Introduction and Guest Background

Welcome back to the Detox Docks Report. Welcome back to the Detox Docks Report. I'm Dr. Diana and this show is all about I'm Dr. Diana and this show is all about thoughtful conversations around gut thoughtful conversations around gut health, mold and environmental illness, health, mold and environmental illness, and systems medicine. Today, I'm so and systems medicine. Today, I'm so excited to be joined by Dr. Jill Crista.

excited to be joined by Dr. Jill Crista. Dr. Jill is a pioneering naturopathic Dr. Jill is a pioneering naturopathic doctor, best-selling author, devoted doctor, best-selling author, devoted educator, and a creative innovator. Her educator, and a creative innovator. Her superpower is to make complex medical superpower is to make complex medical concepts simple and digestible for the concepts simple and digestible for the average person.

average person. Dr. Jill's passion is to elevate the Dr. Jill's passion is to elevate the well-being of the planet by assisting in well-being of the planet by assisting in the healing of her inhabitants.

the healing of her inhabitants. She focuses on conditions that cause She focuses on conditions that cause injury to the brain and nervous system, injury to the brain and nervous system, and most recently post-COVID syndromes.

and most recently post-COVID syndromes. Her books, products, and online courses Her books, products, and online courses support those wanting concrete steps to support those wanting concrete steps to conquer health challenges. Dr. Jill, conquer health challenges. Dr. Jill, thank you for joining me today.

thank you for joining me today. >> Thank you. It's a pleasure. >> Thank you. It's a pleasure. >> So, I took your courses years ago when I >> So, I took your courses years ago when I was first getting deeper into mold was first getting deeper into mold medicine, so it's so great to finally medicine, so it's so great to finally have this conversation with you.

have this conversation with you. And you've shaped helped shape how a lot And you've shaped helped shape how a lot of practitioners think about of practitioners think about mold-related illnesses.

mold-related illnesses. But for anyone who may not know your But for anyone who may not know your background, I'd love to just start with background, I'd love to just start with a little context on how you first got a little context on how you first got into this work.

into this work. >> I started in Lyme country. I started in >> I started in Lyme country. I started in working with Lyme patients and um, you working with Lyme patients and um, you know, it's pretty miraculous when you know, it's pretty miraculous when you can find and treat the cause.

can find and treat the cause. Find the root cause and manage it, uh, Find the root cause and manage it, uh, people tend to get better. And yet, I people tend to get better. And yet, I still had this small subset of patients still had this small subset of patients that weren't getting better. And in one that weren't getting better. And in one of those patients, they found toxic of those patients, they found toxic black mold in a remodel.

black mold in a remodel. And that's when, you know, Pandora's box And that's when, you know, Pandora's box sort of cracked open for me. sort of cracked open for me.

And then, when I went back to assess the And then, when I went back to assess the other ones that weren't coming along, other ones that weren't coming along, they had mold in almost all of those they had mold in almost all of those cases. And so I was like, oh wow, I am cases. And so I was like, oh wow, I am missing mold. As you know from taking missing mold. As you know from taking it, my doctor class is called are you it, my doctor class is called are you missing mold illness because I was, you missing mold illness because I was, you know, and that just

kind of cracked open know, and that just kind of cracked open this whole Pandora's Box.

this whole Pandora's Box. >> I love that. Yeah, that's so true for >> I love that. Yeah, that's so true for me, too. It was we got some results from me, too. It was we got some results from functional health and I'm sitting here functional health and I'm sitting here thinking why did they not test for this thinking why did they not test for this in regular medicine? Why do I not test in regular medicine? Why do I not test for this? Why do I not know about these for this? Why do I not know about these labs? So once you start learning about labs? So once you start learning about it, you just never go back. I hate that.

it, you just never go back. I hate that. >> Yeah, yeah, it's the mold goggles. Pick >> Yeah, yeah, it's the mold goggles. Pick it lenses of mold. That's like with it lenses of mold.

How Mold Illness Changed the Clinical Lens

That's like with Lyme, too. Like you can't unsee Lyme, too. Like you can't unsee Bartonella once you see it. You can't Bartonella once you see it. You can't unsee Babesia once you see it, you know, unsee Babesia once you see it, you know, that's the same thing with mold. You that's the same thing with mold. You just get an extra lens on your eyes.

just get an extra lens on your eyes. >> Absolutely. Yeah, yeah, mold color >> Absolutely. Yeah, yeah, mold color glasses. glasses. glasses. >> Yeah. >> Yeah.

>> Yeah. >> So >> So >> So >> That's a big kind of gross. >> That's a big kind of gross. >> That's true. That's true. There can be >> That's true. That's true. There can be there are some good colors of mold. I there are some good colors of mold. I like the the purple mold. It's it's like the the purple mold. It's it's pretty.

pretty. pretty. Um so the mold conversation is Um so the mold conversation is constantly evolving and I just wanted to constantly evolving and I just wanted to touch on that. Is there anything or what touch on that. Is there anything or what do you think had has changed the most in do you think had has changed the most in how we understand mold illness how we understand mold illness clinically or anything big changes that clinically or anything big changes that you notice from when you first started you notice from when you first started doing this till now?

doing this till now? >> Oh gosh, a ton from when I first started >> Oh gosh, a ton from when I first started because I I had to learn, you know, in because I I had to learn, you know, in the trenches, so to speak. There there the trenches, so to speak. There there wasn't training on it.

wasn't training on it. Um I mean, there was Shoemaker training, Um I mean, there was Shoemaker training, but that's not how my my overall but that's not how my my overall training comes from naturopathic training comes from naturopathic medicine, so it didn't fit my paradigm medicine, so it didn't fit my paradigm to do a the same treatment on every to do a the same treatment on every person.

person. person. Um so that I think is one thing that has Um so that I think is one thing that has that I think, you know, naturopathic that I think, you know, naturopathic medicine has really brought in the medicine has really brought in the conversation is treating the whole conversation is treating the whole person and treating people as person and treating people as individuals. And not only people as individuals. And not only people as individuals, but the toxins in the molds individuals, but the toxins in the molds themselves. So, I would say that the the themselves. So, I would say that the the thing I'm most excited about in the last thing I'm most excited about in the last 5 years that I've really been getting 5 years that I've really been getting better about um taking what's in my better about um taking what's in my brain and putting it down on paper is, brain and putting it down on paper is, you know, each mold, each mycotoxin you know, each mold, each mycotoxin confluence that they can secrete confluence that they can secrete that they all come in our body the that they all come in our body the through the same way, through the same through the same way, through the same front door, but they don't all leave out front door, but they don't all leave out the same back door. So, what I mean by the same back door. So, what I mean by that is that we can breathe them in, we that is that we can breathe them in, we can get them into our skin. We can eat can get them into our skin. We can eat them in our food, but in a westernized them in our food, but in a

westernized culture, we don't have a lot of mold and culture, we don't have a lot of mold and mycotoxins in our food that's measured mycotoxins in our food that's measured and controlled for. Um and controlled for. Um so, we're all breathing them in, so same so, we're all breathing them in, so same front door, but we all we each mycotoxin front door, but we all we each mycotoxin goes through a different metabolic goes through a different metabolic pathway to get it out of the body. And pathway to get it out of the body. And so, for the last 5 years what I've been so, for the last 5 years what I've been doing is kind of obsessively getting all doing is kind of obsessively getting all of the mechanisms down on paper and kind of the mechanisms down on paper and kind of explaining how I'm individualizing.

of explaining how I'm individualizing. So, like when I wrote my book, I just So, like when I wrote my book, I just picked the the bell curve things that picked the the bell curve things that were working for most average people. Um were working for most average people. Um it is a little in inefficient. So, we it is a little in inefficient. So, we were just talking about redoing editions were just talking about redoing editions of books.

of books. What I I'm going to do in my second What I I'm going to do in my second edition is to give the actual, you know, edition is to give the actual, you know, here's the mycotoxin, here's how it here's the mycotoxin, here's how it leaves the body.

leaves the body. And a lot of times in the mold world, And a lot of times in the mold world, we're talking about binders, binders. we're talking about binders, binders.

