MAPS Webinar Introduction

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So if it is antibiotics, where do we get antibiotics? They're made from molds. If you are going to be giving a mold fart, which is a mycotoxin, penicillin amoxicilin cephalosporins, these are all coming from mold.

Hi, welcome to the MAPS webinar series, Healing Tomorrow's Future. We are thrilled to be bringing you this series packed with valuable information and education within our community.

My name is Honey Rinusella and I'm the Executive Director of MAPS, the Medical Academy of Pediatrics and Special Needs. Within these webinars, we're able to empower clinicians on the knowledge and tools to support patients facing a variety of health challenges.

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Welcome, everybody, to the MAPS Healing Tomorrow's Future podcast. I am very honored and pleased to have my guests today, Joan Krista and Mariah Hinchy.

Mold and Lyme: Why They Co-Occur

So if you guys want to introduce yourselves real quick, and then we'll launch into a few interesting points that we want Sure. So I'm Dr. Jill Christa.

I am a naturopathic doctor and I help people recover from exposure to toxic mold. Hi, I m Dr Marie Hinchy. And I specialize in treating vector borne disease.

Well, welcome and thank you for being on the podcast. We really appreciate it. Before we get into anything serious, what is a mole fart? Thank you for asking.

This is one of my favorite things to talk about. You thought he'd never ask. I know. Because the reason they're important is that they are the things that make people the most sick when they were exposed to mold.

So it's the thing that mold will off-gas. Certainly the mold spores are allergenic, they induce a lot of mast cells. That's this much of mold-related illness, but when we look at the full concluence of a mold related illness it is the off gassing that makes people sick.

Right. So, and I think this is very important. I know I love the term mold fart. Before I met you, I didn't know what it was, but I really appreciate that term.

But it's this idea that people say of mold illness, it is not mold. You can be allergic to mold, or allergic mold spores. It's really what these molds are putting into the environment that's making us sick.

So what, because your talk wasn't really mold, it was about the relationship between mold and lime. So, I mean, what do those two things have to do with each other?

And would either one of you answer that question? Take it. Well, I mean, besides the fact that we both see them simultaneously more often than not, they manipulate the body through the pro-inflammatory cytokine cascade and the way that they cause imbalance to the immune system in the same way.

So they actually are synergistic in taking over the buddy and making it hospitable to both of them. So when you have mold, you're going to have more severe symptoms of Lyme and other vector borne diseases.

And when have Lymen and vector-borne diseases, more issues with mold. Okay. I know you guys had covered this in your presentation, but You know, as an allopath, sorry, but I'm one of those, that, you know we use antibiotics to treat Lyme, right?

I mean that's what I was taught.

Antibiotics, Herbs, and Treatment Strategy

You put people on doxycycline or amonthrocephal or whatever you're going to use and, and you, know you are treating the Lyne that way. So maybe you can tell me exactly how that impacts the whole problem with the moles.

And that's where you get the big question. Do you have to treat mold first? If it's mold and lime, do you to go for the mold? Because that is kind of the lore out there.

And our answer is, it depends on what method that you're using for treatment. So if it is antibiotics, where do we get antibiotics? They're made from Molds.

So if you're going to be giving a mold fart, which is a mycotoxin, penicillin amoxicilin cephalosporins, these are all coming from molds. We want to make sure that we're not using, if we are using the pharmaceutical that, we aren't using something that the person is actively being made sick from in their environment.

If you are use herbs, you can do them both together simultaneously because the herbs have so much crossover. I remember I learned about mold toxins originally from Richie Shoemaker and it was because of my Lyme patients that weren't getting better.

I've had these moments in my life because I practice more in a couple days now. that it's like, why don't I know this, right? And that was one of those moments when I first listened to them.

So this stuff is very, very important. I like the concept of treating simultaneously. How would you consider the difference between what we're doing with antibiotics and what you're dealing with herbals in terms of their impact?

Why aren't herbials causing the same kind of problems? Well, I think where I can probably speak to the inflammatory cytokine piece, the immune modulating piece.

