Is Mold Making You Sick? What Doctors Miss About Mycotoxins & Chronic Illness Transcript

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Introduction and Guest Background

I believe sun exposure is important to health, and there's a lot of evidence now about it. Completely avoiding the sun, will actually lead to a lot of diseases like early disease, early death, and and many comorbidities or diseases.

I mean, everything from like Alzheimer's to EMS to just a whole wide spectrum of diseases that are related to low or no sun exposure. This is doctor talks, real talk from real doctors on the issues that matter to you most.

Hi, welcome to Truly Healthy MD podcast. I'm Doctor Monica Harari. Today I have Doctor Julie Greenberg on my show. She is a licensed naturopathic doctor.

She is a registered herbalist. She specializes in functional dermatology. This is, such an amazing conversation that we're going to have today. She's actually, one of my mentors.

I am currently taking a course with her. That is how I, learned about her. So I'm really excited to have her on the show. She is a published author, having written the Holistic Psoriasis Management and Nutrition Guide. I highly recommend it.

That was the first book to address a natural approach to treating psoriasis. Doctor Greenberg teaches dermatology classes at several naturopathy medical schools, and is a highly sought after keynote speaker at conferences across the US and internationally.

So I am delighted to have her here on the podcast. Very, very honored to have you here. Thank you for being here. Doctor Greenberg, thank you so much for having me.

It's an honor. Excellent. So tell us, apart from all the technicalities of your bio, which is an amazing bio, tell us more about you as, as a person, because, I think, people, people like to know who you are, right?

Where we're healers. And understanding who we are just helps make that little more of a connection. So, tell us more about about yourself as a as a as a human being, not just all your credentials, which are amazing.

Yeah. So, my journey into medicine did not start from a young age. I did not think I was going to be a doctor. It was not on my radar. In fact, as you heard, I went to business school first, and I was in the business world for a long time.

And then, like so many of your listeners, I had my first real, like, health crisis where it wasn't, you know, an acute, strep throat, but something much bigger.

And finally, I was diagnosed after business school with Hashimoto's hypothyroidism, which is an autoimmune, a disease that we attack and kill our own thyroid.

It's the most common autoimmune disease, out there. And, and a lot of women, a lot of your listeners will have this. And it was my first real experience going through conventional medicine with a chronic disease.

And, I remember going in and getting diagnosed and they explained to me that they didn't know what caused it and they couldn't fix it. And here are some medication.

And I was just going to be on this the rest of my life and probably just gain weight and kind of be fatigued because it didn't do anything for metabolism.

And I walked out of there in my late 20s, pretty shell shocked. So thinking we are, you know, one of the leading countries in the world with medicine, how can this be the answer?

And I started doing research and, got really into our food system. And I read, Michael Pollan's Omnivore's Dilemma and yeah, I was in a book and I was it was life changing for me and my, my, my head exploded with each new chapter.

Like, right, cows don't eat corn. They're supposed to eat grass. You know, it's like, of course, now salmon farmed salmon don't eat corn. How would they in the ocean.

And it just everything I knew, you know, I was taught that drinking a Diet Coke and eating the link was eating was healthy eating because you were constricting calories.

So it really changed my life. And then I started reading about endocrine disruptors and all the products that we put on our skin. And, back then I think it was around like over 100 chemicals.

And now people are almost at over 200 chemicals per day between all the lotions and soaps and shampoos and makeup and all the things. And so I started making my own skincare products, and that really led me down this path of really being passionate about health and medicine and dermatology.

And then it took me a while to go back to school and become a natural doctor, which is four years of medical school. And I had to go back and do all that undergrad training for pre-med because I was an econ major undergrad.

But it really changed my life, you know, getting a diagnosis myself and just getting into the research and learning how to make myself healthier and, yeah.

So that's that's a little bit of how I got into medicine. Otherwise, I love hiking with my dog. I love international travel. I've been to over 50 countries and adding a couple more this year.

So yeah, it's a little bit about me. Amazing. Yeah. I love, you know, getting to know you better. And as I said earlier, I'm one of your current students.

I'm taking this, route course, dermatology course. And I have learned so much. I've. But it's and, you know, it's it's not like I'm a beginner at functional medicine.

I've been doing this for a few years now, but the way that you teach it has really helped me. You know, just, with a lot of the, things that I already knew how to do.

I knew how to, you know, do a stool test and, oh, test. But the way that you teach it is, is phenomenal.

Dermatology Practice and Common Conditions

And so tell me a little bit more about your practice and the type of, things that you see patients come in with. And the type of, results that you're able to see with your patients.

Yes. Well, thank you very much for that. That's very kind. Yeah. So I, exclusively see dermatologic derm, derm patients. And I went back to naturopathy at medical school specifically to focus on dermatology.

And I was very fortunate while I was at Bastia University, which is in the Seattle area, to also be able to go to the University of Washington and sit in Durham Grand rounds with, conventional MD dermatologists.

So, I think I thank them for letting me sit and learn from them as well. No, I forgot the question. Oh, my practice. Yes. So so I only see derm patients.

