Mold Exposure and Hidden Routes

A friend of mine walked into an apartment recently, that real estate guy, and it was full of mold. Well, he was wearing an N95 mask. He had to walk out within two minutes and throw up with a mask on properly on his face, which tells me an in N 95 mask wasn't protecting him from mold, so neither is your nasal barrier, most likely.

Yeah, no, I mean, that's why there can, you know, roots of exposure are not just inhalation, but transdermal, and of course through foods, But getting in through the skin, right?

So people, like, That's a documented root of exposures through this skin which seems crazy, because, what happens, people apply hormones to their skin in a cream and, of, course that gets into your bloodstream.

So we know things get in. If you're overwhelmed with chronic health symptoms and still don't have answers, You're not alone. I'm Dr. Javan and on redefining wellness with Dr Javin, we'll be exploring root causes like Lyme disease, mold and parasites, and I'll guide you with simple and practical steps towards real healing.

Hello and welcome back to another episode of Redefining Wellness Podcast. I'm your host, Dr. Jay Van Moore, and I am here today with Dr Todd Madaris. This guy is mold and lime and mast cell and POTS.

He is writing blogs on his website that are in depth. So today we're going to be diving into sinuses. Now, if you've had sinus congestion, If you have had irritation, did you know that bacteria, mold, even spike proteins can get into your sinus and cause a long-term inflammatory response that can cause you to stay sick even when you've left the mold, even after you have done all of the detoxes, all the antibiotics, antifungals and everything else.

So we're going to dig deep into the sinuses today and how that affects complex chronic illness, but also how it affects your daily life. Todd, thanks for joining me today.

Yeah, Thanks for having me. Why is it that sinus are the missing link for so many providers and why most people don't even have a clue that they need to do something there?

Well, I think, you know, someone that's been exposed to mold in a water damage building, clearly one of the main roots of exposure is inhalation.

Why Sinuses Become a Mold Reservoir

And the sinuses are the perfect, the target for it, or where we, everything goes in and becomes sort of a filter. The mold and the bacteria that are in these water damaged buildings can, they love dark, moist pockets like sinusses where they can thrive and grow.

you know, limited immune supply to these sinuses. And so it's like the perfect petri dish up in the sinus is for things to grow. People often, you get treated, You could say on a superficial level for mold, but if there's a colonization up on these sizes, that mold is going to stay with people long after they leave the environment.

They're scratching their head why they're not getting better. I couldn't agree more. Every day in my practice, someone walks in who has done, well, I was just chatting with you, eight years of antibiotic therapy for Lyme has not progressed, still miserable, or they've done the entire protocol from someone from old, they have done antifungals like Intraconazole or Diflucan-Distatin, so they done some powerful things.

They've done the IVs for the mitochondria, they've EBU, yet they're still stuck. I'm running tests. It's still coming out of you. You've moved out the house.

you've Done all the body stuff. Something's wrong. So you're saying you lived in mold and it's getting into your sinuses and is getting stuck and staying in there.

How can someone find this out? Yeah, so it's like a reservoir up there, right? And, you know, back in the day, a lot of people would do a nasal swab. There was a test called Marcon's acronym for basically a staff.

And I did that for a number of years. A lot people, I'd say most people came back positive for the Marcons test. I quit doing it since everyone was positive, but I sort of assess it clinically based on symptoms.

I know has a known mold exposure or water damage exposure. Maybe they're excreting mycotoxins in their urine with a test I run. And then they have symptoms, I call it above the neck, right?

They've got brain fog and anxiety, depression, insomnia, or sinus symptoms. They have done binders, they've done detox, liver support, and even some of the oral medications you mentioned, but they are still excreting the mycotoxin.

Then I start thinking about where is it colonized? Is it colonized up in the sinuses? If that's the case, we introduce an antifungal compounded nasal spray that can really get up into those sinus pockets and help to resolve that reservoir.

You know, there's other ways to know. Sometimes people will have a history of recurrent. People have had multiple sinus surgeries, for example. I'll see patients, like they grew up in Seattle and they had, you'd say, multiple failed sinus surgery.

And that's a clue for me too. Well, if you had two surgeries and neither one of them held, we know about the mold that is coming out of the mycotoxins in the urine, so it's still there.

