

Caspar (00:00):

There's a relatively new condition related to Lyme disease that's been gaining attention in recent years. That stems from a tick bite that creates a meat allergy. Yep, a meat allergy. This condition not only creates dietary restrictions, it also can present as severe dermatologic and gastrointestinal reactions as well as emotional neurological manifestations. Today we're gonna discuss a recent diagnosis of a 16-year-old female as well as the treatment she received from our medical center, the New York Center for Innovative Medicine. This is the Story of Alpha-Gal Case Review with Nicole Ritieni. Nicole, so happy to have you back on your second time on Yeah. Discussing a case this time. This is our first time doing case reviews. I was kind of excited for it. You know, when when we talk about this new type of condition, Alpha-Gal, it seems like something only impossible meats would like create through tick and give you this real, but it's a really debilitating thing. Mm-Hmm. <affirmative> like don't mean it, jest about it. Can you talk about how this specific patient, a young girl came in and what she was presenting when she came in? Did she already have a diagnosis?

Nicole Ritieni (01:16):

So she was referred by a patient who also went through treatment with us for Lyme. So that was helpful for her. She did have a diagnosis of Alpha-Gal, which they can typically find via blood test. But she did not have a Lyme diagnosis, which is always interesting and something we see a lot here that someone's displaying a lot of hallmark symptoms of Lyme, which I wouldn't say Alpha-Gal necessarily always is, but she did have all of the other ones we often see like really bad anxiety, generalized muscle and joint pain, insomnia, night sweats. For someone her age and being very young, these things are pretty abnormal. So she was not even, she was tested for Lyme, but it came back negative on her conventional tests. When she made it to us, she had been experiencing some of these symptoms for about six months.

Nicole Ritieni (02:04):

Probably more of like the normal Lyme symptoms like anxiety, joint pain, stuff like that had been going on for some time. But the allergy or issues with meat were probably about six months by the time she came to us. And what would happen in her case is if she ate any meat, like specifically beef, pork, lamb, those type of things, she would start getting almost like a poison ivy type reaction is how you could imagine it. It would go all over her face, different areas of her body. It could be different each time. The interesting part for her that made it I think even more challenging was even if she smelled the scent of someone around her having meat, she would have similar reactions. She would get a lot of abdominal pain also described kind of like as if a really tight band was placed around her torso and squeezing her. So this was happening to her for about six months and there wasn't really much treatment she was being offered. It was was kind of like ride it out and just avoid eating and being around all these meats, which is basically impossible because you know, then it starts impacting your social life. So this is a good case of reminding us that it's not always just the physical implications, but how socially it affects the whole patient and their whole life, their whole life.

Caspar (03:17):

And their family and everything. I mean this patient I believe was from Texas, correct? Mm-Hmm. <affirmative> like the home of barbecue and you know, and all that. Like obviously that that's a big part of family get togethers. And you're telling me the conventional approach that you heard probably from the patient, from the parents and everything was just ride it out.

Nicole Ritieni (03:38):

Yeah, she wasn't really all, you know, she did the antibiotics you know Mm-Hmm <affirmative> just to kind of rule out anything 'cause she had been bit by ticks in the past, but it didn't necessarily help her. It was more so I think to appease her than them really finding a solution for the problem 'cause they didn't

diagnose her with Lyme. But yeah, she wasn't really given much to work with. I mean fortunately she had known someone that came to us and had a lot of success with their own condition, although he did not experience Alpha-Gal syndrome. But yeah, that was kind of her whole story coming in and just looking to live a normal life again. Be able to eat meat, be around meat as well as all the other symptoms were debilitating for her too. But this was like her last straw.

Caspar ([04:18](#)):

Oh, absolutely. That's gotta cause some emotional damage as well to the patient not knowing if you'll ever live a normal life. 'Cause meat is all around us as much as you try and avoid it. If she's gonna have that reaction, just the scent of it being around it, everything changes drastically in this life. Yeah. So finding solutions is very big for someone going through that. Fortunately she did find the solutions. When evaluating this patient, when they came in and, you know, finding these things, the co-infections, everything. Was there anything that stuck out to you that would be different than the pattern of what you see in most Lyme patients? Or was it very similar?

Nicole Ritieni ([04:56](#)):

It was pretty similar. It was. I will say something for her that we found that might be different is issues with allergies and the way her immune system was recognizing meat specifically for her it was actually grains because you know, all animals are eating grains essentially. Yes. So we worked on allergy elimination for grains for her and I do, I think it was the whole approach and the whole picture that ended up helping her. But that was what was pretty different from her and other Lyme patients.

Caspar ([05:22](#)):

Interesting. And that was, did you guys go about NAET for the allergy elimination within the comprehensive program of treatment that was added in?