But the part also is that it's not creating the microbiome effects that the antibiotics can cause. There are multiple animal studies that show that when you're using these antimicrobials, whether it is antifungals or antibacterials.

They actually help modulate the micro biome in the gut to make it stronger, to get more resilient, more modulated to positive immune profile. So these herbs, even though a lot of people are like, ooh, you're using these, these are anti, whatever the critter is, isn't that killing the gut microbiome?

And we find that in animal studies, and I know that we both experienced this in our patients, that it actually improves it so much so that, we can take someone from the pharmaceuticals, move them onto the herbals as an exit strategy to try to modulate and get them off of that.

And you can probably speak to the cytokine part. Yeah, and I mean, just to kind of reinforce what you just said, too, because you didn't come out and say it first, is that the antibiotics encourage fungal and yeast overgrowth, right?

So that's why if you go and try to treat the vector-borne disease first you will make the fungol over growth worse and more of an issue. Right. Honestly, the two of us, when we came together, we both realized that we were doing 80% of the treatment already, whether it's her treating the mold-related illness or me treating vector-borne disease, I'm already doing proper mold protocol, and she's already doing 80% of, like, a vector-borne disease protocol

because we both approach it as naturopathic doctors, as doing all of this foundational background, systems, biology, investigation, And we're going through the entire lifestyle, internal and external environment to identify all of the things that are going to support inflammation in the body, right?

And, we try to turn all that into anti-inflammation or anti informatories because it's the inflammation that's pushing the immune dysfunction, the mast cell activation, like all of the various things that go awry, a lot of them are driven by the cytokines.

Galectin-3 and Chronic Inflammation

So when we're already addressing all the lifestyle stuff, all if the nutrition, we are both hitting the same pro-inflammatory cytocines and modulating them with herbs.

We're both using the same techniques to balance the immune system. You know, all that's sort of different is that from the vector borne disease world, okay, now we're picking the strategic herbs that are either antispiroketal for Lyme or anti-malarial and babesial, like for Babesia, for example.

And then for the mold piece, you know, like Jill's protecting the organs that are most affected by mold, and then we both use very similar binders, me for binding LPS, her for finding mycotoxins.

And, then, the final step for Jill is using the herbal antifungals, but I'm always using herbal antifungals as well because, for example, oil of oregano helps to break down the biofilm, grapefruit seed extract is effective against the round body or the cyst form, and both of those are also antIfungal.

So if you want to elaborate. Yeah, I think the whole point of us doing this presentation was so that You're not taking a complete line protocol and a completely mold protocol in overwhelming the, you know, the pilferty, costs, that kind of thing.

There's so much overlap in the two conditions. Then when we sat down, we're like, oh my gosh, like you said, 80% is the same thing, how can we trim it down and pick those things that have those multimodes of action and make it so elegant and streamlined and get them better faster?

No, that's awesome. So what you're saying is that the environment actually makes a difference in the outcome. Who would have thought? Hey, look, I'm an allopath.

I already told you that. This was a huge part of… Because I've been treating Lyme forever. There's a big part… When you went to ILADS conferences in the 90s, it was all about antibiotics.

And even the mainstream, hardcore, OG ILads people came to your side. We'll call it our side because I certainly am with you guys. I don't think that fits in either of them.

It was this idea that, yes, there's an infection. You have the spirochete or you have a parasite or whatever that you can identify, but it's not about killing the bug.

This is not a group A strep pneumonia, this is something different. Because of the way it behaves, changing that environment makes all the difference in the world.

and really appreciate the input of you guys and pioneers like Dr. Shoemaker to just open our eyes. Because again, I didn't learn any of this in medical school.

I did teach me any or something. Neither did I. They don't. So one of the things you mentioned was this idea of Galactin 3. A lot of people are not familiar with that molecule or what that does.

Maybe you could expand on that and then also what its outcomes are and how you treat it. for it. This is your baby. So in an acute injury or infection, Galactin 3 is very helpful.

It's like the fire alarm that goes off, tells everyone there's a fire, get in your trucks, go fight fire. Take care of the injury, or the infection. And it's needed and necessary acutely.

