Introduction to Dr. Kelly McCann

Welcome to this episode of the Mycotoxins in Chronic Illness Summit. I'm so excited today to interview Doctor Kelly McCann. Doctor McCann's passion for understanding why certain people develop specific conditions over Beyond conventional medicine to study complementary and alternative medicine.

An integrative medicine. Functional medicine. Environmental medicine, which led to an exploration of chronic infections and illness due to mold exposure.

She has a thriving practice, the Spring Center, located in Costa mesa, California. She lectures regularly at both national and international professional conferences.

Doctor McCann is on the board of directors for two professional organizations, the American Academy of Environmental Medicine and the International Society for Environmentally Acquired Illness.

She holds board certifications in functional medicine, medical acupuncture, and integrative medicine. She completed her residential fellowship at the center for Integrative Medicine at the University of Arizona with Doctor Andrew.

While her residency training was both in internal medicine and pediatrics in Phoenix, Arizona. She graduated from Tulane with a dual degree in medicine and a master's in public health.

Welcome, Kelly. I'm so happy to have you here today. Hi, Nafisa. So happy to be here. So you and I have a very similar practice or a very similar way in the way that we approach patients with complex, with complex chronic illness.

So I'm super excited to interview you today. And today we'll talk about tying this all together. In other words, it's it's not just mold. It's not just Michael.

It's not just mycotoxins, but there's so much else that's going on as well. In our patients. So let's start by talking about, the common presentations of people with mold illness and, and what some of the fundamental components of your treatment protocol are.

Okay. Mold patients can present with so many different, ailments. And that's one of the things that makes it so confusing.

Common Mold Illness Symptoms

And many of these symptoms overlap with lots of other symptoms. So any symptom, any system in the body can be impacted by mold. So I have patients who have chronic fatigue because of mold who have chronic insomnia.

But oftentimes they'll have multiple systems involved. So they'll have GI issues. They'll have allergy issues. They might have rashes, palpitations, and oftentimes they'll develop sensitivities to things.

So they could be sensitive to chemicals to the foods that they're eating. They may even develop sensitivities to EMF, which is very common in mold patients.

Those are some of the, the things that I see most often. Oh, and neurological things. Brain fog is a big, big one. For me, myself, I was fatigued and had some peripheral neuropathy kinds of symptoms.

Many of the patients we see, and I think a lot of the practitioners get into this because we've all had our own

experiences, and that and that. I really think that helps, because patients understand that we went through it to, you know.

Right. I love that you bring up all the different types of symptoms that patients can experience, because they do, especially our patients, particularly the GI symptoms and the neurological symptoms.

And so many times there's so much else that's going on besides only mold. And, I know when I've got patients who come to my, my practice and they've got mold and mycotoxins, the illness, they often have tick borne illness as well.

Lyme other busier Bartonella or like yeah all those co-infections. And there's also concurrent infections that people tend to have as well. And I think that's, that's a that's a big missing piece.

That, that isn't looked at. So tell me about about your practice and, and the different types of infections that you might see people with who also have, mold and mycotoxins.

Sure. Yeah. You're right. We see both of these things and they tend to, not only present together, but they. There's a synergy between the two of them.

So people will get sicker if they have tick borne illness or infections when they're exposed to mold and vice versa. I see a lot of Lyme in California, even though technically the CDC doesn't really recognize it as an endemic area for Lyme disease.

There is Lyme disease here. Those ticks don't really care about the demarcation of the state line itself. And and people travel. Many of my patients will have lived elsewhere in the country.

Elsewhere in the world. There's tick borne illness everywhere in the world, lots of it in Europe, but especially in the Midwest, which we don't often think about.

And it can be a variety of different species of Borrelia. Additionally, I see a lot of relapsing fever, Borrelia in my patients here. So these are Borrelia species that are related to Lyme, but not quite Lyme.

I tell patients, you know, you've got about 300 different species, give or take, of Borella, and many of them can cause illness. And we only test commercially for a handful Borrelia burgdorferi.

And it's often missed. And then that's just the tip of the iceberg. So as you mentioned, you know, many of these patients will have the trifecta Bartonella, BRCA, Borrelia or Lyme.

