Mycotoxin Evaluation and Treatment in Children Transcript

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Introduction to Dr. Michelle Piro

Welcome to this episode of the Mycotoxins and Chronic Illness Summit. I'm very excited today to have Doctor Michelle Piro, MD. Dom. She's a veteran pediatrician with nearly four decades of experience in acute and integrative medicine.

Doctor Piro has coauthored the highly acclaimed book What's Making Our Children Sick, and is executive director of a nonprofit, scientific based website that WW dot GMO science.org.

She has authored many publications and has a new column with the journal The Townsend Letter. Stay tuned for her upcoming website for parents doctor Michelle Procom.

Welcome, doctor Pearl. It's so great to have you here today. So thank you. Please, Michelle. Thank you Michelle. So tell us about how mycotoxins illness is different in children than in adults. Yes.

And you know, I focus on children for the past four decades. I have treated adults. So I do have a perspective. And I think there are several ways it differs.

Number one is that they're not as sick as long, obviously. Right. A three year old will not be the same as a 40 year old. Number two is they have an underlying different immunology.

They have more NK cells, they have more innate immunity. And so it differs, though not just many adults. So they have that difference. They have diminished detoxification pathways.

Some are not as fully developed like their Pan one Proximas one or their, cytochrome P450.

How Mycotoxins Affect Children Differently

Their microbiome, which is the primary line of detoxification, may not be, so robust because the baby's microbiome is still evolving till about three, three years old.

I want to say that. And lastly, so the four points that I usually cover, what differs kids from adults in terms of mycotoxins is they're not as encumbered or have as many comorbidities.

So, for example, an adult might have hypertension, high blood pressure, type one diabetes, etc.. Kids hopefully are a bit cleaner, so they're not as encumbered.

So despite them having not as robust detoxification system, hopefully they don't have the same number of toxins and toxicants. I find that very interesting.

I'm thinking right now of my patients with Lyme disease and how there was research done by Bob Miller, right, about people with chronic Lyme. They have more snips in their genes of detoxification than, than people who don't suffer from chronic Lyme, the same people that buy a tick.

But some have, snips and some don't. And and that, that has slipped in their genes of detoxification. And it seems very directly that my patients, when I look at their snips in their genes of detoxification, I am seeing a higher environmental toxicant load in, in those people.

So higher metals, higher, glyphosate, higher pesticides, other chemicals. And so when you were talking about children and, and and their genes and, and, and the higher load of mycotoxins, I find that really interesting.

What do you think about about other toxin loads in children, Michelle. Well, it's interesting you said because in and we could get into this in kids who develop ulcers, which is chronic inflammatory response syndrome.

They also have shares of that group, and it's about 12% of kids, we think from an article I read from 2017 have shares. And we can go into that further in a minute.

When we talk about the kind of diseases they got and illness from mycotoxins. But of that group, 25% do have genetic snips, mostly in their HLA Dr.. So and we also found that to be interesting to kids from a oh suffer from chronic pesticide toxicity from organophosphates for example from the work from a group out of UC Berkeley and the Tomoko study, which has been going on in Salinas Valley in California for the past almost 20 years.

Those kids had, snips in their Pon one enzyme. And for those kids who had snips in Pon one for a neighbor to detox from organophosphate pesticides, which have just gotten banned.

Chlorpyrifos Halleluja. That took a couple of decades. Major neurotoxin in children, right? Right. So when you have a toxic soup and you have environmental toxicants and you have mycotoxins and you have chronic infection, Lyme co-infections, and you have emfs, etc., that toxic soup is what makes kids their increase their allostatic load and they're unable to clear it.

And for some of them, it just pushes over. That pushes them over the edge, right? It makes total sense. And now I'm telling you back to what you said about their microbiome.

If their microbiome isn't yet fully developed. I'm sure children are having a difficult time detoxifying as well because as you said, that's the biggest organ of detoxification.

Tell us more about that. So oh my God. I've been focusing like the past five years on microbiome. I am like all about the bugs, brain pods, gut bugs, lungs and bugs.

Every kind of micro pathway. So I think one of the biggest reasons why Michael, Michael toxic illness is so prevalent now, and why I didn't see it 34 years ago.

