Introduction to Mold and Brain Health

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson. I am so thrilled to have a colleague of mine, Doctor Jill Krista, here with us today to talk about the dangers and the solutions to mold and mold toxicity.

Doctor Krista is a natural Catholic doctor and bestselling author, an internationally recognized educator on neuro inflammatory conditions such as mold, Lyme, pandas, pans, and post-concussion syndrome.

She's passionate about helping people recover their health after mold exposure. Doctor Krista is the author of Break the Mold five Tools to Conquer, Mold and Take Back Your Health, and she supports Mold Sick People through her Inspire membership.

She also provides online training for medical practitioners wanting to become more literate. So her book is phenomenal. When you are looking into mold, if you think that this is something you're suffering with, this is really a must have for anyone looking to to really understand what's going on and find a solution.

So we're going to talk through a lot of them today and right now. But really to get into the depth. There's not we can't cover all of it in an hour or so.

But this luncheon. Thank you so much, Doctor Krista, for being with us. Thank you so much for letting me be part of this. And spreading the word about mold and its connection to dimension is huge.

So thank you very much. It really is. So can you just launch him directly into like how does mold exposure affect the brain? Sure. So we should kind of understand what about mold is affecting the brain.

So we most of us know about mold allergy and we think about like sinusitis or hay fever or asthma. And those are the generally recognized CDC definitions of mold illness.

That's missing a whole huge gamut of the other parts of mold that can make us sick, which is the mold chemicals, happily living mold, just metabolizing and off gassing.

I kind of joke, these are mold farts, you know? And then there are these toxins that mold makes to defend its territory. And the intention in that toxin is, I want to kill the other living microbes around me to defend my territory.

So the intention is to create intentional harm, and we are not the target of that, but it affects all living things. So it affects us at the cellular level.

And that is accounting for probably 75% of the symptoms in my patient base. It's important to understand that these mycotoxins are lipophilic, which means they or they like fat or oily types of tissues, and they can soak right in so they don't have to have like a carrier protein or a key to get into a door or anything like that.

So basically the path of that mycotoxins is we breathe it into our sinus passages, our lungs goes from our respiratory system right to the bloodstream, which takes it then to our detoxification organs.

But it can also deliver to the brain, if it's one of those toxins that can go right through the blood brain barrier.

How Mold Toxins Reach the Brain

Normally we have this barrier that's a very selective barrier that is sort of like, you know, okay, blood. Wait, wait, wait just one second. I'm just going to see if everything that's in here can go through.

And if it can, it gets ejected back into the body circulation. Well, some of these mycotoxins can go right through that and they can accumulate in the fatty tissues in our brain.

I mean, our brain is one of the more fatty areas of our body. So something that's oil soluble or fat soluble, that means that the the areas of our body that have more fat are going to get more laden with these toxins.

So that's bone marrow brain nervous system, the lining of our gut. I mean, those are all areas that really get a hit. Some mycotoxins that can't cross the blood brain barrier.

They can get in there after mold sort of destroys our gut. It can cause mold is really, really hard on the gut. So you can get a leaky gut. If you have a leaky gut, you have a leaky brain.

So now you have things that are getting into the brain that shouldn't be there, because the blood brain barrier is not discerning enough. Now to close the door.

Yeah. It's just kind of letting everything in. And this is part of our explanation for why more toxic patients, you know, unfortunately, they get sent to gastro and they get sent to neurology and they get sent to psychiatry because there are so many symptoms across so many systems in the body.

It's like every expert, every specialist is weighing in, but no one is putting them back together and saying, hey, there might actually be one simple explanation.

Not that simple, but somewhat simple, right? When it's one thing causing lots of symptoms, it can start to get a little convoluted and confusing. And yet when we reduce that mold toxicity, a lot of things resolve, including gut symptoms and potentially dementia.

So tell me, have you ever seen, a dementia patient who has reduced thermal toxicity and gotten better? No. Yeah, certainly. Certainly. There's one kind of interesting one.

You know, a lot of times we think about mold as being a building problem. And a lot of times you think of it as being sort of an old building problem, something that where it smells, it's got a funk, you know, there's a little bit of musty smell or even moldy smell and you think, ooh, yeah, this is this is definitely a moldy house.

Well, guess what? Mycotoxins, which are this ultra small? Small, small, small. They're 50 times smaller than the smallest spore. These things can go right through building material.

They seep through. And so if you have all of your mold moldy parts behind drywall or under flooring or in your attic or something like that, or in your furnace coils, you may not smell a musty smell because the mycotoxins themselves don't have an odor.

And that's where we get a lot of missed mold because people say, well, no, we're in kind of a new house. Well, it can happen in a new house if they didn't do something right, you know, if the roofing job was wrong or if they finished a basement or, you know, certain things like that, like you can have a mold problem in a non stinky house.

So that's, that's number one is those mycotoxins don't have a smell. So that's how it got my patient in that didn't have a building problem. She had a CPAp problem.

So she has been this family's been my patient. See their their adult children and their children. And you know, it's just one of those things of living in a smaller town is just wonderful.

And the adult children came and said, we are getting really worried about mom. We're really worried about her. She's starting to have balance issues. She's starting to forget things.

Leaving the garage door open overnight. You know, some of those things where it's just like something's going on to falling or failing. And, this is someone who is sharp as a tack, you know, kept all of us on our toes, that kind of

thing.

And it was a pretty rapid decline. And it turns out the connection is that she stopped cleaning her CPAp machine because Medicare changed their reimbursements, her plan.

