Brain Fog, Fatigue, and Mold: Could Your Environment Be the Missing Link? Transcript

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Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey y'all and welcome back to the my MD unscripted podcast. I'm your host, Dr. Clint Carter. And today we're going to be talking about a topic that has had momentum over the last few years, I guess, but I still can't wrap my brain around.

how to take care of patients start to finish. And we're talking about mold here. So I'm super excited to introduce Dr. Eric Potter. Dr Eric is a conventionally trained medical doctor out of Tennessee that then found his way one way or another to the Institute for Functional Medicine.

He now combines both of those in his private practice called Sanctuary Functional Medicine and still in the Tennessee area. So Dr. Eric, thanks for coming on, man.

Tell us a little about yourself and how we ended up here. Yeah, thanks for having me. I appreciate you working. And I've looked at some of your podcasts and just enjoy the fact that you're trying to get out a better way of doing medicine, which kind of is what I'm trying do here.

It started out in direct primary care. Kind of dabbled and played around in functional medicine thinking I would build a primary-care practice, but it turned out the primary supported me until the functional medicine practice took off.

So I've been doing this for a little over 13 years, got fed up with the conventional world, both the business side and just also the clinical side of not being able to help a lot of people who had come to me with these weird symptoms and complaints and they had tried all the specialists, they tried A family member came and started asking me questions saying, Oh, I've been bumped to this specialist, that specialist this specialists that specialists and they just keep passing the buck.

So when that I was at a point where I. Moving out of the conventional world, looking for what I went. Learned about medicine from a country medical doctor, my hometown in Kentucky, where he did the old fashioned, had x-ray, traded for services, bartered for things, and knew all his patients.

He's still seeing patients into his 80s, homebound patients, so that was my model, the Norman Rockwell look, This is not what I kind of went to medical school, you know, push through MedPeds training for.

But I went through that system for a while. And then when I was coming out, family member was seeking help. I said, okay, let me look into this thing called MTHFR.

Another hot topic of years past. Right. And I dug further into that. I was like, there's some things here that answer some questions. Kind of led me next to the functional medicine side of things where I started taking courses with IFM.

As I learning that, taking care of patients, opened my own practice, learned about how to do direct permanent care that it wasn't illegal to see patients outside of the insurance industry.

Kinda grew up thinking you'd be locked away if you tried to bypass Blue Cross. With that, once I started going down that rabbit hole, started seeing people get better as we address different nutritional issues, gut issues hormone issues.

And then I kind of started running across the patients who were having these weird symptoms that caught what we call the multi-symptom, multi system issues and it's like, all right, what's going on here?

And started looking into the mold and realizing this kind makes sense. started with the shoemaker approach, kind of now incorporate Neil Nathan, another doctor known in that world, bringing those together, helping people who can't get answers.

Their doctor said, oh, well, I think you might have this, but your tests don't show it. Or well you've got 10 different symptoms and we kind think, you got something, we just don' know what it is and here just take some medicines and hopefully you get better.

So as I started turning over those rocks, looking in the dark places that others didn't want to, I realized there's a lot of people out there and we were able to help them going through a detox, helping them figure out where the mold was in their life, and being also able help my family.

My family has dealt with it, which has been a Makes it a little more personal. I say it's one of the things I like to talk most about the thing I hate the most because of some effects it has had on some family members.

So this way I get to help others escape from what my family was able to escape too. I mean, that's, yeah, I think so many of us have that are a little bit outside the system have a story of like frustration and then either personal or close family members kind of just not being well helped in the.

I love that you were direct primary care. That's awesome. that that what I do obviously. And then to get deeper into the rabbit hole of functional medicine and into world specifically of mold is kind of what I think we ought to focus on because I really think it's a hard topic.

Kind of give us mold 101. What is mold toxicity? What exactly are we talking about here? And then let's kind of walk through, you know, how to sort of like take a big 30,000 foot view of the problem and then we can dive in.

So 30,000 foot view is where I have to start with patients. But I do say because mold affects so many body systems, we kind of go in and out, kind zoom in, and then come back out.

We do have start a big picture of saying patients like, why did I get sick or why now? Is it mold everywhere? Or, you know, isn't that just the latest fad that everybody's talking about mold?

It's been around for a long time. The mold, people say, well, why am I sick? My spouse is not sick or the other guy in the office space is sick. So with that first, it's like a lot of things.