Nicole Ritieni ([05:31](#)):

Yeah. At through starting during detoxification for her because it was also creating a blockage within this patient's nervous system. So when we do identify allergies with patients, we often detoxify them first and then address it after. But for us, within detoxification, we're also trying to regulate the nervous system. So we would struggle to do that if we weren't then working on the allergy of this patient. So she had three sessions of, you know, NAET just to work on grains and that's all she ended up needing for that. Which is relatively easy when you think about what she might have gone through for who knows how long. But yeah, that was a major difference for her and I do believe a big help in her, you know, being able to return to normal, normal eating patterns.

Caspar ([06:14](#)):

I know for most Lyme patients, and you, you could talk about this specific case with the Alpha-Gal, of course everything's personalized and tailored, but you have these patterns that go along with it. And the pattern, as you mentioned, starts with this detoxification, improving of the terrain so that it's, it's easier to go after any microbe or pathogen there. And then you go into this microbial phase, anti-microbial phase where you're a phase where you're trying to target all co-infections in different ways. And then finally a regeneration, emotional energy balancing all the extra pieces at the end. Did you see the same patterns in this case with the Alpha-Gal associated with Lyme?

Nicole Ritieni ([06:54](#)):

Yeah, she did. Aside from the allergy elimination, I would say it was pretty on par with the rest of the Lyme patients we've treated here. They're, they always have some, you know, it's personalized. So they

do have variations within, you know, what type of compounds we're putting in their IV bags, where are, where are we working on their nervous system regulation, where are we finding disturbance fields on this patient? And then, you know, their supplement protocol as well is very much tailored to the patient. But she did follow a pretty, you know, for lack of better word, normal course for our Lyme patients here.

Caspar (07:25):

I'm curious because you have a young patient that was, I understand, relatively healthy prior to this tick bite, correct? Mm-Hmm. <affirmative>, yeah. Prior to the Alpha-Gal diagnosis and the Lyme association what was the level of toxicity? 'Cause that's always a really interesting piece there. We do it a little bit differently than, let's say urine provocation or anything. We're looking interstitial using Dr. Shimmel's biological index on a scale of one to 21. One being incredibly clean terrain, 21 being pretty, you know, nasty and, and very, very toxic terrain. What, what was she at?

Nicole Ritieni (07:58):

So she was high, especially for her age, she was at a 16. Okay. When a patient starts entering that like 13 to 16 range, it's showing us they definitely have a very high amount of inflammation now going on in the body. So it's probably been happening for a certain amount of time, not like a relatively recent issue. And she was on the borderlines when they start crossing over 17 to 21, they're starting to enter a degenerative type of process and that's when you're looking at a lot of the more scary type of diagnosis. So she was right there. I think she came at a really good time because it was relatively easy to treat her with everything she had going on, but she was definitely progressing into more of a, of a severe place in her health.

Caspar (08:41):

Yeah, no, we definitely got there at the right time. So it didn't go into those very high levels where it starts to really do damage throughout the body that could be lasting in some ways and require more regeneration afterwards. How long was the treatment and, and the phases within it? Sometimes it's a four-week detox. Sometimes it's this, again, realizing these are not protocols or anything. Yeah. But her individual treatment plan, what was, what was the length of hers and what it looked like in the phases?

Nicole Ritieni (09:09):

She, since she was traveling in, she was getting daily treatment, so it did make it a little bit quicker for her. All in all, she was here for four weeks. Okay. So she had two weeks of detoxification and then two weeks with our antimicrobial treatments. This patient ended up, you know, opting out of the regenerative phase of treatment. She was just unable to stay. However, she still did the bulk of her treatment and, and did really well. She had pretty a quick turnaround, I would say, from other patients I've seen here. But she, while she was here, the important part of, I think her success is she truly did everything, you know? Mm-Hmm. <affirmative>, she from the physical treatments all the way to the emotional treatments and really embraced it. So her compliance to everything, I think is what allowed this quick turnaround.

Caspar (09:53):

And day zero, I understand she couldn't even be in the same room as anything with meat and that would be already too much. Where was she at day, week four, day 28.

Nicole Ritieni (10:05):

So this patient started like feeling better with a lot of her other symptoms I mentioned in the beginning, like as soon as she started detoxifying, which we do not always see, sometimes people get a little bit worse before they get better, but she was someone who started, I think just with her age, how young she is

and otherwise healthy. As we started removing that toxic load, it's like a lifting a weight off the patient's shoulders. At the end of her treatment. You know, ideally she probably would've consulted with us before eating any meat, but she just went for it and had a burger <laugh> one weekend. That's

Caspar (10:36):

A good sign. If she's like, Hey, I want a burger, I'm gonna try this out.

