Introduction and Guest Background

Good. Good morning. Welcome to another episode of mycotoxins and chronic illness. But today I'm really excited. We're going to have a chance to chat with Scott Foresman, known Scott for a long time, and I have just always been impressed by the quality of information that you can find on his, blog and, his interview.

So it's a better health wkyc.com. And, it is a resource that I think is, really, a chance for you to learn in-depth about a lot of the topics that we're going to touch on.

So, and, Scott, what makes I think Scott Moore is most interesting is that, he's, you know, better educated on a lot of these issues than many of the clinicians out there.

So, and I first, I think to, that Scott, tell us a little bit about your background and what got you into this area of mold and chronic illnesses. Yeah.

So I had my own health challenge that started now 24 years ago. It's kind of funny to have you interviewing me when, you know, we've known each other probably for 12 plus years, and I think of you as a mentor.

And so this is kind of a fun turning of the tables. But I became ill about 24 years ago here in Northern California. I had had a tick bite. That was a known exposure, but, I really didn't think much about Lyme disease.

I spent 16 hours a day in bed with terrible neurological pain, is head to toe burning sensations every other imaginable symptom. Got issues, fatigue, balance issues.

I'd have to trot myself out to not fall out of a chair or feel like I was going to fall out of bed at night. And so I really had a really system wide kind of meltdown at that time, and didn't have any real understanding of what the issue was.

I had seen 45 practitioners, eight years later, after seeing multiple, you know, and these and these, lots of referrals to psychiatrists, given that people are often so invalidated with these conditions.

And so, this all started in April of 1997, July of 2005. I was actually sent by another medical doctor to an acupuncturist who did electro acupuncture according to volts.

He said, go find out what foods you should be avoiding. And then stop eating those foods. That's the only thing we can think of that could possibly be wrong with you and that acupuncturist.

After about two hours of doing this electro thermal energy medicine type screenings, she said, I actually think you need to have your doctor test you for virali, parts and now have a BCI, and they're looking for all of which at that point were relatively new to me.

I had come across them in researching my prior diagnoses of chronic fatigue syndrome and fibromyalgia, but didn't really know a lot about Lyme disease at that point.

And so we were able to confirm those microbial, issues based on other, more conventional testing. As you know, none of the testing is great. So we have to repeat some of them.

That got me really interested in Doctor Hart's work and energy medicine and autonomic response testing and so on. And so he really became a primary mentor of mine at that time.

And it was also around that same time, in 2005, that Richie Shoemaker's book mold Moyers was released. And so I

had the diagnosis of Lyme disease. In July 2005.

I picked up that book, More Warriors, in December of 2005, and it really took me some time to explore the moral peaks. At that point, I really felt like I had a pretty clear understanding of what was wrong.

Finally having the lying and co-infection type diagnoses. The issue of mold was one that I was aware of from the perspective of living in an apartment at that time, that had pipes that had broke and an air conditioning that had leaked into a closet and invisible mold that was growing.

But there really wasn't a voice out there at that time that was saying, hey, this can actually cause health problems in humans. And so I think, you know, a debt of gratitude to Richie Shoemaker for being the first voice that I came across that really said, hey, this is a significant issue.

And so I worked with several practitioners then to start exploring things further. 15 years ago, our understanding of this condition, which is now called Sirs, or chronic inflammatory Response syndrome, was really still in its infancy after I got his work.

Then in 2006, 2007, I started exploring it further, started doing some testing, started doing earnest, and I started it, you know, by the way, that's when we met at the Academy in 2006.

When I went, I went there to meet with Doctor Shuler, with Richie Shoemaker at that time, and that's when it was when we met, because I, you I was impressed you were there weren't a lot of patients who showed up to Ecam meetings.

Okay. Yeah. Yeah, I actually do enjoy going to meetings. So, you know, in 2006, 2007, we were still exploring with things like immunoglobulins to see if somebody maybe had allergy to more in the early tests was available.

And so in 2007, it became clear that mold was a piece of the puzzle for me. But how large a piece at that point was still not really clear. I did eventually get confirmation that the environment was not safe for my recovery.

I broke my lease. I moved within a couple of months in 2008, and I would say at this point, my perspective really is that mold is probably or was probably the bigger issue in terms of my ability to recover from Lyme.

I feel like the mold exposure may have also been what kind of set the stage for me to not be able to deal with those Lyme infections, and so I really urge people that are dealing with chronic Lyme, which is very real to prioritize making sure that the external environment is safe and optimal for our recovery.

There's so many different connections to mold that people often don't think about. Yeah.

Lyme, Mold, and the Early Search for Answers

You know, and just looking back at your get your symptoms, the amount of, vestibular, you know, the amount of balance and brain issues that you had is something that would now, you know, retrospect, retrospect, the scope would now make us put the mold possibility, the mycotoxins issue, higher, because that's the kind of, you know, that really is a toxic flavor, right?

Yeah. And things like, you know, the internal vibrations, the internal tremors that you can't really see. I mean, we know now that those are primarily mold and or Bartonella, both of which were factors that I was dealing with.

And so I agree, there were a lot of clues that it just took time to have people like Doctor Shoemaker and yourself and others to wring this information out so we could start kind of connecting the dots back to the whole piece.

Yeah. You know, I mean, just an aside, it's which amazed me as I've been doing this, this summit is realizing that you know, we were treating I mean, the first one of the first things I was exposed to, even in the 1980s was Doctor Crook book about Candida, you know, and I, I mentioned this several times because I'm kind of kicking myself.

Is that what why didn't I put the pieces together sooner? You know, because we saw what Candida could do and and obviously it was the Candida was what we identified because in those days we just didn't have, people who are in is we're aware of as many other, moles that could be causing problems.

But it's just interesting that that was there and the symptoms were there. And yet I like to think I put everything together, but we did. Yeah. I actually love that you say Candida because that was years ago.

I wrote an article on Candida with, Doctor Warren Levin, who was an expert on. Yes, yes, yes. And he was very clear with me that the pronunciation is Candida.

And yet everyone says Candida. And so I kind of defaulted to saying candida because when you say candida, people look at you like you're not knowledgeable about the topic.

Well, well good. No. You know, I mean, I've had people get very upset about how people say things like there was I remember one young lady, lashed out at an eyelid screening because someone said lines instead of Lyme disease.

So, yeah, you know, what we call this important. But anyway, beginning back to the mold, I mean, how important it is to keep the mold possibility, you know, don't forget about the mycotoxins and what was what was the other parts of the experiences that you had that that pointed you towards mycotoxins or what pushed you in that direction.

So I think at the time it was primarily Doctor Shoemaker's blog. It was the early testing. It was then, having had that visual confirmation of mold in my living environment, is fairly uncommon.