You know there's people who I tell my patients, there is this guy down the road. He smoked two packs of cigarettes every day for 50 years and He's running around doing 5Ks and racing in his 60s, feels great.

But then you got this other guy over here that smoked a half a pack a day for maybe five years and he's huffing, puffing on oxygen, maybe even have lung cancer.

All our genetics are different. Our bodies, some people can handle toxins better than others. And then, you combine in the fact we live in a more toxic world and the food supply, there can be some debate, but in reality, our food supplies not quite quite as nutrient dense as it used to be with the industrialized big food industry.

So with that, you've got people who less resilient bodies because of the nutrition is not as great, they're eating more processed foods. You throw that in with a little genetics that means their body's slower to get rid of these toxins.

And then you get exposure. So in the construction industry right now, hopefully they don't listen to this, but I know what they're doing. They're building houses faster.

In our neck of the woods, they are putting up houses, faster because everybody in world wants to move to Tennessee apparently right. Now, I think number four.

Texas I think was number two, and we're number four. So with that, they're throwing up houses left and right, because some of my patients dig into these things.

Let's just say that they may pass codes, but they are not always as… quality. And then the fact is, what do you want? You want a house that you don't pay a high electric bill, high heating bill high cooling bill.

So they tighten that house down to the effect that every bit of air gets trapped. Then with all this, the humidity gets high risk of humidity issues that get trapped in there.

Sooner or later, something's going to grow. And you're in a house where all that air stays in one place. So you are breathing that area. You know, and then past post 2020, when so many more people work from home, we see a lot more of this where people, oh, I'm spending 24-7, my job is at home.

A lot of those got sick. because the amount of toxins they were breathing in just went up. And once those toxins, we breathe those in. Yes, you can get a little bit through food.

Most of the time though, our food supply does remove enough of that that most people are not going to get mold toxic from eating something unless it's pulling out of a pantry with the stuff growing on it.

But for those that are breathing that in, workplace, home, whatever it may be, eventually that kind of builds up. We kind have a threshold. Once that builds past that threshold and our body's not able to drain, it starts triggering inflammation.

And then once that inflammation kind trickles down, I say the domino effect is the other thing, one domo hits two, two hits four, four hits eight, and pretty soon you have bunch of symptoms.

And people are scratching their head. Well, you know, I moved into this house and we had a water leak or we have a storm issue or We found a leak in a bathroom and all of a sudden I started getting sick Yeah, they think it's coincidence.

But when we kind of sort through the weeds, we actually find out Yeah You've got elevated mold toxins your body's inflamed and you're gonna have to do some remediation.

You know the big picture from from the therapy standpoint, 30,000 foot view is one, you got to get away from it. It's got get out of outside, away, from, it two, whatever's in your body.

You've got, to turn that down, get rid of that, help your, body excrete it and three, You got turn off those inflammatory processes because even though it's gone, the body gets stuck in those, inflammatory states.

So when you're coming at it from those three standpoints, people get better. And we see them go back to life enjoying work, not sleeping 12, 14 hours a day, and not having what was once called fibromyalgia, chronic fatigue, headaches, gut issues.

So that's kind of the big picture. Obviously I can drill down further, but that is the 30,000 foot view. Yeah, man, that's perfect. What are the most common symptoms?

It sounds like it hits a lot of different systems. So I'm sure the system, the symptom sets vary somewhat, but what are some of the more common things that patients come in complaining of that we, you know, over time you end up figuring out is a mold thing?

So, on one hand, I would say, and I tell patients this, that just about any weird bad symptom could potentially be linked to it. So it overlaps with so many other things.

But there are a few things where we say yeah, these are the things that make us think. One, it's not exactly a single symptom. It's more like you've got several body systems.

You've some skin rashes, you got some headaches, some pain issues that don't make sense. You don't heal as well, you're feeling more tired. So those are kind of the collection of things that don' fit into any one single box.

Fatigue is probably a big thing. Another thing, immune issues. They've either got a hyperimmune where they've got autoimmune, they got allergies acting up, or they're like, listen, I moved into this house and we had a water leak and I've been getting sick every other week.

And yes, we all know that, seems like since 2020, People feel a little more sick more often, but this is where like, no, I had like two colds, two bronchitis, to sinusitis whatever a month.