And then there's the Rickettsia or loukia and a plasma. I've actually found a couple of, patients recently to, in fact, with Q fever, that was really driving a lot of their symptoms.

And they had seen several other Lyme doctors and they just weren't getting any better. They just weren't responding to treatment. And now, finally, that we've identified this.

Q fever, which is really odd. They're starting to recover. So pretty, pretty cool stuff. Which basically brings me back to the point. Like we have to look for all the potential infections.

We can't just think it's mold because we've got a micro toxin test that's a little bit elevated. Really need to dig a little bit deeper to take care of these folks.

Yes, that's really important as well, because the micro toxin load on the test can show that it's not that high, but the person can also be more sensitive, sensitive to that mycotoxins load or to a mold allergy, particularly if they have other infections.

And so somebody could have, But seems to be not so much of a mold issue when actually their sensitivity is higher

due to a plethora of other issues that they have.

That being other infections.

Tick-Borne Infections and Mold Synergy

In fact, I find that most patients of mine who come in with mycotoxins illness, they certainly do have other infections underlying that we're just never hunted for.

And and that if I, if I treat the micro toxin illness first, I treat the mold allergies first, then it becomes a lot easier, more, more efficacious. In treatment of the tick borne illness.

So, yeah, you really have to get the mold out of the way. And hopefully many of the symptoms will improve. But, you know, usually it's patients get 50% better or 40% better, and you've still got we've still got work to do.

They've still got work to do. So yeah, let me see. I wanted to also talk about, but I also would want to check out mast cell activation. Yes. I think it's a big one.

And I, and I know that, other, participants have talked about it a little bit. But I do find it incredibly common in our not only our mold patients, but also our, chronic infection patients, because Bartonella tends to be a big trigger for mast cell activation.

Yes. And also, a lot of our patients have a very high environmental toxicant load. And so the pathogenic so the pathogens, Bartonella included and the environmental toxicants are both, triggering mass and activation syndrome.

And I'm finding that, if I treat methyl activation first in many patients, then they're actually able to tolerate treatment from all the mycotoxins as well as for tick borne illness.

Are you finding the same? Absolutely, yes. So we're we started out talking about mold. But really when patients present, one of the things that we that is for first and I think you do too, is to really look for mast cell to look for those sensitivities because, sometimes my patients are so sensitive, they can't take any of the medications.

They can't take the binders. They get really, really sick and we'll just be spinning our wheels. Unless we deal with the mast cell and quiet everything down.

Yeah. So just just for our, our viewers for listening. Mast cells are our oldest, immunological cell. And they send out histamine in a repertoire of up to a thousand other chemicals.

And in when they're doing so appropriately, it's when we're having a sensitivity reaction to something, maybe a food or for example, grass outside. And our cells exist in, in so many different systems of our body and our muscles, our bones, our brain, our gastrointestinal intestinal tissues, and the mucosa of of our of all our, insides, actually.

And so patients will have symptoms in all of these areas. And, a lot of times they don't know why. And so I found actually when, when I'm, when I treat methyl activation first come down the mast cells, then, people are not rejecting treatment because a lot of the times our patients are stuck in a loop of healing.

And, they don't know how to stop the inflammatory response. So inflammation just continues on and on and on. And then they have an inflammatory response to, the medicines and the herbs we're trying to give them.

And yes, I find that and some of my most exquisitely sensitive people can't even take some of the things that we want to give them for quieting down mast cells.

Right. And we use a lot of antihistamines. And then the inactive ingredients, I find this commonly the inactive ingredients in the different formulations, are triggering the mast cells.

And so a medication that's supposed to be helpful is actually, triggering their symptoms and making them feel worse. And that's always a clue to me that we're dealing with me, too.

Yeah. And I was thinking, yeah, yeah, that compounds things, but there's, you know, for those for those folks out there listening, I do want to encourage you and give you hope that this really can be addressed.

I've found that teeny, teeny tiny doses, you know, doses that wouldn't even seemingly do anything for a normal person if it's compounded and started slowly.

People do start to respond. And so, it's very gratifying as a practitioner, and I'm certainly certain as a patient to start to see some progress. Exactly.

Yeah, yeah, yeah, it's actually often the thing that, that, that begins to progress in the patients chain themselves first. A lot of my patients have interstitial cystitis, and, nothing has treated in the past.