Was I missing it? Really? It's, it's pretty profound. Is because I'll say one word and that's glyphosate and glyphosate, main ingredient and roundup. Everybody knows that herbicide.

Now, and I won't talk about glyphosate specifically, but in the context of mycotoxins, illness is glyphosate. And, because of, herbicide tolerant crops, which have exploded in the past 20 years since they were introduced in 1996, the amount of glyphosate children are exposed to has hit the roof exponentially in glyphosate based herbicides.

Glyphosate kills off the soil microbiota and has an abundance of fungi that have taken off. So in soils that have been sprayed with glyphosate based herbicides, they have a high load of fungi, they have a high load of mycotoxins, and that is in our food.

So like for example, cereals, grains have incredible, amounts of aflatoxin.

Toxic Load, Genetics, and Environmental Exposures

You know, Michael, different mycotoxins, grapes, various ferments that kids like to eat and not even ferment. Just basic things like kids, like, I know some kids who just all they eat is breakfast cereal and cereals are notorious for mycotoxins. So, this I.

In my opinion, glyphosate is one of the main reasons for the explosion in mycotoxins. Illness is the use of this ubiquitous herbicide. And, of course, GMOs.

And you don't eat them alone. You eat your GMO crops, you eat it with the pesticide. So and I'll say, you know, I don't I don't treat children very much, Michel.

Very few, mostly adults. But when I'm looking at my my adults labs, I'm looking at their mycotoxins values, I'm looking at their glyphosate. And sure enough, I'm going to see both of those high side by side.

And I'm detoxing, both in adults. I'm sure it's it's it's different, the process of detoxification in children than adults. And I'm going to have you, tell us about that in a minute.

But but first, tell us about the clinical symptoms of mycotoxins illness in kids. Yeah. So the way I like to think of mycotoxins illness, and it wasn't like I was born knowing this, by the way, in a feast like.

Oh, yeah, I've always known mycotoxins. Illness. Oh, no. No. Initially I didn't become aware of it. Sometimes the past, maybe ten years, it wasn't like this was all.

And I've been practicing 40, so. And it's just shocking to me because there were reports in the literature from 1993 about babies who suffered from mycotoxins, illness, from water damage, building.

So it's been in the pediatric literature, traditional literature, tons of reports, but yet it didn't translate into clinical practice. And that, to me is another horror.

So the way I like to break down like a toxic illness, I like to think of it as allergic based, and type one immunity and allergy symptoms. I like to think of it in terms of, pathologic mold and infection and then the effects of the mycotoxins themselves.

So I kind of break it up into these three categories. So if we look at just like the, issue with allergy, let's say so the mite so mold can produce spores.

Spores are airborne. And those airborne spores can trigger allergies environmental allergies and asthma. And asthma is endemic right now. You know, it's reported anywhere from 1 in 5 to 1 in 10 kids now has asthma, depending on their ethnicity.

1 in 8 white kids, 1 in 6 African American children and Latinos are all over the map because Latinos, you can be Puerto Rican and you UK, or you can be Mexican in your group.

In one batch, Puerto Rican children, for example, 20% of them have asthma. Very humid climate in Puerto Rico, whereas in Mexico, hot and dry, it's about one and nine.

And Mexican-American children, especially those who live in a hotter, drier climate and environmental allergies, those are usually type one hypersensitivity and also food allergies.

So type one food allergies are 1 in 13 kids now, but that doesn't even include food intolerances, which in in the patients I've seen might be anywhere from 40 to 90% of kids I see have IgG, IgG antibodies to foods. So, in terms of infection, yes, you can have mold based infection like Candida.

Now, Candida is a yeast which is a kind of a fungus. Mold is a kind of a fungus. There are some candle species that can be mold or yeast. And so in many of our patients, chronic tickborne in patients, patients with heavy metals and autism, they have secondary issues with Candida.

And so then you have to treat the infection, the pathologic infection, whether it's a yeast or a mold or an overlap. And then the worse is the mycotoxins.

And they, in my opinion, in children cause the most damage. They can cross the placenta. You can get intrauterine micro toxicity. They're 50 times smaller than spores.

They're nanoparticles. They're lipophilic. And there are I believe so there are 200,000 kinds of fungi other to it. And fungi is a kingdom. Of that 200,000, there's 100,000 types of mold.