But when it becomes elevated chronically, it causes a multitude of things to happen that are upstream.

TH1/TH2 Balance, Antibodies, and Co-Treatment

So it's going to increase a lot of the pro-inflammatory cytokines. Then it also leads to immune imbalance. So it can suppress T cells and B cells. And if we're suppressing B-cells, then we are suppresing antibody production, which is a big issue with vector-borne disease.

It also is the scaffolding or the backbone of the biofilm, the fort-like structures that these organisms hide behind for the benefits of our listeners.

It also increases mast cell activation and does a whole other host of things that help this organism to actually make our bodies hospitable to it and work for them basically instead of for us.

So it's like that smoke alarm or that fire alarm that just never turns off. And in the end, it really ends up driving like a lot of inflammation and even autoimmunity.

Yeah, I learned about Galactin-3 from cancer treatments. That's when I first heard of the molecule, and now it's been associated with Alzheimer's and these degenerative neurologic disorders.

Even cardiovascular disease. Yeah. Cardiovascular disease, Galaktin 3 is a risk factor. So it is great to see people recognizing the function of this when it comes to these chronic illnesses.

So how do you treat colectin-3? I mean, if colection- 3 is elevated and it's causing all these horrible downstream things, what do do to treat it? Obviously, other than getting rid of what's caused the problem, but is there a way to directly influence coectin 3? Yeah, there's a specialized form of modified citrus pectin that actually has a stronger binding affinity to the receptor on a piece of the Galactin-3 molecule.

And so when that binds, it busts them out of their active pentamor, which is kind of like how the backbone of a biofilm. I'm not used to talking about this without my diagram.

Hey, look. I've been speaking with Richard Deeth. So, you know, he's another one of those people where, wow, without the slide, this is really interesting.

I picture it. But anyway, so when it binds in, it kicks out the ligand, which is what activates it in the first place. And so it literally like busts it apart.

Like if you picture like a wheel with spokes, yeah, It like dissolves it into single spokes. and that, for example, with the biofilm breaks down the lattice.

Okay. so to speak. And then that would prevent that downstream signaling, and then you don't have all the information. Right, from a Galactin-3 perspective.

But then we have Lyme all by itself, increasing nuclear factor kappa beta. So there's other pieces, like the inflammatory cytokine cascade is going to get ignited in other ways, but Galaktin 3 is like one piece.

It's that big upstream driver. Okay. And then you guys also talked a lot about, you know, the lymphocytes, particularly the TH1, TH2, and maybe you can tell us what those are all about.

Why that ratio is important and how that applies to what we're talking about here, whether it's with Lyme or with small toxin illness. I think one of the things of what makes mold so insidious when you have lime and mold together is what I call the nothing to see here effect that mold does.

Biofilms and Herbal Support

So the mycotoxins try to induce the immune system to go into a quiescent stage. Like, shush, you know, no, we're fine. Meanwhile, Galectin 3 is lighting all the fire alarms, but then it's told to get quiet inappropriately, too soon, before the actual offending microbe, whether that's Borrelia or whether it that the fungus, it basically puts the body into kind of like this quiet state, which makes it more prone to allergy and autoimmunity and not addressing the infection.

And mycotoxins also impede protein synthesis. So we can't make those antibodies. Those are protein-based molecules. The mycotoxin are getting in the way of making antibodies that takes care of that infection.

And I mean, how does that impact our ability to even make diagnosis since most of our diagnoses are antibody based, right? So that would influence the accuracy of whatever antibody testing I'm doing.

Right. And that's why everyone has that big question. Do we have to treat mold first? Because we see that as you treat the mold, all of a sudden these Lyme antibodies show up.

All of the sudden the Bartonella comes to the surface that the symptoms become so much more clear. of what co-infection or what infection that you're dealing with.

But if you are not addressing the Lyme in association with the mold, then you allowing that fire to blow up without helping and assisting the patient.

And that's why we find that when we co treat, it works so much better. People get better results. So a lot of, you know, people talk about, oh, I started this mold treatment and I had this horrible Herck's reaction, right?

