Dr. Jill Carnahanu2019s Cancer and Crohnu2019s Journey

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So I kind of came out of those two things several years later, really considered completely cured of both breast cancer and Crohn's. But that was like, you know, trial by fire in my education medically as going directly from doctor to patient.

Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, the don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to the TBD fit podcast. I'm your host, Daniel Keeley. I'm a functional medicine practitioner.

My goal is simple. I want to showcase who's doing best in their category and bring that conversation to light. Today's episode should be especially powerful because I am joined by the one and only Dr.

Jill Carnahan, a true pioneer in environmental medicine and the author of Unexpected, Finding Resilience Through Functional Medicine, Science, and Fate.

She's not just a physician, she's a survivor of breast cancer, Crohn's disease, and toxic mold illness, which today we are going to dive into all of that.

And her story is powerful, so I'll let her take it from here. Welcome to the show. Thank you, Daniel. I'm so excited to be here with you. So I love opening up every episode by allowing the guests to bring us up to present day, you know, how you got to what you're doing today.

Obviously pain drives purpose. And so we know your story is going to be a very painful and purposeful one. So go ahead and take it away. I love that and I couldn't agree more because I think that the more we embrace that suffering is actually our greatest teacher, the more that we can just like take what life throws at us.

And finally, in my forties, I'm at the place where there is nothing that could happen, including death that I'm, that I feel like I can't handle. And I mean, that sounds really strange.

It's not that I want suffering or one death or anything like that, but I've been through enough now to know that I'm resilient and resilience is how do we deal with the inevitable uncertainty of life, right?

So my story starts on a farm in central Noi. I was one of five children, beautiful, idyllic land, huge open spaces to run, a loving family, great relationships with my parents and my siblings.

My parents had been married over 50 years, so a really idyllic life. But unbeknownst to me, that farm life, the toxins in the soils from the pesticides and the herbicides and the atrazines and the glyphosates were slowly poisoning me because I went to medical school to pursue my dream of becoming a doctor.

And at the age of 25, in my third year, right in my surgical rotation, I found a lump in my breast. And shortly

thereafter, about two weeks' time after surgery to, you know, find out what was going on, I was diagnosed with a very aggressive breast cancer.

From Medical Student to Patient

And it's interesting now, you and I both hear of a lot of younger women, teens and 20s and 30s, being diagnosed with breast cancer. But the year I was diagnosed, which was just a little over 20 years ago, I was the youngest person ever diagnosed at Loyola University in Chicago.

So it was a pretty big deal. Not only that I was a medical student with that diagnosis, but that at that moment, I was the youngest woman in that major medical center.

So of course, that's when life first throws you the curve ball and you're like, what is going on? And you face your own mortality. And I knew that I Somewhere deep inside, I knew that I was going to live a somewhere deep, deep, deep.

I think there's a thing called grit. And it's that persistence over time in the face of adversity. Right. And I think I was born with grit because I remember just feeling like a little bit of panic, but then very quickly being like, you know what?

This is going to be hard. It's going to suck. I don't want to go through it, but. i know i'm gonna come out the other end somehow some way i'm gonna do whatever it takes and i had at my hands disposal i was training in allopathic conventional medicine so of course chemotherapy surgery all the kinds of drugs that would be involved in treating a cancer were available But I'd also come in knowing that holistic and personalized medicine was where I wanted to go.

So how do you combine that when your life is at stake and you have this aggressive cancer? I ended up doing both. I did the most aggressive chemotherapy I could possibly do, radiation and surgery.

And then I also saw a naturopath prayer, meditation, community, all the other things. And I came out about nine months later in remission and considered cured and really shell shocked.

I was at the lowest weight I've ever been in my life. And I mean, under like 14 years old and above, very malnourished, bald. Um, and then went back to rotations and back then I did not know how to be kind to myself and take recovery.

Um, as we so well talked on my edition of our podcast. And so I went right back into rotations and didn't complain and showed up for these 12, 18 hour shifts and soon I was having cyclical fevers, gut issues, diarrhea.

And of course the gut is damaged so much by chemotherapy. And six months later, I ended up in the ER after I passed out taking a patient's blood pressure and I was diagnosed with Crohn's disease.

So this whole little scenario in my 20s was me facing some really crazy diagnoses. And that led to my dive into the gut as a gut expert, because I had to figure out how to cure myself from Crohn's.

