Podcast Introduction and Guest Welcome

So DHA, I think of it as sort of like the bodyguard at the door of the cell. If you have enough DHA, your cell membranes are full of bodyguards. And they just say, no, go back to the blood, go back to the blood.

You're not allowed inside the cell. We know that there are nutrients and I've created a formula called mold multi for this reason. Let's say mycotoxins do seep into the cell.

Now we want to protect your genetics. We want to protect your immune system. We want to protect your organs of detoxification. So those basic nutritional things, I see them get missed all the time and it's the difference between person who can, like, move forward in their protocol and the person who can't.

Welcome to the TBD Fit Podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the dos, the don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to the TBD Fit Podcast, where we uncover the science and strategies that move you toward lasting, optimal health.

I'm your host, Dr. D. And my goal is super simple is I want to find the people who are best in class and what they're doing and bring their stories to light so we can improve all our health outcomes.

So today we have the revered Dr.

Dr. Jill Christa's Mold and Lyme Backstory

Jill Christa, who I've been looking forward to speaking with for quite some time now. Dr. Chris is a pioneering naturopathic doctor, bestselling author of Break the Mold and a nationally recognized educator.

on the effects of mold and mycotoxin, something that many of our patients seem to have been struggling with a lot as of late and seeing how this is becoming more ubiquitous.

It's been a absolute pleasure to have her come on and take some time out of her busy schedule. She combines cutting edge science with practical natural approaches to healing.

And through her clinical practice, research and teaching, she's helped countless patients and providers recognize and recover from the often overlooked consequences of mold exposure, myself included.

I've been through all her coursework. It is an absolute wealth of sage and knowledge. And so I am especially grateful and honored to have her as a guest today.

Jill, welcome to the show. Thank you. Thank you so much for having me. So I know your story, mostly like all of ours comes with kind of a backstory, right?

Your impetus is to your why. And if you want to kind of speak to that in terms of letting our guests know how you become such a proficient and professional mold expert.

Yeah, well, unfortunately come by it honestly, but before we had mold in our home, I was already working with mold patients. I started in the Lyme world.

So I was working with these chronic Lyme patients and in one of those patients, they found black mold in a

remodel. They weren't, you know, No one was going looking for mold.

They just found it in the remodel. And I remember thinking, huh, I wonder if that's what's going on with this guy. And certainly, when I hit the books, I found out, oh my goodness, that's why he has terrible ear ringing.

This is why he has insomnia and anxiety and his vision is changing all the time. And he has pelvic pain and dysautonomia and all of these things that were broken that we were saying were Lyme and were not.

He wasn't responding in the way that most of my more non-mold-affected patients were responding. And when that's the case, you know, that's kind of the thing with Lyme and with mold, is they're the great imitators.

And one of the keynotes is if you're doing everything that makes sense and you're still sick, keep looking because it's probably one of those hidden ones and mold is so often hidden.

And then, you know, lo and behold, as I was actually recording my first ever mold training course for doctors, we had mold in our home. And I thought, okay, I knew what to give myself and my family.

I knew the inspector to call, the remediator to call. I need to share this with more people than just doctors because everybody can This is not rocket science, what I'm doing.

I felt duty bound to kind of share it far and wide. How do you know where to start in terms of mold, Lyme? Certainly you're probably doing some testing.

So where's a good place for patients to start instead of guessing? Yes. I had that very same question in clinic because when I was working with these chronic Lyme patients, I wanted to find out who of these people that are coming to see me, because I started in the Lyme world, how many of these Lyme-affected people actually have mold?

And so I talked with Dr.

Mold Screening, Questionnaires, and Testing

Horowitz about his Lyme MSIDS questionnaire, which was inspired by Dr. Berescanos, because I thought there's got to be a way to find mold when it's there faster, because I'm pretty impatient.

And so, you know, so we're patients. I mean, when you're the sick one, it's like, tell me what's going on. Tell me quick and tell me what to do to get better.

I started to create a, when I talked to Dr. Horowitz, he said, well, it's going to be the same questionnaire. And I just joked with him. I was like, that's a challenge.

I'm going to try and create my own mold specific one. And so over the decades, I honed in on a questionnaire set. and scoring that helped me in my clinical practice identify when I should be thinking about mold.

And I also have patients fill out the Lyme MS-IDS questionnaire. That one has been validated against testing, which means if it finds Lyme on the questionnaire, completely free thing, You need to get tested and, you know, go down that rabbit hole with your practitioners.