So what you're saying is maybe that's not a Herk's Reaction. Maybe that is a hidden tick-borne illness. They see it a lot. They're so commonly co-occurring.

It's unbelievable. I like the concept of, okay, we're going to use these antiseptic herbal agents that are not going nuke the microbiome the way my doxycycline or rosephin is going too.

The actually get it more resilient and allow it to continue to function the ways it should. And then what's your favorite solutions to biofilms? Start with the mold ones.

The lovely thing about the lime mold combination, again, with the, lime is such a biofilm former, but it will really make it hard to treat the mold if you're not paying attention to biofilms.

So I love to use things that we can use for lime as well. And just that enhances the anti-inflammatory part. It also has a little hidden antifungal action.

Like ginger is a wonderful one to us for mold plus lime. Grapefruit seed extract, we both use quite a bit. Rosemary can be used with antifungal, anti-biofilms.

There's lots of different things that we can use in combination. Are any of them made by Pfizer? Actually, I was thinking in the middle of the talk, and I said this because I believe it to be true, there's no pharmaceutical that breaks down biofilm.

So I said, you're gonna be forced to use herbs at some level if you want to be able to break down the biofilm.

Mold Detox Basics and Bioflavonoids

And if don't break it down, not only can your immune system not get to these things, but no medicine, pharmaceutical or otherwise, is going to actually get the bugs.

So, I mean, can you just give, for our viewers, just a Cliff Notes version of, you know, if somebody come into your office, either they're coming in saying, You know I've been chronically ill.

I think I have mold or I lime. How would you approach that patient from your perspective in terms of how you work them up and then also how do you treat them?

Well, there's some nutrients that we know that mycotoxins get in the way of that are part of our immunity. So vitamin D and vitamin A, we that these are blocked by mycotoxin.

This is established in literature. We want to make sure we're optimizing that to ensure the immune system can work to its fullest extent. And then mycotoxins are fat soluble, so we want to make sure and do an oil change in the body.

So put in good fats like phosphatidylcholine, fish oil has been shown to kind of block the absorption of mycotoxin into cells, and then we're stimulating the bile through things like bitters, things that when we taste bitter on the tongue, it induces an entire immune reaction.

The body says, uh-oh, we are being poisoned. Let's go look and see if there's anything we need to address. So when I make myself my old-fashioned in the evening, I'm actually treating my mold toxins?

That's right. Awesome. Okay. Just follow the shot of clarified butter and you're all good. Get some ghee. I'll put that on my bar. All right So those are kind of like the base that we're doing.

And then I know we both are addressing your diet. Of course, we were addressing all of those things. Um, and then bioflavonoids are helping to not only tamp down those inclinatory cytokines, but they help denature the mycotoxin, which means pull it off a blood protein so the kidneys can flush it out, do what they naturally are supposed to be doing and what, what are your favorite bio flavanides?

For mold, every color of the rainbow, so every mycotoxin is different. And when I looked at all the research, Every literal color the Rainbow bioflavonoid is effective against one or more mycotoxins.

It's amazing. So you want to make sure that you're getting that full color rainbow. The purples would be resveratrol, the greens like a green tea, polyphenol, something like that.

Or you could do like an olive leaf, even would have multiple actions. Corsetin is in the yellow and that's also antihistaminic, so it's helping to manage the mast cell part.

The oranges are really great for ofrotoxin. So beta-carotene, astaxanthin, that kind of group. And then the reds, lycopene can degrade mycotoxins in blood.

Wow. And so I just tell people if you're bad about eating a certain color of vegetable if You're like, yeah, I don't really like squash So, you know, i'm not getting that in just take that as a supplement then and then you you matching that whole rainbow I love talking to you guys because it's like it is like biochemistry class, right?

You know, it was like, okay, we're gonna eat from the rainbow. Okay Yeah, and I have a little rule of thumb bioflavonoids before binders, even though you're here with mold bindas bindars bindar bindrs, but I haven't mentioned that yet We haven' t mentioned it yet for a reason.