And, you know, I would say that my practice mirrors kind of the most common complaints that are out there. So definitely, I think the top two conditions that I see are acne and eczema.

There's just so much of it, with acne, I see a lot of adult acne. And I think there's really a big amount of frustration and even sometimes shame. I hear from my patients, why am I an adult and I'm still having acne?

You know, my my friends are talking about anti-aging products and I'm still trying to find out about acne products. And it's very frustrating for them.

But adult acne is really on the rise. So there's a ton of that. And then eczema, the number of eczema patients seems to increase from year to year. And for eczema, I see everybody from, you know, very young three month old pediatric patients on up to people who are still in their 60s or 70s, still struggling with eczema.

And I also see a fair amount of psoriasis, rosacea, a lot of hair loss. I really like alopecia areata. I'm treating that, which is an autoimmune attack on the hair follicle.

I treat something called keratosis pilaris a bunch, which is also known as chicken skin colloquially and said derm, which can often just present as like dandruff or cradle cap.

And there's a lot of that. Some derm comes with a lot of other conditions as well, like eczema or acne or psoriasis. So those are those are the main ones that I see, in practice.

And then there's also something called topical steroid withdrawal syndrome. Yeah. Yeah. If patients use too many steroids, it's mostly eczema patients.

But it can happen even with psoriasis or patients who are using steroids for other diseases. And, it throws the body into kind of an adrenal crisis and other problems.

So I treat a lot of TSW as well. If you liked this discussion, please hit the subscribe button and consider leaving us a review. It really helps people find us and we truly appreciate your support.

Amazing. And what is the response? I mean, so obviously, I already was a first of medicine doctor before I knew about you. And you have a lot of natural parts, which are your, patients that are your patients are your, take your course, but my, one of the things that really drives me, professionally, is to try to bridge the gap between functional medicine and mainstream medicine.

I feel like, a lot of the things that we offer in functional medicine, is really basically doing mainstream medicine, but just doing it better and more cutting edge and more personalized and more evidence based.

But I don't I know that commercial doctors don't really understand. If you look at functional medicine on Wikipedia, it says that it's a load of crap, which it's not.

And so what has your response been from dermatologists that take your course? Yeah. So I would say there's the dermatology world in general. And then there's dermatologists who take my course.

So, you're right. This is it's a it's a really big shift. It's a big mind shift to go from conventional medicine to functional medicine, because in conventional medicine, you know, there's it's algorithmic based.

So doctors are making decisions based on, even in dermatology, a very clear set of steps. So if your patient walks in with eczema first, you do this. And any of your listeners out there who have eczema know what that first step is?

Give them topical steroids. Right. And then there's there's a kind of ladder that doctors have a decision making where they go through, in order to prescribe.

And it's more of like a single thing at a time usually. I mean, maybe 1 or 2 things at the same time. And, you know,

we're looking for double blind, placebo controlled trials to test it, which testing is good.

We we want evidence based medicine. But it's also more about symptom suppression. So we know in eczema, when we're giving a patient a topical steroid, what are we trying to do?

We're trying to suppress the inflammation when we know that it's not that the patient is deficient in steroids. And now we're giving them the steroids that they were lacking.

And that was the problem. No, it's it's more of a suppressive functional medicine. And naturopathic medicine kind of takes a different tact and says, okay, this person has eczema.

We know we could suppress it with the steroids. And like if somebody comes up with a rash and they can use steroids for four days and the rash goes away and never comes back.

Amazing, right? You really didn't need any more than that. But most people struggling with eczema, that's that's not the case. And so functional medicine, naturopathic medicine says, wait, let's let's take a step back and ask ourselves what's going wrong in this person.

That's cause the eczema. Let's fix it down here at this root cause level, so that we don't just have to come up here and keep pushing it down and suppressing it.

And that's a much more complicated way to practice medicine. And we the decision making is going to be more complicated. It's very hard to create kind of simple algorithms.

Well okay. Give them steroids. And then if that doesn't work go for a stronger steroid and then stronger steroid. And if that doesn't work then you'll inject them with like dupixent or do tacrolimus.

So I understand it's uncomfortable for those who are conventionally trained because there aren't algorithms. It's hard to do double blind, placebo controlled studies on much more robust protocols where we're trying to fix the underlying problems.

Functional Medicine vs Conventional Dermatology

And with functional medicine, you know, we're also addressing things like lifestyle and diet in support of the herbs and supplements and medications that we're prescribing.

So, you know, both have a great place. There's a great value in both systems. Certainly for emergency medicine, if I get into a car accident, I want to be driven to a conventional hospital and submitted into the ER immediately, you know, fatigue, brain fog, mood swings, weight gain.

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As much as I feel like we say negative things about conventional medicine when we were talking about the way we address things in functional medicine, conventional medicine is amazing.

And we're. I'm so happy it's there. I'm so happy that Big Pharma exists. I, you know, I say negative things about Big pharma all the time because I feel like medications are overprescribed.

But oh my gosh, I do not want to live. I do not want to be at a time. I'm glad I live in modern day times when we have big pharma, right? I use Big Pharma every day on my patients.

