Introduction and guest background

Welcome back to our reversing mast cell activation syndrome and histamine intolerance summit. I'm your host, Dr. Meg Mill. And today I'm joined by my esteemed colleague, Dr. Diane Mueller.

Dr. Mueller is a naturopathic Medicine, acupuncture and oriental medicine practitioner. She's also a bestselling author and is known as the Lyme Doc. I'm so excited to share with you all of the information that she is going to bring to us today.

Thank you for joining us, Dr. Diane. Dr. Meg, I'm happy to be here with you. And we're talking about things that are very important. And when we're talking about MCAS, because as we've been talking about in the summit, you know, there's so many times where it's really underlying things that are causing these symptoms to happen in our body to go haywire and our immune cells to react.

And so we're going to get into two of them today, which are Lyme and Mold. And they're so connected. So I'm glad to unpack this with you. But before we get started, could you just give us a little bit of your background and how you really got to where you are today?

Yeah, in my background in working with Lyme and Mold and MCAS and all of these, you know, crazy kind of chronic symptoms that go with these, these types of pictures really was for my own story.

So I had chronic digestive issues growing up. And essentially that was that was like what led me into holistic medical school and to get my naturopathic medical degree.

And essentially with that, when I was in school, I started having really strange symptoms happen. I started having pain in my legs so bad that I actually it felt like my legs were being sawed off.

There was times where I actually would sit down, once even on a toilet, and I got stuck because of the pain and I couldn't move. So pretty, you know, pretty severe pain things.

Fibromyalgia. And then I started getting a lot of brain fog and cognitive decline and things that were really scary, like forgetting where I lived, or neurological symptoms like driving.

And then all of a sudden me like I can't feel my hands and having to pull over because of my hands going numb. And it initially was like, oh, stress school syndrome.

It initially was. I just kind of put off like a lot of people have happened where it's like basic labs are normal. They show some, you know, small little abnormalities, maybe a thyroid disorder, this thing that so many people go through like, well, but I feel just awful.

And I thought I was dying. I was making plans to move to a deserted island someplace because I didn't know what was going on. And then I found Lyme, Bartonella, the other parasites, and a huge, huge, huge level of mycotoxins in my urine. So.

So the journey began, and that's initially what led me into my own healing and study of all this is I really did not want to do the triple antibiotic therapy that was typically, you know, oftentimes recommended for Lyme.

Lyme disease, chronic symptoms, and treatment options

And so what that meant, because those were the only doctors I could find. And I didn't want to do that. I didn't want to destroy my microbiome. I was really concerned about my long term health by choosing that therapy.

So that meant I needed to study. That meant I needed to research events. I needed to find people who did things in a different way. And that's really where my path all began.

Yeah, that's great. And and I'd love to start there because you brought something really important up. You know, if you go to your doctor, one, we you know, if we've said that you may not get the Lyme test, that you actually need to really detect the Lyme in there and the different tick borne illnesses.

But at the same time, you're also going to often be given, you know, two weeks of doxycycline and then you're out the door. So you brought up a really good point.

And I think people aren't always aware that there is other ways to treat Lyme. It can we get into some of that too first? Yeah, absolutely. You know, Doxy is the standard of care.

And doc sees a standard of care because it really does do a great job of actually clearing those active spider cases, active Lyme bacteria from the blood.

But there's actually studies that are showing that with Doxy we actually convert a lot of those active forms into more dormant forms of the bacteria. So what winds up happening for people is they feel better.

You know, we clear the active form from the blood and it's like, well, we think this works. And then oftentimes this is where we can get into these chronic symptoms that people are not looking for.

Lyme disease is the root cause of chronic fatigue and cognitive decline and fibromyalgia and all sorts of other strange wear. Buzzing, trembling, you know, you're ringing.

All these other types of symptoms are actually for many people, because the line went into dormancy and is now reactivated. And what's interesting from a standpoint of natural care is we have herbs like cryptolepis and cryptolepis in studies has actually outperformed our antibiotic family of drugs.

As far as clearing Lyme, and especially with getting to those dormant and persistent forms of Lyme, those ones that go into hiding that the antibiotics just don't get to as well.

