

**PLEASE NOTE:** After 9.10.2015, the video "Moldy" will not be available free of charge. Until then, viewing it through Mercola's website is the only free venue we know about. LaVerne

## [This Hidden Illness Is Sweeping the Nation, but Most Doctors Are Clueless](#)

Millions are suffering from mysterious illnesses for which they're receiving virtually no help from physicians, who are finding it virtually impossible to arrive at a correct diagnosis. Instead, they could send you to a psychologist's couch for all the wrong reasons...



# Documentary Reveals the Hazards of Toxic Mold and Mold-Related Illness

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### Story at-a-glance

- Featured documentary discusses the nature of mold toxicity, why it's so dangerous, and what it takes to recover your health
- About 25 percent of Americans are genetically predisposed to experiencing severe illness from toxic mold exposure
- Since the 1970s, industry has inadvertently created "super-molds" through the widespread use of synthetic chemical fungicides, such as Benomyl

### By Dr. Mercola

*"Probably every doctor in the United States is treating mold illness — they just don't realize it."*

Mold illness may be the most prominent health problem physicians are missing today — a "hidden" pandemic that's sweeping the nation.

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Shared in the interest of increasing public awareness about at home health and wellness issues being under or unreported by big media. For more information contact:

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Leadership in Cultivating & Implementing Sustainable Living Concepts & Practices since 1975

Millions are suffering from mysterious illnesses for which they've received essentially no help from physicians. Some are referred to psychologists after being told their illness is "imagined," while others are accused of fabrication.

Because mold toxins are so unique and their effects are so broad, symptoms of mold toxicity are complex and varied, making it difficult for physicians to arrive at the correct diagnosis.

Unable to identify the cause of their illness, sick people become much sicker over time. Marriages are devastated, livelihoods are lost, and many reach such levels of despair that they end up committing suicide.

The featured documentary, "Moldy," explores the subject of mold toxicity through the stories of people who've battled this illness and won, as well as interviews with a number of top experts in the field.

The film sheds light on the symptoms of mold toxicity, why it's so dangerous, and most importantly, how you can recover your health.

## **Modern Industry Has Created Dangerous 'Super-Molds'**

Mold spores are ever-present in the air. Under optimal conditions, these naturally occurring and very resilient spores can take root in your home or workplace, or in your food. Molds make toxins (mycotoxins) that can change how you feel, how you think, and even how long you live.

In my 2011 interview with Dr. Ritchie Shoemaker (embedded below), he stated that mold toxins are even more toxic than pesticides and heavy metals and affect a greater number of body systems.

Since the 1970s, the molds in our environment have become much more aggressive due to the widespread use of a fungicide called Benomyl,<sup>1,2</sup> through a process similar to the creation of superbugs by overuse of antibiotics.

In the agriculture industry, Benomyl killed nearly all of the fungi on crops such as strawberries and wheat, but the few surviving fungi happened to be highly toxic molds — which are now flourishing in our environment.

In the 1970s, Benomyl was also added to paints to stop the growth of mold on damp walls, especially in public buildings such as offices and schools.

Just as with food crops, a few types of dangerous mold were selectively allowed to grow unchecked, so we're exposed to more of these dangerous fungi now than at any other time in history, as a direct result of these chemical fungicides.

In the US, 45 million people live and work in moldy buildings, and approximately half of all US buildings have water damage, which greatly increases the likelihood of hidden toxic mold.

## **NOT Wanted — Dead or Alive**

Dead mold is just as bad as live mold. When mold dies, the cells' walls desiccate and break apart into little fragments. The fragments carry the toxins upon them, and when inhaled, they're absorbed into your body.

Many mistakenly believe that simply moving out of a contaminated building will solve the problem, but the toxins adhere to your belongings. *If you move with everything you have, you can take the problem with you.*

The toxins make their way into everything — books, clothing, bedding, furniture, you name it — and many times, personal belongings keep individuals ill.

If you have a mold-related illness, the optimal action is, unfortunately, to dispose of everything you own. Some experts say to leave and take nothing with you but your driver's license.

## **Mold Is Toxic to Every Organ in Your Body**

**Dr. Mercola Interviews Dr. Shoemaker About Molds**

<https://youtu.be/No1wA8Akx5Q>

[Download Interview Transcript](#)

### **A Special Interview with Dr. Ritchie Shoemaker**

By Dr. Joseph Mercola

**DM: Dr. Joseph Mercola**

**RS: Dr. Ritchie Shoemaker**

Introduction:

**DM:** Welcome, everyone. This is Dr. Mercola. Today we're here with a recognized leader in patient care and research, Dr. Ritchie Shoemaker, who is – like myself – trained in family medicine and has studied and learned information about other areas that is really bringing lots of insights into how we can treat chronic illness. He currently serves as president of the Chronic Neurotoxin Incorporated, and he's a medical rector for research on biotoxin-associated illness. He's been on a variety of national TV shows, such as Good Morning America, NBC News, CBS News, and CNN. So, welcome and thank you for joining us today, Dr. Shoemaker.

**RS:** Good morning. Thank you so much for the opportunity to speak with you today.

**DM:** Before we get started, why don't you provide us a little background about how you first became interested in the dangers of mold? Because it is quite pervasive. If you might also incorporate how pervasive it truly is, and how many people it's currently affecting in your experience.