So I kind of came out of those two things several years later, really considered completely cured of both breast cancer and Crohn's, but that was like, you know, trial by fire in my education medically as going directly from doctor to patient.

So two things I want to highlight. Number one is, are you telling me that the zenith of our evolution is not growing up on a farm? Right, I know. It seems great and it's pretty darn toxic.

Interesting, right? Because obviously we see now with our most, most stricken patients and certainly co-infections and parasite being some of the worst among us, our body was designed to get rid of this.

We've never evolved in terms of, I say, I call it my, my unlucky seven, there's fungus and parasite and bacteria, virus and now environmental toxins, which we're going to get into a minute here, the heavy metals and then stress.

And so obviously what you just alluded to constant going, stress, stress, more stress. In America, it's like, well, I gotta push harder, I gotta caffeinate, I gotta figure out how to go, I gotta help more people, and who do we help last is ourselves, and then we become ill, unfortunately.

And so when you said the component about you were the youngest in history to have that diagnosis, I was like, you win the worst prize ever. I know, right?

Not the one you wanna win. We can laugh, you know, After time and in retrospect, this is what our patients are suffering now from, right? This is becoming a very sad reality in terms of trauma and environmental illness and emotional healing, particularly the emotional healing.

Like, I mean, that's got to be such a severe diagnosis.

Choosing Treatment and Owning the Decision

And it was almost like, shoo, right? And you did the most chemotherapy. What were you looking to? What tools provided an outlet? And particularly, I'm curious, I had Michael Karlfeldt early on the podcast and he treats a lot of kind of cancer patients.

And so he was using photobiomodulation and ozone and IV vitamin C high dose and mistletoe therapy and some of these kind of technologies that integrate a lot of this.

Would you have done the same thing knowing what you know now? Oh, that's a really good question because I bring this into my clinical practice every day now when patients are facing these deep, difficult decisions.

And what I did is I knew at that time, I mean, that was back in the days of go to the library and get the journals. And I had stacks and stacks of journals trying to figure out what the best, there was no protocol for a woman that was 25 with my type.

There was just nothing out there. So I had to kind of put together my own protocol of what to do. And I literally asked, there was one class of drugs that was very cardio toxic.

And I said, well, can we sub this other newer drug that's less cardio toxic? And so I kind of created my own regimen. I did the chemo over two days instead of one day because it was less likely to induce gut damage, but it was all made up.

Like I did not have a protocol. So that and asking about the regret. This is important. And if it's a takeaway for your listeners, it might be one of the most important things I say.

At that time, I took all the data and I love data like you. I love learning. So I read and read and read and read. And then I looked at it and I had a felt sense of what feels right to me, what direction.

And I chose a course. And I knew at that moment, I was going to take the best information that I had at my fingertips and make a choice. And I was never, ever, ever, ever in my life, no matter what happened, going to second guess my choice.

Because I, at that moment, was going to own that choice and move forward, regardless of the damage that it eventually caused. Like, I still have immune deficiency, and in part, possibly from the chemo I had.

But I've never had a regret in my life, because it saved my life. And I think when you go into those tough decisions, You can weigh everything and ultimately you have to come down to a decision.

You say, what, where do I feel at peace? And then you have to move forward because I think the far worse outcome would have been for 20 years after to regret the decision.

I mean, that regret will eat away at you. So I've never had any regrets. And yet at the same time, that chemo was incredibly toxic to my body. Yeah. Uh, our certain modern age of immunotherapy comes at a consequence.

We recognize with any sort of pharmacology, there's pros and cons, even with natural nutrients, right? Many herbals, there's, there's going to be a trade-off certainly.

And so now we see kind of the damage and perhaps even long-term damage and the consequence on our, our immune system. So. Choices now are in, there's more balance in choice because we understand more, right?

And so there's, I don't want to undermine any sort of allopathic or conventional approaches, but there's certain ways to mitigate the damage of what these kinds of standard of care operations entail.

What do you think was the, or maybe you know, like what was it? Was it mold? Was it parasite? What was the kind of, the whole plethora of that drove your presentation?

So from a trauma genetics perspective, I have really poor detoxification and I was like a German farm girl. I mean, I've freaking worked my butt off. No complaints.

Like I was just like all like high producer, you know, go, go, go and, and go to med school and don't complain. And again, to my advantage, all that stuff actually led to very successful career and education and many the different things I've done over my life.