And I think between that and the other problem I've seen with triple antibiotic therapy and this is, you know, I like to say like this is not to say there's never a reason for that. Right?

Like I am not like, I'm not like, oh, pharma, you know, pharmaceuticals are bad. They have their place and my professional opinion. So by no means am I saying this is bad.

I just like to come from a place of like, let's really think through pros and cons and really understand that like antibiotics are not the only way and oftentimes not the best way in this particular situation.

Because oftentimes what will happen in these chronic cases is people are given doxy. People are given a couple other antibiotics at the same time. And in this triple antibiotic therapy, the idea is to get to these different types of these formations of Lyme, to get into the lie when it's outside of ourselves and it's inside of ourselves where it's hiding in these different places around our body.

Problem with that is that triple antibiotic therapy, as we know, is going to destroy our good bacteria and our good bacteria make up the immune system.

It's a huge part of our immune system. So a lot of what we really need to do is really work with things that are not going to cause that level of harm to our immune system, so we don't get those side effects of that long term immuno immune system kind of deficiency or immune suppression that can happen because of the destruction of the microbiome.

And when we actually support and say, let's keep our good guys health happy, let's keep those good bacteria

happy by using herbs that are effective. But that don't destroy the the good bacteria in the same sort of way.

We can then work not only to take care of it acutely, but also to really prevent that chronic recurrence that doesn't, quote unquote, look like Lyme and is so often messed.

Yeah, that's a great point. Did you in your experience, did you see a tick bite? I did not see a tick bite. No. I do have suspicion as far as when it might have happened.

I grew up in Northern Virginia, and my little sister got diagnosed in back then with Lyme disease, and this was like a couple years after a Lyme got, you know, kind of got into the radar.

I remember being young and my mom was going to doctor after doctor like, this is a bull's eye rash and like holding a magazine that is like, you know, Lyme disease. I just like first got and really publicize, you know, was like, okay, Lyme disease.

And so she was like holding this magazine, going to Doctor after doctor after doctor being like, see, this is the rash before my sister was taken seriously.

So, you know, I definitely it's like that was that happened after a camping trip in the Appalachian Mountains. And I was on that camping trip. So I'm quite curious.

And that's actually perhaps when I contracted it as well. Yeah, yeah. And that it is so interesting. And I think what's tricky is that it wasn't like your sister had the symptoms.

She was getting that first line, immediate treatment. But here you are with these mystery symptoms that we're often seeing as other things years later.

And it's very confusing to people. I think a lot of times. What are some things you were you were mentioning some of the things we're looking for when we're thinking of Lyme or different tick borne illnesses.

Yeah. The way I like to describe it, because, you know, we talk about Lyme, we talk about mold as these like great mimic curves, right? They can mimic everything, which is very confusing.

Then when it comes to thinking about, okay, well when do we look for this. If it can look like everything, like when do we look for it? So the way I like to tell you to talk about this is like in conventional medicine, if we are, say, having a lot of different types of symptoms, that would typically cause us to go to a lot of different specialists.

So for example, in conventional medicine, we're going to say, oh, if you have a gut problem, you're going to go to your gastroenterologist. If you have some sort of brain problem, you're going to go to your neurologist.

So you have a joint problem, you're going to go to the rheumatologist. So if your symptom picture is in, you know, basically looks in a way where it's like from a conventional standpoint, you're going to have to probably go to all of these different specialists.

That oftentimes is a really good kind of key note thing in the mind to say, okay, well, what actually could be happening on a system perspective, on a whole body perspective to make so many different parts of my organs and glands, so many different tissues in my body to not work.

And so if you're kind of in that situation where you see your general practitioner like, yeah, you should go to the neurologist for this and the gastroenterologist rheumatologist for this and the eye doctor for that.

You know, if you're in that sort of situation, that's a big keynote when there's just so many different widespread symptoms. And then the other big thing that I would say is just kind of general rule is if you've, you know, you've tried some of these basic things, like, like I did and you've kind of you got to a point where it's like, okay, well, you get some tasks and, you know, maybe there's a level of abnormality where it's like, this is, you know, this is, you

know, few lab tests or the few markers are coming up, but nothing is, like, really definitive.