But when I treat their mast cells, that stops, which is which is pretty amazing. Yeah, that's a very difficult, conventionally a very difficult, condition to treat.

But, I mean, think about it as it's a mast cell problem, probably triggered by Bartonella. We start to have tools that are very exciting. Let's talk about symptoms, presentation of of mold illness.

Although we both know and we've been telling our viewers today that it's not just mold, however, I think it's important. However, I think it's important to talk about, about what the symptoms might look like and mold, knowing that there's it's not just mold.

Mast Cell Activation and Sensitivities

So, if symptoms we see so as I, as I mentioned earlier, we might see it chronic fatigue. We might see, the, the, insomnia. We might see increased allergies and sensitivities, gastrointestinal symptoms.

I've actually seen patients with recurrent Sibo. We can't clear the site. Right. They have mold. I have one lady, you know, clinically, she's not any better after seeing several guys treat me treating her, Sibo, probably three rounds of different kinds of treatments.

Plus antibiotics and whatnot. And it never got better, never got better. And finally, I convinced her to do a real time lab mycotoxins test, and, oh, my gosh, all of them off the charts.

And here it is. Here's why we can't clear her Sibo, because she's living in a moldy building, and her immune system and her, is a mess, and her GI tract is leaky and, just not really able to get on top of this.

So, recurrent symptoms, recurrent infections, even even things like recurrent staph infections, rashes can be associated with mold. Weird kinds of pain.

Icepick pain is, you know, kind of traditionally thought of as, mold illness symptom. I have a lady with a chronic cough. And I think I've experienced a cough from mold, too.

Yeah. Respiratory issues, of course. And, you know, when patients come in with allergies and respiratory issues and cough, that's a little bit easier to draw those, conclusions.

The the respiratory symptoms are being caused by mold. It's the weird, wacky symptoms that, are much more difficult, to identify that they might have mold exposure.

But, you know, for the, for the patients and for the practitioners who are listening, who are just getting into this, if you if the patient has symptoms and multiple systems in the body, you have to think about mold and you have to think about chronic illness, chronic infections, tick borne illness and environmental toxicants.

I think that that actually is the third pillar that is often forgotten to. So when practitioners come at this from, even from a functional perspective, we don't learn enough about environmental toxicants in our training.

Whether you're a natural path or certainly you don't learn anything as a medical doctor. But at the environmental medicine piece, those heavy metals, sorry, toxic metals, the other environmental toxicants are huge, huge issue.

Thank you for bringing this up. I think this is huge as well. And there is research that shows how environmental toxicants will cause a dysregulation in the immune system.

On one hand, our patients have hyperactivity in their immune system. They have autoimmune conditions. Marcelle activation syndrome. And then on the other hand, they're unable to mount an appropriate immune response to kill off infections.

And it is true that the research shows that that environmental toxicants do play a massive role in this. And and then you combine that with, with tick borne illness.

And then we've got even even, more immune dysregulation, hyperactivity in under activity simultaneously. And, and I find that, that a lot of my patients metal loads are quite high, particularly after the fires in California.

I'm seeing a lot more arsenic in people's blood, in urine, unprovoked. That I didn't see prior to the fires. Oh, wow. Yeah. And so we've got, you have less fires over there, over here.

We've got we had a lot of them, unfortunately. And and, people's health has changed in the Bay area for sure, that if they lived near where the fires were and.

Yeah. So that comes back to this total load idea, which I think is really important for patients and practitioners to understand. I, I like the image of a sink rather than a bucket, because the truth is, we all are trying to do some detox and we're trying to get rid of these environmental chemicals that are in us, and we have, capacity to do that.

We swear we've got our, you know, cytochrome P450 in our liver. That helps with the detoxification of many of these toxicants. So the size of the drain in the sink is our capacity for detox.

And then how deep your sink is or how broad your sink is depends on, you know, your capacity for detox and how much is in your sink. And if you've got tick borne illness and mold exposure, crappy detox genes and lots of environmental exposures, you're going to overflow.

And that overflow is all the symptoms that we're talking about. And trying to, as practitioners identify the symptoms in the system. And then based on that, do the appropriate testing so we can figure out what the heck is in your bucket, in your sink and help you get rid of it.

