Mycotoxin Testing and Treatment for Brain Health Transcript

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Introduction and Guest Background

Welcome to this episode of the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so pleased to have Doctor Elizabeth Seymour, MD, here today.

She's a family and functional medicine physician who joined the staff of the Environmental Health Center in 2015. She learned, witnessed, employed and experienced the techniques and knowledge of the legend doctor Bill Wray together as they examined patients.

She's now a clinical consultant for patients and providers looking to better understand the results of their real time lab reports. I extensively use the real time labs here in my office, and we've talked to a number of expert experts throughout this summit about what it means to have mold and mycotoxins illness.

And she's going to help us connect the dots about how we can get the benefit of this testing. She's also a member of the American Academy of Environmental Medicine, the Association of American Physicians and Surgeons, the Texas Medical Association, and the American Academy of Family Physicians, as well as the Texas Academy of Family Physicians and the Dallas County Medical Society.

So she's very active, very involved. And, she has been certified and trained by the Institute for Functional Medicine. So I'm absolutely delighted to have her here today.

Welcome back to Seymour. Thank you for having me. So first, let's start with just like the basics. What is mold? What is a micro toxin? How are they the same?

How are they different? What are these things? Sure. So molds are a part of the fungi or fungus family? And there's many different types of funguses. And molds are one of those that is can be produced.

It's grown on foods of foods, starts to spoil. It's in your environment, especially in humid areas. Or if there's water and moisture, there's going to be an increased risk of mold growth.

So it's a natural thing that has been a part of our world. It helps with decomposition and decomposing, things. And when you're in a forest and you've got soil and you've got moss and all different things and mushrooms grow, that is another type of fungus.

So there's mold everywhere. But the concern we have is that different types of molds can produce something called a mycotoxins. And I'm sure you've learned about this during this educational session.

Mycotoxins can be very detrimental to human health. I always tell patients they can kill a horse, they can hurt a dog, and they can definitely damage and hurt a human being.

Yeah. So what are some of the ways we do that? What would a patients experience when they are being exposed to toxic molds or mycotoxins? Oh, there's a list of symptoms that patients can have.

Now what we'll commonly see the most conventional physicians will think of mold and and be synonymous with an allergy. And so I always say it's like the dessert commercial if you get coffee.

Mold, Mycotoxins, and Common Symptoms

Wheezy. Sneezy. Rashi. Itchy. Watery. Congested. That is your typical zone of either your chest or your neck, or your head, or your sinuses or your nose or your ears or your throat.

That is the to commercial of symptoms. Most patients think of that. And doctors think of that as allergies. So obviously patients can have an allergy to mold.

The thing that we get worried about is how when patients are living in a moldy environment or working in a moldy environment, exposed to a mold. Number one, how much what type of mold is that?

How much of that is in their environment? And is that mold potentially something that could, make a micro toxin? And that's the toxic effect. We're worried about mycotoxins because you can't see mycotoxins.

They're nanoparticles. You can see mold growing on the wall. You can smell mildew and musky odors, but mycotoxins you can't see, these can be inhaled.

They can be ingested, they can come through your skin. And so there are multiple symptoms that patients have, not just allergies. Now if you get a lot of sinus infections, you have to go get your Z packs or your antibiotics or your steroid shots or your, if it goes into your chest and you get bronchitis, then people just think, oh, I just got a bacterial infection.

And that can be related to the, different types of ENT problems that occur with mold and mold allergies and mycotoxins. But mycotoxins, what I've figured and realized as a, as a practitioner is that, many symptoms, the most common ones are chronic fatigue, fibromyalgia, fibromyalgia really doesn't.

It's all these conditions that are idiopathic. There is no true clinical test that can be done that says this is why you have fibromyalgia. This is why you have brain fog.

This is why you are depressed. This is why you have chronic fatigue. They'll do a lot of tests to rule things out. You're not anemic. You don't have sleep apnea.

Your thyroid is considered normal. And okay, so they don't know why people have chronic fatigue. But there are a list of symptoms, multiple symptoms. Some people have GI problems.