Precision Detox and Mycotoxin Pathways

Well, that's a gut thing. That's a liver Well, that's a gut thing. That's a liver to gut pathway. to gut pathway. Most mycotoxins leave through the Most mycotoxins leave through the kidneys.

kidneys. kidneys. So, if we're only focusing on binding, So, if we're only focusing on binding, we're missing an entire effective way to we're missing an entire effective way to detox these guys.

detox these guys. So, things like ochratoxin, zearalenone, So, things like ochratoxin, zearalenone, citrinin, they are preferentially dumped citrinin, they are preferentially dumped through the kidneys and that's why through the kidneys and that's why people on binders, their ochratoxin people on binders, their ochratoxin never goes down because they're not never goes down because they're not doing the kidney detoxification of that doing the kidney detoxification of that specific mycotoxin and how that specific specific mycotoxin and how that specific one wants to leave the body. So yeah, one wants to leave the body. So yeah, I'm just super passionate about the I'm just super passionate about the precision part of it.

precision part of it. Um and then through the study that Dr. Um and then through the study that Dr. Neil Nathan and I are doing, we're also Neil Nathan and I are doing, we're also figuring out what are the clusters of figuring out what are the clusters of symptoms when we see multiple mycotoxins symptoms when we see multiple mycotoxins so we can better identify when someone so we can better identify when someone has multiples.

has multiples. So yeah, and that's my big excitement So yeah, and that's my big excitement right now. right now. >> Well, that's so exciting. That just made >> Well, that's so exciting. That just made me think about with excreting through me think about with excreting through the kidneys, that just makes me think the kidneys, that just makes me think about all the people who have about all the people who have interstitial cystitis with mold.

interstitial cystitis with mold. >> Bingo. >> Bingo. >> Bingo. >> a and it's so not well understood by and it's so not well understood by regular medicine because a lot of it is regular medicine because a lot of it is driven by mold and toxin exposure. I driven by mold and toxin exposure. I mean, I see that so frequently.

mean, I see that so frequently. >> Yeah. Yeah, I mean, those mycotoxins >> Yeah. Yeah, I mean, those mycotoxins when when the kidneys can flush them and when when the kidneys can flush them and they we know that there are certain they we know that there are certain things that help flush.

things that help flush. Um so we know that like ochratoxin needs Um so we know that like ochratoxin needs the orange color of bioflavonoids. That the orange color of bioflavonoids. That helps it flush better. Certain other helps it flush better. Certain other toxins need like the purple color so toxins need like the purple color so like a resveratrol.

like a resveratrol. Um some need the quercetin. So like when Um some need the quercetin. So like when people are taking quercetin, they're people are taking quercetin, they're thinking thinking thinking I'm stabilizing my mast cells, but I'm stabilizing my mast cells, but you're also doing all these other you're also doing all these other things. You're detoxing the mycotoxins things. You're detoxing the mycotoxins um you know, in the to get them out of um you know, in the to get them out of the kidneys, we actually have to unbind the kidneys, we actually have to unbind them from proteins in the blood. And them from proteins in the blood. And certain color bands of bioflavonoids do certain color bands of bioflavonoids do that for for each mycotoxin. So like now that for for each mycotoxin. So like now I'm I'm uh formulating for a company I'm I'm uh formulating for a company called the Light Health Formulas and I'm called the Light Health Formulas and I'm putting together like these are the putting together like these are the actual bioflavonoids that unhook that actual bioflavonoids that unhook that mycotoxin and that mycotoxin and that mycotoxin and that mycotoxin and that mycotoxin. Put it all into one thing so mycotoxin. Put it all into one thing so that because as we know from practice, that because as we know from practice, if someone has one mycotoxin, as you if someone has one mycotoxin, as you start to detox them, we find many start to detox them, we find many others. So then we can get rid of a others. So then we can get rid of a bunch of them all at one time.

bunch of them all at one time. So it's that unbinding in the blood, So it's that unbinding in the blood, flushing through the kidneys, but then flushing through the kidneys, but then where do they go? They go to the where do they go? They go to the bladder.

bladder. bladder. And while they're in the bladder, they And while they're in the bladder, they can really wreak havoc on the bladder can really wreak havoc on the bladder lining. And then the bladder, in defense lining. And then the bladder, in defense of that, will start to create biofilm.

of that, will start to create biofilm. And then the bacteria take advantage of And then the bacteria take advantage of the biofilm. So, it's it's really a the biofilm. So, it's it's really a tough situation with the bladder.

tough situation with the bladder. Totally treatable though, if we're Totally treatable though, if we're paying attention to paying attention to you know, what's the cause.

you know, what's the cause. >> Yeah, and a standard UA is not going to >> Yeah, and a standard UA is not going to test for mycotoxins, so test for mycotoxins, so >> No.

>> No. >> No.

Bladder, Kidney, and Bile Detoxification

>> Uh yeah, so and that also made me think >> Uh yeah, so and that also made me think about because a lot of people talk about about because a lot of people talk about from like the CIRS side, the charge of from like the CIRS side, the charge of the toxin mycotoxins and the binders and the toxin mycotoxins and the binders and how it has to be aligned or things like how it has to be aligned or things like that.

that. that. But, it sounds like that's not really But, it sounds like that's not really your standpoint, correct? your standpoint, correct? >> Well, that would be if we were eating >> Well, that would be if we were eating them.

them. them. So, if you're eating mycotoxins, they're So, if you're eating mycotoxins, they're not bound in bile, they're just loose in not bound in bile, they're just loose in the gut, and that's where charge the gut, and that's where charge matters. But, when it's a water-damaged matters. But, when it's a water-damaged building exposure, we're breathing them building exposure, we're breathing them in. So, the pathway then goes in. So, the pathway then goes through our respiratory passages to the through our respiratory passages to the bloodstream.

bloodstream. bloodstream. And then preferentially out the kidneys And then preferentially out the kidneys if that's avail- if it can unbind from if that's avail- if it can unbind from the proteins, the kidneys would love to the proteins, the kidneys would love to flush all of these out.

flush all of these out. If that doesn't happen, it'll go to the If that doesn't happen, it'll go to the liver where it gets packaged in bile. liver where it gets packaged in bile.

So, then the bile goes into the gut. So, So, then the bile goes into the gut. So, really when in a water-damaged building really when in a water-damaged building exposure, a respirable toxin, exposure, a respirable toxin, we're trying to bind bile.

we're trying to bind bile. And that what's about that is that while And that what's about that is that while there's a lot of studies missing on there's a lot of studies missing on molds specifically, there are great molds specifically, there are great studies on how to bind bile because bile studies on how to bind bile because bile is where our cholesterol is. So, we have is where our cholesterol is. So, we have a lot of information from cholesterol a lot of information from cholesterol studies studies studies that we can say, "Oh gosh, you know, that we can say, "Oh gosh, you know, this insoluble fiber can lower this insoluble fiber can lower cholesterol, that means it's binding cholesterol, that means it's binding bile and pulling it out of the body.

bile and pulling it out of the body. So, we can use these things that great So, we can use these things that great human studies so we actually know dose, human studies so we actually know dose, we know frequency, we know with or we know frequency, we know with or without food. And these food-based without food. And these food-based binders like psyllium husk, binders like psyllium husk, um good old Metamucil, you know, um good old Metamucil, you know, although that's full of dyes and although that's full of dyes and chemicals, but you know, you can get chemicals, but you know, you can get psyllium husk clean at your health food psyllium husk clean at your health food store really cheap. You don't have to store really cheap. You don't have to have to have a pharmaceutical.

have to have a pharmaceutical. Um and they nourish the the Um and they nourish the the um um um the fat-soluble and the B vitamins and the fat-soluble and the B vitamins and things like that in the body. So, these things like that in the body. So, these are like binders that can just do an are like binders that can just do an exchange with the body. We can get rid exchange with the body. We can get rid of what we don't want and we can also of what we don't want and we can also nourish and give the body things that it nourish and give the body things that it needs. So, like an insoluble fiber needs.

Gut Health, Dysbiosis, and Mast Cell Effects

So, like an insoluble fiber example, a lot of people ask, "Well, example, a lot of people ask, "Well, like what like what?" So, psyllium husk like what like what?" So, psyllium husk can do it, flaxseed, chia seed, bran, can do it, flaxseed, chia seed, bran, good old-fashioned bran.

good old-fashioned bran. Um that's not great for people who have Um that's not great for people who have SIBO. That's one of the things that mold SIBO. That's one of the things that mold is really correlated with causing.

is really correlated with causing. So, if you have SIBO, you can do it with So, if you have SIBO, you can do it with sesame seeds, pumpkin seeds, and sesame seeds, pumpkin seeds, and sunflower seeds. And just basically sunflower seeds. And just basically grind those up, a quarter cup of those grind those up, a quarter cup of those and sprinkle them over food as you eat.

and sprinkle them over food as you eat. I see levels go down with only that I see levels go down with only that intervention. intervention. intervention.

