When Lyme Disease, Mold, and Chronic Illness Overlap Transcript

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Opening on Autoimmune Disease and Environmental Health

Any autoimmune disease starts off with an infection and the body gets confused and starts attacking itself. But if you go to a rheumatologist for an auto immune disease, you're put on medication to suppress your immune system.

So your symptoms are going to subside, but you are not getting to the root cause of a cause it from the beginning. And now you also dealing with a suppressed immune which is going cause issues in other ways down the road.

You've tried everything, you've changed your diet, detoxed, even moved homes, and yet you still feel sick. Headaches, brain fog, fatigue that no one can explain.

What if it's not you? What is your environment? Welcome to Mold Microtoxins and More, I'm John Bode. Each week I sit down with experts uncovering how mold, microtuxins, environmental exposures affect your health and what real recovery looks like.

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Welcome to another episode of Mould Microtoxins and More, where we explore how our homes, our workplaces, and broader environments may influence chronic illness.

Podcast Intro and Guest Background

and where we bring together physicians, researchers, environmental professionals, and innovative thinkers working to improve patient outcomes. I'm your host, John Boddy, co-founder of the Mold Pros.

My guest today is Dr. Pamela Cipriano, founder of The Practice of Health and Wellness in Connecticut, Dr. Pam earned her doctorate of nursing practice degree from Maryville University and her master's degree in acute care nurse practitioner from the University of Connecticut.

Her clinical background has included emergency medicine, hospital medicine primary care and functional medicine. She's also the first nurse practitioners in Connecticut to open a solo practice when she opened up the practice of

health and wellness in 2016. Her practice now works with patients dealing with complex chronic illnesses, including tick-borne disease, mold and mycotoxin exposure, chronic inflammation, and other difficult to understand multi-symptoms conditions.

Most recently, Dr. Pam published a peer-reviewed report involving two cases of autoimmune epilepsy temporarily associated with Lyme disease. I've read the paper.

It's an interesting study. Dr Pam, welcome to mold, mycotoxins and more. Thank you so much for having me. We're very happy to be here. Glad you're able to carve out time.

You know, with a background as a healthcare provider in emergency care and hospital care, you didn't begin your career focused on Lyme disease or environmental illness or other complex chronic diseases.

What changed your direction? My son, my son was misdiagnosed for 10 years, the whole time he had had Lyme disease. Interestingly, when I finally figured out what was going on and I sent his blood work out, his immune system was so taxed that his Lyne disease was coming back negative.

But when he sent the bloodwork to Germany, Armin Labs, His moles actually came back positive. So he had gone to a elementary school, St. Thomas, here in Thomaston, Connecticut, very old school.

It was every time he was in the auditorium where they would either do gym classes or he'd be in plays, whenever he would be around the curtains that hung is when he got a sinus infection.

And that actually contributed to the difficulty getting rid of the Lyme disease, which at that time I knew nothing about. So I'm really curious, how did you make the jump to, was there a moment where you said, okay, hey, there could be an environmental exposure or factor involved in this?

It was actually the test, so I always knew he had an issue with mold, because every time he was in that auditorium, he always had and issue the mold. But it was that test arm in labs.

Nothing came back positive except they did find mold in his blood. And so that's when we started the detoxing. That's I started treating him for Lyme disease after I found a research article in Journal of Urology.

It was a case study on a gentleman who had my son's exact symptoms. So that's why I figured out it was Lyme because all his Lymed tests were coming back negative.

And they came back to negative for about three and a half years until his natural killer cells reached in an amount of 59. Then I finally started getting indeterminate results and then I got positive results.

Unfortunately, he was my first child, so I knew nothing about being a mother. I think with my first Lyme patient, nothing about Lyne disease. I always apologized to him.

He was a first, which is never easy at all. Even as a nurse practitioner to open a practice, not easy. There are a few firsts in our family. We'll put it that way.

Wow. Let's dig into Lymen a little bit. You know, we've been sponsors of like iLADS for the International Lyman Associated Disease Conference for 10 years plus.

an upcoming conference in Florida that we're going to attend as well, Lime Bites. So there's a lot of correlation between Lyme disease and environmental exposures with mycotoxin exposers.

We'll dig into that a little bit more. I'd like to pick your brain there. But just to kind of level set for those that may not be familiar, Lyne disease is an infection that's caused by the more, hang on, tongue tied today, Borrelia bacteria, right?