We just did a, we just wrapped up the first phase of our study with my questionnaire and it is showing that it does have positive predictive value, which means in regular person speak, if you score a 10 or above on that questionnaire and you are, this is for untreated mold.

So this is like, because once you get treated, symptoms go down. So it's most reliable when it's. you with no treatment yet and you're just wondering is this a mold thing, if you score a 10 or above, that's a very strong indicator that mold is part of your story, a big driver of your story actually.

And in my experience, I'm finding in many cases, it depends on the strain of the Lyme and how many co-infections, but if there's also mold and we're not addressing mold, that's when people don't get better from the Lyme or they have a harder time with the treatment of Lyme.

So mold, because of all of the immune things that it does, gets in the way of healing from all other conditions. So I try to make sure that we, in a very inexpensive way with a questionnaire, you know, it's a great screening tool.

completely free, people can get it off my website. Do I have mold or not? You know, if it's 10 or above, the answer is yeah, most probably. So, and then you can do testing if you need to do testing.

I do love to do testing because I like to be more precise with how I treat the mold. One day I went and did all the math of how many possible mold combinations could there be.

So I took the number of spores that like to live in a house times the number of toxins they secrete. times the bacteria that like to feed on those, like actinomycetes like to eat fungus.

So you're going to have more soil bacteria in a moldy house. And then the toxins, those secrete. And the number was 15 million. 15 million possibilities of a mold exposed person.

And I was like, No wonder this is hard. That's a lot of variance. But even if there's the same mold, same house, same family, same genetics, everyone can react differently to their mold exposure.

So what I can certainly appreciate is that From your years of experiencing and recognizing patterns, you've been able to put together a very simple yet comprehensive screening tool, which patients can fill out without having to do obviously the comprehensive testing.

And yes, testing does certainly allow us to be more precise in treatment for our patients. Um, but this is a good way to kind of open up that rabbit hole, as you said, going down like kind of the, the path of understanding, okay, what you're been exposed to.

And depending on the symptoms you're experiencing, I know I'm going back to these, the permutations of how many options are at play here. I remember going through, I think your coursework that one spore itself shoots out 500 tiny fragments.

Just an example of just the level and kind of. breath, pun intended of how this can affect you. I know some of which are extremely immunosuppressive. Right.

So let's say a patient does test positive. Let's take mine for example, cause I remember we were having discussion with Neil Nathan and we talked about this very briefly previous to our recording here.

So I came back, I found, I worked with Larry from Safe Start, if you're familiar. I don't think I am. So he does a lot of the consulting with remediation nationally.

And so I sent him in our test sample from my home. And I know step one through three is get the heck out of Dodge, right?

Foundational Nutrients for Mold Exposure

Avoid, avoid, avoid. And funny enough, so I sent him one of my tests and the molds in our basement, interestingly, so he said he's never seen levels that high before.

So I've said, Larry, I'm glad that I won, but this is not a race I'm looking to win. So I did some testing, positive marcons, tested very high for ochratoxin A, the entire aflatoxin group, trichotoxins, gliotoxin, zirelinone.

So all those were very high, some like ochratoxin A, eight times higher than the reference range. Cerelinone, two

and a half times higher. Gliotoxin, almost eight times higher.

So very, very high levels, which speaks to certain symptoms. I know we were speaking about kind of tachycardia and POTS, a lot of our patients like CSRS patients can obviously relate.

So when terms of treatment, order of operations, so say a patient comes in similar like myself, you know, we have this whole laundry list of wonderful fungus among us.

Where, how does treatment look? What were some considerations? Where do you start? Well, we start with the basics, the nutritional basics that the animal studies show us protect the animals from exposure.

So if you're even just recent, but especially if you're in your mold, but if you're just recently in mold, we want to make sure that we're giving you enough of those nutrients that we know will block mycotoxins from entering into the mitochondria because that's really where they do the biggest damage.

They're affecting the mitochondria of our immunity. They can rewire our genetics if they can get in there. So it's very simple things like DHA, which is fish oil.

If there's microtoxins in the mix, usually there are because in a moldy house, there's usually more than one mold. And when there's more than one mold, the molds tend to make more mycotoxins.

And I can speak to that a little bit about why that makes indoor and outdoor mold different. So it's, you know, mycotoxins are extremely expensive for the mold to make.

They're very energy intensive. So they don't want to make it unless they have to. And when they're not in nature, where they have all the other nature control forces, when they come inside, they get all the water they need, they get all the food that they want.

