a heart attack. The person says, I've got chest pain and they're not interested actually in what is going on there, they want to make sure it's not a heart attack but that chest pain that comes back with exercise, that's the thing that they're trying to get better.

So doctors are technically right because they define what's right and wrong in this naming, but sensitivity reactions, adverse reactions to foods to chemicals, inhalants that are not allergy, are far more common than allergies. And so people try the naturopath's diet, feel well for the first time and then regard the doctor as a complete idiot. Doctor was technically right, but he was wrong in guiding that-

Dr. Ron Ehrlich: Are we talking semantics here? Because you mentioned four types of allergic or sensitivity responses.

Dr. Mark Donohoe: Immune sensitivity responses.

Dr. Ron Ehrlich: And the type one, which is what most people associate with-

Dr. Mark Donohoe: That's hay fever as well.

Dr. Ron Ehrlich: It's that IGE thing, which is really easy to identify because it happens within contact, 10 seconds, maybe minutes. But the other ones could take hours or even a day or two to kick in.

Dr. Mark Donohoe: They do and not all of them, this is the thing that people don't appreciate, not all are immunological. We have now the common argument of, my immune system is low. No one knows their immune system is low. There could be lots of inflammation and it's an overactive immune system, but people think they're catching everything when really they're at war with everything. We measure the immune system and it's far more commonly hyperactive than it is under active. So people's feeling is if I'm feeling terrible, my immune system must be poor. It can be triggered the other way. Lots of the chemicals that we're exposed to trigger aggressive immune responses, people feel terrible and then think I must have caught something every time. Worse, every doctor thinks the same way, gives an antibiotic and then you transfer what is simply a reaction to say, to a food, to a dysbiosis, to a perpetual long-term inflammatory outcome that doesn't serve the person at all well.

Dr. Ron Ehrlich: This is such a big topic, this whole chemical sensitivity, how has it changed over the years?

Dr. Mark Donohoe: [We keep introducing more chemicals.](#) So in the general term, when you introduce another few thousand every year, a lot of them are ostensibly to replace the bad ones of the past. But if the mindset of the industry is we have to profit from the sale of chemicals, you get these things that you plug into the wall now. They are plugged in everywhere and they spit out fumes. You have Mortein, for example, being pushed out all over the place in kids' rooms at night. The implication is it's a lot better than grandma's

spraying you, but the effect is the same, everybody's breathing things that are not biological agents.

[So when the number of chemicals go up, you don't get less of a problem, you just get different people affected by that problem and some people feel a lot better.](#) The organochlorines took 30 years to run out of our systems and they were banned 15, 18 years ago completely, and we still see people affected by those all these years later.

Dr. Ron Ehrlich:                    Why they're called persistent.

Dr. Mark Donohoe:                That's right.

Dr. Ron Ehrlich:                    Because they persist.

Dr. Mark Donohoe:                And irritatingly, worse than irritatingly, they get into breast milk and so the mothers that were exposed raise children, doing the best they could with breastfeeding and for approximately 15 or 20 years there, it was a pretty good chance that breast milk was less good for you than getting artificial milk. Not because breast milk was bad, but because it was contaminated in a way that a growing baby really didn't need.

Dr. Ron Ehrlich:                    Then we get into the water that they used instead to make the formula and it's going down one of those trap doors.

Dr. Mark Donohoe:                In general, breastfeeding is always better and I want to say that.

Dr. Ron Ehrlich:                    Now listen, you mentioned children, because I know another part of your practice is very much on childhood behavior, children's behavioral problems and I've seen some of the statistics. Can you just share with our listeners, what are some of these problems that we're seeing and how common are they?

Dr. Mark Donohoe:                Depends where you want to start. One of the problems is the measurement problem, that once you're aware of something, you see it, and you didn't see it before. So autism in young kids was just considered bad behavior at school, no one thought of it 30, 40 years ago as if it were a medical issue or a fixable issue. It was just bad kids that didn't pay attention.

