Introductions and Clinic Background

Hello, I'm doctor Jamie Kunkle. I have the pleasure of introducing you to two of two of my favorite people in this world. Emily. Patrick. Doctor. Emily, Patrick.

And, Doctor Cynthia Keller. They both work at a, center that I used to, you know, actually frequent and work at as well. It's, called Center to Wellness and Kirkland, Washington.

I will go through each of them as a, short introduction here, and then we can dive right in. I'll start with Cynthia. Doctor Keller. MD is a pediatrician who is passionate about and specializes in the care of families with both well and chronically ill children.

She is triple bordered in pediatrics, integrative medicine, and anti-aging, and regenerative medicine. And she runs a wellness, the honor center that I mentioned in the Seattle region.

So in Seattle, Washington area, and is proud to be recently promoted to SRP faculty. I'll let her tell you about the SRP, but this is a, this is, peptide, education, with doctor seeds.

And, I'll let her elaborate on that in a few moments here. But I didn't want to leave. Doctor Emily Pasek out here, for too long. She holds a doctorate in natural plastic medicine and a master's, and I reviewed science.

I think she was in that first class, Ambassador university. That's really cool. She works as an integrative, pediatric and family, practice with same one as Doctor Keller here.

And, she was actually, resident under Doctor Keller and myself, some time ago after she graduated. She spent time in India learning some of this, Irish Vedic medicine with top doctors and incorporates multiple for, artistic modalities and treating chronic conditions, which is really fascinating stuff.

Her passions include more than micro talks known as full body detoxification, parasites, yeast, chronic pain and hormones. Really cool stuff. So let's get started here.

And we'll talk. Actually, if you want to center, you're welcome to, discuss a little bit more about what you do with peptides, because a lot of people actually in this community really enjoy peptides.

We have entitlements and all kinds of things. So it'd be nice to. Yeah, elaborate a little bit there. And then just a little plug in for later. Okay. Yeah.

So actually first, can I just tell you a little bit about our clinic or, I mean, you know, about our clinic, but, Oh, yeah, we're we're, a group. Let's see, there's four naturopaths myself.

I'm the only MD. We have acupuncturist massage therapists. We do neurofeedback. We have, my favorite family clinical psychologist works with us, and, I think our gift is treating, the whole person.

So, you know, like, we do treat people with chronic issue and, sirs, you know, chronic Lyme mast cell activation disorder, pandas. But really what we treat as human beings and, they happen to often have issues like that.

So and I think what one of the things that sets us apart is our collaborative model. So, which was really what my mission was here. And so we have Grand Rounds weekly about our patients, you know, em and I and I'm sorry, Doctor Pasek and I, treat, you know, all the same patients because we have a set number of families, honestly, most of which have been with me since their children were born, and now they're in their 20s and such.

And so we both care for the same families. And that's really wonderful because we can including the child psychologist and everyone, we can sort of, do wraparound care.

And so that I think, is one of the things that makes the care we give special. And then, yes, I'm super excited about my recent, faculty appointment. Chip.

So Doctor Seeds started an organization called SSP, which stands for Seed Scientific Research and Performance. And, really? Well, if you sort of like, think about doctor seeds, usually think peptides.

But really, his gift, he's awfully smart is about teaching in these, in my words, about what he does. I don't know, you don't have to ask him for what he thinks he does, but I think he teaches the biochemistry.

And looking at the human body, both in wellness and then in dysfunction. So that, using different modalities makes sense. And and again, these are my words, not his.

Is that it's sort of like teaching a person to fish as opposed to feeding them fish. So while we do use peptides, I think what it's really about is understanding the cell in the body.

And that fits in really well to how we work as a clinic, because, you know, while I do use peptides, I'm certainly not like peptides isn't my single handed thing.

It's about treating humans. And so, so there that's it. No. Thank you, I appreciate that. Would you like to add anything to that doctor passing? The cool thing is, and what Doctor Koch is saying about the clinic being an integrative model, is that when she comes back from a conference or a weekend, she writes everything up and teaches all the doctors in the clinic so that we can all not only understand what she's doing with the families, but so that we can all use, you know, the same medicine.

And that is a huge benefit to the practitioners, but mainly the families. The patients. Yeah. Yeah. And and then I have to say that also Emily does the same thing.

So Emily just undersold herself there that when she, she is also equally driven and, and probably more driven than I am even to, to read all weekend and, and dive into things.

Why They Built an Integrative Pediatric Practice

And she also then comes back and reports to us and, and honestly, just, doctor plastic is phenomenal as a human and a healer as well. Right on. I can attest to that. All the above. Yeah.

All right. Well, we're here to talk about mold. So mold is an interesting conversation. Everybody has a different sort of take on it, I would say. Not everybody treats you know, children, pediatrics and stuff as well.

And so I know there can be some challenges there. And, that's why I wanted to bring you guys on, actually, was to talk about, you know, how do you navigate something as complicated as mold with children, with the parents of children even, and, you know, do the things you need to do.

You don't get to work up. So you need to get worked up and not get into, you know, to, to to chaotic as a realm of, you know, if you go here and you hear all the, you know, this kind of thing and children do heal really nicely.

So I think maybe if you get the right things in line, maybe though, you know, that's move in a good direction. But there's obviously some challenges and roadblocks along the way there.

So yeah, if you guys could talk a little bit about, you know, how how you approach, these types of situations as a, you know, primary care practice as a, as a, as a pediatric practice, as an integrative practice, all this good stuff.

If, more open. Yeah. Okay. Good. Okay. I think, you know, we actually did quite a bit of time thinking Doctor Pasek and I about how to be most useful here.

And, you know, you have all the experts in mold also speaking. And I and I agree with you. I think one of the things

that we had to offer that was different was, well, our thinking about things and our integrative model, but also that we really love working with children and families and that, you know, since I was a pediatrician first, that was sort of the basis of the clinic initially.