It's it's a good thing when used appropriately. So, so absolutely. We just have to find the right times when we're going to use conventional medicine, in the right times when we're like, okay, that's not the best approach.

Let's use a different approach. Yeah. Agreed. And I would say I'm also thankful because so much of the research and study that comes out of conventional medicine, that is what I've used to look at the underlying science, the underlying pathophysiology of what's going wrong in my patients.

And that's how I know how to address and try to fix that root cause problem. Without all that research, we still wouldn't have the answers to a lot of the questions what's happening in the body? So yeah.

Yeah, that's that's great to hear. So the dermatologist obviously not every dermatologist going to take your course or want to embrace the way that you teach.

But what you're telling me is that those dermatologists that do take your course, they they have embraced it and gotten better results. Is that correct?

Yeah. So the dermatologists who take my course have wanted to have pretty much, you know, transform their practice, transform the lives of their patients.

And so they're implementing these, you know, much deeper, plans. My methodology is I like to go after the gut microbiome and the gut microbiome. If your listeners have heard this but don't really know what it is, a lot of people are surprised to hear that we have 3 to 5 pounds of microbes living in our gut, and that's completely normal.

We've co-evolved with these organisms, and we need them and they need us. And by there's been so much research of late on the gut microbiome impact on every aspect of our health, even depression and anxiety, and absolutely our skin.

There's a intimate gut skin connection. So by going in and testing my patient's gut microbiome and then seeing what's going wrong there, that's how I can start to address the root cause and fix it.

And so the dermatologists who have taken my course are implementing these and seeing great results for their patients, they're able to help clear their patients.

I never use a word cure because these things can come back if the situation if those lifestyle things or, you know, the gut microbiome gets off again, then these diseases will reappear.

But they're able to clear patients of these diseases and help to teach, patients how to try to keep themselves clear without needing to see a doctor or stay on medicines or supplements.

You should be able to live eczema free, psoriasis free, acne free. That's homeostasis. What that means is that as the body imbalance, operating the way it is supposed to, we're not supposed to have eczema.

Yeah, absolutely. And and that manifestation of eczema is not just the eczema. It's a manifestation of something else that's going on deeper. And that's exactly to teach us, right?

That figuring out what that deeper thing is, so that we can help our patients, and not just mask things. We just we don't just treat the eczema. We treat.

We find and then treat the underlying, thing. So I love your approach. I know that your approach, is giving a lot of, people results, not just with the patients that you treat, but all the people that you're training, all the clinician you're training now, and everything that we can implement now, I've already started implementing your teachings with my patients, and it's.

Yeah, your methods absolutely work. It's not easy. Like you said, it's not the easy way to practice medicine. It's so much easier if we would just have a protocol for things.

But it's harder. But it's more long lasting. It's worth our, time and, attention to these to these details. So when you talk about root causes and I obviously already know the answer to this because I'm taking your course, but, what are some of those root causes?

You talked a little bit about the gut. What other things are? Let's say let's talk about let's pick a disease, psoriasis. Right. There's a lot of people out there that have psoriasis.

Psoriasis as as you and I know our listeners might not know this, it's, the main reason that people, the biggest reason that people, spend on medications, the two top sellers are, drugs that, are address the immune system.

They suppress the immune system for people that have things like psoriasis, all sorts of other things, like like rheumatoid arthritis. Right. It's not just psoriasis, but they are immune suppressants.

Number three is statins. But the two biggest drugs that are the biggest sellers, at least the last time I read this, it was Humera and Keytruda. And both of these address the immune system to suppress the immune system so that people don't have the symptoms of psoriasis, rheumatoid arthritis, and a ton of other things.

So absolutely, this is a huge cost to people, to our nation. People are sick with these diseases. So those people out there that have, a condition like psoriasis, this is just one of the main conditions that you teach us about.

What are those? If we have a list of today that has psoriasis, what are the possible possible causes? We can't tell you this is your root cause listener.

With psoriasis, there are many root causes, and usually it's more than one thing. But just so that, doctor, we can enlighten us. What are the root causes you find in people that have, for example, psoriasis just to pick one?

Yes. So, you know, psoriasis, as you said, it's a it's an immune system problem. We used to think, oh it's a skin problem. We could see the psoriatic plaques.

We know that the skin is building up at you know, quicker rate and so originally we put it in the dermatologists bucket because they're like, oh, that's a skin disease.

And then through the years we realized, no, this is an immune system disease. The immune system is thrown into overdrive. And we have lots of different types of immune cells.

Some of the types of immune cells we have are called T, H or T helper cells. And in particular we have these Th17 in cells. And in psoriasis particularly these 17 cells are overactive.

They have been thrown into overdrive. And it's like your body is just producing an army of 17 cells and it's, too much. And that causes the inflammation and, and all the skin problems that we're seeing.

But when we back up and say, okay, why is the body building this army after 17, you know, soldiers to go out and start to fight things? That's where we go back to the gut.