Some people have heart racing. They may have autonomic nervous system dysfunction. They may have neurological symptoms, not just headache. And I can't think clearly.

And I'm 30 years old and I feel like I'm a hundred with dementia and Alzheimer's. They they have lots of different cognitive impairments that can occur.

Some may have neuropathies, numbness and tingling, and they're not diabetic and they don't have a low B vitamin level. And they've had all these different types of diagnostic tests and everything looks normal.

So it's kind of this idiopathic. We don't really know what causes it. But we know that they're having clinical symptoms. We can try a bunch of medications to help with those symptoms.

But really we have to peel back the layer of the onion and figure out what is it that's causing a lot of these symptoms, and how can that be related to mold and mycotoxins and exposure?

I'm just so curious. I had the privilege of, shadowing doctor Ray, doctor Bill Ray in Dallas for a week, and he's since passed away, which was a loss to the community.

He really is. He literally wrote the books. He wrote some of the textbooks around environmental medicine and was a pioneer in this space in the 70s. I believe, 80s, 90s and then until really recently and worked until the very end of his life.

And you had an opportunity to work with him for several years. I'm curious what it because mycotoxins were kind of newer. We've been talking about them more in the environmental medicine community more recently.

Whereas he was, talking a lot about food allergies, maybe chemicals in the environment, heavy metals, certainly. But these mycotoxins are, are new. So, both of the I'm curious kind of what what your thoughts are, of course, you as a physician, but also what Doctor Ray's thoughts were having had this perspective of decades of environmental, toxicity in the entire, in, in patients, of course.

Well, there weren't a lot of good tests to really again, assess for it. Now, now, patients could say I had a pipe burst or I had a flood, or I lived in the armpit of, you know, Texas and where it's humid and or I lived, you know, below, sea level in New Orleans.

I mean, there's different environments and different locations geographically where you're going to be at increased risk for mold. And then these patients would come in and see him and, and, and trust me, they've seen 50 plus doctors.

They've seen all the specialists, they've paid tens of thousands, if not hundreds of thousands of dollars on treatment. And they're disheartened. They're frustrated, they're not getting better.

And so he could always tell, just based on his study and his learning from his mentors, that it could be mold now, the way that we would test it and confirm that you have number one, a sensitivity to mold or an allergy to mold and that you need to avoid.

It would be our skin testing. And so he would rightfully so. He could skin test foods and desensitize to foods. If there were certain foods that you couldn't avoid, he would desensitize to different pollens, you know, grasses, weeds and trees.

An obvious things dogs and cats. He could desensitize to molds. And then he started getting into more, more commonplace things like chemical testing. So these patients that have chemical sensitivity standard, anything in environmental medicine, your foundation is going to be avoidance.

But if you're a human being and you have food allergies and you come to see me and you say, I'm only eating three foods because I have, you know, diarrhea and vomiting, react to every other food that I eat, then I will I will always tell them, Houston, we have a problem when you're a human being.

And what do you need to survive? Oxygen, water and food. That's what you need to survive. And if you don't have the food, we're not going to live very long.

Okay. So that's really where he came in and started testing those different types of things. But and the other issue was there weren't labs out there that were available to test for mycotoxins.

So real time lab, I believe it came out with opened in to either 2003 or 2007 and actually worked hand in hand with doctor Ray on, developing the test and assessing for mycotoxins.

There are other labs out there now that do that. But, you know, they were really the at the forefront. And the front runners of how do you test for this?

So, you know, there's obviously with Alzheimer's disease, there are some newer blood tests that could possibly be coming out. That could be a diagnostic test, for Alzheimer's.

And that would change things dramatically. Because really, what doctor Ray and what most physicians are going off of is clinical diagnosis. Same for Parkinson's.

We really can't diagnose these conditions unless they're postmortem. I mean, at least that's how I was trained.

Doctor Bill Rea and the Evolution of Testing

And when I was in medical school, I don't really remember anything about mold. And maybe that's just because I

was so busy and in a dated with pharmacology and pathology and microbiology.

