Introduction to Mycotoxins in Chronic Illness

Hello, everyone. Welcome to Mycotoxins in Chronic Illness 2.0. Last year we, started with our first, our first summit. And mycotoxins and and their contribution to people who are, who have chronic illness continues to be, an unfolding area.

And then today, it's my pleasure to talk to, Doctor Matt Prior. Matt can always. Matt. I, I always want to put your name in a different order. And, and what's really exciting is, you have been at the forefront of this, you know, I mean, you're one of the people who helped, really, bring the science to to, looking for mold and now treating mold and treating the mycotoxins, which is really, really the important issue.

So many, so many, so many people. You think they've, treated their homes and are still having problems. And so what we're going to talk about today is ways to be to be certain that you have cleaned up the mycotoxins.

And just a little more background on, doctor Pratt. Hi. That, you know, he has a PhD in molecular biology, and, he's someone who really, brought the, the mass spec, to help us into the world of, looking at the levels that patients, are excreting of, of mycotoxins and, he one of the few people who worked with both of the major companies that do the measurements, both great planes in real time and is now, working with, the mold pros at helping clean up the environment.

It's one thing to find the problem, but it's another thing to know what to do and what hopefully you're going to hear by the and, through our conversation is what molds to be worried about and what to do about them if they're still in your house.

And how to know if they're still there. So, first of all, Matt, if you could give a little background just just on how, the what you feel are the strong suits of the of the testing, that that people can do, both on themselves and in their homes.

Yeah.

Urine Testing and Interpreting Mycotoxin Results

So, I mean, you definitely want to, like, there's definitely a progression that I often write about in my blogs about, like, starting from being a sick individual to pulling off the layers of what's causing and getting down to the, like, the underlying layers of what's actually like leading to the illness, which is really like led me into the mold field.

Pretty like heavily of like finding all these patients that are dealing with chronic illnesses and then pulling the layers away and then finding mold at the bottom at the that the root for a lot of these patients, which was really surprising to me.

I was expecting like maybe like three to like 6% of patients would be like this. And it was like more like 33 to 40% of patients were really their root cause of their chronic illnesses was mold exposure.

So, I find like part of the early test is doing a urine test. There's definitely pluses and minuses for both of the, like, major companies out there for both of their test.

Both, both Eliza and Math Back have pluses and minuses that we've talked about numerous times about what those pluses and minuses are. And I've also wrote about the pluses and minuses.

And I think one of the things where we'll make sure there are links, so people can read some of your blogs because that's real. Give them some real deep background.

I think that would be great. Yeah, I really appreciate that because, I think I've, I've wrote a quite a bit and actually I have a new article coming out and towns are I have an article on towns and talking about these things too.

But it comes out, it'll be out when this again when this. Right, right. Okay. That's great. That's the Townsend letter, which, you can all find online.

So. Yeah. So, yeah, I mean, do it a urine test is the next step because then I'll, they'll tell you, like, whether or not it's like, because a lot of different things could be causing delays, as you very well know, whenever a lot of people know, I mean, you got like, genetic problems, you got mold, you got, bio metal toxins, you got heavy metals.

I mean, the the list goes on and on, right? And just an aside, I mean, one of the things that I, I, I believe that many of the chronic infections are what unmask or or produce, this the sensitivity to the mycotoxins because they feel most of us, you know, most people, you know, mycotoxins are ubiquitous in the environment.

If I, I mean, correct me if I'm wrong, but that's always been my feeling is that they're they're out there. The question is, in small amounts, it's always about, has like Paracelsus, the dose is in the, the, the the poison is in the dose.

So. Yes. The the dose makes it poison. And so it really depends on levels like, like you said, everybody's getting exposed to some mycotoxins every day, but it's always about how much and how well each individual's, their cup is.

Different sizes. Some people might have like, big gallon cup and other people might have a nice little teaspoon cup. It really, really depends on how much bigger toxins their body can hold and get rid of.

So that's the next level and then the level after that, once you figure out they're like, oh, I'm excreting really high amounts of mycotoxins or I have really, but.

Or that might be it. Sometimes I can like look at different tasks and I can say like, oh, your mitochondria levels are really high or your glutathione is getting like extremely used up or, you have a lot of like, you're showing a lot of like information, like those are like kind of like warning signs that mycotoxins might be a problem and you're not excreting it.

So sometimes we don't even like, well, sometimes you like, if you're a really good practitioner, they'll be able to like kind of like see some of these warning signs and say like, okay, well, we don't see this, but it might still be this, because with mycotoxins, I'd say probably about 20% or 25% of the clients that I've helped consult with, with practitioners on our initial test data there are excreting a very high amount of mycotoxins.