And there's other other molds in the mix, they get more competitive. So with mycotoxins, they can rewire the genetics to allow the mold to persist in your body and then you become the moldy building.

So that's where I start is let's just put the block up first. So DHA, I think of it as sort of like the bodyguard at the door of the cell, if you have enough DHA, your cell membranes are full of bodyguards and they just say, no, go back to the blood, go back to the blood, you're not allowed inside the cell.

Other things that do that, we know that there are nutrients and I created a formula called mold-mold tie for this reason. Like if you know you've been affected by mold, you're in mold, you need these nutrients that are then going to do, let's say mycotoxins do seep into the cell, now we want to protect your genetics, we want to protect your immune system, we want to protect your organs of detoxification.

So those basic nutritional things, I see them get missed all the time and it's the difference between person who can like move forward in their protocol and the person who can't.

Like there are B vitamins that are critical coenzymes for our detoxification pathways. What is the necessary nutrient on a mold plate to grow out mold?

B vitamins. So if you have mold exposure, they're chewing up all your Bs. And so you're low on B vitamins just by nature of being in a moldy building.

So lots of those little things. So basics, number one, just like things like DHA, vitamin D, we know that vitamin D is critical for your immune system.

And if you don't have enough D, your hormones in your immunity go on low power mode. Well, what does mold do? It down regulates your ability to take in vitamin D.

And especially if you don't have it in the right form. So if you're mold-affected, like your fish oil needs to be in the natural form, what's called the triglyceride form, so you can bring it into your body because the mold will block the bile.

And vitamin D needs to be liposomal. I found this out from patients. You know, they're just like, I'm taking and I'm taking and I'm taking. I'm like, well, that's because we know now that mycotoxins are blocking a certain way that vitamin D comes into your body.

That was great. In terms of DHA, so is there a specific recommended dosing, meaning like there's a minimum? How are you testing for adequate DHA status or are you doing an omega-3 index or how does someone know like where to begin to titrate?

We know that we're going to supplement you over what is optimal, and that's on purpose and that's okay because what we're doing is treating an illness.

So we're not looking for a biohack right now. We are dealing with a toxin. And so if you're actively being exposed to the toxin, I don't measure omega-3s because I know they're going to be dysregulated because I'm doing this as a therapy.

not as like a nutritional optimization. Some people do, they will get them tested, you know, by other people like, I stopped taking the DHA because, you know, it was way high.

And I was like, yeah, because we're using it like a drug.

Binders, Bioflavonoids, and Detox Pathways

It's going to be high on your test and that's good. That means we're getting it into your bloodstream because that's the most difficult thing to do with mole.

So yeah, that's why I say that triglyceride form and I'll use anywhere from like a two to three grams a day. If somebody has salicylate sensitivity, they need even more.

The studies went up to 10 grams a day. And finally, after six weeks, people's, well, their symptoms went away before six weeks. The study only went six weeks.

And when they took away the extra fish oil, these people's slight sensitivity came back. So it's kind of an ace in the hole. And it's so underutilized, it really frustrates me.

We are using it like a drug. We're using it like a medication in that way. And we're being very specific to the toxin that we know you're exposed to. Now, in terms of PC or phosphatidylcholine, I couldn't know because you referenced DHA for membrane health.

Are you then also adding in, considering a specific amount of phosphatidylcholine to assist with that? Or is, yeah, okay. What does that look like? That's why I like to use like a somal vitamin D, not only because it gets into the, you get the D to bypass that system, then you get the phospholipids.

So you can feed two birds with one seed. Thank you, Dr. Russell Mars. You taught me that one. And so are you doing then like a liposomal form as well or…

Yeah, it depends on the mix of symptoms that somebody is dealing with, but I will use the liposomal forms of nutrients that are hard to absorb to get the liposomes and the nutrient at the same time.

To get the phospholipids, I mean, and the nutrient at the same time. Yeah, but if I find that somebody needs extra PC, which quite a number of people do, especially if anyone has been any kind of pharmaceutical binder for longer than a couple of weeks, you are going to be low on phosphatidylcholine.

And I don't use pharmaceuticals longer than a month. The only time I would even start with pharmaceuticals is chetaglobacin. Most IEPs are not testing for ketomium, unfortunately, so you have to request that specifically.

And many of the lab tests don't look at chetaglobacin, but it's an extremely neurotoxic. It's high on the list of the big bad molds. It is one of the only mycotoxins that is completely oil soluble.

It has no water solubility to it at all. So in that case, I might go right for a well call or something like that, but I don't use it longer than a month.