I love that, I love that analogy of the sink. So there is some research that talked about or that looked at people with complex or sorry, that looked at people with, chronic Lyme disease.

And it showed that people who suffer from chronic Lyme have more snips or mutations in their genes of detoxification, as opposed to those who don't have chronic Lyme.

They're able to handle their Lyme quicker, as expected. And and I do like to test people's genes of detoxification.

Environmental Toxicants and Total Body Burden

And as well test their toxins and compare. And sure enough, I see I see that relation in, in in the patients as well. Yeah. And then of course, because these patients are so often so sensitive, they really need practitioners who understand the whole landscape so that they can be appropriately treated.

It takes a lot of understanding on the part of the practitioner, as you know, to help get the person through so that

they can, do it in the best way possible.

That's going to cause the minimal amount of pain and suffering as they go through the plan. Right? Because ultimately we've got to get to that and to the other side.

But we we want to do it in a way that they can function as much as perhaps we, I think this is a good time for us to talk a little bit about. I see I you know, I think so doctor McCann and I are both on the board of directors of Eisai, which is the International Society of Environmentally Acquired Illness and, we do offer education to, to patients and doctors alike.

We hold conferences for, for, for training doctors and, and for patients as well. Because this this information is it's not it's kind of scant. So, so and it's very, very important, especially the environmental piece because, like you were saying, Kelly, we we do have we do naturally have processes in our bodies to, to detoxify.

However, we didn't involve, to, to live on a planet that is so toxic and, and therefore it to have a toxic burden that we do. And so, we're not, we're not I don't believe we're fully equipped to detox the types of, environmental toxins, those that I see in my patients.

And I'm sure that you see in yours, that includes mycotoxins and other toxins right here. We're we're not equipped, to deal with the tens of thousands of environmental chemicals.

And, you know, when I think about environmental medicine, which is really the the study of the environmental chemicals and their impact on our health.

And, and this is something that's been around since the 60s with Rachel Carson and Silent Spring. And, it's only getting worse. Exactly. Worse. There's so much immune dysfunction, endocrine dysfunction, neurological dysfunction as a result of environmental toxicants.

And it's not being taught. It's not being addressed. Patients have no idea. I mean, most people know, okay, we need to eat organic. That's really the wise choice, right?

But if you're cooking in Teflon and you, you know, you're kind of feeding the purpose. And drinking out of plastic. And I think, you know, not choosing organic.

I mean, that's, that's just not wise at this point, if you can afford it. But there are so many pieces of information that are just not out there. You know, I learned, a couple weeks ago, my husband brought this, to my attention.

There was, a chemical company in Southern California out of the LA area, the name of which escapes me. But they don't hundreds if not thousands of barrels of PCB.

Sorry piece, PCBs, in the channel between LA and Catalina Island. Wow. Thousands of barrels, I mean, actively of fat soluble toxicants. And that will never or in, you know, millennia break down.

And the in our drinking water it's in our food as a result it's in the air we breathe. It's everywhere. It's horrifying. And these are toxicants that, end up in our fat cells.

And they're very, very difficult to get rid of. We can't even really test for them right now. We don't have labs capable of testing them. And we wonder why there's an obesity epidemic and everything like that.

It's not just about high fructose corn sirup and sugar. It's about all the chemicals. It's really horrifying stuff. And, you know, I guess my point is total load and finding practitioners who understand all of the intricacies of these mold toxins, chronic infections, environmental toxicants to help people get better, that's really, really important.

There aren't enough practitioners who have this this whole this slew of information at their fingertips on how to test and how to treat. And I'm happy that I see we're we're helping to educate people on this.

Yeah. Yeah. Such a wonderful board to be on. It's been really fun and it got us to get to know. It sure did. Yeah. So exciting. Tell us about the pen dad and the pen.

Okay, so I found this really cool. I have to I can't take credit for it. So let Lauren Safra and Larry Ephron has been one of the the doctors who really identified the condition of mass cell activation, amongst others.

But, he put together a group of practitioners, and then one of them was a cardiologist named Andy Maxwell. And, Doctor Maxwell is actually a pediatric cardiologist.

And so he was seeing all these young girls, usually with pots, postural orthostatic tachycardic syndrome and disorder, nahmias and mast cell activation.