So her husband also had a CPAp. And so she would clean his machine. And then, just like, you know, replace the tubing on his and that kind of thing. But then just, like, rinse hers with vinegar or, you know, not even clean it thinking that he's the one with real, real sleep apnea because he has the snoring problem.

I just have restless legs. It's not that big a deal. And so she didn't change it. And when when we, you know, we went through a neuro quant MRI, which is a nice tool.

And it showed some signs that we typically see with something like, either a stealth infection or with a mold, some kind of bio toxin type exposure. And, you know, there aren't standards for that yet, but I think, you know, really smart people are working on that right now.

So when I looked at the MRI, I thought, what? Let's go do a home assessment. And we sent in an inspector. I'm a real proponent of doctors are not building experts.

Doctors should be doing doctor stuff, get some building experts. And so we called in the inspector that I worked with for a couple decades, and she went to the house and she said, you know, I didn't really see any huge warning signs because the most important inspection tool is your eyeballs as a skilled person's eyeballs.

CPAP Mold Exposure and Dementia Symptoms

And she took some sampling and everything like that. And she said, you know, just for giggles, let's test the CPAp machine. And this was one of the first time like way early in the process, before I really understood that every CPAp machine needs to be tested.

And her CPAp machine was loaded with mold and endotoxins. So that's bacterial toxin. So she, you know, she was sort of avoid using her CPAp. And the kids were like, mom, you have dementia because you're not using your CPAp.

And by using it more, she ended up getting more dementia symptoms. And they were the kids were really on to something because we're seeing now doctor Dale Bredesen.

The latest research coming out of his research in his lab. Is that nocturnal or low nighttime oxygen saturation is one of the key features for dementia.

So the kids were on to something, but they they enforced use of something that was actually contributing to her problem. I'm so, so glad you're bringing this up because it is something we go over and over and there's some in not only mold, but also the oxygen, how important oxygen is to the brain, not only at night, but all day long when that perfusion is is absolutely essential.

And some of the recent literature is even suggesting that middle age. So in your 30s and 40 is not getting enough oxygen at night, not getting enough sleep or good restful sleep at night is predisposing people to dementia.

So it is so essential. But you can't do one to not the other, right? You can't. Or when, you know, at the risk of the other. So making sure that that CPAp machine is pristine and not toxic, not poisoning you slowly every night. Yes.

Yeah, I love you. Yeah. Oh. I'm sorry. The my computer kind of cut out, so I didn't hear you there. I love the cleaning systems that are a closed ozone system.

Something called, like, so clean. These are systems where every morning you wake up, you take your CPAp off, you put it into the machine, it closes. So there's no ozone coming into your air, and it runs through even the fan of

the machine.

So it cleans the whole thing in between. I think this should be covered by every insurance company ever, because it is so common now that, you know, we've been testing CPAp machines for probably know the last 10 or 12 years, so many of them are moldy in between.

They're just replacing tubing every three months. Does not clean the machine. So yeah, I think huge like that's a that's a big, big thing. And we talked about oxygenation.

Guess what the body does being really super smart. Like we we both are very doctors were trained that the body has an innate desire to heal and protect us.

So if it is sensing that you're breathing moldy air or mycotoxins air, which can happen if you become colonized in your sinuses, it says, okay, well, we're just going to under breathe and breathe enough to survive but not thrive.

So you get low oxygen saturation as a norm, because it's also trying to mitigate or minimize the amount of toxin that you're exposed to. So with my patients, we have to actually teach them how to breathe again like they have to relearn vagal nerve breathing, you know, through alternate nostril breathing or something like that, some technique to as, as part of their healing process to get them breathing again, their innate breathing.

Amazing. Which is absolutely foundational, right? How we breathe, getting that oxygen, getting perfusion, getting the nutrients we need, where it needs to go in the brain for brain healing.

So you mentioned, speaking of breathing and keeping things moving, you mentioned that the solution to pollution is dilution. I love this. The solution to pollution is dilution.

So such a good kind of rule to live by. But tell us a little bit more about what you mean by that. Yeah. So this is drilled into me from my environmental medicine instructor, Doctor Walter Kearney, in the late Doctor Walter Cronin.

I know we have to have kind of a moment. Oh, yeah. So he. That was his phrase solution to pollution is dilution. So if you are trying to dilute a oil soluble type of a toxin, hydration isn't necessarily going to make a big difference.

But hydrating your oily parts is, you know, oiling your oily parts. So that means I have I have a follow up phrase from that because I love alliteration and rhymes.

So you need copious clean, correct fats. So lots and lots and lots of fats so you can dilute the oil soluble toxin and lots of good. They need to be good quality.

So those, you know, organic as much as you can do it. Wild fish oil as much as you can do wild. And in my patient base we especially have dementia is starting.

We do go beyond diet, even though we love to use diet as a as a remedy, you're going to need way more and supplementing that in order to get the dilution job done.

But it's not just taking the oil. You also have to. The next step of that is our oil absorber, which is bile. And so many people are averse to the very things that we need to eat to secrete enough bile to now catch all those fats and get them up to the brain tissue to dilute.

Yeah. So I'm a bile. If I absolutely love bile, I think it's so, so under appreciated as a body fluid. So just everyone knows. Kelly Holzer is another great talk about bile specifically, and that she called it phase 2.5 detox.

And both Doctor Nathan and, Doctor Kelly Holderman talk about how important understanding this system is. So you're going to hear it again from Doctor Krista right now, because we just want you to know how we can't really talk about this too much mold.