I then transition people to fiber. Insoluble fiber is a very, very effective bio binder. You know, it's in all kinds of cholesterol research. Well, where is cholesterol?

It's in the bile. And cholesterol is 10 parts phosphatidylcholine, or bile, 10 parts phosphatidylcholine to one part cholesterol. So if we're binding all your bile out with, especially at a pharmaceutical level and we're not giving you phosphatidylcholine, you're going to be in a PC deficiency.

And in terms of the binders, then specific mold will dictate specific binders or how are you adding in binders? I understand so the pharmaceuticals you're not doing for more than four weeks.

Are you incorporating colostiramine then with some of the others or how and what other binders are you considering? This is one of my favorite soap boxes ever.

I have a little saying called bioflavonoids before binders. because the majority of the mycotoxins are leaving the body through the kidneys, not through the liver.

When they go through the liver, they end up in the gut. When they go through the kidneys, they end up in your pee, and that is why we are testing urine mycotoxins.

So the majority of them leave through the kidneys if they can. And if they can, what determines that is the level of bioflavonoids you have in your blood.

So we need to, you had asked me before we came on, is, you know, just eating a good diet good enough. And what I find that there's, we have to flood the blood to get a plasma concentration to get the mycotoxins to come off of a protein in the blood so the kidneys can flush them out.

So if we're going right for the binder, we're missing the preferred way that most mycotoxins want to leave the body, which is the kidneys. And we have two of them.

You only have one liver. You have two kidneys. You could double your detox power. So just find, you know, bioflavonoids. So that's one of my little rules of thumb is bioflavonoids before binders.

I understand there are some people who have terrible salicylate sensitivity. They can't do those. That's why I start with the DHA. And then if they can't tolerate, you know, one of my favorites, because I'm formulating it, it's called Color Guard.

And if they can't tolerate that, I'm like, okay, then we go back to the DHA step. And let's optimize that so you can tolerate these. So these mycotoxins are bound really, really, really tightly to this blood protein.

And if you don't have bioflavonoids pulling it off the blood protein, the kidneys have to sit there and make a decision of like, ooh, are we going to give them low blood pressure and POTS symptoms and get rid of the mycotoxins, but also get rid of too many proteins?

Or are we going to take on the damage ourselves, donate a bioflavonoid from our tissue, sustain damage to the kidneys so we can get these mycotoxins out of the body?

It's a lot easier to just support the body with bioflavonoids. So that's my second step usually. Number one is usually the prep is like all the nutrients you need to be the bodyguard.

And the second is clearing out with whatever specific pathway that confluence of mycotoxins likes to take. And because the majority of them use bioflavonoids to unbind in the blood, I'll start with usually a bioflavonoid and then something to support the liver because the liver will make some things into bile.

It'll make some of the mycotoxins into a water-soluble form. But then you have to have the bioflavonoids there so it can let go and let the kidneys get them out.

I know it's really complicated. I'm trying to take really complicated chemistry and make it very simple. You breathe in mycotoxins, goes through your bloodstream, bloodstream takes it to the kidneys, and if you have enough bioflavonoids, go on.

There you go. And if you don't have enough bioflavonoids, they go to the liver. If the liver doesn't have enough support, it stays in your blood, goes to your cells.

If you have enough DHA and nutrients, you have bodyguards that keep it in the blood. So eventually you can catch up. But when it goes to the liver, it will get packaged in bile if it's easier for the liver to do that, or it'll be made water soluble, which goes to the kidneys.

So you see the kidneys take a lot of the detox part. And nobody's talking about this. And it drives me absolutely crazy. It's binder, binder, binder, binder, binder.

Not all mycotoxins come out by a binder. So now, then I go to my third step, which is bind. What we're binding in an inhalational exposure, I just went through the pathway in what liver makes it water soluble, it leaves out of the kidneys, or the liver packages in bile.

So we want to be binding bile because that's where the mycotoxins are. All of the animal studies, not all of them, many of the animal studies are looking at binders added to feed because they know the feed is moldy.

That's a different route and not every mycotoxin makes you sick when you eat it. They actually fed, I think it was pigs, over 50% of their diet from Chetaglobacin and they weren't harmed at all.

because their microbes broke it down. But when they inhaled Chetaglobacin, they all got sick and not even a tiny bit, you know, so like 1% of what they fed them in the feed.

Antifungals, Nasal Treatment, and Brain Symptoms

So we have to be thinking about what really critical thinking while reading these studies What exactly are we testing here? What kind of mold exposure?