And it's transmitted primarily through ticks.

Lyme Disease Misdiagnosis and Chronic Infection

So most patients that get diagnosed, they're… they get to diagnoses, they're able to get treated, able recover and things are fine, right? Have you found that to be the case?

No. So what happens is the vast majority of mainstream doctors don't know the first thing about Lyme disease or how to properly treat it. If you get bitten by a tick and you go to the ER or urgent care or your primary care doctor, even with a bullseye rash, first of all, that bull's eye rash is going to misdiagnosed as anything but Lyne disease because it's not a perfect bulls eye.

I had given a talk a couple of years in a row for the Clinica APRN Society and I was a bit frustrated with this inability to properly diagnose and treat.

And it was one of the nurse practitioners that was in the audience who worked in ER. He said that when he goes on the CDC site, because he doesn't know how to treat or how much to treatment for with Lyme disease, and they have a person who comes in with a bullseye rash, there is an antiquated study on this CDC that was done in the 1990s that talks about the one or two doses of doxycycline.

And so when you get that one of two dose of Doxycine, I can guarantee you it's not going to fight off that Lyme disease that you have. I could also guarantee that if you follow IDSA guidelines and go on two weeks worth of antibiotics, it is not gonna fight that Lime disease.

So when my son was six years old, got bit by the tick, had a bullseye rash, and brought him to his pediatrician, he was on 2 weeks' worth antibiotics.

It did not kill the bacteria. 13 years later when he is having hernia surgery, they found his entire abdominal wall to look like Swiss cheese. So he got bit at six, now he's 19 years old.

His main issue after the surgery was his bladder. Whenever you have a chronic form of Lyme disease, it's going to find an area in your body to kind of settle in.

For him it was this bladder, for other people it is their joints, or their nervous system, their musculature. If you don't give enough antibiotics to kill off this bacteria, you're going to end up creating a chronic form of it, and that chronic will stay pretty much undetectable until you have a trigger and that trigger can be surgery, it can a severe illness, a death of a loved one, or a car accident.

It could be anything that drops your immune system for even a short period of time and then all your symptoms come out. So if you think of something like fibromyalgia.

Fibromialgia is actually Lyme disease. It's just was misdiagnosed. Fibromyalgia is a diagnosis of exclusion. So if they test you through local channels, you're going to get a false negative result and you are going get labeled with a diagnoses of fibromialgia.

But if that same person gets tested properly through hygienics, we're gonna get positive Lyme test. And if you don't get it positive and if had it for a prolonged period of time, You wanna make sure that you getting your human natural killer cells So my son's, so first of all, normal value is between 60 and 360. Anything below 100 is considered positive, even though the normal values for laboratory values is 60 to 360, my sons was only 10. So I could have tested him from five different labs and I was still getting a negative result for Lyme disease because his immune system was so poor at that point because he had had this bacteria for such a prolonged period of time that literally just ate away at his system.

So as, as you're diagnosing, I mean, these are really complex chronic health conditions. And so when she is someone that comes in as a patient, first time seeing you, you've taken all this input in and there's other factors.

I know that your practice also looks at the environmental side of things. Yeah. Is that one of the triggers that you look for, uh, that could kind of set off some of these.

Maybe latent, um, Lyme issues that have been just hiding out in the body waiting. Yeah, so what I started doing is now when I have a patient who comes in with like a menagerie of symptoms, very vague symptoms.

You go through their whole history, you know, where they grew up, what they did when they were children as they got, it depends on how old they are. So I treat anywhere from 14 years of age to whenever.

But if I had somebody who's in there, I've had people in their 80s and 90s who come to see me and I still have to go back to their childhood because ticks have been around forever.

Borelia has been around forever, but nobody ever put Burelia into a tick. That's why we have so many problems with Lyme disease right now is because the Birelia bacteria is in a tic and it's very hard to avoid tick bites, exceptionally hard.

I mean, I've had people who don't go outside except to go get their mail and they ended up with a Tic Biting up of Lymedisease. So it was not like you have to hiking or you had to be in the woods.

You could be on your own house. They weigh nothing. they don' t fly, But a good gust of wind can send them your way. So it all kind of depends on, you know, where you are as far as your immune system, when you got bit, what other things are going on in your body.

So now I test for tick-borne diseases by always test from mold, always tests for mold because mold especially in Connecticut is an enormous problem. You know we have wet, damp basements, we have leaky roofs, you don't even realize that you have a leak in your house.