And you're like yeah, that's not normal even post COVID days. So the immune, the fatigue, and then a lot of patients come in. I mentioned earlier just the fact my doctor, they know I have something but they can't find a test that actually connects that diagnosis to these symptoms.

So it's kind of things that are almost a conventional diagnosis but doesn't quite fit. Often those come in and we'll find, oh, yeah, you got mold. Let's work through all these things and over a number of months they get better and like, yep, that's what it was in the first place.

Yeah. I love it. You know, anytime I, you know I'm talking with a patient and I'll make, well, so you have a XYZ syndrome. And they're like, what's a syndrome?

Oh, it's when the doctors don't know what it is. So they just, they throw a bunch of symptoms that run together a lot and then they call it a. Yep. Um, So, if you, have fibromyalgia or chronic fatigue syndrome, um that's you know doctors going i don't know but uh i see it a lot so let's try some things um and you to be able to dig down past that and to Fixable thing like syndromes aren't fixable things.

They're something you may try to manage, but you don't know what it is. So you can't. Fix it. Um, But if you could find out the cause that's a holy day, you know, getting down to root cause medicine as we will.

I mean, that really the, the if, if functional medicine had another name, it would be root caused medicine. And so I love that. You know? And if. Move into a.

a foam envelope house and you have a known leak. That's one thing, but I suspect most folks like don't come in given that story. They're like, I don' know.

House seems fine. It's relatively new. Everything's great. I keep a clean place. Um, so, you know, unless they have the classic story of known water in the house, um, when should someone kind of suspect their environment as part of, part So, if you moved, you've changed jobs, and you're like, man, ever since I moved in this, within a month to say three or four months after, all these symptoms start coming up.

And again, the regular PCP can't really answer what those are. that's when you kind of start thinking, okay, there's a little something more, or they go away, oh, I went away on vacation for a week or two, and man, that felt better.

You know, within a day of coming back, man my headaches came back. I'm not sleeping. Oh, feel like I am coming down with a flu again. It could be more than just the fact that yeah, you're going to feel better when your on a

vacation, when there is a very stark contrast and even you know you maybe go way for Holidays is in the next couple of months and you're gone for four or five days and like, man, I'm feeling great.

I am doing energy, hiking, doing all these things, and then you come back and get sick. Or people at workplace, you work Monday through Friday. You're like man must be my work.

It's just don't like my works because I feel great on the weekend. But those things where there's some kind of time pattern that keeps happening over and over again, Those are one of the big things when you're thinking, yeah, I need to look a little deeper.

But yeah we've got a lot of people who will just say it takes a bit more convincing than others. We have some coming in, oh, we found mold and we have been sick ever since this and I think this is what it is.

I'm like, okay, let's confirm, do the testing, make sure. Sure. Now, house brand new, no way. Then we go back and I tell patients, well, there's this story of I had this patient, brand new house.

It was a spec house in the neighborhood and they were doing a little better. They started getting sick. That already moved out of one house from old, but they kind of sniffed around and like something smells funny out this plugin, the outlet.

and they pull it off and there's some water behind there. So they go around, they take some of the, around the window, the flashing, and then there is water all in there and when they actually take the brick off, water literally pours out because they originally installed the flash backwards.

Basically they had water built up from several weeks every time it rained to catch or the some patients who had basically the fact that they didn't bolt their house down to the foundation correctly.

And when there was stiff winds, instead of being a nice square, it shifted to a parallelogram, and suddenly you've got a leak in the corner. So, I tell people, yeah, you can have a new house, but a house poorly built, poorly constructed.

You just have few things. Somebody drills a hole through a wall that happened to have, they forgot the water pipe drain was behind it. And then you've got to drip, drip.

A few drips a day is going to be enough to feed the mold, especially say it was coming from your upstairs bathroom, some dirty water. You're going, you know, had people open up those cavities in the walls and find out, oh, the whole thing was covered in mold and you would have never known it just because somebody stuck a nail or screw through there.

So let's say you've got somebody you suspect, you know, they've gotten the symptoms said it's weird. It's hard to nail down. Um, the time is suspicious as well for one reason or another.

Where do you start? Like what do, what, You know. As the provider, as the doc, um, What's the next step? So, first of all, like any good physician is going to do, we're going take the history.