However, I after all of this, I did have to kind of relearn how to do recovery, how to take care of myself, how to say no, how to set boundaries. And I in my first marriage, which I'm now divorced, I married a man at 21 who had three children.

So I was actually helping to raise three step children in medical school with like 36 hours. It was insane. And I love my stuff, so I wouldn't change that at all.

I'm not saying there was a problem. There was just that I did not know how to set boundaries. And I really believe that our body keeps the score as we know with the trauma work and Peter Levine and Gabor Mate and all the greats in somatic therapies.

Trauma, Stress, and Early Environmental Exposures

And I think that my body was just like in a way that was physical saying. Hello, Jill, if you're not gonna take care of us, we're gonna shut you down.

We're gonna call it quits. So I think actually some of the stress that I put myself under and the way I drove myself was a piece of the puzzle. And if we think metaphorically, the breast, this nurturing organ, a lot of women with breast cancer take care of everyone around them.

They don't know how to take care of themselves. So for me, the healing was the physical, all of that. But then over the decades after, I did a lot of somatic work around how do I love myself?

How do I take care of myself? How do I do recovery? How do I set healthy boundaries? And I think for anyone going through cancer or any of these diseases, that's critical.

Now, on the physiological aspect, I was on a farm with atrazine. Atrazine is a known endocrine disruptor. Back in the day, maybe six years after diagnosis, I saw the chart of atrazine use in Illinois, central Illinois, smack dab where I grew up, the most atrazine use.

And I called my dad, who's a farmer, the dad, do you still use atrazine? It's toxic. It's banned in the European Union. He's like, yeah, Jill, we do. And now today, when we're recording this end of 2025, It's still being used.

It's a massive endocrine disruptor. It was in our well water. And I thought there's got to be a connection. But back then, there was no studies. Just 2023, two years ago, a study came out, breast cancer induced by atrazine.

I was like, bingo. I've known this forever, but now I have the proof. Now that, along with I had some severe mast cell types of issues, which I didn't know, but I nowadays teach about mast cell activation.

It can affect so many systems, including it can increase risk of salad tumors, which many people don't know. So I think that combination of toxic chemicals like atrazine, there was more, and then poor detoxification genetics.

combined with a mast cell activation disorder, maybe even a slight immune deficiency before I was ever diagnosed, led to that early diagnosis. And then you throw someone who has silent celiac.

I did not yet know that I was sensitive to gluten in a very real way. And you throw chemotherapy, which is known to induce intestinal permeability by nature of how it works, like cyclophosphamide, one of the drugs I was giving.

Its mechanism of action is to induce a leaky gut so that immune system gets turned on to fight the cancer. So you have silent celiac, someone who's eating gluten, a vegetarian diet, which is the worst thing.

I'd like alternative soy products and lots of wheat. And then you throw in chemo, which damages the gut, pokes holes in the gut. And then you throw in the stress of all of that.

And no surprise, six months later, I get Crohn's disease. In terms of atrazine, how can someone offset the damage or the predisposition? Obviously when you said, you know, detoxification pathways, because what's interesting is if you look at when you said silent, silence, most of people don't recognize most of the wheat that is consumed in the United States.

is coming from Southern Illinois of which is bleached and hybridized. It's stripped of the germ and the bran and all that's left is the endosperm so you have more gluten.

The protein which is kind of a little bit more difficult to process and then opening up those adhesion proteins and now causing systemic inflammation from again this leaky gut.

Obviously you couple that then with the glyphosate, you couple that with poor detoxification, you couple that with the chemotherapy, obviously you have a recipe for disaster.

What steps can people do to offset that? Had you known, how would you have been able to prevent that? Well, it's interesting because, and I like to say this for young girls who already maybe have an eating disorder, whatever.

When I was like 14, I was puffy and it was from the mass activation that I didn't know I had. I was not overweight. I've always been about the same weight, but I felt not good in my body and my gut did not feel well.

I thought at 14, oh, maybe I should be vegetarian because I didn't really like meat that much. I was on a steak and potatoes farm, right? So that was like, everybody thought I was crazy.

Like, what is a vegetarian? We didn't even know what that is, Jill. But 14, I decided I'm going to be vegetarian. Now, hindsight, I was severely B12 deficient.