But then after we start treating them three months down the line, the micro toxins are like, what do we call like filter filters are extremely, extremely high.

So sometimes I think our initial test, it doesn't always say that. Right. But then after that I recommend people go good. Having a really good inspector come into their home, look for water, look for, bacterial problems, and then look for mold problems.

So all those are like the window and box. Those are like the big four that I really like. Worry about water bacteria. Mold and VOCs. Right. And and that's something I wonder if you could touch on.

I mean, how much have I, you know, Doctor Shoemaker has has been, feeling very strongly that that the mix in some of the other bacteria are producing, chemicals that are, you know, it's not that are just as toxic, as the mycotoxins.

Yeah. I mean, that's really. Yeah, I, I'm very familiar with, like, the filmmaker's work. And that's the reason why our company and over the last year started bringing in like ten of my CDs and endotoxin testing and treatment into homes.

And I would definitely say that's probably I mean, that's a that's a significant part of our work that we do. And we do that across the country. And we work with a lot of different practitioners trying to like, make sure that we are doing the right test and doing the right treatment to make sure that we're not just like getting rid of the problem one time, but making sure that it's staying gone, right, right, right.

Know that that that is, is so important because I think, you know, one of the most difficult thing for people with chronic illness is to realize that, it's rarely one thing, you know, one, you know, one exposure, one bug, you know, and one genetic issue.

Common Mycotoxins and Their Health Effects

I mean, usually it's a, it's a multitude of sometimes of just, you know, each issue can be small, as you said, like the ability to, to, have enough glutathione, to be, to be able to, or, just either glue colonization sulfate in all these different detox pathways that many people are familiar with.

They all can be stressed by different things in the environment. That's correct. And one thing I want to like touch on that you kind of like talked about before, but and then just to talk about now is other diseases, comorbidities that are coming along and through my like, research at Great Plains, I had published showing that, that about 60%, patients, with mycotoxins had candied, along with it.

And then about 80% of them had claustrophobia. So you see a lot and I think that I didn't have the proper test to like, look at this, but I would say you do probably see a very similar thing with Lyme patients as well, of my patients that are really having expressing a lot of symptoms of Lyme disease probably have a lot of them have co, mold toxin like high mold toxin sponsors as well.

Yeah. I, I mean, I said I, I, I, never was 100% sure of the science, but just, it just looks like that after, after Lyme, especially Lyme that, that has, either stayed in your body a long time that it it like many bacteria and parasites, they change your immune system in order to make it a little, a little better for them.

And one of the things it seems to do is it, increases, you know, some of the, cytokines that will diminish your body's ability to deal with the to to deal with the mold because the mold is, I at least I've, I've often thought this and correct me if I'm, if I'm, if I'm mistaken that you have the, the metabolic pathways that deal with that, deal with that deal with the mycotoxins.

But you also have immune, you also have the immune system that can bind some of the, some of the mycotoxins. That's very correct. Yeah. No, I mean, a lot of the like, I mean, especially, like, people I've been with, my work have been starting to, like, be aware of the micro phenolic acid that, like, these mold toxins are mold species produce.

And that is actually used like it's, brand name pharmaceutical called sell up that they use and, organ transplants and lupus. And so, yeah, I mean, molds are very good at, blocking out the immune system for their, for their benefit as well as benefits of other organisms as well.

Such as that. Yeah. So, you know, I think this so I mean, we're going to talk in some detail about what you can do for your home to clean it up. But I just think it's important to remember that if you're still having symptoms, it's usually a multi-layered process, you know.

Exactly. Definitely. And that's. Yeah. And I think that's why you'll find that, you know, you may be ill and significantly ill, and you're living in a household where, you know, there are 3 or 4 other people who are at the moment asymptomatic, you know, because it just depends on how many, how many things are putting weight on that detox pathway and on the immune system, you know.

And all right. So so while we're talking about the, the, the different, mycotoxins that, that we currently are able to measure, and I hopefully that number will increase, we'll get to the level of where, you know, where the veterinarians are, you know, they, they, I think, have access to even more, information about their, about their patients then then than we often do to taking care of people.

But are there so that you mentioned the mycophenolate care so that that's very important. What what are the other, mole toxins that you think, cause the most.

Well, it's 2 in 2. They cause the most immune issues. And which ones do you think close the most direct? If you will. Neurologic talk to tox, toxic effects.

Can you have. So there's two different questions that I think that you're asking here is like, which ones are the most toxic and which ones are the most prevalent?

So, the ones that are the most toxic are your tri coast of things. So you're looking at, like, varied any where you did a, dosha ten B anything that's produced by Statkey by us is extremely toxic.