And you're listeners may have heard of the term called leaky gut, but may not know exactly what that is. Well, we go back to our digestive system. Let's take the small intestine where we digest food and absorb nutrients.

We should have a thick mucosal barrier throughout our entire intestinal tract.

Root Causes of Psoriasis and Gut Health

And that mucosal barrier is is a supreme importance. It's kind of like the velvet rope at an exclusive club, you know, with bouncers who are deciding you get in and you don't get in.

And our mucosal barrier will let in the good things like the nutrients that we are absorbing from food. We need the

glucose and the vitamin A, you know, and all of those things that all gets to get through that mucosal barrier and absorbed into the bloodstream so that every cell in the body can get those nutrients.

But the mucosal barrier is going to do a good job of keeping out those 3 to 5 pounds of microbes, like bacteria, for example, that are living in our gut.

So we need that mucosal barrier to be healthy and functioning, to say, good guy, you get through bad guy. No, you don't get to go into the bloodstream when a leaky gut.

The problem is people's mucosal barrier has been eroded. And so there's kind of gaps and holes where things can get through, even the bad guys. And once that gets into the bloodstream, the syst the immune system goes, wait a minute, you're a bad guy.

You're not supposed to be here. Now, I need to build an army to fight you. And so that's one of the reasons that leaky gut will drive those T 17 army cells to increase.

Another example is strep throat. The bacteria strep paginas that causes strep throat is one of the number one environmental triggers that we know of that will cause psoriasis and strep throat.

Where does that live on our tonsils. And the t h 17 cells are at all the mucosal surfaces. So the mucus in our gut and the mucus on our tonsils. And so somebody gets strep throat.

But t h 17 cells are responsible for responding to that and going and fighting it. Now sometimes the strep can form what we call biofilm and kind of hide under the biofilms where our immune system can't get it.

And then you're going to keep producing t H 17 cells without being able to attack and kill it. And there's plenty of studies that show, experiments where people with psoriasis have had their tonsils removed and then their psoriasis improves.

And when they dissect the tonsil tissue, they find the strep in there and biofilms. So there's a lot of things, like you said, that could be driving psoriasis.

You could have strep throat or have strep, colonizing your tonsils. You could have leaky gut. But it's basically things that are over activating the immune system.

And then someone usually has a genetic predisposition to, okay, when things are overloading your system. This is the direction you're going to go and you're going to produce, you know, you're going to get psoriasis.

Other people might develop different, autoimmune type diseases like multiple sclerosis or, you know, different diseases. So there's also a genetic component to what types of diseases people end up with.

But yeah, it's it's complicated, but it really does go back to the gut microbiome a lot of the time. Yeah. Yeah. Great great great information. And I'm sure there's a ton of listeners out there that, you know, have psoriasis or no personal psoriasis.

And this is new to them. They're like, oh wait, I don't have to just take my camera for this. There are things that I can look into. I'm sure that in their gut, they knew it, pun intended. But I'm happy that, you know, you and I can be messengers to those people who just didn't know before that there are more things that they can look into. And, obviously their dermatologist is doing everything, their power to help them.

But sometimes those are just things that are not. And that dermatologists toolbox. And it's okay. It's okay to continue to your dermatologist and seek out somebody who has, functional medicine, naturopathy training or any of the above, any anyone that's a holistic healer or even even a health coach.

I mean, sometimes you cannot afford a functional medicine doctor because most of us do have to be cash pay

practices. We just don't get paid by the insurance companies for our time.

So we have to do cash pay. If the only thing you can afford is a health coach, that is a great place to start. They can start helping you live a lifestyle where you have, healthier, habits.

You go to bed when you're supposed to be going to bed. You hydrate yourself. You eat a better, diet so that you have less leaky gut. And then if you still need to see a functional medicine, MD, chiropractor, nurse practitioner, a nurse practitioner.

There's a lot of us who are being trained in this. And yes, we can probably help you further. But there is a lot you could do for your health and above and beyond what your dermatologist knows about or your, you know, any, any doctor you're going to please continue to see all your doctors.

All your doctors are there because they want to help you, but sometimes they just don't have a wider toolbox. And we're here to help you. We practice evidence based medicine.

And on that Segway, I, about evidence based medicine. Something that I'm very passionate about in my practice is about treating people with mold toxicity.

I have a lot of people, a lot of patients in my practice with, mold toxicity. And I spent a lot of time and effort explaining what that is and explaining that there is science behind that.

Do you find it hard to find, you know, literature on mycotoxins and how it affects the human body, or is that something that that you find easy to, you know, show that people show people like if you're talking to a medical doctor, okay, here's the science of what mycotoxins are.

Because I personally have a hard time finding that stuff. And that's something that I, I struggle with professionally, and I want to have the resources to show not only my patients, but MDS and docs.

Here is the evidence. So what what evidence do you know exists out there that mycotoxins are a real thing? And it's not just because people need to be, you know, going to pay practices and spending their money on supplements, which is what some MDS I don't think this whole mold thing is.

Yeah. So I see a lot of mold and mycotoxins and illness in my patients as well. It will drive a lot of skin problems and exacerbate a lot of conditions like psoriasis.