Define it to define it. And you're given a label like chronic fatigue or fibromyalgia and you're, you know, given, you know, maybe, maybe a steroid or maybe some Lyrica or, you know, something like that to kind of modulate your symptoms.

If you're feeling like you can't quite get the diagnosis or the treatment, it's just not really doing it. That's also a big time to consider this because it looks like so many other things.

So, you know, think about it. If you are just like, why can't why can't anybody tell me why? Or if you get a diagnosis where there's like, well, this isn't really a diagnosis that I'm given any advice other than I have to live with this for the rest of my life.

Not acceptable.

Recognizing Lyme and tick-borne illness patterns

So in those cases, those are really good cases to be a self-advocate and say, hey, I need Lyme testing and I need good Lyme testing, not just the standard of care line testing.

Yes, I love how you said not acceptable to think I have the like. I totally agree. And then we start to see the immune system go haywire and we start to see the mast cells get activated and we start to see this overreaction and this oversensitivity start to happen to.

Yeah, you know, it's it's one of these things I'm curious about, you know, the listeners on on your summit here because one of the things that I find and people I work with, with my cast, it's like we get it's another example of oftentimes we like, get this diagnosis and then we think like the diagnosis is the problem, meaning like, okay, well we have cast so we need to be on amulet or we need to be on top of it or we need to be on, you know, these types of medications that are often prescribed for and cast, but it's not really like the medications.

Sometimes they work, sometimes they actually do the complete opposite, I've seen, but they don't actually while they can, if they do work, they can of course suppress that mast cell reaction and that stimulation and that hypersensitivity and all those things that go with it.

But they're not exactly still getting to that fundamental problem around like, why are the mast cells so sensitive to begin with? Why are they so unstable to begin?

Why are they bursting open, releasing this crazy level of histamine and all of the different inflammatory things that they release when they burst open?

So I feel like that's where we're, you know, that's why I think the summit you're doing is just so, so, so important is like bringing so much more awareness to, hey, yes, we can use these things, these mast cell stabilization agents, these histamine agents to help with the symptoms and hopefully get some control over this.

But fundamentally, we need to figure out, well, why are these mast cells essentially exploding so easily to begin with? Yeah, I think you hit the nail on the head.

I mean, we just don't need to accept that this is just something that we're diagnosed with and labeled by and accepting. And, and I think that sometimes is where we're looking at the more of the functional, integrative approach versus the conventional approach of just sometimes putting the medications on where they they can be helpful.

They have a place, but they're not. A lot of times they're just, you know, really looking at the symptoms kind of tampering, the symptoms, mandating that what's going on rather than addressing.

And when we start to pull back these underlying things and I say, like we go through this, I always tell people it's like we're going to peel the onion back and then go through the layers, right?

And we get through the layers and address that. Those roots, you know, I don't say root cause it's always like root causes usually. Yes, exactly. Some of them, you know, address.

We start to see that calm down. Yeah. Exactly. And that's like, you know, even though my book it's not in your mind is on Lyme disease and mold illness.

Like there's also stuff in there on gut dysfunction. There's also stuff in there on hidden parasites, on thyroid issues, on adrenal issues, on mitochondrial issues, viruses, on and on and on.

And it's that exact thing. And I think it's so easy sometimes in medicine we get so used to being like the like you said, it's like we're almost trained societally to be like, oh, we gotta find that cause.

And I, you know, I don't know about you, but in, in going on about 15 years of practice now, I've never seen one situation with only one root cause. And of course, I work with chronic things, right?

I'm not seeing colds and flus where it's like, okay, well, you feel bad. It's cold. Like in that scenario, like, okay, we can maybe we can say there's one, cause maybe your immune system could be better because of needing a better diet or those kind of things.

But in general we can say, hey, you got a cold, you got sick, we remove the cold, you got over it. So I think because of how acute care works, we're so used to that connection between one cause and symptoms.

And so oftentimes this is like a perfect example with Lyme I feel like so many people will go to doctor after doctor after doctor, and people will come to my office and go like they've tried 15 different treatments, 20 different treatments.

They'll travel, traveled internationally to, you know, all the places in Europe, all the places south of the border. You know, I'm in the United States, so I know we both are.

And no matter what they try, they they come to me like, well, what? You know, I've tried all these things. What else do you have to offer for Lyme? It's not getting better.