And you can't like working with kids unless you really like working with moms. And I think that, I, you know, we do sort of have a few recommendations that we would say to both the, moms and dads who are watching this, the parents, and then also providers who might not be as used to working with families, as opposed to just adults.

And so I would say that the top three things that I wish, all moms parents would, would know about, helping their child with chronic illness is that, one is that I want to put a shout out to them to trust themselves.

You know, moms gut instinct about their children is is almost always right. And, if not, it's real close. And so I want to remind them to trust themselves.

To is, please don't scatter. I would say, like, the number one problem that we have when a patient finds us, if they haven't been with us since birth, those ones, you know, have a have already understood this, but is that not to scatter is that these moms are honestly smarter than most of the providers I know about a lot of the healing modalities, but they tend to without the guidance of a provider who can help them think clearly and logically.

That they have, you know, they're trying hyperbaric at the same time as they're trying a new peptide is the same time as are doing, you know, this really deep, in-depth detox.

And they heard Doctor Clean Heart speak about something. And so they're doing one of his protocols. And like they have no idea about what worked what's going on.

And so like please don't scatter. And then oh shoot I can't remember like their thing was their thing was, oh yeah, it's not good for anybody. So I was like, please, if you want your child to get better, don't spend money on anything else before you get the mold.

Exposure fixed. So we live in the Pacific Northwest. Mold is not good for anyone. Don't spend money on a new hyperbaric oxygen chamber. If you have mold in the bedroom, just like, don't do that.

So that would be the three things for, parents and the three things for providers who maybe aren't used to working with kids. One is trust them. So I'm back to that again, that the mom will tell you almost everything you need to know.

Two is ask the child. So, we do this thing at our clinic that, I don't know, I've done since a bazillion years, but, Is that. I asked the kid if I had a magic wand and could give you anything you wanted.

What? Three things do you want? Because while the mom might have an agenda, and I know what I think I want to have happen, the the kid is actually the one who's important.

So if what they really want is to get to the dance, that's next week. You know, that's a very. I might be looking for long term solutions and the parent is worried about something else.

But if I don't aim for the headache that they wake up with, that makes their life hard and the and the dance next week, then I've failed. And so, I really use that to, to dictate care for us and then, the third thing is, oh, is to remember that the provider is actually maybe the number one treatment, so that I believe that love heals.

And walking with families is the important piece. You know, again, we treat humans, not sort of specific illnesses. And we have a lot of modalities. And we try them and we use our smarts.

But a lot of times that doesn't work the first time. And so, you know, even if you don't have a treatment yet that's working, walking with them and not abandoning them, I think is really important.

So that like, I'm the treatment, Emily's the treatment and that love and care heals. Yeah. Would you like to add anything to that doctor classic. Yeah.

The one thing that I think maybe, Cynthia, you missed in, in the, in, in the Chronic, how why we are so good at what we're doing with families and kids.

Is that I think what what sets us apart, aside from the love model, is that we check in really frequently. And, like, one thing you said was, what if they want to go to the dance the Saturday?

Or what if it's her birthday on Saturday, you know, and so it's the it's not checking in every six weeks or every three months I do this and then call me on on Saturday or call me on Monday morning, or here's what you're going to do for the next three days.

And I think that that short term checking in because like you said, Doctor Kunkel, the kids heal fast and so that we can see movement quicker. Yes. With pediatrics.

Yeah. So having an open communication line and you know, being available, I think, you know, it's a big deal with chronic disease in general. And and yeah, with with kids too.

Would you say even. Yeah. That that makes, that makes perfect sense. And, Emily, you remind me of one thing, too, is that I really should put a plug in to for our nurse or our nurses who, give at least as much love and time and as I do.

And you do, you know, and so, a plug for them that. Oh, yeah. You wouldn't be as good without Tiffany and and Natalie, who really are an important part of the care.

Yeah. Having solid support staff is really key. Yeah, great. I lost my year, but I just want to go for it. Okay? I have small ears. So they jump up. Yeah, yeah.

So when you're. When you're ready. So why did you set up a wellness clinic like this? You know, what was it about? You know what? What why? Yeah. Why do you think it was the only way to help people get.

Well, you know, in what ways did you feel like this? This type of center was going to be the the way. Right. Well, I really, I was I knew I wasn't going to be able to work for the manager are like in a system that was already set up.

I don't think that the current health model works. And so I came out, I was offered a job right out of residency, and I said, that's fine, but I have to be a partner.

And they were like, okay, so I, you know, I even went into a small private practice, with the power to dictate the way I gave care. But even that, after, I don't know, ten years became pretty uncomfortable just because I was more and more interested in sort of a wellness model.

And that doesn't fit very well in with current system. And so I realized I was going to have to either give care the way everyone else did, or I was going to have to create a new model.

And so at the time, there were no pediatric clinics like this, sort of in a concierge where we sort of took a bunch of families on sort of as like a, a co-op, you know, sort of like we're all committed to this kind of care.

And, and that was working really well. But there were things I didn't know how to do, and there were specialists out there that I didn't know if I could trust to do the right things with my families.

And so one at a time, I started collecting specialists or, you know, providers who were like minded. And I really do think that that wraparound kind of care is the only way to give good care or the easiest way.

Let's do that. So I guess the current system wasn't working, so I had to create something else. Sure. Yeah, that

makes sense. I know these complex chronic diseases don't always fit well into the boxes, so to speak. Yeah.

More unfortunately, doesn't get enough, attention in the conventional world. Not. It's not as much as we'd like it to. Right. For example. So let's dive into, you know, how you guys are evaluating, these patients, how when you're looking for mold and, you know, when you're when you're expecting a mold exposure, you know how, you know, when do you think mold.

It's always mold. Right now that what we do live in the Pacific Northwest. So there's, like, pretty much everyone's exposed just walking around. But, I think for me, and then, you can speak to when we think more, but I think mold when someone becomes dysregulated.

Right. So remember that we, we, we deal with human beings. Right. And some of those human beings are. Well, and some of those human beings are were sick and now are maybe more well because we've been working with them a while.