But I do remember, you know, fungal balls in the lung and thinking about Aspergillus in different, different types of conditions, but no one in family medicine and the couple of hours of nutrition that I had ever talked about mold.

And when you think of mold, you just think of allergies. I don't even think I've ever heard the word mycotoxins even before. So it was a real honor to be able to work with doctor Ray and have him as my mentor and be side by side with him, patient by patient.

And I mean, I just learned basically by osmosis, I was thrown into the fire. And, you know, I'm sitting there writing and listening and reading and I mean, his books.

Oh my gosh, the medical textbooks that he wrote were phenomenal. And so I had a it was a divine opportunity to work with him and to learn with him. And then unfortunately, he passed in 2018 unexpectedly.

But he was 83 years old. And, I got the opportunity to take over and become lab director. And I just want to continue his legacy because, it was proven to me how many patients he helped.

And it was a very emotional thing, because he literally saved tens of thousands of lives and changed people's lives by helping them be educated, informed, to test, to objectively confirm, to help with detoxification, and to make them feel better and live longer and have a better quality of life.

So it's an honor to work with him. What a unique and special opportunity. And then he helped to develop the real time that he was working with the team over there, to to create this assay so that clinicians would have the tools that they needed to determine, whether or not mycotoxins might be a problem for the patient in front of them.

I mean, I have done this this morning. I have had this conversation with the patient in reviewing their real time lab results. So tell me a little bit about how you run this test for mycotoxins at real time. Sure.

So it's basically, it's a urine specimen. So when you get your kit, you'll, they can ship it to you or your physician can order. It's a kit that will be given to a patient.

You will urinate in the cup. And then you fill out your name and your date of birth and all the contact information and your insurance information, and then you send it back to the lab.

So what we're testing is for, its parts per billion. So, other labs, I'm not sure if they actually at most of the labs don't use Eliza testing, but we do Eliza testing.

And so greater sensitivity and specificity when you're testing parts per billion. It's a semi quantitative test. And it'll provide practitioners with either a positive or a negative answer or an equivocal.

And it gives you a numerical value. And over time, if you repeat that test in three months or six months or once a year, you kind of get a baseline and then you want to look at that in the future.

And if you whatever you do to help detox ify your patient and make them aware that are they living and working in a clean environment or are they getting exposed to mold?

You can track that over time with, linen linear values to see whether that's going up or going down. Yeah, I find it very, very helpful. And then, you know, many of our listeners are going to be wondering, okay, if I know I have mycotoxins, like, how do I get rid of them?

Yeah. So that's that's a loaded statement. So obviously when you have a toxin, you need to detox. And I always tell patients this is not an alcohol and a drug detox when I'm a physician and I hear the word, oh, that person's detoxing or they're going to detox, I think of alcohol and drugs, which is another form of treatment, obviously, for addicts.

But, this is really every day the human body physiologically detoxifies that is through breathing, that is through hair and nail growth, that is through skin sloughing off.

It's through urination, it's through defecation, it's through sweating. So how do you amplify those things. And generally what I'll tell patients, there's lots of ways that you detoxify.

I give my patients five kind of categories. The first is supplementation. And so there's different supplements such as binders and glutathione and certain medications that you can use to help with binding toxins and and essentially getting them out.

So you would think about, if you had a patient that went into the E. R. that tried to commit suicide and they overdosed on Tylenol, what's the first thing they do?

They put a tube down there stomach, and they fill it up with charcoal because they want it to absorb the toxins so that it's not absorbed through their stomach and into their bloodstream, that their liver has to process that can be toxic to their liver or, and kidneys and brain and multiple different organs.

So there like I say, there's different binders that we may recommend. And then the other is IV nutrition. A lot of these patients have GI issues where they cannot, they don't have the stomach acid.

They're on, you know, proton pump inhibitors and, and different antacid H2 blockers. And, they can't physically break down their food, their nutrients, properly.

So it could be that they can't assimilate. They can't absorb it. And so IV nutrition really bypasses the gut. And it's, it's just it's more effective to me.

We use lots of different I. V. nutrition. You can use vitamin C, glutathione, minerals, b-complex, magnesium, taurine, sodium bicarb. I mean, alpha lipoic acid, phosphates, little coaling.