I have a problem with this because once the drug companies head into the scene and say, hey, we can fix those bad kids and amphetamines are going to do them a lot of good for the future, that's not an answer. You have not figured out what went wrong and why.

Dr. Ron Ehrlich:                    This is a Ritalin type-

Dr. Mark Donohoe:                Ritalin, dextroamphetamine, Concerta, they all do a job that is quite remarkable, but it's the wrong question being answered. They are things that have a debt in the future. It's like putting the kids on a credit card and finding you've got to pay it off when they get to 15, 16, are getting addicted to other kinds of chemicals and you've started that in the early years of life in high school.

So behavioral disorders, neurodevelopmental disorders, these are becoming increasingly common. There have been so many things changed in our environments, so you have some people saying it's all about vaccines, some people it's all about sugars in food, other people it's all about colours, flavours, and preservatives. The problem we've got is, we're an uncontrolled experiment of life. We have had now, say, four generations, moving up to four generations with the move from food to supermarket food-like substances, has been almost complete.

And Michael Pollan's long ... those seven words. Eat food, not too much, mainly plants. By food he meant something your great-grandparents could have eaten, you eat that, and you feed your children that and you make it mainly plants and not too much of it. You don't have obesity, you don't have behavioral disorders, you don't have microbiome disorders, you get a harmony between the environment, what you eat, the gut microbes and the body.

So I'm a big fan of not intervening as if this is a biochemical problem of the child. What I see is that children with again, the methylation disorders, you can give them their B12, you can give them their methylfolate, behavior improves, no doubt about it. The problem is that should not have broken that early on in life. If there's a methylation issue, generally, kids get through it, so what's going on that puts the pressure on that weak spot of the child is the far more interesting question.

And I have inklings that all those things that when you do the vaccines diet, where there's no change from summer to winter to any other time of the year, where there's no variability, when we're in houses, kind of constant temperature, these are environments actually unfit for humans. We are well adapted to variety, to differences, to temperature changes, to microbes. Every baby sticks everything in their mouth, they are immunizing themselves a thousand times an hour and at that rate of kind of intervention, that's the natural way that the body's well adapted to ... where we try and stabilize everything, put people in schools, bore half of them to death, then we're not honoring the individuals and we find the weak spots of that change. That goes as behavioral changes-

Dr. Ron Ehrlich: You mentioned autism and I'd seen some statistics where 1979, the figure was something like one in five or 10,000, one in 5,000 or 10,000, and in Australia now, I've heard statistics like one in 100 and even in parts of America, one in 50. Is that just diagnosis?

Dr. Mark Donohoe: No, something definitely is going on. You and I have 35-ish to 40-ish years, that's enough time to see two generations, and enough time to see the bloody obvious. You do not need randomized trials to figure this out, behavior has changed. The profession's view of it has changed from ignoring it entirely and hoping it goes away, to medicating half of the people who turn up with any kind of neurobehavioral defect.

So a part of this is the business model of medicine. When there's a drug, especially expensive drug and especially if parents are desperate for their children to be able to participate and compete in school, they'll do anything and doctors similarly will do anything to make a difference. Do we think it's a good idea? Nearly every doctor, every psychiatrist thinks it's a bad idea, but we can't stop doing it.

And to go the extra distance, I'm part of the [Society of Lifestyle Medicine](#), to go the extra distance and say, does this happen in other groups where they have more natural diet, a seasonal variation, it doesn't happen there. It just doesn't happen. So we know that we're missing something, there's a move in psychiatry to say, do you know what? Food and diet are important in the way the brain functions. And it's like an epiphany of psychiatry, which goes back all the way to Hippocrates, which goes back way before that. To rediscover it is exciting, but it's way overdue.