**RS:** My training was in family practice, and I wanted a rural experience. I was very happy to be in the little town of Pocomoke on the eastern shores of Maryland since 1980. I started here in solo practice and had an interest in the outdoors and wetlands in particular. It was wonderful living – two minutes from the office and two stoplights.

It's a kind of small-town life that other people might not necessarily enjoy it the way I do. But my life was really undisturbed, doing patient care the way I wanted.

Until 1996 and 1997, when we started having a problem in the Chesapeake Bay and, specifically, in tributaries of Chesapeake Bay and of the different rivers that were involved with a problem called Pfiesteria. Pocomoke was the epicenter. It turns out this little organism, it's not an algae. It's a dinoflagellate. It's another one-celled creature that makes toxins and changes life form. It had been killing fish in North Carolina since 1993 or so, but we never had it here.

Because of my interest in the river and wetlands, when people started getting sickened by exposure to areas where the fish kill had occurred, I got a chance to see them. Quite frankly, Dr. Mercola, there was no one out there who had any data on this illness. No one published. No one has ever seen it who wrote to put a name on it. No one has ever treated it. And quite frankly, I was kind of lost.

**DM:** Well how....

**RS:** I wanted to do something.

**DM:** How is this different from the typical mold exposures that we see?

**RS:** The Pfiesteria is the first of the biotoxin illnesses that I saw. All the biotoxin illnesses, including mold, are multi-system, multi-symptom. They're related to exposure to an environmental area where there are blooms of toxin formers. Because it turns out that the commonality, whether it's a dinoflagellate, mold, or spirochetes in some cases, it makes essentially no difference to the innate immune response system that we have that responds to foreign antigens to protect us.

The inflammation induced by exposure to these toxins is what makes people sick. In order to treat them, we need to remove them from exposure and remove toxin from their body – both.

**DM:** Okay. In your encounter on this – because it was such a novel illness that hasn't really been well-identified when you encountered it – can you describe some of the approaches that you've found to be useful at the time?

**RS:** Nothing works until my third patient came in! *[Laughs]* She had a terrible diarrhea. She was going all the time, whether she ate or not. We call it secretory diarrhea. And in desperation, I gave her cholestyramine, which is a cholesterol drug that not many people use anymore, because you have to take it four times a day. It binds to cholesterol, but also binds just about everything in particular shape and size.

**DM:** Most of our readers or listeners are concerned about taking drugs, but cholestyramine is relatively benign – at least from my understanding. It doesn't really have a drug action other than essentially serving as a binding agent, very similar to many of the clays that are used to bind toxins. Is that correct?

**RS:** Well, you're just about right. Cholestyramine is not absorbed. It will bind very efficiently to small molecules that have what we call anion rings or shearing of electrons and these small molecular structures that have a net negative charge. Cholestyramine has a net positive charge.

There's another cholesterol-lowering resin called Welchol that also has these net positive charges. The clays have very few of these binding sites. Even though people have used clays – and Bentonite is one – with some success, cholestyramine is so much better that people would put up with some constipation and some reflux.

I can try any number of compounds – charcoal and pectin. We tried [Chitosan 05:20]. It's just so because cholestyramine is a miserable medicine that takes you very long. Of course, if you've been sick for 10 years and you start feeling better in two weeks – suddenly this miserable medicine seems like a godsend.

**DM:** Wow, that is just really an amazing, serendipitous find that you had. Have you publicized this, and have other clinicians started to incorporate this method of treating toxic illnesses, or illnesses due to toxic exposures?

**RS:** We sure have. We published about 20 papers. The cholestyramine protocol was in Harrison's textbook of medicine. Just a short little reference, but it was there. We have about 500 physicians who are affiliated with our website called [SurvivingMold.com](http://SurvivingMold.com). They're part of the Physician section. I get asked to give talks all the time it seems. So yes, there are an awful lot of people that are aware of the benefits of cholestyramine and how to fix the side effects.

Once we identify the source of the toxin illness and remove people from exposure, cholestyramine is our first step. But then, there are 10 more steps that we follow along to sequentially stop the inflammatory process initiated by the toxin exposure.

**DM:** Is it appropriate to review some of those steps now or is that too complex?

**RS:** Anytime you want. I'm here to talk about this, for sure.

**DM:** All right, let's go then, because it sounds really fascinating. Before you expound on those 10 concepts or steps, though, I'm wondering if you could sort of reinforce or expand on the concept of these toxic exposures. Are exposures to toxic substances or biotoxins – I guess – from mold or the type of organisms that you first encountered in the 90s... Is there some broad type of general response that they produce, or are there specific toxic influences that mitigate an individualized and customized approach based on this specific exposure?

**RS:** It turns out the idea of a biotoxin really expands to apply to all the compounds that have similar structure, shape, and size. These compounds are called ionofores, which means they move from cell to cell and can be in the body, but not in the bloodstreams. They're hard to detect and certainly hard to eliminate.

But eventually, whether the toxin comes from a dinoflagellate, from a mold, whether it comes from a blue-green algae, a spirochete, an apicomplexan, or series of other sources of these illnesses, these compounds – these small and low molecular weight compounds – all end up being dumped in the bile by the liver. The liver can't metabolize these things.

**DM:** Oh.

**RS:** I mean they use bile as a sewer. And there's the group of cells that align bile ducts that have a mechanism to secrete these compounds in the bile against the gradients, which is energy dependent, in an effort to remove them.