We're gonna make sure that we are not blaming mold immediately for something that something else is doing. Oh, they actually had Lyme. They actually have some other illness that's not anything fancy or functional.

It's just they got something. Vitamin deficiency, so forth. So we want to go through there, check those things, kind of check off the boxes. And then if we're like, yeah, I think there's still some possibility of mold, then we are looking at testing.

I'm not a magician that I can look at somebody and tell you, yep, they've got mold 100%. I've had some patients that thought were, and it ended up being something completely different.

So, we wanna make sure we doing tests that confirm one way or another. Now, this is where it starts getting a little, heated under the collar in the mold world because there's some different camps.

There's the Dr. Shoemaker camp, there was a Dr Nathan camp and now Dr Campbell. And now we have one more, a four party battle it out with Dr Heyman. So all of them kind of have a little different approaches.

Neil Nathan and Richie Shoemaker have been two of the older ones in world of mold. Shoemaker likes to use blood where he's looking at literally immune markers in the blood that show your body's reacting to what we call biotoxin.

Biotoxins means some natural toxins and those are helpful. The problem is not everybody responds in those ways. And there's some I've had where they clearly had mold and those were completely normal.

So I also incorporate Neil Nathan's urine mycotoxins. A lot of debate around there. There's a lot people say that we don't have good validated data, but I can tell you I have seen patients who those levels are high.

We treat them, we remediate their house. Those levels go down. And they get better, and they're going back and living life again. So I know it is a tool.

Now, you've been doing medicine for a while. You know, no test is perfect, which is why I like to approach it from both ways. And on a rare occasion, I will use the Dr.

Campbell uses antibodies against mycotoxins. That's another area of debate, whether that mycotoxin is the chemical actually produce an antibody. I think the mold talks into itself.

I'm not convinced, so I am not wholly bought into his approach, but we've been using Aspergillus fumigatus antibodies for severe Aspargillas infections in the lungs.

There's some other fungal antibodies, for the spores, the proteins that we will use. And I've had a few patients where, yeah, they've have had huge exposures from penicillium or Aspirgilla.

where the urine and the other shoemaker approach was negative. So I like to have plenty of tools in my toolbox so that way I can make sure I'm picking up on all the ones because everybody responds a little differently.

And I want to be able to catch as many of those as I Can and not just depend on one tool detecting. Well, you know, I think that brings up a good point too that like, like a lot of people assume that, that it's like an infection, like a bacterial or viral infection and you need to get the mold to stop growing in your body and that's while you can get fungus infections in the lungs or the sinuses or obviously toenails and skin but for the most part we're talking about Spores released by mold in your walls that just flow right through sheetrock and everything else and that you know you breathe in and then once it gets to the bloodstream causes responses from your immune system more than it is that is going to get.

You know, you can take antifungal medications to kill mold and mold spores and that kind of thing, but that's oftentimes not at all what's going on. And I think that an area of confusion for the patients a lot of the time.

Why don't we just take mold medicine and get one of their lives, Yeah. Yeah, and so there are a few people who it does get colonized or get low grade infections.

I would say it's probably less than 5%. I've had a handful of people that had bronchoscopies where they found aspergillus growing in their trachea and they needed antifungal therapies for that.

had a few patients where we've cultured their fungal nasal passageways, where they've had fungual balls shown up on CT. But again, that's probably less than 5%. Most people, it's what the breathing, and it even not even the spores, just the toxins those spore release.

Because a lot of those spores will not travel as far, but those toxins are, I tell people if you took a glade plug-in, stuck it in your crawlspace with smelly stuff, you know, VOC stuff that we probably shouldn't be sniffing anyway, But you put it there, sooner or later, You're going to smell it up in the first floor, just because our houses, air moves through there.

So those molds, mold growing in our walls, is going to seep out through every light fixture. Every outlet you have, every lights switch, Every light in the ceiling.

There's going be a little bit as the air pressure changes in your house. It's gonna come in and out. So you're breathing these. I mean, just the same way you breathe nicotine if somebody's smoking, you are getting that in.

That's building up, getting into bloodstream. If you want to get a medicine in really quick, probably almost as good as an IV, is you let them inhale it.

So they're seeing those patients do that. It's rare. Now this gets back to some of the mold world debates. There are those out there that believe every single person who has mold has it growing in them.