>> I love using food-based binders. >> I love using food-based binders. Definitely it's it's so great because Definitely it's it's so great because you know, we sometimes we think we have you know, we sometimes we think we have to use these, you know, medications or to use these, you know, medications or things that are designed to

disrupt the things that are designed to disrupt the body, but sometimes we can do the things body, but sometimes we can do the things that are designed to work with the body that are designed to work with the body by using natural medicine. It's so by using natural medicine. It's so great.

great. great. >> Mhm. And there's actually been com- >> Mhm. And there's actually been com- That's a nice thing too about That's a nice thing too about cholesterol if we're tracking that. Um cholesterol if we're tracking that. Um there've been great studies comparing there've been great studies comparing psyllium husk to cholestyramine. And psyllium husk to cholestyramine. And it's about 25% as effective as the drug.

it's about 25% as effective as the drug. Plus it's not depleting your other Plus it's not depleting your other nutrients. So, it's like, "Okay, it's a nutrients. So, it's like, "Okay, it's a little slower, but it it's still little slower, but it it's still effective, you know." So, yeah, there's effective, you know." So, yeah, there's a number of food-based binders we can a number of food-based binders we can use.

use. use. >> Yeah, as part of a full regimen, it can >> Yeah, as part of a full regimen, it can be so powerful. And then fiber's so be so powerful. And then fiber's so great, too. Different types of fiber to great, too. Different types of fiber to feed those short-chain fatty acids. I feed those short-chain fatty acids. I love talking about butyrate love talking about butyrate and how it's so important for the gut.

and how it's so important for the gut. >> Yeah. Yeah, especially those PANS PANDAS >> Yeah. Yeah, especially those PANS PANDAS kids. Mhm. kids. Mhm. >> For sure. For sure.

>> For sure. For sure. So, I think the gut how the gut is part So, I think the gut how the gut is part of the perpetuation cycle was also of the perpetuation cycle was also underappreciated years ago, and I'm underappreciated years ago, and I'm hearing it more from all sides now in hearing it more from all sides now in the mold conversation, and I am just so the mold conversation, and I am just so encouraged by that because, I mean, gut encouraged by that because, I mean, gut dysbiosis is so common. I mean, dysbiosis is so common. I mean, estimated 70% of people have it, and, estimated 70% of people have it, and, you know, it's chicken or the egg with you know, it's chicken or the egg with mold and and that, but definitely, you mold and and that, but definitely, you know, it's it's so so know, it's it's so so prominent and so important to deal with prominent and so important to deal with that dysbiosis, too.

that dysbiosis, too. >> Mhm. I think it's quite often it's mold >> Mhm. I think it's quite often it's mold is the chicken. is the chicken. Um it's so well known to be a mast the Um it's so well known to be a mast the spores themselves cause mast cell spores themselves cause mast cell activate or, you know, inducing mast activate or, you know, inducing mast cell. So, not always cell. So, not always mast cell activation syndrome, but it's mast cell activation syndrome, but it's definitely recruiting more mast cells.

definitely recruiting more mast cells. The mast cells have more granules when The mast cells have more granules when they're made, and they spill and they they're made, and they spill and they dump easier.

dump easier. And mycotoxins in particular, and also And mycotoxins in particular, and also mold fragments, mold fragments, um induce the mast cells to survive um induce the mast cells to survive longer. So, the mast cell doesn't have longer. So, the mast cell doesn't have its natural programmed cell death. So, its natural programmed cell death. So, you've got That's the spore part, and you've got That's the spore part, and then the mycotoxins we know cause an then the mycotoxins we know cause an decrease in the commensal species in the decrease in the commensal species in the microbiome and an increase in the microbiome and an increase in the non-commensal. So, they do the dysbiosis non-commensal. So, they do the dysbiosis just by their presence. That's why we just by their presence.

Nervous System, Chronic Reactivity, and Recovery

That's why we want them to be bound in bile because want them to be bound in bile because they're not as damaging when they're in they're not as damaging when they're in bile.

bile. bile. Um and they also degrade the lining of Um and they also degrade the lining of the intestines. So, if we can, you know, the intestines. So, if we can, you know, that's where you get more leaky gut that's where you get more leaky gut then. And that So, we know mold is like then. And that So, we know mold is like horrible on the gut. And then if the horrible on the gut. And then if the mold is active in your environment, it's mold is active in your environment, it's spitting out something called spitting out something called mycophenolic acid. It's just a like I mycophenolic acid. It's just a like I jokingly call these mold farts because jokingly call these mold farts because they're just like metabolic off-gassing.

they're just like metabolic off-gassing. You know, the mold is eating, it's You know, the mold is eating, it's ingesting. ingesting. ingesting. It's secreting this thing. Well, we use It's secreting this thing. Well, we use this this this in medicine. It's called CellCept.

in medicine. It's called CellCept. And it is for people who have an organ And it is for people who have an organ transplant, and it's so that the body transplant, and it's so that the body doesn't reject this foreign material.

doesn't reject this foreign material. That's how immune toxic it is. And they That's how immune toxic it is. And they used to use actual mold mycophenolic used to use actual mold mycophenolic acid, but they had so much gut acid, but they had so much gut disruption. Every single person taking disruption. Every single person taking it had gut side effects.

it had gut side effects. So, they made it mycophenolate, So, they made it mycophenolate, which is just a little bit of a chemical which is just a little bit of a chemical change so that people could tolerate it change so that people could tolerate it more. It still is equally as immune more. It still is equally as immune toxic, but only 70% of people had gut toxic, but only 70% of people had gut disruption from the drug. So, it's like, disruption from the drug. So, it's like, okay, we know if you are living in an okay, we know if you are living in an active mold in you know, if the mold is active mold in you know, if the mold is actively metabolizing, you're breathing actively metabolizing, you're breathing in this thing that we're using as a in this thing that we're using as a pharmaceutical drug, and it's immune pharmaceutical drug, and it's immune toxic.

toxic. toxic. >> Yeah, and that's tested for on some of >> Yeah, and that's tested for on some of the urine mycotoxin tests, so it's the urine mycotoxin tests, so it's really interesting to see those levels.

really interesting to see those levels. That is the thing I love to use when That is the thing I love to use when people say, people say, "Well, you know, mycotoxins aren't that "Well, you know, mycotoxins aren't that harmful." Or like, "How can you say harmful." Or like, "How can you say they're that harmful?" I use the they're that harmful?" I use the mycophenolic acid as an example cuz mycophenolic acid as an example cuz people have heard of that, you know, people have heard of that, you know, CellCept. I'm like, that's literally a CellCept. I'm like, that's literally a mycotoxin.

mycotoxin. mycotoxin. So. So. So. Yeah. Yeah. Yeah. >> And it's actually it's a mold >> And it's actually it's a mold metabolite, not a mycotoxin. What's metabolite, not a mycotoxin. What's important about that is that not all important about that is that not all molds are going to make mycotoxins, but molds are going to make mycotoxins, but if it's metabolizing, certain molds will if it's metabolizing, certain molds will make MPA. So, it's a way to kind of I make MPA. So, it's a way to kind of I use it as a marker to help us answer if use it as a marker to help us answer if the person is in right now or not. Now, the person is in right now or not. Now, not all the molds make it, but, you not all the molds make it, but, you know, certain mold species, the really know, certain mold species, the really common ones like Aspergillus and common ones like Aspergillus and Penicillium, they will secrete this Penicillium, they will secrete this mycophenolic acid, and so we can look at mycophenolic acid, and so we can look at that number and say, that number and say, "This is one of five things that I look "This is one of five things that I look at to say you might be in mold right at to say you might be in mold right now." now." now." Um, Um, Um, so, you know, we need to pay attention so, you know, we need to pay attention to the environment part.

to the environment part. >> Right, yes, thank you for that. >> Right, yes, thank you for that. For sure. So, For sure. So, speaking of when people are, speaking of when people are, you know, trying to heal and you're you know, trying to heal and you're looking at different things to see looking at different things to see whether they might still

be in the mold, whether they might still be in the mold, how do you think about that balance how do you think about that balance between the is there another exposure between the is there another exposure going on and is this the terrain or is going on and is this the terrain or is this this this the continued inflammatory response when the continued inflammatory response when someone isn't recovering?

someone isn't recovering? >> That's a really tough one to answer, you >> That's a really tough one to answer, you know, and that that is through clinical know, and that that is through clinical This is why I created the questionnaire This is why I created the questionnaire that I created because I was often in that I created because I was often in that question of like, that question of like, "Um, I'm not sure if you're if you're "Um, I'm not sure if you're if you're just, you know, did we start peeling just, you know, did we start peeling biofilm and you're having a little biofilm and you're having a little flare? Are you making these mycotoxins flare? Are you making these mycotoxins inside your body or is it happening from inside your body or is it happening from your environment?" That's why I don't your environment?" That's why I don't use just one test to answer these use just one test to answer these questions. It's a cluster is really questions. It's a cluster is really needed because this is a very complex needed because this is a very complex illness.

illness. illness.