Of those mold that 80, only 80 are pathologic to humans. And because we've now recreated a new environment because of pesticides, right? We have now created a sea of chronic toxicity from the toxic, the mycotoxins.

We didn't have it before. Nafisa. So that's the kind of way I like to break it out. Did I answer your question? I'm kind of all over the map. You sure? You sure did.

So this is the way I look at it. And then belts too, with those three. So the the allergic response, the immune response, the mycotoxins. And also looking at mast cell, I'm showing you to do mast cell activation syndrome.

I think the children, they have more asthma than adults for sure is, is a symptom. Well, we I you talk about the toxic soup, right? That our that our environment is now and that we were meant to live side by side with these bugs.

There's been mold since before we've been around.

Microbiome, Glyphosate, and the Rise of Mold Illness

And ticks and viruses and parasites and and all of a sudden people are showing up younger and younger, with illnesses that just were not there before, mycotoxins, the illness that didn't exist ten years ago, maybe ten years ago, but certainly not 15 years ago.

And, and I fully agree with you, it has to do with the toxins, which are and there's research showing this, which are changing our immunological response.

So on, on one hand, they're, they're making us hypersensitive and on the other hand, they're not allowing us to mount an appropriate immune response to kill off infections.

And so now we're seeing this in younger and younger people. We have some work to do. Know we have these here. But your point is spot on. And I do believe, you know, you heard about glyphosate, but I think one of the reasons why that children now are so predisposed to mycotoxins illness is because they're not the same.

They're suffering from two conditions, which I see ubiquitously in kids. And one is intestinal permeability with subsequent brain, permeability. And we could talk about how mycotoxins affect that and dysbiosis.

So if I have any kid with any chronic disease which over about, I used to say 53 to 54% is like 60% of children now have a chronic disease. Since I even wrote that book, which is a couple of years ago.

Well, that's a market increase if it's like autism. But since we wrote the book, Autism scaled Up, all these diseases are scaling up. And so it's just like blow my mind.

So kids now have an imbalance 20 H2 of at their intestinal at right at the intestinal epithelial level. And so they're, they're, they should have a more robust innate immunity to H1.

But now because of leaky gut, they're up regulating H2 and making more antibody production. And they have chronic inflammation. Now in order to deal mycotoxins illness it just so happens you need it's an adaptive immune response.

So you need more antibody more cytokines. But remember and I think about this even now during Covid you want a robust one an innate immunity. Because those people seem to have less of a problem with Covid and more and more NK cells.

Right. It's this balance. It's it's the balance like even the balance of the microbial community we talk about. We live in balance with 20 H2 and adaptive and innate immune function in kids.

And that's why I think kids are not having a problem with Covid, have more robust one innate immunity and more NK cells. I don't think it's a mystery.

Like why the kids doing well with Covid, right? I don't I think that's one of the reasons not to. I don't want to be overly simplistic here or, you know, reductionistic, but I think that has a lot to do with it.

And so when you when you then impose as mycotoxins illness on top of kids who are chronically upregulated, that's where I think we get into trouble, because then we get into Sarah's, the chronic inflammatory response syndrome, and where kids start getting into this.

Almost like as Bob Nabeel talks about, cell danger response gets triggered and they get into an inflammatory hamster wheel and not in a reparative kind of situation.

And that's where I go, oh. If kids don't get into that, you can quickly resolve their mycotoxins illness when they get into that series. And according to this one study, I read from that from a doctor McMahon in 2017.

He's saying 12% of kids now have this sirs, which I find mind blowing. I'm like, really? Well, that's a high percentage. Yes. Yeah. And that's crazy. So that's where I want to jump in quickly.

I don't want that Sarah's cycle starting to go on those. They're harder to reverse, as you know. Exactly. As they get older, they're going to get more stuck in in a chronic inflammatory response that's just meant to be transient.

When that response is transient, that's a sign of health, of good health. Then they get stuck in constant inflammation and I'm so happy that you're they're catching it for them.

They're young before they become adults. I want to hear more about the symptoms in children. Yes, yes. So asthma what else are you seeing, Michelle. Sure.

So a lot of symptoms in kids are. Depends how long they've had it in their age. And so like so for example, in toddlers toddlers get a Michael toxin illness to you.