You can have people who are very sensitive to mold and other people it doesn't affect at all. And again, it depends on your own immune system. So I have patient right now who was insisting that after she had her house remediated, that she was still exposed to molds.

I initially tested her and her mold was completely negative. She's insisting it's still there. Insisting is still here. So I tested her again like months later.

And sure enough, she had two strains of mold in her system that were coming from her house. Even when it is remediated, you have to make sure you're remedying everything.

She didn't want her kitchen touched. Just put a new kitchen in. she didn' want them to go behind the cabinets because it was going to rip apart the sink and the countertops again.

That's where the mold was hiding. So when you have, you know, a company like yours where you go in and you remediate, let the professionals do what they have to do so they can get rid of all the mold and then rebuild.

Either that, or you're going to end up selling your house and it's never going sell because you, have you to disclose that there's a mold problem. That's right.

And do you, for your patients, when you're testing them for mold, what type of testing are you doing? Is it urine? is it IgG? Do you do clinical micro toxin testing as well?

I do urine tests. So I usually have them take glutathione twice a day. the week leading up to the test. And depending on the tests, some of them will tell you to stop the glutathione three to four days before, so just tell them to follow the instructions.

The night before they give their first morning urine, they take a very warm Epsom salt bath. They soak for a minimum of 30 minutes, because that's going to help to pull the mold off the receptors.

That's how we get a more accurate test result. Very good. One of the things that we do, so there's three big labs that do a lot of that urine clinical microtoxin testing.

We run a corollary test in the environment. So if we want to understand, you know, is the microtoxin exposure coming from the home or is it coming diet, we can help answer some of those questions.

And so we actually go in and we test for not just standardized mold testing, but also we do some pretty advanced PCR polymeric chain reaction testing or DNA testing for toxigenic or pathogenic fungal species.

So do we have Aspergillus fumigatus, Aspargills flamus, so on and so forth. And then just because we had those species doesn't mean they're producing.

One of the things that we've been able to do is go in and determine, do testing in the environment to see if that's where those micro toxins are coming from.

Do you receive a lot of that level of testing from the environmental side from the folks that you've worked with in the past? Yes. So we use real-time labs and mosaic labs as far as the person goes.

Right. And it'll break down where the mold can possibly come from. Some of it is from a sick house. Others are from coffee or nuts. butter, you know, nut butters, things like that.

There's a number of different things that can carry mold, wines, grapes, fruits, and things. So it kind of depends on where it is, but it also depends upon their immune system, because some people can fight off the mold and other people are very sensitive to it.

Yeah. And that's always kind of interesting is we hear this frequently. You have a house and you have, typically it could be the wife or the children and they're exposed or they have symptoms.

Generally not always, but it's the husband says, I got nothing. I feel fine. Always, always always. Yep. Yeah, yeah. So I assume that you see the same thing in your practice today.

I definitely do, I really do. There's one person who's affected and everybody else in the household is fine. Or there's five people in a household that are affected, and one is person is find.

And it's so hard to, you can't explain it, because you would expect everybody to be sick, or everybody would be well, but everybody's immune system is different.

Everyone's microbiome is difference, everyone's system immune is diffrent. So you ever identify who is gonna be really more sensitive than somebody else.

But the one person I was referring to, she was really clobbered with mold, and they did have their house remediated. And when she said she didn't want the kitchen touched, I trying to really encourage her to make sure they got rid of all the mold.

Because mold travels. If you leave it in one area, you can guarantee it's going to start affecting you again. Yeah, that's a great point. The HVAC system is kind of like the lungs of the house.

And so when you have these contaminants in a certain area, it can get sucked into the H-Vac and get distributed. Then mycotoxin particles are much smaller than a mold particle.

So one of things that we always recommend is that if you've had a remediation done and you think, okay, the problem is solved, go back and use good data and do testing after the fact to assure that those molds and the mycotoxins are removed from the home.

That way they can kind of move forward, do the build back, and get on the road to wellness. One of the things that kind struck me in going through your study is that we have a tendency, oftentimes, we see this in medicine today, it's that, okay, this one diagnosis I'm treating, I'd really like you to talk about the peer review study that you did.

Because you have someone that comes in with these seizures, or actually two people that came in, with the seizures. And so we haven't seen them say, okay, we're going to treat the seizure, because that's the problem.