Nad there's multiple IVs that you give someone that we, I know as a physician that this gets directly into the cells. It bypasses the gut. We don't have to worry about your gut problems and absorbing it.

And patients feel better. But not everybody has a provider that does IVs. Not everybody has access to those types of IV nutrition. Some people may have allergies to those types of I. V.

nutrition that they're not aware of, or it may be too much, too fast and they feel sick when they detoxify. There's a lot of different things your doctor has to be aware of when they're giving those types of nutrition.

How how often do I get it? How much do I get? Is it a slow drip? Is it a push? They're expensive. You not everybody has a nursing friend that can, you know, do these at home.

And we don't recommend that you do these at home. We recommend that you do them in a doctor's office where you're monitored, in case of any adverse reaction.

So I. V. nutrition is, a common place, especially for people that may have gut issues or don't feel like they're responding to oral supplements.

How Mycotoxin Testing Works

The next one we recommend are more, physiologic things, not oral pills and supplements, because I know with functional medicine we recommend a ton of supplements, a ton of pills and liquids and drops and things like that.

And a lot of my patients, I would say, get pulled out. It's not that the supplements don't work, but patients are going to all the different pharmacies and stores and online and going, I can't sleep.

Well, I tried melatonin, I tried this, I tried that, and they're grasping for things that are over-the-counter that are easily cheaper than medications to help treat a symptom.

And they're not figuring out why they have this symptom. And sometimes these things obviously do work. I know if I take a lot of melatonin, I sleep like a baby.

So it's not that we're anti supplement, it's just sometimes the supplements have their limitations. So the next things besides the IV nutrition and the oral supplements will recommend is to sweat.

Now I I'm from Texas and I love this time of year. It's almost June. It gets 110 plus degrees and you just go outside and you start sweating. There's a lot of patients will say, well, I don't sweat well.

And that's because they have autonomic nervous system dysfunction. I can't sit here and go, okay, body starts sweating. There has to be something where I'm either running an exercise into my heart rate's going up and or it's 110 degrees outside.

And I walk outside and I start sweating. So if those patients that have chronic fatigue, they have fibromyalgia and their muscles hurt, they have osteoarthritis in their knees and hips don't work and their back aches, they're depressed and they can't pull themselves out of bed.

You can sit there all day. And I've done it for the last 13 years. As a family medicine doctor said, you need to go exercise, you need to go exercise.

And they just can't. Okay. So we have to meet them in the middle and meet them where they're at. And sometimes I'll tell them to start signing. There's clubs or spa, there's gym memberships, there's hot works, there's saunas.

You can purchase yourself and, you know, build and put in your home or your bathroom. So there's all different ways that you can sweat, but we want to start getting people to start sweating.

So that's why we recommend sauna because it's a passive form. You literally sit there. You don't have to do anything. Just sit in the heat and it over time you're going to start to sweat and you're going to start to release these toxins.

When people get done, I say, go take a shower. If you don't have access to a shower because I don't want your toxins to get reabsorbed within your skin.

Your skin is like a veil. You it may not look like it and you can't see through it, but it is an organ that absorbs toxins. And so if those toxins are sweat it out and not wiped, wiped off or washed off, then you could potentially reabsorb this.

So if you don't have access to a shower, will tell you to get a wipe. And, you know, wipe your body down with a wet washcloth or some, some kind of wipe down.

The next thing we'll recommend is lymphatic massage. You can go get any kind of massage, but lymphatic massage is a specific form of a massage that is focusing on lymphatic flow.

Those lymphatics flow along just like your blood vessels along with them and your nervous system. And that is your major form of detoxification. If my son came home from school or daycare and he kissed me and I got strep throat, I'm going to have a sore throat.

I'm going to look in the back of my throat. I'm going to have these past pockets.

Detox Strategies and Environmental Cleanup

It's going to look disgusting. It's going to hurt. I'm going to have fever, I'm going to have a headache. And the

number one thing that happens is these glands right here in my neck get big and swollen.