Is this an avenue for treatment up into the sinuses? Sometimes people get a CT scan, like at their dentist, right? They'll get cone beam CT scans. They might see a polyp or cyst up in the sinuses.

And then that's another clue that there's some inflammatory pathogen, something driving inflammation up there, or swollen turbinates. You know, you'll see that on CT or report it out on the CT-scans or x-rays.

So there's a couple objective clues you can get, but I would say a lot of times if someone's having symptoms above the neck and they have mold exposure and testing positive for mycotoxins, then I'm likely treating them through the nose.

So I know I see this all the time and I was curious what your experience has been with someone who's a colonization to the nasal sinus. Are there associated symptoms besides just a sinus infection, right?

Like you said, multiple surgeries could be there. Is there neurological or nervous system or brain, even anxieties, like is there specific symptoms that you would say even for a person already dealing with mold that would lead you to believe that sinuses are more likely involved than someone who's dealing the mold, that sinus have not been colonized?

You know, potentially they're going to have, they might have more, you could say neuroinflammation or, or you know.

Symptoms of Sinus Colonization and Brain Inflammation

Cephalopathy in the brain right there. Even the people that have done that limbic retraining, but they are still in that sympathetic dominant state. The proximity of the sinuses to the.

Brain, it's separated by. like a half an inch, and I often show patients like an anatomy picture of the sinuses and the proximity of limbic system, they're very close.

And so anytime there's inflammation up in the sinus, we think it's driving or could be driving inflammation into the brain, especially the limb system.

You've got the olfactory nerve that runs right up into the brain to tell you what you're smelling. And I call that, it's like an escalator. It's going to carry up any inflammatory cytokines right into brain.

The brain thinks it is running from the saber-toothed tiger, has no idea why. and it could be because of the inflammatory process that's happening in the sinuses.

You know, something I see a lot with mold is symptoms that people don't always attribute to mold, right? Like you and I, see this every day, but you go mainstream.

It's like mold has sinus issues, maybe asthma, breathing. And that's kind of where it falls off. If you get somebody a little further along, Maybe there's a Little Rashing or increased histamine response.

But when I See somebody that truly colonized, oftentimes even an organic acid test, I'll see there. mitochondrial markers or anything associated with production of energy, usually thrown off.

I see a lot of inflammation systemically, like C-reactive protein being elevated, oftentimes B vitamin or methylation issues. But for the average individual, and I know you speak on this because reading some of your articles with dysautonomia, you might end up with a little bit more of that like OCD, perfectionistic A type hypervigilance.

And you mentioned some like brain inflammation, to use the sciency words. I love it. Um, I'm always trying to break it down. My dad is construction worker my whole life.

So I'll just chat with him out here about mold. And so I was like, brain, inflammation versus encephalopathy. All right. What symptoms do you see to add to that?

And then why, why is mold so powerful at causing these more dysautonomic type responses? Yeah. So, you know, part of the issue is these mycotoxins and those inflammatory cytokines.

And, I love doing cytocine panels on patients. I'll just use a standard lab core cytoking panel and you can kind of get a read on how much inflammation they have in their body.

Cause as you, know it's hard. You run some of these tests like CRPs and ESRs and they're, they come back normal. And that pattern sometimes is helpful with the cytokines.

You've got a couple that are elevated, you can actually plug it in AI and say, hey, what's this pattern suggesting? But these mycotoxins will cross through the mucous membranes and essentially get into the bloodstream.

And then that leads to this systemic type of response. To your point about POTS, I saw a young woman yesterday who originally, it was her first follow-up appointment, first time I ever saw her, she came in basically because of fainting, lightheadedness, basically a Pots picture.

Hadn't known the term, we did a pot test here in the office. But in her history, sort of, you know, determined that she potentially had some mold exposure.

We run that test plus a few other tests, SIBO, based on her symptoms. And, sure enough, her mold levels come back quite elevated. didn't know anything about mold, had never considered it.

In hindsight, she starts, her and her mom are playing the tape back on, oh yeah, of course, that college dorm room I lived at in Indiana, or our home before our last home was built on a hillside.

