Proven Methods of Diagosis and Treatment with Medical and Scientific Evidence for Patients Affected by Molds/Mycotoxins Transcript

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Introduction and Guest Background

So. Good morning. Welcome again to another episode of mycotoxins and chronic illnesses. Today it is a real pleasure and honor to be interviewing, Doctor Andrew Campbell.

That Campbell is, an editor of, and a clinician. I think he's, amazing clinician. He's been in this field, since the late 80s. And, He has, been the medical director of the, I think it's immune.

And, what was the name of your clinic in Houston? I know, you know, along with the the center for Immune and Toxic Disorders, center for Immune and Functional Disorders.

And, he's, just he's published over 90 studies in peer reviewed medical, journals and chapters in medical textbooks. He's received many awards from organizations, both national, international.

He is currently the medical director of my MCL lab. And he has demonstrated success in treating the most complex patients, with molds and mycotoxins from environmental and toxic exposures.

You know, doctor, Campbell also lectures regularly at national and international conferences. And, it is a honor to have him with us today. Just before we got started, we were, chatting a little bit, and, I was learning some very interesting things.

So I think we're going to start with, asking, Doctor Campbell how you got involved in the mold business. I know that was the mold to toxins, but, it sounds like you had an interesting story, so I started seeing in Houston a lot of, women who had similar complaints, whether they were young or old, tall or short, didn't matter.

They all had similar complaints. And back before the days of computers, I said after hours that, in the office and go through their charts and try to find what was the commonality.

And that struck me that they had silicone breast implants. So then we I started looking for other doctors. And this is when you called from one town to the next, or one city the next and had, long distance charges.

I if for those of you who remember those kind of things. But the point being that, there was, it was a pioneering thing. I rented a few doctors that did know and we shared the same concerns, etc.

finally, we found a good lab to help us, with diagnosis. And then women would naturally, because they were quite ill, would get the implants, removed, but they only got marginally better, maybe 20% or so.

The other 80% of symptoms persisted. So then, eventually, in looking for the answer and solution to that, found a doctor, PhD in Canada. Doctor, probably, I was educated in Switzerland and the French side.

So he spoke French. So we got along super and, in French. And he told me that the implants that he got because he was an expert on all implantable medical devices, including, hip implants, knee and all kinds of TMJ implants, so on and so forth.

He said that inside the silicone breast implants had mold growing in them. And I asked them, how could they possibly have mold growing on them in modern manufacturing plants?

So then I started the women. I started giving them anti-fungal medication, and lo and behold, the the clouds parted and the sun started shining through.

How Dr. Campbell Entered Mold and Mycotoxin Medicine

And they they got better and they got well, well. And, and during all that, this took a few years, 5 or 6 years. And during the every step I, I and group of other doctors would publish our findings.

We have about 25 or so studies, that were published on breast implants and, and, then the the result was, is that people started coming to see me saying you helped my aunt, my, my sister, my grandmother, my mother, my neighbor who had breast implants because they had mold.

We have mold in our home and we're sick. Can you help us? So, again, looking for a good lab to help diagnose and examine these patients carefully. And, came out with certain.

So some solutions for them. One thing I learned is that one size doesn't fit all. And molds and mycotoxins and, there's all kinds of manifestations. And I got another 25 or so publications on molds and mycotoxins and how to treat them, how to diagnose, how to, best help the variety of symptoms and patients there are.

And it's still a struggle to try and get a lot of doctors to believe in this because it mimics so many other these disorders and diseases. Chronic fatigue syndrome, fibromyalgia, etc., etc..

And so doctors are think that it smells rather than due to molds and mycotoxins. Yeah. And the, the individual sensitivity to them I think is what makes it so difficult to get doctors to, you know, we do really well when everyone asks the same, you know, my my great my simple analogy is that nobody argues about the effect of a bullet, you know, but, when you have something like mold and mycotoxins, which many of us can tolerate, with minimal effects, and, you know, and, and other people, it's devastating.

And I think that's where we get into trouble. If doctors, doctors want everybody to act the same, you know, it it makes it simpler for them. But the point is, is that everybody's immune system is unique and different, like, like a fingerprint. So as a result, you get these, variances, and, people and some people are in the same household, you have mold in the same household, and one person is very ill, and the other person is somewhat.

Bill. Yeah. And that that is what yes. It makes, you know, a so much of a strain. You know, there are so many families that are ripped apart because it's really easy to decide that the other person is quote unquote neurotic or, you know, secondary gain or all those wonderful psychological diagnoses that we like to put on things we don't understand.