And you don't realize how much you spit every day and how much you swallow. So every time I'm swallowing, I'm going, oh my gosh, this hurts, it hurts.

I go see my doctor. They say you need an antibiotic. I may take it, I may not, but that's your choice as a as a patient. And, and I know that these lymph nodes are swollen and what they're trying to do is clean out the toxins that can occur from bacteria.

And just, again, like a bacteria can produce a toxin, a mold can produce a toxin as well. So lymphatic massage is a specific form that we would recommend, to help with getting lymphatic flow.

The last thing that we would recommend, and a lot of people squirm in their seat and they don't want to hear it or they're uncomfortable. But it's making sure that your bowels are working properly.

If you have constipation, if you have five bowel movements a day or 40, I mean, anything more than about 1 or 2 is probably not good, and you're probably not absorbing your nutrients.

So what we'll tell patients, and I always start with Hippocrates was everyone's first physician, and he said, death begins in your colon. So you need to make sure that your colon is clean.

So we would tell patients if they're scared of colonics or colon hydrotherapy, to start with enemas at home and make sure that their bowels are getting moved.

But I prefer and recommend the full wash out, as we call it. And I'll say that it's a water hose on high, you know, in your bottom it is a low flow, it's a warm water, it's not too hot, it's not too cold, and you will literally feel the water that should be filtered.

Move up your rectum into your sigmoid colon, into your descending colon, and then you're going to be a human being. You're an old man. I got pressure and I gotta, I gotta go number two and you're going to defecate out.

And I always laugh and go. Human beings really had no idea how full of it we really are. And so it's not just defecation, it's not just having bowel movements.

It is removing metabolic waste and buildup. It's removing toxins, it's removing biofilms. And I use that, and it really does work. And so again, most conventional doctors, we never learned about colon hydrotherapy or colonics.

We just learned about colonoscopies and diagnosing colon cancer and biopsies and ulcerative colitis and Crohn's and hemorrhoids and anal fissures and all these weird things that occur in your GI system.

So that those are my five main things oral supplements, I. V. nutrition, sauna, lymphatic massage and, colon hydrotherapy. But again, there are multiple things.

There's acupuncture, there's ionic foot detox baths, there's Epsom salt baths. And so there's multiple ways to help you detoxify every day. And then the other is breathing.

And we can go into meditation and deep breath and all those different techniques. But I always tell patients, bottom line, you can detox, survive till the cows come home.

Foundationally, you need to make sure that your environment, work and home is clean because patients spend a lot of money, time and energy to detoxify these mycotoxins out.

But when you go right back into a moldy environment and you're unbeknownst or know that you're being exposed to mycotoxins, you're the hamster on a wheel.

You're putting a lot of effort, energy and money and time into it. But you're not getting very far because you're going back into a toxic environment.

So that is foundational is to have a clean environment. And again, that's a loaded statement. There's a lot of educational learning on what does it mean to have a clean environment.

But if you do suspect mold, if you do smell mold, we recommend you test for it in your urine. And if you have mycotoxins, then there is an answer that is very objective that will tell you you've been exposed to mold some time, and you have the toxins in your body and they're coming out in your urine, and you need to obviously detoxify those out.

So how how do people access this testing? Do they need to go to a functional medicine doctor who already has a relationship with real time? Or is there another way that they can get access to this?

Of course. So, yes, if you're a physician, a chiropractor or some type of provider or a nurse practitioner nutritionist, you can get an account set up with real time lab and get the, testing kits sent to your office, and you just distribute them to the patients.

And again, the talk with real time Lab about how much does it cost and insurance coverage and all those things. There is also another option called a D8, a direct access test called Dat to us here.

And, there are certain states that allow patients to go online and directly from consumer to lab where they can order the test. So if there's a patient in I'll just use Texas as an example.

If you don't have a physician that will order this test for you or that is open to ordering it, then you can go online directly and we can send the test to you.

And that's state specific. I don't have every list of which states, but there's 20 plus states that allow you to do direct access testing. And I will say that from my experience working with real time labs, because I ran a number of their tests every month, I've had patients in San Diego County who have called real time and said, hey, if they're a doctor near me who can provide me with this test, and they say, yes, you can go see Doctor Sanderson.