Unfortunately, these compounds moving from cell to cell don't go out on the stool. They get reabsorbed. You don't pee them out. You don't sweat them out. They stay. And the advantage of treatment with something that binds toxins, like cholestyramine or Welchol, is that you interrupt the so-called enterohepatic recirculation. This recirculation is the reason that people don't self-heal simply by removing themselves from exposure.

**DM:** That's fascinating. I just have not encountered that information before.

**RS:** Well, we publish a lot. I've written eight books and published about 20 papers, [*Laughs*] so it's out there. But nonetheless, it is only the first step to remove toxins, because our innate immune response system is activated by particular toxins and metabolic products associated with them to set off inflammation of a particular kind. This is not the antibody-based inflammation or what we call acquired immunity or adaptive immunity. This is innate immune problems.

You know, it's interesting that it was only 20 years ago when the promise of innate immunity was spoken by one of the great lecturers, a talk from Charles Janeway from Yale. He said, "There is still a world of medicine ahead of us." That was in 1989.

[----- 10:00 -----]

Now for example, if you look up, say, "transforming growth factor beta 1," there are 55,000 references and papers published on these ever-expanding elements of innate immune response.

**DM:** That's terrific. Just to tie up the little loose ends (and we'll go on the steps of how you approach inflammatory reactions), are these biotoxins endlessly recycled in the bile, or do they – at some point – wind to being deposited in the fat or some other storage depot until they're eliminated with some type of sequestering agent as you mentioned?

**RS:** There are binding sites for these toxins – some in fat cells, some along axons of neurons. The prototype illness ciguatera that you get from eating some fish from the tropical reef that has ciguatoxin accumulated in, that's got a very tight binding to these sites on neurons. It takes several years of cholestyramine before we really get ahead of chronic ciguatera.

But other compounds are much more freely movable. And while there is some binding in fat cells, the treatment is much quicker than, say, the ciguatoxin.

**DM:** Okay, well thank you. Why don't we go into those steps that you have identified as being useful after you've, first of all, identified the issue and concern. Start with the bile sequestering agents, then removing the person from the source of the biotoxins, and then there's this 10-step process you referred to.

**RS:** The critical issue is recognizing the illnesses there by virtue of the symptoms patients have – their multiple health symptoms, their multiple body systems. They don't stay the same from day to day, but overall, there are no days that people feel normal. If they have a good day and try to do a little extra because they're way behind, they will crash and burn over the next several days.

The similarity to chronic fatigue syndrome and fibromyalgia, for example, is uncanny. Specifically, after history shows it's a problem and you show the potential

for exposure to a water damage building. That means the building envelope that's got water in, that's not dried out within two days, there's going to be microbes.

If people have exposure and multiple systems, you'd want to show what's wrong with them with a series of diagnostic blood tests. These tests are available. Insurance carriers provide coverage. Labcorp and Quest will do these assays. The first step in treatment after history is accumulate the lab database, because it is the use of the labs that guides us in how we're doing and tells us what step to do at which.

Fortunately, there's an inexpensive test called visual contrast sensitivity that has been shown for years to be important in neurotoxicology to show a deficit in the neurologic function of vision. This can be done online or with a handheld kit. It takes five minutes. It's non-invasive. It seems to be low-tech, but it's very sophisticated in its origin.

If you have symptoms, blood tests, visual contrast, and exposure, you're off to the cholestyramine prescription pad. After a month, we will look to see where we are with symptoms, what happened to some labs that were abnormal, and what happened to visual contrast. Our second step in treatment....

**DM:** Before we go to the second step, let's finish up on the first. Where does one find... or is this visual contrast test need to be prescribed, the cost for it, and if you can just maybe summarize some of the more important traditional lab tests that you're using.

**RS:** Sure. The visual contrast test is available on four or five websites on the Internet. The one that's the newest and most sophisticated is on [SurvivingMold.com](http://SurvivingMold.com). [ChronicNeurotoxins.com](http://ChronicNeurotoxins.com) also has one of the earlier versions. They're all based on the pioneering work of Dr. Arthur P. Ginsburg. I think his website is still up even though he has passed away. So, it's readily available.

We look for a deficit in the shape and the ability to see contrast. That is a pattern of gray lines against a gray background. That's about 15 dollars if you take it in one of these online sites. I think it's a little more expensive on Dr. Ginsburg's. But you get an immediate answer. We'll give you an idea of "Is there some potential for this to be there?"

The visual contrast test is not 100 percent. Eighty percent of people who are sick will have no deficit. One percent of people who are sick as can be – correction: who are not ill... (I said that backwards, didn't I?)

**DM:** Yeah.

**RS:** One percent of people who are not ill will have a positive test. If you have [14:49 inaudible] exposure, you might get a false positive. But VCS is – as we call it...

**DM:** Just to fix it up, you said 80 percent of people who have the illness do not respond, or is it the other way around – 80 percent of those who have the illness will respond to the test?