It's it's it is terrible. But what's, what's fascinating to me about these, the mold and mycotoxins, that story and talking to you, is just reinforcing something that's like.

I've, I've I've almost embarrassed. You said I, I was, you know, remember back in the 80s when we Doctor Crock and we were talking about Candida and. And, you know, we always had paid attention to that, but it just amazes me that we didn't.

At least I didn't realize the full the full magnitude of, of of molten mycotoxins. Really, it's been a slow burn, you know, over the last 15 years. You know, we started doing more and more, but it's I don't know, it just seems like it took the last five years to go boom, you know, this is what's often stopping people.

You know, you write about chronic Lyme, and that's something that I've been treating for 20 years. And, you know, it's so true that that is, you know, that the overlap, you know, and, you know, there is some people feel that you need that the line is, in fact, what maybe potentially, you know, like, affects the immune system to make mycotoxins in, in a, in a, in one population more sensitive, tuned to the mycotoxins.

But you know, he Tell me more about that before I go off into my world. Tell me more about your experience with

with with treating mycotoxins in molds.

I mean, you've had a lot of it so that I've seen and I've seen over 14,000 and none of them come to see me first. They've all been to all kinds of different specialists.

They've even been told to go see a psychiatrist, many of them, etc. and then they come see me. They bring this many medical records, a shopping bag full of pills and prescriptions they've taken, none of which have worked.

And then, my average time with a new patient is a couple of hours. 1 or 2 hours. These are not simple patients to take care of. You can't take care of this.

And the usual 12 minutes that the insurance companies feel that is all that is needed. So then, what? And I'm glad you brought Doctor Crook's, candid, candid about into the picture, because that's where we some, some of us started, you know, cutting our teeth, so to speak.

And one of the things about that that's very interesting and today is, mycotoxins are known to suppress the immune system. Well, 50% of people carry on them, some Candida, and it's held in check by the immune system.

But when your immune system is suppressed now, Candida can do whatever it wants a little more, it can be become more invasive. And so you give them fluconazole, which Candida being a yeast, fluconazole is great for yeast.

And they start feeling better. And then you've got a switch to because you've gotten rid of the candida. That's when you switch to say hydrocortisone to get rid of the mold that's causing the issues with, these patients.

And of course, a lot of studies show that the majority of patients have brain issues, brain fog, short term memory loss, sleep disturbance, personality changes, etc., etc.

because the first place that is hit by mycotoxins is the brain, the other is the lungs. And there's good studies showing these, right? The the brain. I mean, while we're on that, do you feel that there is, significant carriage in the, in the nose and sinuses or is that something in your experience?

Well, Doctor Panico, who is chairman of Department of into surgery at Mayo, wrote a really good study at 1999 where he took 210 patients with chronic rhino sinusitis, dug up into their sinuses.

Took a lot of them to the yard, dug stuff out and sent it to the lab. 96% of those patients had mold. So we know they they grow in your sinuses. And then what? They produce mycotoxins.

And so what what happens is the mycotoxins crawl up through the first cranial nerve, which is the olfactory nerve. Right. Pass through the deformed plate, get into the nerve and get into the brain.

And the, the, interesting part of that is that I think that, what doctor protocol showed is that you get the mold on the, on the tissue of the sinuses, and it causes an inflammatory reaction.

The sinuses create a lot of mucus. And so you've got this chronic, runny, stuffy nose. And then on top of the mucus, gross bacteria. So the typical anti will give and a decongestant and an antibiotic.

And the patient will get better for a couple of months. And then it's right back where it was. Because they're getting only rid of that first layer. Yep.

Yes. That that the the the issue of the that biofilm and the family of the supportive family of, molds and, and and bacteria in the nose and, you know, in the gut.

It's just so important. So it's the as far as testing goes, what are your favorite ways of of looking at this? And how is it changed? I really interested in what you did in the past and what you're doing now.

Well, there were the first tests that came out 30 years ago or so were basically, antibodies, IGA, GE AGM and I g antibodies to molds. So there was a list of molds.

You got these antibodies. But then what? One of the things that was notable was they really didn't react to AGM, AGM antibodies really last maybe two weeks, three weeks.

The longest 20 days. So really IGA is more important and IGA nothing happened with IGA. Just sat around without any reactivity.