So when one of those becomes dysregulated and that will show up in a lot of different ways, right? So if it's sort of just kind of pure mold stuff, then you know, they're going to have brain fog, they're going to put on weight, they're going to be fatigued.

All of them is going to hurt. So, you know, someone who is well, and then suddenly is not well, you know, a mold exposure is pretty fast usually. Although it can be it can you might not notice it as quickly, but our patients are pretty good at knowing, when you're speaking, you're speaking about folks that are already have other illnesses perhaps, or.

Yes. So, you know, we have a scattering of people. We have some people who were just straight pins and, they are sort of mostly well, but they still get exposed to more.

And then we, we have some patients who have chronic illness who for the most part, we have brought back to wellness. So things like chronic Lyme or they might exhibit things like, pandas or pots or muscle activation disorders, but my view of that is really that that's the body tip.

How They Evaluate Mold and Dysregulation

So that's the bucket full and that's what you're seeing. But these people don't usually have five illnesses right. It might look like five illnesses. We might be able to diagnose them with five illnesses.

Right. But that doesn't make any sense. Right. Like that something happened to regulate them. And so my goal is always our goal is always, you know, to figure out what disregulated them, remove it from their environment or their body.

So if it's chronic Lyme, I should have said chronic Lyme. And they're the things that we handle. You know, adrenal insufficiency sort of anything dysregulated.

Right? Yes. So we figure out what what the thing was, we, remove that from there. From their environment. We try to calm whatever happened and, and sort of acutely, bandaid the issue that showed up.

So if it's pandas, I'd probably give antibiotics and steroids if it was, muscles that got dysregulated because of something, then, then I would do a MSL protocol.

If it was Pots, I would do whatever needed to be done to reset their autonomic nervous system, etcetera. I would give them hydrocortisone if they were in frank adrenal insufficiency, but that like really that's, that's only to sort of hold them so that their daily function is okay.

But you're not going to get real wellness unless you figure out what disregulated them. And for a vast majority of our clientele, if you take it sort of back, I think like, like a sweater that the I want to pull the thread so that the whole

thing starts to unravel.

And so much of the time it's actually parasites or mold. And, if you don't figure that out, well, I guess parasites might be the underlying thing, but but mold can just regulate quickly.

And if you don't figure that out and remove that, you know, you can only sort of Band-Aid someone. And so for us, when one of our patients just regulates or, or comes in dysregulated, we and, Emily sort of spoke to this with and you did two about kids heal so well and because we sort of learned all this on children, we, we know how quickly to evaluate kind of is that the issue.

So one of the things that we do is that if I think it might be mold or if we think it might be mold, my nurse, you know, the family calls and says, oh, no, Bobby is falling apart again.

And so we say, well, Ed, you know, was exposed to mold. Oh yeah. He went antiquing on Wednesday. Well, that's like that's maybe not the best thing to do in Western Washington.

Right. So, then we make sure they don't go back there and we, we'll often say do this, you know, take some lumber, kind of some give talks and come in daily for ten minutes of oxygen.

And I can explain more why. That's our go to thing for sort of quick evaluation. But we do that for 2 or 3 days and they're seeing us daily for the oxygen.

Right. So we're checking in. And at the end of three days, if they're a lot better, then probably it was mold. And that doesn't mean they have to keep coming in every day.

But we have our answer. If we do that for three days and they're no different. So then I'm going to we think it might not have been the mold exposure doesn't mean that mold was good for them, but that might have been just the priming.

But that wasn't the thread I needed to pull to to unravel it. And so we think mold a lot because of where we are. So, you know, recap the answer to my, to your question.

And two is how do we know is that, you know, our current best test is to give them lumber kinase guide talks and oxygen. It's just really quick. Yeah that's fascinating I definitely want to talk more about that.

And Emily, if you want to add to that too, I mean, the acute mold test treatment that you're doing is, is really interesting. I don't hear so much about that.

So, well, we made it up. Oh, good. That's awesome. I love the I would love to hear more about that. Certainly the goal is to add, some that because yeah, we don't we don't always hear about those things.

So it's. Yeah. The only other thing I add is that we usually throw in good ass iron. Oh yeah. So as we're talking kids, you know, obviously we treat adults too, but but I'm going to try to stay with kids.

The taste of good. If iron is not something they really do. So if they can take a pill but they're not going to do go fine, I would just say next best knack.

So trying to get something to get right or get their detox flowing. And the other thing that I want to mention is to kind of step back and look at, sort of the season or the environment, like, did they just go back to school and they're in a moldy classroom?

Was there a moldy pumpkin in the class? Oh my gosh, what is oh, there's in the Christmas boxes down from the attic. Yeah. That, you know, was it super rainy in Seattle?

Yeah. And everyone came in flowering. And those are some of those big, we start to look around the clinic and

again, a benefit of us all being with these families is that we're looking around and everyone's flowering.

So, yeah, they might have completely different symptoms. But that's another clue, right. And we're starting to ask the questions like, oh, did you just bring the Christmas boxes down from the attic or, or put them back into the attic in January?

So, I think that's kind of an easy place to go, because one thing I find is that practitioners get really scared and their first step is always, do I have to test the person to adapt to the expensive urine test?

And often the answer is no. And I think doing these more simple, evaluations of, again, like the environment or the season or this quick trial of like three days of our acute treatment, I think is actually a lot easier.

Right? Yeah. No, no, it's really interesting. And then, can I just add two more things about that? Sorry. So and, one of the things that you forgot to say was that will all flare.

So, Yeah. So if we, if we have a patient who comes in and is coughing and wheezing and Emily's like, oh my gosh. And I'm starting to flush that we know that that poor person is got mold on their clothes.

So we'll sometimes we have been able to make the diagnosis before because we all get like knocked over when they come into clinic. Emma is doing body work on them and like, I don't know, they're like fluffing their stuff.

So that would be one thing. And the other thing is, is that, you know, everyone has limited time, energy and money. And any time I can, I want their money and time and energy spent on healing.