I was severely zinc deficient. When you're zinc deficient, you have no taste for meat. And you're going to have malabsorption and gut issues because you need zinc and B12 for the gut as well.

So this thing, and then I kind of developed, I mean, I went on to be vegetarian, which I didn't know how to be vegetarian. No one ever taught me. So I'm eating like processed foods like pasta and things, which made

everything worse because it's mostly gluten.

And the meats that I had were fake meats, like from processed soy, which again, the worst thing you could have. So I went in this direction that I didn't really know was the worst thing.

And I almost developed an eating disorder in the sense of I didn't feel well in my body, so I was trying to figure it out. But I looked back, it wasn't a classical eating disorder.

I wasn't losing weight. I wasn't stuck in a pattern that caused severe damage or anything. It was just that I knew I didn't feel well in my body, and I was trying to figure out what would maybe help me.

And I didn't know I was zinc deficient. I didn't know I was hyperchlorohydric. I didn't know I was severely B12 deficient. I didn't know that I needed meat.

And then when I was diagnosed at 25, I realized all of a sudden, Ooh, this diet I've been on for 10 years is almost killing me. And I started eating meat.

I took out gluten and that was also part of me healing the gut. But back to what you said before is food is medicine. And when you're doing the wrong thing and you have no guidance as a 14 year old, I had no one to guide me.

I had to figure it out for myself. And I really took a wrong turn initially, but all of that had a pretty profound unhealthy effect on my gut. Yeah, I mean, you mentioned a couple of interesting points there.

Obviously, the zinc in B12, when I look at intrinsic factor, which is a vital glycoprotein, the stomach's parietal cells binds to the B12. But if that's lacking, I mean, it's protective in nature, and it's enabling the absorption in the small intestine.

Crucial, obviously, for red blood cells to form, and then, obviously, ectomyology deficiency will lead to kind of this presentation.

Diet, Gut Health, and Recovery

So we don't recognize that some of these Some of these constituents, these critical nutrients, and without them are promoting this state of dysfunction, obviously, intestinal derangement.

But in terms of your healing curve then, so you're being mindful, there's no regret, obviously, which is critical because I see so many people self-sabotaging, right?

Yeah. Often when you go see a physician, they're like, okay, this is your diagnosis. They adopt that as their identity. No, no, no, this is not deterministic, right?

We can make change. Our environment dictates, you know, what genes are switched on and certainly our capacity to heal. Sometimes we need a gentle nudge and a push to help that happen.

Our nervous system better still looking at regulation. nervous system. I know when I was discussing on your podcast, you know, the importance of tracking something simple like HRV certainly is something to be mindful about.

But in general, so in terms of atrazine, in terms of detoxification, in terms of maybe binders or addressing any sort of trauma, what else were you doing?

Any sort of like limbic retraining? Were you doing any other like mitochondrial support, hormone balancing? What else kind of what you're, were you looking at the time?

Or maybe in retrospect you would have done. Yeah, exactly. So back in my 20s after the breast cancer Crohn's, I

really started with gut like you do. I think it was so core.

My gut was very deranged. And again, whether or not the immune deficiency came before or after the cancer, we don't know. But I was severely colonized with bacteria, parasites and yeast.

And one of my biggest learnings in this is one of the things we test in conventional labs for Crohn's and colitis severity is anti-saccharomyces cerezi antibodies, which is Brewer's yeast.

And this is, we just think, oh, this is no big deal. And we give saccharomyces bolarity for healthy people to prevent yeast overgrowth. But for a Crohn's and colitis patient, frequently there is colonization of some fungal source because they're in some immunocompromised state.

So for me to get well from the Crohn's and the Atrazine and all that, I had to really incorporate the basics of detox through the liver, which would be glutathione, precursor of glutathione, like glutamine and ALA and NAC and milk thistle, and the binders.

So things like clay, charcoal, glycomannum, polyphenols, chlorella, even pectisol or citrus pectin, all really powerful for the binders of the toxicity.

And then movement and sweating was core. Sauna therapy was core. And for the gut, I had to go through two or three years of treating the different dysbiosis.

I mean, I was pretty much on, I had many antibiotics in that time that I needed because it was so severe. And then eventually the last decade and a half, I've used almost exclusively herbal treatments.

But in the beginning, I was on medications. I mean, I needed, in fact, right after my chemo, I was so neutropenic that You know, I was forced to be on antibiotics off and on, and that probably didn't help, but as severe as the Crohn's was in the beginning, sometimes you have to stabilize, and that's where I ended up.