And, extremely toxic towards both the, immune system as well as a nervous system. But the lighter ones are the most prevalent, if you're looking at it like your okra toxin and your alpha attacks that are probably your more your most prevalent in pi attacks as well, those three are probably your most prevalent toxins that you're going to see.

And you're going to see those in higher quantities in people. But people can like, deal with those, a little bit more. The body's able to process them and remove them easier.

Right. And you mentioned that. So like things like the okra toxin and the aflatoxin, these are often, also very prevalent in foods. That's correct. Okay. And and small amounts.

Small amounts. Right. And I think that that, that really is I think an important issue. Okay. That that you that you've noted that people yeah. If these levels are found in low levels, they mean they may not be signaling, you know, for, for a lot of people, they can just be background, they can be just food exposure.

It's just that as as those numbers get higher that we start leaving the food exposure and start feeling more environmental. That's correct. That's the that's and that's been my research and experience and research has shown so far of like looking at urine results and then pairing those with like environmental micro toxins.

You see it for most of the time when they're high. You see a very high correlation between the two of them. The only times they're not correlated, is like on those initial values that we that you get at point zero, which I call it, like we call like the baseline of sometimes those don't match very well, but I want to get to the three month at six month time points.

Then they match up a lot a lot better. So you mean as people are having some, you know, some support in their, ability to detox, you start to see those numbers go up?

Yeah. I mean, glutathione ensenar, binders, things that are going to, like, pull out the toxins. Yeah. You're going to start getting like, numbers that represent, like, what's actually going on inside their body.

Right. One thing I frequently talk about when I'm dealing with mole mole toxins is the iceberg effect. Anytime we were, like, doing your first reading, it's always that, like, very, like peek of the iceberg.

We need to figure out what's underneath it. This, sometimes take some work. Okay. You know, then I think is is important because I know when I first started doing this, we would, you know, make the error of thinking, like, if there was nothing.

If there was nothing, there. Initially it was very low, not realizing how important it is to repeat the test after you've given support to the detox. Yes, definitely. Yeah. Very true.

And I've luckily been work with a lot of practitioners that do a lot of live repeat testing over time. So I've been able to like, look through the process of how like mold go.

I kind of like, you see that bell curve for a lot of patients where it starts at one point it goes up and then after some

point it starts going down. So it's very it's it's very nice to like have worked with a lot of, where I can see a lot of like time points in their the progression of their patients treatment.

Right. That, that is so important. And just do you find, I mean, the glial toxin, that that's that's something that we often see, you know, in people who don't have who are maybe a little less symptomatic, what's your feeling about the Leo toxin levels?

Anything in particular that stands out to me? Toxins. Probably the least toxic. I mean, I'm going to say that's not toxic, but at least toxic of all the micro toxins that.

Well, that's not 100% true. Micro phenolic acid is the least toxic of all the mica of all the micro toxins because it doesn't, like, have any toxic effects at all.

All it does is impair the immune system, which is not which is not not entirely great for most people, because then it leads to like those other like diseases that are that we they come by and after like, bacteria cells and fungi, other fungal infections and so on and so on. But.

Right, but as far as direct is direct neurotoxicity that, that, that that's going to be your least. Okay. Yeah. And life's not acid. Yeah. Right. Right.

Environmental Inspection and Home Remediation

And the trikafta scenes are, on the kind of other extreme of a little bit more direct, direct like on the other, the, the other one that we're not even talking about here is these are all unknown, what is toxic in its own way, because it's like it's one of the it's one of the biggest, estrogen markers that you're going to like.

See, produced in nature. So, it causes a lot of, like, problems, patients that especially women with, like, their, like, menstrual cycles and, being able to, like, novel cycles, I've worked with a lot of, like, begins at a fertility specialist, trying to, like, pulls rowlet out of their male and female patients because, I mean, it causes low sperm count.

And in women, it, like, affects their, fertile our their ability to get pregnant. Yeah. You know, this is something I hadn't thought of because one of the things we, you know, we see quite a bit is in, young men, you know, people in their 30s and 40s where they, they have, you know, their aromatase.

And we always thought it was just the aromatase enzyme that was increasing the estrogens and lowering their testosterone. And, so we could have some, some, mimicry here and, having more of an estrogen effect.

Oh, definitely. Yeah. No, it's, it's definitely if you're having a patient of low T values, I would definitely measure their urinary mycotoxins to rule out zeroing on x for x.

Exposure. Okay. You know, that that, that I think is, is is really, I mean, it's always interesting that, you know, in medicine, we often start with, the, I'm gonna say the obvious, but but the, the, you know, the big effect.