The seizures were not the problems. In fact, as I read, the typical anti-seizure medicine that you had prescribed, that was prescribed wasn't efficacious at all.

Correct. And so we have talked, if you can, a little bit about that and what led you down a path of looking deeper to get to the root cause. So I had two patients.

One was 25 years old and one was 14 years. They were unrelated. Didn't know each other, didn't live in the same areas of Connecticut. Both came to me within a week or two of each.

Um, they both were tested positive for Lyme disease. It both had different issues going on. The young girl had gone to her family to an island and they were all bitten by sand fleas.

So that's why there's times I haven't been completely convinced that Lyme disease only comes from ticks because of something like this. Could she have gotten bitten a tick?

Absolutely. She lives in Connecticut. You know, this is like the, you know. Ground zero, right? It really is, you know? So yeah, could she have gotten bitten by a tick?

Absolutely. But she ended up with these Bartonella striae after I had given her high doses of Psiomedral to try and control the seizures. So I gave her the Psyomederal before I started her on the IVIG.

I'm just kind of trying to give you like a little synopsis overall. Her Bartonnella came back negative, but the sand fleas do carry Bartronella, so do almost every biting insect.

So, you know, biting flies, fighting ants, spiders. They're fighting at mosquitoes now, almost anything can give you Bartonella. You know, they still say that only ticks carry Lyme disease.

But again, I'm really not convinced about that, to be honest with you. Um, but to make a long story short, it was after she was in on the islands that she developed these myoclonic seizures and they were very infrequent.

Myoclinic seizure is one where you'll get like a jerk, like it's just like jerking motion. So her legs would just jerk. And her mom brings her in, and there is something related to the onset of menstruation, where you can actually, every time you have your period, you could end up with these myoclonic seizures.

Exceptionally rare, but it does happen. So when I first started treating her and she had these very infrequent seizures, I was kind of following a pattern, it would only happen when she was having her menstrual cycle.

And they started around her mental cycle, so somebody like that is supposed to be on anti-seizure medications literally for the rest of their life. That didn't make sense to me at all.

So now I'm dealing with somebody who has Lyme disease, has some kind of an infection from these biting insects, and now she has these myoclonic seizures.

We're going to put her on the side for a second. The 25-year-old comes in to see me about a week or two apart from each other, he has never, ever, had a seizure.

He tests positive for Lyne disease and he also tested negative for Bartonella. There's a reason I am saying that. So now I start him on an antibiotic and with two weeks after he started this antibiotic, it was just doxycycline.

I started him with doxxycling and all the supplements that go along with it. In two week he had a grand mal seizure that went into sciatica epilepticus, meaning this grand Mal seizure, which is the typical seizure you think about, wouldn't stop.

You know they called 911, they got him to the hospital. They had to put him on an anti-band drip, but they still couldn't stop the seizures. He had an intubatum, sedatium.

Sent him off to Hartford Hospital, he's on life support now. he was hospitalized for about four days, lumbar punctures.

Autoimmune Epilepsy Case Studies

Couldn't figure out why this is happening. Okay, He gets stabilized, and he is on three different anti seizure medications now, comes back to see me, I waited a good two months, and then I added on another antibiotic to see if I can get him on the road to health again.

Two weeks after he starts the next antibiotic, he goes into seizures again, three seizures in a row. This is not a coincidence. I am not person who believes in coincidences, by the way.

A lot of people in the medical field do. So now let's get back to the 14 year old. So, now she's going to see Connecticut Children's Medical Center here in Connecticut.

They want to put her on anti-seizure medications and the mom is adamantly refusing. She's like, you know, this started with one seat, like she would have a jerking motion once a month, the day before she got her period and that was it.

Now I started on antibiotics for the Lyme disease and now, she is having the same myoclonic seizures eight to ten times every single day. Again, this is not a coincidence.

And these antibiotics, if they do anything, they decrease the risk of seizures. They don't increase the risks of seizure. So doxycycline is a not drug that will decrease your seizure threshold.

If anything it increases it. The risk actually causing a seizure, it doesn't happen. Now I'm dealing with four different neurologists at this point and nobody is listening to reason that this because of inflammation in the brain brought by Lyme disease and other tick-borne diseases that just didn't come back positive in the laboratories.

So now they're following the same route at this point. They're both getting, let me back up for a second. I couldn't figure out what was going on with these two kids and I could figure how to help them.