Immune Dysfunction, Candida, and Brain Symptoms

But IGT reacted because of course mast cells, you know, and and there's still a lot of, allergies to lots. So having said that, I think that those were the first tests also, along with that kind of tests for immune, your immune system, in other words, T cell count, B cell count, but also when these B cells and T cells got stimulated, how did they react?

They under react or do they overreact? It was important to find out. How is it how is that person's immune system reacting. And lastly, in case cell activity, natural killer cell activity, you know, you see a lot of patients that their n k cells count was fine, but their activity was very low.

Kind of like the postal system, you know, you know, there's a lot of people working there, but mail is slow. So, and lastly came the, Michael Michael toxin antibodies.

This came into being about 25 years ago. And, those were very useful because your your body react, your immune system reaction to pathogens, your typical for pathogens, bacteria, viruses, pathogenic fungi and parasites.

You start with a night GM for two three weeks and then it switches to IgG. You get over that and then you have the memory stay of algae so that in case you get attacked, your your body immediately has the Ige antibodies to fight this off in toxicology, it's different because we're exposed to thousands and thousands of toxins every day.

Shampoo. Soap, you know, the air we breathe, etc.. So in toxicology, the immune system only reacts when there's a toxin. There. And it doesn't keep a memory because otherwise it have to make antibodies against everything since we were exposed at birth.

So what is interesting is that you can actually measure antibodies of the person, to, measure of the micro toxin antibodies to a person and see how high they are or how how severe the reaction is.

And then after treatment, say, six months down the road, you take it again and the results show that they're gone. That is that is very exciting. I mean, that that that's the important news is because one of the difficulties in this field is that, you know, we're treating people with often multiple, problems, multiple issues and multiple symptoms.

And it's nice to know, you know, we often we're, we're left with treating clinically, you know, based on their symptoms because our tests don't usually give us that on off signal.

And it's nice to hear that in your experience that, the when you'll see these IgG antibodies to mycotoxins dissipate and reduce, when people, either have, reduce their exposure and you remove them from the body, I mean, you know, so I just, day long, six modules for the American Academy of Environmental Medicine.

And, the last module, number six is all case studies in which you see how high it is. And then six months later, plus with pictures of the patient, like their skin or whatever is affecting them.

So, and I can make those available to you, but it'll have to be after the first because that's when the course is over. Otherwise you have to pay $495 right now.

Okay. But I'll send to you on or after May 1st. I would that would be great because that's you know, there are

few tests I'm playing with a line test.

The in fact, a lab test that looks at T-cell function and seems to be giving that same signal, which is we've always lacked in Lyme disease, is because it was IG.

Antibodies for line can last some people for years. And it's it's been difficult to see when to stop, you know, or when you have to change horses. Like, and yes, for example, the average amount of Lyme tests done in a per year in the United States is about 3.3 million Lyme tests.

So what happens is a patient comes to see a doctor and the doctor says, oh, you must have Lyme. They don't really screen the patient well enough. And so there's these millions of Lyme tests being done for disease that's not really there.

And, published an article two years ago in the summer. Is it Lyme or is it mycotoxins? And it could be both off. It is. Yes. And just which you know, and that that is it's like pick up sticks, you know, but I, I always tend to think the mold, the mold, the mycotoxins layer is usually best to treat first.

I agree totally. Yeah. You know, I, I hate to make things absolute because, you know, in the line world we went through that period when, you know, you had to treat the BCA first.

You know, and, and it's like instead of, wait a minute, it depends on what is symptomatic and what's moving in the patient. But when it comes to the mycotoxins, because they are a toxin, getting rid of that seems to be just, a kind of almost like a no brainer.

And one of the things that we were going to talk about, what we'll talk about now, actually, is the whole issue of how this plays into mast cell activation, which I think is the the bomb that often makes people feel, that that life is hopeless because every time they try to get treated with something, their symptoms get worse.

And, but so can you chat a little bit about your experience with, mast cell activation? These, these, when you have a IGI antibody to a toxin. So mycotoxins, that really stimulates your mast cells.

Now mast cells have are full of these, little, little round bags of stuff. Shall we call them some of them, release, heparin and, histamine. But there's others that that release cytokines like IL six, interleukin six, etc..

Well, these are antibodies. Some other toxins will really hit these cytokines. And these cytokines will send us huge message cytokines. You know, regulate the immune system.

So they're going to send this message inflammation cause inflammation, which is one of the immune reactions that we all learned about way back in medical school.