And so even just reaching out to them and asking, who in your neighborhood, in your county already has a relationship with, real time can be a shortcut to getting access.

If you don't have that direct access through, because your state doesn't allow that. Absolutely correct. What about internationally? I have had patients who are international patients who've maybe flown to San Diego.

We've figured out that they have mycotoxins in their home, and then we want to be able to reassess, but they're not ready to fly back. I usually am retesting mycotoxins every 12 weeks or so, and so this is pretty regularly and I would love to have access for international patients. What is that like?

Well, that's something that we're working on. Our marketing director is, partnering with Canada, with Australia, with Europe, with South America, because we're in the world, we know that viruses are in the world, bacteria in the world, and mold and mycotoxins and chemicals.

There's a lot of things in the world that you're exposed to that can affect your health. So, if you will call real time lab if you're a specific patient, out of the United States, or if you're a lab vendor or someone that needs to get these testing kits, we can work with you on trying to get an account set up and ship them to you, going through customs and all those other things and regulatory.

So we're working on, on our international protocols to make sure that everyone on everyone in the world knows that, they can have access to these types of tests, not just United States patients.

Fantastic. That's so helpful. And then, what it's like how do you know when you're done? Well, so I get I get these

questions a lot. Can you, quantify for me how long I've had mycotoxins in my body, and we can't.

That's that's not what we test here. We're either going to give you in a present, a not present or unequivocal lab result that will tell you what types of mycotoxins you have associate, what's some common conditions and symptoms may occur with that exposure of mycotoxins, what types of molds produce those types of mycotoxins.

And then the other testing besides the urine tests that we do for mycotoxins is, Emma and environmental mold and mica toxin assessment. It's basically a Q-Tip dust swab that you can swab your environment and send it to us.

And we will test for both mold and mycotoxins and see, is there a correlation with that type of test in addition to the urine mycotoxins test, for instance, if something came back with, stack trace on the Emma swab as which is a mold, and then the Emma swab had a mica toxin test that also showed trichomes, the same mycotoxins.

And then you test your urine and it comes back with trichomes, the same mycotoxins. That's where you're clinically going to correlate the. So it looks like you had stack trace in your wash room.

And it also had terracotta seen on the dust swab. And now your urine shows dry Co the same. So that's how you clinically will correlate those types of things.

I'm sorry. Repeat your question because I want to make sure I answered it in turn. Yeah. I'm curious. I certainly get this question from a lot of patients.

It's like, how do we know we're done? So yes. And negative. Does that mean that we're done or do we still need to be concerned? What. Yeah. Yeah. So so that's why I was saying I'm sorry I got sidetracked on how long as these been in.

So they could be in your body for five hours, five months, 15 months, years, decades. I don't I don't I don't know how to answer that question. We don't have anything that quantifies.

How long has it been or how long have you been exposed or how long have these toxins been in your body. But the other thing that I recommend they always ask is, well, how often do I test this?

So you get your first test, which is a baseline, and you see if it's positive or negative. If it is positive or present, then again you've got a toxin issue.

And that's why we work on environment and detoxing.

Accessing Testing and International Availability

But I generally tell patients to go on about a 3 to 6 month detoxification protocol, get remediation, clean their house up, get it assessed, make sure that you know it's not the workplace or wherever it is that they're just make sure they have a safe environment because if they don't, then that's that hamster wheel scenario that starts to occur.

So once they have that, then, they'll usually recheck it in about three months or six months. Now, how do you come up with that number instead of just grasping it out of the air?

In general, pathologists and physiology will tell you that the average life cycle of a red blood cell is 90 days. So that's how I come up with a minimum.

If you go through a three month detox and you're in a clean environment, and the life cycle of a red blood cell is 90 days, usually within that three month period, you should start to see that those values that are elevated start to go down.

You know, these tests can add up and cost. A lot of patients spend a ton of money on testing and doctor's visits and treatments. So, you know, we have to be cost conscientious as well.

