There's been a hundred and twenty six plus thousand studies on mycotoxins. So if people say, oh, they start rolling their eyes, I'm so sorry. Hundred and 26,000 studies in the National Library of Medicine under the auspices of the national institutes of health.

Right. Then you really haven't read anything, have you? Welcome to the Integrative Medicine Roundtable, where practitioners lead, brought to you by the North Carolina Integrated Medical Society, join integrative health care leaders, clinicians and innovators as they share practical insights, emerging research, and the conversations shaping the future of patient care.

Welcome to the Integrative Medicine Roundtable, where practitioners lead. I'm Dr. Lisa Broyles, MD with North Carolina Integrated Medical Society, and I have such a treat for you today.

We have Dr Andrew Campbell, M. D. He is the expert of experts when it comes to mold and mycotoxins and Lyme disease. he has cured the cases that no one else cured.

And he stands beside evidence-based medicine. Imma let him introduce himself and we're gonna chat for a few minutes. Dr Campbell. Yes, I've published over 100 studies.

I have lectured at medical schools in the United States and other countries, including Oxford and England. And I speak at many, many conferences all over the world and I see patients from all Excellent.

Well, I wanted to ask you, i heard a rumor that in 2025 the National Institute of Health admitted that mold and mycotoxins were actually more important to our health than we were previously led to believe.

Well, I don't look at it as an admission. I look as more finely recognized that this causes cognitive issues, brain issues anxiety, depression. It's not just asthma and skin issues.

So yes, i'm very glad. And they cited 16 studies. The eighth one is one that I and a group of doctors published 20 years ago. So it takes time for some of these institutes to carry.

And then when they admit it, we can count on it. Sure. Well, their recommendations are so powerful and have such profound results that of course they don't want to make a recommendation that isn't validated by extensive research.

That's right. Some of which is your own. So I would like to know as a practitioner that treats patients with mold, what do you recommend for what kind of mold testing I should be doing?

There's two kinds of testing for molds and mycotoxins in the body. So for mycotoxin, one is a urine test, which measures what's left the bottom. And that it's not a test of the actual myco toxin.

That's a tests for the metabolite of mycoptoxin And we eat foods that have mycotoxins, very small amounts, and our body's getting rid of these things.

Just like when you walk into a recently cleaned bathroom or kitchen, you're inhaling all those chemicals. Our body gets rid those. Same with this. The blood test is well known and it's been established for almost 30 years now that it is the most accurate, precise, and sensitive test for microtoxins affecting a human being.

So that is gold standard for testing in patients, pediatric patients starting at age two all the way to 98. So would I test IgM levels for acute exposure and IgG for more chronic, or does it not work that way for mycotoxins?

It's a little bit different. And mycotoxin are molecules. They're not living organisms. So Igg tells you if you have,

that's the body burden. How much of each of 14 myrotoxines are currently inside your body?

The IGE test says, are you exposed now? Yes, if it's elevated. If it not elevated, it means what you have now, this body burden is from some previous older exposed.

And that's a way to say, is it recent or is a recent and now or it is just now. So if I have elevated IgE's and IgG's, I know that there is an acute ongoing exposure that could have been going on for a long time.

But if have normal IgEs but high IgGs, then their home has probably been remediated, but they're still struggling with the chronic health effects. That's exactly right.

Okay, that makes sense. When I'm treating a patient for mycotoxin toxicity, is there an average of how long treatment lasts? Sure. On the average in general, in a normal patient, it's about six months.

If this is treating children with ADD, ADHD, autism, PANS, pandas, It might take a couple of months longer than that, eight months, If you're talking in the neurodegenerative disorders like Alzheimer, Parkinson's, amyotrophic lateral sclerosis, especially for Parkinson and dementias, it's about eight months.

Okay. And when you say eight month, is that eight of being on an antifungal or rotating it with something else? No, it's basically eight months of an antifungal.

Then to help the body restore itself to good, to normal health, you need eight specific supplements at specific dosages that have been shown in medical, published studies and medical journals that that's what you mean.

And lastly, You have to have the right nutrition. Basically it say anti-inflammatory nutrition, With those three things, you keep that up for that long and at the end you're back to where you were before and you are normal again.

See, this is what I love about your approach. You are saying, yes, there is validity to certain supplements and those are included in your treatment plan, but you also say there's validity in this prescription antifungal and we have studies to show that both work together in synergy to make our patients better.

And also what we eat, you have to be low histamine. You have be anti-inflammatory. you can't be out eating sugar while you're taking your Atriconazole and that's unexpected to work as well, right?

Correct. So the molds, when they're growing or they are in indoor environment, they produce mold spores. And those spore carry the mycotoxins. so by taking the antifungal, You're killing that mold Spore.

and then there's no more mycotoxin. As long as you're not still living in it, right? There's the kicker. Right. Okay. So what do you do with your patients that you've treated for the amount of time that they should but they don't seem like they're getting better?