Treating the Nose and Sinus Reservoir

I I did the math one time that I I did the math one time that the number of molds that we test for in the number of molds that we test for in an environment times the number of an environment times the number of toxins that they create times the toxins that they create times the bacteria that grow in that environment bacteria that grow in that environment times the toxins they create, and the times the toxins they create, and the the number of possible indoor the number of possible indoor environment exposures is 15 million.

environment exposures is 15 million. >> Wow. >> Wow. >> Wow. >> So, that I look forward to the day when >> So, that I look forward to the day when we are saying like, "This person has we are saying like, "This person has Aspergillus mold illness. This person Aspergillus mold illness. This person has has has Stachybotrys mold illness." because they Stachybotrys mold illness." because they really are all so different. They look a really are all so different. They look a lot the same. There are a lot of lot the same. There are a lot of commonalities, but they're different commonalities, but they're different conditions and they need to be treated conditions and they need to be treated differently.

differently. differently. >> Yeah, that's that's a really important >> Yeah, that's that's a really important distinction. Yeah, so true. distinction. Yeah, so true. And And And yeah, I've become less interested in yeah, I've become less interested in trying to determine whether it's all trying to determine whether it's all exposure all terrain because like you exposure all terrain because like you said clinically it can be both as well.

said clinically it can be both as well. And there's so many different exposures And there's so many different exposures and if someone is sensitive to mold or and if someone is sensitive to mold or sensitive to toxins, then they can you sensitive to toxins, then they can you know, of course react way more than the know, of course react way more than the next person would if you weren't next person would if you weren't sensitized to mold either. So even if sensitized to mold either. So even if you're just getting a quick exposure at you're just getting a quick exposure at you know, Airbnb or something like that.

you know, Airbnb or something like that. >> Yeah. Yeah, the people that have had >> Yeah. Yeah, the people that have had like the college housing exposure and like the college housing exposure and they just weren't kind of haven't been they just weren't kind of haven't been well since kind of thing and then well since kind of thing and then they can limp along and they're doing they can limp along and they're doing okay. That's what we kind of refer to as okay. That's what we kind of refer to as the vertically sick, you know, they're the vertically sick, you know, they're walking around in the world. They're not walking around in the world. They're not horizontally sick. They're not in bed.

horizontally sick. They're not in bed. Sometimes that happens. But they're Sometimes that happens. But they're

doing okay, okay, okay, coping, coping, doing okay, okay, okay, coping, coping, coping until they get the next mold hit coping until they get the next mold hit which could be 10 years later and which could be 10 years later and they're the one that reacts initially.

they're the one that reacts initially. They're the going to be the immediate They're the going to be the immediate reactors cuz their cup is already full reactors cuz their cup is already full of all of the spores and the toxins and of all of the spores and the toxins and things like that and all it took was a things like that and all it took was a little bit to tip it over the edge.

little bit to tip it over the edge. >> Yeah, absolutely that toxin bucket. So >> Yeah, absolutely that toxin bucket. So then how much of the chronic reactivity then how much of the chronic reactivity do you think becomes neurologic over do you think becomes neurologic over time?

time? time? >> I think a lot. All mycotoxins together >> I think a lot. All mycotoxins together we're saying you know, the 15 million. we're saying you know, the 15 million. Um, Um, Um, however, they are all toxic to the however, they are all toxic to the mitochondria and that's because of what mitochondria and that's because of what they do. All mycotoxins disrupt the they do. All mycotoxins disrupt the membrane which makes it hard for the membrane which makes it hard for the mitochondria to make energy. They're all mitochondria to make energy. They're all neuro neurotoxic.

neuro neurotoxic. They're all toxic to the organs of our They're all toxic to the organs of our detoxification. So, they hurt the very detoxification. So, they hurt the very organs that are trying to get rid of organs that are trying to get rid of them. So, kidneys, liver, gut. The them. So, kidneys, liver, gut. The microbiome on its own can degrade microbiome on its own can degrade mycotoxins if it's a healthy microbiome, mycotoxins if it's a healthy microbiome, but it can't do that over and over and but it can't do that over and over and over every day, every day, every day.

over every day, every day, every day. That's like a one-off kind of thing. If That's like a one-off kind of thing. If you ate some, you ate some, you know, but we can support certain you know, but we can support certain probiotics that we know will degrade probiotics that we know will degrade these mycotoxins.

these mycotoxins. Um So, yeah, I think the chronic Um So, yeah, I think the chronic activation activation activation This is why I treat the nose because it This is why I treat the nose because it so often is the reservoir for continuing so often is the reservoir for continuing presence. And you have this person that presence. And you have this person that is just so fragile.

is just so fragile. We already know from Dr. Bredesen's work We already know from Dr. Bredesen's work that mycotoxins can get in the brain. that mycotoxins can get in the brain.

They can lead to a dementia. He calls it They can lead to a dementia. He calls it Alzheimer's type three. So, for me, I Alzheimer's type three. So, for me, I want to see somebody completely well want to see somebody completely well after this because then they're not the after this because then they're not the person who's just waiting for that next person who's just waiting for that next thing to tip them over and have thing to tip them over and have something more serious happen.

something more serious happen. >> Yeah, absolutely. And then that whole >> Yeah, absolutely. And then that whole other layer with the amygdala and the other layer with the amygdala and the fight or flight response and and all of fight or flight response and and all of that just from that just from being chronically in fight or flight being chronically in fight or flight from mold as well.

from mold as well. >> Mhm. >> Mhm. >> Mhm. >> Hypervigilance and your autonomic >> Hypervigilance and your autonomic dysfunction and all of those things.

dysfunction and all of those things. So, So, So, yeah, I I think the nervous system is a yeah, I I think the nervous system is a huge, huge piece and and we really can't huge, huge piece and and we really can't ignore it clinically. I think it can go ignore it clinically. I think it can go a little too far where people say, "Oh, a little too far where people

say, "Oh, this is the answer," right, to do just this is the answer," right, to do just nervous system regulation, but it has to nervous system regulation, but it has to be part of the protocol. I mean, I've be part of the protocol. I mean, I've definitely had people who message me definitely had people who message me saying, "Okay, I felt a shift in my body saying, "Okay, I felt a shift in my body finally and you can kind of just relax finally and you can kind of just relax again." So, if you're in fight or flight again." So, if you're in fight or flight for however long and then you finally for however long and then you finally take care of that, then it can be take care of that, then it can be really, really powerful.

really, really powerful. >> I'm so glad you said that. I have kind >> I'm so glad you said that. I have kind of a soapbox about that. I I do not of a soapbox about that. I I do not agree that you can think yourself out of agree that you can think yourself out of a a a a sick building.

a sick building.