And so sometimes I'll, I'll say you may want to do it every six months, but and ideally a baseline and then repeat it every 3 to 6 months. Sometimes you can do it annually.

But really what you want to see is those values come to low or not present. Because that's how you're going to ultimately decrease your risk. You'll get an immune response with these toxins, and that can lead to a whole bunch of other problems with your immune system.

Autoimmune disorders, infections and just overall illness can occur. So in short, it's not an exact science. But if you understand the rationale of why we say three months, six months, that's that's ideally why.

And have you and your practice seen patients regain cognitive function after treating mycotoxins. Oh absolutely. Yeah. So again brain fog is not an ICD ten diagnosis.

But that's what patients are going to tell me. And telling you is that I can't think clearly when I have a 20 or 30 or 40 year old that come in and they will literally tell me word for word, I feel like I'm 90 years old and I have dementia.

They don't have dementia at all. At least I can't diagnose that yet. I don't have any functional MRI, Spect, brain scans, lumbar punctures, Cat scans, MRI scans, blood tests.

But I can say, oh yeah, you for sure have dementia. It's kind of like Parkinson's. These are clinical diagnosis. You're not going to diagnose someone on their first visit with Parkinson's unless they have obvious cogwheel rigidity mass bases.

You know, you know, tremors, those types of things. It's usually months or years or multiple visits before you can clinically diagnose it, because there's not a blood test to test for it.

So, those are the things that that we want to look at, and assess and, and you know, know exactly what they're, what they're being exposed to. And then how do we detoxify that out.

Fantastic. Well, it's such a pleasure getting to understand a bit more. And I know this has been super valuable for our listeners to understand a little bit more of like, the basics.

We've been diving into the the depths of mega toxins and mold illness and toxic illness. And I think hearing, other speakers validated through this hearing that there's similar approaches.

There's a system to it all. It doesn't have to feel so overwhelming and that, in fact, you two have seen patients regain cognitive function, particularly younger patients.

Retesting, Recovery, and Cognitive Improvement

You know, that's a big part of the message here is that we want to prevent Alzheimer's disease. We want to prevent that cognitive loss, and that the earlier we start, the more success we have.

And yet I've seen patients who are older, who have diagnosed Alzheimer's disease, who have mycotoxins that are contributing to that. And so getting rid of them is so beneficial, is so helpful.

And I'm so grateful to Real-Time labs for all of their support and for creating this tool. That's benches. Absolutely. Critical in my own clinical practice.

So thank you, Doctor Seema, for being here. It's an absolute pleasure. I want to make sure that our listeners know how to find out more about you in real time labs.

Sure. So that you can go online and just real time lapse. I'm available for, consultations with clinicians if you are first time ordering this test and you don't know how to relay it to a patient or what to do or where to start, I'm happy to help kind of hold your hand and walk you through how how I approach patients.

And then also we have a nurse that helps with, answering our patients questions. We get inundated with different questions. I'll give you examples of where to go and who's in your area and who may be able to help you.

And, you know, just we're doing our best to try and help educate and get an objective test that can confirm a lot of your symptoms. And when you detox those things out and you start to say, my brain is back and my A. D. D.

is gone, and I can focus and my memory's better, and I don't forget things. You, as the patient will be convinced. You know, I don't have to convince you when you or your health and your symptoms improve.

That's how you know. Wow. This could have been mold and mycotoxins and an allergy or sensitivity to it this whole time. And I didn't realize it. And then myself.

I am also, a physician and a and a medical director at the Environmental Health Center. So my website is WW w e h c.com. It's the acronym for Environmental Health Center Dallas.

And then our phone number is (214) 368-4132. You can again go online and get all our information and understand kind of where we're at what we do. We do telemedicine consultations.

We do telephone consultations. And we see people obviously in-house and we test and treat and diagnose and just do everything we can to help them get better.

So fantastic. Thank you so much for your time and expertise, sharing your wisdom with us today. It's been a pleasure having you. All right. Thank you.

I appreciate talking and I hope everyone gets healthy and, gets improved by all this education and relay of information. Thank you again. Thank you.