Yeah, I know these pieces are so essential to understanding causes of dementia and reversing them.

Oxygenation, Breathing, and Mold Recovery

So, doctor, please, like, dive in. What is bile? Where does it come from? How do we make it? How do we make it better? How do we get it to work in our in our favor?

Yes, yes. And I want to also cover pre binders and binders. So you know in my book pre binders are the things that get bile moving. So if you're there with a binder and you know any bile to catch that doesn't make any sense, then you're just creating nutritional deficiencies.

So what is bile. This is a fluid that our body makes to emulsify or break up fats. If anybody's having a lasagna pan and you're saying and you add that dish soap, that's what's happening.

It's basically making the grease go away by breaking it up into tiny, tiny little droplets. When our fats are into tiny, tiny little droplets like that in our gut.

Now, our gut microbiome can munch on all those. And their metabolic byproduct is healthy fats for our body. And then the bile grabs those and it re circulates and goes back up to the liver.

And the liver says, oh, that's a great nutrient. Let's put that in the blood system. So bile is this highly recirculated fluid in our body. We we recycle about 9,395% of that, which allows us then to store our fat soluble vitamins, which helps you keep your vitamin D level up through the winter when you're closed up inside.

It's a real gift for us. It's also how we fight viruses from vitamin A whenever there's a huge load, the body can dump a bunch of vitamin A into the system and fortify our immune system.

Fantastic problem when you have now a fat soluble toxin, because that means we recycle it over and over and over again. The bile carries it to the intestines.

Nobody there. None of the microbes want it, so nobody chews it up. And that carries it back to the liver, and the liver has to repackage it. I call this the definition of detox insanity.

You know, the liver's like, I'm just did this, you know, I why are you bringing this to me again? And each time it does it, it has to use nutrients up again.

So we get glutathione deficiency. We get some of our liver detox pathways completely worn out. So bile that also does all these other things for us that are non detoxifying, which is just that's the part where I just get super excited.

The presence of bile in the intestine increases. Our secretory IGA, which is our localized immune system. Bile helps to build the retina of our eye. So many people have mold sickness.

Their first symptom is fatigue and vision changes, but they're not like big enough vision changes. They just think why my eyes are gone, you know? And that can be an early sign for dementia.

A lot of my patients I have visual symptoms and brain fog. Then later we were able to connect that that was their first brain symptom. So bile a lot of these people have really sluggish bile because they're loaded with all these toxins.

It also is neuroprotective. It reduces neurodegeneration and bile reduces prion conversion. So some people know as mad cow disease. So having that bile moving and getting the bile moving I want to add a detox step in there 0.5 called pre reminders because that that that's what we need to get going.

Not just eating the fat but then things that are pre binders are the taste of bitter. So that bitter taste on our tongue is what starts all the engines of digestion.

Not just bile but insulin and digestive juices. But bitter is specifically targeted to bile making. And so that's where I just love it's we need to make.

Oh, and so we talk about then what you're doing with a binder is you're grabbing the bile.

Bile, Pre-Binders, and Detox Cycling

And there are lots of different types of binders for different types of toxins that Doctor Nathan has really done a lot of research on. In my patient experience, if it's a water damage building exposure, that toxin is bound in the bile because it was in the bloodstream before it was in the gut.

So that's what I'm targeting, is binding up things that are binding the bile, like insoluble fiber, is a very, very good bile binder. Aloe, kale, steamed kale.

There are research studies out there about people missing their gallbladder, and they actually have now too much bile in their colon. And so these are studies looking at how to catch as much bile as we can.

And they find that steamed kale is about 35 or 40% effective as coal as diamine, a pharmaceutical to pick up bile. And it's non depleting. It's nutritive and it's doing the job of interrupting that circulation.

That's great. Can you send him a few of the pre binders. I'm so curious. Yeah. Yeah. So pre binders is depending on how gunky your bile is in your gallbladder.

If it's really sludgy to the point where you might have gallstones, we might need to use ox bile because that's you know we're actually needing to make more.

That's one of the things with using a lot of binding is that we can deplete the body's nutrients where we we're supposed to just make new, clean bile.

But if you've been on binders too long and they're really aggressive, we need to first work on nourishing those nutrients. So that might be the the extreme heavy handedness is things like gentian ox bile, things that are going to be really pushy.

You know, Caledonia is one of my favorites, but you can use Caledonian homeopathic CLI and it has a nudging effect. So depending on where somebody is if they they just need a nudge.

That's great. But most people I start with bitters on the tongue because we do see that the actual interaction with the taste of bitter, not just taking it as a pill, which is a lot of people's, they not their favorite thing to do is to take a little bitter on their tongue, but about 5 to 10 minutes before eating, putting a little bitter on the tongue, or starting your meal with some bitter greens like a regular watercress.

So those can be pre binders. That's the sky's the limit on different things that we can do. One of them in the middle that is just my favorite all around reliable is dandelion.

And that might be running out to your yard. If it's that time of year and grabbing a few dandelion leaves and eating those before your meal, or taking it as a capsule.

But I do encourage people to interact with the flavor of the plant. If you're taking it in capsule, still, put at least one drop toward the back of your tongue.

Once those those bitter taste receptors are the target of over 50% of the drugs on the market, right now, they we have bitter taste receptors everywhere.

If we have them in our brain, not just it doesn't have to just do with digestion. Our innate immune system, which we're seeing is related to the tau proteins and dementia that is part of the innate immune system in the brain.

Well guess what? You can stimulate that immune system in the brain by having bitter on your tongue. The tau proteins end up being really, really good sponges actually for mycotoxins.