Most people that have mold issues don't actually see it. I actually saw it, and there were several mold issues and leaks and water intrusions and things just didn't have that concept that that could lead to health challenges.

And then again, we also had done some immunoglobulin based testing, which is not a test for bio toxin illness. So, you know, but can be a clue for this person is having an immune response or maybe an allergy to the mold.

And so all of that started kind of sitting together along with some of the excavations I was doing at the time for doctor Clay marks. And that's what led us to really exploring the mold piece, in addition to, obviously, the Lyme and co-infections and dental habitations and, you know, EMF mitigation.

I mean, as you know, it's a very long list of things that need to be explored. But I do think that people spend a lot of time and money and experience a lot of suffering treating Lyme disease when they have not explored the potential for mold.

I feel like it's kind of salmon swimming upstream, and you really need to do that. First, you need to make sure that the environment that you're living and working and going to school and driving in potentially is supportive of your health and not more.

These are the super things that we get exposed to in toxic environments has a very significant effect on our health. And so many of these connections come back to mold.

And we can talk about those more specifics. Yeah, yeah. No, I thank you because the toxin issue, you know, I remember, you know, back in the early 2000 when we were, when I first really started treating line is that we, as you know, Doctor Anderson and I would talk a lot about the need to detox, you know, and we would we would do it, but it was still a lot of talk and not enough doing, you know.

And over the years we've just seen that the toxin load is usually what's underneath. Why people have chronic Lyme disease is because, you know, the the reason that the Infectious Disease Society of America gives islands or the, you know, those of us who believe in chronic Lyme.

So to much difficulty is there are so many folks who why is a minor infection. You know, you get it. Your body takes

care of it. I mean, so they're not crazy, but they, they, they negate the millions of people who line is, a defining event in their lives.

But it's the underlying toxins and the overlap. And I think what one way I look at it, it's the underlying toxins and the overlying mold. Because mold seems to be, you know, what's on top.

You know, I, I've mentioned this before. I would get upset, when we went through a period of time, you were. You were probably around for that when everybody said you had to treat PBC first, you know, and and, you know.

Yeah, I sometimes but also because BBC actually has a toxin that it gives off so that could probably be a good part of the reason. But it's, you know, when it comes to those things, it's the clinical presentation that helps you choose what bugs to choose to treat first.

But when it comes to mold and mycotoxins, it's almost always on the top. If you don't deal with that, you're not going to get far. Yeah, I mean, I think it really comes back to, you know, some of the, elders that that we can look back to, like assurance or Champ saying, you know, is it the bug, is that the geranium?

And I think it's pretty clear to me that it really is the terrain and we can treat chronic Lyme and, you know, Borrelia, Bartonella, but we can treat those with hammers and use anti-microbial things that are really intense.

I'm not it hasn't been my experience, and I haven't seen it in the experience of many people that back then leads to long term improvement that is stable and persistent.

If they have not also done something to shift the terrain in a more, positive direction that is less hospitable to these organisms being present. Yes, I that that that is it.

I mean, that's where those of us who entered the field, from what I call regular medicine, from conventional medicine, have often walked into the wall with patients of not realizing that it's the toxins that have to be dealt with, the bug, the body may actually deal with the bugs when you clean up the when you clean up the external and internal environment.

I mean, that that's that is and I said the last five years working with Doctor Papaya, that's, I've seen it in motion, you know, like, because I said we've talked about detox and we would do it, but we but we would do it while we were treating and didn't realize that sometimes you can just take a year to do the detox or even two, and then there's not as much to treat and it's smooth it, I mean that, that that is.

But just while we talking about treatment, you mentioned a bunch of other co-factors that I know you've been involved with, you know, such as the EMF.

And have you found that, to dance along in your situation along with the moles, has one improved as the other has, or have they been separate issues? And.

Yeah. So I think maybe to answer your question, I'm going to tie it into some of the connections that I see when the mole conversation. That's what we're talking about.

So to your point, I would say probably the biggest is the immune dysregulation that mold creates. And once were exposed to mold, that really opens the door for other infections, for parasites, for Lyme disease, for co-infections.

I don't think we can manage those infections effectively when we have this immune distraction or dysregulation or the immune system is consumed by or confused by our external environment on a daily basis.

So I rarely see people with difficult chronic Lyme disease that don't eventually discover mold in their history, and whether that is that the most need first and set the stage for a long time.

Or maybe they had line and co-infections for 30 years, that they were never symptomatic until they got into a more

the environment, because then their immune system was distracted, confused, dysregulated, and could no longer manage those infections.

So I think that immune dysregulation piece is a big part of the puzzle extending on the immune dysregulation. Now, mast cell activation syndrome is a major topic over the last maybe five years in the Lyme and co-infection and mold community.

I think mold is one of the biggest triggers for mast cell activation syndrome, or histamine intolerance. That's become a really big topic. And I think there is value in mast cell stabilizers and antihistamines.

But we can throw those things at the problem. All day. And it may help with some symptom management. But we need to also focus on the bigger issue which is removing the triggers.

And so removing more from the environment, addressing the parasites, addressing or mitigating or reducing the NF exposure. I think those play a major, major, role in dealing with the mast cell activation and resulting immune dysregulation.

We talked about the terrain, so we know it's not just about the bug. If we have to, really focus on our detox capacity, if we think about a bucket essentially that is full from all of these different components, and we develop symptoms when that bucket is overflowing, what's in our bucket?

Why Mold and Mycotoxins Matter in Chronic Illness

And I think quite commonly mold is a major, major piece of what's in that bucket that then is overflowing, leading to symptoms. And that then has to be a major piece of the treatment process to really adequately detoxify mold and other materials that lead to an unhealthy toxic terrain and more disease, essentially.

And coming back to the question about EMS, I do think that's a very critical piece of the process. I have been in a Faraday cage in my sleeping environment since 2006.

The first exposure that I had to doctor to clean heart. I have the Silver Line clog. I have the demand switch to turn off the circuit breakers at night.

I minimize, you know, all of that Wi-Fi, cell phones, all of that as much as possible. But if we look at Doctor Clean Heart's playbook, we know that mold in a building is worsened in terms of the threat or the response from the EMF.

So they're putting out more mycotoxins, more defensive mechanisms when we have those emfs in our environments. And I don't think that that is limited to the organisms that are in our external environment. I think there is, to some degree, that same process happening internally, that the microbes within us are also threatened by all of these electromagnetic frequencies that are not really biologically compatible with our cells.

And so the EMF piece, I think is a is another major piece of the puzzle. Why is mold illness, Louis exponentially growing over the last many years? What is it building. Sure.

But is could it also be the exponential increase in all of these emfs that were exposed? So if you were to ask Doctor Clinton Hart, what's the first thing that he's going to suggest?