It's an attack on the immune system. So, I agree, there's not as much there's not a ton of research with mold and mycotoxins on humans. And part of that is ethical because we can't feed humans moldy mycotoxins related food and then test them because that is unethical.

It will make them sick. So a lot of the first information that we got, and a lot of the findings are based on animals, because farmers would suddenly have like an entire flock of chickens die, or a whole herded goats or cows die.

And of course, that's devastating to their business. Why did my whole heart to cows just die? And then they would go in and test the cows and test the feed and find, oh, this feed was moldy and the feed was high and mycotoxins.

And just to distinguish those for your listeners, mold is a fungal organism. So mold is the thing that grows. You know, we all know it. You left the raspberries in the fridge for too long and there's green fuzz.

We throw it away. That's mold. You leave the bread out on the counter. Too long. Fuzzy. That's the mold. The fungal organism. Mycotoxins means fungal toxins.

These are toxins produced by mold. When molds are trying to defend themselves against other molds or bacteria. So it's how mold fights. And we, we use this.

So the very first antibiotic that we ever discovered was penicillin, named in honor of Penicillium mold, which produced it. So, you know, we know mycotoxins are real.

We have penicillin. And there's also a drug called Michael phenolic acid. That's a pharmaceutical drug that's derived from. It's a micro toxin. And Michael phenolic acid is an immune suppressant.

Now you might think, why would we want to suppress somebody's immune system. But an example would be and somebody has an organ transplant, we have to suppress their immune system after that surgery so that they don't reject the organ.

So mycotoxins are real. There's no debate. It's part of pharmaceuticals even. But yes, the study of molds and mycotoxins on humans is limited because of the damage.

But we have the data from animals, large die offs of, even dogs, dog food that's been contaminated and then, you know, sold through pet stores. And it's real.

And now even within the court system, stuff like black mold. And when I say black mold, I don't just mean mold that looks black because mold can look black.

What I mean is the species of mold is very, very toxic. And there are lawsuits within the U. S. judicial system where landlords or others didn't properly, remediate or inform people, and people got very, very, very ill or died and they're allowed to sue for that.

Right now, all that I know is saggy batteries. But, you know, I think the research in the area of mold and mycotoxins is developing, and we will get more data as things come out.

But, you know, again, it's it's in our pharmaceuticals. It's, it's it's in the data with, with animals. We can't ethically test on humans. But we know it's there.

And we know, as functional medicine practitioners from having our patients homes tested for mold and mycotoxins, that it's found in heavy numbers. And then once it's remediated and cleaned up, we see patients get better.

And this is a big issue for my alopecia area to patients, I would say almost 100% of them. They have the gut problems that I need to fix, but they also tend to be living in mold and mycotoxins.

And once we start to give them out or clean up the home, then we see the hair come back and it just happens time and time again. Mold is a decomposers.

We are living, being, living and being. Having a heavy colony of mold in our home or us is incompatible with life. We don't want to be decomposed. It's very tough on the immune system and the mycotoxins, as the name sounds, is, are toxins and immunosuppressants.

And, you know, a lot worse than that. So it's one of those areas that hopefully we'll see more research go into. But the evidence is there, and we know that patients are in danger and not getting better because of it.

Absolutely, absolutely.

Mold, Mycotoxins, and Chronic Illness

And like I said earlier, I feel very passionate about making sure that, the knowledge of mycotoxins is, moot. The science is, moved forward so that it can become mainstream.

I really think it's going to become mainstream probably in 20, 30 years. And that's just way too long, because we have more and more people living in water damaged buildings who are getting sicker and sicker.

And we need to move the science forward. And so for our listeners and also, if you did not know this, Doctor Greenberg, I'm sure you know who. Doctor. Neil.

Nathan. Doctor. Jill. Krista. Are they are I also learned stuff through them and their mentorship, and they have a current, project called mold IQ, where they, have patients when they do their, micro toxin testing, they fill out a questionnaire.

It's, I think more like a Korg. And, they are they have funding so that they can get published. And so people just need to go to that website. They fill out the questionnaire, they send in their mycotoxins results.

And that way we can validate that these mycotoxins that were found in people's bodies are, are for real. And hopefully I'm looking forward to seeing those, tests, those, test results so that we can bring this to, the mainstream at some point.

So, I've mentioned it a few times in my, in my show because I feel very strongly about the work that, Doctor Neil, Nathan and Joe Chris are doing to, bring this to mainstream.

So if you'll help me spread the word, that would be phenomenal, too. Yes. And I also trained under Doctor Joe. Krista. So. Okay. Yeah, I was pretty sure you had. I was just like, wait, so, yeah, I, I will definitely share that with, with, you an email, that information so that when you train doctors, if you could mention that, that would be, well, doctors, doctors, you all.

Thank you. Right. Yes. That you can also mention that study so that we can do everything we can to more to to move that, science forward. So obviously, you see a lot of people who are, very sick with, you know, severe psoriasis.

And even if, if they just have something that looks superficial, as we said, it's a, it's it's a manifestation of something that's going on deeper inside them.