**RS:** Of the ill people, 92 percent will have a positive test...

**DM:** Okay. Okay, that's what...

**RS:** Of the non-ill, less than one percent has a positive test.

**DM:** Okay, so it's a pretty darn good test?

**RS:** Sure. It's not invasive, and for 15 bucks you can take a few more of those than doing an MRI.

**DM:** That is phenomenal screen. That's just about hits every important aspect of an effective screen. *[Laughs]*

**RS:** It's interesting that when they look at the blood tests that are involved... I started mentioning that when I had a chance to work for Pfiesteria, the blood test that we got that we were trained for use – CBC, metabolic profile, Sed rate, and C-reactive protein, we got a traditional inflammation test – we're normal. There's nothing wrong there. The lymphocyte test, immunoglobulins, thyroid, and ANA – they're all normal.

**DM:** That's why these people are told there that they have no problem. They see traditional doctors.

**RS:** You're exactly correct. We used those as pertinent negatives. We expect them to be normal, and it helps in the differential diagnosis. I mean the fact that you have a biotoxin illness, you might have renal failure and diabetes out of control as well that has to be treated. The differential diagnosis is uncanny in the use of visual contrast and symptoms to sort out who's biotoxin and who isn't.

The lab tests that we want to focus on start with genetics. The test called HLA-DR analyzed by PCR shows us. It's fascinating that there are no significant racial differences in different people for this HLA type. These are immune response genes in chromosome 6. A lot of time people have heard of HLA, they might have done a test for ankylosing spondylitis with an HLA-B27. That's a different use of HLA. Certainly with multiple sclerosis and any number of illnesses, there are genetic susceptibilities.

And so to hear these genes have to do with antigen presentation. If there is a particular antigen exposure, particular HLAs are involved. So that people would say that mold illness have an increased incidence of some HLA types that are not seen in the people who have ciguatera and both of those are different than those in the post-Lyme syndrome. I get to see so many people taking antibiotics and antibiotics, when they have HLA-based inflammatory illness of the biotoxin illness in that group. But, we're talking about molds today.

But nonetheless, if there is genetic susceptibility, what we look for is particular kinds of inflammation from innate immunity. Here we look for cytokines. These inflammation proteins that are free-formed and ready to go to fight off the antigens. We look for split products of complement. Not C3 and C4 that you might look for in lupus, but the split product of C3a and C4a – fascinating that these are made. Some folks – the very unfortunate ones – have the enzyme that makes C4a. It will actually auto-activate, so the illness not only gets worse the longer you stay ill. It is quicker to relapse with another exposure as well. This sicker, quicker...

If we look at the so-called Th1 and Th2 immunity – the new player is Th17 immunity and transforming growth factor beta 1 or TGF beta 1. It's a huge player in this illness, certainly associated with respiratory problems, and what looks like asthma that's not asthma; what looks like Parkinson's and funny tremors; what looks like M.S. and funny

gliosis or scarring in the brain. Thank you, TGF beta 1. The inflammation compounds there – C4a, TGF beta 1, and then the measure of cytokines overall called matrixmetalloproteinase-9.

Quest and Labcorp will do these tests. Insurance companies all recognize them. So, it's not a matter of spending thousands of dollars to get esoteric rare tests. These are readily available every single day. The HLA immune response chain test is also done by Quest and Labcorp.

But if we find that there is genetic susceptibility and excessive inflammation, a critical role here is that we have lack of regulation of inflammation. And this disease is all about lack of control of inflammation and hormones that do that – melanocyte-stimulating hormone or MSH, and then vasoactive intestinal polypeptide or VIP. Also, these tests are available through Quest and Labcorp – incredibly important.

In the first – kind of – wash, so to speak, of the way of how we look at this, show by differential [inaudible 20:02] that it could be there, show also that you have a genetic susceptibility, lack of regulation, and then out-of-control inflammation.

[----- 20:00 -----]

**DM:** That's terrific. Thank you for expounding on that test. Once you've identified these... You know you've done the diagnostic tests. Do you have the next steps of – I guess – addressing the inflammation that's the result of the exposure to the biotoxins?

**RS:** It sure is. What we found early on was that particular people who are hypermobile or have their wingspan greater than height... We knew they had lots of autoimmunity and didn't know why. TGF beta 1 was revealed as the underlying mechanism. TGF beta 1 helps cross-link collagen. So, the long slender types that you see who are excellent athletes – volleyball players and basketball players – and models on the runway usually will have high TGF beta 1 as the underlying mechanism. Certainly, that's true in Marfan syndrome as well.

But when we see autoimmunity, look for TGF beta 1. You want, for example, to remove gluten from their diet if they have gliadin antibodies. They don't have celiac disease. But for those with TGF beta 1 elevation and gliadin antibodies, they need to go off gluten for three months to buy time to fix the underlying mechanism. Then they can go back to eating gluten again without reacquisition of gliadin antibodies. Autoimmunity does have a significant role.

With MSH, this is a master hormone. It regulates other hormones, especially antidiuretic hormones. You'll see people that are thirsty. They urinate more frequently. And they get static shocks, interestingly. It's wild. Folks will turn on light switches with their elbows, because they get zapped all the time. But you'll see them in the tilt table test. They're told they have the PACS syndrome and things. They get terrible headaches that are called migraines that are not. When you fix antidiuretic hormone osmolality relationships as our fourth step, you'll have a lot of very happy people. MSH also has effect on gonadotrophins. Men and women both have gonadotrophins that affect estrogen and testosterone primarily. You'll find abnormalities of androgens in about 40 percent of patients. Part of the mechanism for

these androgen problems is the enzyme that converts testosterone over to estrones, called aromatase. Aromatase is upregulated like crazy.