If you're in a moldy environment, he's going to say, the first thing you need to do is turn off your Wi-Fi. So I do think that for many reasons, the EMF piece also has to be explored.

We believe that the body has a much more difficult time in detoxifying in the presence of EMF, so that essentially the cells are in a sort of sympathetic dominance or feeling threatened by the EMF setting.

And I think this is very, easily observed. Now, when you take someone and you put them in these canopies, these EMF reduced or almost EMF free environments, and they have significant detox reactions just from having that

external influence taken away.

So that is a piece of the puzzle. If we're working on the terrain, we really do have to, again, change or improve our home environment from a mold and EMF perspective that fits.

We just want to interject when you hit a really important point, is that what people often, fail to realize is that when you've been ill for a long time, your energy is suppressed internally.

You know, your mitochondria turn down. Long story. We can make it short. Just your energy is low and you don't take out the garbage. You don't clean up the environment, but you're on survival mode.

So when those danger signal improves a little bit, you begin to clean up the environment internally. And if your detox pathways are gummed up, or your liver or kidney or whatever, whatever, organ is needed to get rid of that particular toxin is not optimal.

You might have your symptoms flare. And and that's just, you know, I think what I urge people to do is to always take symptom flare as information, but not value.

You know, because sometimes it means, yes, you step where you shouldn't step, and sometimes it just means that you step where you need to go. You just have to do it less and more gently.

And that is really important because I hate to see people who who, just become, you know, I can understand they've been suffering for so long that more suffering is is scary.

But, you know, you have to evaluate what caused it, you know, and if it's something that really is positive, I think that this might be a healing response reaction, you know, you know, the old story and the old days, people kept throwing them.

So I call it throwing yourself into the wall, tolerating these. Suppose it hurts that that we now realize are toxin in mast cell, predominantly, and is nothing about your body's healing.

But yeah, I think watch closely. I think it's a really good point. I mean, you're, you're talking essentially about the cell danger response, right? And the whole mitochondrial thing is that when the system is threatened, that a lot of the normal detoxification and other things aren't really happening.

I do think that mold is a major, major piece of this puzzle. For many people, it's probably right in the middle of the puzzle is kind of a core thing that they need to look at to regain their health.

And it's interesting. People ask me a lot of things, how long does it take to recover from chronic Lyme disease? And I would say the clock really never starts ticking.

If you have an ongoing daily mold exposure, I don't think you really started moving towards wellness in a, in a significant, lasting way until you address those environmental influences.

Yes. You're absolutely right. Because we, you know, you'll go you might make a few steps forward, but you always will slide back and and it's yeah, that that is, you know, the, the failure, I think of, of the medical of the, of the medical approach that, that, you know, chronic Lyme disease is, an infection.

You know, acute Lyme disease is an infection. Chronic Lyme disease is your body's response to the acute infection. And that's complicated. And, you know exactly what you've been talking about.

The mole, the EMF, the other toxins in your environment. We didn't talk about, you know, the emotional aspects. That's a, we'll save that for another day, which kind of keep it on.

But, you know. Yeah, that too, should not be made light of is that, you know, your system can stay locked up for

lots of different reasons. And, you know, coming back to your comment about detoxification, I'm really surprised how few people in the community, practitioners understand the concept of drainage, right?

Looking at things like the remedies from Pokemon, or this bio or energetics. And, and the extracellular matrix is such a huge part of this conversation, if you think of it as a sponge in the body that we need nutrients to move through to get into the cells, and we need toxins to move through to get out of the cells.

And eventually we experience there aren't a lot of tools that I think of outside of drainage that are really kind of supporting that matrix. And so a good detoxification program needs to also have that drainage support, which for the most part, in my mind comes from the German Homo toxicology and the homeopathic remedies like those from Anna, which can just get yes, yes, yes, yes, yes.

You know, I, I and again it goes to the dominance that the medical model was had and you know, it's this failure to, to to be willing to, to see what we can't see.

Easily the, the, the, the, the connective tissue that, that, that space, in the body that, has long been ignored. The fascia and the, the matrix, okay, is something that doctors did not pay attention to.

I mean, the idea that fashion, you know, is important is in osteopathy is key, but in regular medicine, ignored just just damage. I mean, do they act as though, like it's just, extra, you know, so anyway, but getting getting to your, your point is that the, the charge, I mean, it's the electrical charge, and I, I would love to, get Doctor Pollitt to talk a little bit about because, you know, one of the things that the, the model that we have in our head of how the body works often controls what we do as physicians.

And if you and until you realize that the cells are gels, okay, not liquid, but gels, and they operate on just subtle movements of proteins, of protein configurations, which, depending on charges on the electrical charge.

And that depends on the nutrients and the solutes that are there. And toxins just change the soup. I mean, that wasn't very scientific, but they just do that.

And when you change the concentration of chemicals in your cells, you change its ability to communicate with itself and with the neighboring cells. And then you get problems with detox and where these remedies are so helpful is they're working at at subtle levels.

They're dancing with signals that involves, you know, light, energy and electrical energy. And these are all areas that, if you're waiting for the double blind placebo to prove it to you, it might not happen so quick, because these are happening at levels that are subtle and are influenced by almost everything we use to test with. So.

But we can tell you clinically that they make a huge difference. And if people don't help, when they call the the amongst juries, that's that the MI can throw out the natural passive way of of calling.

But but if you don't have your exits open and you move toxins, you're just going to recirculate them. And. Yeah. And you know, with that, Christine, Kelly Halderman actually, have talked a lot about how the as toxins are moving from the liver into the bile gallbladder, into the small intestine, and hopefully eventually our found with, binders, for example, that if you're not if that's not working, what some are calling phase 2.5 detox that a lot of those toxins then get dumped back into the blood.

And we have then what we think is a Hertz time reaction. But it may actually be that we're just not getting good enough support for that whole detoxification process.

Yes, yes, I on that note, I mean, you've been around this this world for so long. The binders are there, you know, do you have feelings or experiences or people you've interviewed had given you any?

I'd love to hear some tips on, how what you think of the different binders. Yeah, I do, and I can definitely give you some thoughts. I was wondering if we could maybe talk about the testing options, and I'm sure I've been to.

Oh, yeah, these as well, because I'd love to hear what you were finding helpful as well. Yes, yes. But yeah. So you can go either way. We have we have the time. So. Okay. Great.

So from a testing perspective, that's a common question. How do you test for mold illness?

Testing for Mold Exposure and Body Burden

I would say we have to separate the environmental testing from the in body testing. And so from an environmental perspective if someone is self testing then we can do the Ermey from Michael metrics or in viral bio mix the environmental relative molding mass index.

You can then calculate the Hertz need to score from that, which is an algorithm that Doctor Shoemaker put together that can give you some sense of whether or not an environment is safe for your recovery.