Ingested doesn't necessarily harm everybody the same way inhaled do, or through the skin. Our skin is really, really good at it. So when I go to binding, I'm looking at what binds bile the best.

And there are great studies on, you know, lowering cholesterol using insoluble fiber like psyllium husk, old school Metamucil, you know, it works. Black seeds, chia seeds.

And there's a reason why everybody was on bran in the 70s, you know, everyone was trying to lower their cholesterol. It works. You know, B vitamins, the standard of care should be vitamin B3 and fiber to lower cholesterol.

Well, where's cholesterol? It's in the bile. Where are the mycotoxins? In the bile. So we can just bind that bile with insoluble fiber if tolerated. And the only time I don't do that is if it's not tolerated or if someone has Chetaglobacin, I'll go right to the pharmaceutical for a month and then transition them to the fiber.

That's the only one that breaks that rule. And then usually I move on to antifungals because the majority of my patients have imbalance, whether it's colonization or not or marcons or not.

There's kind of a continuum, but that moves the needle so much faster for my patients. And I like to use plants with pharmaceuticals because the plants prevent drug resistance, Erxheimer reactions, all those kinds of things.

So that's my whole Thing in a nutshell. And of course everybody gets an individualized protocol, but you know, yeah. Let's dissect the latter part in terms of antifungals.

What does that look like? Is that like a nitriconazole? Is that a fluconazole, an istatin or natural herbs? Start with herbs and see if that's all we need to do.

And I treat the whole body so systemically and also in the nose, because this is our front door. to our indoor air. I kind of have this little thing like four reasons why your mold protocol isn't working.

And one of them is neglecting the bioflavonoids, using bioflavonoids for binders instead of the other way around. Also using binders if you're constipated, that's detox insanity.

Your body's just going to bring that stuff back up. The liver has to repackage, repackage, repackage. Third is neglecting the nose. I would say the majority of the people that are stuck, it's like, well, we're not addressing the nose.

And that's, for the majority of people, how you got your exposure. It's not through the skin. It's because you're breathing it in. And then that can be antifungals.

That can be propolis. It can be essential oils, ozone, nystatin. We can go to the drugs. There's lots of different ways to treat the nose. And then for the body, there are many herbal things.

Not all herbs that are good for yeast will kill mold. Yeast is a lot, it's a single cell, it's easier to kill off than mold is. So if you have a chronic yeast problem and you're doing everything, the diet is right, maybe even trying carnivore, which is a great way to get rid of yeast by the way, but you're still having a yeast problem, there's a smarter mold underneath there typically.

because mold are harder to kill. So there are some herbs that are very good for that, clove is good for that, powder arco, thyme, oregano, usnia is one, so the stuff I write about in my book.

They're better for the multicellular fungi like a mold is. Yeah, so some people have come to me, well, I took all this candida stuff, and I still have yeast and or sub, you know, fungal symptoms.

And I'm like, even the herbs are more specific to, you know, we have to understand what we're fighting. And it's a it's a more complex organism. Yeah.

And I might combine it with pharmaceuticals, maybe not depends, you know, I would rather start with the herbs if tolerated. In terms of the nasal spray, so when you said starting with the nose, it's the front door, how long typically is one to be on a, say if they test positive for marcons or just in general, how long typically do you have someone on a nasal spray?

It can take nine months, yeah. That's my, probably the average. If there's marcons, we know there's biofilm. Marcons to me is just a biofilm indicator.

So then I make sure that there's something for biofilm in the nasal spray and in the systemic as well. Because if there's biofilm in the nose, if there's marcons in the nose, it's in the gut.

Whatever's in the nose is in the gut. And so that's why you need to treat both the whole body and the nose. Because every time you swallow post-nasal drip, you're seeding the gut of whatever's in the nose.

So ozone, when you mentioned, are you doing then like a nose inhalation? So ozone through the ear, through the nose, maybe rectal, because you're constantly swallowing that and rebuilding a toxic biofilm.

The ozone, so the ear ozone and the rectal is more like, it's more like blood toxins. Like, so what we're trying to do is actually get at the surface.

So I do in the nose. Yeah. Um, our colleague, Dr. Amy Dirksen has a really good video on her Instagram of how to, how she does it. And it's, it's nice to see it.

You know, I've always thought, oh, I should probably make a video of this, but she made it. So I can happily send people to her. She's got a great Instagram, very informative.