Herbal Antifungals and Fungal Hierarchy

Um I've just seen so, so, so many times Um I've just seen so, so, so many times over my, you know, a couple decades now over my, you know, a couple decades now where it's just like where it's just like they were, you know, a family was told they were, you know, a family was told or, you know, the sick one in the family or, you know, the sick one in the family and you know, sick mom and a sick kid and you know, sick mom and a sick kid usually, um are sort of like, usually, um are sort of like, you know, poo-pooed and all of that. I you know, poo-pooed and all of that. I guess the term is gaslit.

guess the term is gaslit. Um and told like it's just you need to Um and told like it's just you need to get your thinking right. And like you get your thinking right. And like you said, that has a role, but said, that has a role, but you can't you should not.

you can't you should not. I'm sorry to should on people, but um I'm sorry to should on people, but um should not should not uh be in a sick building. It's We know uh be in a sick building. It's We know these things are toxic to humans.

these things are toxic to humans. They're toxic to animals. You know, we They're toxic to animals. You know, we get Dogs and cats get sick. get Dogs and cats get sick.

You can't out-think your way from that. You can't out-think your way from that. You need to be out of the sick building. You need to be out of the sick building.

And I do consults, peer-to-peer consults And I do consults, peer-to-peer consults all day long. And I work with really all day long. And I work with really smart doctors who have these beautiful smart doctors who have these beautiful plans and they're not sure like why So I plans and they're not sure like why So I get called in as a second opinion get called in as a second opinion for why isn't this working? And I would for why isn't this working? And I would say over 85% of the time it's not say over 85% of the time it's not working cuz the patient is still in working cuz the patient is still in mold.

mold. mold. So, So, So, let's start there. That's why it's step let's start there. That's why it's step one in my, you know, peel the orange. one in my, you know, peel the orange.

Cuz it's Cuz it's >> Yes. >> Yes. >> Yes. >> Getting out of mold, you might be >> Getting out of mold, you might be you might be on that side of the coin.

you might be on that side of the coin. You know, there's a 50/50 split in You know, there's a 50/50 split in general people who can just get out of general people who can just get out of mold and get better. Like let's see if mold and get better. Like let's see if you're that. And then you don't have to you're that. And then you don't have to spend any money on appointments and spend any money on appointments and supplements and all of that, you know?

supplements and all of that, you know? Get out of the mold first. And I know Get out of the mold first. And I know that's hard to do. that's hard to do.

>> Yes. Yeah, it's it can be so hard, but >> Yes. Yeah, it's it can be so hard, but it is so important and and people, you it is so important and and people, you know, don't want to hear it sometimes know, don't want to hear it sometimes because, you know, we don't want to hear because, you know, we don't want to hear it. We want to hear that we want to hear it. We want to hear that we want to hear it and take. We can hear, you know, we it and take. We can hear, you know, we don't we just want to take take don't we just want to take take something and then, you know, we don't something and then, you know, we don't have to deal with the it's so expensive, have to deal with the it's so expensive, it's so overwhelming. But, yeah, I I it's so overwhelming. But, yeah, I I when people come to me, that's one of when people come to me, that's one of the first things that I ask for sure is, the first things that I ask for sure is, you know, what's the current you know, what's the current environmental situation? Do we know?

environmental situation? Do we know? And if we don't know, we got to figure And if we don't know, we got to figure it out. it out. >> Getting experts for that. Your doctor >> Getting experts for that. Your doctor should not be managing that from the should not be managing that from the clinical space. They have no training.

clinical space. They have no training. They have no no no no training in They have no no no no training in buildings. So, hire the experts. There buildings. So, hire the experts. There are many really good inspectors that are many really good inspectors that will do virtual consults.

will do virtual consults. Um not all inspectors are created Um not all inspectors are created equally, so I need to just say that out equally, so I need to just say that out loud.

loud. loud. Um there are many that miss mold that Um there are many that miss mold that will not be testing for mycotoxins, will not be testing for mycotoxins, which is a big blind spot in the which is a big blind spot in the environmental professional world.

environmental professional world. Um so, you may need to do your own Um so, you may need to do your own mycotoxin testing, which you can do mycotoxin testing, which you can do yourself through Real Time Labs.

yourself through Real Time Labs. Um but that should be part of the Um but that should be part of the assessment. So, not all of them are assessment. So, not all of them are created equally, but those that are, you created equally, but those that are, you know, out talking to you and I, know, out talking to you and I, um out on social media, they really um out on social media, they really they're big-hearted people and they can they're big-hearted people and they can do virtual consults. So, the home has to do virtual consults. So, the home has to be be be assessed.

assessed. assessed. >> Absolutely so true, and I love what you >> Absolutely so true, and I love what you said about the doctor should not be said about the doctor should not be trying to do the environmental side trying to do the environmental side because it's yeah, that's not our because it's yeah, that's not our training. Yeah, sometimes people will training. Yeah, sometimes people will send me like an ERMI result, and you send me like an ERMI result, and you know, like, okay, well, I you know, I I know, like, okay, well, I you know, I I know what it shows, but that's not my know what it shows, but that's not my lane to give you any recommendations as lane to give you any recommendations as far as environmental-wise.

far as environmental-wise. You know, we can comment on, okay, You know, we can comment on, okay, you're more sensitive to mold, so we you're more sensitive to mold, so we should have make sure to have a low should have make sure to have a low really low mold, you know, levels. Um really low mold, you know, levels. Um they won't be tolerated if they're they won't be tolerated if they're higher, you know, than a certain amount, higher, you know, than a certain amount, but but but definitely definitely like to stay in definitely definitely like to stay in our lane.

our lane. So. So. So. >> Yeah. Yeah. I It just breaks that I'm >> Yeah. Yeah.

Remediation, Environment, and Getting Out of Mold

I It just breaks that I'm very, as you know from taking the class very, as you know from taking the class I have a whole like soap box I get on I have a whole like soap box I get on about that because about that because I have seen where you know a I have seen where you know a four-year-old got leukemia because the four-year-old got leukemia because the doctor tried to do an ERMI and then doctor tried to do an ERMI and then decide what needed to happen in the in decide what needed to happen in the in the home and I'm just like no no no no the home and I'm just like no no no no no.

no. no. I've seen MS, I've seen ALS, I've seen I've seen MS, I've seen ALS, I've seen all kinds of like cancer all kinds of like cancer in people who were their doctor tried to in people who were their doctor tried to manage the house.

manage the house. Get it's it's worth it. You know you can Get it's it's worth it. You know you can live in studs. live in studs. You know get the mold out and then you You know get the mold out and then you can earn the money or whatever to do the can earn the money or whatever to do the rebuild.

rebuild. rebuild. You're more resilient than you ever know You're more resilient than you ever know and getting that out of your environment and getting that out of your environment and getting your head clear and getting your head clear that's that's critical critical that's that's critical critical importance.

importance. importance. >> Absolutely. Yeah, very very serious >> Absolutely. Yeah, very very serious disease can be triggered disease can be triggered and exacerbated.

and exacerbated. So I want to go back to what you said a So I want to go back to what you said a few minutes ago about treating the nose few minutes ago about treating the nose because I am so glad I took your courses because I am so glad I took your courses first because a lot of people first because a lot of people you know don't do that and I I just got you know don't do that and I I just got a message today from a client who's been a message today from a client who's been on the sinus probiotics and just saying on the sinus probiotics and just saying just remarkable improvement from being just remarkable improvement from being on a sinus regimen, you know, hasn't on a sinus regimen, you know, hasn't felt this well in years and you know it felt this well in years and you know it it was because the sinuses haven't it was because the sinuses haven't hadn't been addressed. So I mean do you hadn't been addressed. So I mean do you see that a lot where that's kind of the see that a lot where that's kind of the thing that people were missing?

thing that people were missing? >> For sure and I was missing it. I mean it >> For sure and I was missing it. I mean it was up until was up until I think it was 2013 or 14 Dr. Brewer's I think it was 2013 or 14 Dr. Brewer's study where they were taking samplings study where they were taking samplings of you know of you know testing tissue so they did sinus gut testing tissue so they did sinus gut lung I think they even did brain.

lung I think they even did brain. And they found that lo Lo behold And they found that lo Lo behold everybody has fungus in sinuses. So, everybody has fungus in sinuses. So, that's not the big news. The big news is that's not the big news. The big news is people who have been made sick from a people who have been made sick from a water damaged building, their sinuses water damaged building, their sinuses had mycotoxins. The healthy people did had mycotoxins. The healthy people did not.

not. not. And that's when I was like And that's when I was like Oh, this is colonization. Oh, this is colonization. That means that the ones that are in That means that the ones that are in these people's noses that are making these people's noses that are making mycotoxins are trying to become mycotoxins are trying to become residents, not tourists. You know, we're residents, not tourists. You know, we're always breathing in spores and then always breathing in spores and then we're supposed to breathe them out.