The most common number one cause is somewhere in their environment, there is mold. It could be their home, their car, or workplace. Maybe if they go to a yoga class or a Bible study class, some sort of place they got to on a regular basis, that's the most commonly reason.

Okay, so somewhere they're getting re-exposed. Correct. All right. And so how would you, as far as testing to see if they are getting exposed, could you recheck their IgE levels then?

And if there were normal, would they? I treat for six months. Okay. At the end of six month, you repeat the test. Because it takes the immune system a long time to respond.

It's like asking an aircraft carrier to make a quick U-turn. That takes a while to show up in blood. in the blood testing. So at six months, they're saying, you know, I'm not really seeing much progress.

Yeah, got some better, but not too much. There's something in their environment. That's not, that's moldy. Okay. I

had a patient and she wasn't getting better.

so they tested the home. It was fine. And then Her husband, unbeknownst to her, put a Petri dish on the front seat of her car. When she got in the next morning to go to work, that Petre dish was covered with mold.

So it was not the house. It was her car. Wow. And do you want to speak for a minute about other like VOCs, any other types of airborne bacteria? When a person smells moldy musty somewhere inside, molds or moisture will make molds grow, but it'll also make bacteria grow and other substances.

And that produces what are known as volatile organic compounds. That's that musty odor. Volatile organic compound in and of themselves are toxic to the brain.

So that's why the first rule of toxicology is get the patient away from the toxin or the toxins away form the patients, otherwise they will not get better.

Wow. Well, and circling back around to what, can you tell us a little bit more about, most of us know that mold tends to cause your sinus infections, maybe a bit of brain fog in some people, may be a rash, but can go into some of the other proven things that mould can cause?

Sure. Dr. Ponica, chairman of the Department of Ear, Nose and Throat Surgery published a study, his chairman, of ear, nose and throat surgery at the Mayo Clinic, published the study on 210 patients with chronic sinusitis.

Took them to the OR, cleaned out the material and sent it to a laboratory for analysis. For what organism do they find? 96% had mold. He actually asked that the name chronic sinusitis be changed to chronic fungal sinusias.

Oh my goodness. In another study published, done at Rutgers University School of Medicine, New Jersey. They did a study on patients with MS, multiple sclerosis.

70% of them had a mycotoxin known as gliotoxins in their blood. So nicotoxins increase the risk of developing multiple sclerosis? Correct. Then another medical center treated those patients with multiple Scleroses with an antifungal and they got well.

Wow. It's all published to studies. What about cancer? Well, that's a good point. There was a study published in the journal cells on 17,400 patients from 35 different cancer centers, MD Anderson, Sloan Kettering, et cetera, all over the country.

On 35, different cancers, they had tissue and blood. They tested them. All had fungi. Wow. they treated them with antifungal. Okay. The cancers went away.

So cancer, we saw a book came out recently, Cancer is a Parasite, but you know, cancer is from mycotoxins as well. Correct. There's a surgeon in Rome, Italy, a cancer surgeon, oncology, and he wrote a, book and the book is Cancer Is a Fungus.

And he shows in his book, MRIs before and after treatment, X-rays before an after-treatment. It's that simple. So you can't argue against 17,400 patients with 35 different cancers, esophagus, uterus, breast, bone and brain, all kinds of cancers.

Skin. The evidence is there and that's what you're all about is examining the evidence. Yeah. And they have pictures that show the cancer and at two months, the difference.

So that's an amazing study. This is so refreshing. I remember in medical school and in my training when I asked about black mold, I got the eye roll and told that there's nothing wrong with mold.

You might be a little bit allergic to it. And I look back at the patients that I repeated that rhetoric to before I knew better. And I think that it's so refreshing now to say, I have personally treated many patients with nicotoxin toxicities

and to be able to speak to someone that's an expert.

You've been doing this for years and years. you have research, you books, and you know the studies. To say indeed, MDs are recognizing that nicotine toxicity is real.

So thank you so much. Is there anything else that you would like to tell our audience? Well, in the last 10 years, No, let's say it's at 2020. Well, that's six years.

And if you want to take it back, Let's go to 2000. There's been 126 plus thousand studies on mycotoxins. So if people say they start rolling their eyes, I'm so sorry.

12,000 studies in the National Library of Medicine under the auspices of the national institutes of health. then you really haven't read anything, have you?

That's right, and the research is there. And now with AI tools, we can find that evidence even better than we could before. So I really appreciate your expertise and coming to talk to us today.

Thank you so much. Thanks for joining us on the Integrative Medicine Roundtable where practitioners lead. If you found value in today's conversation, follow our podcast, share it with a colleague, or visit us at ncintegrative.org and join our community today.

We'll see you at the next roundtable.