And so just putting bitter on the tongue how simple. You know, so if it's really horrible for you, just think, okay, it's only three times a day, you know, really you can do this.

The final is pretty expensive to make from like a metabolic expenditure sort of perspective. And you're talking about until depletion using binders. So is it possible that we can have too many binders.

And we can be kind of especially for someone who's fatigued already, who really doesn't have enough energy to begin with. And it's their risk of doing too many, too much, too many binders for sure.

I mean, I've, I've seen once people started to know me in the line world is like the old lady, you know, then you get the then you get referrals. And I saw people who are put on call list, I mean, for months and months and months, and now they had vitamin A deficiency, vitamin E deficiency is one of the key antioxidants for dementia.

They had vitamin K deficiency. They had deficiency. And the amino acids that have to do with making bile, one of which is glycine. And glycine is a very critical amino acid in both making glutathione alone and also in our brain called Gaba, which is our calming.

It's our calming neurotransmitter. So guess what I saw? And guess what we see is a lot of mild anxiety anxiousness. People are just they first of all their brain is saying we're breathing something, not good.

But they don't. Their eyes and their ears, their senses can't tell they're in danger because it's no smell and there's no tiger in front of you. So you have anxiousness anyway, because the body's like, we're not safe, we're not safe, we're not safe.

But you can't figure out where, you know, where's that coming from. And then the second thing is that if you don't have enough of the amino acid to make your calming to say, okay, I'm looking around, I don't see anything, so I need to calm that reaction down.

If you don't have enough glycine, you can't make that neurotransmitter. So you get stuff stuck in the loop. And I'm sure Doctor Nathan talked about limbic looping.

And that's part of that process. If you're on binders for too long, you're missing that nutrient. Yeah. It's so important to know right. Yeah. And I've seen the same people come in with four grams of colostomy and four times a day.

And it's just sort of radical. And after time, after some time, they actually are creating new symptoms and they're where you're previously being. That's really, really important to understand that we're supporting not just we don't want to do this reductionistic thing, whether it's dementia or moles, it's not about one thing.

It's about how do we support the entire system, get every cell performing better than it was yesterday and optimized in terms of its function. So then, whether it's your gut or your brain or your right toe, it's a whole working better, right?

So I'm curious, are there particular mold treatments that you've seen most helpful when it comes to dementia and brain function? Yeah you bet. So resveratrol would be one of them.

And we see this in animal research. There's really not a lot of human research. And there are, to my knowledge, no human clinical trials where they're administering something.

And then they see if, you know, the dementia improve. So this is just from my practice experience is probably very similar to your experience as well.

Resveratrol is one of those bile flavonoids. And I talk about biology and hides in my book because this is what they

feed animals to protect them. Like that's something that people are talking about binders.

But no, he's talking about bio flavonoids. And on the scale of like, what do I think is more important? I would say bio flavonoids are way more important than binders.

As long as you're having some insoluble fiber or some, you know, steamed kale or something like that, you don't really need to do much more. If you're doing enough biology and knowing to protect the system.

And resveratrol is one of those biopharma nodes that can both shut down asthma, which is really amazing. And a lot of people with mold exposure also have spore exposure.

And so they do have, you know, some asthma symptoms or lung symptoms, but it's also specific to the brain in that it calms down the and the inflammation.

So we're talking about the the key part about the immune system, the innate immune system of our brain. And that the tau proteins are part of that, that that gets stuck in a perpetual loop and it doesn't mature into the next adaptive phase of our immune system.

When you have dementia. Well, resveratrol helps it mature into that. It helps to reduce the inflammation so that that part of the immune system can then go through its natural cycle and not stuck in a loop.

So that's one of them I love, of course, fish oil, fish oil, fish oil. I just had talked about that one. And melatonin. So there's a lot of connection between sleep and dementia.

Lack of sleep, increased dementia, that kind of thing. Lack of restorative sleep, lack of oxygen. And what we see with melatonin is that it does help.

It's more primary antioxidant in the brain. And so it helps also to do that entire set. The milieu of the brain, so that this is no longer an inflammatory situation.

Circulation can get to where it's supposed to get to. And it is also a master hormone that is helping the central nervous system to do all of its normal things, like thyroid function and, steroid function or steroid manufacture and some of those neurotransmitters or, I'm sorry, hormones that are really helping our neurotransmitters work.

So have a handful of questions and so excited I love this. Yeah. And, one thing I think that comes up sometimes with the eye of adenoids is people go, does that mean grapes? Does that mean wine?

So we make sure that we're clear about what sort of bio five needs are very helpful, and what can be a little bit more dangerous when it comes to brain function.

Binders, Nutrient Depletion, and Overuse Risks

Yeah. So to get enough. So there are some studies on the the plasma concentration of resveratrol to make a difference. And that is a gram of trans resveratrol every day.

And I usually have my patients divide that out throughout the day. So we're kind of dripping it up to the brain all the time. Guess what. That's 60 bottles of red wine.

That's like you're not. So don't take that as an excuse as like, I'm having my resveratrol, you know? So I'm going to have another glass because I'm going to help my brain.

There is some research that shows a little bit of alcohol might be beneficial, but that means a little bit. And so I think that, you know, taking that information, realizing resveratrol that's coming from plants like Japanese knotweed is incredibly beneficial.

It's very high in resveratrol. The right kind of resveratrol. And it's not you know, it's not becoming an excuse where you get to think, oh, I can just drink wine.