And I had four neurologists that were unwilling to think outside the box. they just kept adding on more and more anti-seizure meds that we're not They weren't working.

They just werent decreasing the seizure activity or stopping the seizures completely. The mom finally gave in and started the young girl on anti-seizure meds and she continued to have the seizures.

So when I went on the Mayo Clinic site, it was the only site I could find that actually talked about viruses that can cause seizures. I followed the protocols that they had recommended.

And after five days of high dose of psilomedrial, followed by IDIG, they were completely seizure free. Completely seizure-free for seven months, okay?

The young man continues to be seizurefree. The Young Girls Insurance Company changed, and they changed the brand of ITIG. It took me two months to get her back on the original brand because once they changed the brand, the seizure started up again.

And so once I finally got the IVIG completely back to the originally one, I couldn't get the seizures under control. So now she had to go for plasmapheresis.

This is outside the research study, by the way. I have to do an update on this research because this recently just happened. But I could not find a hospital in the state of Connecticut who would take her for Plasmaphoresis.

So I had said to the mom, let's try the IDIG, the original brand. We'll double the dose for a couple of months, see how she does. And the Mom was unwilling to do this.

She had missed half of her freshman year, all of herself more year. she was getting homeschooled for this, she's going to be starting her junior year in high school.

and her mother really wanted her to go back to school, so she took it upon herself to, She literally found two hospitals that didn't take insurance, because it was the insurance that was preventing us from getting this plasma paresis.

Doctors are afraid of their licenses and if they can't give a really good reason of why something needs the insurance companies will report you to your board certifying agencies and you have an opportunity of losing your license.

So she found two hospitals one was in new york was intended to see who do plasmapheresis without insurance they paid three thousand dollars for the hospital in tennessee for for plasmaferesis.

protocols and she is seizure free again. So after the fourth plasma for recess, two days later, she's going back on the IVIG and should be starting school this year or her junior year.

That's great news. Well, thank goodness for the mother's tenacity. How many people, I mean, would have and already have kind of walked away, you know, and saying, okay, this is just my new normal.

This is it. We have to accept it, It's a lot. It really is. But getting back to the Bartonelle Estraie, after I gave them, each of them the Saillou Medrall, they developed these, I have actually pictures of these.

Deep. thick, red, what looked like stretch marks, but in areas you wouldn't see stretchmarks. They didn't follow the Langer lines. Lager lines are the areas like where the, if you think about somebody who gains weight or loses weight and they have the stretchmark, it kind of follows a certain pattern depending on what body part you're on.

You don't normally get stretch marks around your ankles. I think she gained five or 10 pounds when she was on the siu medraw. That's not going to cause this excessive amount of stretchmarks.

The same thing with the young man. It doesn't cause an excessive stretchmark. And so I got in touch with Galaxy Labs and spoke with sent him the pictures, and he told me to save their money.

These were definitely Bartonella striatae. So I was able to treat them for Bartronella, but because it wasn't in the blood work that came back positive, I couldn't put it in a research study.

But I believe that the Bartonnella is what really threw them both into the, like, it made it so much worse. Whenever you have Lyme disease plus a common infection, your symptoms are so You've cleaned, repainted, and replaced filters.

And still, you're not getting better. Headache, fatigue, brain fog? The doctors can't explain it, but your environment can. At The Mold Pros, we specialize in uncovering what's hidden in plain sight.

Our environmental testing looks beyond surface mold, identifying bacteria, volatile organic compounds, even microtoxins in the air that you breathe. Then we correlate those results with your clinical data, showing how your space may be affecting your health.

Next, we use our patented remediation process to safely remove toxins, restore balance, and prevent them from returning. It's more than just a cleanup.

it's a science-based system designed to help your body heal by healing the environment first. If you're ready to breathe freely again, visit TheMoldPros.com and schedule your free consultation.

Because wellness doesn't start in the doctor's office, it starts where you live. I think that the implications beyond these two cases go well beyond that.

Do you think sometimes we create this artificial division between infectious disease and autoimmune disease? We put things in these tranches or buckets.

So I guess my question is, in reality, could infection initiate an auto-immune cascade that eventually becomes its own clinical problem? Well, any autoimmune disease starts off with an infection and the body gets confused and starts attacking itself.

But if you go to a rheumatologist for an auto immune disease, you're put on medication to suppress your immune system. So your symptoms are going to subside, but you are not getting to the root cause of a cause it from the beginning.