I just haven't seen that, so I can't… Some will argue with you on that but that's okay. I see patients get better without having to give them an antifungal.

So why give something if you don't need it? Yeah, I think I've seen it on most of the protocols where it's like, well, a little antofungals not going to hurt.

Let's get that covered. You know, as I could see that approach, but most the time we're not talking about being colonized. And quite frankly, if do find a mold You know, it's kind of like our bodies don't function without bacteria, viruses, parasites, and likely some level of mold intermixing in the different, you know whether it is gut or elsewhere.

And so, not every bacteria is. Bad for you anyway. Same thing with mold likely. We've got a list of bad guys. If it's not just treat with antifungals, then what does treatment kind of look like?

You know, like I said, the first thing we want to get them out of their exposure. Now, while they're doing that, sometimes remediation can take a few weeks or if you're waiting in line for, you know after a big flood.

We've had some different floods here in the middle Tennessee area. You may be waiting for two or three months or it may take awhile to a contractor in there that you trust.

So we'll start people on detox. So detox is basically trying to get your body to do a better job. I tell them it's like a parking lot after a big sporting event.

There's just two or three exits. They were single lanes. You've got all the, you know, 300 cars waiting to go out and go home so they can get to bed. We want to widen those, make them move faster, keep things from getting junked up in there.

their natural body's ability. So a lot of that is the glutathione pathway using some vitamin C to augment that using glutothione itself. Sometimes if someone's sensitive because sometimes when you're moving those cars fast out of the parking lot they get a little rattly and people feel a little worse before they feel better.

So sometimes we'll use N-acetylcysteine that helps make glutathione. And then we look at things called binders that basically help your bind those toxins.

A lot of the things when we excrete from our liver get reabsorbed. That's what bile does. The liver uses that bile to try to carry out some toxins. If nothing else happens, those things just kind of go in a circle.

Giving something like a charcoal, the clay, there's some probiotics, or some fibers, some different things that you

can give. So you get to stop that enteropathic, a fancy name, circulation.

As long as they have good bowel movements, pretty soon you start dripping that out. Over time, that's lowering. the same time you're doing other things to lower inflammation, other nutrients, making sure B vitamins are good, in binding things, you are not causing other vitamin deficiencies.

And over time, the inflammation levels go down, we remeasure things. Yes, urine levels goes down. If we're using Shoemaker Labs to follow the responses, I say there are the alarm bells.

We want to make sure alarm bills go off because Just because the fire is out, the mold is gone, doesn't mean that your body shifts back into complete normal.

So sometimes you have to do a little extra work to kind of finish that up. And then we help their body kind go back and start functioning normal because some of these patients have been, you know, a year, 10 years, 20 years or more where they've been debilitated in some fashion and then helping to ease them back in to conditioning, getting back to shape again, enjoying life again.

after we get the toxins out of the way. Yeah, man, so you know, I mean, you've got to treat the source. You've gotta give your body the ability to get rid of downstream after effects of it and try to turn that inflammation down.

Off would be great, but get to body working as smooth as possible. I guess my thought is, is like, there's kind of, I mean, there's mold. There is kind of mold everywhere.

Once, once your body's all revved up and freaked out about this, like how delicate is it then how, you know, our bodies are learning machines. I tell people they're like, You're immune to every strain of flu you've ever had and every flu shot you ever have.

It's just that the flu changes and you get something new every time. But your body is able to learn and respond and react. So are there, you know, someone who's been, their body's been freaked out about mold toxins and they've felt bad for years and we get them feeling better.

How delicate of a balance is that? Can they build up a little more resistance? So it depends. There are those who are hypersensitized. Think about it, maybe a biological PTSD where they're always going to have a low threshold and they are going be very sensitive.

You know, they can walk in a building and with a few minutes, yeah, there's some old here. I feel weird. and they decide they're going to walk out. There's other people, once you kind of empty their barrel, you get their toxins level down, and you turn the inflammation off.

They can be around it. Yeah, they want to be careful. they are not going buy a house with mold in it, They're not gonna start a new job in a building, a 1900 building that's over 100 years old, but they can go about their day without having to worry about every little thing.

It's a different I tell patrons they need a mold radar. Some people's radar needs to be super sensitive, and we help them figure that out. And other people, oh yeah, you just need to go in general.

