The Intersection Of Mold, PANS & Lyme Transcript

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Introduction and Guest Welcome

Hello everyone, and welcome to this episode of The Healing from Lyme Disease Summit. I'm Dr. Tom Moorcroft. I'm here with my buddy and co-host, Dr. Darren Engels and our special guest, Dr.

Jill Christa. We wanted to do this together because there's just so much synergy between all three of us. And, you know, there there's overlap between our journeys, the way we treat people, but we also have different experiences.

And we thought that if we could kind of synergize together, if that's even a word synergize, but if we're going to come together, share our experience and really kind of pick Dr.

Jill's brain and drop some serious knowledge, disease should be a lot of fun. Many of you may know Dr. Christa, she does a lot of work with mold pans and pandas.

And so there's just so many different things I could tell you about her. But better yet, Dr. Jill, welcome. And, you know, love to have you. Tell us a little bit about how you got here and, you know, kind of what your journey has been like and what you're working on today.

Yeah. Thank you. Thanks for having me. You guys, so much fun. I love it. Talking to people have been that are so aligned. It's so fun. So I ended up starting a practice in southern Wisconsin.

My interest was botanical medicine and environmental medicine, those kind of my true passion projects. And I found myself in heavy metal land and so I got pretty good at like dealing with heavy metals.

And then there's these heavy metal patients that we were doing all the right things and they just weren't getting better. That's when I discovered I'm in Lyme country.

And so at that library I trained on that. So I went off to every islands conference I could get my hands on. And, you know, applying the principles of functional naturopathic medicine, find and treat the cause.

People tended to get better at this small group of people. So we kind of ruled out the heavy metals and ruled out the line. What in the world was going on with this group? And in one of those patients, they found toxic black mold in a remodel.

And it had been probably a 10 to 12 year exposure. So of course, he had his gut was a mess. Terrible airing pelvic pain, cancer diagnosis, you know, all the things.

And that's when I thought, I wonder if that's what's going on with these other chronic Lyme patients that weren't getting better. And sure enough, there was a mold exposure either in their current or past history.

And that's when I dug into mold. And it was a lot more than what we learned in school, even though I feel like in naturopathic medicine, and especially because I had an environmental medicine interest, I also did a lot of reading in that, but I really didn't understand mold at all.

So that was my big aha was I think I've been missing more and I think a lot of my colleagues are missing mold. And so that's when I kind of got on the mold, mold trained.

Super cool. I think one of the questions I was having, like, you know, we decided we wanted to talk about that intersection between mold and lime is like something here.

Like how do I even know if it's mold or how do I know it's lime? And it looks like bartonella and it looks like marcas.

And like, where do you even start?

Like, what are the keys that what makes you think about them in the beginning? And then also what are some of the key differences? So we can sort of parse out maybe where we should start with our folks.

Right? Because the Venn diagram of the of the two is almost completely overlaid. When we look at the symptoms, there are fine differences that pull one apart from the other.

With Lyme, we're going to see more migrating symptoms. And that was Dr. Horowitz, you know, is really important in identifying this migrating symptom thing that you don't really see with mold.

So if it's strictly mold, I don't really see the migration part. I see exposures.

How Mold, Lyme, and Heavy Metals Overlap

So for a line patient to say I feel better when I'm out of my house and I feel worse when I'm home or I feel worse when I'm at work and better at home.

That's an exposure thing that gets my brain thinking this might be more of a mold situation. Mold is going to have more Respiratorie I see a lot more allergies with mold, which could be sinusitis.

It could be also just muscle related things, but Lyme patients can have it as well. But you know, there's going to be a lot more respiratory problems with mold.

And while you can get joint pain with in joint swellings and collagen breakdown and things like that with mold, you don't see it as much as you would with like a Lyme bartonella combination.

Yeah, you it's it's tough to tell. I'm just curious because I find in my population of people with Lyme disease, I'd say it's probably 70, 75% also have mold Elvis.

And like you said, there's some clinical overlap. But I'm curious of what your experience is now. What percentage of your Lyme patients feel like are also struggling with Moldovans?

Yeah, I would say in my practice, even when I was in the very beginning, I would say it was probably 80%. You know, I went back from Eilat's conferences like I'm going to take care of this now I know how to do it.

And you know, I had, I worked with an er doctor who has carte blanche, you know dude you got to do drug wise if you need anything. So I had the ability to do truly integrative medicine and that's how I learned a lot about how certain antibiotics can certain antibiotic reactions can be clues that there might be mold behind it.

Because I came back so enthusiastic about doing this integrative approach and, you know, 20% of my patients get better. And then there's these hangers on.

And I was like, what in the world, you know? And now found out it was not. This is interesting. It's just like to me, I just think about my glass tray.

It's just like, you know, it's half full while a little more than half full water right now. But if I just keep stacking these different toxins, you know, we're going to overflow.

So the question for me always is like, what do I even start? Like as an osteopath, we're kind of like looking at like supporting, catalyzing self-healing.

So we're always trying to like and I think we all are nature paths. And, you know, all of us in this kind of world are looking at figuring out like, what is that primary thing, the body where the body's stuck and needs help?

How can we help and get the hell out of the way through the body can actually heal itself. How are you sorting that out? I mean, aside from my migratory joint pain in my, my, my, my, you know, respiratory thing, I go to work because I've had those people over and over like they they're they're better at home, their worse at work, they're worse at school.

You know, they go to school on Monday, they're fine. By Wednesday, they're stuck at home. But outside of those obvious things, I mean, are there things that you're doing that really piece it apart?