And then, I think that that's something really worth mentioning because we're doing a clinical trial in my office right now on dementia. And that's one of the things that I really see impact people and prevent them from healing and getting getting the benefits, the potential benefits of this type of protocol is a very comprehensive Radisson type protocol.

If they do continue to drink, alcohol and consuming alcohol, really noticing what comes up for you if if we suggest like, hey, can you can you stop for six months?

If there's resistance, then it's interesting. It's sort of an invitation to explore that relationship that you have with it. And, and if you are telling yourself, oh, this is healthy, this is good for my brain, and, and really attach to it that there might be some something there to consider, and it may not be you and maybe the fungal overgrowth.

And I see that a lot in mold sick people that their body gets fungal burdened. And now it's not actually you making your decisions on your behalf. It's your now dis biotic.

This my chaotic, gut saying, hey, I think I'm craving some alcohol now, you know, and then you and then and it can be sweets, it could be carbs. It can be other things as well. Exactly.

What do you use to treat Funguses and Candida or others? Yeah. So my, my approach to this is probably different than a lot of people. This is based on, you know, my experience of my patients and then realizing after Doctor Joseph Brewer, published the study on intranasal colonization, I was already doing systemic antifungals, but I put it at the last stage of my steps.

Some people, when they walk in, they're ready for them. But most people not, you know, most people, we need to do some some prep work so that they don't get sicker when we start the antifungals.

And again, we have plants. So I don't have to wait until somebody has a fungal infection. I treat them if they're colonized. So in Doctor Joseph Brewer study, they found that if they if we test everybody sinuses, everybody would have fungus in there.

So it's not the mere presence of the fungus in the sinuses. It is that the ones people that are healthy compared to people have chronic fatigue from water damage buildings.

They don't make mycotoxins. The people who've been in a water damage building are now making mycotoxins. Those nasal washings are positive for mycotoxins, even if they were out of the building.

So there is a coin flip that happens. 50% of people in occupational studies can walk away from that exposure and not have any problems. The other 50%, you can get them out of the building and they still don't get better, and they still have symptoms even when they're out of the building.

So there's something and that the key in those was that they didn't their symptoms didn't, appreciably get better when they got out of the building before they got completely out of the building.

So these are like long term studies over seven years for different remediations this kind of thing. So the people that didn't get better are people that got symptomatic and stayed symptomatic when they left the building.

So that was the thing for me. I was like, this is colonization. And this is what Doctor Brewer is talking about is sinus colonization. And as a naturopathic course, I'm like, well, that's just the top of the tube.

So I started I was already using whole body antifungals that are plants primarily. Sometimes we have to use pharmaceuticals. And then when we added the intranasal it was like, boom, people got better.

So much faster and less suffering, less time off work, less everything. You know, less money overall on the protocol that they were doing. And so it was just like, why am I not doing this with every patient?

And so that just is now sort of my I just understand that if you're symptomatic and you are out of your exposure, we get to treat your sinuses. So for sinuses I like things like essential oils.

There are some pre done mixes out there, mostly out of Europe like for travel you know like there's one called Fast Travel Guard. And it's like tea tree oil in a in a sinus spray.

They are a little stinky but they're therapeutic. This isn't meant to be like a sinus, you know, soother.

Top Mold Treatments for Brain Function

For kids I like to use propolis because it's more gentle. It's anti-allergy. My kids say it smells like bee poop. I gets it comes in, you know, like, or honey poop or something.

I can't remember all of them. So, so that's a sinus treatment, but I try to get the whole body stuff in place first, because this can be a real site of colonization and they can get a lot of die off.

So we first start with the gut sounds very naturopathic, and we start with things that match the person. If we're looking at probable colonization but not too much gut disruption, I might just use holy basil tea.

Or if they have a viral overload like I write about in my book, then all of leaf extract because it's doing both antiviral and antifungal, and then you get a little heavier handed with time.

But that's a very safe plant. You can use time up to two times. It's mold killing ability, and it's still safe to the person who's taking it. And they've done this in cell studies.

And then you get a little further down the line to things like oil of oregano, which my patients call the gut bomb. So if they're really gut disrupted and they're strong enough, then we can use something like that.

Green tea is an antifungal. We forget that, you know, it's like it has all these properties that it's antitoxin, antifungal. It's an amazing plant. So those are some of the things every time I read about green tea, it's good for something else.

But I know I'm saving the brain. Right? Right. Exactly. Looking at oil is another common way. And the antifungal properties. And you can get them. I have this from our foods.

Sinuses are so close to the brain, and we're talking about dementia. Is there a direct connection between these sinus colonization and dementia? In my experience, there are.

And when you look at what's happening, the the the olfactory bulb is one of the few places in our brain we only have four of them where there's no blood brain barrier.

And when you're smelling something, when you have a sense of smell that is an actual chemical interacting with the little hairs of the olfactory bulb that hang down into your sinus tissue.

Those chemicals not only interact, but if they're fat soluble, they can travel up into that olfactory bulb. And we see in other kind of toxicity studies like BPA, you can actually see that it rise the olfactory bulb all the way back.

And it like if you start to think about that, like it's a it's an escalator into our brain. And we do see the, the mold mycotoxins that, that do cross the blood brain barrier.

We see them, accumulate in the frontal lobe. So you can see personality changes, Lewy body changes. And we see them accumulate, in the brainstem. And so there are some like I had a patient who had melanoma from his

mALDI exposure.

It was too toxic. Black mold. He was always ending up on the wrong side. This is just a statistics like we didn't know he had mold until later. He already had the the diagnosis, but sure enough were when when he had a recurrence, it ended up in the frontal lobe and in the pons.