I'm like, if you've tried 20 different things and it's not getting better for Lyme, guess what? There's another cause and we haven't found it. And I think that that's where we can get stuck is we get that diagnosis and we think that's it.

Versus oftentimes it's like part of it, but it's not the whole it's. Yeah, you're making a great point there because I sometimes whenever you get that diagnosis it can feel sticky because you're getting it and then you're sticking to that thing.

And while it helps you understand, I agree it sometimes can get in the way because it is like you're chasing that one thing. And we often see multifactorial things.

So let yeah. So one of the things that we see when we're, you know, can't get over that Lyme or, you know, even we see this with MCs is mold exposure.

And so sometimes people are having mycotoxins and which is weakening the immune system. So can we get into a little bit of that. Yeah, absolutely. So the thing with mold illness is it is another mimic or you know, and so I think this is where people get a little bit lost is mold and Lyme largely can express.

So similarly in symptomatology like there's textbook things that we can say that are different. You know, if we're going to read as human beings like a textbook, the pain that's associated with Lyme doesn't tend or tends to move

around, and it tends to be in bigger joints like our knees and our shoulders.

The pain that we see with mold tends to be more the same place every day, right?

How mold exposure overlaps with MCAS and Lyme

So it's in our fingers more frequently. But human beings, of course, are not textbooks, right? So in the grand scheme of things, the symptoms are also these mimic curves.

And so then when it comes down to when do we actually test for mold and look for mold, really the same answers apply as everything I said as far as Lyme.

And so because of that there is this huge symptom similarity. And the other thing we see, even from a genetic perspective, that there is a level from a standpoint of mold illness where we had these genetic abnormalities, where we don't detox, we don't recognize the toxins from mold that we breathe in our immune system and doesn't when our immune system doesn't recognize them, doesn't tag them appropriately and remove them.

And there is a similarity for some people with that genetic anomaly, which is really common, affects almost a quarter of the population. And there's a similarity then with Lyme disease, where the toxins that are actually released from the line bacteria, Borrelia, those toxins, we still have to detox and we still have to get them out of there by our body.

And it's oftentimes the toxins that are making us feel really sick. Well, there's a genetic similarity for people that cannot detox mold toxins very well and they build up in the body also oftentimes cannot detox Lyme toxins or the Borrelia toxins very well.

And they build up in the body. And so that's another reason we can be, you know, extra susceptible as human beings to both of these things, which is another reason why they, they correlate.

And then the other thing I would say is like because these are both these are both situations of the immune system. So one of the things that we can see oftentimes with somebody with say that if say somebody even like me, like I definitely think what really triggered the line to all of a sudden, come on, was I because I do think, like I said, I caught it when I was a child, most likely.

And I do think what triggered it is I moved to Portland, Oregon, and I moved into a house that I know had a lot of mold because I know what mold smells like.

Doesn't all smell you know, not all mold is smelly, but my house in that basement had a, you know, that that voc that that really musty mold smell. So I know there was mold there when I first started getting sick.

And what we see oftentimes is when there's this immune situation, because the immune system is all of a sudden need it to take care of that mold that we're living or we're working, we're breathing in.

And if we're if our immune is doing that, then that all of a sudden it's not available is the simplest way of saying to keep that line, that maybe we contracted decades earlier in a dormant state, and then all of a sudden that Lyme reactivates.

And that's another reason why I think we see both of them at the same time, is we just see that immuno dysregulation happening. Yes. And it that's so interesting.

So can we get into some of those genetic patterns. Because I also think that's a really interesting thing. You can have five people living in the same house and one of them is affected by the mold.

And they might go toxins. And the other people who are just living along just fine. And so it's hard to pick out sometimes if you're actually living in that kind of environment because of these things.

Yeah. Thank you. I really think it's one of the most important things to say, because I cannot even tell you. And I imagine you're the same way. So when I say I can't even tell you, I mean more probably to our listener than to you directly, how many people come into my practice and they're like, Doctor Diane, there's just no way mold is here.

There's just no way mold is in my house. And I had a patient yesterday, for example, and she had traveled away from her place. We know her place is smallish.