But that's not where your knowledge stops. You can also help people who have simple questions about their skin. One thing that I think would be great for our listeners to here, because maybe our listeners don't have any skin concerns, but all our listeners need to know more about, sun. I heard you say the other day you were not a vampire.

I loved it. So we do need to encourage people to, be exposed to the sun, but they also want to protect themselves like a face where it's sensitive from, sun damage.

So tell our listeners how you explain it to us practitioners so that we can teach our patients how you how you explain the sun to our patients. We should be getting out in the sun, but we can also use some protection.

So tell us those things. What benefits does the sun have? And when we want to protect our face, what kind of some protection should we use? Yes. So it's a really good point.

So I believe sun exposure is important to health, and there's a lot of evidence now that it completely avoiding the sun. Will actually lead to a lot of diseases like early disease, early death and, and many comorbidities or diseases.

I mean, everything from like Alzheimer's to EMS to just a whole wide spectrum of diseases that are related to low or no sun exposure. That being said, you know, yes, we we absolutely want to protect the skin.

And we'll get into that. We never want to burn. And I don't think it's necessary to expose the face, to the sun because that's not where you're going to get vitamin D and a lot of benefits from the sun.

And, especially people who are bald or spend a lot of time in the sun, things like squamous cell carcinoma and basal cell carcinoma, you know, definitely can happen with too much sun, sun exposure, especially if you're not taking sunscreen precautions, which we'll talk about in a minute.

But the interesting thing about sun and sun, sometimes people will ask me like, well, I don't need to go out in the sun because I'm just going to supplement with vitamin D.

And I think we used to think, okay, yeah, well, we could do that. We'll just supplement with vitamin D because that's what the sun is good for. But what we learned is that a lot of these diseases like eczema, like multiple sclerosis, like psoriasis, where, yes, when we test people, they are low in vitamin D, there seems to be a correlation.

And again, correlation is not causation. We that we haven't taken that step yet. There's a correlation. But when we supplement these people with vitamin D to get their serum or their blood levels up, we don't see a change in their disease.

And so what that tells us is it's not just vitamin D or it's not just artificial vitamin D. And what we understand now is that our vitamin D status is more showing us.

It's like a proxy for how much sun exposure we've had. And if you don't get the proper amount of sun exposure, you can't make the vitamin D that you need.

And so not only are you deficient in vitamin D, you're deficient in sun exposure. So I think that area of sun research is also a little bit behind. And in 20 or 30 years, hopefully we'll have a lot more data on all the benefits of the sun.

Some things we know. Is there something called Sad Seasonal Affective disorder, which is a, DSM, you know, quantified disorder, where people who live in areas of the world where they don't see sun or don't see sun a lot in the winter, get depressed and they actually have to get light boxes to mimic the sun and get the exposure going.

So depression, we know, can be linked to a lack of sun exposure. But I don't think we know the whole spectrum of what the sun does for us. But sometimes, you know, is a natural path.

Doctor, I like to just take a step back and use logic. And like you said, you know, you think about it. We are diurnal creatures. We wake up with the sun.

We are supposed to be out, you know, in our cave man and cave woman days, we would be out in the sun all day, maybe, you know, resting in the shade of a tree at the height of the sun, but in the sun a lot.

And then going to sleep at night when it's dark. If we were supposed to completely avoid the sun, it would be the opposite. We would be nocturnal. We would be awake at night, or we would be vampires to get in our coffins and go to sleep at night.

So the sun, we are meant to be creatures in the sun. Just like plants need sunlight to thrive. I really think humans need sunlight to thrive, and it goes beyond just depression and vitamin D, and that research has yet to be done.

We got a little sun phobic because yes, skin cancer is a real risk, especially in some parts of the world where they're ozone layers thinner. They're going to be at much more, risk of that.

And as we talked about, basal cell and squamous cell carcinoma is particularly in areas that are overexposed to the sun without protection, of course, there's melanoma, melanoma.

There's still some debate as to the relationship with the sun, because a lot of times people will get melanoma in places where the sun don't shine. So we can't really. Yeah.

Oh yeah. Absolutely. There's people that get well, one of my family members got melanoma in her nose, like on the inside. On the inside of the nose. How do I find that?

Well, okay. This was actually my mother. So sorry, mom, if you don't want the world to know this, but I think you. It's okay. So, this summer, she was having, like, some, nosebleeds, and so she went to her auntie, and they found a nasal polyp.

So she went to surgery to get to the polyp out because it was like it grew. It was obstructed, and it was bleeding. And so she I went to see her after her surgery, and I was like, right, you got your ball about, you know, no big deal. Right.

And so she shows me the pathology report and it says it's a mucosal melanoma. And so she definitely did not get that from being in the sun because she does not expose her right side of her.

Areas to the sun. So, so yeah, my mom, had the diagnosis of mucosal melanoma and had to go undergo quite a bit of treatment because mucosal melanoma for people who don't know, is, not the same as, that's melanoma that arises from the sun exposed areas.