we're supposed to breathe them out. And we have we're supposed to you know, And we have we're supposed to you know, our snot is all part of our immune our snot is all part of our immune system. It's supposed to system. It's supposed to enzymatically, you know, dissolve these enzymatically, you know, dissolve these things that we don't

want. But if you things that we don't want. But if you have mycotoxins in the air, it's have mycotoxins in the air, it's disassembling your immune system of your disassembling your immune system of your respiratory passages. And then if you respiratory passages. And then if you get a spore in there it's trying to get a spore in there it's trying to become a resident, another spore comes become a resident, another spore comes in and then they start fighting and now in and then they start fighting and now you have a mycotoxin factory in your own you have a mycotoxin factory in your own sinuses.

sinuses. sinuses. So, I started treating, you know, the So, I started treating, you know, the nose. I was always doing the whole body nose. I was always doing the whole body stuff or systemic antifungals. But when stuff or systemic antifungals. But when I added the nose I went like better I added the nose I went like better better better better better better better better better And I thought And I thought Okay, Okay, Okay, I'm not going to make my patients suffer I'm not going to make my patients suffer longer if I know that this is so longer if I know that this is so effective. So, I'm yeah, I'm really effective. So, I'm yeah, I'm really bossy about the nose treatment.

bossy about the nose treatment. Because Because Because >> Yeah. >> Yeah. >> Yeah. >> want to see them that sick. And it when >> want to see them that sick. And it when you think about it, like the sinuses are you think about it, like the sinuses are the top of our digestive tube. So, every the top of our digestive tube. So, every time you swallow post nasal drip, you're time you swallow post nasal drip, you're seeding the gut.

seeding the gut. And you know, it's like we don't And you know, it's like we don't Let's start at the top. Let's start at the top. >> Plug the leak. >> Plug the leak.

>> Yeah, it can be a source that for the >> Yeah, it can be a source that for the rest of the gut, for sure. rest of the gut, for sure. >> Yeah. >> Yeah.

>> Yeah. Yeah, yeah, I think I know which study Yeah, yeah, I think I know which study you're talking about. That one about you're talking about. That one about chronic illness is naso sinus bio or chronic illness is naso sinus bio or biofilms the culprit. Yeah, that's such biofilms the culprit. Yeah, that's such a good study.

a good study. >> Oh my gosh, it completely revolutionized >> Oh my gosh, it completely revolutionized my my treatment. You know, I added my my treatment. You know, I added nasals and I was just like, let me see nasals and I was just like, let me see if this you know, if it is colonization, if this you know, if it is colonization, let's let's test it out and wow, what a let's let's test it out and wow, what a big difference. Yeah. And then I made big difference. Yeah. And then I made all the mistakes, you know, I tried all the mistakes, you know, I tried using two things that were too using two things that were too aggressive and da da da da da, but yeah, aggressive and da da da da da, but yeah, I've gotten it down now a little bit I've gotten it down now a little bit more elegant.

more elegant. >> Yeah, I mean, I also love how you talk >> Yeah, I mean, I also love how you talk about in your course how you have to use about in your course how you have to use nasal sprays correctly. For example, you nasal sprays correctly. For example, you know, you can't just kind of spray it up know, you can't just kind of spray it up there in any way and expect it to there in any way and expect it to pervade and permeate the sinuses, right?

pervade and permeate the sinuses, right? >> Yeah. Yeah. And that's why I like things >> Yeah. Yeah.

Nature, Healing, and Future Projects

And that's why I like things like essential oils like this guy I like essential oils like this guy I always keep these by my little desk always keep these by my little desk um because they're the essential oils um because they're the essential oils are so effective and you can just like are so effective and you can just like inhale them and then they can get to all inhale them and then they can get to all the cavernous parts of the sinuses and the cavernous parts of the sinuses and they're a nice in between for when they're a nice in between for when someone's using a nasal spray. Nasal someone's using a nasal spray. Nasal sprays can get irritating on the nasal sprays can get irritating on the nasal tissue. So, that's why you know, the tissue. So, that's why you know, the nasal probiotics are so nice. They reset nasal probiotics are so nice. They reset the terrain. They reduce reactivity. You the terrain. They reduce reactivity. You can use red light in the nose, little can use red light in the nose, little photobiomodulation.

photobiomodulation. photobiomodulation. But I love the essential oils because But I love the essential oils because they also have the limbic part. So, they also have the limbic part. So, you're doing the antifungals and you're you're doing the antifungals and you're doing limbic rebalancing. So, you don't doing limbic rebalancing. So, you don't have to go through this whole have to go through this whole you know, nervous system rigmarole or you know, nervous system rigmarole or limbic reactive you know, limbic limbic reactive you know, limbic training or whatever. You can use things training or whatever. You can use things like essential oils and like essential oils and frequency specific microcurrent and you frequency specific microcurrent and you know, know, know, meditation. There's lots of ways to get meditation. There's lots of ways to get at that that nervous system.

at that that nervous system. >> So true. Yeah, the nose, the sinuses a >> So true. Yeah, the nose, the sinuses a great gateway to the great gateway to the nervous system too. So close to the nervous system too. So close to the brain.

brain. brain. So, So, So, we you know, we all we both post online we you know, we all we both post online a lot about mold and a lot about mold and you know, I feel like with social media you know, I feel like with social media helps validate a lot of people who were helps validate a lot of people who were previously dismissed or gaslit, which is previously dismissed or gaslit, which is really important. Anywhere you feel like really important. Anywhere you feel like nuance nuance is getting lost or there nuance nuance is getting lost or there is anything that you would is anything that you would say is say is you know you know you need to get on a soap box about you need to get on a soap box about about mold and online presence.

about mold and online presence. Uh I haven't been on enough soap boxes Uh I haven't been on enough soap boxes yet for you? yet for you? No, I love it. They're your soap boxes No, I love it. They're your soap boxes >> Um that's a great question. I think one >> Um that's a great question. I think one thing that I hear a lot is that people thing that I hear a lot is that people feel like they have to use feel like they have to use pharmaceuticals to get better.

pharmaceuticals to get better. >> Mhm. >> Mhm. >> Mhm. >> Um whether that's binder with >> Um whether that's binder with cholestyramine or Welchol, or whether cholestyramine or Welchol, or whether that's, you know, that's, you know, Sporanox or itraconazole for the Sporanox or itraconazole for the antifungal. And, you know, I I work with antifungal. And, you know, I I work with people that get better with natural people that get better with natural medicine. Where it goes wrong is if we medicine. Where it goes wrong is if we don't understand the way that herbs don't understand the way that herbs work. Our body metabolizes them like a work. Our body metabolizes them like a food. Drugs are made to kind of food. Drugs are made to kind of combat our natural metabolism so they combat our natural metabolism so they stay in the bloodstream longer.

stay in the bloodstream longer. Herbs are not that way. So, they have to Herbs are not that way. So, they have to be repeated multiple times a day, be repeated multiple times a day, otherwise they're not effective. So, otherwise they're not effective. So, when people say, "Oh, yeah, I tried that when people say, "Oh, yeah, I tried that and it didn't work for me." and it didn't work for me." They're usually trying a single plant They're usually trying a single plant like oregano or a single neem or a like oregano or a single neem or a single single single um Kolorex or something like that and um um Kolorex or something like that and um they're not use So, the molds are very they're not use So, the molds are very sophisticated so I like to use sophisticated so I like to use combinations. And they need to be combinations. And they need to be repeated. So, three to four times a day repeated. So, three to four times a day and done long-term. That's how we move and done long-term. That's how we move the needle. So, if you are somebody the needle. So, if you are somebody who's tried, you really want to do herbs who's tried, you really want to do herbs and you tried it and you feel like they and you tried it and you feel like they failed you, or as an exit strategy to failed you, or as an exit strategy to get off the pharmaceuticals, I love to get off the pharmaceuticals, I love to use the herbs. And not not every herb use the herbs. And not not every herb will do. Those that are good for yeast will do. Those that are good for yeast aren't necessarily good for mold.