Fortunately, I never allowed myself to take the immune-modulating drugs, so I was always able to keep ahead of that curve and not really get on the immune modulators, which I think sometimes nowadays patients need if they're very, very severe and the Crohn's is not responding.

However, they often get stuck on those drugs, and then it can be difficult to wean them off. Interesting because as you mentioned, breast cancer, obviously proliferation in estrogen, excess estrogen, providing kind of the stage for risk for breast cancer, specifically those with ER positive estrogen receptors.

I see it's more about the prolonged exposure in an interaction than with progesterone, not just the hormone itself that obviously showcases this risk.

But when looking at the estrobalome in particular, We see that there's enteric deconjugation of these conjugated estrogens, which leads to this estrogen dominant profile.

So it decreases the progesterone, which kind of puts the brake on proliferative e-exposure of, or again, these endocrine disrupting chemicals in conjunction with that.

and that leads to then chronic inflammation which drives again this gut dysbiosis increased permeability which then drives increased adiposity which where stock toxins are stored and women begin to raise their hand because they care about how they look right but it goes back to this initial exposure and when we see this more estrogen production or unregulated estrogen metabolites This is the perfect proliferation for fungus.

So when you talk about the antibodies or the microbiome, we're now learning more about intestinal candida, this TH2 pro-inflammatory dominant state now kind of points the picture of this autoimmune predisposition.

that's super common with women and Hashimoto's or breast cancer, which we see kind of again on the rise with

our female patients. So what's happening is this exposure we realize is no longer benign and it's setting the stage of kind of altering the microbial composition.

And we know now the severity or at least at the minimum the interplay of our microbiome on every biological system and each organ function has its own microbiome.

So it's interesting that how everything you're pointing to, it all has this pattern kind of recognition resolution.

Mold Illness: Testing and Diagnosis

We're, we're, we're able to now connect the dots on a higher level as to explain where you found that research. You renew that at the time. And I think I remember correctly, you said it was until almost like a decade later.

That's what we historically, what we see clinically, the publications, because I understand whether, you know, Randomized control trial, double blind placebo.

It's the cost behind it, the funding, everything. Usually that's so difficult to actually undergo. And so what we see in practice usually is 10 years later that catches up with the actual science.

I want to shift though in terms of the mold because. Yeah. One thing I really want to highlight is I consider you to be the mold queen. I want you to maybe kind of, how does this tie into everything, mold, mycotoxin?

And I will share a very brief anecdote is because we, once upon a time, we used the mold kit that you put together with Quicksilver at an extremely high level.

So fortunately, what you've done in your research and what you've been able to achieve has helped clinicians like myself to make a huge change in our mold stricken patients.

And yes, there's usually a consequence of dysbiosis and intestinal permeability and perhaps other co-infections. But in terms of you being an what I call the mold queen.

I don't know if you will accept that or not, but one of the most recognized, most knowledgeable resources in this category, obviously what I've used the nutraceutical approach to intervene at a very high level.

What mold testing are you doing that you find is kind of the most, the best in its category in terms of diagnostic? And then how are you looking at things?

How are you treating things? How do you see things that are being hijacked that are often overlooked? Go ahead and I guess let's dive deep into it. You got it.

Okay. Mold 101 in just a few minutes. Okay. So first of all, my story, Office had some water damage when the boulder flooded 2013. Didn't know it. I got very, very sick.

My immune system crashed. And several months later, I realized I had mold and I started with obviously symptom history around. So when we're diagnosing two free things, because in fact, I'm on boards for ICI and ILADS and all the organizations and I see doctors all the time, how do we diagnose mold?

And can we just do mycotoxins? First thing is mycotoxins can be measured in the urine. There's three main labs that do it, real-time labs, Mosaic and Vibrant Labs.

They're all different technologies. You cannot cross compare from lab to lab because they're completely different. One is ELISA, one is mass spec. and one is computer-aided mass spec.

So pick a lab and use it and use that one consistently. So the mass spec with Vibrant is going to be very sensitive. You might pick up more than is really there, like some foodborne molds, but it's also going to pick up pretty much

everything that's there.

Real-time labs is a lice. It's less sensitive, but you're also going to, with those results, probably have very real results related to exposure. So it just depends where you want to be on that spectrum and pick one and use it, and they're all good.