If you go and just don't stay in there. Don't spend two weeks in an Airbnb that was from the Civil War, just because it's a cool historic house. You're gonna wanna go there, visit, get out, Maybe take some glutathione afterwards, but it kind of depends.

So that's part of what we do is help people know how far away from old, you know, do you have to be? Yeah, I mean, that makes sense. And, there's no right answer to that question.

Either people are so individual. But, so, To kind of wrap it up too, you know, let's say you've got a listener. They've gotten some strange fatigue, achy, weird symptoms.

No one's been able to figure it out. Maybe they've been diagnosed as a syndrome patient of some kind. You know, they're going to go a thousand different directions, right?

Like, is it mold? If so, where's it coming from? Does it time with all this stuff? What is the first step that a listener right now, after kind of getting that overview, what are like the 1, 2, or 3 things someone should do if they are, like, maybe I have mold.

you know, what's next. So the first thing, if you don't already have a physician that's open to discussing that with you, a lot are not. First thing you're going to do, okay, I've been, like you said, fibromyalgia, chronic fatigue, other doctors I have been to several, they haven't answered.

Setback. Walk through your house. You're not a professional, but you can walk through house, check your underseas, potentially if you're able to look in your crawlspace.

Do you have water sitting in there? You can look up in you attic, you know, sign a flashlight around looking for things, see if got some water leaks. If you do, then you kind of can start going down that road.

Besides that, just looking if you actually have in your house or workplaces, the other thing. Then you kinda start looking, okay, we've done all the conventional tests and no answers have really come from any of this.

So then your start, looking okay. Do I go out, find a doctor who is more comfortable with that, a provider who can dig into that a little bit more? Now I will say, one of the things I don't want you to do is to go and just say oh, I just want to find mold doctor.

If you go to somebody that everything is mold, They may miss some other things, and that is one thing we are always trying to do. Mold B, I call it one of the gorillas in the middle.

It's one big thing that's causing a lot of problems. But, mold also opens a lots of other doors. Gut dysbiosis, yeast overgrowth, EBV reactivation. There's a lof of things that kind of hitch a ride with mold.

If you got somebody, and we see a lot of these patients because they say, oh, well, my doctor said all my mold was gone, I had it, but it's gone. But it was like, did they treat these other things?

Well, no, they just said treat the mold. We've got to do a few, you know, second level of steps in there. So you want to find somebody who is not going to blame everything on mold.

And we try not to that. I actually tried not too, because the pain of remediation, I've been through that with my own family. It's a lot of work. Don't wish that on anybody.

Man, it's just so much. You know, partner of mine, Dr. Smith, this is with Miami Select and Aca-Doches, his son or his wife brought home a stray puppy.

And he was like, we don't need a new dog. And so they were like well, obviously he lost, they won. Yeah. Um, and his son is now like a, uh, in the process to become a firefighter and you know, has graduated and is doing some things.

So they took that dog and they sent it to mold sniffing school, whatever you want to call it. Right? So now he's a mold dog, he even named the dog Asper for aspergillus, which is the kind of mold.

If you want Asper to come to your house and sniff around and try to find mold, that's another way of trying to figure out maybe where it's coming from.

Because to me, I've had several patients, it has been hard, vague, complicated. We did some mold testing. They hit red on several big ones. And then there's just kind of like this, now what?

Finding the source is super hard. Could be home, could be work, it could a lot of things. It's a frustrating journey. And a lotta the times, you know, I, as the physician, kinda keep, like you said, making sure it's not something else, treating the second level things, because the more mainstream things for me as a direct primary care, functionally friendly doc to do.

But I think the mold part is just hard, man, especially the remediation. It's an easy word to say it's a hard thing to Yeah. Yeah, because you're treating, for the person, you are treating it's a little different.

It's like a kaleidoscope, it keeps changing. Treating all these different things, not just the mold. And then we're dependent as providers, I am not going to go into someone's house to inspect.

I will look in my own crawlspace, my old attic to make sure all that's good. But I'm not, You don't want me. You need a professional in that. Right. but I'm dependent, yes, on someone to clean up the house because if that house has still got mold in it, I can do all these binders.

It will knock the symptoms down, but we're not going to get to the place that the person really wants to be unless I've got those. We've got some good ones in the middle of Tennessee, but I take care of some people across the state and I'm licensed in some surrounding states.