And then as we unpack and we realize that there's more and more subtle effects or constantly if they don't have a, a cascade on, on just wellbeing. You. Yeah, I mean, that that is really insane.

And so that as far as you know, since most of the exposure that people are going to have are either in their home or their work. There are really there are significant, you know, and we've, you know, over the years what's frustrated many, many people is they spent a fortune on renovating, on a home renovation, you know, cleaning up after so after mold exposure.

And yet they're still symptomatic. And I think something that, that you've spoken about, is how important it is to make sure that the mycotoxins are gone, not just the mold that produced them. So tell us, walk us through.

Walk us through how how your company looks, you know, evaluate this. Yeah. That's a great that's a great

question. So yeah. So we start. So yeah I mean you know our company started about 2009.

And we I really saw that like people were spending like 30, 40, $50,000, and pretty much just tear it out there. Everything in their home, throwing everything away pretty much like starting from scratch, which was pretty detrimental to them.

And a lot of times people can't even do that. They're like, oh, I can't throw. I can't afford to throw all my stuff away. So we started, we saw some papers showing that, and you talked about like, the animal industry and how their ability to test.

Well, one thing they are starting to do, like for animal feed, started like putting these enzymes on the food and the enzymes degrade the mycotoxins. So these are enzymes.

They are purified from bacterial sources, are completely safe to all mammalian organisms. So humans cows that it's safe for everybody. So there's no like toxic effects to them.

So, they sprayed these on the crops and the crops were completely, like gone to mycotoxins. So we started to say like, well, we can do this all. Is that in a home environment?

So, that's where we started at now. Like so for our inspections or we come in as we like, do like what we call it empty, which is mold microbes or sorry.

No, it's moisture, microbes and toxins. So, you're looking for moisture. So all the like, things that we're, like, looking for here, like moisture is going to be the, base of it.

If the if you're looking for mold, if you're looking for ten of my seeds, it's always moisture. Where where is it? Where is the microbe getting moisture from.

Is it getting for it from a water leak such as, like the roof or from like a faucet? That's like our plumbing that's having a problems is if coming from condensation from the, the Hvac, Hvac system, like places like Arizona, they'll say like, oh, there's no mold in Arizona.

That's so dry. Well, it's always hot there, too. And the ACS are always running. And those are the ACS can produce a lot of condensation, which could then lead to water.

Water inside the home leads the mold. So I'd say that like I've dealt with so many homes and the air in Arizona, they have mold to it. So no part of the country is immune to mold.

Yes. You know, we we found that a lot of people have moved, and, you know, in search of the drier climate, but they forget it's usually hot and dry. Yeah, yeah, yeah. No, I got the.

So when, when you, when you find this, you know what's different about your approach. So our approach is we do as little amount of pull out our tear to tear out as possible.

So because we do we do three different things. We do, we do some tear out, we try to do as much abrasion, which is like a sand, sanding connected to, upper back.

So we use open backs instead of a, hepa because only twice, three times better. It's ultra, ultra ultrafiltration instead of, like high filtration. So instead of 2.3 microns, we pull out point one micron.

So it's it's really good for a lot of times when you're trying to like get those spores are getting the what's called the high for fragments and high.

So fragments are like when you're when mold is growing on wood, it's growing. It kind of like forms like what you call like the roots of the mold system.

Right. And it starts the high fragments are growing into the wood. And if you don't want the word mold to come back, you need to sand the wood down about a 16th of an inch.

And that's the reason why we do that. So we do a lot of sanding to get those high fill fragments out. We use a hopper filtration to get all the high fragment dust away.

So it's not floating around the home. And then lastly we do what we call like we do a, enzymatic sandwich where the enzymes are the bread. So you got we do we fog and wipe down all the surfaces with our enzymatic blend that is completely nontoxic.

And then we also vacuum the whole house, and then we do, like a second, second layer of our enzymatic blend on the whole house and usually within an hour or two.

And we shown to, test results work through like third party labs, that in about an hour you have complete degradation of the mycotoxins, usually, asked, the clients to stay out of the house overnight, distill everything down to be disturbed while the enzymes are degraded.

All the mycotoxins. But, I mean, and the other, like, great thing about our house is, like, I've dealt with so many patients, they have sirs, which is like, chronic inflammatory response syndrome.

They're they are the. So, sensitive to all types of, like, perfumes. Anything that's like, produces a VOC, we don't introduce any VOCs into our, into the homes.

So we can, like, degrade all the toxins, make it as safe as we can, and, not introduce any additional chemicals into the home. Yeah, that that's that's so important. Yeah.