So this reaction of inflammation when you get inflammation throughout the body, this is these are the patients that have a lot of complaints. And they're you know, you you can't just you have to be really well what do I do?

Do I treat this first or that first or how do I do this? What's the best way for this particular patient? Now, some patients will show up with just a lot of, immunoglobulin E and antibodies, and some will show up with just a lot of immune globulin, G antibodies, and some will show up with both.

Sinus Mold, Biofilms, and Diagnostic Testing

Of course, when you've got both that, you know that that person is really had a whopping dose, and usually not just for a month or two, but for a while.

My worst patients were always the ones that came from Louisiana because of all the hurricanes, all the floodings, etc., etc. I mean, they were and they would live there all their life in those places.

So we're very difficult, to treat and get rid of. And as you say, toxins, mycotoxins are toxins just like pesticides or mercury or, or trichloroethylene.

So they're not easy to get rid of. So yeah, that, that so, that, what is your, your favorite standard or just, you know, how do you approach, dealing with the mycotoxins.

What, what what's your favorite? When. Or if these patients, the part of the, the issue with mycotoxins is where are the patients affected? So one of the things I learned to do, is, is do a really good, neurological exam without spending 45 minutes just on that part.

So I had a, tenured professor at Baylor show me for several weeks how to do that. Every Friday afternoon, we got together and his clinic doctor, Bernard Patton and, Doctor Patton.

I got to me through the breast implant issue, and so, he taught me little subtle things about patients, you know, like, and in the case of mycotoxins, many of them will have an a sikora, which is basically one pupil smaller than the other or larger than the other.

It doesn't mean they have a blown pupil, it just means one reacts a little differently than the other. That's a little thing. But that's the optic nerve.

The second thing is that he taught me to take a piece of a sheet of paper and put it on their hand like this. So if it went like, you would really see a tremor, even if it was real fine.

Yeah. A great way for a subtle tremor to show up. Yeah, yeah. And look at your the reflexes. Upper and lower extremity deep tendon reflexes and and touch light touch using, you know, a little brush or something.

And of course the, the needle, seeing if there's, any, neuro neurological findings there. What? So all these little things then help me in deciding. Okay, so I'm going to give him the, my tokenizer for first things first.

First thing is the first rule of toxicology, which is get the patient away from the toxin or the toxin away from the patient. Yeah. Which is many, many times the most difficult part because these people live in a house, they can't go out and abandon the house and live in a and buy a new one.

Right. You know, within a week or two it's not going to happen. Remediation, testing and remediation is not standardized in this country. So you can get five different bids using five different products.

And who knows if it works or not. Right? There's only one product that OSHA accepts for workplaces, and that's a product called TM 100 isn't, Amazon. Mother and 100.

That's the only product OSHA accepts for cleaning up a workplace. So it's a pretty good product to use. Also, in the home, obviously, where a lot of us have started working these days after this, Covid situation.

Having said that. So then you you start them on on once they're if they don't get out of the house, there's no treatment that will really work. They'll because they're there around a toxin day day and night.

The second thing. So I start a monitor console, get ready. It's good anti fungal. That's a broad spectrum. Just like there's broad spectrum antibiotics.

This broad spectrum antifungals I've used that 14,000 times almost I've never I've had one problem with it. One lady in her early 40s said she developed insomnia.

So in the beginning I was very nervous about the liver. So I did liver function tests every two weeks, nothing happens. So I stretched out to a month. Nothing happens.

So I stretched it to six weeks. Nothing happened. So I did it every two months. And that's where I've kept it. And still

no changes in liver function tests.

I like to use certain. I think it's, important to use, magnesium in these patients. Magnesium is involved in more than 300 and somatic, changes in the body.

So I got to learn about it. A few years ago, I got interested and published on magnesium, and recently doctor Tom Levy published a book on magnesium. I don't know if you know, Doctor Tom Levy, Magnum.

And he's really writes great, great books. I like to use vitamin C in these patients because it's a great antioxidant. And there's and these mycotoxins cause a lot of those, you know, all these electrons bumping into each other and knocking things out.

Right. All right. So, but these are some of the things, there's, I, I like fish oils because they're anti-inflammatory as as just curcumin and resveratrol. And, I think there was a lot of studies that came out of the University of Texas, San Antonio back in the in the 90s about melatonin being a neuroprotective.