And he would also see gastroparesis and autoimmune conditions. And that's what he named his pen tag. So it's mast cell activation dysautonomia. Gastroparesis an autoimmune disease.

And then the other piece is a connective tissue disorder called Ehlers Danlos hypermobility syndrome. And that is the pen had. And around that pen had then becomes things like, cranial cervical instability, tethered cord, median arcuate ligament syndrome, Sibo, pandas, anxiety, depression, etc..

And then I would call it a pen I had. Plus, when we actually really recognized the chronic infections and the mold as part of that figure. And once I learned about the hypermobility piece and, patients who have, Eds or some variant of EDS, all the light bulb start started going off in my head because, for those of you who don't know about this, it's a laxity of the connective tissue, the, the ligaments, the joints, all of the connective tissue in the body.

And I think about it and I explain it to patients, like our tissues are supposed to be kind of tightly woven together.

The PANDAS/POTS/EDS Complex

And there are lacks that opens up avenues for infections to infiltrate, for toxins to infiltrate. And so these people get sicker quicker. They do. I see I see this pen that every day this is a typical patient.

I'm so happy that these doctors put a name to it, because it's something we see and we talk about, we notice. And in, in I also see the in their laxity of as I'm going to backtrack doctor palatable and ask who is a surgeon who helps people with CCI which is cranial cervical instabilities, laxity of the ligaments that hold up the brainstem.

He talks about mast cells tenderizing the brainstem. So I think of the laxity of the tissues. Now they're there. I tell patients it's like instead of being like this, it's like this.

That's an exaggeration. But now a lot can filter in, including mast cells and inflammatory cytokines. And sure enough, so many of the patients have Eds and they have Pots and they have Queen the cervical instability.

And it's worsened by the muscle activation syndrome, which is triggered by the infections and the, the environmental toxic. And so all of this is connected in this way.

Yes. Yeah. This is so much fun to talk about. Oh, it's so much fun. I know, and why is it fun? Because we're helping people who otherwise don't get help.

Right. Where else? And they're told, our patients are told they're crazy or they're making this up, or they want to be sick. And I can't tell you how many times I had people in my office crying to me, telling me, I don't want to be sick.

Why did the last 20 doctors tell me it's my fault or I'm crazy? Or no, they're not crazy. There's actually physiological and biochemical imbalances that are happening in the body.

Yeah, yeah. It is really sad that, that so many of our colleagues have, closed off their hearts and their minds to their patients. Yes. Because you can't help people when you feel like that.

No. You know, and and I like I get it, I know that there is there are, there are folks out there that are abusing the system that are using narcotics.

But oftentimes it's a cry for help. It's because they didn't get the help that they needed. They didn't ask for the help that they needed. And we as practitioners have to listen to the patient and start from a premise that we believe what they're telling us.

Otherwise we will never be able to help. And that seems like a no brainer to me. It seems like the only way to practice, really. But unfortunately, that's not how a lot of conventional medicine views the world.

You know, at one point I had this revelation when I was in residency, that really clarified to me why it's so difficult for most conventional doctors to be of service to patients with complex chronic illness.

And it's because that's not how conventional medicine thinks. No, conventional medicine never asks why. Why is this person experiencing these symptoms?

What is it unique about this person that's experiencing these symptoms? They say, what are the symptoms? Which test do I need to order to figure out what the pathology is?

And then what do I do? What medications can I give and what surgery can I give. Never in that thought process is the why is the beauty of functional medicine not to panic medicine?

All of the things that we're doing is we're asking why, right? And in in our society, we're trying to put the acute model of care into complex chronic illness care.

And it complex chronic illness cannot be supported by an acute model of care. And our medicine works or general medicine works great for it. For acute issues, but certainly not for complex, chronic, and particularly when the question of why, what are what are, what are the triggers, the how far along in, in the in the in the healing cycle is somebody stuck that even the, the triggers don't even matter anymore?

At some point you can we can remove the triggers. We can take some out of them all the environment, they're still sick. It's because the biochemical pathways are in.

If early have already been set in motion and they need to be, stopped and turned around. And for each patient it is absolutely personal and personal and personalized medicine is what is missing.

So yes. Yeah. And it and it takes time. It takes effort on both the practitioners part and the patient's part. The patients have to be willing to participate.