And sometimes people live two, three, four hours away from someone that's good. Yeah. It can be pretty challenging. I've had some patients that are kind of stuck between a rock and a hard place trying to find somebody who can actually clean their house and remediate it.

Yeah, and you know, I mean, what do you move? And if you moved, What are the odds the next place has got us? You know? It's just everything is big and hard with that.

However, for those patients that are suffering and there aren't other answers and it's likely, as likely as not that we're going to need to go down this pathway, then they need go to the pathway.

And for folks that that they don't have a mold-friendly doctor in their area and, you know, who can reach out to you? How do they get ahold of you, where do you have licenses, how does all this work?

Yeah, so we're in Franklin, Tennessee, just south of Cool Springs. Well, right in the middle of cool springs, really sanctuary, functionalmedicine.com.

So we are taking patients. I am training a team. One of the things I do besides care for patients myself is I have providers that come in who want to learn how to do functional medicine.

I'm having them do the IFM classes like I did, but I basically treat it like a residency. So doctors, NPs, PAs spend a year or two with me, depending on how fast they go through things.

And we can take care of more patients that way, and then they're trained to take of these crazy things that are hard to find somebody out there. But we take here the Tennessee, we've got Kentucky, Indiana, Georgia, Alabama, Mississippi, kind of going around North Carolina, Virginia, Ohio, Texas, Florida.

That's Pennsylvania. Yeah. So a lot, uh, around and people, we do require patients to be able to come to us at least once a year. Uh, I do not want to just practice soul telemedicine, just because we need to lay hands on people.

Because just, because somebody has a mold illness doesn't mean they don't have some other conventional diagnoses. And we want make sure again, not blaming mold for everything and making sure they're getting the best of both worlds functional and commercial medicine with that and i just believe that the old fashion medicine that senior patient doing physical exam lease at that beginning point enables us to know are we doing the right thing for that patient.

And so many of the problems are downhill autoimmune inflammatory things that that absolutely could use, you know, keep looking under the hood and keep And most of it really honestly could be done virtually but I do like laying hands on my patients once a year as well.

I got some I can't keep out of the office and I love them too. But there's some people I like, I cant get them in. They're like no I'll call you if I need you.

No, that's not me taking good care of you, like you… let's go, can I get some, you know, labs? Can I do an exam every once in a while? But so yeah, so we'll get your website in the show notes.

And yeah I'd love for people to be able to reach out and talk to someone who's, been down this road with family members. I think that's one thing that makes you an expert as much as anything else is that That it's really easy to say, yeah, remediate the house.

Let's do a cleanse, you know, but someone who's been down that road, that just makes you a more empathetic doctor. I say. You know God allowed me to get, low T and, and bad depressed and burnout and all the things partially so that I would.

kick conventional medicine to the curb and do something different. But also it makes me a more empathetic provider to have suffered with, you know, the things that people struggle with that, um, that oftentimes aren't well taken care of inside the system.

So, uh, I'm sorry you went through it, but I kind of glad for your patients that they've got a guy who understands, man. God works in mysterious ways and uses the craziest things in life.

And so, like I said earlier, I'm glad I can help people escape something and put that experience to good use. Yeah, man. I did a glance at your website on the way through.

A, it's beautiful. B, he's got big pictures of Tennessee lakes, so you can't go wrong. But at the bottom, you're not shy about your faith and being the hands and feet of God to the ones he brings.

Every day here at our clinic, we have a group meeting where we meet with everybody about the patients from yesterday, today, and tomorrow, make sure we're on top of it.

We close in prayer and it is an honor to be able to take care of the ones that God brings. That's how we start our day, starting with prayer. If that's not there, we're not going to be able to do much the rest of the day.

This is us on our own, man. It's a dumpster fire. But it's fun just being a part of a bigger plan, a big picture. I think there's going be some people that want to reach out.

Thank you, Dr. Eric, for coming on. Appreciate it. Really appreciate it, that was fun. And I am better at taking care of patients with mold now than I was 30 minutes ago.

If nothing else, doing this podcast, it makes me a better provider, right? It makes a more empathetic and more understanding, a smarter doc for my patients, my family, and my teammates.

And I really appreciate you coming on and I look forward to talking to you again sometime soon. Yep, look foward to it. Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep on going. Until next time, stay well, Stay curious, And never stop pushing for better.