So I, I like, using melatonin. I always recommend the better kind and not just whatever you can find at, Walmart. Right. So, you know, that that I think is important as well.

Recently I found in patients that have problems and issues with the brain. And I found this out through Doctor Nathan Bryan of Baylor University. Right. His, trick oxide.

I did a very small study for him and a group of patients who, scored higher an early dementia. And, make a long story short, within a month, these patients had improved tremendously.

Their circulation into the brain, as shown by MRI and contrast with contrast. So, I use that in these patients, as well as using what is phosphor title sharing?

I like sharing better than the colon. And then I also think that, using a good, well, not diet, but nutritional guideline. So the eat all you want of this don't teach, don't eat nothing of this because people still don't know.

I mean, you know, you get a Texan in your office with a belt buckle the size of a hubcap, and they tell you. What do you mean? I can eat what I want a half a fox.

Not going to go far. Yeah. So you've got to explain it. Why? And so that they can understand if a patient understands why they're more likely to follow directions.

And so I explain every supplement, every medication, every item on the nutritional guidelines to the patients, to where they really can finally get it and follow you on your, on your food list.

Is there, what what's your major? You know, knows, you know what? What are your, like, you know, non-negotiable, so to speak, here. The major dances obviously don't go live somewhere where there's some more mold.

And, you know, that's just just obvious. But the other the other dances, I, I tell them to stop all gluten.

Treatment Strategies and Supportive Therapies

I, I tell them to stop all dairy products, and I, I'm very down to be very picky about what fish they eat. Don't eat large fish. Right. Trying to get the mercury will calm down.

Okay, now I'm better than a sardine. As best, right. So because of the mercury issue, obviously. And, those are the and of course, no fast foods or soft drinks or anything like that.

And don't drink anything out of plastic. Drink everything out of glass. Yes. Yeah. That's a that's a big one. The

plastics are just amazing how, how they've inundated our, our, our bodies.

We forget about our food supply. We are now. Yeah they are now us. That's right. Yeah. Okay. I'll use vitamin D with these patients. I found I started trying vitamin D and a lot of people, and that was marginal or low.

I like to keep it between 50 and 80 because it's good for the immune system. And these people have an immune system that's really crawling on its belly.

And lastly, some patients have what is called cidp chronic inflammatory demyelinating poly neuropathy. And as a result of the demyelination from mycotoxins, there a group of us, Jack Thrasher and I and a couple others, Doctor Ross Downey, wrote a, chapter in a textbook on on that.

And the best way to measure that is by, doing nerve conduction velocities, not EMG, EMG pick up demyelination when it's more than 20%. And it's expensive to do because you have to have a neurologist do it right versus doing nerve conduction velocities or done by a technician.

It takes just a few minutes and you get the results right away. And check it at the text email nation at less at 5% or more. And I did, brainstem auditory evoked potentials, visual evoked potentials.

They picked up a lot of information from the brain. And if they do test, if they do have antibodies to myelin, we, remind people that myelin in the brain is made by oligodendrocytes.

And and the peripheral a nervous system, it's made by Schwann cells. Right. So you've got demyelination, through oligodendrocytes. That qualifies you for IVIg.

So I give 0.4g per kilo per dose once a week for six weeks and check them again. Some some patients have to take that more than once. Again, you measure their progress with the nerve conduction velocities, right?

Yeah. Have you started doing any, you know, the small fiber biopsies or, you know, just to sometimes pick up some of the the small, small fiber neuropathies?

Well, the even the small fiber neuron phase, suffer from the demoralization. And that's one of the toughest parts to take care of with patients, especially if they're they don't have insurance or something of that nature.

Yeah. No, no, I mean, if they don't have insurance, it's very difficult. Yeah. Since IVIg is, in the prohibitively expensive range for most, yeah, for just other things.

And those. I love your list. I mean, nitric oxide I think is. Yeah, it is huge for people. I like for I use a lot of fast times Siri in people at night, but I, I've always been, very big on the fossil title coaling.

Especially the IB fossil title calling for detoxing along the way. Is that something you've played with or hasn't you haven't seen? Well, I've tried it both ways.

Right. And it's, you know, so my experience has been more positive for the Siri. Okay. Okay. Yeah. Yeah. No, I think basically, yeah. The issue these chemicals are, you know, the, the, the they wind up bit later on in Sarah minds and in single minds and things that that we are I mean, chemicals that, you know, I never really paid attention to and just in the last few years discovering that these these seem to be the markers for chronic inflammation is up either elevated or low.