It was just like that was, you know, almost predictable, unfortunately. So getting on it, I think that the sinus treatment is really key because there's just that crypt form play, you know, between between the and that's a sinus bone basically between our brain and, and that olfactory bulb which is a direct route so important to be addressing these things.

I would go back to the the three mold treatments that you've seen be most helpful. You said bio flavonoids and resveratrol in particular, fish oils and then melatonin.

So with melatonin, you mentioned this is a primary brain antioxidant. So important for reducing that oxidative stress in the brain. I'm curious how you use this exactly.

Because, you know, some people talk about super physiologic doses that like 20mg per night, other people say, no, you should never go that high. You should never use over a half a milligram.

Where do you land and how do you use this with your patients? Yeah. So I think that when you're looking at the the dosing, you have to understand what force you're meeting.

So if it's just like sleep, you're just trying to help someone get to sleep. And it's because they have a really stressful job or they just had marital issues or something like that.

I don't go beyond super physiologic doses because it is a master hormone. But when we're talking about the force of a mycotoxins and the amount of inflammation disruption that is doing to a body, we go up into those oncologic type doses of 20mg.

Ideally, not everybody can tolerate that. They get really groggy. And so we start with just a little bit. I mean, that's a that's the message with all things mold.

Start low. Titrate up slowly. You know it's just start low and go slow. Some people get way sleepy with a milligram. So we start with liquid and we just kind of find out and then keep increasing, increasing, increasing, increasing till we can get to those doses that we see in oncology where we know, again, with oncology, the force that you're meeting here is, is very high.

Great great great. So so helpful. These are just really wonderful things that people can do. Starting today to reduce their mold burden or make a toxin burden and their risk for dementia.

If someone is concerned that they might be exposed to mold right now, what's the first step you would tell them to take? I would say, they can go to my website.

There's my clinical questionnaire on there. That can give you a score. And so it's a way to kind of see not only does it give you a score, but a lot of people are like, oh my gosh, I didn't know that was a mold thing.

I didn't know that was a mole thing. You know, they're going through the questionnaire saying, I have that and I didn't know that was connected to mold.

So all the symptoms on that questionnaire are connected to mold in an animal study or in my experience. And if you're a practitioner listening, I have the researched version of the questionnaire that you're very welcome to have and find out what research I use to to create that symptom on the questionnaire.

It gives you kind of a weighted score of like, no, probably not mold, possible mold or probable mold. And we're

working to scientifically validate that against mycotoxins testing to see, you know, do those numbers really have meaning?

I can tell you from my own practice, they do. That's why I created it. I'm very analytical. And I was treating Lyme patients. And I'm like, which of these guys has Lyme?

Which is more, do you know, what am I supposed to be doing here? So I had Doctor Horowitz's MRD Lyme questionnaire. I thought, I'm gonna create my own mold ones.

I can tell which of these guys has mold. So they're welcome to use that, you know, to buy the book together. Just go to the website. It's, on there.

Sinus Colonization and Direct Brain Exposure

And then I would say do a building assessment, talk to your doctor to see if they, you know, if the questionnaire shows possible or probable talk with your doctor.

Hopefully they're mold literate. If they're not, I have a whole list of mold that are at doctor's on my website. And then see if there is a building, an ongoing exposure and definitely use experts for that.

Yeah. And then it would you ever suggest that someone who has symptoms help with the remediation? No, that's an easy no. You're already reacting to it.

And the masks, the P100, even the highest rated respirator filters do not filter out mycotoxins. They do not filter out Michael Douglas, are you the same experience that too many patients come in and say, you know, I saw the mold and so I started ripping out the carpet, or I started getting into the drywall, and then I got into my closet.

I needed to get those shoes and that suit and whatever was in there, and I just go, no, don't do that. I know someone else. At this point, your health is more important than all of the staff, right?

Leave it behind. Do you have some some kind of hacks for that process? We were chatting right before we hit record that. So this is one of this, like most heartbreaking things that I see in my practice is that I see someone who's been exposed to mold, who's suffering with mold toxicity, possibly even has dementia because of it.

And they're so paralyzed because of the illness that it's hard to act. It's hard. I packed up out of the house, you know, call the landlord or even go on vacation, even just try to get it to a place where you feel better.

If you have any quick hacks for people so that that's a little bit of easier of a process. Well, I was just say, get out. I mean, that's the most important thing, Doctor Krone.

And again, the first three steps of any toxic exposure is number one, avoidance number two avoidance. Number three avoidance. You know, you can kind of understand.

And that coin flip again on the occupational studies is half the people that get out are better. That's all they had to do. So some people if they're wondering if it's more there's a lot of like paralysis through fear.

You know, like, oh God, look at me. Such a big deal. And I know. And so they wait and they wait and they wait. And as you're waiting, that mold is colonizing your body.

And now you're going to be the person who needs treatment. So I think the sooner the better. Get your body out. Avoid, avoid, avoid. And if there's any place that you can go, stay with a friend.

Sleep in your cart. Although sometimes cars are moldy, you know something where you can just get out of that exposure. Because just getting out now, when we were talking about with the dementia, when you're sleeping, wherever you're sleeping and you're not in your moldy environment, you can oxygenate your brain, which is what

we are seeing is one of the number one factors for dementia creation.

Yeah. And clear thinking. Right. Exactly. That's exactly what I mentioned. Hopefully once you feel a little bit more clearheaded, you can go back and kind of make some of those harder decisions.