Dr. Mercola, you will see people with their doctors giving out testosterone like crazy, because their testosterone is low. But all that's doing, if you're a biotoxin patient, is greasing aromatase to convert more testosterone over into estrogen. The guy says, "You want to help me for a few days and now I'm worse." So, what do you do? You give him more testosterone. That's kind of a losing proposition.

But if you fix aromatase – and we can do that – you will normalize estriol responses and estrion responses and fix testosterone and DHEA without supplementation.

**DM:** Do you use supplements like [inaudible 23:12]?

**RS:** Interestingly, some of the human chorionic gonadotrophin is kind of a new player here.

**DM:** Oh, interesting.

**RS:** It works better than others. VIP will normalize aromatase. Some people we just have to bite the bullet and give them DHEA over the counter as we proceed, because we do want to have enough androgens. Remember that testosterone has enough anti-inflammatory properties as well.

**DM:** And this MSH, melanocyte-stimulating hormones?

**RS:** There's an alpha, beta, and gamma. The alpha-1 is what we're looking for. The FDA does not permit its use in people in the United States yet. There's a variety of sources where people have bought MSH. And you now fully well that back in the 90s, when it was in 70s and 80s when the FDA did not forbid its use, it was wildly used in pregnant women and children to correct the whole series of things. As an anti-inflammatory medication, it is under investigation.

As we go forward in this kind of pyramid of treatment, we fix hormonal problems and autoimmune problems very early on. Then we want to increase oxygen-delivering capillary beds. Here's where VEGF comes in. Vascular endothelial growth factor has abnormal distribution in these patients. Some it's quite high; we worry about cancer there. Most people, it's quite low. It's actually protecting against cancer in some people's opinions. But low VEGF is not letting adequate oxygen be delivered in capillary beds.

We need to drive up VEGF to help people with brain fog, shortness of breath, and any cognitive issues as well. We can do that using either the omega-3s in very high doses, or a drug called Pioglitazone or Actos. We can't use quite as much now that when we used to because of the question about bladder problems and all, but Actos is a good one to drive up VEGF.

**DM:** But before we go any further... It sounds like it's getting to be a really complex treatment protocol. I'm wondering if, you know... If you could just put a frame and perspective on the bile acid sequestrants, because it really sounds fascinating, and maybe detail that a little bit more if we're going to these other components.

Like, what percentage of people will improve after using the bile acid sequestrants and removing themselves from exposure to biotoxins? And maybe you can give a little detail on exactly how it's used. Because as you have mentioned earlier, it's a

relatively safe medication as medications go, and really the major side effect is only constipation.

**RS:** That's true. Cholestyramine alone will not fix all the problems of inflammation these patients get. All it does is....

**DM:**What percentage would it affect?

**RS:**Seventy-fivepercent of patients will have 75 percent reduction of symptoms with cholestyramine alone.

**DM:**Okay.

**RS:** Having said that, if you're one of the 75, you want the other 25 [*Laughs*] to go away as well. It's interesting that the pyramid protocol that I used has all been based on using cholestyramine and finding out that while that helps, it's not all the answer for some people. What am I missing?

Well, what came along were unusual biofilm-forming microorganisms that come in cells and that colonize the nose without causing nasal symptoms, which make compounds that turn on some of our genes differently. We knew that these coagulase-negative staphs had to be eradicated to get people better. I didn't know about the genomic effects until recently.

But if you use cholestyramine and the patient still has symptoms, the next step is to get rid of these coagulase-negative staphs. What that means is that you got to do the culture to begin with. That's not a very comfortable procedure – putting a swab four inches back in the nasal pharynx – but diagnostic lab medicine in Massachusetts does those assays. It takes about two to three weeks for the results to come back.

Basically, cholestyramine is a mandatory first step. If you try to eradicate coagulase-negative staphs without cholestyramine, the patients don't get better. If you do cholestyramine then coagulase-negative staphs, now we're getting somewhere. But beyond the coagulase-negative staphs, if people still have these illness symptoms, that's when the later steps come along – hormonal factors, inflammation factors.

But now, Dr. Mercola, we are in the golden era – in my point of view – in that what cholestyramine does infect, finally we get through replacement with a hormone called VIP. This is the regulatory neuropeptide that's missing in most people. It's just like your Type 1 diabetic. His blood sugar's crazy, but he has many hormonal and metabolic abnormalities. Insulin replacement is a lifesaver. So, too, is vasoactive intestinal polypeptide in the group of people that I see.

Whether your illness has been called incorrectly fibromyalgia or chronic fatigue, and there's a whole series of these... Some people are accused of being somatisizers of stress, depression, and malingering. Basically, the illness is so obvious when you see it. The treatment protocols –that I think – should demand the physicians are attuned to the complexity, and stop throwing names at people, labeling them inappropriately when there are no objective parameters used to confirm those diagnoses like fibromyalgia.

**DM:** Sure. Now, when you seek to have some of these secondary approaches such as identification of the staph bacteria that you've mentioned, have you ever found...

I'm wondering what your perspective is on optimizing the gut flora through the use of either high-quality probiotics or, I think is an even far more potent source, which would be fermented vegetables and foods?

**RS:** It's been an interesting process. I've tried extensively with a variety of dietary interventions to normalize gut flora. I've not been successful to date, treating the inflammation just through diet, exercise, or hygienic measures alone.