There is not going to be a pill. There's not going to be a surgery that's going to fix them. Even if they have tethered cord and CCI, there's still a lot of other work to do, right.

We have to deal with the tick borne illness and the mast cell activation syndrome and the toxicants. They have to do rehabilitation work, and then also the the psychological, spiritual and emotional pieces that come along with it that make us all human.

But the amplified when when we're very sick. So shall we talk about like putting this all together and kind of talk about it? Yes. So when people come in and they're incredibly sick and incredibly sensitive, I mean, we've kind of been alluding to this, like, chances are they have mass.

Why Conventional Medicine Misses Complex Illness

So, chances are they have a condition called limbic system activation and maybe vagus nerve dysfunction. Right. So we've got the the central nervous system involved with limbic system activation.

The brain perceives the world as a very dangerous place. We've got the autonomic nervous system involved with the vagus nerve. And that needs to be, rehabilitated.

Right. We've got the immune system in the form of mass cells that are just on fire and perceiving threats, even though there are aren't any and dumping all their inflammatory media is making people sick.

So that's where we start, is to dampen all of that down. Yes, exactly. Let's talk about how we do that. It's about masks. So giving them compounded, compounded medications because a lot of times they're, they're sensitive even to the herbs.

I like to do that. And then I like to, to enter the immune system using peptides as well. I like to use BPC 157 Tb4 frag to just calm down the immune system.

Same with kp v for the metals. What what do you like to do to modulate the immune system before beginning? I use a lot of LDN, actually. I found LDN works really, really well.

Microscopic doses point one milligrams. Even less than that. Sometimes I do tend to use, antihistamines a great deal. Because I find that they're relatively inexpensive and generally pretty well tolerated.

So I use that. I will use Cromwell in, which is a really cool, not so much for immune regulation, but more for Marcel. Yes. But often I do use ketone.

Often, not quite as much, because I do find it's a little pricey. But for those of, who for whom it works, it's wonderful. And I think that that's the, the unique, art of medicine, particularly when dealing with Marcel's, is that everyone is so unique.

The way that they respond. We just we have to try a variety of different things. Exactly. Is one person's perfect medicine might. So the other person might not be ready for that.

You can send them backwards. So we have to really address each person as a unique individual that they are in front of us, but in different ways into the system.

Exactly. I use pyrimidine occasionally. You know, I use a lot of quercetin in my less sensitive patients typically. Those are most of the things. And oftentimes between those, those things, I'm able to get quiet.

I use a variety of different vagus nerve exercises. I recommend the max on a fairly regular basis, which is a vagus nerve stimulation device. It's like a little vibration device that that I learned about from one of my patients who really liked it.

Again, another way in. So especially if people can't take much orally because they're so sensitive, using the vagus nerve exercises, the, the different devices, the listening, the vagus nerve listening things like the sensate system, is helpful.

And then limbic system retraining, I think in the next or the Gupta program. Absolutely. Recommend those a lot. Yeah. I also really like to use, a neurologic chiropractor.

My patients get so much benefit, when they're working with us concurrently just in the, in the, in the nervous system retraining thing I see. Yeah, yeah.

And what other things. So that's kind of quieting things. I mean, if they have sensitivities or allergies. I actually was trained to use, low dose allergy therapy and sublingual immunotherapy through the American Academy of Environmental Medicine.

And so I do use those things for patients.

Calming the Nervous and Immune Systems

We may treat, you know, mold allergy or mold sensitivity, or food sensitivities with LDA or sleep therapies. And I find that very, very helpful. Right.

I'll do that with LDA, which is also very, very helpful as well. Looks like we have so many, similarities in the way that we treat, treat and our approach.

We might use somewhat different, different modalities, but even those have have similarities. It's just so much fun to talk to you. Oh yes. This is great.

It is. So then let's see. We've quieted things down a little bit and now we can start to implement some of the, the mold, detox perhaps. One of my favorite things to use actually is phosphate.

Choline. That's what my faves. Both oral and I. V.. So, I know you use, to, you know, use it a lot, so. Yeah, it's, very important to get the to get the toxins out using those lipids and, as well, it increases the flexibility of the cells to let nutrients in remove, misshapen RNA from the cell membranes.