There's a lot of homework has to be done ahead of time before the bindr s have any of their work to do so then I know you' re using Citrus pectin for the lime side, we'll use that as a binder as well on mycotoxins.

And then I like to use aloe aswell as the binder because it's a mast cell stabilizer. Oh, alo acts as binder. It's binder, I call it the binding that gives back.

If you're using charcoal and clay, those only take. Right. Aloe works the same way that those do, but it actually can

be taken with food and supplements because helps usher the nutrients across the intestinal lining.

So it makes it so much easier for people. They don't have to time everything out. And can you educate my allopathic brain about the difference between the action of charcoal versus some of the clays and the different claves that are available to us?

Yeah, I don't use charcoal and clay very often at all for mold. Really? Because I find that the food-based binders work so well. And they've actually been studied, like in soluble fiber like a psyllium husk, good old Metamucil, you know, we want to use a cleaner one than that, but that's 25% as effective as colostiramine.

Binders, Modified Citrus Pectin, and Closing Remarks

It's not robbing you of your fat soluable nutrients because we already know A and D are going to be low, probably E and K and CoQ10 and phosphatidylcholine, like all the fats, mold gets in the way of.

So we're actually enhancing those nutrients because the fiber is what gives us those nutrition. Breaking down these fibers is where we get vitamin A, vitamin B, that kind of thing.

I think the only time I'm using a pharmaceutical is with one mycotoxin called Chetaglovacin because it's completely fat soluble. It doesn't have any water solubility to it and it never becomes water soluable.

So if it's a really high rate of tetaglobacin and I'm concerned about dementia and things like that, I might use colosevalam or Wellcall for maybe three weeks, four weeks.

But then I get them onto the food-based ones right away. Yeah, because they give back. Okay. Yeah. You agree with that? Totally agree. Awesome. And as a binder for binding LPS and whatnot, like I'm using food binders, I am using aloe, modified citrus pectin and chlorella.

Those are my go-tos, those are favorites I try to stay away from using things that are going to bind nutrients or pull things out of the cell, right? It's like there's already so much going on that's free floating, so to speak, you know what I mean, that we want to be able to gently trap and eliminate things.

And the great thing about modified citrus pectin is that it's the only binder that's actually absorbed systemically. So most binders are working in the gut to bind the bile that bound the toxin and eliminated through the feces, whereas you're actually absorbing this systemical, y so you are getting it Elsewhere than the gut you're getting it everywhere, right?

Right. No, that's a very good point and I Use modified citrus perspective a lot for that that very reason itself Well, how can people get a hold of you?

So you guys have great information and your superstars and so how come people gonna hold you right and Well, we are actually working on a course for simultaneously treating Lyme and Mold.

So people can be on the lookout for that. We have no official launch date yet. I have a practice in Hebron, Connecticut. That's tauvitality.com. And then I had an educational platform for Lyne vector-borne disease, other complex chronic illnesses, and that's called Lymbytes.

B-Y-T-E-S and we do the annual symposium and things like that. I have a podcast as well. Awesome. And you have great products. Thank you. Yes, I Have Lime Core Botanicals.

Okay. She has the greatest modified citrus pectin and I can vouch that it tastes almost exactly like a margarita, but that's another story. Delicious.

Delicious, there's no problem with compliance with that. Well, I mean, and the great thing is, is like, so I have all of my patients put their herbal tinctures directly into it.

And then it really does taste like a margarita. But, you know, it helps to make it more palatable. for even kiddos, right? They'll drink it with no problem.

And because it doesn't buy nutrients, like it does bind the herbs, it don't bind any of those constituents. You can take it all at once. That's awesome.

I'm at drcrista.com, that's D-R-C- R-I-S-T-A dot com. and I also am formulating for Alight Health Formulas, making mold solution products. Awesome. Well, thank you both for being on the podcast.

Really appreciate it. Thank you for having us. Thanks so much for joining us today. I'm Honey Rinusella, and this is MAPS. As we heal tomorrow's future, we appreciate you joining on the journey.

We'll see you next time.