**DM:** Okay. Have you used high doses of fermented vegetables? Because we've found that you can actually get up to 10 trillion bacteria, which is as beneficial as consuming a bottle of a high-quality probiotic at one serving...

**RS:** I have not used doses that high. It's an interesting idea.

**DM:** Yeah, okay. It's just that I was just curious. I mean it's a normal, natural way to potentially address this at a very simple level, which there's elegance and simplicity.

**RS:** We're getting ready to start a protocol with Jeff Thurston of the Theralac Company, using probiotics and looking for genomic effects of those probiotics.

[----- 30:00 -----]

So, maybe we ought to be putting in another arm with the high doses you're talking about.

**DM:** Yeah. It needs to be started slowly. I've interviewed Dr. Natasha Campbell-McBride, and she's used these therapeutically to treat autism very successfully. It's a very powerful regimen. I would be very curious to see its impacts. You should definitely... We should connect and get you information on how you can incorporate them to the next part of your study. I think that would be useful.

**RS:** I would love to see the labs that I get changing with the protocols that you have used with success. Along with gene activation changes, we should see changes in the inflammatory compounds as well.

**DM:** Yeah.

**RS:** I know fully well that people don't get better if the inflammation is not treated.

**DM:** With respect to addressing inflammation that's present, what are some of the most effective strategies you've seen?

**RS:** The best way to fix C4a is with a drug called Procrit or erythropoietin. It's got a black box warning on it for some blood clots. It turns out that we've used Procrit in over 500 patients without any evidence of clotting or serious concerns. We've got a very strict protocol to fix that.

We can lower our TGF beta 1 by the use of a blood pressure medicine Cozar. Of the interest that people have and the angiotensin receptive blockers, this one has a unique metabolic byproduct that does not lower blood pressure, but it lowers TGF beta 1. Similarly, VIP or vasoactive intestinal polypeptide lowers both C4a and TGF beta 1. Those are pretty much mandatory as you go further. For C3a, it's...

**DM:** But before we go on a little further, this erythropoietin or EPO, many people listening will want to understand what that is. But that's a hormone and somewhat

similar with insulin – I believe – that is injected and typically used for people with chronic renal failure. But can you explain how this is....

First of all, is this injected? Okay, I've never used it, because I haven't taken care of chronic renal failure patients. But if that's the case, then how does it impact inflammation? Because it doesn't seem obvious – the connection.

**RS:** Because of the concern about safety from the FDA. The research potential of the group of drugs – erythropoietin – is made following activation of hypoxia-inducible factors – one of the big deals in low oxygen. You know this low in anemia is to stimulate production of red blood cells. But in lower doses, it affects an intracellular pathway. The name is kind of jawbreaking. It's the P13K-Akt pathway. It stabilizes that, and this has fantastic benefits in stabilizing C4a production. It also has significant effect in helping nerve tissue and cardiac tissue remodel back to normal.

It's not same as using a stem cell. But if you have dilated cardiomyopathy, the first question I'm going to be asking is, "What happened to you and your injection fraction when you use Procrit?" If you've got an abnormal Parkinson's disease and nothing's happened, my question is going to be, "What happened to the inflammatory basis in the brain when you get those people Procrit?" It works beautifully.

**DM:** Interesting. First, is it injected?

**RS:** Yes. It's a subcutaneous injection. We use 8,000 units twice a week. We stay at low doses ora total of five doses or 40,000 units.

**DM:** Is that an expensive medication?

**RS:** That's a terribly expensive drug. When we buy it wholesale, 80,000 units is around 850 dollars.

**DM:** Oh. *[Laughs]* If there was a large demand for it like insulin, of course, it would drive the prices down, but it's just sort of an orphan drug.

**RS:** Until we get more freedom from the FDA to use it in research, the advantages in neurologic and cardiac diseases will be kind of unseen.

**DM:** Interesting. Perhaps you said it and I just missed it, but it's still unclear to me how it impacts the inflammation. Is it through these complex biochemical pathways?

**RS:** Sure. There's an intracellular regulatory pathway – the phosphatidylinositol-13-kinase is linked to Akt. That pathway is an intracellular anti-inflammatory process.

**DM:** Okay. Are there any other... It's interesting that you really... I'm assuming that the lifestyle and dietary exercise components would be useful as a base foundation for your treatment. Because even with these complex approaches, if a person's having you know, six glasses of Diet Coke every day, that it's really going to – and hitting French fries and donuts – not help this program too much.

**RS:** One concern has always been the difference between hygienic approaches such as what you're describing versus panacea or the drug treatment. The inflammation that we see in these patients poorly responds to hygienic measures. Certainly, we want to maximize a healthful living as best as we can and not suck up all the trans-fat we can find.

Exercise is interesting. Just about everybody who has this push-crash or good days followed by crash days actually has a very low anaerobic threshold. If they try to use exercise and do too much, they will very quickly outstrip the delivery of oxygen to mitochondria. So, while this disorder is not a mitochondrial primary disorder, it becomes a secondary mitochondrial problem. We want to let them exercise to the anaerobic threshold, but not beyond. Because if they go beyond, they will start burning protein first after they've wasted glycogen due to anaerobic activity.