It's often gut related tummy aches and headaches. So I like to think of well I so I think of the symptoms in terms of age based. And then I think of it as gut neuro and systemic.

So I always take in the age whether they're verbal child, non-verbal child, etc.. And so let's look at so then I think of so I think of I trying to put into three big categories.

That's where most of the symptoms live. Not all so gut related. It's tummy aches. It's often change in appetite often decreased appetite and the gut brain axis headaches under so that would be tummy under systemic.

They get a lot of fatigue. They complain of being tired a lot. It's fatigue because I think their immune system's up regulated. So a lot of fatigue. And then under neuro that's where my radar goes way up.

Kids who have an acute change in their neurologic function or new onset of OCD, night terrors, mood swings, massive mood swings, all of a sudden they're flipping all over and their emotions, or focus issues like 12% of kids now have ADHD is a due to mycotoxins, possibly.

And I had a case like that. And so when I see all that I think mycotoxins I'm thinking brain formation. I'm thinking low MSH because mycotoxins drive down, you know, alpha msh and and leaky gut, leaky brain and increase inflammation in the brain and in the gut.

And so those I kind of like to break it down that most of their illnesses tend to fall in there. So it's the gut, the systemic and then the neurologic stuff.

Symptoms of Mycotoxin Illness in Kids

There are other things too. Some kids have superficial things like some skin findings. Some kids have, insomnia. I mean, it's it could be just like adults.

It's kind of all over the map, but that's where it tends to focus. But if I hear, like I heard of a 12 year old going, he was home. This is recent home during Covid.

Just went back to school while he was out of school. They redid the school. They did new building, new this, new that goes back in the school. And he gets massive changes in his behavior, his pediatrician said, oh yeah, it's stress from Covid, right?

No, it was the building. It was a sick building and it was mycotoxins exposure. And I could tell you how I figured it out. It wasn't like, you know, I'm I was a genius.

I just did a lab test, and I. Oh, and I examined the patient. I know that's kind of crazy. Kids don't get touched anymore. Yeah. So, you know, but but so so when you have that change in mood change and mental status change in focus, just don't think this is a mental illness.

Think it's a toxic illness. Right. So so it's so like adults can be all over the map, but those tend to be the main areas. And so when you see sudden changes typically in children or is it sort of a slow, insidious change in symptoms like behavior.

Neurological can be both. Some kids can go on to have chronic tummy aches. Just don't feel good. They're tired all the time. It's kind of low grade and chronic and I think they're being exposed chronically.

So let's say, for example, in their homes, some kids, when they they probably have chronic inflammation going on from whatever etiology, and then they're placed in a toxic environment.

And then they have a sudden crash. So you can see both the chronic some more commonly what I see just chronic don't feel good. Always tired. They're they're just like cranky dark circles under their eyes.

Maybe chronic congestion. Maybe they have chronic sinusitis. Hopefully not marchand's I see that too. Or the rapid onset. So you can see both and your radar has to be both open for acute, subacute, acute on chronic and chronic.

So that's a couple couple questions I have a couple thoughts I'm having all at once in my mind. One of them is family members parents siblings. Do you see this in many family members or in siblings?

Or do you often see just one person? And that's the kid in the family, and that's what's so, so maddening for families. Only one kid will be affected and the parents will say, you're just a complainer.

Your siblings are fine. Nothing wrong with them, but that kid may have the HLA doctor snap and the others don't. So that is a way more common scenario than you would imagine.

When you have a whole family moving to a new home and all five family members are sick from the sick building. And I had that from a new family in Petaluma.

There was black mold under their new home, and they all five of them immediately got sick. Really sick. That was easy. They all got sick. So it had been exposure, but it was just one family member that kid often gets, labeled as a complainer or just cranky or, difficult.

I've heard all of it. Off to the psychiatrist. But so those, I find a more challenging. Yeah, that happens in adults, too. One family member in the household, and then they get isolated or crazy, or this is all in their head, or they're lazy.

And that's just not true. It's not true. Especially now, you know, isolating kids further than they're already isolated now, sadly. So what tools do you use to diagnose and treat mycotoxins?

Illness. This can get tricky, Nafisa. And I'll tell you why. So the way I like to think about diagnostic tools, I like to think about direct and indirect.