There there's a lot happening, in the body at levels that we still have very little idea about. I think that's, that's the the hardest thing for patients to understand is information inflammation.

Yeah. Inflammation. And but inflammation is modulated at lots of different levels. And, and that's where you know, we're still in the early learning curve of how this organism works.

And, you know, it's the way people, are presented, medical information. It sounds like we understand the system. And I try to tell people, you know, if we build it, we understand it.

But, nature, God, whatever your work want to be. But we didn't make us or trees. And we do not understand how these things work yet. You know, we do a lot of this is, is, you know, I call a pin the tail of the donkey.

You know, we we have an idea. We see if it works. And the people who think they have the theory, they just have a story. You know, as we can see from Covid at the moment.

But let's not go there. You know, the, the going back to, to mycotoxins, molds, allergy, versus you know, toxin because I think that, that, you know, one of the things that, I had been taught and, you know, I want your opinion on is that, molds are not great at producing a lot of Ige and a lot of people, a lot more people seem to have itchy gene reactivity to, molds is that's been the experience, my experience in some of the, other people that I know.

But I'm curious. You've been doing this a long time, so, what's your feeling on that? I think? Well, again, with the a lot of the method, of IgG and antibody testing, I have seen, as you say, a lot of IgG, a as especially, and just today I got this paper, from a doctor in new Jersey, two doctors, doctor in new Jersey and one at Tufts University.

About increased resolution to mold allergens measured by intradermal skin testing following hurricanes. Well, I think with what we've seen, the climate change, more hurricanes, more flooding, more tropical rains and all these other climate change issues, they affect not only homes, but they affect public buildings, libraries, schools, businesses, etc..

And so people are getting more and more exposed to of course, the immune system is going to react to it right away because it's it doesn't take that long for the body to produce an ugly reaction.

And of course, with that comes inflammation, right? Yeah, we seen a lot of that. Just, you know, one of the things we I mean, years ago when I used to do a little, skin testing, we, I did that for we would see that, mold allergens, you know, in which skin tested.

They often didn't react the way, you know, like most allergens react within minutes on skin testing, but the molds would really show up sometimes day two and day three, if you bothered to follow about that long, you know which allergies generally don't.

And that's why I was thinking it, you know, and it also, oh, so wonderful doctor Who passed away about ten years ago in San Francisco, whose name I'm blanking on right now.

But he, he, he was, an immunologist, allergist immunologist who, who really got and had was treating people with, nasal, ketoconazole back 20 years ago, you know, with, you know, because he was seeing elevated IgG antibodies in the serum, you know, across multiple, multiple, multiple molds, you know, and, you know, that that's what always had me kind of hooked on the IgG because I even to this day, I often do, you know, insurance companies are happy to pay for it, and they don't like to pay for IgG panels, for molds, for anything allergy.

And, but again, I also I see a lot of this where the IgG is positive in the molds or, and the are negative. It's it's just one of those things that I found curious, about the, the various ways the immune system responds.

And I'm wondering if, if perhaps seeing more IgG e has to do with, again, I think it's just people are getting more, their immune systems are getting a more hair trigger.

I mean, the auto autoimmune diseases have skyrocketed over the last 40 years. And I think that's what this is just another, another, issue that when the toxic load gets high enough, the immune system really starts having trouble and modulating itself, you know?

Right. Yeah. And with with with your. So tell me some of your you had some very interesting you know I think clear cut patient examples of people who've had, diagnoses of autism or even all the way from, in the young in, in

Alzheimer's at the old age group.

And what's been your experience in treating these folks? The experience says that, you know, for a long time we didn't know what to do with with autism, and pediatric neurologists would give all these, drugs, prescription medications.

We didn't have a study on. Okay. If a child age five takes this medication, what's. Well, how will that affect their brain when they're 25 or 30 5 or 45?

Neurologic Complications and Advanced Cases

And, I wasn't very much in favor of giving anyone with a developing brain a drug. It affects the brain. So, I drove, I got all of a sudden in my office, this pediatric orthopedist comes with his son and his wife, and, he had opened an office in a big city, started practicing in the building next to the hospital.

And it had one of these attachments where you walked right into the hospital, and. And, he was there, when their son was born. They used to have him and, on Saturdays they go back to the office because he wanted to touch up on charts.