I think these have to be taken with a bit of a grain of salt. The numbers are not always telling the full story, and so there can be an army that looks really good, and in fact it's not a good environment or one that looks, like a relatively high number.

That actually might be a good environment. So Brian Carr, he has a podcast called Mold Finders Radio. They talk about this deal in those conversations.

But sometimes the self testing that exploration, lower cost may be a way to get into 75%. Maybe in terms of is this an issue or not? In more recent times, Real Time Labs has what's called the Emma test, which looks at mold and mycotoxins.

Also from the environment. And so I'm seeing more and more people using the Emma test. I think that's one of the things that I've heard rumored is that eventually, hopefully, we'll be able to have the mold species on the Emma test.

That would also allow for calculation of the hurts. Me too. And if that were to happen, I think the AMA test could become the go to in terms of the self testing arena.

I think that that test holds a lot of promise. And Viral Bionics also does testing now for bacteria like that. You know, I've seen, for example, that, you know, we think of mold illness, but really mold illness is a much broader soup, as you mentioned, many toxic things.

And more recently, Doctor Shoemaker is talking about that, the acting of my seeds, that the bacteria that we are exposed to may even play more of a health negating role than the mold itself.

So Enviro Bionics has that ability to test react in a mix in the environment. Another option that some people are finding helpful is what's called eat a test, which is a system that Terry writes from Pure Air pure water.com that's put together, and it's also looking more broadly.

So looking at mold. But are there other, you know, VOCs, formaldehyde, other things that can be done to improve the environment from a health supporting perspective, if finances are not an issue, I think the best first step really is to get an IEP or indoor environmental professional that is service literate.

You don't want to just get anybody. And you know, unfortunately that happens. I actually was talking with a client recently that had very high levels of mycotoxins associated with Staphylococcus.

On your and Michael toxin testing. Someone came out. They did, you know, air sample testing. They said, no, everything here is fine. You don't have an issue.

Well, there was a big issue and that was eventually discovered. But, you know, air sample testing is notoriously bad, particularly for stock doctors, which does not stay, you know, hanging around in the air.

So I would say an IEP is a great option if someone can do that again, making sure that they're service literate. So most of the time I recommend people start by looking at I see i.com it's ISP, i.com, which is the International Society for Environmental Acquired Illness and they have lists on their website of IEEE use as well.

Actually. Correct. Actually I think it's ISC. I talk not.com. They have listings. They're indoor environmental professionals that are, you know, vetted to some degree that understand mold illness is a real thing.

And they're doing tests to help the patient, not test to help the landlord or bill. Right. So I think those are really helpful from an environmental perspective.

And then if we're looking at in the body tests, you know, we talked earlier about what were some of the things that I was looking at back in 2006 seven.

Now we have the Shoemaker tests, like the visual contrast sensitivity test. We have C4, a TGF beta one, MMP nine, all of those. The problem with those is they're not specific.

So is it from or is it from wine. Is it from something else you don't know? Now I think they are helpful for tracking over time as you're treating. Hopefully your TGF beta one is coming down.

Hopefully your C4 is coming down. MMP nine has been correlated by some practitioners, like Doctor Ross Patel and Doctor Tony Hale, to be a good indicator for mast cell activation syndrome.

So if you're also dealing with the triggers of mast cell activation, you need some dietary changes. Putting in some mast cell stabilizers and histamine type things.

Is MMP nine coming down or not. So there is some value there. But it's not a test you would run to say, oh, I think that was and I think the the other test that's come on the scene and you know, the last several years it's been around for a while now is the urine micro toxin testing.

There is a lot of debate. I personally am in the camp that these tests can be very helpful. I've seen them be very helpful from my own experience of being in a building that had a water intrusion where I had had previously clean urine mycotoxins tests that then shot up left out environment, worked with binders and other treatment, and saw it really normalize.

So I know there are people that suggest that the tests can be influenced by foods that you're consuming, that are high in molds or mycotoxins. The research has been limited to date, but in the small, research that I have seen done, that doesn't seem to be a likely significant contributor to these tested.

If the levels are from food primarily, they're probably going to be very low, and they're probably going to be more of a toxin rather than some of the typical vaccines and things along those lines.

So I find that to be very helpful. I personally incorporate a urine mycotoxins test as part of my what I think of as kind of an annual physicals. Okay, great.

You know, lots of things I could go and do in a physical, but I should be looking at my urine mycotoxins. And if there is something there that I'm not expecting, you know, did something in my environment change?

So I think that is probably one of the more helpful tools. Again, interpretation can be tricky. Most commonly people do an initial test and the second test can be much higher, indicating potentially that they're detoxifying more efficiently or effectively.

So you don't want to get too worked up about the results without having a skilled, practitioner in this room interpret them and help you figure out what that might be.

The urine mycotoxins tests are primarily from real time labs. Great Plains by Brant I've had more experience with

real time and great claims to date, but I think they all have value.

I know vibrant is expanding. That's the number of mycotoxins they're looking at, both real time and rate. Plains have done that as well over the last year or so.

And then another test that could potentially be helpful is the Great Plains organic Acids testing. So can we get some clues into the potential for colonization, which we haven't really talked much about them to get into the treatment conversation or how to support the body?

We can talk about that. So I think the OTC test is also not a perfect test for does this person have colonization? But it's another indicator that a knowledgeable, service literate practitioner can use to say, well, it's interesting that you have these fungal metabolites.

Maybe we need to think of colonization treatment as well as part of your overall approach back to health. And then we're coming back to the conversation around, you know, we say mold illness.

But I think that what we're looking at when we're testing for mold and mycotoxins are really surrogate indicators for the soup that you mentioned. And all of the things that we encounter in water damage buildings.

When I first saw the list of things that, is put out in part of Doctor Shoemaker's research, it's surprising to see things on there like protozoa, you know, bacteria like mycoplasma and chlamydia.

You know, those are really difficult to clear. I would say people, have significant difficulties clearing mycoplasma, clearing chlamydia pneumoniae, for example.

So could it be that we're getting re-exposed to these bacteria in our moldy environment or to other protozoa, for example, along with all of the other, you know, microbial VOCs?

And some people jokingly call them mold farts. You know, there's there's all kinds of things that we're getting exposed to. And so I think the easiest to measure and explore is mold and mycotoxins, but not forgetting that, that that really is an indication when positive that there's a lot more going on in that environment.

So it's a it's a complex problem. There's no perfect solution. But I do feel like the tools that we've had over the past several years, maybe 3 to 5 years, are continuing to evolve.

And we have more tools now in this realm than we had, you know, 10 or 15 years ago. So I feel like it's moving in a good direction. And and what's really nice is it feels to me like the speed at which things are continuing to, improve and new solutions being introduced that feels like it's the fastest since I've been observing the cycle, chronic illness from over the last 20 to 24 years now.