And there's direct testing and there's indirect testing. The beauty of Michael toxin testing of kids directly is that it's a urine test. Yeah. No blood.

Blood work in a little four year old who's vessel constricted. And you want to get that list of labs that we often do in adults like the Sarah's panel and the 15 red top tubes?

I don't think so. You know, so you can test. So I like there are let's say there are three labs that I basically use looking at mycotoxins and urine. And I, I've used real time and I've had a problem with that.

Me personally. And some people love real time. That's great. I've looked at a Great Plains lab and and GPL does, you know, mass spec and, but and they also do, chromatography or vibrant looks at 31 mycotoxins all through mass spec.

So I'm always I think I like the mass spec testing best. Just so you know and I think real time is a Lisa. So you have to know what tools the lab is using.

So when you give your patient a win send them home for a urine test. Make sure if it's a baby, someone in a diaper, you give them a few urine bags. Because as soon as you put that your back on the kid, they pee around.

But I can tell you that, like right away and you don't want to squeezing out the diaper to get the urine for the sample, right? So and then you can cut a little hole in the diaper if it if it's a disposable and put the you bag through and collect the urine.

And it doesn't have to be a clean catch. So so that is what I like to do. And I like to see how many mycotoxins they have. And I did a kid recently, I treated him and all his mycotoxins came down.

It was like, oh, oh, this works. And he felt better. Then there's direct tests, indirect testing with your labs. And those are indirect measurements of my good toxic illness.

And so remember how much both can you get from a kid? And do you really want to do more than one draw? Now, if it's a big teenager, sure. Go for it. If it's a three year old you don't have like endless amounts of blood you can draw off and you might be able to only get two tubes on one stick. So, in the ideal world, let's say this is my ideal world.

I like Baseline labs at some point treating that kid, and I want a CBC. I want a seven ferritin, I want RBC, magnesium and zinc. I want a vitamin D level, an MT, HFR, as my baseline.

If I get a metabolic panel, if I can just get that. All right. I base labs. If I can get more than that or some number of those and a little bit more, and this is all insurance based, I try to as much as insurance because those are mycotoxins, direct testing or cost out of pocket anywhere from 300 to $800, I believe.

So it's, you know, there's a wide range. It's expensive. And if you're testing three kids in your family, you're already hit 900 bucks, right? We got to be careful here and then.

So indirect bloodwork I like for kids if I need a C for a complement which goes up almost all. I've only seen it up in mold illness.

Family Patterns and Hidden Mold Exposure

It's an inflammatory marker complement pathway. If I get AC3I also those go out to Denver Jewish I believe where those are set out. If I can get an MSH level, antidiuretic hormone level.

This is my ideal world. This is my health. If I can get, let's see if the anything I've said I must have said that msh VIP perhaps, but if I could just get a few of those and if I had, if I had a pick one to be compliment Sephora because y number one is pay for insurance.

Number two, it's mold, toxin illness. It's off the charts, elevated. And as you treat them and they get better, it comes down. Right. And and I love to see.

I'd love to see that number come down like it should be around 2300. And with a micro toxin illness, you'll see it like 18,000. Right. And then it heals in a kid.

And kids can really be reactive, by the way they'll shoot up. I had a kid once with 23,000. Well, they're better. And. And then the tick borne infection is often not as high.

Oh, a tick borne infection. They don't hit like the 18,000. Like my good toxin, in my experience, 6000. 8000. But when I see those really high numbers.

And then I've heard some employees who who treat mycotoxins talk about the difference between c three and c four with Lyme and GI and micro toxin illness.

So labs are my adjunct. I try to use this as a clinical diagnosis. I like to get the Michael toxin levels, and if at least I can get at least maybe MSH, ADH and C4, I I'm really a really happy practitioner.

Great. Well thank you for that. Tell us about your favorite tools for dealing with Michael talks and illness in kids. Yeah, yeah. So, okay, so when you see these kids or Michael talks an illness often, they've been sick for a long time and they're not acute in general.

We're not dealing with like an acute situation, like they're having severe asthma. It's usually chronic, ongoing and low grade. The headaches, the tummy ache, sleep fatigue.

And they might be sick for six months, two years, etc.. So I have phases of treatment that I go through. So I, like every other practitioner, start with the gut.