A lot of times patients aren't ready for those lipids yet. And I find that those are the ones who need, cofactors to support our natural detoxification systems first before they're even ready for the lipids for, like, you know, I'm not using minerals and B vitamins and amino acids.

I mean, do some other things to help with more detoxification. But, you know, I've learned to be really cautious with the binders. I think in our really sensitive patients, binders can just wreak havoc.

And a lot of practitioners don't realize that. And, you know, when Shoemaker first started, he put everybody on a poster, you know. Good. Right? Which doesn't work in sensitive patients.

We know, and I actually don't use a lot of polystyrene, much anymore. Anyway, although it does work in the right patient, you know, works really well for some people.

But it only really, binds the Oka toxin. So if people had to try coat the scenes, if they've got aflatoxin, they're going to need other binders anyway.

But I've gotten burned a couple times with using too many binders. Or the patients, you know, was like, I need more charcoal and more people who I know call me.

And they're like, oh my God, I'm. Yes. Stuck. Oh, right. Yeah. Slow and steady. Always good. The way to go. Yes. And of course, I'm supporting the organs of elimination liver, the kidneys that got the skin, the lymph with various herbs, for those particular systems.

As for detoxing. Yeah. Solid therapy. I find to be very, very important, especially for, for metals. But a lot of my patients aren't ready for the sauna yet.

They only do 5 minute to 15 minute increments at first otherwise. Or, the treatment backfires because there's too much of a of a of a load coming through more than they can handle.

So they can't slow work their way up. That's very slow. And, you know, I find that we're, we're cheerleaders, like, slow and steady. You can do it right? Right.

Because they're patients for a long time, for at least a year, very typically, sometimes five years, some in between, some people longer, depending on how ill they are.

And, have some sort of they are intuitive. They are their genes, their toxicant load and their microbial load. And a lot of times people will have infections throughout their whole GI tract, starting from the stomach all the way down

to the large intestine.

So it can take a year or two to treat that. So I'm treating that slowly as I'm treating everything else.

Detox Support and Treating Infections

And it takes well, it's a complicated, symphony for people, for us, for them to be able to, navigate the, the whole journey. It's really a lot. So let's see, we're so let's say we've successfully worked on the mold piece, and now we can start to layer in, treatment for infections.

Right, right. And you know, again, everything is personalized. It really does become a dialog between me and the patient. Some patients really don't want to use, antibiotics and then some absolutely want them.

So there's so many different ways that we can treat these infections. But I think, you know, my my point that I want to make is that we have to identify them.

We have to really look for them. We can't give up with, negative Western blot from quest because we tell you anything. No, no, you know exactly. It's important. Yes.

To to look at all the different possibility of infection. So some of my patients, they only want IRBs, but they only do well with IV antibiotics. Some of them, don't do well with antibiotics at all.

Or they've been on oral antibiotics for 3 or 5 years, and they come in and they're a mess. I mean, I do all of that. And, use a much more gentle approach.

You know, everybody's body's different. Response rate is different. That's so important, I think, for people to know, because people will come in and say, how long is it going to take, doc?

And, you know, I don't know. But if they know me for a long time, we're going to work together. It'll be a little while. Yeah, yeah. People always want to know how long, and it's just it's it's impossible to tell.

I mean, I had one woman come in and, you know, she's fairly young, 35, and really sick, very fatigued. But she responded to therapy beautifully. Within six months, she was moving to Europe because she wanted to got a new job and started her life and like, that's that's amazing.

But it's rare, actually. Exactly. Yeah. As well. Thank you so much. Is there anything else, that you want to add before we wrap up? Well, thank you so much.

Is there anything else, that you want to add before we wrap up? Gosh, I, you know, I, I think, I think I just really want to encourage people if you're not finding the practitioners that you need, keep looking.

Hope and Closing Remarks

There are practitioners out there that can help you who have the piece of the puzzle, who see you differently, who are able to really identify what it is that you need, and to have hope you can recover from these things.

This is not a death sentence. It may feel that way when things get really dark, but, you don't have to live this way. You know you don't. There is hope.

There is hope, and we are here for you. We're here for you. Yes, yes. Thank you so much, Nafisa. Thank you. Kelly. It was so wonderful.