So I in particular, we don't order any tests we don't actually need the answer to. So, you know, like, for instance, you know, if I wanted to know if that person had a mold issue, you can get the house tested, you can test their urine, you can do all this stuff, but all of that is going to be expensive and take time.

And, in three days, we have a pretty good answer about how we won't have, like, all the answers, but we at least know it's worth our time, energy and money to further look into this issue or it's not okay.

Yeah. Very interesting. So you would add one if you weren't getting your answer in three days, but you're still expecting mold. Is that when you would go into testing or you know, well, to be honest, if I was expecting some change in the and the kid and the mom said to me, they're like, absolutely no different with the oxygen, let's say, like, their brain doesn't sort of light up at all.

Yeah. Then I would spend my first time energy and money trying to figure out what that other thing was. It doesn't mean I would never look there, but, like, I'm looking for a quick, you know, I, I, you feel like you're going to get some movement there, though.

You're going to get. That's right. Yeah. That's right, that's right. Yeah. Yeah. Traction. Yeah. That's her. Okay. Very cool. What do you I guess. Yeah.

You know, it sounds like your communities, you know, you guys are pretty close to at least as far as you have a concierge practice. You know, your families are pretty close and everything like this, so they probably trust you guys.

Like, you know, if you're going to do this thing or that thing or you think it's this thing or that thing, it's probably not a super big deal. That's not always the case.

I know working with pediatrics, you know, the parents maybe are in disagreements or other things like this. How do you how do you navigate some of those challenges, you know, with, with children and trying to work these things up or maybe, you know, if you say, I'm pretty sure it's mold, but then the urine test isn't there, or the the hermie isn't there or something like that, and one parent a skeptic or something.

And maybe you guys don't get those people, but I just got to pose that question. Yeah. I think, again, we have the luxury. The way we set it up is it's just the the patient and the family is part of the collaboration and the collaborative team.

So one of the benefits to, you know, they signed up as a concierge. So they already said like we're all in. Yeah. You know we so want to know what doctor.

Plastic things. We so want to know what you know, doctor Keller thinks that, I think we have the luxury of, almost always they'll do. I mean, we would not lead them astray, but they would pretty much follow us blindly.

Yeah. Fair. So you guys build that rapport? I mean, because you guys are awesome. Yeah. You build that rapport in the beginning, so. Yeah. Yeah. And, yeah, if you had, like, okay.

Yeah, I won't go down that road. I was wondering, you know, because I, you know, I get this sometimes myself with kids, right? Parents. So that's why I was wondering, okay.

Well, no, that's important. I mean, that's that's why, as you said, the practitioner is really, you know, the key here. I think, you know, and having having that trust is very important.

Okay. So let's see here. So one thing is, as maybe the Segway in terms of how if you need, if you do need buy in. So you need buy in from one of the parents. Yes.

That does happen sometimes. I would say that testing just like she was saying. Yeah. Okay. Test the house. Yeah. Is going to be more expensive testing.

That's going to be a bigger deal. Generally, the first thing we're going to do is embark on swab nasal swab. Okay. Yeah. So that it is cheaper than urine testing.

We we do think it's a little more effective as to like what's happening right now. And man, do we find some interesting things on the pencil swabs. Oh yeah. Yes.

And we had a couple of conversations with, microbiology is who we as we love them. And we've needed some help navigating, you know, those first hundred swabs or so going like, is this normal and what do we do with this?

And so, so that's been a huge resource for us. We're still swabbing regularly every week. We don't generally swab the whole family because if we swab, you know, one or 1 or 2 out of a family of four, let's say, and everyone's got some funky symptoms, we kind of just assume, okay, well, now we need to test the house so that we have like a stepwise approach.

It starts with a mark on swab. And I generally run, a bacterial culture and at least the first time for mold and yeast. Yeah. It's kind of optional. If they want to spend the money on biofilm, I assume if it comes back positive for microns, and or positive for mold, then I'm going to be treating with a bathroom agent anyway, right?

Right. So it depends on how much money they want to spend. If they don't throw in the extra 80 bucks or whatever it is for biofilm. But I'm to check to see the level of biofilm.

But I'm going to test and I'm going to treat for biofilm anyway. So I, I also, I also want to know what else is in their sinuses and why. You know, you have some interesting information on like, is there a gut bacteria in their nose?

And, and I would say like 10% of the time actually it's not. Yes. Yeah. Right. Yeah. So so we're getting a look at kind of the overall immune system biome too.

Yeah. Yeah. And and I can sort of think of the leaky sinuses just like when does carrier leaky gut. And so we're seeing that when we see these systemic issues and then we're seeing this leaky sinus.

It's like everything is just sort of going everywhere. And so we think if your gut bacteria really should be in your nose and when that is or maybe four members of a family, then we have to step back and say, like, we should talk about how much you're cleaning the bathroom or, yeah, washing your hands, you know, things like that.

Sure. So that would be kind of the first tier testing. You would you would look at, you know. Yeah, sometimes simple, easy. You get results, you know, less preliminaries within a week or so.

So right. It's really fast. Well, and you know, so much of the symptoms that people complain about are neurologic or emotional. Right. And you cannot detoxify your brain.

You know, this is sort of back to the body wants to heal.

Nasal Treatments and Sinus Support

So if you can just help it to get the things out of the way, it'll heal. You cannot detoxify the brain if there's, you know, if there's, you know, mycelium going up into the, you know, into the into the brain and, and, you know, in mold in particular.

Right. You know, you cannot fully recover someone from sirs if you, you know, if your MSH is down and that isn't going to get better unless you have, you know, stocked more cons, right?

More cons itself maybe isn't this horrible, nasty dude, but he or she it, makes neurotoxins, you know, that go right up into the brain and those two do not allow MSH, let's say, to recover.

So even if you do all the old treatments, Emily's right. At the end of the day, if you don't take care of that, you're not going to get better. Yeah. No.

Right on. Do you, do you find then that, mold is a trigger for, you know, something like pans, pandas? You know, like, of course, neuro inflammatory condition.