Because you know what we what we talk about a lot is the immune system. Once it gets really activated, everything begins to feel like danger, anything.

And so I mean, that's why people start reacting to things and they, you know, they think they have allergies and it's not an allergy. It's just, you know, it's just noise.

You know, it's like when people are very sensitive to sound or sensitive to visuals. Well, you know, your, your, your, your sense of smell is like kind of probably probably the most primitive, next thing you know, chemicals sense sensory system we have and it really can be upregulated terribly.

And it's all there just to protect you. But it gets so, overprotective that it doesn't let anybody in, you know, it's like a frightened baby who doesn't want anybody but mama.

Very true. Yeah, that's exactly right. Yeah. So that's so that's so important because that that's one of the things that, you know, we're always concerned about is any introduction of, of a new chemical to, to, to supposedly clean things up.

Yeah. So we don't use any chemicals besides our enzymatic blend to our, to treat mold and mycotoxins. And then we will we always do. We have actually have a guarantee we do a complete, complete treatment to a home, and we'll do post testing.

We'll do like, environmental mycotoxins and look for or do a PCR for environment for spores. And if we see elevated levels in either of those, we come back or we treat the house for no, for no additional, cost.

So that's something that we are very confident in our work. Okay. And, and you mentioned so one of the things that when, when you're looking what testing do you use to look for the, you know, the any the VOCs and other kind of, you know, things that aren't just the molds, but what, what's not great, right?

So the first thing we're looking for is moisture. And the way that we do that, as we have used moisture meters and

we use infrared cameras throughout the house looking for moisture.

And then for the microbes, we do a PCR test for, mold, and we do it for, we can do it for our, my CDs as well. We run it like an Army test. And then for the mycotoxins, we run what is called an mi test EMR, and that looks for environmental mycotoxins.

And I really like doing that one, because I would say that, like, about a third of the time where there is high mold in a home, we don't see it through the army because the mold is trapped behind some type of structure behind a wall, especially like stinky bathroom.

Stinky boxes is so sticky, so, big. It's, it doesn't, like, float through the home. So it only really, like, stays in one spot in the house, which is good for treatment.

It's easy to once you find it, it's easy to treat it, but sometimes it's hard to find it because it's stuck inside a wall. But it's releasing all these toxins that are moving throughout the house that, hurting the occupants.

But they don't even know it cause they can even smell it. So they're not smelling a toxin. They're not seeing a toxin, but they're sick. But then when we run an asthma, we see, like, high trichomes, like, oh, there's stacking somewhere in this house.

So then we'll start sticking cameras into the walls like we usually like doing a bar scope, which is like a very like. It's kind of like those things that you can do for like a colonoscopy thing, like, you'll stick a, you'll stick it in there at all, like, and it's got, it's got like, fiber optics in it.

So you can like see, like look behind corners. You can try to figure out where the mold is at. In the home. Yeah. That, that, that. You know, so what's really interesting so that any test can help explain for people who like their Ami looks pretty good, but they're still having problems.

Oh, exactly. Yeah. I mean, I'll, And sometimes it's good. I think that's the reason why I consult with a lot of our, clients is because they'll see, like, an army that they had died, which showed, like, normal environmental mounts.

But then we looked to like, or, a test, and we see, like, huge amounts of either, like, latent, okra toxins or trichomes. They're like like, why did you not match up?

And I had to explain to them what the differences between mycotoxins and mold spores and, why you can see one without the other sometimes. And you can look at it, it's about 30% of the time that occurs.

Yeah. I think that's an important point to just to reemphasize it for folks, is that, you know, mold is what produces the mycotoxins, but the mycotoxins can persist when the mold is gone.

And and that's like, like 20% of our business is somebody comes in and does a really cheap pull out to like, rip out some walls. They'll take out the drywall and then like the patients or actually get worse after that occurs.

Because what they did is they moved, they pulled out all the spores and they pulled out of the mold. But then they like the micro toxins which were stuck behind, like somewhat stuck behind that structure, are now like completely in the living space.

And nothing was done to to treat them clean it. Yeah. And and you mentioned one other thing that I thought was very interesting that so if you pull out, you know, you pull the drywall off and you treat, let's say, with, you know, some chemical or, a fungicide, the wood, but you might not get the deep roots of the fungus.

Is that possible? And so that's like, yeah, that's totally possible, too. I mean, yeah, if the company comes in and doesn't abrade the wood underneath, especially like the two by fours and the structure of the home.

Yeah, that's what I'm talking about. Yeah, yeah. And you could definitely, like, you could be like then when you put

new drywall up, which also happens occasionally where like, oh, okay.