That's the big question, because the the chicken and egg question, not only in what started this, but what do you treat now and that and figuring out that presenting layer can be really tricky.

I get the question a lot like, well, which should we treat mold or lime? And I'm thinking, well, both, because, you know, and if I had to pick one to treat first, just based on my experience, I go for the mold first because it impairs the immune system.

So no matter what you're adding, whether you're a pharmaceutical antibiotic user or a natural medicine user, either way, what any antimicrobial is doing is asking your body to finish the job, you know, so the antimicrobials kind of kick it in the shins and then your immune system is supposed to finish the job.

Well, if you have an immune system that's impaired the way mold and mycotoxins both. So we have spores and spore fragments. They're going to be Major Marcell Inducers and then Micro toxins are immune suppressors and they suppress in three different ways.

They suppress the actual cell that so the macrophages, the eaters are supposed to do the finishing the job by digesting this infection that with the antimicrobial is kicked in the shins, so to speak.

So we get the actual cells get damage. We can get genetic changes. So there's not only that you have impaired cells, but mycotoxins will rewire you genetically to not make as many cells.

And then there are epigenetic changes, which is all the inflammation. So the inflammation reduces the function of these things. So if you aren't addressing mold and mycotoxins, you can get of antimicrobials all day long and all you're going to get is a lot of limping bacteria, but they can recover the minute that antimicrobial is gone.

So yeah, the How to Tell Apart. I actually created a clinical questionnaire and Dr. Nathan and I are working on scientifically validating this based on Dr. Horowitz's model.

He has the Lime MSDS questionnaire and I remember it and I led a conference. I asked him, I said, could it could a person make one of these for mold so that we could tell the difference between, you know, mold and time?

And you kind of joked in his like, good luck because it's going to be the same questionnaire. I thought, Oh, that's a challenge. So so I took his model.

Yeah, exactly. I took that model because I really like the different tearing or weight of symptoms because there are so many symptoms that could be caused by food allergies or adrenal fatigue or, you know, poor diet, all those kind of things.

So I like how he weighted certain things differently. So I took that model and created a questionnaire for myself to use in practice and then just over the years kind of vetted it.

So if anyone wants that right now, it's not the we have refined it and we're running it by hopefully you to be for giving me your opinion before we launch it.

And then we're going to try to get a thousand matched questionnaire with some sort of testing so that we can see if the questionnaire is actually helps with validation because of that problem that so many of the symptoms look like Lyme disease and Lyme gets missed all the time.

So, you know, we have these patients who are running around with not even running because they're impaired. You know, they're getting completely discounted by conventional medicine.

It's called what is it like post Lyme syndrome? It's not like long COVID, you know, as if there's no more virus there or something, you know, it's just like treatment, you know?

Yeah, it's. It's interesting to me because when you talk about even like long COVID, we're finding a lot of the long reactivity is to like the spike protein like fragment.

So when you talk about spores or fragments mycotoxins, Lyme and Lyme fragments, there's evidence that your neck can swell because you have active chronic infection with Lyme disease in your knee.

And there's also other ones that show that the DNA of Lyme disease stuck in your synovial membrane, that little lining of your knee can cause inflammation so you can have post-treatment Lyme and chronic Lyme, either one or both them at the same time.

Mm hmm. And line, is this really it's just incredibly wise microbe where it has these silent cassettes, these gene cassettes that can once your immune system has figured it out, it can take down the protein that the immune system is tagged and put up one that it hasn't seen.

And it has many, many, many of these cassettes.

Telling Mold and Lyme Apart Clinically

So, again, if you have an immune system that is understaffed, you know, damaged, it's not going to be able to keep up with that gene switching that the Borrelia can do.

So it's really so important to get the the mold layer. Just, you know, I told you my history was I started with heavy metals and went to Lyme number two mold.

I probably should have done that in exact reverse order and that's how I treat now. Yeah. Well, and it's interesting too, you know, when you look at some of the research, you know, there's some evidence as well that suggests that Lyme really triggers more of an autoimmune problem.

And then when you start tilting the scales of this, not to help yourself to imbalance, you know, that drives allergy, that drives autoimmunity. So whether it's mold, micro toxicity, Lyme, it seems that they're all driving that same immune pathway which tells the scales.

And we know that if you're more too dominant, that can suppress one. And one is the the active part of your immune system that goes after the bug and kills it.

So, you know, we've got these multiple hits that are creating this immune imbalance. And I think like Tom saying, it's like, yeah, it's like, how do you know where to start when more often than not, it's not just one thing, it's multiple things.

Right? Right. And there's only so much a patient's body can handle. So that's the other game, you know, of playing with the supersensitive patients. Like you love to go for all of it, but not everybody can handle that.

Like sometimes you just need to shut the allergy reaction down first for the mast cells or, you know, get them pooping. That's usually the main thing that I'm focusing on is like, if you can't sweat, you can't poop.

We're not we're not going after anything because you can't get rid of it, you know? Yeah. And actually the natural killer cells function test is one of my favorites for determining whether someone's ready to take on the antimicrobials for Lyme.

Because if the function is less than seven lytic units, this is kind of an expensive test. So people who are listening, if they're like, I'm going to go do that test, you know, do to have your doctor order if you have insurance coverage because it can be 700 bucks out of pocket.

Not worth it, but this one is one of the mold is one of the few things that lowers that natural killer cell function. That's why it's carcinogenic. Lo and K cell function is a carcinogenic state.