She went to actually to a detox center for three weeks. She was telling me she felt like amazing towards the end. Like has felt. She's been sick for decades, for three decades.

And all of a sudden, the last five days of her time traveling, she was like, I haven't felt this way this good in three decades. Well, she comes back and she's at her boyfriend's house, which has not been tested for mold.

And within a few days, all of a sudden, all of her symptoms are back. And the classic thing I hear from most people and these types of situations, there's just like, well, there's just no way.

There's just no way there's in this thing and this is in the house. And I'm pretty much batting pretty close to a thousand when it comes to these sorts of situations and mold being there.

And it's like it's one of the hardest things to understand when we have certain situations like you're talking about, like with this patient, she's feeling bad for her boyfriend.

That's fine. Right. So what's happening there? And some of what's happening is because we have this genetic anomaly where for people with this gene, our immune systems are not recognizing that toxin.

So mold is about the mold is about the mold spores, but it's really also huge about the these crazy toxins that the molds will actually release. These toxins oftentimes are very toxic to our nervous system.

They're neurotoxins. So as scary as this is, they can actually cause our nerve cells to die. And I as every time I say that I'm like nerve cells regenerate.

We can fix this. I know it's scary, but it's fixable. We just need to find it. Right? So yes, it's scary. It's time to take action, but it's fixable. Kind of scary as long as we take action.

And so of course, then it's like if this person has their immune system where it's like not recognizing these are mold, these mold toxins, that person's going to have those mold toxins build up, build up, build up, build up.

They're going to create all this neurological. These neurological problems create all these inflammatory types of problems. But person number B in this particular story, which is so many people story.

So the boyfriend of this example, zero symptoms. So likely that gene is not present in this person. What that means is they breathe in the mold toxins in their liver and their immune system is like, oh yeah, I see the mold toxin.

I know what to do with this. I can break it down, I can remove it, and that person's not sick. But we have this other person in the exact same house that literally feels like they have to die or they're going to die.

And the other thing to say about that, that I see so commonly is also like with this particular patient, she's like, but I smell mold at my house. She's like, I don't smell mold at my boyfriend's house.

And a lot of people that have been around mold will say like, okay, well, I'm the canary in the coal mine. I'm like, that sensor for mold, right? Well, what that smell is, is that smell is VOCs, volatile organic compounds, kind of similar to certain paints.

Not all mold submit or creates those types of smells. So it's sometimes possible that like just because we can smell mold when molds are off gassing, other types of molds don't off gas.

So we can't only think that just because we're a canary in a coal mine, in some situations, it doesn't mean we're going to be a canary in coal mine in all situations.

And as much as this stuff is devastating, you know, it's like the conversation I had with this patient yesterday is so common, right? I'm like, well, if it's here in my boyfriend's house, like, what do I do?

Like where do I go? And it's Davis. There's no way around the level of impact, the level of even emotional trauma that happens when we feel like our house and the place we are supposed to, like, feel the most safe feels like it's attacking us.

There's no way around it. But at the same time, if we don't look it straight in the eye and it's the thing that's keeping us sick, the only way to fix it is actually to face it.

Even though it is one of the hardest things I think we have to do, especially when we're sick. I agree and it's your home. So you want to feel safe in your home and, and that's a safe comfortable place.

So to it's a lot to wrap your head around in a lot of ways. Yeah. It really is. It really is. And that's why I think too with these sorts of situations.

There's also so much emotional trauma. Right. That happens with with this sort of thing. There's emotional trauma. There's that fight or flight type of scenario as far as like that, that adrenaline overdrive that comes on in these sorts of situations.

So a lot of then we can get, you know, we can get stuck in these vicious cycles where we're so upset because our homes unsafe. We're so overwhelmed because of that.

We feel horrible. So of course, all of our feelings are normal and we should be validated for all of those because it's it's an insane scenario to go through.

But then the the trauma and the vicious cycle that people get into that with that is then those types of feelings, emotions and experiences. While they're valid, they trigger us into adrenaline.

They trigger essence of fight or flight and it's very difficult to heal when we're in fight or flight. So then we're sending out signals that are not telling our body to heal, to rest, restore.

And it can be very tricky to get out of that vicious cycle, but still possible.