So they can have an exposure and they'll just go into a pandas flare. That's absolutely right. So remember, I talked about, like, you get someone upright and again, all you have to do sometimes is just remove the rock.

They then right themselves. But, once they're here, mold is a very common trigger for this again. And so sometimes most of the time when one of our patients who was here, the mom calls and says they're acting out again in a pandas way, or a mom will call me and say, like, you got to, we treat his Lyme because his Lyme is back.

Almost always the treatment for that is a treat their pandas or treat their Lyme. It's remove the the mold exposure. Sure that's when you do your investigation.

You're like oh does it look like mold? Smell like mold. Yeah that's right. But he's a swab. It is mold. Yeah. Right. Yeah. Fair. But I'm just curious.

I'm always curious about this too, because everybody kind of goes after Mark cousins in a slightly different way. Although, you know, you always hear about the pigs and stuff like this, but for, for children, I mean, do you guys approach that a little bit differently than maybe, you know, throwing a bunch of, you know, crazy stuff into the nose for adults?

You can just get away with that sometimes. But, maybe kids don't like stuff up their nose. I don't know, unless they like to push stuff up there. But that's a whole other story.

They usually blow things out, right? Yes. So could you guys, give you some of your secrets there? I'll let you take. Yeah. Okay. Yeah. So I usually start with Argent and Argento 23 silver nasal spray. And, I would say 95% of the kids can do that.

We do have kids on the autism spectrum, and that makes it a little bit harder to do a nasal spray or, or really any treatment. So there is an option to do like a hand and nebulizer, not his own lab.

So yeah, but I mean, the firehose, I, I have had some teens do the nasal but that are very compliant. But generally and there's an app is even hard for adults to do so.

I mean that is like your maximal, you know, like that's the best thing we can do. But for kids, I start with their dent in 23 because it's cheap and really effective.

And so if it doesn't work, they didn't spend $200 on a compounded spray that the kid's never going to do. So I start with the thing that's $23 or whatever, and that if it doesn't work, it doesn't work, then throw a ton of money away.

And, and I find that it is it's it works most of the time. But if it doesn't like if we found mersa sometimes I'd rather get a compounded med like a bag.

That's what I like about the microbiology. DH, is that it gives you culture and sensitivity. And we had this come up just a couple weeks ago where there was Mersa and it was not sensitive to the usuals.

And so we had to you know, we had to figure that out. And from that swab actually, and it was that was an interesting case because it was like swabbed two years ago.

And all of a sudden this Mercer shows up and it we were really glad that we actually had the swab right. So I, I am hesitant to use bag too much because there is talk about, resistance with this.

And so that's why I kind of like to start with our junk in 23, if that if I retest in say, three months, I mean, kids like maybe 3 to 6 months. If I haven't gotten near the Martians, I might prescribe a silver EDTA with Michael Ochs from Hopkinton.

But I won't do it if they if I think they're going to be sensitive to stinging. And and I say this from experience because I've done every single treatment, I asked the patients and I if you have post nasal drop it sometimes things going back down your throat. So, some kids are not going to want to do that and some are going to be just fine.

So I think that if if I can prepare them for what the treatment is going to be, same with a nasal lab, if I can say, you know, try this. And to make it a little more comfortable, here are some things you can do.

It might work. So the thing is that again, that's something to do with Nicholas is more effective. It also is more expensive. It also might sting a little bit.

So I'm not going to go there first. But I do think it's pretty effective. So the other option the non stinging would be a compounded med which I would send the culture and sensitivity report to the compounding pharmacist and they would make something that works.

And I generally I'm not putting amphotericin B in there because it stings. So if I'm going to use sample B I'll use it in a nasal neb because it doesn't seem that way.

Good point. You need to know your medicine. I mean, personally on a personal level. Try it all dried off. Or at least know you know what it typically you know how you typically respond to it.

So okay, can your kids get away with, nasal rinses or, you know, things like this or, the new med. Yeah. So I have times families often that have done a nail med if they're going to, you know, the squeezy up the nose, you know, neti pot usually if they've done that before because, you know, Mom or dad's had them do it from sickness or something, then.

Yeah, we might use a compounded med in there, which we've done before. So it's possible depending on the age and the compliance and whatnot. As a kid.

And there you would get the compounded bed in a capsule and open it up. Now please use non contaminated water. Right. So if you use water from a well that has parasites that that's not so great.

Right. Or other bacteria. So it really does need to be. Yeah it should be distilled water. Yeah. Right. Yeah. Please. Yes. Please do that. Don't do the latter.

Yeah I good okay. So thank you guys. So lastly I will say are you vertically speaking when there is a lot of sinus congestion. It is an excess cough. So it's the heavy wet, you know, think of sort of Pacific Northwest living in a mucky, you know, swampy area, like, that's what's going on in here when we have excess bacteria buildup, mold, yeast, what have you. And, I wouldn't be doing a full punch of karma detox on a child, but I would, depending on their sensitivity level, I would do nausea drops.

So it's like drops boil into the nose and then I remember those that that can really blow away that damp quality because it's like, think cayenne and pepper and hot spice, oil.

And that will go in there and just kind of, I would lovingly say, explode your face, but everything sort of comes out and I that actually is how I got rid of my molds initially was my nose was a punch of karma was just like one treatment of nasal oil.

Well, you do you sneeze from that or you. Okay, briefly. Since not everyone has their a resident Arabic medicine specialist, can you maybe just say a sack about, like how a provider might do that or how even maybe a mom might do that at home?

Yeah. So I would actually have a practitioner do it because, In India, any new Vedic medicine, you kind of always want the treatment types of things. You want a practitioner watching that.

So usually there's I mean, there's all practitioners. I would say in most states, I think doctors, not so much, but practitioners, you probably could find someone that's doing that.

And it really is just hot, hot sinus drops. But it's actually really hard to acquire that oil. So, nasty drops, you get online aren't necessarily going to be the hot ones.