And I'm in Northern California where we get a fair amount of rain, but we're kind of, a lot of homes built-on hillsides and drainage is an issue. So they start connecting dots.

A lot my patients suffer from POTS. I am sure you see it all the time in your practice, right? It's a big deal. The symptoms are really affects quality of life.

And I think there's lot of POTS doctors out there that will just stop at that. If you've got Pots, increase your fluids, electrolytes, maybe we consider some medications.

But what's the cause of the Potts? I call that it's sort of a secondary. manifestation, you could say mast cells, it's a result of, and some mold in these mycotoxins can end up systemically driving inflammation.

And in a POTS case, affects the autonomic nervous system, so they're not getting vasoconstriction when people go from sitting to standing, get lightheaded, have brain fog, all those symptoms.

It's really just this systemic inflammatory response that's affecting the autonomic nervous So for those listening, autonomic nervous system, POTS, can you help just give a fifth grade level education on what that means?

Because, yeah, I see Pots every single day, which to me is somebody's feeling weak and, you know, there's some exercise and tolerance. Yes, You could do a tilt table test and prove it medically.

But a lot of people that I'm seeing, it's you stand up, get a little dizzy, don't feel like doing a lie. You're probably a bit overwhelmed, burnt out, stressed.

POTS, Dysautonomia, and Systemic Mold Effects

electrolytes are a mess, which manifests in your life like you just don't have the motivation or the physical prowess to get going very far. Yeah, yeah, right there.

So yeah. And POTS, it stands for Postural Orthostatic Tachycardia Syndrome, fancy way of saying, you know, people go from lying or sitting to standing and their heart starts to race to compensate for low blood pressure.

And, I think of the cardiovascular system as it's like plumbing 101. You've got pipes and you've gotta pump. If the blood is not returning where it supposed to be, the brain doesn't sense oxygen getting back to it.

People can become anxious or even have panic. because they feel hypoxic and like they're suffocating. So the heart starts racing, the pump, to increase the blood flow.

And it, you know, a lot of times is treated with things like beta blood. They just slow the rate down. Well, that's not the issue. The pump is just compensating, so it's the vessels that aren't contracting, squeezing blood back up to the brain, or there's a couple different types of pots out there.

Either the pipes aren't constricting or the blood can be hypercoagulable, a little thicker from inflammation in the body. When the blud is thick, it's going to not return as easily as well.

So it's an important one. I think for a long time, it was a little bit of a blind spot. My, you know, unless someone was glaring with pots and now I just, I recognize how much more I see it.

Again, think it is a secondary response to other underlying issues. And I don't like to just stop at the pots. You got to figure out the why. It's a lot more fun when you can figure that part out too.

So mold can get in the body, live in sinuses, grow, reproduce, continue producing toxins into your body for potentially a lifetime if you don't do anything about it.

This can lead to a dysautonomic, inflammatory, toxic cascade in your make sure you do not feel well, all the things that we just said. But since the sinuses are the reservoir for where this is happening, I know we've talked a little bit about symptoms, a bit of how it gets there, but what is it about the sinus that allows for mold to stay?

And then eventually we can get into, of course, what are some of the different tactics that you can use to get rid of it? But if you've done all this to your body, why is this still in your sinus?

Yeah, it's a good question, you know, and I'll see people that a patient I saw similar to patient eight years on with a pick line for IV antibiotics. This guy had been given, I think he told me about 36 weeks of antibiotics in one year for his recurrent sinus infections.

And finally his ENT threw up his arms and said, And he did, and symptoms improved right away. And so, you know, clearly there could be a whole mix of things going on up in the sinuses, bacteria, fungi, And unfortunately, I think in a conventional ENT world, rarely do they consider fungi.

It's often antibiotics. If a culture is done by an ENTs, they don't order a fungal culture. They'll do a bacterial culture, Maybe they get knocked down a little bit with a Z-Pak because it knocks the bacteria part down, they feel a bit better, time goes on, and then the next thing you know they have another recurrent sinus infection.

High humidity, winter rolls around, moisture increases in the air, maybe mold spores kick back up in a house, that can cause a recurrence of a sinus infections.