So when I run that, if I'm I want somebody in the twenties, but if they're down under seven, I'm like, There's antimicrobials. We will be wasting your money, wasting your liver.

You know, we're doing a lot of things that and I know, Darren, you talk about in your book the the consequences of anti antibiotics. You know, there's it's hard on the body.

So why would we do it if we know it's not going to be effective? Let's wait and do some of the mold peeling mycotoxins toxin. It's not just mycotoxins, but you know, we have weed killer.

We have lots of things. So let's work on that until we so and the immune modulation when that in case our counter function comes up, then we go, you know, and usually their body tells us when it's time to go because they get a big flare of something like the knee blows up or whatever.

Yeah, yeah. It's one of the interesting things. I mean, two things that really bump up. And what I mean, I know we're going to talk about binders and stuff in a minute, but natural killer cell function, one of the things that I see is that a lot of people maybe not testing it but are aware and they want it higher.

And I know there are some peptides that we can just jump into right away and bump them up. I mean, why shouldn't we just crank up NK cell function? Just exogenous? Lee Why shouldn't we?

I mean, or should we? That's going to I think that's going to go back to what Darren was saying about the t h 17. So a naive t cell will will turn into either a t regulator cell or a t h 17, depending on whatever soup it's swimming in.

So if it's in a lot of inflammatory soup or if they have a family history of autoimmune disease or active or even a dormant autoimmune disease, if that's in their medical history, if we go into those peptides, my experience has been what we do is we we shift almost all t naive t cells into the t h 70 and in my view t 17 and I don't it's just been from reading, you know, studies on like what does it do?

It increases amps which if you think about what those and a lot of proteases and things like that. So when I see t h 17 my brain thinks biofilm laden person because amps are in the extracellular matrix trying to digest all this debris.

They're trying to get at the critter or the debris. You know, our immune system isn't just about killing, it's about keeping us cleaned up as well. So when I see t h 17, my brain is now starting to think this is a person who is biofilm burdened and that that's information for us, you know, like an autoimmune.

Why would the body ever attack itself? That doesn't make any sense. So it's trying to get things peeled and parsed and digested apart so that we can get flow and access of whatever immune cells, nutrition, those kind of things that the body needs.

Yeah. One of the things that you remind me of too is and I love talking about because I, you know, I know we've talked a lot about pins and pandas before in this autoimmunity driven by inflammation, by infection.

But when we look at group based strep and the work that's been done, you know, around 2015 with looking at, you know, sort of recurrent strep infections in the nose and the throat leading to congregation of our own to age 17, cells primed to clean up the group of strep.

But our own cells are traveling up the nasal lymphatics, the nerve of smell back into the brain and causing this autoimmune brain inflammation and subsequent behavioral disorders.

One of the things that I've pondered a lot is I think because one of the places that we're focusing so much on and mycotoxins treatment and mold illnesses is our nose.

And I would love to see somebody research. I'd love to hear Jill like what your experience and and clinical gestalt is in terms of like, hey, if we have a chronic nasal sinus biofilm, why wouldn't we have 17 cells congregating in our nose to mold toxins right then leading to autoimmunity, which is something we're not always talking about as autoimmunity being driven by mold. So yeah, that's a yeah.

If you do energetic testing in chronic ill people, the sinuses are frequently a an area of frequency disruption. Like they become a barrier to things being able to flow like it's so, so commonly tweaked in the sinuses.

And what we know is that intranasal infections of all kinds, not just strep, but every virus, mold spores, spore fragments, they preferentially generate age 17.

And that goes back to my thinking of like this is a very this is a very high touch area. You know, we're this is our first interface with with the air is our nose.

And we have things there that defend that. And the biggest thing is snot. You know, snot is full of digestive enzymes, proteases, salts, all these things that are supposed to be degrading, breaking down.

And then we just can absorb these things, make them into nutrients. Well, to age 17 is that's where I get this idea of like it's an anti biofilm, t, h or t, so because it's right there to where we can develop a lot of biofilm.

But so if you think about it, it's like it's not with pandas and pans, it's not strep. Getting into the brain. Is strep inducing this t h 17 which can get the nose elevated to the brain.

And why I put a lot of focus on mycotoxins is because they're fat soluble, they evade the snot, they actually get taken up by snot. And so, so do BPAs.

So do other types of fat soluble toxins that we have, chemicals, that kind of thing. And they get that free ride, you know, because this is we have to start thinking about smelling as a form of physical contact.

The way we smell something is this, you know, smell nerve goes way from the back of our brain. It takes kind of a circuitous route and then goes up and then bare nerve fibers come down into our nasal passages so that we can smell things.

And we smell things by that molecule coming in, actually touching that nerve fiber. And if it's touching it, it can absorb it if there's not a good enough defense.

So and a histamines, it's it's always this tricky thing with mold like if they have mold in mass activations, like, well, if given any histamine now we're compromising that first barrier by drying up the snot because, you know, it's not really powerful stuff.

Yeah, we're going there. Let's go all the way.

Immune Dysfunction, NK Cells, and Treatment Order

What actually can we actually talk about bottoms as well for the Pandas pants group? A lot of the kids that are continuously getting strep exposures, it's from their own bottom.

Strep peritonitis is a highly under-recognized cause of a kid having pandas in pants. And it's very tenacious. It has to be treated topically and systemically.

Re swab, recheck, make sure you got it because they will just continuously bring it up to their tonsils. And then you have a kid who's facing tonsillectomy when really they still have a strep infection that's not being addressed.