It really gives us some hope that better tools are on the horizon, and the tools that we have now are actually quite good compared to what we've had in the past.

Yeah. No, I think things are getting better. I mean, we're still not as specific as we'd like, you know? I mean, that's one of the things the series, testing, you know, that was my argument ten years ago because we did a ton of it.

I mean, you know, we started doing it as soon as he came out with, I mean, nearly 2000. So we were doing the X testing and, you know, and especially the idea that it was specific for mycotoxins, it's just never made a lot of sense.

I mean, it's, it's a toxin. And for all those inflammatory markers, they were all markers that your innate immune system was being aggravated. And but as you say, they're, they're, they're still useful to follow because they can correlate, you know, with improvements and, or at least improvements in and know that the therapies that we're doing, if we're not getting 100% improvement in symptoms, that we're doing something that's useful, which is, yeah, I always have the same challenge with CB 57.

In the realm of Lyme disease, it seemed odd to me that God would put a Borelli marker in, you know, as 67. And I think we've learned over time that that can be influenced by many things.

Some people argue mold can affect it. Some people say chlamydia pneumoniae and I can affect it. And so it's a it's a potentially helpful tool. But is it leading us down a path towards resolution?

I in my experience, no no no I, I agree with you. You know, it's something to look at. If it fits clinically it's good. But yeah. Let's see 50 sevens.

You know there again it's a, it's a marker that that should be, you know, that that when you have a lot of inflammation in the tissue, that CD 57 will often plummet because that's where it's going into the tissue.

So, you know, the area of, immunology is just changing so rapidly in front of us that it's really a lot of our ideas have to be constantly modified. But getting back to the testing, you know, no, I, I've always I said, I think these are all useful tests and I really I really like the way you're clear that we can't hang our hat on any one of them.

And, you know, plant the flag. This is it. You know, because you have a clean room, it doesn't mean you have a clean house. You know, you really have to look at the whole picture, and, and we're going to have actually Doctor Shoemaker is going to be on with us.

Are we going to do now we're talking about, the effects of all these other bugs in the water damage buildings because these and this is, is so important, and I'm glad that we're going to be able that that the people who are measuring these things and especially the docs because.

Yeah. I mean, and and actually coming up to the other important issue is how much is allergy and, maybe not even allergy, just immune immune irritation, sparking mast cell reaction.

Right. How much is toxin? In fact, I'm going to be talking with, Ty Vincent. Later. You know, that's what it is. Big things. His his LDI will help quiet your body's response to the quote unquote allergic or immune dysregulated response.

It's not going to do anything for your toxins. But if we can get your body to stop making so much noise again, you can clear things out a lot better.

Detox Support, Binders, and Colonization

I mean, this is always the issue that I like people to realize is that using Band-Aids, which is what a lot of these, mast cell treatments are Band-Aids, will sometimes just allow the system to then function, and then you won't need the Band-Aid, because once you've gotten once you've gotten rid of the toxins, the immune system is then working normally again.

And you won't go into that, immune flare, quote unquote, allergy as easily. You know, if these things are circular and it's hard because our brains are programed to do A causes, B they don't do as well when it's, you know, the serpent eating its tail.

And that's what your body is. It's such an interactive system that E doesn't just cause B eight causes 30 other things, and they all feedback on each other, and we go in there and think we know what we're doing.

But, but anyway, we're getting back to the testing. I like the way you laid that out. You know, it really is important to have people who know what they're doing, doing your environmental testing, because you will spend a lot of money and get very poor results.

If people do not understand the concepts or that that had been taught, you know, initially by Doctor Shoemaker, now a lot by Eisai, you know, and, the environmental medicine movement, you know, if people do not understand these concepts, they will either tell you your house is safe or rip things out in a way that's going to get you sicker.

So I think that's really important that that you brought that up, Scott. You know, and it's interesting to when when you talk to, doctor type and said you I have tremendous respect for as well.

And I agree that the I can be helpful for the allergy is what I'm not sure of is whether or not I don't think that would be. I actually from TS mycotoxins.

I think it's focused on the molds. And so with this point you are correct, and it would be interesting to see because, you know, you mentioned that the the toxin piece is not addressed with LDI, which I agree with, but we know that micro toxins can also stimulate the immune system.

There's the my micro lab that we've talked about separately with Doctor Andrew Campbell, which could potentially be helpful for some people. So it would be interesting to see what more could LDI do if the micro toxins were also part of the mix.

Could it also then calm some of that immune tolerance? And I, I don't know the answer that maybe you can ask what that, that is exactly what I thought of this morning.

So great minds work. A line is that is that, you know, why not come out with a micro toxin panel, you know, for the LDI? Because that is it. We're not just I mean, we're dealing with these issues.

Your body has multiple ways to, respond to threat, and they all happen. And if the more ways we can make your body feel safe, the easier it is for you to restore return to what we call health, you know, which is be able to choose how you respond to danger.

You know, I mean, that that, that, that that is it. You know, I mean, like, you know, you know, when we're really neurotic, you know, we we take every, raised eyebrow as a threat.

And it makes for a very difficult life. Well, when your immune system is doing it, it causes chronic illness. So I spoke with. That's what we were all trying to do, was find better ways to soothe us, soothe the system, make it feel safe.

And so you know, you have have I mean, I said, I just love that your experience, you know, because they said as if there's nothing like being a patient because, you know, nor how many people we treat.

That, in your experience, just just solidifies something in your in your body about like how to do this dance and what and what things really work. And I just so glad to hear that how important you have found the, the subtle therapies.

Yeah. I mean, if we can jump into some of these things. But I absolutely agree that, for, for me and my experience, a lot of the things that most people wouldn't really consider valid therapies have been some of the most helpful.

So you asked about binders. So maybe I'll jump in a little bit to how we might address mold illness or that broader soup of things. So I think the first thing is removing the exposure from the person or the person from the exposure.

Either remediating or removing one or the other has to be done. If you listen to, based on Doctor Shoemaker's work, 50 to 70% of the buildings in the US maybe have a mold issue.

If you listen to some people like Ryan Carr, who's an IEP, they'll say they probably can find more than 95% or more. I mean, it's not a there aren't mold free and yeah, but you should be able to tolerate some of that though.

I mean, until until you get really sick and sensitive. Yeah. So I think because there are so many buildings that have mold that remediation can be a preferred first path, unless it's a really significant issue.

And so working with the IEP, working with the remediation. But I do see a lot of people that can remediate, minimizing their exposure. Doctor. Clean heart takes issue with mold free and says mold or is what we're looking for in an environment.

And I think that mold for is a good way to say it, I like that, yes. I've said in the doctor Shoemaker protocol, I think there's seven steps from his original protocol.