Some people don't feel good when they get out they feel worse and it's your body detoxifying. So sometimes you do need to like get on the green tea and the, the turmeric and milk this on things that help your body detoxify.

But you know for the most part people do their brain cleans up and they can start making those decisions and have have agency again, because that is one of molds.

Jedi mind trick is that it says because I mean like a big 10,000ft view. When I look at mold and lime compared, lime needs you alive to survive. Mold would just assume compost you you.

Which is creepy, you know? I mean, that's kind of creepy to think about. So it wants you to just slow down, stay put. Don't leave the. Yeah. And so get out. And if you can move.

Some people are so sick they can't go for a walk. Even just little mini walks. Keeping windows open. Even if you have to run a heater or an air conditioner or something and the windows are open, minimize your exposure as much as possible until you get your plan.

I'm putting together a class actually right now for my membership, which is, what to do if you can't leave? Like if they're at the very beginning and they're like, okay, molds at my work, and I can change jobs at this point, or I'm in a rental and I can't get out.

There are certain nutrients you can take to protect yourself. And so I'm creating that soon. So if anyone wants to check out that resource, they can that by the time this, this publishes, we should have that resource because that's a it's a big deal for people that go into printing.

And I'm so glad you're doing it. And the other part of me goes, oh my God. But don't tell people they can stay. So I that's why I haven't created it yet.

It's this balance rate of like, you have to get out. That place is killing you. And so many people really do feel financially, emotionally like logistically just trapped.

And so I'm so grateful that you have some resources that you found that it can be supportive and that and from animal studies, again, you know, just taking translational medicine is really easy to do in natural medicine.

Many views these tools for so many years. And you can say, oh and animals, they use this. So now we can I know the human dosing that that means you know, but yeah the big messages you're not going to get better if you don't get out.

You do have to get out. This animal piece is really important. And no, we haven't had an opportunity to sort of talk about this on the site yet. So I want people to know that.

And there's a lot of interest in the human realm that don't exist in the animal realm. So in animal husbandry, getting micro toxins out of sheep and cows and chickens and horses and any animal that's basically used to generate revenue, there is a multi-billion, if not trillion dollar industry that just goes into reducing micro toxic burden because it make a toxic burden in these animals, reduces the amount of money you can make off of them.

It reduces the can be it reduces fertility. And also, of course, how much they're going to sell for a market. So this is very well-established. Again billions of dollars go into this in animal husbandry around the world.

Yet in humans which are also animals, the right to get down, this is not as well established.

Melatonin Dosing and Oxidative Stress

And I believe, you know, the, that this is because of the different influences. Right? A landlord has a very different interest than a tenant. A builder or a contractor has different interests than the person residing in that home.

And so when you start to get these different, differing kind of opposing interests, there's a lot more of a nuanced conversation around this. This is quite sad.

It's really unfortunate because it means that people's health is at risk. So this animal research, because it's so well established there, there is a ton of research that tells us how we can best get these mycotoxins out of of living things.

You bet. You are kind of speaking to this, and seeing how we use that, we kind of co-opt that research and apply it to humans. And unfortunately, we don't have the same depth and breadth of research applied to humans.

But we're getting it. We're getting there. We're working on it. Yeah, I hope so. I think it is purposeful. It's it's a lot of really well-paid attorneys trying to minimize how much research is going toward human, because then people have to start paying for things.

It's so frustrating in the current building materials included in that drywall. It's just the perfect food for a toxic mold, especially because it has a built in antifungals and it which actually makes them produce more toxins.

Right? Superbugs. Yeah. Yeah. The other piece that comes up, and I'd love for you to speak to this is the difference between two people, where you have a husband and wife who are in the same environment. They have very different presentation.

Can you talk about what? Yeah, that is more the rule than the exception, that everyone in that exposure has a different picture of what mold illness looks like for them, especially if they are being exposed to mold spores or spore fragments, which is, you know, that classic like pull up the carpet kind of thing.

Those are highly inflammatory, way more inflammatory than the spores themselves, because they're just like little antigenic DNA material that your body just cannot clear from our lungs because they're like asbestos. They lock in there.

So they just create this perpetual inflammation. So for some people that their mold picture is going to look kind of like the mold allergy thing. They're going to kind of fit the the classic picture with some added mycotoxins, fatigue and anxiousness and that kind of thing.

But everybody in that space, and typically with a family, everyone is going to react at a different time. Some people earlier than others in a different way because they're fat soluble.

They can go to all these different systems and tissues in the body, and it has to do with their genetic status, their previous exposure, which mold and mycotoxins they're exposed to if they've ever been exposed to that one before.

Because the body's really smart, that if it has been exposed to that before, to the point that it affected your health, it's going to react way sooner to that exposure.

That's why some people, they can't even eat in a restaurant, they walk in, they're like, nope, got to leave. It's not going to make me feel good. So, you know, it has to do with dose duration, genetic susceptibility, nutritional status, things like your glutathione on your DHEA, your good fats.

And then, you know, previous exposure. So there's a lot of factors that goes into how someone is going to react and how soon they react. And do you see, I have certainly seen in my clinical practice that early childhood trauma also seems to make people a little bit more susceptible.

So when the brain learns that you're not safe, from it, especially a very early stage. Then people who have experienced that and have that sort of foundational brain training tend to be a little bit more reactive.

And this is where, things like, Sanjay Gupta and, excuse me, his name is not Sanjay.