Well, you know, I've also heard people getting, you know, messing with the dog, getting the conjunctivitis and stuff like that. I mean, I just think it I think what you're saying is really important because it's one of those things that just reminds us we should all have a bad day at our house, really clean our bottoms really well, definitely.

Definitely. Quite a few pandas, kids that I work with that do that because they do worry about that very much there. Well, it's. Interesting, right? I'm goofing around a little bit, but but we're kind of being serious because you don't actually you can clean your bottom before you.

You just get a little bit of the water off and it's like this. It's like, hey, wait, like it's the one thing and ah, but in, in, in sort of our modern culture that hasn't been updated.

We update our phones, we update our photos, you update how we took our foods we have to eat, how we clean our foods. We went from raw to pasteurized and ultra pasteurized, which I don't completely agree with ultra purifying everything, but we've, we've upgraded like everything we do on our entire body over the last, you know, century or so.

But we're still just, like, wiped in our hands that there's like crappy little tissue that's going to rip a hole in it. And then we're going to have no one sits there while maybe somebody does scrub in their hands after work.

And then the thing that can actually clean it the most is the most dangerous thing to put on your hand. So why not just upgrade how you clean your bottom?

Yeah. Good. I love it. No one thought we were going there today. I did not. But I'm glad we did, though, because it's so important. It's so, you know, that's what a lot of the pandas pants kids that I work with, the families is like when COVID hit and everybody started cleaning everything, they were like, thank goodness, you know, door handles.

And a lot of kids who had frequent hand-washing as their symptom, it went away. You know, frequent hand washing is them washing their hands for everybody else who's not doing it because everything they touch, they're having to deal with it.

But it's interesting to gel because like you just triggered for me, what about like we're looking at our kids, we're saying that's OCD, right? We're saying frequent hand washing is OCD.

And I just wonder if sometimes that the thing is, maybe it's their doing, their body is creating this, maybe it's an over OCD thing for real, but maybe the driver behind it is actually a clinical sign.

Yeah. Yeah. And I write about that in my book that if we see if we look at the compulsions, so there's an obsession, OCD, people don't really think about like, what does that mean, obsessive compulsive.

So obsessions or thoughts compulsive is the action. If you have a kid who doesn't have the vocabulary to and they haven't been in their body long enough to know that there's been a profound shift they're showing you through their actions what's going on.

So if you have a kid who has extreme adrenal fatigue as part of their pandas patterns, they will need to hold you and the whole family hostage to the routine of life like they absolutely need everybody to to do the same things over and over again, because adrenals, love, routine, routinized life is like the easiest thing to do for an adrenal state person.

And the more you sort of like toilet training, the more you give the body the thing like waking up at the same time, eating your meals at the same time, going to bed at the same time, even if you don't sleep yet, get in.

And you know that whole routine thing. A pan is pants, kid. You will know that they need adrenal support. When they're doing that, you will know they need immune modulation if they're washing their hands incessantly, if they have a vocal hum. Hmm. Mm hmm.

That kind of thing. Well, humming increases nitric oxide on the mucosal lining, which creates a sterility zone and also relaxes the vagus nerve. So that's a kid that, you know, their nasal gate is completely compromised and you need to be supporting that with them.

And sometimes even just doing a no spray of nitrous oxide works. I mean, it's really all of the compulsions. If we listen, tell us something. I also notice like if ticks if their tick has a swirl to it or a circular pattern, they have Borrelia that's their body telling.

It's like it has a corkscrew, it's cork screwing through certain tissues and they're showing you what is what critter they're dealing with. So there's lots by just not being and it's hard as a parent when you watch your kid doing these behaviors that you know they're going to get picked on for those kind of things.

But if we just be the dispassionate observer of these things, we can learn so much about the kids. Yeah. You know, I think we all learn that in medical school, that if you really listen to your patient, they tell you what's wrong.

You know, without spending thousands and thousands of dollars sometimes on testing, that may or may not really give you any extra clues. You know, the history and just good observation tells us so much about what's going on. You bet. Yeah.

How many times have you guys had a patient that oh, my partner's a pain in the ass and then they end up having, like, some kind of cold thing, but it's like they were telling us that, you know.

Okay, yeah, absolutely. And I know you to to be good listeners. I think that that's the key. What I wasn't paying attention. It's interesting, though, because like I think you guys both bring up a really important point is that being in like listening without judgment and listening without having it's almost like the classic like man woman thing, like where the guy is like the woman, you know?

And I'm probably going to get a lot of trouble for using an old stereotype, but it's like, Oh, I've heard this before because my wife has said this to me is like, she might be telling me something's going on and I immediately go into fixer mode, right?

Right. So maybe and it's almost like when I tell people to focus on what they really want in their lives, rather than focusing on this this constant, daylong reprograming of yourself, of how sucky life is and the symptoms you will never forget about how bad things feel in your body.

But you could forget about, like the goals, the dreams, the aspirations that are going to actually energetically move you in that place of healing and create that more positive momentum.

So, you know, that reprogram your system. And the same thing is like if you just were to observe your child, like here's, here's an example from my life.

I always say if your child is falls down and is crying, just wait a second. Take a deep breath and wait. There is no chance in hell that they that there's going to be such an increased, doubly terrible injury that you're going to miss it and that 1/2 is going to get in the way.

And so, like, my daughter was like, I don't know, right around two she's running around like in the in the living room. And my wife and I are one couch.

My mom and my dad were in the other one and she tripped over my mom's foot and she spun in her big cloth diaper and sat down basically on my mom's feet with their back against their shins like it was a, you know, like a like a chair and then you see her and she just looks around and she just kind of and then all of a sudden my mom goes crying and then my daughter sits, flipping out, freaking and crying.