**DM:** Interesting observation. A few questions from that. The vast majority of who people exercise, which is one of my passions, has –at least in my observations – been using aerobic approaches such as running or cardio classes. I'm wondering if you've differentiated between the newer versions, which are high-intensity exercise protocols, and at least slowly adopting those to specifically address anaerobic thresholds?

**RS:** Well, this is important, because if you try to give someone with capillary hypoperfusion that these illnesses all have and low anaerobic threshold and low VO<sub>2</sub> max... If you put them on an intense exercise program, you will sicken them immediately. You will make them much, much worse.

**DM:** Okay.

**RS:** Remember, these people are often short of breath going up four and five steps. We can use exercise as therapeutic protocol over time. And as exercise matches anaerobic threshold or oxygen delivery, we can make them into some of the most vigorous exercises anyone's seen, but you can't start that way.

**DM:** Yes. It sounds like it might even be useful as a diagnostic strategy.

**RS:** That's right.

**DM:** Do you think that part of the reason that they have this adverse reaction to that exposure is the impairment of the adrenal system?

**RS:** No. We see dysregulation of adrenals being under control of MSH. And as inflammation is corrected, this adrenal ACTH cortisol ratio will start to improve. We can see low ACTH-low cortisol, high ACTH-high cortisol, and in any kind of parameter in between, but it's subject – like all the known cortin hormones – to MSH regulation. If you think you have adrenal fatigue, if you think you have adrenal problem, check MSH before you use any kind of sterol. If you suppress ACTH, you actually can take away the last anti-inflammatory pathway these patients have.

**DM:** Okay. Did you say previously that you used MSH therapeutically? If you do, is it similar to the EPO where you have to inject it and it costs quite a bit?

**RS:** Well, no. What I said is that the FDA has not provided permission to use MSH in the United States yet.

**DM:** Okay, so it's not available. Is it available in other countries?

**RS:** No. If you buy it and use it in the U.S., you're breaking the law.

**DM:** Okay.

**RS:** So physicians that do that are – I think – making a mistake. We know, however, it used to be used before 1991, when the FDA changed a lot of things about drugs.

MSH has been used widely to control a lot of hormonal inflammatory pathways in the past. I tried to get a patent on using MSH, and the FDA says, "That's fine. Just do the animal studies and the toxicology studies, and after you've spent your five million dollars, we'll talk to you about your data."

**DM:** Yeah. When it was available, was it injectable or was it oral?

**RS:** It is an injectable medication. It can be used topically. There's a transdermal preparation that's been used. It can be used as a nose spray. It's not stable in the gut, so it's not going to be an oral pill.

**DM:** Okay, sounds good. All right, any other useful strategies that you found to address the inflammation?

**RS:** Well, the last of the anti-inflammatory approaches is to lower MMP-9. And this matrix metalloproteinase is the best overall indicator of cytokine responses there is. If you use Actos or Pioglitazone, you'll turn on genes that downregulate inflammatory generation of cytokines – the so-called Th1 response. In high doses of omega-3s – 4.2 grams and above – you will mimic Actos without all the baggage that Actos has with it now and bladder cancer.

Then finally, rarely we see C3a elevated. It's interesting. The treatment for that is high-dose statin drugs.

[----- 40:00 -----]

Statins are wonderful anti-inflammatory medications, provided you don't knock out CoQ10 before you start statins. All that muscle problems and the liver problems we see with statins primarily are nearly all due to CoQ10 reaction. I don't use a lot of statins, because they're so poorly tolerated and have a lot of problems, but there are potent anti-inflammatory mechanisms involved with statin use.

**DM:** Now, you mentioned that mitochondrial dysfunction or damage is part of the syndrome that you see, and I'm wondering if you've used CoQ10 or ubiquinol to address that or support it?

**RS:** Sure did. We pushed CoQ10. We started at 150 milligrams a day, and went all the way up to a gram without finding that it by itself corrected the inflammatory things. It's mandatory to have ubiquinone levels normal. We do measure those very often in patients. But that by itself won't take care of the inflammatory response.

**DM:** I wouldn't think it would, but I'm wondering if it helps address or support the mitochondrial function to be at leg of the program.

**RS:** Remember, the secondary aspects of mitochondrial problems here, it's all based on capillary blood flow, reduction in capillary flow, and reduction of oxygen deliveries – the mechanism for the poor mitochondria looking for oxygen to use to generate ATP.

**DM:** Okay. It's interesting that this anaerobic intolerance is such a key element at this. It would seem to me that the exercises would be a key approach, obviously, if there's this initial inability to tolerate that. But it would seem that if you'd started a really low dose – very similar to giving it as a drug – and very gradually increase the dose that might be a really useful component or effective strategy to address this.

**RS:** Absolutely yes. Exercise is a fantastic anti-inflammatory approach; we get systemic benefit for people not as an early phase but as a very late phase. This is what we use to help people... We try to turn them into what we call Superman. We are actually looking at trying to improve VO2 max way beyond where it was from where people were before they got sick. If we can use drugs to enhance VO2 max, exercise is right there with it.

One of the chapters in both *Mold Warriors* and *Surviving Mold* goes over the anaerobic threshold exercises that we used. One lady there called Pepper – that's the username – she would do 15 to 900 crunches. She's doing treadmill for 15 minutes like crazy beforehand. And what she does with her upper extremities for the next 15 minutes would make Arnold Schwarzenegger cringe. But that's the kind of thing we can get with exercise.