You know, part of it is these pockets of bone up in our skull, poor blood supply, you don't get a great immune response. And you know I think the treatments, especially if you are swallowing the treatment, it's orally systemic and doesn't give good penetration into the sinuses.

So that's why I like to use nebulized medication, which I thing has been done for a long time in the mold world, but you and I were talking before we got on on video and I first learned about mold from an infectious disease doctor named named Joe Brewer who's not far from you and he was treating everyone through the nose that's all he did.

And then of course, there's a lot of different camps out there where people treat mold in various ways. And when I first started treating mold back in 2013, that's what I did was through the nose and then went out and did other things, other approaches that the docs use and realized that some people weren't getting better.

Some people had sinus colonization. They continued to stay sick despite treatments. That's when a few years ago I started doing sinus treatments again.

in conjunction with everything else and started seeing improvements. So clearly not everyone has colonization up there, but it's a clue if, if they're not getting better or there's, you know, tests are staying positive.

It's definitely a place to look and consider for treatment. You know it, it is interesting because nobody wants to put stuff up their nose. I've done, oh my goodness, anything from, of course, like you're just your general neti pot to sprays to a nivage, which if you don't know what that is, it's like having one side push and one-side pull water through your sinuses.

Yes, your sciences are connected and yes, water will go on one site and not the other. I've done a balloon that was shoved up my nose into the little hole.

There's about six of them where they can blow it up and push stuff out. Now, fortunately for me, there wasn't a whole lot that came out, but I've had some people that were in my practice when I had a friend of mine that was doing this come in and there was like black charcoal that come out of their nose.

Like, where does that comes from? How is there so much in there? Yeah. So just after that experience for, me it was just a new world of like, like there's these holes in face that my immune system cannot get to.

It accumulates stuff. Like have you ever gone and cleaned out, like if you're listening right now, have ever got and clean out the trap in your dishwasher?

The trap and your, your actual clothing washer, the filter in you microwave?

How Mold Persists in the Sinuses

I have people like, wait a minute, what? There's a filter on your microwave or your dish washer? Yeah, there is. Okay. If you've never done that, do it, and then go back and go, that's my nose, right?

Or your HVAC, which most of us actually know about that one. That's not as eye-catching for people to hear, but if you go look at your hvac, it's just air traveling through the same air you breathe.

Well, what's filtering that? Your nose hair? That about it. So that stuff's getting into your sinuses and just sitting. If that mold, those spores that can live and grow on your wall and moist, conditions, why can't it grow in your face?

So what would you say, because you mentioned a lot of different paths to doing this. Over the years, do you have some favorite things to shove up your nose?

Some favorite medication or treatments that you can apply nasally to help you feel better or to get progress in this category? Yeah, you know, as you said that and thinking about cleaning out these traps, it reminded me of an ENT, an old ENTs guy's been probably practicing for 40 years and I heard him once comment that it's like we brush our teeth every day.

We have oral hygiene, we floss, We brush every but we don't do anything for our sinuses and it is the filter. A lot of us have air purifiers in our house and that's filtering, but when we're also breathing a lot other things that are not filtered, air of course, and so that goes right up into the sinusses and yeah, I think we should be doing, there's a preventative level of maintenance that could go on up in the sinus and you know, neti pod or some sort of irrigation rinse.

And then when I, patients are really sick and I feel like there's, there is colonization going on up there, I'll typically lean on, you now, antifungal medication that's compounded sometimes as a formula with a biofilm agent.

Cause these, that is another reason why this is, these fungi can persist and mold can persists as biofilms, which we can talk more about, but it's basically a shield that protects the fungi and keeps them, allows them to live and stay up here.

So you sort of need something to also break down the biofilm that allows the antifungal medication to get in and reach the fungi that you're attempting to kill.

So intraconazole entered through the sinuses and amphotericin B or two, the anti fungals I use a lot of times combined with a little bit of EDTA, which people might.

know of as a chelating agent. To break down the biofilm, I use occasionally a little bit of a mupiracin, which is an antibiotic, and then butenicide, like a anti-inflammatory up there.

It's sort of the compounded formula I've used and kind of somewhat common out there in the mold world. But I had good success with it. Some people don't respond to it, though, then you start scratching your head like, well, why didn't that get them better?