Genetics, mold sensitivity, and emotional impact

Yes. Yeah. This is a yeah, I find this so helpful. I agree that's exactly the way I feel. So where do you start to unwind that. This. Yeah. So the first thing is we have to see the entire picture and it's also like another thing that I'll say is like so many people come to my office with seeing dozens of doctors and they will say, doctor D, I've had every test run.

I'm good. It is. I have seen that once or twice in my 15 years of practice, so I'm not batting a thousand there, but very close that there's still almost always at least a couple puzzle pieces missing.

So that's one of the big things, is like making sure you are getting thoroughly all the testing done. I do talk about all of that again in my book as far as like what testing to make sure you've had done.

And the other thing, just from an initial standpoint of where do you start? Another thing that is important as far as where do you start, is making sure you're working with a clinician that knows how to interpret the test, because Lyme is like a very, very classic example, right?

It's like somebody that is not Lyme literate is going to look at a Lyme test and not actually interpret it the way that

those that are Lyme literate will interpret the test.

So you can have a false negative in some of these scenarios. And of course, as you know, holistic providers that are really looking to optimize things, we don't just see that with Lyme, we see the interpretation of the test.

It's important with thyroid is important with adrenals, it's important with mycotoxins. Important with metals is important with everything we're looking at.

So the first step really is making sure that you are working with somebody, whether it's one person or a team of people you put together that truly is going to be able to say, okay, we have all of these pieces missing or you're missing these two labs.

So you can actually, you know, get to the root cause there. So that's what I would say is step one. Yeah. That's really important because we have I think in some of the talks too, we've mentioned that you often can get a wrong line test.

You know the standard tests are going to say negative one off. And we have these underlying tick borne illnesses. And and so it's really important to make sure that you're getting that.

And then you know in someone who has miscast and is reacting to everything. So so some of what we need to do is detox. And I think that's some of the problem is that we need to detox.

But detoxing can push toxins. You can react more. So we need to stabilize mast cells and get rid of some of these underlying things first. So yeah. Can we talk a little bit about balancing some of that.

Yeah absolutely. So you know when we're talking about Marcus, if it's true Marcus or if it's just histamine intolerance or some level of extreme sensitivity to taking things, the first thing we actually have to do obviously is calm that whole process.

And this can be tricky because like I mentioned, as I, as I sure there's people listening to this that can agree that sometimes those mast cell stabilizers, we actually react to them and we take them, they're supposed to help us and then we react to them and it's like, well, what the heck do I do now?

So I've seen situations where certain types of anti-inflammatories work really well, like a raspberry trial. To start, I use a lot of the peptide kp v as a way of calming the mast cells.

I haven't seen a specific study that says it does that, but I have just seen through experience that, you know, I've seen that as a result. So I've been really into that particular peptide.

But another thing we need to really understand is how the body breaks down histamine. So obviously we want to get to the root. You know, we want to figure out what the you know what's causing that.

But of course if we can't treat the roots then we actually have to start further upstream and say, okay, well, we have to calm the mast cells enough so we can actually get the treatment and to get to the root.

So then we have to say, well, how does the body actually break down histamine. And one of the ways we do this is through our liver. We also do this for our small intestine.

But when our liver actually breaks down histamine, what will happen is it will need to activate this protein. This proteins called the MRP two protein and the MRP two protein.

This needs to be active in order to get that histamine out of the liver into essentially the bile and into essentially our digestive tract so we can excrete it.

Well, what's really crazy is mold. Toxins as well as other toxins will actually make this protein not work. And so then

what ends up happening this is another vicious cycle is the liver starts to break the histamine down.

But it gets stopped because its protein regulator that's going to allow the histamine to leave. Good. Right. That's a good thing is actually broken because of the same reason we have the mcats.

Calming mast cells and supporting detox pathways

And so in that example then the histamine will go instead of leaving the body we'll go backwards and it'll end up in our bloodstream. Right. And that's part of where the mix is also in.

It's like this activation. But also we can't get the histamine out. And so another thing that can work in some people is to actually activate those proteins.

And I've seen this work very well with, with certain mucus people and things that activate that MRP protein. a couple things are things like, myrrh. Choline also works really well.

Tadka is another thing that is talked about a lot in the mold world. Also very, very good at activating that protein. So those are another like few things that oftentimes we'll do in the beginning.