Right? So that's why you actually want to know that a practitioner actually had to work pretty hard to, to get the drops that I have, and they had to come from India like someone went and got them from India, not like I ordered them on the are you database, you know, which is like the eBay of medicine.

Oh do you have to actually have someone who knows what they're doing at least the first time? And even with the kids, we have done this before. They came in every time because I wanted to monitor what was coming out of their face.

Basically means like eyes watering and nose running, spinning, sometimes vomiting. But you're getting it out. You're kind of. And each time there's, there's less of a severe reaction.

Yeah, that's that's about trust. Right. And about honesty. But never lie to a child. Like if it's going to hurt you, tell them upfront this is going to hurt.

But this is why it's worth doing. And and we don't pin kids down right? Like they have to be part of the healing process. So, you know, the kids who let Doctor Plastic stick that stuff up their nose, it's because they trust her.

They understand she's educated them. And, she didn't lie. Yeah. No, it's very important. Very important. I know, I remember those drops. I think you do want to give people a heads up, so.

Yeah, that stuff works. It works, it works. That's true. No, this is fascinating. I always like, talking about the, nose treatments, the nasal treatments, because everybody has a different perspective on them.

Because you always have the the sort of base bag or whatever conversation is there. But then there's all these little nuances that everybody has here.

So, from, from nasal agents, you know, moving on to, you know, oral agents. What what would you what do you feel? You know, kids do well with, orally or what can you give them earlier?

You know what? What else can you do? Or externally? Okay. So I will say before we talk, before we talk about systemic kind of oral mold detox, I always start with a regular detox first.

Okay. We're going to unleash mycotoxins from here. And then I'm going to go down here. But they've got a terrible, you know, gut biome. They don't have you know, their liver isn't doing well.

It's congested or they haven't, you know, they're breathing in chemicals at home or, you know, eating pesticides, what have you. They're not going to do. Well, when we start.

Yeah. Launching stuff. So I, I do and I know this is fearful for a lot of parents to hear and practitioners, but I do detox kids and I feel like I can do it really safely and easily.

And that is one thing I want more people to understand. So kids take in more air, food and water per cubic square inch of their bodies than adults do.

And if you think about, you've got your, your four year old sitting on a couch with you and you're here and you're both breathing in the same mycotoxins, but their body is getting completely flooded with it.

Right? And depending on how old they are, their liver might not be matured yet. And so the first thing is food and water we have to take care of. And that isn't that we're not taking anything orally for that.

We're not necessarily supplementing. And yes, there are lots of supplements we could do, but I would say before that, just like the old conversation about like before you buy and, you know, an H bar unit, get them all out of your house.

It's the same kind of thing. Check your check your air in your house. I mean, have your maybe you need to have your ducts cleaned, but that goes back to the cleaning the house conversation.

But, are there air purifiers and appropriate air filters and purifiers in your house?

Detox Foundations and Oral Support

When you vacuum, do you open the doors and windows so that the dust can go out the dust? Your house, you know, how often are you cleaning your house in terms of that?

That all matters with air quality. And these little kids, especially ones crawling around on the floor and they're just breathing it all in. Right. Water quality.

So almost all of my patients, I check the Environmental Working Group tap water database, which you can just Google that and put in your zip code, and it will tell you how many contaminants and which contaminants are in your water supply.

First thing I look at is arsenic, because that that you're getting a daily dose if you're bringing that in. Right. So that's the first thing I gonna look at.

But but look at the number of contaminants. Note that there are side effects or potential side effect is always cancer. And so I'm looking at okay what are you using.

I using reverse osmosis unit grade or a Berkey or some kind of, filtration system. That's good in your house?

Generally not. The refrigerator filter is not good enough quality.

So, and then food, of course, clean food. But eat food that came from the ground. No pesticides. Organic, non-GMO, especially. We do test for glyphosate.

And sadly, I have found some very high levels of glyphosate in our kids. And those are kids that we I have had a hard time getting well. So, air, food and water that doesn't for all those people that are scared to detox kids.

If you start there, that makes our job really easy. And that's all stuff that parents are doing at home and that the whole family really would benefit from.

So I would start there. And then if I still need to do a little bit more detox, I actually have my patients by the book, The Toxin Solution by Joe Paisano and go through it with me.

And I have had plenty of kids do this with success. And yeah, there are supplements involved, but if the kids don't swallow pills, they could just do the dietary part of it.

I mean, really, truly. Or we can find powders or liposomal or liquids or now we have someone who who's patch vitamins for a while that we're really successful with so we can find ways to do stuff because we have to think about the kids who don't swallow pills.

Right. Or they're on pill fatigue because they might be on a bunch of supplements for something else or medications. So I'm always trying to think of what is the hardest case and less work to that lowest common denominator.

So, but that's why I'm trying to detox your whole body first, and then it will make the micro toxin, the mole detox, a lot easier. And we probably once we've opened up, we've put, you know, sufficient microbiome.

Everything is, is able to handle that is going to be detox through the colon. Then we then I feel safe dumping out the liver and cleaning out the sinuses, sort of in that order.

Good point. Can I go ahead. Can I add two things? Sorry. One is that, Emily's absolutely right. There's been so many of our patients that just doing that we then actually don't have to treat mold.

Right. Because the body handles it, especially in children they like they just heal so well. Right. So if you stop the the insult and allow their body to do what it needs to do, the other thing is, is that remember that children are developing and they're getting a sense, especially depending on the age of who they are in the world.

And a child who has had chronic illness often thinks of themselves as chronically ill. And so. But Emily didn't say that. She does so well. It's the education piece, right?

So she explains this to them. And then when they detoxify themselves and get better. So we didn't talk about illness at all. We only talked about not putting crap in your body.

And that is very empowering for these teens, let's say, who then do what she said and never had to hear that they were chronically ill. And so, you know, I think, again, my plug for pediatrics is that what we didn't talk about is the developmental phase they're in.

And, you know, you can say to an adult, this is what you've got. You say that to a kid and they kind of own it or, you know, it becomes part of their self actualization and we don't want that.