It's more aggressive. And so, luckily she's doing great, but but yeah, as you said, we there's a lot about melanoma that we don't know. And, and yeah, melanoma maybe some are worse because the sun.

But yeah, that's, that's not the only reason we get melanoma. Yeah. And so, so on this point when we're talking about skin cancer, I want to encourage your listeners, I encourage all my patients to have a dermatologist, a board certified dermatologist, on their care team that they see at least once a year for what's called a body mole mapping.

Now, you want to have a trained person. So this is not your primary care physician. I really encourage people to go to a board certified dermatologist who looks at skin cancer all day long.

They're going to look at you from head to toe and you're naked. And they may look in some places that even your partner's not looking because of the melanoma can be hiding.

And they're going to kind of create a map of the moles and you know, what's going on on your body. And if you see them in year to year, they're going to look in your scalp even.

They're going to be able to find changing moles, suspicious moles, new things that have popped up and prevent things like, you know, melanoma going untreated or squamous cell or basal cell carcinoma or get early intervention with things like actinic keratosis.

So I think it's important for skin cancer for everyone to have, you know, a dermatologist on board and get a yearly, body mole mapping, other things you can do to protect yourself.

We know foods are protective. So foods that are high in lycopene, things like tomato sauce, watermelon that that red is sun protective. Green tea is sun protective.

So again, we aren't vampires. The minute you get in the sun, your skin does not burn and you're, you know, melting away and by eating all of the, rainbow of fruits and vegetables, you're going to get those nutrients that will allow you to stay in the sun longer without being burned.

And that's the goal. We never want to burn your skin. That's a problem. So what else can we use? Sunscreen, of course. Well, you can also use clothes.

So there's UV, treated clothing. So you can do, you know, long sleeves and pants on yourself or kids. That's one way, staying in the shade. But, you know, if you want to be out in the sun and feel the sun in your body, sunscreen and there's there's kind of two major types of sunscreen.

There's chemical sunscreen and physical sunscreen. I recommend physical sunscreen to all of my patients.

Sun Exposure, Sunscreen, and Skin of Color

What does that mean? The physical sunscreen is you're going to look for zinc oxide as the active ingredient, and it's called physical sunscreen because it creates like a barrier on your skin that's going to reflect the sun's rays.

The UV radiation, UVA and UVB ultraviolet off your skin. So physically it's creating a barrier and bouncing it off so that you don't burn chemical sunscreens.

Those are the ones where you read and it says apply 30 minutes before going into the sun. Why does it want you to wait 30 minutes? Because those chemicals have to absorb down into your skin and have a chemical reaction.

And then when the sunlight penetrates the skin, the barrier is kind of a chemical barrier inside. I don't like the chemicals. I don't think they're necessary.

I think sticking with the physical sunscreen, like zinc oxide is a better, healthier option. We know from studies that we absorb the chemicals into our bloodstream.

So that's not the rope I like to go or I don't tell patients to go. And then a secondary thing you can look for in your sunscreen is a tint a tint. The tint, especially for like a facial sunscreen, the tint is iron oxide.

And that also will block blue light rays from the sun. And that will help prevent your skin from getting like hyper pigmented or dark spots. So for facial sunscreen, I recommend tinted physical sunscreen.

And then for the body, you were usually just doing a physical sunscreen. Yeah great great great great tips. Because like I said, everybody, you know, wants to have good skin health, even if you're, you don't have a condition that you need dermatologist for.

But these are really basic, important things. We want to make sure that you don't get skin cancer. We want you to be in the sun but don't get skin cancer.

So that's how you do it. You get in the sun, but you do protect, yourself from burning heat on a burn. And you want to protect yourself in those areas that are a little bit more, sensitive.

You know that your face, it's good to wear, sunscreen on your face if you don't want to, see that sun damage. And so, those, chemical sunscreens, they are bad some places.

Right? They are damaging to the oceans. Is that correct? Yeah. The coral reefs and the oceans. So places like Hawaii, the U. S. Virgin Islands, yeah, they're certain of the chemical, like, octinoxate and Octocrylene are banned.

And so like, if you have been to Hawaii and you've gone on any of those like boat, snorkel, snorkel, snorkel trips, they'll be handing out sunscreen on the boat.

The reason they're doing that is that they want to make sure that you're using. It's called reef safe sunscreen. It's basically the physical sunscreen with zinc oxide.

So it's illegal to sell it like in Hawaii, or to bring it and use it there because of the damage to marine life and the coral reefs and stuff like that.

Yeah. All right. I got one more question and we'll wrap things up. So, one of the things that, I want you to touch on real briefly is people with of skin of color because, as you've taught, me in your course, there's just not enough, awareness about how, these patients present to dermatologists and what they need to be doing.

So just give us a few words about, those listeners of, of ours that are people with, skin of color and what they can expect, when they, go to dermatologists or why they might need to seek out somebody that's more integrative.

Yeah. So, the dermatology books that we're trained on, you can see some in the background there. All the teachings you will see, you know, predominantly it's, being taught on white skin and being described on white skin.