So even on the most behaviorally disturbed kids, understanding the genetics, understanding some of them are gluten-reactive, putting them onto diets that are not too threatening. I have a big problem with the salicylate diet, simply because when you cut out fruit and vegetables, you cut out the seasonality and so you put people on highly restricted diets that can do a bit of good, but you've got to get them food again.

So I go back to diet, nutrition and the most important thing these days for kids is no screens in their bedroom.

Dr. Ron Ehrlich: A huge challenge.

Dr. Mark Donohoe: It's impossible. They sneak it in, it seems like an addiction the type of which we've never seen before, so we say well at least don't have the blue screen. Put the night shift on so it's more orange and that's like the chairs on the Titanic have moved to the back.

Dr. Ron Ehrlich: We've done programs on the electromagnetic radiation effect of it, but there's a whole social aspect of it, which talk about neurotransmitters. Addictions are like, you wouldn't give a kid alcohol or a heroin or cigarettes because you know that's very addictive, but here they get handed devices which get the same dopamine pumping and they become addicted. But we digress for a moment.

Dr. Mark Donohoe: The fun with you is the digression.

Dr. Ron Ehrlich: But you mentioned also breast milk and parents' toxicity and how that can affect, but parent toxicity and children's behavioral issues are also linked. How?

Dr. Mark Donohoe: The parents' expectations are for perfect children these days that's one way it's linked.

Dr. Ron Ehrlich: That's one of the toxins, that's a toxic thought.

Dr. Mark Donohoe: Thoughts can be extremely toxic, emotions can be extremely toxic, but once the expectation is that every child will achieve at school, they will go on to be high achievers, once there's no honoring for the variability of one child from another, you do see a toxic tendency that we want everyone to be better. This CRISPR technology, have you heard of CRISPR?

Dr. Ron Ehrlich: No.

Dr. Mark Donohoe: The manipulation of the genetics of an ovum or the early blastocyst. So you get blue eyes, tall children, you actually can, at trivially low cost, customize a baby. It's done for other mammals already and one view of medicine is the bright future is we will design people who are perfect, who don't have disease. That kind of thinking is just to me, it's the opposite of evolution and biology. Biology tries the experiments, yes, there's tragedies but resilience is built on variability, of not having a monoculture of humans.

We try to monoculture houses for safety, air conditioning, we do all kinds of things to prevent us getting sick, and we sick it in a different way. And all we're doing is shifting from, there will be some people who are very weakened, who could get pneumonia and we can get them saved in hospital at a high cost. Do we do anything for the health of people so that they don't get pneumonia in the first place? It's an irrelevant question to my profession.

I even remember talking to the chief health officer about how did kids get these particular infections? So it's 10 times, say, meningococcal disease, 10 times more likely in a smoker's home and the attitude of the chief health officer was disease strikes randomly, there is no pattern, you can not predict it, don't even think that way. Random disease hits, our job as doctors is to pick up the pieces afterward, patch it all together, get them on their way and hope it doesn't hit again.

Dr. Ron Ehrlich: It's a very interesting philosophical question, isn't it? As a doctor, and I've said this before, that I think the common denominator in those that prescribe and those that are integrative and holistic, is that they genuinely do want the best for their patients. But I think there's a basic philosophical question, is your role as a doctor to manage disease? In which case, you're part of a very good economic model, or is your role to find out what causes the disease?

Dr. Mark Donohoe: This harks back 3,000 years, in 2,500 to 3,000 years, there was a Hippocratic model. Let your food be your medicine, there was the concept of diet, the concept of environment, the concept of stress and socialization, and it never worked out financially. The Romans took it over and it was calor, dolor, rubor, and tumor. What is it? I better get this right... And if it's not red-hot and swollen, send them home, charge them, but then get them to come back when it's swollen. So if you didn't have a lump, you didn't have a disease.

And the concept of the Medicare system was once you've got a lump, that's dead easy because we can cut the lump out. We can do something about it. If you take the time and you go through life, you can't charge people for that.