So if mom says, let's detoxify your body and they heal themselves, well, that's super empowering to. Yeah. No, that makes sense. Definitely. No, I mean, this is this is why this is great.

You know, this is a, you know, different, different game sometimes with how we communicate things and how we,

you know, how quickly we jump into this, you know, the higher interventions, which we know sometimes we can get overly excited about, like, oh, yeah, I got this really cool thing that worked for this last person, you know?

But now the foundations, the foundations are, you know, key. And that's that's everything you guys said I appreciate that. So so if you get past that now.

What's next I think that there's if they're still sick. Yeah. So with kids, I'm going to try to use something, but it's going to kill two birds with one stone.

And so I have to think again, lowest common denominator to let's just say they can't take pills. Even though a lot of them can, fiber. So fiber is going to do all the great things like create microbial diversity, improve your digestion and whatnot.

But it's also acting as a binder. So yes, it's more of a weak binder than compared to something like Holy Star. I mean, or or well, call or even charcoal, but it's something that is really easy to add to a kid's regimen.

They might not even notice there's so many fiber supplements you can turn to, one they can't even taste or see. And, and so I'm trying to use something that, let's say we're trying to tackle all these different issues.

I want it to do multiple things. So if we're going to use magnesium, there's probably a great magnesium powder that they also are using to kind of calm their nervous system, because in a lot of these cases they're they're on some sympathetic overdrive.

Right. So we're trying to calm the body. So but we can also use magnesium as sort of a cofactor for, you know, we're always trying to, treat mitochondrial health with all of this mitochondrial dysfunction.

So we're trying to get as many of those cofactors in there as possible. So, I might add my favorite supplement is my row core because it does everything.

And you can actually get my core in a powder as, like a protein powder. And so if I needed to find one supplement that did everything, it would be my core.

And it does come in capsules. So if I'm going to if someone needs capsules, that's probably the one thing I'm going to use. It's a multivitamin. Multi mineral does detox.

It has a full 600mg of NAC. It has acetyl l-carnitine. It it's sort of a combination products that if I just want to add one thing because oftentimes we're not trying to add 12 supplements for a kid.

So honestly, if I had to pick one supplement, that would be it for for overall health, for healing from mild not or acute mono mode protocol, which is the lumbar kinase and the got it found and whatnot.

Right on. Let's see how we're dealing with time here. Now we're doing not too bad. I wanted to kind of bring this all home here though, because we're almost out of time.

I could each of you guys could answer this question, too, if you like. But what is your go to? Or rather, try this on Monday morning? Recommendation for all the viewers here when dealing with somebody recently exposed to, motor water damage buildings, is it what you already said or, you know, have some other nuances?

What's the first thing you want really people to really think about or drive home here? So, I mean, again, make sure you're not living in it, right? Like, if you call me from a hotel room and you think it was mold in the hotel room, do not call me from the hotel room.

Call me from a different hotel. Right? Like every moment you're spending in there. That's horrible. So that would be absolutely the first thing which we've sort of.

That's more of what we said before. And then, maybe I'll just speak to why I, why we came up with this protocol. Right. Is, just for a few days is that if you think about what, what the cascade that occurs in, sort of biochemically when mold, when there's mold exposure, right?

Is that, you know, all illness comes down to inflammation, right? So it makes an inflammatory cytokines crisis that is then sort of like going right. And what happens is I think that most of the symptoms that we have are due to then, sort of gumming up of the small vasculature and not getting enough oxygen to the tissues, specifically the brain.

And then, you know, mitochondria get messed up too, which speaks to Emilys, but sort of acutely, what I noticed is, is that my brain just no longer works.

Right. And so, that's why we use the three things that we talked about. So one is the GI detox, which is kind of a nice I don't know why it has to be GI detox, but it just sort of does.

And and you know, it's got a combination of different binders in it. We have them take two twice a day in that acute phase. And then so that's just sort of removing anything we can that got into your system quickly.

Sort of just stop the, the match. Then we use the lumbar kinase, and I explain this to kids that it's worms, but, you know, it's all about marketing, right?

And that's sort of fun. You know, humor heals, especially with kids love and humor. Like, you cannot forget that I said that was first again. I hear you.

I hear you're scared. I'm with you. And so lumber kind of explain to them is worm spit and that, you know, it's how earthworms get through the dirt that kind of excreted.

And then I say, I don't know how they got the worms to spit in this product, but I like let's not think about that. And then what it kind of does is Roto-Rooter out the small vessels.

Right. So now I'm able to get some more oxygen in, and blood flow to my tissues, you know, get exchange removal of toxins and, nutrition to the cells.

And then we use the oxygen because that's what's not getting to the brain. Right. And, and, I mean, they turn around in like ten minutes. It's like they come in and they're curled up in the chair.

We did. We have them do their giddy talks and then lumber kind of set. Of course the lumber kind of needs to be without food. Otherwise it's just a very expensive digestion agent.

What to Do After Mold Exposure

So you want to take we usually if they're really in crisis, will have two twice a day, but often it's just one twice a day away from food during this three day trial.

And then we have them come in for the oxygen. They come on like kind of curl up in the chair, kind of grouchy and sad. And then like by the end of the ten minute treatment, my nurse said, oh yeah, she looks fine again.

And they sort of brighten up and that kind of wears off when they when they leave. But that's why they come back for a few days. But like it's pretty remarkable.

Try just giving them oxygen. Let's just give you. Yeah. Oh yeah. So two liters by nasal cannula. This is just like straightforward oxygen. Yeah. And I would also say that we use that protocol for flying too.

So this is just like another pearl to use on Monday is that. And I know there's just from experience that when you fly they drop the oxygen pressure. And you know Henry's law says that you can get more gas into liquid fit into you know, diffused into a liquid at increased pressure.

Right. For the reverse is true, too. Like you're going to get less of that and decreased pressure and, you know, so you have less oxygen pressure on an airplane, which for a normal person with nice open vessels might be just fine for someone with serve, you know, where it's already gummed up.