aren't necessarily good for mold. Yeast is a single cell and mold is Yeast is a single cell and mold is multicellular, so it's more complicated multicellular, so it's more complicated to get at. It's got more defensive to get at. It's got more defensive things it can do. So, I like to use the things it can do. So, I like to use the ones the herbals that are going to be ones the herbals that are going to be getting at the multicellular. So, getting at the multicellular. So,

oregano's great, thyme is great, but I oregano's great, thyme is great, but I also love to use propolis, bee propolis.

also love to use propolis, bee propolis. Um neem, pau d'arco is huge for deeply Um neem, pau d'arco is huge for deeply embedded mucus. So, if somebody's just embedded mucus. So, if somebody's just always snotty or postnasal drip, or you always snotty or postnasal drip, or you have this weird cough, or you have even have this weird cough, or you have even a mucus in your stool, the pau d'arco is a mucus in your stool, the pau d'arco is really lovely for that. Um old man's really lovely for that. Um old man's beard, I write about that one in my beard, I write about that one in my book. I just love that plant because book. I just love that plant because it's so effective against these smart it's so effective against these smart smart bugs.

smart bugs. And all of those and cloves, I should And all of those and cloves, I should say especially cloves, cuz cloves get at say especially cloves, cuz cloves get at the biofilm. So, when we combine all of the biofilm. So, when we combine all of those together, if you repeat multiple those together, if you repeat multiple times a day, times a day, then what you're getting is that then what you're getting is that you don't hit that metabolic dip. You're you don't hit that metabolic dip. You're keeping the the blood plasma high, and keeping the the blood plasma high, and that's where you can really really move that's where you can really really move the needle.

the needle. >> Yeah, I love herbs to get people off >> Yeah, I love herbs to get people off I love using herbs to get people off of I love using herbs to get people off of pharmaceuticals, for sure. And then, pharmaceuticals, for sure. And then, yeah, you mentioned the yeast, and yeah, you mentioned the yeast, and so, I see a so much candida, you know, so, I see a so much candida, you know, with mold. They love to hang out with mold. They love to hang out together. They're cousins, right? So, together. They're cousins, right? So, >> Yes.

>> Yes. >> Yes. >> yeah, yeah, for sure. And you said that >> yeah, yeah, for sure. And you said that it requires a different strategy though, it requires a different strategy though, right?

right? right? >> Mhm. >> Mhm. >> Mhm. >> Yeah. And you know, I kind of think >> Yeah. And you know, I kind of think about the fungal family about the fungal family um as a hierarchy. Um and I know you um as a hierarchy. Um and I know you have a book on candida.

have a book on candida. Um if candida's really persistent and Um if candida's really persistent and you can't get rid of it, there's a you can't get rid of it, there's a smarter fungus behind that. And that smarter fungus behind that. And that fungus would be spores.

fungus would be spores. And we can get infections of spores. You And we can get infections of spores. You can get aspergillosis and things like can get aspergillosis and things like that. Um so, that. Um so, what's smarter behind that and what's smarter behind that and underneath that is the fungal family, underneath that is the fungal family, the mushrooms.

the mushrooms. But we don't want to use or at least I But we don't want to use or at least I have found that if I use mushrooms, have found that if I use mushrooms, which are very good for setting the which are very good for setting the terrain, the mushrooms I think of as terrain, the mushrooms I think of as like the supreme intelligence of the like the supreme intelligence of the fungal family, the mold is sort of like fungal family, the mold is sort of like the construction workers. I'm here to do the construction workers. I'm here to do a job. Tell me what to do. And if you're a job. Tell me what to do. And if you're in my way, I'm going to just like bark in my way, I'm going to just like bark at you. That's mycotoxins, right? And at you. That's mycotoxins, right? And then yeasts are just like big dummies.

then yeasts are just like big dummies. They're just kind of like They're just kind of like I'm only one cell. I'm not very smart. I I'm only one cell. I'm not very smart. I don't really have a big brain. I just don't really have a big brain. I just show up when whenever the spores are show up when whenever the spores are around. I love, you know, or when around. I love, you know, or when there's sugar around. Like they're just there's sugar around. Like they're just kind of like kind of like sugar addicted little sugar addicted little trolls.

trolls. trolls. >> That is so I love that vivid imagery. >> That is so I love that vivid imagery. That I love that. I'm going to use that. That I love that. I'm going to use that.

>> Yeah. So, you know, when we as you know >> Yeah. So, you know, when we as you know from the class, once we get the from the class, once we get the antifungals on board and someone's in antifungals on board and someone's in recovery mode, we can bring in the recovery mode, we can bring in the medicinal mushrooms to start to medicinal mushrooms to start to reestablish reestablish reestablish wisdom and grounding and communication wisdom and grounding and communication networks, just like Paul Stamets calls networks, just like Paul Stamets calls it the wood wide web, you know, that it the wood wide web, you know, that mycelial network.

mycelial network. All of that stuff that's really boosting All of that stuff that's really boosting the immune system and that's how you get the immune system and that's how you get out of being the reactive person, the out of being the reactive person, the mold canary who uh you can't even, you mold canary who uh you can't even, you know, go to a restaurant that has even a know, go to a restaurant that has even a whiff of a little mildew from their whiff of a little mildew from their dishwasher you're going to, you know, be dishwasher you're going to, you know, be in bed for a couple weeks.

in bed for a couple weeks. Um but I don't bring that in in the Um but I don't bring that in in the beginning because the body will be like, beginning because the body will be like, "Oh my gosh, mold and fungi are taking "Oh my gosh, mold and fungi are taking over. I'm going to give up." And we'll over. I'm going to give up." And we'll see more neurological problems, more see more neurological problems, more mental health problems, mental health problems, more bloating, more GI disruption, that more bloating, more GI disruption, that kind of thing. So, I keep them out for a kind of thing. So, I keep them out for a little while.

little while. Get them going on the plan into Get them going on the plan into antifungals and bring in those really antifungals and bring in those really smart mushrooms. And that's how we get smart mushrooms. And that's how we get them out. That's the exit strategy.

them out. That's the exit strategy. >> Thanks for that. That's really >> Thanks for that. That's really important. I get that question a lot, important. I get that question a lot, actually. Can I eat mushrooms if I have actually. Can I eat mushrooms if I have mold illness? So, you're saying that mold illness? So, you're saying that later later later the medicinal mushrooms and what about the medicinal mushrooms and what about like regular mushrooms, like consuming like regular mushrooms, like consuming them in the diet?

them in the diet? >> Sure. Yeah, once they're better. I mean, >> Sure. Yeah, once they're better. I mean, I I I I and I know you do it all the time. I I and I know you do it all the time. I see people get all the way better and see people get all the way better and they just get their life back, you know?

they just get their life back, you know? And then that includes getting all their And then that includes getting all their foods back and not being salicylate foods back and not being salicylate sensitive and oxalate and blah blah sensitive and oxalate and blah blah blah, you know?

blah, you know? >> Yes. >> Yes. >> Yes. >> Like that's the whole goal here. And if >> Like that's the whole goal here. And if you're not getting that kind of you're not getting that kind of progress, really review your protocol progress, really review your protocol and your home.

and your home. Because people do get 100% better from Because people do get 100% better from this. this. this. Now, have they Are there situations Now, have they Are there situations where another condition has taken over?

where another condition has taken over? Like an MS or like a, you know? Yes, and Like an MS or like a, you know? Yes, and that's a whole other thing we need to go that's a whole other thing we need to go and chase that boulder and bring it and chase that boulder and bring it back. But people can get better from back. But people can get better from mold. It's the That's I guess another mold. It's the That's I guess another social media thing I see is social media thing I see is the story that you never get better, the story that you never get better, remediations don't work. False, false, remediations don't work. False, false, false, false, false. A good remediation false, false, false. A good remediation cleans up that house and you have a cleans up that house and you have a healthy home.

healthy home. There are a lot of remediations that There are a lot of remediations that need to be redone. need to

be redone. Um I think you know from from the class, Um I think you know from from the class, my tip is always if you are going to my tip is always if you are going to have to do a remediation, have to do a remediation, they will give you too short of a time they will give you too short of a time estimate, always. Because they're under estimate, always. Because they're under pressure to not give you a big bill.

pressure to not give you a big bill. Otherwise, you may not hire them. You Otherwise, you may not hire them. You might hire someone else. might hire someone else.