And she ran the office. So she did the insurance stuff, and they put the son up, in a crib right next to a certain wall where they both could, could see him if he needed it.

And then when, as, as he grew them, they put him in one of those, I call them cages, but, playpens. Yeah. Right. And he started having problems. So naturally, he goes up and into the office, some other office in the building, and says, you know, to a pediatrician, neurologist.

And they all agree this kid has autism. So then they're they're on another Saturday and someone knocks on the door and he opens up and hears these two men in full Tyvek suits with respirator double gloves taped and say to him, we're here to inspect for mold.

And he looks at them. He says, well, there's no mold in here. He says, you don't understand. Three floors above you, up against this wall is a sink. And behind the wall, the sink has been leaking down.

And that's the wall they put their son next to. Well, so he read up on that. He read some life publications and that's why he flew. And they flew in to see me.

I, I test the kid, but before I get test results, I said, look, you're a doctor. So if you want, let's start treatment. Even though we don't have an answer, if you're willing to do this and if you're willing to take my cell number and give me your cell number.

So in case something happens, I don't care what time of the day or night you call it says, I'm ready to do whatever it takes. So I put the child on, on on what I thought would be best for him.

I do remember part of it was I took consol liquid and the mother calls me three weeks later sobbing because her son spoke to her, looked at her and asked her for certain food that he liked.

Wow. So six months later, dad and the son were playing with these balsa wood airplanes. That out in the yard. A year and a half later, he was in school. Wow.

So that led me to think there's some here. Yep. So on the other end of the scale, I get this gentleman. Well, the wife brings the gentleman and the husband, very wealthy people.

They've been to see five neurologists. They flew to see two of them wrap up. Neurologist. Yes. You have Alzheimer's. He couldn't find his. He didn't know where his clothes were.

Were he didn't know which bedroom was his bedroom. He didn't go out anywhere because he'd get lost immediately. He kind of stayed quiet in the corner.

One family came over because he didn't know who the heck they were. The one thing they noted it was they had this piece of furniture in the bedroom up against the wall that held a TV screen and had drawers and, nooks for books, etc.

and they decided to get rid of it and put a new one on because they got a better TV. They removed that. And behind that the all the wall was full of bolts, so they moved out of that house.

I start treating him like a long story short, now he's happy go lucky guy drives his car where he wants, he recognizes all his friends, etc. and I don't know who that doctor Dale Bredesen, published an article about, I think five years ago, 4 or 5 years ago about the, you know, one type, the inflammatory type.

You brought inflammation. And that's very essential. The inflammatory type can be caused by mycotoxins. And another study doing brain autopsies on patients with Alzheimer, 28% had mycotoxins in their brain and pathology.

So I'm not saying everybody's going to get better, but it's certainly worth a try. Yes. You know, this brings us almost full circle back to that idea of, you know, the biochemical individuality that, you know, people are so different.

And just because you have a diagnosis doesn't tell us how you got there and didn't tell you how to get better, it gives us a place to start. But it's not, you know, it be.

It's the medicine that we were taught. Always suggested that if we had the diagnosis, we had somehow the answer. I don't know why, but that that that that's our, our our training and and and and we've trained the population to like, you know, give me a diagnosis and, I think unfortunately, it just gives us a place to start, you know, that that's where it is.

And then we have to work. And it's so interesting that, you know, now with the, with the micro toxin, antibody testing, perhaps we can, better, you know, stratify our patients, you know, because, I, you know, I, I feel, you know, I've done I do a lot of the urine mycotoxins testing over the years.

I mean, I go from the beginning of it. We did it. I've always had a, bit of a jaundiced eye about it because, I, I could see that it didn't correlate with symptoms.

Okay. Now, over the years, I have done enough work with, with the labs and see that, you know, I don't think it to the high levels are not backgrounds and foods, but, still, they're not always correlated with, symptomatology.

And that's the difficulty is that when you're, you know, when you're, and, you know, the good news is, is that a lot of people just use a lot of binders and binders are fine.

In fact, I would like to ask you, is there any binders that you that you particularly like me, but I finish? My point is that the thing about binders is they're also nonspecific because lots of things produce toxins, and getting a response to a binder doesn't mean that you have mold.

All right. Maybe, but but anyway. But so let me hear what your thoughts are on binders. Well, when, I use charcoal, activated charcoal as a binder, mainly when I have a patient under treatment and they develop, I don't know, bronchitis and they're given an antibiotic and, I don't know, cough sirup or cough suppressant or whatever they're given.