Those alone should not be used to diagnose mold because there are many, many other reasons why someone could have mycotoxins, including a colonization in the sinus from a 10-year-old exposure where they're not currently in that.

And I see all the time on social media where someone is like, oh my gosh, I have mycotoxins. I need to move out and burn everything in. I'm like, calm down.

Some people do have to move, and some people do have to panic, and it's scary. But just having microtoxins alone and with the available direct to consumer, it's great.

But I always caution, don't overreact either, because sometimes it's an old exposure. Sometimes you don't have to move. There's a lot of variance. But free things.

History. A really good history is going to tell you a lot. And I would say 99% of my clinical diagnoses are from a really good history. I say, when did you last feel well?

And then what changed and we find a timeline as far as, oh, we moved to a new area. We moved to a new house or the water cooler leaked or whatever. And so in that history, I can have a very clear timeline.

Number two is visual contrast studies. These can be done online. I do them in my clinic. So a doctor could do them in the office or online. It tests visual acuity, which is a change in black and white perception of the eye that is based on retinal blood flow, which is affected by biotoxins like mold.

It could also be affected by other chemical toxins. So those two things alone are not diagnostic, but they're free and they're pretty easy. And so I like to do those.

I do use urinary microtoxins, but I never use them alone. I always use them in conjunction with some testing of the environment. So say an ERMI or QPCR, which is a better technology of how we say basically a dust sample that checks for DNA of mold in that dust.

And that gives you a historical snapshot of a home. So that's a great piece. And I will correlate the types of molds on a QPCR with what's in the patient's urine and say, does this match?

And frequently, I will find some of a correlation so I can put together the story. Now, if you talk to any of the indoor air quality specialists, the people who do this for a living, I'm not one of them.

I'm a doctor, but I know enough about environmental toxicity to know how to advise the patients. The best way to test environment is with two things. air sampling plus dust.

You don't want to do either one alone because things like stachybotry, scatomium, all the really toxic black molds, unless there's been like a flood of six foot underwater, you're really going to see them in the air.

So you may miss with air sampling alone some of the most neurotoxic molds out there. And all of these molds are like a fire producing smoke. They produce mycotoxins.

And so those mycotoxins are smaller than 2.5 microns. If you're inhaling them in a moldy environment, they go directly into your alveoli, into your tissues.

And that's why literally within seconds of me being in a moldy hotel or someone who's sensitive, you can have

symptoms very quickly because they're literally in your bloodstream within seconds with inhalation.

And this is not the spores. Those are too large. This is the toxins that those mold produced. And that's the same thing we're measuring the urine. So again, it's kind of this thing that the more you understand, you can really pinpoint diagnosis, but just the urinary mycotexas alone are not sufficient to diagnose.

Now I do blood tests as well because I find that the innate immune system markers tell me a story of what's happening. And these are the old Sears labs, things like ADH osmolality, VEGF, TGF-beta, MMP9, MSH, and anti-gliadin antibodies.

So I'm frequently testing all of those as well. And none of those alone are markers of mold. However, In conjunction, if all of them are abnormal, you can make a picture for a biotoxin-related injury.

And if you have urine microtoxins, and if you have a death sample that's positive, then you put together your story.

Mold Treatment, Mast Cells, and Limbic Retraining

Check, check, check, check, check, check, check. That's exactly how we're running our patients through. And N of one, that's where I've been struggling as of late.

I think when I was speaking to you, I was asking particular questions around that because again, while my focus has been for the last decade, microbial medicine, and again, looking at the microbiome and helping people really heal their guts very, very fast, very, very safely.

Now that I see N of one, where I did the test, both the airborne test and the QVC, the Ermeer, it does test. I saw that, I sent it over to Larry from Safe.

Yeah. So it turns out he's actually my neighbor, just coincidentally. My results and he's like, Daniel, and you know, my decades of experience, I've never seen such high levels in anyone's home.

And just like you, when you took the cake at Loyola, I took the cake and I see now the symptoms. Wow. You won the prize. We're surprising the world. Thank you so much.

But I'm treating myself and certainly getting better. But obviously step one through three is avoid get out. Right. And it's hard to heal in a state that constantly keeps you sick and be in balance that the kind of this dis Dysautonomic balance of mentally stuck in that sympathetically driven state is certainly not helping.