So then, So then, pick your team that you're going to hire pick your team that you're going to hire and add an extra day. and add an extra day. Because they will always find more. And Because they will always find more. And if the team is trying to crunch in the if the team is trying to crunch in the whole remediation in the time that the whole remediation in the time that the boss, the money people said, boss, the money people said, they're going to cut corners.

they're going to cut corners. And that's where remediations fail. And that's where remediations fail. >> Absolutely. Yeah, I asked a remediator I >> Absolutely. Yeah, I asked a remediator I know how long some of these jobs take know how long some of these jobs take cuz, you know, when you see these little cuz, you know, when you see these little clips on on the video, it's, you know, clips on on the video, it's, you know, it looks intense. And he said can be it looks intense. And he said can be weeks, you know? So, depends on the weeks, you know? So, depends on the degree of the issue and how much they degree of the issue and how much they have to do, and then when they have to do, and then when they possibly uncover more than they have to possibly uncover more than they have to do.

do. do. >> Yeah, and you can get sick if they have >> Yeah, and you can get sick if they have to remove all of the containment because to remove all of the containment because they need to use it for the next job.

they need to use it for the next job. So, you know, So, you know, we want to make sure that you're setting we want to make sure that you're setting yourself up for success.

yourself up for success. Um so, yeah, and so that's the Um so, yeah, and so that's the remediation don't work. Yes, they do remediation don't work. Yes, they do when they're done right. You just need when they're done right. You just need to set it up for success.

to set it up for success. And the second thing is, you know, you And the second thing is, you know, you never get better from mold. Dolls, you never get better from mold. Dolls, you know, people can get their bodies back know, people can get their bodies back and you get and you get you get your life back. You know.

you get your life back. You know. >> So, Joe love to say healing is possible. >> So, Joe love to say healing is possible. >> Yeah. >> Yeah. >> Yeah. >> It's not Hope is not lost.

>> It's not Hope is not lost. >> Yeah. Yeah. >> Yeah. Yeah. >> So, >> So, >> So, you've taught a lot of practitioners. you've taught a lot of practitioners.

What's one thing you wish that more What's one thing you wish that more practitioners understood about helping practitioners understood about helping these patients recover? I know you have these patients recover? I know you have a whole course on it, but what's one a whole course on it, but what's one thing?

thing? thing? >> Uh make sure that nature is part of the >> Uh make sure that nature is part of the recommendation. I think that this is a recommendation. I think that this is a big piece of big piece of we're just not like you read in the bio, we're just not like you read in the bio, I'm all about healing the earth through I'm all about healing the earth through healing the inhabitants. And if we're healing the inhabitants. And if we're not connected to our earth, not connected to our earth, that's what's building our bones, that's that's what's building our bones, that's what's building our muscles, that's what's building our muscles, that's where we get our nourishment. The sun is where we get our nourishment. The sun is important, the wind is important, the important, the wind is important, the earth is important, you know, being in earth is important, you know, being in touch and getting outside, I think is

touch and getting outside, I think is not ever put on a prescription pad. It not ever put on a prescription pad. It is for my bad. But, you know, that's a is for my bad. But, you know, that's a really important part to get people really important part to get people moving and get them outdoors and moving and get them outdoors and connecting with the nature they belong connecting with the nature they belong to.

to. to. >> Absolutely. Don't give mold a stagnation >> Absolutely. Don't give mold a stagnation that it wants. that it wants. >> No. >> No. >> No. >> Mold loves stagnation. Don't give it >> Mold loves stagnation. Don't give it what it wants. Get outside. Do some what it wants. Get outside. Do some grounding.

grounding. grounding. >> Yes. >> Yes. >> Yes. >> Yes. Absorb the earth's free electrons. >> Yes. Absorb the earth's free electrons. >> Yes. And I know a lot of people are >> Yes. And I know a lot of people are like, "Yeah, but I'm bed-bound." Or like, "Yeah, but I'm bed-bound." Or yeah, but I'm you know, I get so yeah, but I'm you know, I get so fatigued and it's like do do what you fatigued and it's like do do what you can, you know, that's can, you know, that's it's really important, but it's got to it's really important, but it's got to be part this is we evolved in communion be part this is we evolved in communion with with with our planet, you know, in communion with our planet, you know, in communion with nature nature nature and we're just so separated from it and we're just so separated from it that there there are healing things that that there there are healing things that have nothing to do something you put in have nothing to do something you put in your mouth that are available outside.

your mouth that are available outside. >> Yes, yes, I live by the beach and yeah, >> Yes, yes, I live by the beach and yeah, we we go there as much as possible. It's we we go there as much as possible. It's amazing.

amazing. amazing. So in the forest is so healing also. So in the forest is so healing also. >> Mhm, just anywhere. >> Mhm, just anywhere. Forest, desert, like nature, nature, Forest, desert, like nature, nature, nature.

nature. nature. >> Yes, love it. >> Yes, love it. So you've contributed to this field in So you've contributed to this field in so many ways over the years, clinical so many ways over the years, clinical work, education, mentorship. What areas work, education, mentorship. What areas are you most excited about or focus on are you most excited about or focus on right now or any new directions?

right now or any new directions? >> Um well, you probably maybe people don't >> Um well, you probably maybe people don't know, but I've been working with long know, but I've been working with long haulers and making connections between haulers and making connections between the the virus and the things that were the the virus and the things that were done to it and making connections with done to it and making connections with 10 separate conditions that I'm now 10 separate conditions that I'm now calling the decade.

calling the decade. Um so I'll be trying to do some Um so I'll be trying to do some education about that just maybe a public education about that just maybe a public course course course on how to manage that, um how to test on how to manage that, um how to test for spike protein, how to for spike protein, how to you know, get it out of your body and you know, get it out of your body and that kind of thing with founded in, you that kind of thing with founded in, you know, good know, good good pharmacokinetics. So good um not good pharmacokinetics. So good um not just like, oh, I've heard this was just like, oh, I've heard this was really good for that, you know, it's really good for that, you know, it's needs to be done safely.

needs to be done safely. And then as we just talked about, I'm And then as we just talked about, I'm I'm excited about bringing in the more I'm excited about bringing in the more energy medicine part, the the other energy medicine part, the the other stuff that I do stuff that I do um and helping people really heal. So I um and helping people really heal. So I have another book coming out this fall.

have another book coming out this fall. Working title is how to really heal. And Working title is how to really heal. And because I get the question of like, because I get the question of like, okay, what in my head, you know, what's okay, what in my head, you know, what's the difference between this person who the difference between this person who had this this condition had this this condition and you know, two people have the exact and you know, two people have the exact same condition, exact same treatment same condition, exact same treatment protocols, same causes, protocols, same causes, one gets better, one doesn't. What's the one gets better, one doesn't.

What's the difference there? And a lot of times it difference there? And a lot of times it is the how they're approaching healing is the how they're approaching healing part, not the what they're doing.

part, not the what they're doing. And I would really love to equip people And I would really love to equip people with those with those little magic secrets because how to little magic secrets because how to really heal is the how part. It's not really heal is the how part. It's not the the the what, when, what's the dose, what's the what, when, what's the dose, what's the order, you know.

order, you know. That's all important, very important to That's all important, very important to get the get the the tools, but then how do you apply the tools, but then how do you apply that tool that tool makes the difference.

makes the difference. Yeah. Yeah. Yeah. >> That is so powerful. That's really >> That is so powerful. That's really exciting. Thanks for sharing that with exciting. Thanks for sharing that with us.

us. us. So So So >> Thanks. I'm so excited. Amazing, amazing >> Thanks. I'm so excited. Amazing, amazing exclusive announcement from Dr. Jill. Oh exclusive announcement from Dr. Jill. Oh my goodness.

my goodness. >> Amazing. Well, Dr. Jill, this has been >> Amazing. Well, Dr. Jill, this has been so wonderful to get all these insights so wonderful to get all these insights and hear about your new directions.

and hear about your new directions. Thanks again for joining me today. Thanks again for joining me today. >> Yeah, thank you too for all your >> Yeah, thank you too for all your contributions in your books. It's really contributions in your books. It's really really important that people have all really important that people have all these resources. So, yeah, I honor you these resources. So, yeah, I honor you with that.

with that. >> Thanks. >> Thanks. >> Thanks. All right. Well, this has been the Detox All right. Well, this has been the Detox Docks report. Thanks for joining me and Docks report. Thanks for joining me and