I so first thing I do is I if I can't get past reducing the toxic exposure, I say we're going nowhere. If they can't remediate the home and or school.

I had one kid changed schools mold are common in schools, in moist areas. Oh, my God. And sometimes a kid has to be pulled out of that school as hard as that is.

Or the home. And you have to get the home and the school tested. Not everybody has black mold growing in their bathroom. Well, that's easy, but sometimes you pull up the kids baseboards where they're sleeping and there's like black mold everywhere or in the garage, and they're sleeping on top of the garage.

Or I've had all those scenarios. Right. And so I spent a lot of time in that. If they can't move out of that, why, if you can't take the kid out of the toxic environment?

Well, I'm about to spend all that kid's money, then I spend a lot of time on diet. You know, I don't need to talk about organic. I mean, people probably say, oh, no, please, I'm organic.

Yes. Organic. Oh, yeah. Oh, yeah, here she goes. But I talk about a low mold diet. Now, cheese grains, ferments, mushrooms, and all those foods. And I spend a lot of time on phase one and phase two.

You haven't heard me talk about treatment yet. Just get them out. Some kids, when you take them out of the moldy home, if they're healthy or the moldy school, they feel better, right?

There are some kids you change. They're not. Everybody's so chronically ill. I had one kid, West Marin, in in here in California. And, went to a new school, chronic headache and I and they had put a new carpet in the school, and I and I did research and I thought it was the glue environmental toxic give me chronic headache came out.

The school has had a get away. That was ten years ago. Years later I found that it was mold. How did you find out?

Years later, I had another kid.

Testing and Diagnosis in Children

And then I went, said, wait a minute. So sometimes kids have gotten better. And I was thinking it was the glue and the intoxicant was a solvent exposure, but it was a micro toxin exposure.

But you did the same treatment. You remove them from the toxic environment. And so that came with the school. And then I went back. You have these cases where you go back and go, wait a minute.

It's like, whoa, oh, light bulb. So, that was phase two then. So phase one and phase three is I treat intestinal permeability and dysbiosis. And I heal the leaky gut.

We all have our tools and I won't go into how to heal leaky gut. Everyone knows how to do that. But I would like to say rebound to the microbiome. There are certain probiotics that seem to help better with mycotoxins.

Certain strains of organisms. And those are lactobacilli strains. There is plantarum casei REM gnosis all seem to help offset mycotoxins illness. So I give a probiotic that's really robust with those lactobacilli strains strains matter bef bifida and get them re balanced okay.

So then I bring in nutraceuticals and nutrients to restore wherever they're deficient. Most of the kids I see are deficient in minerals because they're on a glyphosate enriched diet.

And glyphosate binds minerals. It's a key later they're Macs are low magnesium. They're zinc. So low they're B12 are low. And like, what are we doing folks?

So you try to balance their nutrition. They're starting to feel better because you already remove the toxic load. You're starting to heal their leaky gut.

You heal their leaky gut that heals their leaky brain. You're rebalancing the microbiota, which is helping. Then detox. Done that. Okay, then I start detoxification.

Detox detox detox. And I like homeopathy. So I either deliver spleen kidney and that's one line of remedies I use or I do liver spleen kidney brain joint and matrix from another company.

So I'll do either one series of detox remedies or another depending on the age of the kid. And there's symptoms. So I've done my detox now. Then I start going after the mold and I have a three prong therapy I use.

I like nutraceuticals, homeopathic and botanicals. Now, I think it's important that every practitioner get into their groove. Whatever company you like, whether you like herbals, whether you like homeopathy, whether you like energy, medicine, whatever your groove is, you have to get really comfortable in your groove.

So I will start with, I use this bio a lot and they have something called Omni Cleanse Powder. But essentially what it is and the reason why I like it so much, it's a multivitamin with a lot of antioxidants with glutathione because they're good with iron goes in the trash, but it's not enough.

And, it's a powder. Everything in one. So if you are treating a kid on the spectrum with mycotoxins, illness, something you need to look for, those kids are often picky eaters.

You can't be giving them a 100 supplement that tastes yucky. Then Omni cleanse powder. It tastes really good. So I do that. Then I have, a detox. From this bio light which has things like an eye, CNN and calcium D glucose.