So you put new drywall. But I did in a braid. We pulled it into all of the new drywall down like six months later, and there's like spots all over the wood because the mold just came back.

Wow. That unfortunately, I think that, you know, this is, I think, maybe not common, but not an uncommon story, you know, where people. And it's just so upsetting because people spend so much money because they know once you say it's a mold problem in many states, you I mean, the you the, renovation gets very expensive.

Yeah. And that's what we try and I that's like the hardest part of my job, is I'll come in and talk to the clients that have already spent like 3000, 8000, 12,000, project didn't really get it done.

Right. Luckily for us, what we try to do is we try to rightsize the project. We try to do as minimal amount as possible to make their home safer. And so that they can, like, move back.

That means that we can we do eliminate tear out. We make it so that people don't really have to throw out as much as I, as little as they can. Like sometimes books will have to be to to throw it out.

Those are probably like the biggest issue that we have is paper products, because our treatment is like liquid based and but like any type of like cloth or carpeting, we really go with those type of things.

So like pillows, clothing, people don't really need to throw out their clothes, you know, put books in papers. Yeah. No, I mean, that's so classic. I have so many patients that have boxed everything up and put them in storage.

And then, you know, a year later, they decide, oh, I need that. And, you know, they open that box and they are sick really quick. I really recommend if people really need it.

Testing for Hidden Mold, VOCs, and Moisture

I generally that's one of the biggest questions I guess, like, okay, I'll put it into a couple more box and I'd take it like out into your backyard, you know, and open up it, open it up there like somewhere that has like really good ventilation.

Maybe wear a mask while you're doing it. Yes, yes. And, but only if you really need it to like. Yeah. Documents, like family photos or whatever it is.

Just try to minimize your exposure as much as they can. Right, right. Is there any treatment that you know of that, that, that that works that that can work on some papers and photos that don't it doesn't degrade them?

Oh, I don't know for sure. This is a complete guess because I don't have any data to back it up. But maybe ozone could work on something because like, some people use ozone to kill.

Yeah. No. Yeah. Well, all sounds like a worker gets a bag of toxins. What's can work against mycotoxins? I was my work against, mycotoxins. I have very, like, small, like, very small areas of high concentration.

Yeah. So maybe ozone might work. I wouldn't use it for a whole house because you can never get it, like, concentrated enough to be functional in a whole house.

But if you're like, have it like somewhere like, two by two box that you can put some papers into, flood it with like 80%, 90, 80 to 90% ozone. That might work, but, and no, no, I mean, because you have to be careful because you're, I mean, long, long time ago, we used to use ozone.

And, I mean, the problem with ozone is that it is so reactive that if you get high enough concentrations, you do you can affect materials. You know, some leathers and things.

So yeah, it's it's it's tricky. It's it's best to be avoided. Yeah. It's definitely. Yeah. Okay. So this is, but it's just nice to know that that, people shouldn't give up because I said I have so many folks who who, feel hopeless because they had their homes renovated and, you know, either immediately or often, you know, six months later, a year later, they're back to being symptomatic again.

And it's I think and you've I think you've explained a lot of the reasons behind it is, you know, a lot of times it was renovated and people just wipe down the wood.

Yeah. You know, I mean, the two by fours, I mean, they take over a lot of times. I've seen lots of places where people have shown me pictures of their renovations, where they've just ripped off the, the plywood, the drywall, you know, and literally just, you know, you know, touched, touched up places where they were, they thought they saw something on the wood and then just put the the drywall back up.

Yeah. They have it has happened so often, unfortunately. Yeah. Now this is important. I think it's and I, I wish we could get it out to more contractors because most of them are trying to do, a really good job, you know.

And so instead, the education is so, so minimal and that's something like, no matter who, no matter what, we hire a lot of people from other mold companies.

We really have to, like, retrain all of them to our techniques when they come, when they come on board, because our techniques are different than other companies techniques.

But I think because the emphasis is that you folks are emphasizing on the mycotoxins. Okay. So many companies, again, because and it's not because they're looking to rip people off.

It's just the, the knowledge bases and they're, they're just focused on the mold. You know, if you if they got the mold done, they've done their job and they just don't realize that mycotoxins are not molds.

They're the they're the byproducts. Yeah. They're not alive. They're just they're just the byproducts. Yeah. You can't kill them. You can't kill them. Well, you can design it seems like you can.

You could do that by dissolve. Degrade them. Yes. Grade them into parts that are not toxic any longer. Right, right, right. You need the whole molecule.

Okay. That that you say so, just going going, going through now as far as that that Emma test. I mean, is that something people can, you know, if they if they want to just look on their own first?