Right? I'm like, Mom, you don't have to program this dumb ass response. So fast forward a couple of years, she's playing a little mini trampoline. I'm up my desk and she's got it.

She's right behind me and it's got the handlebar and all the protective crap. Somehow this three and a half year old goes over the handlebar that was up at her eye and lands on her forehead on the ground.

Let me tell you that crying and that experience, I was next to her in a split second. Your body knows the difference between the emergency and just it's okay.

So maybe we can learn from that and step back a little bit.

Biofilms, TH17, and Nasal Inflammation

Maybe we can just say, I'm going to just observe what's going on when someone communicates with me or when I observe what's going on with my kids because and Joe, I'd love you to dove into this is like how but like I mean I feel like in my practice and all these parents are like, my kid has this and this and this and this and it means this and this and this and this.

And then this is how they behave. And then all of a sudden, guess what? The only behavior they have is the one your parent just told them. And then the parents are like, Oh, see, they behave though.

I'm like, No, that was actually normal. I think is so traumatizing for everybody. You know, like when it does shift in because this hand is in hands is the end of a spectrum of neuroinflammation.

So Lyme causes neuroinflammation. A lot of the chemicals, like weedkiller, is the worst for glyphosate, this inflammation city. So it's this spectrum of like you can start with poor diet, you know, food additives, you know, using chemicals at home, da da da da.

And they get a little more neuroinflammation. No more neuroinflammation. Add some food allergies in there, and then they get more and more and more and then some trigger trips to where it's autoimmune that changes everything.

Once that trigger has been tripped. So that is extremely traumatizing, I think, for families and siblings watching, you know, losing their sibling. They they used to behave a certain way and now they they've dissociated and that kind of thing.

So I think, you know, I have a lot of I have a lot of compassion because I'm also a mom, twins with parents. So probably I over associate with that. But I think you can get kind of into this like overprotective mode.

And I see this with mold a lot that the limbic system gets inflamed and that's our safety area. And the limbic system is intricately tied with our smell nerve because we would smell is one of those things that can bring back a memory just like that, you know.

But if you have that all inflamed now, the autonomic nervous system is not listening to the thinking brain. So, you know, the reptilian brain and thinking brain start to not communicate very well.

The limbic system brain, that's our reptilian brain survival autonomic, all of these things. Then there's the thinking brain. And in the case of mauled, Mycotoxins have no scent at all.

They don't have an odor. So you're getting exposed to a chemical. And I don't think BPA does either, although I have some patients that do report that they can smell when they're being exposed to plastics and things like that.

And, you know, these are people like living out in deserts because mold wrecked them. So when you get that there's a chemical coming into the brain, the limbic system is reacting with inflammation, saying something's wrong, something's wrong, something's wrong.

The thinking part of the brain is using our eyes, using our ears, using our smell. Nope, I don't see a tiger now we're good. And so you get this split that happens where now the thinking part of the brain doesn't trust the autonomic

part can cause this autonomy.

Parts ehlers-danlos, you know, all kinds of different things, heart changes, digestive changes, definitely. Because now the thinking part is like and I don't think I think you just don't have it quite right limbic system.

So I'm going to take over and then they get into this, this place where then the limbic system continues to fire, fire your fire. Every time it's firing, firing, the thinking part of the brain is like, you know, I'm I'm moving farther and farther and farther away from this relationship.

And that's what a lot of the limbic retraining is about. So I think that you have like we can look at this from a fully functioning brain and not someone is living in the experience of having these things happen.

And it seems like somebody might be a little overkill. But then when you are in it and your brain is inflamed, it's this is their real lived experience and mold has a molar something that does that.

And, you know, fungus is a is a superintelligence on our planet. You know, the whole mushroom world, the whole fungal world mold has something where it brings you in.

Maybe you invaded into your life because you needed some things. It's a good composter. It helps you digest. Previously living things. It helps you digest things that aren't functioning and useful for you anymore.

I know I did when that happened to us in our own home, which was the impetus for writing my book that I was not addressing some grief and I had a profound loss in my life.

And I was just like, I was just going to shut that down, just, you know, trip forward and not deal with it. Then I got on the coherence of mold and you see this with your patients.

I'm sure that once mold hits their house, their insurance sends them to a hotel for while they remediate the hotel's moldy, they buy a new house. New house has mold.

They moved from their apartment to another apartment. That next apartment has mold. They their office moves them to another office because they have mold in that office building.

They're reacting that one has mold. It's just like something happens where we get on the same coherence. And I have a guided visualization for people.

It's completely free. It's on my website. It's called the Clarity Pep Talk, because I've noticed this pattern over and over and over again, and I was like, Oh, this is energy.

Oh, I, you know, I've been treating this the wrong way. I've been treating this on a chemical level, and this is a frequency problem. And so by getting people getting an adjusting their frequency to no longer being on the same radio station as mold, get off that frequency and then miraculous things happen.

Suddenly their insurance puts them into a clean hotel room, the partner that never could smell mold, they go to look at a new house and the partner says, this place is moldy.

It's like, Oh, well, you're finally smiling. It's so these are things that are happening over and over and over again with with my patients that it just makes me realize what you're talking about.

Time With your question of like where how much of this is bad parenting or how much of this is over protection and how much of this is emotional? How much of this is limbic system looping?

How much of this is frequency is going be different for everybody. But I do think that there is something very real that is happening in the brain that is causing this this split.