And then oftentimes combining with lymphatic work as well. But again the lymphatic work is like any of these things of course with MCUs like all of these things are like microdosing.

Right. So it's like, you know, opening capsules, taking tiny, tiny, tiny little things or sometimes, you know, sometimes mixed people like, I haven't put like a drop or a sprinkle of something in water and they take one sip of the water and that's their dose for the day.

Right. So we're talking still about testing any of these things through micro. Micro micro protests. So we don't have these huge reactions. but I have seen lymphatic work in a lot of lymphatic massage, especially when we can start getting positive reactions from the customer, the choline, then adding on a layer of starting to do just like a little bit of soft lymphatic work, even on our neck.

That lymph system, remember to our listeners, is like that part of our system that is really cleaning the blood and our immune cells flow through there.

We pick up trash through their toxins and so it can get really congested. And it drains basically into our circulation just below our, our, collarbone.

So when we open up our, our pathways in our liver, like I'm talking about to get the histamine out, then oftentimes the body can start tolerating a slow amount of actually cleaning itself.

And we can do that with this like gentle massage technique, even just on our neck to allow that flow to really happen. Yeah, that's really great. And what's I think that is amazing is once when you're talking about the micro dose and once you can, if you can do it and you can be patient then and it starts, I feel like there's that point where it's like you hit that place where you can start to like, accelerate a little bit after the tolerating begins.

and that and it's so rewarding. It takes time. It does take more time and more effort and more process, but it's rewarding in the end. It is. It is. It's definitely can go slower.

And I guess the other thing I want to say, there is most of the time I find that when people are like, you know, some level of MCAS where it's like, okay, it's going slow, but we're getting it in, you know, sometimes that can mean there's no mold there.

But when I've seen and I've had situations where MCAS is so bad and the patients go into the shower and they're breaking out in a full body rash because of whatever is in, you know, chlorine or whatever's in the shower.

And, you know, so, like that level of sensitivity, I continue to see people still living in mold. So if you're like at that level of sensitivity, it's probably also because something is keeping your immune system so heightened.

So if you're finding that like, oh gosh, you can't even get these micro doses in without having these crazy reactions. I hate to say it, but I think you're going to probably have to, you know, find somebody to do a better job looking for mold because I strongly suspect that it's there, as intense as that is to hear, I strongly suspect it's there.

Yeah. I worked with someone one time who moved during we were working and we are it was doing she was doing so well and she was improving and everything was getting better.

And then she moved to a new house and it just fell apart.

Resources, quiz, and closing remarks

And I it had I not been already working with her, I wouldn't have caught it as soon because it was just like all of these symptoms came tumbling back and she couldn't figure out why.

I'm like, you have to check your house. You just moved. And you know, it was this new, beautiful house, but it had mold and it's under the surface. Like you said, you can't always smell it.

You may be thinking, oh, we build our house or it's not that old, or it's a new house, you know, but it is worth inspecting and we can put some of those resources.

We'll have them in the summit resource page of reliable sources to check for mold, too. So that will be if you want to go there to check. Well, thank you so much.

You've given us great, helpful information. Can you tell everyone where they can find you? Yeah, a couple different things. Like if you want more of the granular really got so superficial.

Just because we only have this amount of time on like steps to take, I go through this. So much more in my book, so you can find that most places around the world on Amazon, your local Amazon, and it's not in your mind is the title.

So definitely check that out. I'm in the process right now, building out a very, very cool quiz that should be out by the time this summit launches. so as long as that's out, you'll be able to find that it should be posted on Solvesickness.com And so that's going to be a quiz that you can go through.

And I'm working with a developer to really build it out to say hey based upon your symptoms you likely still have Bartonella or you likely still have mold.

So it's a very, very intricate quiz you can take for free. So still always recommend going getting that lab testing done, but is oftentimes a first step just to get your mind thinking about this sort of thing.

So that's why one of the reasons I wanted to develop that, and of course you can find me as well on my website, is that myLymedoc.com Well, thank you so much and thank you so much for being with us today, Diane.

Thank you so much, Meg. It's been so, so wonderful as always. Oh, it's always great to talk. And yeah. Stay the same.