A lots of people are in that place where, you know, they're not sure they're they're kind of overwhelmed with the idea that they're going to have to treat their house.

Are there tests that that you feel that people can at least, you know, get, an idea if they're in the right, you know, looking either like, I mean, making the order an army or, and, through a lot of, like, I mean, I know you feel like this, like it's EMR.

It's just Google that you're going to be able to find, a lab that sells that test. And you'll be able to purchase it anywhere in the country. They'll mail it to you.

You can run it in your own home. Generally, I would recommend, collecting dust from your, like, the baseboards around your house, like, you're going to want to, like, brought it.

And I've tried, like, 2 or 3 rooms and run it along the baseboards of your home. Another thing that you can do is collect dust from your Hvac filter. But most of the air throughout your home goes through your Hvac filter.

So it's a good representation of the air quality, of your house. Yeah. And I think one of the, one of the reasons why it's always nice to have professionals is because we what we often forget is that different molds will come in

different mycotoxins may precipitate at different levels in the house, you know, different surfaces.

And, you know, we often just, think about, like you said, you know, the baseboards or, you know, a surface here and there, and you can you can easily miss it if you're not aware of the airflow in your home, you know, because there's nothing, you know.

Yeah. Something that we all should have been. We should be paying more attention. This, days of Covid. Is airflow really matters. And there's so much, you know, I mean, that's one of the complaints.

I think a lot of people who use air filter air filtration units in their house don't realize is that when you keep an air filter in one spot, even if it has a fan, you set up a, a flow.

But you can be you can be cleaning the air. But if you're not disturbing the air in the whole room, lots of things have settled out in places. And so, you know, then when you walk around, you'll start moving them again.

And, it might not get into your airflow, you know, into the especially, especially some of the portable units. They just sit in one spot. All right. That's very good.

That's good. I know it's it's hard. We, you know, we we have to go to open it. Open air living again. That's, that's it. You know, I mean, over the last 50 years, I think that's the thing.

As we've tightened up our homes so much, we've made this this problem, I think, significantly worse of, yeah. Especially bosses. Yeah. We have so many, like, things that we buy from stores nowadays that excrete VOCs, and that's one thing that we do measure.

Sometimes we find at home a home does not have high mycotoxins or and their toxins, but some item they've purchased are they like fixed up. Some like like they have grandma's cabinets and they like sent it somewhere and it got very varnished or something like that.

And it's like, or they bought a new car, a rug. And so we'll come in and we can like, we'll take VOC irradiance throughout the house and say like, okay, well this room has this amount, this other room has this other amount.

And these, these are, are safe. This amount is problematic. That helps us like identify where the source is at the high VOCs. So I'd say like maybe like 5% of the homes that we like look at don't have any like mold or bacterial problems at all.

It's some like other like issue. Right, right. Yeah. No, I again going back to the tight home, the VOCs are probably especially with all the synthetic materials we're using and all the, the depressed wood materials, you know, because, yeah, they, they might be cheap, but they might cost you your health in.

That's how, you know, when we have that problem quite a bit. Okay. So, so, you know, the mold. Pros. So you, you are in most states, as you said, most almost every state in America, we are in for 49 different states.

We just we're not licensed in New York. So but, we have a website and I'll help you, like, find, the branch that is closest to your home. Okay. And, and it's nice to know that.

So you and you, you're, you trained your the folks who are doing the work. So the people I mean, not they're all not going to have your knowledge base, but you, you've imported quite a bit.

So I, I actually I developed so we have something called GPS or tmp you and through our company is only, it's only open for our employees. But I'm actually I worked with our team to build that training, for all of our employees.

Oh, excellent. And I talked to every single employee, person. So all the inspectors, elder mediators, all the branch managers, all of them, like, go are are communicating with me, especially on something that they're not familiar with.

So as being a scientific advisor for the whole company, I have a nationwide, touch for with that with everything, that, you know, that that is so important to me.

I just think what you know, some the longer I am treating people with mold illnesses, the, How do you say it? Just just the more impressed I am and how different the presentations can be and how many different systems they can affect.

And I and and you know, and the, the I mean, there are so many models out there. I mean just just learning about them as, as we discover which ones are causing us problems and the fact that you're training people and thinking about mold and mycotoxins, I have to emphasize that, again, mold and mycotoxins, I just think we have to publicize that more.

I, I can't say it enough times because I have so many people. I went in and I didn't smell any mold. How come I'm still sick? Yeah. So it's not all molds produce.

They are VOCs that are, like, detectable by our day, by our sinuses. So not all of them produce smells that you're going to be able to identify. There's actually very few number of them do.