Dr. Ron Ehrlich: And there's another thing too, isn't it? People, I think, need to understand that disease isn't a light switch. Yesterday you were perfectly healthy and today you've got a diagnosable disease. By the time it reaches diagnosable disease, a lot has happened in between.

Dr. Mark Donohoe: In fact, the most important question that I ask, I never let them know ahead of time but the most important question is what happened a year or two before you got sick? And people will say, well, nothing, I was well, but you expand that and they

pick up very quickly that, oh yeah, I went to Indonesia, I got terribly sick, I've got those antibiotics, but I got better. And then I was working longer hours, I had to do my Ph.D., I was staying up nights. But I wasn't that sick. And so the sum total of those debts that we have to our body, we've not paid off, they show as a disease, they show as a rapid decline.

And if you ask why, you've got to go back through that long history. If you say, what did you get? You can give an antibiotic for it and there's a big difference in those models.

Dr. Ron Ehrlich: Now listen, here's another topic that I know a lot of doctors feel uncomfortable about, vaccinations. Why is it such a contentious issue?

Dr. Mark Donohoe: If I as a doctor say anything contrary to vaccinations, I put my registration at risk. So let's just say, it is controversial.

Dr. Ron Ehrlich: That's why I ask why.

Dr. Mark Donohoe: The reason it's become controversial I think is that it's a public health issue and public health has to protect the weakest, the most ... the people who can't access medical care and there's not a doubt in the world that vaccination did the job that it was meant to do. It reduced disease states of the things we could vaccinate for, it saved many lives, millions of lives around the world.

When something is that good and when the profession remembers greatly, paralysis of polio, it's an emotional argument. Right at the moment, it should not even be a big argument, we've won the war against many of these diseases. The fear is if we don't vaccinate could they come back? We're better at managing diseases, 30, 40 years on, now we have vaccine-preventable diseases that are down to such low levels because of vaccination, but the risk has been lowered.

But we as a profession, are unwilling to let go of our old fears.

Dr. Ron Ehrlich: Now Mark, you and I both have daughters of similar ages in their early 30s, late 20s, early 30s, and you've got a teenager. When my oldest daughter, 31, when 28-year-olds were born, I think from memory, they were vaccinated with 11 different vaccines in the first 18 months of life. But today, there are many more. How many more?

Dr. Mark Donohoe: Many more, however, they're wrapped up in less needles. So the thought was people aren't turning up because no one likes to see their baby crying, and if we put more into less needles that may get around some of the resistance to vaccination. I don't think that's a terrible idea. I don't think it's a great idea.

If there is a reaction to vaccines, it's often going to be to the adjunctive. The stuff that's in there with the aluminum and the formaldehyde. People think that vaccines are accidentally contaminated, that's not accidental, you've got to put those agents in because you're delivering something that normally would go through the mouth or throat or gut. You're putting it in the skin. If you just jabbed the microbes, nothing happens, the body doesn't fight

it. So you put the aluminum, formaldehyde, it creates it in the rotation, the immune cells are brought on to that site.

And therein lies one of the problems. There are some kids very close to the edge at the time they're vaccinated. They are the ones that suffer the majority of the problems because without anyone knowing it, they were just too close to a particular edge and so allergies and inflammation can get out of control. On the whole, it is good for the community and it's very useful that vaccinations have done the job that they are meant to have done.

It does not mean that we have to become almost vaccine Nazis, in a funny sense, now, we're taking money away from people, we are forcing them to not go to preschools. We've already won the childhood vaccinations, we've got the 93% to 94%. Even in the Medical Journal of Australia, it said that's not even the battle anymore. If you're going to vaccinate, it is adults, there's 60% of adults that carry these diseases, are entirely unvaccinated. You don't get 1% differences in the children making a difference, but if you're going to go down the vaccine pathway, vaccinate the adults and the teenagers, the ones that carry the disease now.