Nicole Ritieni (10:40):

She just went for it <laugh>. But she ended up coming into, you know, maybe this was after her first week of antimicrobials, I don't believe she even finished the full thing because she came back in and we were able to talk with her about this. And she said she was fine. She had no reaction at all. And then she finished her last two antimicrobials. And to my knowledge, you know, went on and has been, has been able to be okay. This patient also, her family has a farm and they do a lot of work on their farm. So even being around the animals on the farm, Mm-Hmm. <Affirmative>, which was a huge part of her life between the work her family did, and she just loved her animals. She couldn't even do that. So as time went on, there was just in more ways, anything to do almost with animals created this reaction in her. And that also improved as well.

Caspar (11:30):

No, that's incredible that within those four weeks and going through the patterns that, you know, she ended up in a state like that. Were there any particular therapies that you could say, you know, you you, you would attribute to a greater improvement for her? Understanding synergy, personalization, comprehensive nature. It's not that, Hey, we did this one thing and that was it. She jumped in. Yeah. You know, that, was there anything that you felt or even that maybe she exhibited and, and told you that Wow, I really started to feel different afterwards?

Nicole Ritieni (12:02):

For her, I mean, one could say it's the antimicrobials, right? Yeah. Pulling off the pathogens that are, but it is the comprehensive approach. So it's not like a black and white answer. Mm-Hmm. <affirmative>. But she did truly start feeling like herself again after maybe her first week of detoxifying. I, you know, toxicity is something that slowly happens to us over time. You don't always realize it, so you don't realize, it's almost like this drop in the bucket of feeling worse and worse. It's not so loud, you know, over that time that that's happening. But then when you start reversing that or remembering what you can feel like, it's like this aha moment for patients and that happened to her pretty fast.

Caspar (12:38):

It seems like, you know, regardless of a Alpha-Gal diagnosis or a Lyme diagnosis, the idea and the approach that we espouse still stays the same. And that is one that truly provides a new terrain, cleansing of the terrain so that these things can't persist and then really attacking each of the underlying dysfunction. Am I correct in that?

Nicole Ritieni (13:01):

Yeah, I mean, at the end of the day, the body has its own great intelligence and we want to just support and restore that. I would say all the treatments that we're doing here are just working with the patient's own body to optimize it again and make it do what it's always supposed to. Oftentimes people come in with high toxicity, heavy metal toxicity, chronic or underlying infection, and that's inhibiting their body. It's, they're, your body's confused and it loses the ability, it's burnt out and unable to do these normal functions. So when restoring that for these patients by targeting specifically what's going on with them,

their body then takes over and starts doing the job again. So I think that's the best part of seeing patients come to treatment here as they recognize, oh, my body can do this. Like I can take over again and it's me. You know, yes, we're helping in facilitating the treatment, but it's the patient that that's doing all of this.

Caspar ([13:52](#)):

And it goes to show even in the face of something new and kind of not yet known, like Alpha-Gal, you know, how many people have even heard of that? This idea of a meat allergy by tick. It's pretty novel and new, and yet the approach doesn't change if you go against the underlying issues there. If you really try and, you know, clean out the, the, the biological environment of a patient, you'll see progress and then you have all these tools that you can kind of pinpoint what they need within it. Was there anything in the, the treatment plan aside from the NAET that was maybe unique to her condition as opposed to others in this Lyme prism if you were to group it? Or is it again kind of like typical here?

Nicole Ritieni ([14:36](#)):

I would say it's more typical because at the end of the day, an allergy is usually some inappropriate response of the immune system. It's recognizing something as a threat when it's really not a threat. So we're trying to find why is that happening? Where is the dysfunction coming from? From her it was many things. She even had a very high degree of heavy metals. Mm-Hmm. <Affirmative> you know, many things blocking her nervous system. She had three different issues blocking her nervous system. And that will cause like hijack the immune system essentially. And it's not able to do what it's supposed to. For some reason, her identified meat as a threat, obviously, you know, to us it, it's, there's nothing threatening about eating meat, but her body identified it that way. So it's just restoring proper function of this patient's immune system with eradication of the Lyme and with the allergy elimination as well.

Caspar ([15:23](#)):

Yeah, a really fascinating case and I'm glad you could present it and I'm hoping we could do more of these as we go forward 'cause we have a lot of these interesting cases. This one stuck out and that's why I really wanted to get you on. I know you're busy and I don't want to take you away from patients. So thank you so much Nicole, for coming on sharing that case and hopefully we'll see you on shortly.

Nicole Ritieni ([15:41](#)):

Yeah, for sure. Thank you.

Caspar ([15:43](#)):

And as you heard, be sure to check out innovativemedicine.com, nycim.com as well. You could actually take a quiz that if you kind of qualify through that, you could speak with our patient success manager. If you know someone with Alpha-Gal absolutely share this. I mean, this is where the hope kicks in. Imagine that girl was told that just stick it out and see, you know, where would she be now. So this is a really, really good representation. What happens when you go at something with a different approach than a conventional and a different understanding of disease as together. So thank you again, Nicole. Yeah, thank you. Until next time, keep writing your own healing story.