So not I mean, just because you're not smelling like a musty smell in your home does not mean the same. Yeah, I think that's it's so important, you know, after you.

Yeah. Remind people just like, you know, you can't smell carbon monoxide, you know. Yeah. Yeah. Know, yeah. And the only reason you smell the gas is because they put stuff in it to make it smell.

Exactly. That's right. Yeah. We have to teach them all molds to make smelling stuff. And then we have a I wish, I wish they did. It would make our lives a lot easier.

Okay. So once again, it's high level of suspicion. Any if you any place where there's any hint of water damage.

Repeat Testing, Food Exposure, and Final Takeaways

And I think the important thing is, is the, the air conditioning units in refrigerators, we forget they all produce moisture. That's how they work. I mean, when they work, they get the, and the blog post on our, at our website, I produced, one of the ten most common places to find mold in your home.

So you're, like, looking at, like, attics, crawl spaces, basements, bathrooms, kitchens, behind walls, Hvac ducts, to more than missing, okay. Actually, I had a very last, very important question, and it just slipped my mind.

I have to come back to to. Before we go, I want to see if I'll come back. Come back? Little idea. Oh. Oh, no. It's gone. Too bad, because it was, Gone.

Because mold is is just the suspicion of mold is is is what we have to keep in mind. I think for all patients. I know if you have symptoms that wax in wait.

I think my simplest thing is that if you leave, you know, if you get to take a vacation someplace else and you feel a lot better after a week or so, think about mold and mycotoxins.

I mean, I feel like, yeah, I mean, sometimes it's just if you can get to a beach and just sit near the water, you know, where the wind is coming in off the ocean, there's a good chance you're going to be in a fairly mold free environment for a while and see mycotoxins free.

And see what? See what happens. There's a long list of the, sintomas and sometimes it's hard to, identify it as mold because it mimics so many other, like, problems.

So, yeah. No, I, I've, I've had, I've, you know, because it yeah. You know, just because it affects the immune

system and the nervous system and sometimes it doesn't, you know, it, it can just it can just aggravate whatever underlying, conditions you have, you know, chronic conditions.

And so it's just you have to keep a very high suspicion, a very high level of suspicion. I think that that is the most important thing to remember. Oh, and just just before we go, one like one little pearl, because I know you in your previous incarnations, you, you did a bit of work with, with looking at how many mycotoxins are we getting just background from food.

So if you could just say a few words about that. I know that's something that's interested you in the past, and it's hard to nail down with that. It's always hard to I mean, I'll tell you that.

I mean, both, at least the two, companies that I've worked with, I've tried to make limits on and their on their reports, like what is normal amount versus is high amounts.

And so we get to like take those into account when you're like looking at these reports like everybody's going to have some some small amounts of mycotoxins, especially okra toxin, aflatoxin.

Those are all and maybe like some citron and those are like the ones that you're going to see, like food sources, most, most commonly, trichomes, not so much.

You're not going to see background amounts of trichomes very regularly because those are more of a, environmental, stack is more of an environmental mold and a food mold.

But yeah, just like realize that there is small amounts, but generally with my like to work with like Neil Nathan is that we like, try different diets.

We really cannot get the levels higher than what we saw in those established parameters. Right, right, right. I think that that's important for people to realize because I think, and that's a subject for another one of our, another one of our talks, but is, you know, I hate to see people avoiding foods because I think the, the issue is often the difference between, toxic responses and allergic responses and that that's a I said, well, I have another, another another one of our, and, another one of the, interviews on this, in this series will be talking about that because I think that's really, really important.

Many people can have, significant responses, but they're mostly allergic. And and unfortunately, it's only if it's Iggy. Is it a true allergy? Yeah. That's true.

Yeah. Right. Yeah. You know, but that's matter of definition. The thing is the reading your body's response is still it's telling you and it's causing inflammation and making you not feel well.

But it might not be anything to do with mycotoxins. You just might be one of those people who are really sensitive to mold. Anyway, another topic entirely.

I thank you so much. I just, you know, I'm not your friend. I, I just so appreciate that, you know, the depth of your knowledge and experience in this field because it's one of these things that, you know, those of us who've been treating it, you know, we have our little we have our patient base, and it's so nice to have someone who has a much, you know, broader experience and has had a chance to look at thousands or tens of thousands of these over the years.

So thank you for sharing your experience and your knowledge. I really appreciate it. And yeah, and, we will make sure that people can link to your to your blog post, because I think there's a lot of in-depth information that's going to allow them to make the right choices for cleaning up their environment in their homes.

So once again, thank you so much. Thank you. For.