And it's a capsule and I mix that in with their drink. I open the capsule and then I give them, bio, liposomal, biochem bio coursing in liposomal glutathione and something called Mike combo, which is a homeopathic for mycotoxins.

And that's it. And then I do that. Once I do the detox, I start treating them in about four weeks. They feel a hell of a lot better. That's amazing. That's it.

It's start with kids, right when you're doing it right in and they get better and it's amazing. Especially but again, I don't jump into detox until I get other things working.

Meaning that's my approach. Everyone's got their own approach. I don't start detoxing you until I make sure your gut is as good as I can get it right.

I call that pre pre talks. So getting them set up for detoxification I love pre talks. Yeah it's not a pretense. Pre talks about it. So that's how I do it.

And then I follow them. And then I'll get if if parents can afford it I will get another. Michael talks a level test like I did with this one kid. And this one was from Vibrant Labs and all.

Everything came down, especially his aflatoxin. This one kid I recently treated was super high aflatoxin, carcinogen, peanuts, etc. I don't know where he got it from using any peanuts, but there were everywhere and it came way down.

Beautiful. And so, you know, so you can. And he's feeling better. And his brain is functioning because all of a sudden the kids brains will start to kick in.

I love it. That's kind of my approach, how I do it. It's great. Well thank you Michelle, is there anything else that you want to share with our listeners today about sharing and mycotoxins illness?

Yeah. The other thing that I would remind folks is that, you know, kids who are chronic, who have complex chronic disease, and most of those kids tend to have tick borne infections, who are missed for years.

And they also have mycotoxins. Often when you treat the other infections like tick borne illness, they'll get better because you're doing that. You're leaky gut dysbiosis.

You're giving them, let's say, an herbal antibiotic which might, you know, help them offset their mold as well. You're giving them, perhaps nystatin or, if you use some very fancy products or for their candida.

So you're, they're still going to get better.

Treatment Strategy and Detox Support

And FSA, even though perhaps in the beginning, when I was treating a tick borne illness like years ago, before I got into mold toxin, they were getting better and I was probably getting their mold toxin better too.

But I didn't know it right at the time. Right? I become much more cognizant of, treating more mycotoxins as as the years have gone by. In the beginning, when I was first starting, I wasn't as cognizant of it.

I'm way more aware of it now, than I used to be. So I tell people, as kids get better oftentimes and you remove the toxic load, their allostatic load, and you improve the detox pathways.

Especially phase one, phase two, phase three detox, they're going to just feel better. And, and with kids, unlike adults, when you kind of put everything back in balance, they'll often get better when you give their bodies the tools to heal their system.

Sarin so undone. And they're an inherent ability to heal, is still robust. They will often heal themselves. And I say, you know, everyone hears two words.

They hear Lyme and mold, and they freak out like they have an incurable disease. And I say, it's hard. I don't want

to pretend like this is easy. It's not easy. Oh, no, no.

But it's doable. Only doing very doable. Doable. But there's nothing easy about it. And it took me a long time to get here. And a lot of Trial by Fire and things like that, but, it's treatable.

It takes time. And with and with kids and adults, it's never straight shoot. It's, you know, sideways. And it's right. And it's like, just be patient and and keep working at it.

But what I also say is when periodically when a case stalls, which they do all of a sudden it's like what happened? This kid was getting so much better.

Now he's not. I have parents send me photographs of their pantry and the refrigerator. What do you find? Well, I find treats that are not organic. I find cooking oils like canola that's not organic, and it's GMO.

I find that the whole family did take our pizza last Friday full of glyphosate, wheat, legumes, oats, full, full of roundup. And I'm not asking for perfection, but if you have a really sick kid, you have to follow it.

Just let's get them over the hump. Because if you can just get them over the hump, oftentimes, then they'll start to cruise and it's not always going to be this way.

And unfortunately, treating a kid in a family, the whole family needs to be on the same diet as a kid. It's not fair to have little Susie on a kale salad and everybody else doing Mike's Pizza takeout.

It doesn't work. It sure doesn't. I'm glad you bring up this point. So it's like feeding the family and yeah, the sorry the family has all go with the lowest common denominator.