And I've always said that once you get away from the exposure, you're more than halfway there. And I really think that is true in terms of the effort.

And that's the difficulty and the stress and all of that. I feel like, getting that exposure addressed is the largest part. So air filtration and fogging solutions are often discussed.

I think they can be helpful. My opinion, though, is that they're only helpful after the source is identified and removed. And so I think of it like having a cancerous tumor and leaving it behind in the body, and then expecting to solve it entirely with chemotherapy.

I think a much better approach is remove the tumor, then treat the person. And so air filters and propolis diffusers and things of that nature can help improve the environment.

But I don't think it's going to solve the problem. There are tons of good air filters on the market now. I think, you know, blue air is one that I use.

I have IQ, air, Austin Air and tell a peer, but there's so many good filters. I just don't think we want to become falsely secure in thinking our environment is not contributing to our illness, because we went and bought an air filter.

That's probably not enough for this population of people that are affected by chronic inflammatory response syndrome. If the person cannot fix the environment or move, and there's financial constraints and other things, which we certainly are real, I think adding an air filter can help.

But I think of it as Rosh Patel would say, drying off with a towel in the shower and forgetting that you left the water on. It's it's not. And it quite get you where you want to go, or you have a hole in the boat, and the boat is filling up with water, and you're trying to bail it out with a paper towel, that that's essentially what we're doing by putting in air filters and not really solving this.

Yeah. So we solve that problem at the environment, we improve it. The next step then is binders, which you were talking about detoxification supports.

So I think once we have eliminated the exposure we then work to get the mycotoxins and other toxins out of the body. And without binders, most of the toxins that are concentrated into the bile and dumps from the gallbladder into the small intestine are reabsorbed through entero hepatic recirculation.

So you can have an exposure to a water damage building from five years ago that still is contributing to your health challenges, even if your environment now is perfect, in part because you could still be recirculating toxins.

Another piece that we'll talk about is the colonization aspect. It could be another explanation, yes, but the binders are really helping to minimize reabsorption as much as possible.

And so you asked about some of my favorites. Personally, I do like the microbe formulas. Bioactive carbon bio tox. It's also known as cell core bio toxin binder.

Right. I personally take that every day because I've had Moldova's three different times, and I think it's a ongoing focus of making sure that any exposures to mycotoxins are being supported.

I like the toxins behind from Beyond Balance. I'm a big fan of the toxins of green from green nutrition. I think it's also a very draw. These tools are very broad.

It's not that they're focused just on moles or micro toxins. I love it when new companies come out with, you know,

companies come out with new tools in this round.

So research nutritional so I think has a fantastic reputation. They just came out with one called Michael for which is a, humic fallback, but also has quite a sans as well as a zeolite that I have some helpful in the past, which is called G pure zeolite.

And then they combine that with silica and a carbon. So that's that's a new tool that literally has been out just in the last couple months. Bentonite clay is a common go to for people.

But I would say you want to make sure that the company you're getting the clay from has had it tested for heavy metals, because some clays can be contaminated, which is then, you know, moving in the wrong direction.

Yeah, I think then beyond the binders, there are companies that have created tools that can help with the detoxification or excretion of mycotoxins. I like the pro Michael product for me, on balance, and I like to pair that with one of the binders that we talked about.

Liposomal with iron can certainly be helpful for people in this realm, particularly with okra toxin. However, if you listen to the work that's been put out by Doctor Neil Nathan and Beth O'Hara and Emily Giller, most mycotoxins are not removed.

The glue to design on most of them are primarily detoxified using glucose annotation, so supporting glucose innovation is another tool that I think is really helpful calcium glutamate, for example, I personally every day take a product that best Okara and Bob Miller formulated and assessed to continue to deal with any mycotoxins, exposures from mold, those types of things.

And I also think that when we're thinking about glucagon addiction, then we have to think about coming back to the microbiome, because if we have a dysbiosis microbiome that is leading to elevated levels of beta Ramona's, that's essentially undoing what's happening with around addiction.

And so you're kind of working in the wrong direction. So we also need to think about if someone has high levels of beta aromatase, do we need to address the microbiome so that other things we're doing to more efficiently support Luca on addiction are actually working better?

And then I also am a fan of if we look at detoxifying mycotoxins and other toxins there, there is certainly a major place for lipid replacement. And looking at Patricia Kane's work, there there is a lab that I recently did some testing from called IGL in Germany that after, you know, 20 years of detoxification being a major focus for me, I still had alten area mycotoxins in my cells.

And so some of those therapies where you're using, oral and or IBD, things like phosphor titled Foley, so, you know, butyrate and so on, I think that can help detoxify.

I don't think it's the place to start, though. I think you do have to do, you know, you need to do a lot of the basic things first and then that can help us.

Yeah, yeah. You always I mean, that's something we have learned the hard way.

Limbic System, Vagus Nerve, and Nervous System Reboot

Basically, you need to make sure the trace minerals and the background materials are there and the organs of elimination are working well. Otherwise it's a good way to flare people.

I mean, that is something that, you learn by doing. No, I totally agree with that. And I would say, you know, many people implementing binders, getting the source of the exposure are addressed.

I think many people will make significant progress. But then there are those people, and I would say I was one the

in that category where mycotoxins are still coming out of the body, and these are in mycotoxins at levels that really are not likely to be related to food exposure.

And so that's where the colonization conversation comes in. And I would say that was really first put out by Doctor Jill Brewer. Doctor Neil Nathan by your team.

Certainly. Yeah. And so that colonization piece is really important looking at primarily the sinuses, but also the diet, various tools that are in, you know, natural options, pharmaceutical options, but just because you don't have an ongoing exposure doesn't mean you're not still potentially creating mycotoxins internally in the body.

And so I think that's an important piece to think about as the external environment is great. But are you still creating mycotoxins? And so from a scientist perspective, I like things like our agenda 23 or propolis.

Nasal sprays were super, super good stuff. Has one. Yes that's right. It's a good one Keith Moore it's got some great it is, it is, it is, it is. Yes. And then I would also I would also say that I've started thinking about this more from the perspective of also not just killing, tilling, tilling, but is there a sign you buy on?

Just like we work on the microbiome by taking prebiotics and probiotics, can we use something like Magnus or Biotic in the sinuses or products like? Sure, scientists that have lactobacillus, sockeye, and other types of beneficial organisms.

But again, it's not always about kill, kill, kill, but it's about balancing integration, tolerance and so on. Yeah. And then once you're restoring that, the the lipid I mean after we have treated the nose and the nasal passages in the sinuses, have to make sure we're not overdrawing them and restoring some of the lipid balance along with the, probiotics is really is really important you.