But that's kind the big guns that I'll use if I really think they need that and not just a squirt-squirt spray. Yeah, there's a lot of good tools and have you seen sinus treatment lead to any kind of like histamine detoxification type reaction where people don't feel well by doing it because I know I didn't do it for a long time after I got well and then.

Just life happens and I was like, you know what? I need to clean out my sinuses again. I go and put like an EDTA silver spray in my nose, lay down. So I'm laying on my back where of course I am going to be draining out.

And I get like a little bit of a scratchy sore throat for, I definitely got some junk to start coming out I didn't even think anything of it because it wasn't symptomatic.

Do people get some negative reactions from sinus sprays? Yeah, definitely. I mean, I think in the way I have it administered is patients use what's called a nasoneb.

It's a device that gets plugged into a wall. So it's sort of a mister that's created by ENTs. And it really delivers the medication pretty deep up into the sinuses.

Most of the time when people start the treatment, they'll have some blood tinge mucus. it could be very irritating. and it almost feels like it is waterboarding for some people.

Do it daily, just do it every other day, every third day in the beginning until your body gets used to it and then you can sort of ramp it up to daily.

But definitely can be irritating. I don't hear too many comments of things like headaches or triggering brain fog, that type of thing, but could easily see a mouse cell reaction because you're mobilizing stuff and all of a sudden the immune system is lit up and reacting to what you are mobilising.

For the most part, people tolerate it well. You're saying you're mobilizing it, right? So I mentioned it going into my throat, which means I'm swallowing it.

Going down to my digestive tract where they say 70% of your immune system lives and then you have to excrete it from there. So, I mean, just as a, as the physiology and I think we've touched on this, but I wanted to.

to talk about it a little more because I was actually having this conversation with Dr. Jax Petros probably two days ago where we were chatting about what's the right mold lab to run?

Is it urine mycotoxin test? Blood mold test are either one of those accurate and she's like, you know What if I started adding in the the blood test to the urine test?

I go. Well, we just got to walk through what's happening. I know honestly I do the year and test there are downsides to that.

Sinus Treatments and Nasal Therapies

There are down sides to The blood tests that actually be curious what your opinion is My opinion, is that you just have to know what the weak point is so that You can assess and then calculate for what?

The weakpoint is gonna be I got well blood it's antibodies. So IgG could be around for nine to 12 months. Yeah, it's going to change in its amount, but it could around from a really bad hotel room.

And I've seen that too many times where it was negative. Some other markers that I thought correlate with mold were positive, such as like earlier, I mentioned mitochondrial markers for an organic acid or fungal markers on organic acids were a positive.

We had a low B2, we had toxic exposure markers all through the mosaic organic-acid panel. So I was like, there's mold. Well, then the blood test was a negative, And I go, well, that doesn't make any sense.

So maybe they had a long time ago. Maybe the body didn't have the strength to create antibodies anymore, which you might see through looking at IgG in general, as far as immunoglobulin production of the.

Whereas then I ran a urine test on this person because I didn' order the blood test and it was after I got their creatinine level normalized so that we knew that they would be able to produce enough excretion into their urine that we would be able to see what was in their body.

So I wasn't doing a provocative test. I was simply giving enough minerals, getting them to eat enough food, get their detox pathways moving enough that could see in the urine.

And I said, so I preferred the urine, but that's because I accounted for the deficiencies. Yeah. Now, and she's just like, well, what do you, do think that all the sinus mycotoxins would get into the urine versus triggering immune response?

They go, Well, if it's in your sinuses and the mycotoxin are not getting into your body, which I don't think would happen, then why do we care if its there?

Like, it was not. Getting into. Your body and it is not really triggering a response to the immune system. Do we, would we even care? She's like actually that makes sense.

I was like just know your deficiencies of the test. And you know, once we talked through it, she was, like yeah, yep. She's like, you're right. She goes, You just have to know which test you want to run based off the person and their ability to get it and go from there.

And I wrap this all back around and say, I read one of your blog articles where you were saying mycotoxins versus viruses are not that much difference in size.