It's kind of like walk around my clinic with me and I'll show you what we're doing. We'll have to add that in the show notes for sure. So when things are going on cerebrally, so the brain fog, mental acuity declines, migraines, I know I mentioned prior to us recording floaters, this dizziness from seated to standing.

So is that all representation then of things kind of going on up in here, which is the bigger problem? Yeah. Yep. So, you know, we've got to address the nose.

These mycotoxins can go right through, even if they're not a mycotoxin that's known to cross the blood-brain barrier. All those studies are on people with, or not people, animals with patent blood-brain barriers, which means healthy and firm.

Well, what do mycotoxins do? They poison our gut lining. So if you have a leaky gut, you're going to have more leaky brain. There's that correlation. That's where we get pans from a mold exposure.

So some of them are known to cross the blood-brain barrier. Neoten is a tricotoxin that does. When I do testing, I try to pick tests that actually look at that one because it's such a damaging mycotoxin.

I see it a lot with migraines, cognitive problems, forgetting, name-finding, word-finding issues, that kind of thing. But even if it's not one that's known to go across the blood-brain barrier, they get a free elevator ride into the brain right through our nose because we have a cranial nerve, so our smell nerve that resides in the middle of our brain and it takes this really long circuitous route all the way around your limbic system, believe it or not, and then it comes up through your nose and then these little bare nerve fibers reach down to smell stuff.

So when we're smelling, we're actually having a chemical interaction with a molecule. Well, unfortunately, molecule is a mycotoxin. It doesn't have an odor or a scent, so there's no alarm that says, uh-oh, you know, this isn't good for me.

And then they're fat soluble, so they can go right up into the nerve and they can get a free ride.

Vision, Ear Ringing, and Other Mold Symptoms

And that's why a lot of people end up with limbic system dysfunction with mold exposure, because they're breathing in mycotoxins that are gathering and accumulating in that area, that tissue type.

That's why I'm here. It's a really harsh reality. DHA, DHA, DHA. Because DHA being the bodyguard in mouse brains, they found that if you had sufficient DHA, it will actually displace the microtoxin off the membrane.

So DHA, if there's a lot of neuros, you know, like cognitive stuff, I'd probably be a little more aggressive with the phospholipids as well, phosphatocoline and serine.

Yeah, and I like BodyBio is great. Empirical Labs has a nice combination from Sunflower, not soy. So yeah, there are some nice sources. It should taste, by the way, if you're tasting like a good phospholipid, it should taste kind of nutty, have just a little bit of nutty flavor.

Okay, so then everything that's kind of now lodging to the brain, how is that impacting vision in our eyes? Certainly, if that's the front door, yes, a lot of people were struggling with vision issues or vision decline.

Can this be the root? Yeah, yeah. So the other piece of that is that if you're on a pharmaceutical binder too long, and granted, you know, those aren't approved for long-term use, they're approved for short-term use.

The other nutrient that is in our bile that gets pulled out is taurine. And taurine is a really critical part of our retina. So if somebody has a lot of vision stuff, I'll add back taurine as a supplement just to see if it was the thing that helps.

Also, a lot of the mycotoxins block our ability to take in vitamin A. They will actually, infections do this as well. So if you have a mold chronic viral picture or a mold parasite picture, which is quite common, then that infection presence reduces our ability to take in vitamin A, and vitamin A also builds the health of the retina.

So that's the eye itself, but like you're talking about, the visual processing center is in that that cranial nerve area, that can also be altered. And that's when it's going to be less of the floater, the consistent loss of vision.

That's more nutrient, like taurine and vitamin A and that kind of thing, DHA, EPA. But if it's like, oh, my eyes are too weak to read for very long, it's a processing thing.

That's a brain thing. Or if it changes a lot, throughout the day. You're like, that shouldn't change throughout the day. Your actual mechanical eyeball, if it's not a nutritional thing that affects the eyeball, it's more of a processing thing that's from the toxin.

So, rapidly changing vision, double vision, weak vision, vision that kind of gets Too tired to read. That's why I did my mold book in an audio form because there are so many people that were like, I'd love to read it.

And I also really disciplined myself to keep it very, very simple. Not too many words on a page. I sat with a designer and we went through page by page.

Where can we cut some words? Where can we create more space? Because I remember when it hit me, I just couldn't read. My eyes would just tire out. Okay.

So it's obviously affecting us. everywhere though. Where else can it hide? Can it play? If someone has cold hands, cold feets and joints and interstitial spaces, where else are people presenting with certain symptoms that they're not recognizing this could be a potential mold culprit?