But the component here is, okay, first I want to make sure we're doing the Viber and we're doing the real time. We're doing the blood. Are you also doing the IgG or IgE in blood as well?

Or no, just with those others? Once in a while I will, but in my clinical experience, I have not found this to be as helpful. And that's a personal, cause a lot of people love them.

It's my micro lab is that one. Um, and there's a place I just haven't found it to be as useful as the others. Okay. And what about a Markons? Um, yeah.

So again, this is interesting because I was Shoemaker trained 20 years ago when it first started and he would insist everybody has to have Markins. You have to clear Markins before you can go in the next step of the protocol.

But ICI docs, like myself, we have all come to the conclusion that Markins is significant. Once again, I do frequently test and if it's positive, I treat, I usually use silver 50 billion parts per million or 50 million parts per unit for 12 weeks and with EDTA.

However, I feel like there's a lot of people with mark-ons that can't clear it and the old story used to be if you can't clear mark-ons, you're kind of screwed.

That's just not true. So there are a certain subset, maybe 30% clinically, that can't clear it and we can still get them well. So I don't feel like it's absolutely essential for healing.

The, the one with the silver with EDTA, is it the, cause I knew there, I saw a new one that we've been starting to use and it will rotate. Um, the biofilm clear, is that the one biofilm nasal spray?

I love that. It's not as strong. That's a brilliant over the counter version. That's really affordable and accessible. And I often start with that, but I'll use a compound it as a prescription.

Got it. Okay. And so you're doing just a couple inhalations, uh, twice a day? Two sprays, three times a day, each nostril for 12 weeks. Got it. Are there any particular symptoms that you find ubiquitous, very, very common in terms of mold?

Yeah. Or perhaps some unique symptoms that people have these, again, going back to mystery illness or unanswered question like, oh man, what is this strange thing happen that you have found in all the recognizing patterns that has been also pervasive?

Yes, so the number one and number two things that are very nonspecific is fatigue and brain fog or cognitive issues. But specifically with brain fog and cognitive issues, it's executive organization is impaired and word finding.

So you might say the wrong word when you or you might mispronounce names or you might forget names. So it's kind of a pretty specific word finding or just difficulty with daily task and executive organization kinds of things are usually affected memory in general.

And then autoimmunity, cell activation. We see early onset dementia, Alzheimer's, things like that for a lot of patients in their 50s and 60s, even super early.

And then POTS, dysautonomia, mast cell activation, the whole triad that's related to that is very, very common. And if I'm thinking of layers, you mentioned limbic before, but limbic is always affected by mold.

So I'm always putting in a limbic component of retraining the brain. Second is mast cell activation, incredibly common. So a lot of the symptoms we see tachycardia, POTS, dysautonomia, skin flushing, rashes, reactions to foods, things like that.

cognitive depression, anxiety, insomnia, bipolar, et cetera. All of those are frequently mast cell driven. And then down here is the mold. So you kind of have to do limbic and mast cell first before you can even get to the mold, because if that system is so overreactive, they often won't tolerate the detoxification that's needed for the mold protocol.

And in terms of the limbic, something like a Primal Trust program or some of these other… Yeah, so DNRS, Primal Trust, Gupta, neuro… I love neuro-linguistic programming, NLP, I've done a lot of that myself, somatic retraining with a professional medical hypnosis, integrative manual therapies, craniosacral, there's a lot of mind-body.

And I find a lot of my patients are already a little OCD and type A, and so they don't need another prescribed two hours a day to do this program. They actually benefit more from receptive massage, craniosacral, So it depends on the patient, but sometimes I'll just prescribe craniosacral or massage or medical hypnosis where they can kind of be receptive in the treatment versus having to sit down one hour a day with their computer, you know, that kind of thing.

And then in terms of mast cell, are you just automatically integrating like an H1, H2 blocker with something like ketotapin to really quiet the fire or obviously some other nutrients as well?

But what is the kind of step process that you consider when you try to kind of calm that storm? Yeah, so first diagnosis, multi-system, multi-symptom, more than two systems that respond to treatment is kind of your clinical diagnosis.

Ideally, you'd have tryptase or histamine or prostaglandin in the urine, but frequently you don't, so you need to make a clinical diagnosis. And if you have that, which is probably 80% of patients with mold, Yeah, H1 blockers, H2 blockers, they're often really sensitive to excipients, so sometimes they have to be compounded.