So if I say eczema and everybody let's try to just it if you if you know what it is, picture eczema in your head. You might be picturing these kind of red splotchy patches on the skin.

Or if I say psoriasis, you might be, thinking of these red plaques, like maybe on the outside of the elbow or the tops of the knees. And the reason is, is that all of the training, all of the pictures is done on white skin, where, yes, we're going to see red.

Or in dermatology we call it erythema. Erythema is basically redness. And so the thing the you know, when you're trained on something, when that's what you keep seeing, that's what you expect to look for.

Well, on people who are skin of color. We really don't see erythema as often. We may not see it at all. Instead what we're seeing is called hyperpigmentation and hyperpigmentation.

That's fancy words for darkening of the skin or lightning of the skin. And so a white skin inflammation is redness. But on skin of color, the inflammation and the problems may just be dark or white or lighter patches of skin.

And so it's really different. And people with skin of color are misdiagnosed all the time thinking, oh well, that that's not eczema because it's not red, or that's not psoriasis because it's not red.

So now they're starting to be more resources where even on the web, you can Google search eczema on skin of color, psoriasis on skin of color. So if you're a skin of color patient and you've got a condition, I would Google some things with skin of color at the end.

Make sure that you're not looking at just white conditions, and you might be able to say like, oh, okay. Do you think that psoriasis or I do think that's eczema and that when you go to the dermatologist, if that dermatologist is not a skin of color, dermatologists, and they might not be because there's really, what we call underrepresented in underrepresented in medicine.

So when we look at population stats, you know, about 20% of the US population is African-American descent. We don't see those numbers of dermatologists.

It's like 5% or something of dermatologists or skin of color. So it's hard if you're a skin color patient to find a skin of color dermatologist. So if you're going to maybe a Caucasian dermatologist and you're not sure if they see skin of skin of color patients, it is okay to ask and say, hey, you know, before you sign up with them.

I'm wondering what your experience is with skin of color patients. That's a totally legitimate question to ask. Because you want to make sure that they understand what your disease looks like.

It's not going to be the same as Caucasian skin. And if somebody was trained a long time ago in medical school and has it received what we call continuing education in this topic, they might still not be educated about it.

Now it's starting to get woven into curriculums, a lot more. And it is offered in continuing education a lot more. But it's something that people need to advocate for themselves, for sure.

Yeah. Wonderful, wonderful, super important things. So, I'm sorry to say that our time is almost up because this is an amazing conversation. And I really encourage our listeners to, you know, take, what Doctor Greenberg has taught us today and, act on it if you are a dermatology patient or if you're just a, person without dermatological problems, you can still act on these because of what she taught us.

Because, with the sun and the sunscreen. So I do encourage people who are, looking for more answers in dermatology to, look her up. Root cause dermatology.

Mostly. I understand your your referring out to other, physicians that you're training at this point, right? I am at capacity. So I am close to new patients, at least for 2025.

But, as you said, I have a whole course at Root Cause Dermatology, where I train other practitioners in my method. And there's a find a practitioner database so you can go there, click on find a practitioner.

You'll see your state or maybe your country. And hopefully somebody I've trained can help you out. Wonderful. So I'm looking forward to being on that once I complete your course.

I'm very happy with everything. I'm learning your course. And before we let you go, please just give our listeners some key takeaways just so that they have a few things to keep in mind once they once they turn off this podcast.

Yeah. So if you are a patient who has a dream condition like eczema or acne or psoriasis or rosacea and, you know, you've been frustrated struggling with it, or you don't want to be on medication for your whole life, you know, know that there really are people out there who are trained in finding these deeper root causes.

Find somebody who can get you, you know, study your gut microbiome and make that connection. You can always go to root cause dermatology.com, find a practitioner to find somebody.

But just know that there are options for you. If somebody wants to be on on medication, great. If that's working for you. Awesome. Some people don't know some people.

The medication hasn't worked for them. But just don't give up hope. There really are other options out there in the functional medicine world. So I would say that's the first thing.

The second thing I would say is, you know, being aware of mold and mycotoxins in your home, if you've had water damage in your home, like a pipe burst, a dishwasher broke, a basement flooded.

When it rains, the ceiling gets moldy. That means that you probably have mold in the home and could have mycotoxins, although with mold and mycotoxins, it's kind of in stealth mode.

We can't always see it. But you can also look for practitioners that are mold and mycotoxins. Trays like Doctor Gel. Christa's website has a list of practitioners that she's trained.

So that may be something that if you talk to your doctor about and they're not aware of it, seek out a practitioner who is I think the last is, you know, don't be sun phobic.

Right? We really are. We need sun to grow and thrive just like plants. But do it in a safe way and never burning using sunscreen where appropriate. But you'll get out in the sun and play, hike, hike with your dog and play with your kids.

And it's just. I mean, it just feels good to be in the sun, but do it safely and appropriately. Amazing. Thank you so much for that recap, and thank you so much for being here.

Thanks for having me. Thank you for tuning in to Doctor Todd's. We hope today's episode has enlightened and inspired you on your path to optimal health.

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