And a friend of mine walked into an apartment recently, that real estate guy, and it was full of mold. Well, he was wearing an N95 mask. He had to walk out within three minutes and throw up with a mask on properly on his face, which tells me an in 95 mask wasn't protecting him from mold, so neither is your nasal barrier, most likely.

Yeah, no, I mean, the roots of exposure are not just inhalation but transdermal and of course through foods, but getting in through the skin, right? So people, like that's a documented route of exposures through this skin which seems crazy but happens.

I means, people apply hormones to their skin in a cream and, of, course, that gets into your bloodstream. So we know things get in. And I think every test has a limitation.

We see it like, you know, with Lyme tests. You know I was just joking. Yesterday it kind of dawned on me. new patient, and I was saying that almost every test I do now, whether it's a Lyme or tick-borne infection panel, mold panel and even heavy metals, all of them I provoke, which is sort of what you just alluded to with the minerals and getting people detoxing better.

But a lot of these things need to be either liberated, agitated or provoked out through urine or stool, whatever you're testing to get an accurate assessment.

I mean, what I've used, I have done at different labs over the years and I use real-time urine mycotoxin tests and it's a little different. There's, you know, three urine mold tests out there and real time uses ELISA technology, which picks up modified mycotoxins and little, different mosaics.

Great. They've got, whatever, 12 or 14 my cotoxines on there. I used a different methodology, of course, but I had all my patients provoke it, and we've seen people that give meglutathine.

IV and they provoke it, you know, two weeks later and their night and day different. And it's not like the glutathione gave them the mycotoxins. It just helped excrete what was inside the body.

So, all those people out there that said, oh, I've been tested for mold, but were you tested properly? I think that's an important question too. People get these diagnosis.

I always think it is our responsibility as clinicians when you give someone a label make sure it's an accurate assessment so they don't end up down rabbit holes that can last for years and years.

It's like, well, how were you tested for Lyme? Why are you still treating Lyne eight years later with IV antibiotics? Is that what's really driving your symptoms?

So I use the urine. I also will run just like a LabCorp mold allergen panel, which is not obviously a mold toxin panel. It tells me if someone's immune system is reacting to mold, not the toxins.

What you're referring to, the mycotoxin antibody test, I did that for years. I do hundreds and hundreds of samples of it and without testing. At some point I just realized that it wasn't really giving me the information I felt was clinically accurate.

I actually did a split sample once that came back, not the same, which was also very concerning. You know, if you run the Same urine, Same patient, same collection and send it in two different, and it comes back different.

It doesn't leave you a whole lot of faith in that lab. So yeah, there's a lot a ways to assess. And of course, clinically, a good history, right? Like just, is there a possibility the symptoms align with what mold illness looks like?

And so, yeah. We've got our work cut out for us with these chronically ill patients. Yeah, I'll make you laugh as a part of what you just said there. I've done some similar split testing with companies where I run an organic acid from one company and their tox test and then an Organic Acid and there tox tests from a different company.

And it was funny that the tox-test agreed with the opposite company's organic-acid test. And I told both companies. I said, I can't use one company because y'all can get it straight.

They disagree with each other in your own company, as far as like what the information is showing me, and I was just getting frustrated. And when I went all the way at the chain to the top of the lab, they still haven't gotten that figured out for one of them.

Testing Mold: Urine, Blood, and Provocation

But having consistency and congruency of, the physical body, physiology tests as I call them, to tox tests, two home mold inspections, through symptoms is important.

And I think that's a really big piece of the pie when you look at working with somebody is you have to connect all of these dots. You have make sure their body is prepared for being able to do that.

And one of my providers, she left my clinic about a year ago. She went out and started her own practice, and I'm excited for it. We're still chatting.

A nurse practitioner does a lot of peptides, a more women's health, more hormones now. Complex chronic illness is tough. It's just a hard place to be.

I've got all these friends I connected with. They're all sending me. You know, there are hormone people now and they do complex chronic illness. And she's just like, holy crap.

Like most of them have no idea what is going on at looking at the basics of testing to see the missing links. If a test doesn't come back glaringly wrong, she just.

There's a lot of people trying to do what you do. There are not a lotta people doing it well. And she goes, I'm not doing anymore and I just see it. Sometimes I order Ivermectin and this and that to try and help them out, kind of on the side.