And now you also dealing with a suppressed immune systems, which is going cause issues in other ways down the road. You think of any medication that's a biologic, there's 1 million different possibilities that you can possibly get if you're on this drug.

Why not get to the root cause, fix the real cause and stay out for the biologics? There's no money in that though. There is a lot of money and pharmaceuticals, you know what I mean?

You know, I can't talk about other countries because I don't live in other country. I only live the United States and I've always lived in the united states.

But in this country, we definitely follow the money. If there's money to be made, that's what we're going to use. And it's terrible. That's just the way it is in.

Yeah. Hopefully things are starting to change a little bit. We see some, some of the ties are changing. A lot of our listeners on this program obviously mold, mycotoxins, and more.

We, it's not always mold. It's always mycotoxin. These other environmental stressors that we talk about. I think that's really important that it may not necessarily be the original cause of the illness, but can certainly have this layering approach where almost create this, with the fulcrum of a teeter-totter, okay, just enough to where, now the wheels fall off because there's just so much of this toxic environmental burden.

that people are able to absorb. And then once they get past that or endure, then all of a sudden that's when we see these, uh, like my cell activation and those sorts of things.

I agree completely. So, Talking about a few practical takeaways. I already had some rapid fire questions for you. One was, are there other insects besides ticks that create that?

So you stole my thunder there. But if we have somebody that is listening and maybe they think, okay, I have some of these symptoms, what would your recommendations be for those individuals?

What would be kind of like a next step? I wouldn't get tested locally because you're going to get a false negative. There's so many bands that are missing from the local testing and very, very important bands.

Igenix is the only test that I use for Lyme disease, to be honest with you. Galaxy Labs, I'll use it for Bartonella if it's negative through Iginix. It has a panel that's $1,299, which is down from about $3,500. This panel started off as

they were just trialing it out and I know that I spoke with the medical, the laboratory director and a lot of other ILADS doctors did as well and they decided to keep the panel there.

So it tests for Lyme, Bartonella, Babisia and tick-borne relapsing fever. It's exceptionally important to really know what you're treating and what have because one tick can carry up to 14 different diseases.

So it's very scary to think about getting bitten by a tick because you really don't know you are treating. The vast majority of tick-borne diseases are going to respond to one of the tetracyclines, so either tetacycline, doxycycline, or minocycling.

Babysiosis is a parasite, you need an anti-parasitic. Bartonella is bacteria that acts like a parasites. You need three different antibiotics to kill that.

So it's not an easy fix. And it is very unfortunate because infectious disease providers, they think that because they treat infections, that they just know They were born with the knowledge of how to treat tick-borne diseases.

It's not like that. We'd be like me trying to treatment cancer. I didn't go away for the training. I don't know how it works. i don''t want medications used.i don' t know what supplements to add on.

So to just arbitrarily think, oh, I know I treat people with Lyme disease, it's kind of cocky. You know, what I mean? Like go way for training, which takes years to get to where I am at this point.

Let me tell you now, it's been 10 years now and every year I get better and better. It wasn't like a quick course. That's a very extensive learning.

Infection, Autoimmunity, and Root-Cause Medicine

The learning curve was incredible. And you're talking about somebody who was a critical care nurse. I was an intensivist. I worked in the ER. It wasn't like I had an office job as a nurse practitioner or as nurse.

Learning how to diagnose and treat tick-borne diseases was not easy. And trying to convince patients to stay on course when they're feeling worse as they start treatment and you know within three months are going to start turning that corner but trying convince them to state and is.

It takes a lot it really does. We've had a couple of other practitioners on the podcast that started out in ER and they felt that that experience made them much better in dealing with one particular practitioner deals primarily with dementia and environmental toxin exposures to how it impacts the brain.

But how did, how do you feel your experience in emergency medicine prepare you or provide additional insights to the work that you do today, if at all?

Oh, everything I've ever done in my previous life has gotten me to point where I am today. Because if I didn't have all of those experiences, I wouldn't be able to apply it to patients that I'm seeing now.

You know, there was a patient I had when I was working in the ER, and I working primary care at the same time. It was, it was the position I took after I got out of hospital medicine.

And it's one of my personal patients that looked like he was developing dementia. He was in his 80s, he's the one I referred to earlier, when he would just go outside, get his mail, go back in my house.