And then they get then the infection's over. I want to get rid of those medications, and chemicals out of their body. So I use activated charcoal for ten days to weeks to get that out in general.

You know, I'm, I'm pretty, much a evidence based doctor, and there are no studies in humans on my binders doing anything for mycotoxins. They there's a lot of studies on that are turkey poults and piglets and fryer chickens so far

But there's none for humans. So how do you know what the doses are? Do you know which one to pick, etc.? If there's no guidelines in the, peer reviewed medical literature?

But the oh, that's that's for sure. But I guess, how do you say, evidence is nice, but I if I just waited for evidence in the literature, I don't think I would have a lot to do for a lot of my patients.

You know, we have to look at just risk benefit, you know? Yeah. I need a high level of evidence.

Evidence, Binders, and Closing Reflections

If I'm going to use, a medication which has a significant list of, you know, it can make you worse. I have a low threshold if I'm using nutrients or things that have a low likelihood of harm, because, you know, this is we're treating orphan diseases.

You know, I mean, that that, you know, nobody we're treating things that because they affect, different people differently, it's very hard to get a decent cohort.

And, you know, I mean, I've been involved in the chronic fatigue rules for, for the, for a long, for the last 30 years. But, but in in looking at studies and trying to help people do studies.

And I can tell you that the biggest problem is been that the patient selection is terrible. Okay. Yeah. Then so so that's my, my my little diatribe about, evidence based medicine is that at this point in time, it's I don't think it's great.

And, my other issue is that many, many times today we have what I call evidence for medicine because to do, decent sized studies just is expensive. Even small studies are expensive.

You know, simple things, you know, they're not cheap because, you know, people don't don't fill out paper easily usually, or don't come back for, for follow up easily.

So you have to hire someone who's there who has to go after them. So anyway, but, so we have to use lots of binders. You know, the great question I have is, you know, which ones to use when, again, you're right.

People are made lists based on animal studies. Well, there's a lot of sites that talk about this binder for that. Mycotoxins. So unlike a toxin. But it's basically that person's opinion.

What they've done. The other part of this is I get about 200 to 250 emails a month from people who say, I've been on this and this protocol with these and these binders for three years, and I still feel terrible.

What should I do? I don't have anything against binders if they work, because sooner or later you have patients who do. Well, I hear from the ones that don't.

But I know that there are other patients that have told me no, it helped. So it's just. Oh, that's a good way to know which way to go a little better.

I, I, I agree. I mean yeah, one of the problems I, I have in this, in this whole field is I don't care if you're treating Lyme or treating, mycotoxins is you know, not knowing when to change.

Change things, you know, because to me, and I understand because I have seen people be on intravenous antibiotics for a year and then suddenly get better.

But I've seen many more people be on intravenous antibiotics for a year and not get better. You know, my point is usually, you know, a few months, you get a flavor if you're going in the right direction, might take a long time to get all better, but you should see progress with what you're doing, you know?

And what happens is that the true believers, you know, keep pushing the same message, even if the patient's not

responding. It's because occasionally they do.

But we have to remember occasionally isn't enough to put the other 98 people on the same protocol. Anyway, my soapbox I. Doctor, and I did not realize that you are a medical philosopher.

Oh, God. Well, I think if you've been working, I mean, I we I started doing this and been interested in this in the 70s, but really got into it in the 80s and I went full time into and and I you have to become philosophical because I remember in the 80s we thought things were going to change.

You know, they have a little bit I mean, there's no question about it. You know, you have people like Radisson who published, you know, when people are talking about them in a big way.

But you still have most neurologists think that what you said was bogus. So we haven't come that far. You know, it's, it's it's a it's a hard road. But I'm hopeful anyways.

But I want to thank you. This has been really, fun, and I hope, informative to our patients, and our listeners, you know, I want to I want to thank you for the work that you've done, and and just to focus, you know, I mean, like, there's nothing like, a doctor who really pays attention over time to his clinical outcomes.

And I can tell from the work that you do that that's what you've done and helped light the way for the rest of us. So thank you very much. Thanks. Thanks for.

Oh, and and by the way, I just should note, one thing that I think is important to say, though, you are a, okay, you know, I think you're the scientific advisor for my Michael Labs that you you are uncompensated.

I mean, this is you're doing this because you believe in it. I just want to I. Yeah. I'm not compensated. I, I, I want to help people. I think that's what most doctors.