What to Do If You Suspect Mold Exposure

It's the Gupta program. And then and the data are asked by any hopper, they seem to be particularly effective at sort of rewiring that limbic system so that we can have more positive, really subconscious messages going to the cellular and habits, if you will.

Definitely. I mean, kind of goes back to what we were talking about with the with the breathing. This is also a it's almost like the neurotransmitters are the brain cells are primed for trauma.

And so when you get that toxin exposure, they are already preprogrammed. So whenever you have a systemic inflammation which could have been a cold could be more than micro toxin exposure.

Now you're going to have an exaggerated inflammation in the brain tissue that has to do with your immune system. So now you're going to have more information in the brain than you would have as a, you know, a normal person, someone that didn't have those adverse childhood events.

I see this very, very commonly. We do a lot of microcurrent and cranial sacral in my practice, and we have a cranial psychotherapist. And it's just it's incredible.

But and it's, I think fundamental to, to the whole picture of just looking at when you have that early exposure, there are belief systems that get into place that affect your decision making as an adult, that you don't even know their blind beliefs and that puts people into moldy environments more, more commonly than people who haven't had that, which is a really interesting thing of, you know, you had to kind of like get over or gloss over what was happening to you as an inner child.

And that sets in this, this pattern, in this belief system. So when you go into a moldy building, even though your brain is saying, I'm not safe, they are so skilled at overwriting that that they end up being the ones that sign the lease.

You know where someone else who didn't have that event might go in there and go, there's something wrong with this place. I'm going to trust myself with that. And they walk out.

Somebody who has has a well ingrained gloss over those those sensations. You know, you don't have to make everyone else uncomfortable by saying no, you know, all of those things.

They have really, really worked hard on and have been ingrained as a child, so important. And it's validating here that you see that as well clinically, because every time I now ask it routinely, did you examine the child, a child?

Because it does seem to really make a difference. And, and also, in how quickly people recover. I think really my confidence in them getting fully better, goes up when they include some sort of limbic retraining, some sort of either therapy or meditation, and then of course, cranial sacral and homoeopathy.

Yeah. I mean, yeah, so many cool, lots of tools. Not just to get there, but whenever something is included that addresses that, our outcomes seem to be much, much better.

And it could be a recent grief or trauma or something like that. Like, that was the case in my personal one. I had just experienced the super grief, and that was like, and not to get too esoteric, but if you think about what more does its purpose on the planet is to take previously living useful, you know, material, we could also call it in information and metabolize that into little chunks of useful nutrients or information.

So when you have had something that is no longer serving you and you're ready to make a shift, but there's like, like an old pattern that you didn't, you know, oh, I want to make this, you know, your intuition is like, I gotta make this shift within.

I've got all these habits and routines, then mold says, I'll come in and help so you can actually invite it as well. And the way to be to conquer mold, to get on the other side of that is to address that stuff.

Just go ahead and be brave, you know, take those, take those steps, do that change, even if it's something that doesn't feel comfortable. I absolutely love that reframe.

I'm going to steal it from you. But just saying it, it's not stealing. I'm giving it willingly. Thank you. Thank you for that gift. And like, what is mold asking you to decompose?

What is it asking you to be present? It's no longer useful for you. And we all grow and change. We all mold, you know? But we. We mold energetically. But we were like, it's a scary thing.

You don't want to let that go because that's something that has served you. But if it's not serving you anymore, if you're not ready to peel it off more to help, no, no to net you in that direction.

So I think this is then so helpful, so informative and and just really inspiring. Thank you so much for sharing your wisdom around molds, around dementia and some of your clinical experience that I know will help so many of our attendees, listening and watching the summit.

Happy to help. Thank you so much for inviting me to be part of it. Of course. So I want to make sure everyone knows exactly how to find out more about Break the Mold is I know I bought mine on Amazon, so I know you can get it there.

And your website again is yeah. Doctor krista.com that's Dr. Krista. Com you can also get the book and like Barnes and Noble you know the big box stores.

If you're not an Amazon fan you can get in an Ingram which is, more indie book or from my website. And I do have a membership. So if you're looking for a more literate doctor, you can find one in your area and you want some support.

I'm not taking new patients anymore. So it was my way of creating, like, a group learning situation. And we just it's a beautiful group of supportive people who are all going through what you are going through.

They get it. You're not crazy. And there's they're incredibly gifted with all the resources and things that they're bringing. So that's an area to, to consider so valuable.

Thank you for making that available. And, we will be on the lookout for the new super valuable courses that you're doing as well. And I'm doing it for July 24th.

I'm going to be learning from you. I will be at that webinar. So back to it. Very grateful for this wisdom and information that you put out there. Thank you.

What a great interview with Doctor Jill. Krista. She's phenomenal. I'm sure you will agree. After you listen to this. She's going to tell you the hidden exposure to mold that every single dementia patient needs to know right now.

She has examples from her clinical practice about things that are essential to reversing dementia, and some of those hidden things that you might not even think about.

But that affect lots and lots of dementia patients, especially if you have a CPAp machine. The definition of detox insanity why some of these things perpetuate over and over and over and over, and what you can do to break that vicious cycle.

Doctor Joe Kristen gives you so many great tips about pre binders. How to start low, go slow, make sure you're making progress, and getting to the finish line so you can get your brain back and your life back.

Listen to this episode for lots of great tips. Also Doctor Kelly Holderman interview Doctor Krista, Doctor Krista and Doctor Neil Nathans interviews all go really well together because we do deep dives into detox.

So if you think mold is an issue for you, make sure that you stay tuned. Listen to this entire episode and make sure you get those others. All right? Enjoy.