Sorry. Yeah. And the whole family starts to feel better. Right. They're they're all grateful at the end of the day. And it's a change in lifestyle. And they all feel better and they are grateful.

And that's happened to me so many times. Yeah. And and my favorite story is one dad with chronic renal failure. And I just change the kids die to organic.

And the dad's renal failure resolved from 20% to 80% kidney function. When we found up out of his diet. Beautiful. So there are these little gifts you get along the way.

So those are my clinical pearls. I'm trying to think if I have any others. No, I think those are my main. My main pearls. Thank you. And tell us again the name of your book.

I want to make sure that the audience knows the name of your book and how to find it, because it's an important one. Yes. Thank you. So I wrote this wonderful book with Doctor Vincent Adams a couple of years ago, and I still find it relevant.

What's making our children sick. And it's about industrial food and the effect on our children's health. Based on my patients. And Doctor Adams was a naysayer when we first started.

She said there's no way. Michelle, what you're saying is true. And by the 20th interview she did with my patients, she did like an oh my God moment, Hail Mary.

And, the other thing I'm working on, because I'm so alarmed at the lack of integrative child care for parents who don't have access to people who care for kids.

That I'm starting a weekly zoom. I hope it'll be able. July 1st. That's my hope, doctor Michelle. Okay. And it's a membership for for parents. Might be too simplistic for our listeners.

I'm going over the nuts and bolts. It'll be topic focused, and parents can ask me questions. Live in action on zoom

weekly, and I'll be starting that.

And my first topic I was going to do a meme function, but it may be how to prevent, vaccine reactions. I can't even believe I said the B word, but, I'm getting, a lot of, emails and questions about that right now.

So things that I guess it's not at all because guess what? Most parents are new at it, right? They they've never been a parent before unless they're, you know, a couple kids in.

But no matter how how much finesse they have with an organic diet and and wellness in general, until somebody has a sick kid, they're they suddenly have a new, a new path.

So, Michelle, I'm so happy you're you're there to help these people on this path. They need it, you know, they need it. And it's not easy. And parents need, like, a PhD now to navigate the supermarket.

It's not easy. No, I'm not saying this is easy. And the way. And to care for a chronically ill child. Oh my God, that that is a tough road. It it's really it's really hard.

Listen, I have a lot of respect for families who are managing and some I have a family who has three sons, all with autism. I mean, there are some families who are so burdened with, challenges from their children, I don't know how they do it.

And I have I hold a lot of empathy for families and try to offer and offer things that they can actually do. I mean, to give these sophisticated protocols like I'm 12 practitioners now.

No, I'm not having families, you know, navigate these protocols, but if they have a kid with mold talks and illness, they need to work with someone who knows what they're doing to get their kid through it.

This you can do like mold talks and illness on your own. Well, there's a few people who can, but most humans cannot. It's challenging. They should work with the practitioner.

Yeah. So to all the families out there who who might be suffering, there are people. There are people there, practitioners, doctors who who are here for you.

We're here to help you. We said, well, we send you lots of love, healing thoughts. Yes.

Hope, Family Diet, and Closing Advice

And you know, what I didn't mention in my program is, there are a lot of other healing modalities that I will bring in, like hands on therapies, osteopathic treatments, ozone therapies.

I mean, there's it gets more involved. And I just gave you the outline, but like, I'm a big fan of ozone, for example. And that kills a lot of mycotoxins.

A lot of, heals a lot of mycotoxins illness or, I'm a big fan of cranial sacral osteopathy and other hands on techniques, acupuncture, acupressure. So I'm not negating these other all these other therapies and modalities that we use.

I just for the sake of brevity to bring them all in. And of course, it's individualized for each kid. So some kids respond really well to acupressure, some don't.

So then this becomes the art of the practice and it's individualized medicine. Yes, I really enjoyed this conversation with you, Michelle. I think it brings a lot of hope to families who who maybe feel like there isn't any.

But there is. So I think that's just a really important message for everybody. Thank you for the work you do. I think that I am just delighted to be here and share my experience with you, with listeners, on what it took for us to get

here.

And, I will do these talks as we need to and reach as many people as we need to because healing and health are possible. And why shouldn't we all have healing and health?

So this is our gift to our communities. And for if I can share it, I'm happy to do so. Thank you so much. I couldn't agree more. My pleasure.