But let's keep going. You're on a roll. Yeah. So then if we think about the systemic antifungal support, I think there are some great tools like how do you Arko categorical tea systems to actually have semantic sample properties as well.

So I think that would be great. A number of people like essential oils. I've become drawn to microbiome labs, has one called Mega micro balance that I think is a good tool for helping to support the balance of the the molds and fungus in the body.

It's a mix of propolis and, at the same ingredient that's in another product people might know is form SF 722 two yes, yes, yes. So combining against it.

Yeah. Exactly. Yeah. Yeah that's a that's an oldie but goodie. Yeah. So the microbiome last is combined with propolis and I really like that product. Beyond balance has one called Michael.

We Jan Byron White has a found and then some people may benefit from. And I certainly have used some of this over the years. But things like get to our close all our score knocks as well.

And then thinking about do we need to support the biofilms? Are some of these organisms hidden in biofilms such that we're not going to get it? And until we also start breaking down these biofilm colonies, I think that plays a role.

And once we've done the basics, there are also companies that have homeopathic skin, the mold and micro toxin realm that I think can also be helpful if you're looking at, you know, Picanha, for example, has new can energetics has a micro can for Das Bio, has micro combo professional formulas, has tools in this realm that that both are working with the molds and separately ones that are helping deal with mycotoxins.

And so sometimes those are more targeted homeopathic tools people think of homeopathy is as a weak intervention that doesn't really do a lot. That's not been my experience at all.

I think there are actually amazing, particularly when we're talking about drainage and detoxing. Yeah. You know,

it's when it comes to those, it's it's truly is your body.

I mean, when, when they work. Yes. They, they just because they reset the information, they give your body information that it then shifts with, you know, but if it's not on the right channel it doesn't work.

And I think that's where people have trouble is that it's it takes a fine ear to pick the right tune for you. Absolutely. The right treatment for the right person the first time is really important.

Research nutritionals a few years ago came out with their transfer fast for enviro. So coming back to your point about how do we support the immune system and help to kind of clear up some of that dysregulation and confusion?

I think the transfer factor that's targeted more from bold has a lot of potential as well. Getting away from the exposure, working with binders in detox, thinking about colonization.

I think those are the primary issues when we're talking about Sirs or bio toxin illness. But then coming back to the point that you brought up another piece, I would say many people in the bio toxin illness realm don't think about is mold allergy, and they are not the same.

And someone can have both allergy and bio toxin illness. I think when we're getting into the realm of mold allergy, then things like sublingual immunotherapy or what's called slit, LDI or LDA you mentioned can be fantastic as well.

I think homeopathy plays a role here to kind of create more tolerance and integration. So so that mold our GP's in fact, even things like neat or vital stat or, you know, things in the energetic realm could also potentially help a bit with that tolerance and integration.

When we're talking about mold allergy homeopathic for sure. Helpful as well. So I think that's a piece that maybe isn't emphasized enough in this community that that could play a role for many people.

Yeah. So I mean, anytime you're anytime you have people who start developing, diffuse reactions, you should always think that an allergy is playing a role.

And I said fixing it doesn't make them all better, but it allows the system to work. It's just yeah, I'll say it again and again. Each piece, each pickup stick, we we we we move has a better chance that then this system is going to get back to its own balance.

I mean, the beauty of working on people versus working on cars is you work on cars. You got to get it exactly right, people. You just got to get close your body does heal.

It wants to heal it. I mean, that's where it wants to go. It just needs a little help. And sometimes the biggest help is removing the blocks. 100% agree 100%. So important. Yeah.

And so the last part then of the, you know, supportive or treatment approach that comes to my mind is potentially the most important once you address the environmental exposures.

And so what I'm going to talk about now is I think still based on any platform or foundation of environmental awareness, I'm not suggesting that you do these things and ignore everything else that we just talked about, but when we get into, do we feel safe in the world when it's not always a conscious, oh yeah, I feel safe.

I can go out and go to Safeway or whatever. No, it's do you subconsciously do you limbic? We feel safe. And if we're talking about the limbic system as the alarm center, and maybe at one time you did have more than your living environment and your limbic system, the amygdala, the hypothalamus, the hippocampus perceives that mold as a tiger.

You've now had your environment remediated. And now essentially what happens is instead of it being a tiger

that's really threatening to you, it's more like the kitten outside the window.

Maybe there's a little bit here and there. And yet your limbic system is setting off the alarm for perceived threats, not for actual threats. And so that's where tools like Hopper's The Nest, which I personally did an hour a day for seven months, almost three years ago, and I still have lasting positive benefits from doing it.

The Gupta program from Ashok Gupta is another tool. And so I find these tools to be, means there is a lot of resistance to them. They do require someone take an active role in their healing process.

If someone is not able to, or at the point where they can cognitively manage doing the noise or the beta program. Frequency specific microcurrent is another tool here that can be amazing.

And so FSM even is a little bit broader in that we can support the limbic system. But the other piece of this that's tied into the limbic system is also the vagus nerve.

And so that's where we can use things like Stanley Rosenberg's, exercises from accessing the healing power of the vagus nerve, for example. But we can also use frequency specific microcurrent.

So I'm a big fan of Doctor Carolyn McManus work frequency specific Microcurrent. In fact, I know you are as well, because my first exposure to FSM was at your office with Julie Galvan about 10 or 12 years ago.

And so that is a tool that I now have at home and use regularly, and people can work with a practitioner to program it to, you know, sit down at night and let's work on the limbic system, work on the vagus nerve, work on the parasympathetic nervous systems.

But tools in this realm to help recalibrate. Or as our friend Doctor Daniel Nathan terms it, reboot. Yes, reboot that system so that it says, oh, it's just the kids.

I don't need to have that same stress responses. So there's a timer. So I've been super, super impressed with these tools. Time and time again. People are having what I would say almost miraculous responses to, you know, being in bed, tolerating only five foods, starting one of these, you know, DNR or group the program, and three months later of being out of bed, having essentially no reactions to foods going on vacation with their family.

I mean, it's really impressive. But again, you still need to work on the the actual environmental platform. So yeah, I it's I have been very impressed with what the DNR says and the group the tools.

I you know, it's just we have to create a world where people understand there are a lot of paths, you know, and you have to, and have faith that that you're going to find the set of paths that you need.

I mean, you know, when you're mildly ill, you rest and you get better when as you get sicker, you need to jump through a few more hoops, unfortunately.

And once you know, again, it's self-correction and it takes time. Your body learns patterns and unlearning takes time. But that to me. Yeah. The other method I would like to put out is that I don't think that a person's ability or potential to recover from the illness is tied to their genetics.

In my own experience, my genetics are some of the worst. If you look at the HLA doctors and the more susceptible I and I won't even I won't even use the word that has been used, because I think that takes away from people's.