And for some people, they need limbic retraining, they need mindfulness meditation, like the Gupta program or they need I like to use frequency specific microcurrent, but it's interesting.

It's a frequency medicine. So is meditation frequency medicine. So it's something that helps get the two sides of the brain talking again so that they're actually using a thinking, cognitive organized part of the brain and not the autonomic reactive life isn't safe part of the brain to make decisions.

It's long winded answer. I think it's amazing and I there's so many different parts that talk about it. I mean, I think we that's a large it comes up so often in the summit.

I mean one of the questions I have those it's about like support groups because what you just said, I think really needs to be highlighted. When you get on the frequency of mold, you get more mold.

So what are the what are the ways that we can kind of take that and turn it around?

PANS/PANDAS, OCD, and Behavioral Clues

Because, I mean, I feel like support groups are, in my opinion, typically not the most supportive places if you actually want to get better. So I mean, aside from downloading your meditation and and stuff like that, how can you start to change that or what habits should someone develop so that they don't become a moldy or slimy? Right. Exactly. Exactly.

And I would be interested in your guys opinion. Do you think Lyme does the same thing? Lyme and co-infections. You know that. Do you see people? It's hard because it was a great question.

How many of them just have one? But if people are like pure mold or pure and not very many, but if that has that frequency thing as well, I think that support groups with a moderator that whose entire intention is to mind the frequency is really important.

So just like in lacrosse, my kids played lacrosse. We would have a parent assigned to the line to the parents basically who is was their whole job was to make sure that everybody was remembering this is just a game and, you know, just raising the vibe of the side, not yelling at refs and that kind of thing.

So it was like that. I can't remember what their name was called, but it was like the the ethics parents or something like that. I don't really remember, but I think having a group, you know, it's wonderful Facebook, those are all free groups.

But it can reinforce that message so much and it can reinforce the coherence. So if you are not able to be in something where there's a moderator who's managing that and whether that's a doctor who has a lot of experience, you know, a lot of people having memberships and things, or if it's something where somebody is like, okay, I started this group and here are the parameters of being in this group.

You bring solutions to the group. You know, it's okay to to have support, like we really need support. And, and there are a lot of false beliefs out there.

I see it with pandas and lbs parents as you protect your child, there's a your world gets smaller. And so the belief in their head is, well, my world is smaller.

I have to do this on myself. And so my support is smaller. That's a false belief. You can have all the support that you need and still protect your child.

And so I think that it's really important to feel supported. I worry that some of those groups, though, that there isn't it can reinforce the trauma and not be working on solution.

Yeah, daily practice. Everybody needs a daily practice of some in my patients who are like thank you see and I run

into them at the health food store like seven years later and they've got, you know, the I've had this happen, the ink from a triathlon down their arm and I'm like, Can you just run a triathlon?

You you know, I mean, people do get better and they're not the one staying in the group because, you know, they're done. And so we don't get to hear those success stories.

So I think having either someone who's been there, done that and has succeeded and they're the ones moderating the group. So they're the voice of hope.

It doesn't matter. Don't rely on other people for being not for you. Everyone needs some sort of energetic practice in their daily practice that is managing their own vibe.

Yeah. And whatever that is, it's, it's religious spirit. Yeah. Yeah. I couldn't agree more. Jill and I have the same experience. I know Tom and I both have our own Facebook groups around Lyme, and I think again with the intention of, you know, we're doctors were Lyme experts and we can moderate this and I found again it's a little bit like herding cats because I find people get very dogmatic.

And like you said, the people who are, you know, they're cured. They've they'd heal, they've moved on. And because there is a lot of negativity in a lot of these groups, I find the people who are the sickest are the ones who that's what they do.

They spend most of their time online searching for answers. But also, I'm very vocal about the belief system that you can't go well because they didn't get well.

So I always warn my patients to be very cautious with any kind of online presence because, a, there's a lot of false information. There's bad information.

But more importantly, I think it's important to surround yourself with people who lift you up, who who bring you up. You know, Tom and I have spent a lot of time with Michael burn off learning about, you know, mindset and how do you reinforce that in yourself so that you can heal your brain, your most important healing tool.

And if you've got this constant chatter in the back of your mind that you can't get better, no one ever recovers from mold, illness, Lyme and your subconscious brain hears that that talk it it's harder to get well right.

So yeah, I think it's just it's important to find find groups or you know, have that support, whether it's family, friends or professional, but find people who really lift you up and bring your health up and not bring your health them right in.

Very simple to know who that is and what when you hit that, because you just tap in right here and if the arrows go up, you're good. If they go down, if you feel a sinking, that's not good for you.

And it might be, you know, trying to get the head out of it to say, well, I should I should do this, you know, should stay in this group because they really help me out.

And I've asked questions and these people answered my questions. And so I feel indebted. If your heart just check in down here, get the head out of it.

Get the heart in it. And if your heart is like just a little sink, no shoulds, don't shout on yourself. Nobody does it. You know, if your heart goes and it feels expansive, nurture that.

Yeah. It's so interesting that, like, just think about being objective, you know, with how you're feeling. Cause a lot of people think something. I'm like, But, but what does it really feel like?

What is it? What is like you at your core and your heart telling you? Because as you highlighted, Jill, sometimes your limbic brain and your prefrontal brain start to kind of play tricks on us because they're trying to support us.

And it's like that limbic system is very, very much about it. It's a primitive reflex protective mechanism. So one of the things we talk a lot about in this field is like the limbic stuff and then we talk about vagal theory and fight flight or freeze and how do we get out of freeze for we have to feel safe.