However, it's hard to isolate those people. You can't say to the whole population if you don't line up, we're not giving you your tax return because you'll get voted out, but it is easier to do it when you say terrible parents are not vaccinating their children. I see these stories a lot where children and their siblings have had terrible reactions to vaccines. The mother's instinct is I want to delay it. I want to put this off, but if they don't fit in, they can't pay their rent, they can't buy their food, and they certainly can't get childcare. And that creates a real dilemma.

Dr. Ron Ehrlich: This is because the government ... it is a federal government thing or is it a state government thing as well?

Dr. Mark Donohoe: It's both.

Dr. Ron Ehrlich: Where we're holding back the child benefit for childcare if you had don't show that you are vaccinated.

Dr. Mark Donohoe: That's right, so there's two. Federal is what happens with the taxation and the family tax benefits and the rebates, so they control the money side. If you haven't had your vaccines, you don't get the family tax benefit. It means a couple of thousand dollars per child and families who are struggling don't really have a choice about that. If you have 5,000, 10,000 one way or another, it's the difference between being comfortable and not. At the state level, they control education.

So the federal government has pushed this idea of no job, no play, and so that means now that kids that have not been vaccinated can't go to childcare and can't enroll in childcare. And I think nearly everybody in public health thinks that's a terrible idea because what does it do? The unvaccinated kids will now aggregate elsewhere. The whole idea of herd immunity is it only works if you've got even distribution, and if you suddenly pull one group out and put them somewhere else, you've got the very thing that you least want, which is the capacity to breed up those diseases all over again because there is no herd immunity in that herd.



Dr. Ron Ehrlich: So for parents who were contemplating or at that stage, I guess resilience is ... know the child is as healthy as can be.

Dr. Mark Donohoe: That's the advice that I give to parents, is choose your time for the vaccinations. Don't fall into this thing of, oh Christ, I have to catch up here, what the hell? And the kids are sick and you go and get them vaccinated just to make sure that the Family Tax Benefit covers through. Think ahead, decide whether a child's resilient. Mothers look their babies in the eyes and know when they're well and know when they're not. Men, the fathers often don't. Kids are kids.

But choosing your time, the vaccinations at the appropriate time, the building of immunity and the ability to look at your own child and say, what's your needs, not what is the average need of the population. And that's simple straightforward advice, it minimizes the terrible outcomes that can happen with both vaccination and disease, both of them. There is no free lunches ever in medicine, things that work as well as vaccinations occasionally foul up.

We have doctors in our community saying we should have a compensation scheme, but a compensation scheme is costly. You then have to say, well, there are bad reactions. And the government here has resisted it, U.S. has not and each has their own way of going about it. But there are injuries and when you see the injuries, we should as a community say, well, you've done stuff for the good of the community, we will contribute to you, we will look after your care with any damage that occurs.

Dr. Ron Ehrlich: What are some of the complications of vaccinations?

Dr. Mark Donohoe: The one that is the absolute contraindication is anaphylaxis. You occasionally get anaphylaxis in death.

Dr. Ron Ehrlich: So this is the extreme allergic response.

Dr. Mark Donohoe: It's extreme but it's also the only reason that a child could be exempted from vaccination, is to have had one of those responses and not wanting to have it again. The other more common things are, they get asthma, they get eczema, they get acute fits that have within 48 hours of the vaccine. Some of the time it settles down, some of the time it doesn't settle down. There's about 300 to 400 hospitalizations each year, post-vaccination. Some of them have terrible outcomes but very rare.

So you would say that adverse reactions to vaccines, maybe one in 10,000, one in 5,000 that are really significant, but they do happen. My point is, if we deny that and just keep on saying, no, vaccines are perfect, there are no problems, then we're denying what we do in medicine, which is just be aware that when you do good, there's always a cost. And the small cost of vaccination should be a small cost for us to be aware of.

Dr. Ron Ehrlich: Listen, we've covered so many areas there, it's been fantastic. I wanted to finish by asking you this question and what do you think the biggest challenge people face in our modern world, in their health journey through their lives? What do you think that is?