Ear ringing is a really big one, and that has to do with the first-pass effect, we would say. Again, you're going to accumulate most of it here, and it constantly irritates the nerves in our inner ear, so they're just pinging all the time, ping, ping, ping, ping.

And also another place where they gather is the pelvis. So because a lot of them want to leave through the urine, as your urine sits in the bladder, those mycotoxins, because they're fat soluble, can go right back into circulation, but they'll accumulate in that area around the bladder.

So we can see more situations with like vulvodynia, prostatitis, things like that, pelvic pain, perineal pain, lymph you know, lymph congestion in the pelvis, sacroiliac pain, because these mycotoxins are getting super saturated in the urine.

And then trying to move from the gradient, they move into the tissues. You also mentioned co-infections. Obviously I know we've got a little bit of time left.

And I know we were speaking to this previously and you presented some alarming statistics, but in terms of co-infections, how often do you see certain things, certain microtoxins paired with other specific, whether it's a viral parasite or otherwise?

Well, mycotoxins in general, and you know, when I'm saying mycotoxins, I'm kind of doing everybody a disservice because they are so very unique. They're biologically structurally different, but I'm very careful when I say mycotoxins to be talking about what's common among them.

They all mess up the mitochondria. They all cause fatigue. They all are toxic to your immune system. they can all rewire the genes of your immune system.

Many of them can cause birth defects.

Co-Infections, Parasites, and Bartonella

Many of them are toxic to our organs of detoxification, the very areas that are trying to get them out, like the liver, the kidneys, and I was saying about the bladder.

So what makes them unique is how we get them out of the body. But the fact that they're all similar in that immune thing, no matter the mycotoxins, some are worse on the immunity than others, like aflatoxin is specifically tough for viral infections.

If there's aflatoxin while you're having an influenza, it will actually increase viral replication and cause more tissue damage. So there are some that are like, yeah, you're going to have more of a viral problem with that one.

But if we just think of the majority, if you're sick from mold and you're being exposed to mycotoxins, chronic viral things, Epstein-Barr, anything in the herpes family, herpes 1, 2, Epstein-Barr, HHV6, poxsackie virus, Lyme and co-infections, and parasites.

I see parasites a lot and a lot more since COVID. Do I cover them all? And of course fungus, but yeah. And then the fact that, you know, if you are colonized, colonized or infected with fungus, that's where we see more likely you're going to have a bacterial infection, even a chronic high strep.

We see that a lot in kids with PANS that they have actually got their colonized with strep, a strep carrier, in other words, which there's no such thing as a strep carrier.

That's a strep colonized person needs to be treated. So we see that because a lot of these bacteria like to eat the fungus. So they have double the food.

Yeah. So get rid of the fungus, you're getting rid of the, a lot of other problems. So when you say getting rid of the fungus, what does that entail? When you say, like we talked about the antifungals.

Yeah. And also the exposure, you know, first and foremost, obviously is get away avoidance, avoidance, avoidance, as you said, the first things. Yeah.

So you referenced parasite and I know we were talking about that earlier because upon testing it's often undetected, but yet you said that you see it all the time.

Can you speak to that? The reason I see parasites all the time is that I don't see them necessarily until we start treating them and they start dying.

And then I get all kinds of pictures from patients and we get jars of things brought to the front desk and, you know, send them off to the state lab of hygiene to see, you know, what is this?

Is it veggie fiber? You know, somebody didn't chew their spinach leaf enough or is this an actual parasite? And, you know, flukes get mistaken for food all the time.

you know, a liver fluke will have more of like a reddish tint and people will say it's just a tomato peel. I'll send it in, send it to the lab. So if you have an actual one, you know, that's shown up in stool, send it to the lab.

But if we're testing for parasites, we miss it a lot because not very many people are doing a parasite purge before they send in for testing. And then a lot of the labs that don't specialize, that aren't, you know, really taking care We have this idea in our country that if you haven't traveled out of the country, you couldn't be sick with something from out of the country, which blows my mind because our food is coming from out of the country.

So we had in my very first three months in practice, everybody in my town that ate from the farmer's market anyone who ate these peaches ended up with this amoeba.

And in my practice, I was like, your symptoms are kind of like you have an amoeba. Your symptoms are like, you know, I started putting together and I was like, did you happen to buy those peaches at the farmers market?

And every one of them had and had gorged themselves on it because it's gorgeous. They were so good, but they were full of amoeba. And you can see these patterns when you're in a small town, you know.