But I have one of those genes you're telling me are for. And while I still take very good care of myself, I've done incredibly well.

Resources, Courses, and Final Takeaways

So I think we need to think about that as more, you know, epigenetics. What are we doing? Stress wise emotions,

as you mentioned, good nutrition, you know, finding joy, getting rid of toxic people, all of those things.

But I think it's important for people to not have a condition like mold illness and think that they can't get better because they're broken or because their genes are going to limit them.

And I would say that many practitioners, in fact, most or all of the practitioners that I've spoken with, do not seem to see correlations between the person's potential for recovery and their HLA genetics.

There may be a correlation to the potential for developing the conditions, but I want people to come away with the message that that does not limit your potential for recovery.

Oh, absolutely. Absolutely. I mean, you know, yeah. Before 350 to be, you know, I mean, like, it's not it's there it can make life a little more complicated, but it is not a sentence.

It is not like because you have it, you're in trouble. Absolutely not. I mean, I forget which one I'm, I'm homozygous for, one of the mole things, and I had blind and bartonella like, ten years ago.

And thankfully, mole doesn't bother me, you know. So it's. These are not. Yeah. They're they're hits. They're you know, I mean that that is is is that the, the contribution was, was to show us that how common the, the, the tendency towards reactivity to mold.

But it's not a one for one. It's just one piece in a system that will develop that that can cause you to become very sensitive to mold toxins. Okay. But it is not the trait.

It is not the only piece. It is one piece in a mechanism. So and that's what people really have to understand about genetics in general, is that there are very few genes that are involved in illnesses past the age of 10 or 10 years old that are one or 2 or 3 genes, almost everything.

You know, there's a handful of them that that, you know, that we've got are one or 2 or 3 genes. Everything else that we deal with is hundreds of genes interacting.

We might find some dominant ones, but, you know, but they're not they're not destiny. Yeah. I mean, I would argue more than genes affecting your potential for developing mold illness.

That mold exposure is influencing your genetic expression. Oh, absolutely. Absolutely. Yeah. Because I mean, that that that is the point is that these genes, I mean, the epigenetics or how we modulate gene expression, and that depends on what your cells are seeing.

You know, it's it's if they if your cells are being are seeing quote unquote danger signals, they then start on their own. They then start, transcribing or turning on genes that are going to try to protect you and cause inflammation and make you feel bad temporarily.

But if you don't know how to turn them off, you start feeling bad. But anyway, so it's a complex system. It's not one gene. One gene is rarely destiny, especially in adults.

So, Scott, this was a lot of fun. I mean, like, you know, that's what I, you know, I love reconnecting with you. You that less that last ten minutes, I was I was going to say, wow.

You know, that is just a work of art because it's just dancing with the different tools that we have and knowing that there are so many companies and they're really striving now more and more to be creative and come up with solutions for what's going on.

And also the testing companies that are coming up. I still wish they would do more, spend more money on studies. I think that's one of my, my, my only sadness is that.

But but I understand is that it's often very expensive. But still, I think we often operating blind or just our collective, experience when we should have at this point in time, in this field, I mean, we should the companies who are benefiting should be spending more money on research, but that would be equally involved getting the doctors involved and getting them to spend their time and money.

So it's not easy. And I hope that we can get out. I know there was a small, small study, and I'm hoping that we can get the data out one of these days.

On on the effects of food at the end of the year. And Michael Thompson test, because I think it's important that this study was small, but I think it's small enough to say that it is not an overwhelming issue.

You know, if you're if you're coming back ten times the upper limit of normal, it's not from what you ate. I think there was an article, at least, that was written about that in the Townsend letter for people that want to explore that a bit.

Okay. But I don't think they they published, I was under the impression they didn't publish the full data set, but hopefully that that that's there, that would be really important because this is something that that has been percolating for years and I think has confused a lot of us.

Because you but it's really not foods. The thing that's confusing is, as you said, is that it can very well be, that we are colonized. And that's where another long talk, which we started on, I think that's probably one of the biggest issues for people who stay chronically ill after they move is the colonization.

But anyway, this has been amazing fun. And educational. I always, I always learn something when I listen to you and, and again, it's kind of funny because you've been what I find mentors for many years, so I it's an honor to converse with you.

Really? Really. Yeah. But you've you've done a lot of work. Nice. And that's what I'm really impressed with. Not many people have put in the time and effort that you have to learn and to share.

So thank you so much, Scott. It's really been a pleasure. Yeah. So, so you can keep go. Okay. Yeah. I was just going to leave, a few more resources. So please, I would say if people are looking for additional resources, I have done a number of podcasts on these topics.

So, doctor Jill, Krista, doctor Sandeep Gupta, doctor Ross Patel, doctor Neil. Nathan. So those are available to listen to on iTunes or on my website.

And then there are some great courses. Doctor Sanjeev Gupta from Australia. He's a medical doctor. He put together the more the Illness Speak Simple course, which is very, very detailed.

I know Brian Carr has the mobile finders method as well. Doctor Jill, Krista, who's just a fantastic resource in this room, has an online course that's geared for practitioners, which is fantastic if you're a practitioner getting into this realm and really want to understand it.

I would highly recommend. For course, her book is called Break the Mold. Doctor Neil Nathans book toxic is another great I was. I was going to mention that I think Neil's book was a landmark in in in clarity and and laying out for people how to begin to approach chronic illness.

I mean, I that that was yeah. I mean, I wish I had it 20 years ago. Yeah. No. Exactly. Exactly. I think Neil's I mean, Neil's ability to, to lay out information in a way that people can really learn is truly special.

I agree, I love him, he's been a amazing mentor as well. And then I recommend that people join the ISI, the International Society for Environmentally Acquired Illness.

They do have different membership levels that fit every practitioner, layperson that you can get involved in, that they are also starting to do some research projects.

Doctor Marie actually now is heading up their, research position and working on various projects, which I think it's great to see that happening. They have an annual conference which is very, very informative as well.

And I would say really, just to wrap up, if someone is dealing with chronic Lyme, I think the top priority is ruling out all the illness, making sure your environment is safe for your recovery.

I could have spent a lot of time, a lot of years, a lot of money if I understood that concept when I was early in my health exploration. I think it is unfortunately very common that people really want to avoid looking at more, that they come up with ways to rationalize not doing it because it seems overwhelming.

But I would argue that progress will likely be elusive without exploring the more peace and progress will also almost certainly be accelerated if you do so.

I know it can feel overwhelming. I think the key is to not let that overwhelm keep us from taking the next step and putting one foot after the other. I think it's important that we don't lose hope.

And as Doctor Clean Heart often says, the only way out is through. So know that there is light at the end of the tunnel. And people do get through this as well.

Thank you Scott. It is really just been great. Blessings and look forward to talking to you more. Okay. Bye bye. All right.