Dr. Mark Donohoe: You ask the easy questions at the very end there, after I've exhausted my brain.

Dr. Ron Ehrlich: Just whatever comes to your mind.

Dr. Mark Donohoe: I think that we're in a period where we're taking back ownership of our health and there's a difficult transition there. There's been centuries of doctors being the owners of the information that people require to make themselves healthy. And as doctors, we're a little uncomfortable with amateurs looking after their own health. I say this with all respect to my profession, medicine is anti-evolutionary. We do believe that evolution is the best description of biology, medicine is the survival of the richest, the survival of those with access to medical services, and where I'm willing to allow nature to intervene in that process.

But natural resilience, babies putting things in the mouth, crawling in the dirt, petting animals, eating foods in season, half choking, babies do terrible things, but it's part of developing resilience. We've made every playground a rubberized surface. The rubber is more toxic than the grass used to be, under it. People fall, they may bounce a bit, but kids chew that stuff. We've become so used to a protected and controlled world that mums are coming back to say ... mums and dads, actually, the dads a good when it comes to take the risk every so often, but mums and dads are coming back and saying, is all this really necessary? Do we need to medicalize ourselves?

And if there's one good thing with the internet, there's a discussion which is the kind of user groups, the people who have been through something and that harks back right through history that when the doctors own the knowledge and they become irrelevant to their patient base, people emerge, learn and do things themselves. And I think this is a painful emergence, but it is wonderful to see mothers gain the confidence again to raise healthy children, to come and talk about the diet, to come and talk about sleep, to come and talk about these little machines that we take in. To me, that's a mark that we can get through this. When I see doctors prescribe as the only way through, I lose all hope that we've got any chance for resilience in the future.

So to me, the major challenge is, we support the population in understanding how to manage their health. We are servants of the people again, and if we can get to that stage, we'll not have this fight, where it's us against the idiots, then we're going to have healthy, resilient children grow into healthy, resilient adults, to having healthy and resilient babies and we'll be able to leave them alone to do that, rather than intervene every step.

Dr. Ron Ehrlich: Fantastic, what a note to finish on, thank you so much, Mark. I really enjoyed this conversation.

Dr. Mark Donohoe: My pleasure.

Dr. Ron Ehrlich: It's so interesting talking with Mark. So many great insights and a very holistic approach. He's been dealing with these issues for many years and his focus has been on identifying a patient's chemical sensitivity while acknowledging that a physiological limit has been exceeded. He uses the analogy of our health having anchors. As one after

another of those anchors is cast off, our health suffers and how that manifests itself may depend on your genetic predisposition.

Now when it comes to environmental stressors, be it electromagnetic radiation or chemicals we're exposed to in our food, water, personal care products, even furnishings or clothes, well, it's a big topic, but an important point is that government policy lags many years behind, as for that matter, do regulatory bodies or professional health organizations.

For me, there are quite a few takeaways from this discussion. For a start, chronic disease is multifactorial and [the five stressors or perhaps we could call them five anchors, emotional, environmental, nutritional, postural and dental, are a good way of thinking about what causes chronic degenerative diseases.](#) But that rarely lends itself to quick fixes.

Another lesson was when it comes to [environmental stressors](#), that means chemical exposure, the precautionary principle is a very good preventive guiding principle. That means if something has the potential to cause harm, it's best avoided or at least minimized.

And the last thing was the five pillars, [sleep](#), [breathe](#), [nutrition](#), [move](#) and [thought](#) are a great way of building resilience and again, the fix may take time, but hey, play the long game, it's called life.

So make sure you look at the transcripts on my website that accompany each and every podcast. We will have links to Mark's webpage as well. Now visit the Facebook page, read some of the blogs, give some feedback and until next time, this is Dr. Ron Ehrlich. Be well.

[\*\*You can visit Mark's website by clicking here.\*\*](#)

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