It was such a rapid change in his personality that it wasn't it didn't follow dementia dementia is like you know you lose your keys you can't remember which one is your bedroom you might.

Not remember how to get your house like little things like that i felt like overnight you're demented and that's exactly what was happening with him it was like literally overnight he was developing this dementia and his family was

looking into nursing homes for him and.

Logically i knew this was not because of dementia this with something else going on and this is long before i know anything about tick-borne diseases.

But i did do a line panel and i had talked to the family about doing my genetics they did know about genetics. and sure enough his line came back positive and what happened was.

It takes at that time it took about forty five weeks for the results to come back now it takes about two to three weeks with ijanax but that back then it was pretty long i get a call from the yard that the family brought him in to get him admitted so they could start the process of getting into a nursing home.

and I got a call from one of the nurses that I worked with while I was in the ER and she said, what do you want me to do with him? And I opened up iGenX portal and there were his results and i said oh my God, he has Lyme disease.

I knew this was going to be, I had them give him IV doxycycline and while he was getting the doxxycoline, and he starting to clear up already because it was a new infection, so much easier to fix, much easy to correct.

And the results are much faster to see because it's not a chronic form of a tick-borne disease. And so it was a happy ending. He didn't end up going to a nursing home, he didn' have dementia, you know.

So it is like, don't label people. Yeah, really trying to figure out what is going on before you just arbitrarily give somebody a diagnosis. You know, 88 years old, confused.

Who would have diagnosed him with dementia? But he was my patient and so I knew him. At that point, I probably knew for two or three years. Very good.

Well, that's great to hear. I know we're running up on our time. But I got a couple other questions if I can pick your brain. So if you had to say that there's one thing that people misunderstand about Lyme disease, because it's very complex, right?

So what would that one think be? It can really destroy your life. It really can this this disease ruins marriages. This disease breaks up households. It's a disease, especially when it's misdiagnosed.

You know, if you get the proper diagnosis and you'll get it quickly, you can get rid of it fairly, really soon. But when you have a chronic form because you didn't even know you got bit by a tick or you're one of those people that's gotten bitten by hundreds of ticks, and you just keep pulling them off of you.

You know, you're a hunter or a fisherman or something like that, And you've never had a symptom of it. And this is no human nature, You're gonna think that your immune system is so strong that it's just fighting off these tick-borne diseases.

So yeah, I've gotten bitten by hundreds ticks and I'd never, ever had, never gotten a bullseye rash, had never any symptoms. you have a very strong immune right now.

But as you get older, Or is your something happens where your immune system drops like what happened with my son with the surgery. All the symptoms are gonna come out at the same time and you are going to be so sick and i don't know why it's the brain five joint pain the exhaustion is absolutely overwhelming and go from a very.

busy, determined person to somebody who can't get off the couch. You know, my husband is a perfect example. The guy doesn't stop. He is go, go go kind of guy.

Has his own business. If he's not working there, he is at the house doing one project after another. Sundays are only day together. So that's a day we try and spend together, we'll go for motorcycle rides or, you know work on the

House or something.

And it was like weeks every Sunday. He was on the couch, sleeping all day long. This is a guy who can't take a nap, nevermind sleep on a couch all-day long, and then during the week he's exhausted, like over the top exhausted.

I'm saying, Glenn, you're going to have a tick-borne disease. You think everyone has a Tick-Borne disease, because pretty much everybody has it. So his birthday present that year was Igenix testing because he would not get tested.

So I said, okay, get your birthday presents. I went to his store, I drew his blood, he sent it off and sure enough he had Lyme disease and babesiosis.

When you have babesiosis, which is the co-infection, the exhaustion is profound. Happy to say we're back to our motorcycle rides and fixing our house.

Perfect. And I saw the motorcycle thing, and I was going to ask you about that.

Practical Advice on Lyme, Mold, and Home Health

when we're done with the podcast. They're a great stress reliever. I have one myself. It is. What would be one thing that people understand about mold or mold illness?

That is a very tricky subject because people don't realize that if you have mold in one area of your house, you're going to have it everywhere. There is no way that mold is going be consolidated to one.

So I had patients who come in and say, oh, it's only in my bathroom. All right. This is one spot in I can guarantee you it's everywhere in your house because mold travels.