You're not. The red blood cells often can't get all the way into the small vasculature, so you're sort of counting on the oxygen that's in the plasma.

And, so we'll often have them come get, ten minutes of oxygen when they've landed. And I have them take a lumbar kinase before flying. And, I mean, that alone is pretty remarkable.

Just, for the viewers, for fun. What's your favorite number of kinase? Yeah. You know how I. I don't know if it's superstition, but you, you sort of. For me, it has to be a detox and it has to be lumbar kinase.

And is that the allergy research group? Yeah. You know, I learned that from someone probably ten years ago. Like, this is the one I should be since I know it works.

I would never try anything else. Yeah, that's right, some. That's very. Would you like to add anything? Emily, what do we want to think about? On the auction. Right.

So we have the same protocols, so probably nothing. But I do think that it would be beneficial to try. And. I'm sorry. Yes, I thought I, I think it would be good.

We have one really short kind of case study that Cynthia wants to kind of to bring it all together in two minutes or less. So that's fine. Please do that. Okay.

Yeah. Of course. Yeah. We have enough time. We're good. Okay. So, this was just sort of to explain to you again that, like how it's not just about treating mold.

Right. So we had this interesting patient. I mean, one of our patients, right, came into the clinic actually, because her family joined, because the sister had chronic headaches and abdominal pain and wasn't going to school.

Teenager. Right. So, but she was sort of the, the normal one. And I just saw her for General Pedes and then she got dysregulated, which sometimes happened.

And showed up with what looked like pandas. And I think it was patients. But, so I treated her pandas and she sort of got better, but, but she would get dysregulated so quickly from mold exposure, and it was very obvious to me that it was more and, one of the things that was really interesting is mom said she wasn't doing well.

She came in. I also had her see the child psychologist who's in our clinic who's amazing, and the child psychologist, and I saw her on the same day and Doctor Shelley, who who's our child psychologist, pulled me aside while the kid was there and said, this kid is having an acute psychotic break.

I know you're treating her for pandas, but right now she's having an acute psychotic break. We have to send Robert. She's not safe to, to the psych ward for immediate admission.

And, like, I don't know, the Shelley's ever said that to me. So I was like, oh, my gosh. I said, well, can we just wait until I see her? Because I let me see her first. I see her first.

And this is this girl who's a cheerleader, totally popular. Everything's normal until this. And she, like, was wearing this, like, tube suit and, like, pull it over her head.

And she was jumping up and down on my chair. She was she turned up. She was telling me jokes through her bum, like she was like. I mean, like, I don't even know.

So I said, oh, okay. Wait. So I asked, you know, we ask some questions. It sounded like she had an acute and

mold exposure. And so we gave her ten minutes of oxygen and she like, calmed down and was sane.

And I went, okay, so now I have data that this is about oxygenation, right. And everything else. So I pulled Doctor Shelley back in and I said, Doctor Shelley, is this a woman that you wouldn't send over for a psych admission?

She was like, I know that you work magic, but I like I don't even know what to say. Right. So then we had to figure out the mold exposure, and we did, in the house.

And everyone in the house got better. I mean, go figure. Right? But this kid still like one spray of Mark on treatment, and she would just regulate for a long time.

And her her family members weren't as sensitive to mold, ended up having some parasitic issues. And Emily had they had very big health issues that Emily ended up fixing by treating parasites.

But still, this this kid, she would be well, and then her panties would flare and we would go, oh my gosh, you moved a box in the garage.

Case Study and Final Takeaways

It used to be in the attic where there was mold, and she walked through the garage and like, but it seemed to me that the strep throat I needed to pull was mold, right.

Because that's what would just regulator pandas. And then she ended up with Frank adrenal insufficiency and Messel disorder and Potts. Right. So I had her I'm like all these chronic meds, but if I could handle those, take away the mold, she would right back up again pretty fast because she's a teenager and we have these tricks.

And then she did hot yoga this is just recently. And so she's well enough to do hot yoga, right? Oh my gosh, she just regulated completely. I put her on hydrocortisone. That didn't do it actually to her muscles.

It didn't do it into your panties. It didn't do it. We detoxified her from all that, didn't do it. And I was completely stuck. So I sent her to Emily, and.

And actually, I had Tiffany, my nurse, work with her, too, and I said, you guys, I'm stuck. So you guys better figure this out. Like what? I need a clue. And Emily says, well, what?

And Tiffany said, too. They had talked, like, don't you think it's parasites since everyone else in the family needed parasitic treatment? And I was like, shoot.

So we did, like, three days of parasitic treatments. Looks so simple. It was one. It was one product we like. I mean, we use a lot of different products, but this one happened to be for this family.

It works really well, which is does bio Path go. And we did three pills every day for three days. And she and and I went, oh my gosh. Like of course. So why was she so exquisitely sensitive to mold.

We hadn't pulled the bottom thing. So that's all I just wanted to say. And I'm sure that story will be ongoing, that like this is a great example of like mold was the issue, but I was we were going to be talking about mold forever until we figured out the parasites, what was what was filling her.

But, you know, that's a good reminder because like I said in the beginning, sometimes we are convinced that it's, you know, all the mold in the mold is the big there's a big dysregulated.

But, you know, the parasites are probably more elusive sometimes than the mold for, for example, you know, so there may be something else kind of underlying that under that surface.

Yeah. No, that's why I love this this team care approach. And, you know, having having different folks looking at it

and, different, different expertise, different backgrounds all coming together.

That's, that's that's great. So you guys want to, any final thoughts? You, before we sign off for today? And I really do appreciate, you guys taking your time on a Saturday to, talk to me, about this medicine.

And, I really appreciate all the work that you guys do, and, Yeah. Any final thoughts for yours? I think that's it. Thanks so much. Yes. Yeah. Okay. All right, well, you guys, take care.

And thank you once again for participating in the Mold Summit here. And, I will talk to you in the near future, I'm sure. All right. Have a good day. Me? Take care. Bye bye. Bye, Jamie.