Well, the front of my brain safety, I can know that I'm safe, like you highlighted, but my limbic brain is gone. No. Safety is familiarity, right? Yeah. Right.

So one of the things I want everyone to really realize through the whole summit is that when you're sick for a while, that becomes your limbic system comfort zone, that becomes familiar.

So when we ask you to change now, that's unfamiliar and unfamiliar is unsafe. So you where do you go? You go back. So like Jill just pointed out, when you're in the support group, when you're doing it, when you're working with someone and the arrows pointing up and you're making progress, great.

But when it changes, when you get into a comfort zone with someone or something, maybe it's a just a signpost to examine it. Because if the comfort zone is my life is amazing and things get better and better and better all the time, my health is better and greater.

My kids are amazing. My spouses partner, I'm amazing. I feel great all day long. That's a good comfort zone to be in, but it's really not because it keeps growing.

But if you're in a steady state plateau of your emotions, it's like that comfort zone is an indicator that you need to go through a little bit of discomfort to move to that next level, and maybe you need to move on.

And the thing you can do is lead by shining your light, maybe not staying in the group, maybe not staying with a particular person, but taking what you've learned and then taking that next step of growth, because that's what we're really here for.

And it's like to reflect back on your mold. The conversation about like what is it here to do to decompose? Well, what happens with decompose decomposing?

Is there another way to say recycling? Right. And taking energy that's been used for its purpose and now we're recycling it and using that energy in another place.

So take your illness, take all the experiences you have, take the chance to observe your child and take that energy and just let it come in and then use it to grow something else.

It's new and different and potentially better. So I just I just got so inspired by what you're both saying right there. Yeah. And people do need I get that when I start going into this kind of conversation temporarily.

So I don't need the herbs and I still need the chemical help. And, you know, and the herbs are giving you frequency as well as why I love using plants.

So I went, I'm going to be in a situation where I feel like, yeah, we probably better start a pharmaceutical antifungal just for this. You know, either the no or something like that.

I don't give up the plants because the plants provide the directions. They're the wisdom. I add the pharmaceutical safely. You know, there are certain things that we can use together.

Limbic Retraining, Frequency, and Support Groups

But I just think that that I don't want people to hear we're blaming you for your wrong thoughts and that's why you're sick, which is what a lot of people can hear that in what we're saying.

We're saying yes to all of the things that you're doing. Take the steps, but keep taking steps. You know, I love Joe

Dispensers where he talks about that, you know, we're change equals unsafe.

And so, you know, you get familiar even with a sick place, you know. But so I tell people, if not can change your genes. That tells us they can be changed.

So change it back, you know, and maybe change it back to something better. Why? Why wouldn't we be able to like we have to hear what the positive side of that is like.

Oh, yeah, mold can cause genetic changes. Oh, genetic changes can happen. Well, shoot me. Awesome. I'm going to improve my vision. I'm going to increase my muscle mass.

I'm going to get my bone density up. You know, like I when you think about that, it's like, what are your what are the things you want? And keeping that vision on you as the healthy person.

It's interesting, too, because the genetics, it's like all you said was genetics can be changed. Yeah. And then immediately because mold did it, the human brain goes and a lot of researchers go, Oh, that's bad.

Well, that's just a story some people agreed to. I just like when I was sick, like I didn't know. I didn't have access to people like Darren and Jill, like all my wonderful friends that I have now who could help me get better a lot quicker.

I was just like, I don't know what the hell is going on. I got to figure this out. And I decided I was going to figure something out because my life was that valuable.

And I got lucky because, you know, I could have taken a different path, but it's like I didn't believe the story. The other people were telling me. So it's like you don't have to believe the story that you can't get better from mold or that it's going to be hard, or that like mold or lime, you can't get better.

It's only going to go to remission, make up a story, and then find out if you can make it true. Right. I'm trying to kind of buck the whole like once you get Borrelia, you'll have it forever. Like, could we bounce it out?

You know, maybe ten, maybe ten frequency years. Jill I haven't had a symptom in over 12. How many people do you know who can say like, I'm cured? Thankfully, more than I think all of us know.

People that they know. They just hear that but know like no know. People are always, like, waiting for the other shoe to drop, you know, I don't want to get a car accident or my life is going to come back, you know.

Or seven years later, they're like they had a car accident and their neck hurts and they say It's Lyme. So that's a really shitty story to write. Like Tom Cruise, right?

Like this is I just think about Tom Cruise sometimes because a lot of people know him, right? So people know like Tom Cruise and all these things. But if you watch Matt top Gun, you know, Maverick, if you watch, you know, Mission Impossible, you know Ethan Hawke, but they're almost the same person.

Right. But it's interesting that actors and actresses study a script so well that they become that person so precisely that we associate them as a human being, as the actual fictional character in a story.

Right. That's because they have read the script to the point where they can say it without actually reading it again. So if you're saying a story, I've got Lyme, I've got mold, I've got this now.

So much so that you don't need to read the script anymore to regurgitate it. If you don't like that story, just write a new one and learn that script better than, you know, the old script.

And that's going to because for me, I was 70 to 75% better before I found the people and also before I created the opportunity to meet the right people where the meds in the herbs were necessary and could work because I changed my frequency and then I could invite in the frequency, the herbs and the meds, and I was only given ones

that resonated with me.

So don't be comparing yourself to somebody else's protocol because this you know, I went off on a completely different tangent when I asked about the support group, but fuck you do not need what someone else needed you that you need.