Even if you fix the leak, the mold that's in the house has to be eradicated. It is a disease that can cause exceptional illness. People don't realize how severe mold illness is it's not just a tight sinus infection and the bronchitis it gets into your nervous system i can cause a host of issues is a very very dangerous thing to be living in a moldy environment there's something called a sick house which you could probably even speak to better than i cant but it a home that is and what is built like in the seventeen hundreds where the wood is actually the way that made this home.

is infested with mold just because they didn't have the type of things we have now to prevent something like that. And so no matter what you do to eradicate it, you cannot get rid of the molds is literally in the seams of home.

You know, You need to move or you need burn the house down and rebuild. One of. The things that surprises a lot of people and we're going on 20 years of doing this.

And so we've seen a lot of moldy homes. Most of our work is in newer construction. Really? See, that is something I would have never expected. That is new I learned today.

Because in the 70s when we changed how we build homes to make them more energy efficient, and they certainly are, we wrapped them in plastic. So we relied upon these little microcosms now and everything's controlled by central heat and air, which can be our best friend.

But as we kind of talked about earlier, it can also be a worst enemy because if you do have contaminants, that sucks it up. That's the lungs of the house that spreads it.

We have water leaks, et cetera. And we have no place for that to go because the houses are so tight. They don't breathe like some of older homes do. So we do work on multi-million dollar new homes that have never been lived in.

Wow. Because of how we changed, how do we construct homes these days? Yeah. So how is that corrected? Like, how do we build a new home without causing that issue?

Well, there's some things. That's a great question. There are some, like, mold-resistant drywall, that can be helpful. But we're putting in dry wall, we don't do, older homes have lathe and plaster.

And plaster is not a great food source, it's not complex carbon compound, right? So the dry-wall that we use today is more of a food-source. Some of the engineered wood products we used is susceptible to fungal growth as opposed to some of solid timbers that were used to use.

So there's anti-microbial paints, you can also get low VOC paints. But just making sure that you're constructed with products that don't emit a lot of VOCs, make sure you have a really good HVAC system, and we've had podcasts on that.

Smart thermostat can help, but controlling moisture, if you do have leak, clean it up in two or three days, you'll probably be fine. Humidity is kind of the silent killer.

You know, everyone talks about cancer, the body that kind of lingers on and slowly takes over. Well, relative humidity and the EPA recommends we maintain the humidity between 30 and 50%. I live in the South and that's every day is greater than that.

So it's really managing that humidity ferociously that helps resolve or keeps us away from having some of those problems, but control the moisture and you don't ever have an issue.

I like it. How can individuals learn more about the work you're doing? Any new studies that you are working on that their doctors they're explaining what's going on with them and the doctors know more than the patient does and automatically diagnose them with something that is incorrect.

So i feel like when patients come to me a lot of times they really know what is going they already have a good idea of what happening and i like. They need to keep that focus.

They needed to honor themselves to know that they know their body better than any doctor can ever know the body. So that's the title of the book. I just got the chapters all finished.

And I'm just in the process of putting all the meat and potatoes into it now. It was one more thing I wanted to mention right out of my head. It might come back to me before this is over.

But my website is a practice of health and wellness dot com. it's all spelled out the practice a health in wellness.com. You'll see my podcast on there.

My research report is on their any podcast. I've done my my YouTube video, my Facebook account. All that stuff is there We'll make sure that we get all those socials posted so people can find you.

I really appreciate your time and for joining us. The one takeaway from our conversation is that Lyme disease goes beyond Lyne disease, so to speak. Things don't always get put into these buckets or shouldn't be put in these bucket.

Take a step back and look at the overall. whether it's the environment, the diet, genetics, everything, go back and take a look at that. I really appreciate your time.

Can't wait to see the book when it comes out. Need to get a copy of it. Well, I see you at iLands in D. C. this year. Are you going to be there? I'll be at the membership committee, so I will be sitting at a membership booth.

Perfect. We will see in there. Very good. Thank you for joining us. Thanks for publishing the cases. We'll make sure that today's conversation is posted on iHeart, Apple, et cetera.

And for those listening, if you found the conversation helpful, please give us a thumbs up. But more importantly, If you know someone maybe who's struggling, send the episode over to them so they can listen to it.

There's plenty of resources that's out there to help folks out. So we appreciate you listening. I'm John Bodie, host of Mold Microtoxins and More, and we will see you next time.

You've been listening to mold, mycotoxins and more with John Vody. If you're ready to take the next step towards a healthier home, follow the show and visit TheMoldPros.com for your free consultation.

Because clean air is the first step to true healing.