Catatophin is a game changer, chromolin for food sensitivities. And then frequently I'm using quercetin, nettles, Chinese skullcap, luteolin, and PEA as adjuvants.

That is a comprehensive list, which is wonderful. So all the things that we're considering as well. I know we're approaching time. So I want to be mindful of your time, which I genuinely appreciate in terms of then obviously there's an order of operation there.

And I spoke about your kit. How has that evolved? What now are you considering in terms of say you're ready to go after. a mold-stricken patient and kind of the damage.

What are you doing to push that out? What's kind of in your new updated kit? I know we talked about TP, which has its kind of big, big, big benefits, but in terms of nutraceuticals, what else are you now integrating?

So thanks for mentioning that because I helped to create because it was like there's so many people I know you have this too that want to get help and I can't see them all so I was like how do we get this like I joked about it being like a happy meal for mold which is ridiculous because it's like the worst analogy ever but it's like everything in a box so we created the miracle mold detox box and there are 101 other ways it's not the only way out there but I wanted to make a very simple like kit that you could literally get for 30 days and people are like, is 30 days enough?

Well, no, it's like four to six months, right? But at least you have like everything you need for a protocol and you can adjust it to dosing. If someone's really sensitive, you can go half doses or quarter doses and age eight and up works.

But basics, there are some sort of glutathione precursors or glutathione. My kit has actual liposomal glutathione with methylated bees and then you have to have liver support and that would include milk thistle, ALA, NAC, anything to move the bile in the liver.

Detox Protocols and Final Takeaways

Mine includes oligogs as well because you really need to move that bile because the toxins are dumped from the liver phase one, phase two into the bile and then they're excreted and we have a very efficient enterohepatic recirculation.

So 95% of those are reabsorbed if we don't grab them with a charged particle like a binder and the one in the kit has clay, charcoal, chlorella, and aloe, I believe, for smoothness of the bowel movement.

So there's a bunch of things there that you can use. I find just plain old charcoal works really well. Clay is an excellent one, and I'm a real big fan of zeolite.

Some people have heavy metals, and that's a real good binder for metals. And for those who have ochratoxin or zeorellone, I will sometimes add colostiramine or Wellcol, which are prescription binders.

However, there's another misnomer out there that you need prescription binders to get well, and that's just not true. I would say 80% of my patients get well without any prescription binders.

I was going to certainly ask about the colostridium in a wool colon, and you made a mention of xerolinone and opredoxin, which we'll integrate for those as well.

It's interesting how sometimes something so simple like a clay can have such a high degree of benefit. Same with wool aden, often find, going back to the microbiome, a spore-based probiotic.

We're devoid of soil-based products, which we are now only scratching the surface of understanding the impact on a postbiotic. Right. driving the bacteriocins created from our microbes or unfortunately missing microbes that bind and detoxify a lot of these, um, these chemical constituents or mold kind of mycotoxin representation.

This, that was extremely thorough. I genuinely appreciate your time. I know we're, we're up on time. Thank you. Thank you. Where can people find you, tune in, learn more?

Yeah, so I have my podcast Resiliency Radio on all podcast channels and YouTube. You can join me there and you're going to be on that and probably about the same time this is released.

And then my main website has links to podcasts and blogs and everything. It's just my name, jillcarnehan.com. I encourage everyone to check out your work.

You are a wealth of knowledge in this space. So appreciate your contribution. Last question I always end with every episode. If you could have one superpower, what would it be?

Sleep. Which I know we are like, absolutely. I'm a really good, I have extra GABA production and extra melatonin. So I like go deep. And what I can do is I have the secret power.

If I once in a while only have five hours, I condense my deep and still get like an hour and a half, two. So like you can take eight or five and I still get the same deep.

You are, that's interesting. Cause while your detoxification pathways are impaired, you have the ultimate, uh, superhuman. I know. I knew you'd agree on that one.

You're one of the blessed among. So, Jill, this has been certainly a pleasure. I appreciate your time for everyone listening. Like, review, and subscribe.

Share this with anyone who could benefit. Until next time, my friends, stay healthy, stay wealthy. Thank you. Thank you for tuning in to the TBD Fit Podcast on Dr.

Talks, where we unpack all things health and longevity. If you enjoy the show, like, review, and subscribe. This allows us to have a greater reach and help others on their health and wellness journey.