So yeah, they can look all kinds of different ways, but most labs, if they're not paying attention to the fact that our food travels, they are not looking for the unusual cast of characters.

And so they'll say, oh, you only get amoeba from bad water in the Caribbean, if you haven't been there, or from Latin America or whatever. And it's like, yeah, but they're watering our fruits and vegetables with that water and then it's coming here.

So let's look for everything. So if we actually use a parasite lab that knows what they're doing, they do the prep appropriately and they will also grow out that, if they find any eggs, they grow them out so we can identify them.

And a lot of times what's happening right now is people that are, you know, the big commercial labs, they're blending the sample before they prep it. So we're going to chew up anything that was there, which baffles my mind.

Is there a specific lab that you're using? Right now I'm using PCI, parasite testing, parasite, oh my God, PCI. They actually will grow it out when they find something.

And again, I do a purge ahead of time with things that don't just paralyze the parasite, but actually can kill them or get them to come off the wall wherever they're attached.

so that we can actually flush them and then get them into the sample. But right now, most people, if they do a parasite test, they're just told, go poop in the little thing they send you home with.

Maybe only once, maybe three times, better to do three samples, we'll catch more. But they're not given a purge ahead of time. What does the person tell?

Um, I use a herbal mix that I use for treatment as well. And that's how I've seen so many parasites. And I know they're so rampant. A lot of colonic people are seeing them too.

It's really fascinating. They're like, you know, there's whole chat groups that are saying, are you seeing more parasites since COVID? Like, yep. But even a colonic, they can stay attached.

You know, they're attached pretty heartily to the wall. People will bleed when they let go. Cause there's a, you know, they're attached right to your skin.

Well, interestingly, so I did an ultrasound and I had several liver hemangiomas and I thought, okay, what's going on here? This is a bit strange. Um, I did some chelation therapy and I didn't eat any sort of red tomato skins and that that's exactly what I saw come out.

Um, and so I knew kind of right away what was happening. So some of the herbs within, I suspect it's your own formulation. Is it like walnut and wormwood and cetera?

Yeah. Yeah. And because people often have, just like with molds, they often have multiple mold exposures. If a parasite is going to set up shop, they tend to bring their buddies.

So there might be different types in there. So I use herbs that have activity against all the different types of them. And, you know, we miss a lot of parasites because people say, oh, well, They only, if you don't have an aggravation on the full moon, it can't be a parasite.

That is false, false, false, false. I can't tell you how many times I've heard that. Can't be a parasite because it's not full moon aggravation. Many, many of the parasites don't follow the moon.

They follow a different life cycle. Some of them do. Pinworms do. That's about all. So, you know, that kind of thing, it's like there are these, you know, little rules out there that I'm like, This is a bigger picture than me.

Yeah. So yeah, I'll be talking about that at the A4M pediatric conference, how to treat parasites in kids. And they bring in these jars of creepy things that I wish all these years I would have taken pictures of every single one, but it grosses out my front desk staffs.

I don't have a bunch of them. And when you mentioned kids directly, night terrors, a child acting out night terrors, walking at night, is that typical that you find in Parasite or mold or both?

Uh, in line. Bartonella is a biggie. Yeah. Okay. So that itself is a whole nother discussion in the rabbit hole, I guess. Yeah. You haven't done the Lyme rabbit hole yet?

No, no, I have. Oh yeah. No, we'll be on for another hour. Yeah. Yeah. Good old Bartonella. It's so much more common. Yeah. Is there like a quick and dirty that you can let our patients know though?

What are you doing for treatment in terms of that? Uh, yeah, there's not really a quick and dirty on that. It's, uh, unfortunately. Yeah. And even with the symptoms, chronic Bartonella, like in my Pandas and Pans book, I go through the Bartonella symptoms that want, it's only Bartonella symptoms when it's acute.

And then it becomes all of these other symptoms that nobody's associating with Bartonella. You know, so that night terrors, rage, you know, night walking.

Also, that's a lot of low vitamin D and a lot of, a lot of times when someone becomes a vampire. They want to be up at night instead of during the day.

I'm like, you have low vitamin D. Let's get you back on this, a human circadian rhythm, not a vampire circadian rhythm. Yeah. But I find that's also, I appreciate your time.

This has been absolutely remarkable. We'll have to move on to where do people find you? I know your course, your book, where can people connect with you?

DrKrista.com. That's D-R-C-R-I-S-T-A.com. And the solutions that I'm formulating can be found at Alight Health Formulas. This was absolutely spectacular.

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