Yes, yes, yes, yes. And I, I love that example, but what I hear in there is something that I am often telling my patients because we have really hard working patients and they want to do the best that they can.

And, you know, they work very, very hard. But you have to get your inner rebel like, you know, you have to get some that thing in there that says, I'm going to fight.

I'm going to fight for me. And, you know, I mean, there and you have these beautiful Instagram posts that are just so inspirational, but what's behind it is kind of this like you're understood.

And also, you know, there there are people here that can can help you. You got to kind of get that inner fight going with the rebel that. The group more.

Well I mean this is your life and you know I tell all my patients I said like I said, this is the beauty of being human. It is literally building to our DNA to heal.

But the rare circumstances, well, where there's a situation where maybe a tissue you can't heal, we haven't evolved yet. We can, you know, heal a severed spinal cord, although we're getting closer, but with rare circumstances, you know, our body is designed to heal.

You know, you're cut your finger bleeds for a little bit. Scabs over it heals. That happens internally at all levels. We've just got to get these obstacles out of that way.

Now, whether that obstacle is mold or toxicity underlying infection, trauma, you know, it's interesting. You know, the longer I practice, I kind of realize that, you know, all chronic illness kind of boils down to those three things.

You know, it's a some sort of toxicity, some kind of infection and some kind of trauma. And more often that it's a little mix of all of it. So if we can really hone in on those things, get those hurdles out of the way, the body will do what it's designed to do.

And if you've been sick a long time, you might be saying, that's a bunch of crap. You know, that hasn't been my experience. Well, that hasn't been your experience yet.

You know, Thomas Edison said I found 10,000 ways not to make a light bulb. Whatever you've done in your life, you found things that don't for you. But that doesn't mean there's something out there that won't work for you.

Beautiful. Wow. What a great point. Yeah, I mean, the Mona Lisa wasn't painted. That wasn't the first time that was ever attempted. You know, how many how many versions of it happened before it was the final.

You know, you don't think about that now. So like what I'm saying is like, say that script every day. And that's what I would call it, energetic practice, you know, seeing yourself as your supercell every day so that your brain can start to get you there.

Wow, that's so cool. And it's like, you know, it's so cool. So the three of us are like totally in resonance and frequency, harmonizing the same exact thing, but, and not by a bit.

And we say it a little bit differently and this is what's so beautiful is that like all of us are saying things for you guys so that we can help stimulate a thought, an emotion that will just give you a little bit more impetus to move forward, to believe in yourself more because you are also worthy of healing.

You're so worthy to receive love and to live this amazing life. And you do have this ability to make these shifts and you don't need to do all the things that we talk about or all the things that someone else mentions in a support group or in a book or in a protocol.

You just need to pick the one or two things that you need and that you'll do. And maybe for you, one or two things is 20.

Healing Mindset, Light, and Closing Resources

But the reality is, it's like take the thing like Jill is saying that resonates in your heart and points the arrow up. Right and unleashes that like inner rebel and just say screw it and get moving.

So Jill, Darren, I mean, I think we could do this all day long. I mean, I would I would love to actually just like have an open forum where we do a summit for an entire week, where we just sit here and talk and and people join and leave and everything.

But the reality is, it's just such an honor that you guys are here and all these people have tuned in to listen. So much so. But Dr. Jill Christa, I would love for you to just kind of have the last word to be able to take us out and then just let people know if they're really resonating with what you're saying, how they can get access to maybe your questionnaire, your, you know, your your practice for kind of rebooting where you're thinking and then learn more about your work and your books.

Thank you. So I guess a parting thought would just be the thing that that is molds kryptonite is light. So, you know, and I say it a lot to my patients and my membership is like, charge your inner light.

We all have a solar plexus. So interesting word, isn't it? Soul or the charge. And I have my hands still there. Like charge that section in your body every day charge it up like it's the sun.

Let the sun come up inside your body Mold cannot survive Where there's light So be the light So beautiful yeah people can find me doctor krista dot com.

That's d r c r i starcom I am no longer taking new patients i and packed but I created a membership to be able to do one too many so that hopefully I can still help people who are looking for help. And and I have my new book, A Light in the Dark for panels and panels that I'm very excited to have finally taken all of what was going on in this brain and put it into one place.

And thank you so much, Tom, for your beautiful words on the on the back. I just loved it. Yeah, yeah So cool. So that's how you can find me in my questionnaires on my website and probably the best resource that I've created to date for a lot of parents who are, you know, coming from the conventional world and a little hesitant about this natural medicine kind of stuff.

I have a medication compatibility chart and you can get that a doctor Chris slash med dash compatibility and it shows you the majority of the things we would use for a kid.

On Pandas that struggling with pandas and pans of antibiotics, antihistamines, corticosteroids, SSRI is all those. And then what natural medicines that we use for pandas and pans are safe to do together, or whether there needs to be a dose adjustment to talk with your doctor.

So it's a huge resource. I ran it past lots of our dual degree. Andy Farm people to make sure that it was accurate. And it just really, I hope, calms down some of the parents out there to know that this can be done safely together.

Sounds so awesome. Well, Dr. Jo, Krista, thank you so very much for joining myself and Dr. Darren Engels for this episode of The Healing from Lyme Disease Summit.

And everyone, thank you so much for joining us. I mean, this is what all three of us do all day. Every day is to shine

this light of health and healing, where we can have that intersection of the vibration, the frequency and the love and sort of our pure essence with the science that we need when you need it, when those frequencies match up to support your healing.

So thanks so much for joining us and we look forward to seeing you in the next episode.