Not being the one in control of that category. She's like, there are so many docs and nurses and people that are just jumping on a bandwagon of functional medicine without really getting to the depth of it, and just looking at your website, man, You know, we met in wine country in California by random chance.

Yeah. And didn't realize that we run the same circles. Like I didn' even know anything about you. You're like, are you Dr. Jave? And I'm like yeah, man, how's it going?

You' re on your bike and that was about it. and then here we are chatting. I m like wow, you're in the sam e circles and we've only got a couple more minutes and I wanted to do a little pressure test because it's fun for me.

I don't technically provoke and I kind of purposely don' t do it and i just want your feedback. I purposely dont provoke because if I feel like your body is actually able to detox on its own, not provoked.

Just operating what I would consider to be minimally normally. Not even well. If I dont' provoke I can see what's circulating in the body in a moment from the environment so that's why I like to run it that way.

If I provoke, then what I say I'm looking at is anytime in your life, so I have no idea if it's here now, which doesn't give me the information about your environment, Which is the first thing I had to fix if I feel like I am going to long term wise get you better.

What do you think about that? Yeah, it's a reasonable approach. I mean, I think that the limitation that some of these people have are things like glutathione mutations, where maybe they don't make enough.

And then we know that a lot of the toxins also deplete stores of things, like the worst patient, or the patient that's probably remained sick for a long, long time, is the one that has glutothione production, peroxide mutations.

have some exposure that's really drained or depleted their stores. So they're not good eliminators. A household of four people in a house, you know, live there and one person's sick and the other three are fine.

You know maybe it's the perfect storm of multiple, people talk about a three-hit model, someone could have been exposed to mold when they were in college.

And then, again, in their twenties when lived in the city somewhere and then it was their third hit in moldy home with their family. So everyone's a little bit different, but I tend to think that if it's coming out of the person, the urine, to your point, it just reflecting what the body's letting go of.

It doesn't mean it harmful to the patient necessarily. The body is getting rid of it, which is the natural elimination process. And it is a fair point.

You know, I guess we're trying to figure out what's in the body and is it causing, you know I call collateral damage. We talked about mitochondria a little bit and that's, another big reason why these people remain sick.

Even if mycotoxin mold treatments, could they have a collateral damaged the secondary? It's you, know. I see cellular and mitochondrial damage and use a lot of phospholipid treatments in my practice to help kind of restore that.

Maybe that collateral damages also what is contributing to their inability to excrete well and detoxify well. I figured you'd have a comment back like that.

And I agree. I do actually start with a organic acid urine test, potentially a hair test. A functional medicine blood lab. amongst methylation markers, methylmalonic acids, homocysteines.

I'm trying to make sure that they're in a place before I run a tox panel to assess this. And if they are not in that place, then I am not going to go run the test.

If their creatinine is not high enough to give me a urine mycotoxin worth looking at, I not doing it because I was not wasting their money or my time and we're going work on that first.

That nuance is the nuance that people need to hear about trying understand can this mast cell person handle a provocation. which you're probably also assessing.

Have you done the work at the beginning with some of the things I looked at on your website, like a low-dose

notrexone or a chromonketatophin? Even a microdosing of a GLP-1 can be a tool that our medical team will use.

to bring in and support someone so that their body is less reactive.

Finding the Right Clinical Approach and Closing

But Todd, honestly, it's been fun to go down the deep dive of sinuses associated with POTS and complex chronic illness and just understanding some of the nuance within this really complex rabbit hole that it seems like the both of us love doing, man.

So how do people find out more from you? Because like I said, I went and read some your blogs. Where can they go find that? Yeah, I love writing. I mean, it's a form of just educating people and putting out what I see in my practice.

You know, It's just my experience and I'd love to share that with people to help guide them along the way. And so my website's drtoddmideras.com I'm also on Instagram.

Hi, think it is Dr. Todd Mideres also. Yeah I am in Northern California, just north of San Francisco in Marin County, which is Not far from where you and I met that day on your birthday weekend and fun running into you up there.

And yeah, thanks for having me on the show. It's been great. Thank you for tuning in to Redefining Wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

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