**DM:** Terrific. Well, we have limited time due to your schedule, so we'll start the signoff process now. But it's obviously a very complex approach that you have, and the limited time that we have really doesn't do justice to it.

For those people who are interested in finding out more, I'm wondering if you could address follow-up resources to them both at the professional level, which I think might be the bulk of the people, because you have such a very sophisticated approach to it.

You know, how professionals would find out more and learn more about your approach, and then the average person who might be afflicted with this illness.

**RS:** Probably, the easiest thing is go to [SurvivingMold.com](http://SurvivingMold.com). The jargon that I used, the acronyms, and all these weird names that no one has ever heard of, has a learning curve to it. There's a lot of material that people have said helped as an introduction to this inflammatory process. Once you get beyond the jargon, the concept still stays: lack of regulation of inflammation, ongoing inflammatory complication. That's real simple, but getting there takes a hard path.

The pathway to get beyond the jargon terms takes a while, but once you understand that inflammation is represented by some of these weird names, the ideas come clear. It's very simple – control and regulate inflammation, restore normal balances of inflammatory activation and [inaudible 44:21] suppression.

We're now seeing, as we can identify genomically the gene activation and gene suppression is underlying and really telling the body what to do. We can introduce genomic treatments as my "holy grail," I think. Basically that's just around the corner. The genomics that we're talking about are giving us the answers in these illnesses. But honestly, when you start hearing about microRNA, antagomirs, and all... Next year, you're going to be hearing a lot more about newer approaches based on genomic therapies.

**DM:** I thank you for giving us a taste of this very sophisticated approach to treating a complex illness very effectively, it sounds like. Thank you for being such a pioneer in this area and providing us with your insights. I'm sure we'll be back and get an update and have a little more time to go in some of the new developments. I appreciate all your help.

**RS:** Well you've been wonderful.

*[END]*

Mold affects everyone, regardless of age, ethnicity, or overall health and fitness level. Surprisingly, you are as much at risk for mold in dry climates as wet climates. The mold growing in desert regions can be even more tenacious, since it's had to adapt to the drier air.

It turns out that 25 to 28 percent of people are genetic "canaries in the coal mine" for experiencing severe mold reactions — and in the US that amounts to about 75 million canaries.

Anyone can have problems from a water-damaged building, but if you're mold-sensitive, it's more likely that exposure can trigger a debilitating illness. Symptoms are wide ranging, from autoimmune and inflammatory issues to neurocognitive problems.

People have experienced fatigue, migraines, muscle cramps, numbness and tingling, cardiac arrhythmias, and insomnia. The list of symptoms is almost endless because the toxins can settle into so many parts of your body.

Weight gain is very common. A few experience "unexplained" weight loss, but most have rapid unexplained weight gain that doesn't stop until they receive proper treatment.

There are numerous mental and neurological effects associated with mold toxicity, including brain fog, cognitive dysfunction, and mood disturbances. It's not uncommon for people to have short-term and long-term memory loss, confusion, depression, and panic attacks. Children can experience drops in IQ.

Brain imaging reveals that mycotoxins can actually damage your brain — in particular, your amygdala. This can result in experiencing mood swings or rage for no apparent reason. Those with mold toxicity often describe their emotions as "out of control." According to mycotoxin expert Dr. Harriet Ammann, indoor molds can damage the systems of your body in the following ways:<sup>3</sup>

<b>Vascular:</b> blood vessel fragility, hemorrhage from tissues or lungs	<b>Digestive:</b> diarrhea, vomiting, hemorrhage, liver damage, fibrosis, and necrosis
<b>Respiratory:</b> trouble breathing, bleeding from lungs, and <a href="#">sinus infections</a>	<b>Neurological:</b> tremors, loss of coordination, headaches, depression and anxiety, and multiple sclerosis
<b>Skin:</b> rashes, burning, sloughing, and photosensitivity	<b>Urinary:</b> kidney toxicity
<b>Reproductive:</b> infertility, changes in reproductive cycles	<b>Immune:</b> Immunosuppression

### Mold Illness Is Real

The good news is, once you realize you've been poisoned by toxic mold, with proper support your brain and body can recover. But in order to do so, it's important to find a "mold literate" physician to guide you in every aspect of your care. Recovering from mold-induced illness requires an integrative approach under the guidance of a knowledgeable healthcare practitioner. Most primary care practitioners aren't trained to treat mold poisoning and don't even take a mold history. Unexplained symptoms are usually dismissed or attributed to other problems, such as psychological issues.

Those who DO believe in mold toxicity typically limit their approach to the prescribing of steroids and dangerous antifungal medications, many of which are toxic to your liver. Recovering from mold toxicity requires removing the source or sources of exposure, then starving the fungi out of your body with an [antifungal diet](#) and avoiding foods that may be contaminated with mold. Make sure your vitamin D levels are optimized, as vitamin D has been shown to be effective against mold allergies.

### Top 10 Foods to Avoid If You Have Mold Sensitivity

People with environmental mold sensitivities are typically sensitive to mold in food as well. Along with a menagerie of chemicals, pollutants, and pathogens, mold further adds

to your body's toxic burden and can overwhelm your detoxification and immune systems. Even miniscule exposures can trigger major reactions once you're sensitized — as well as triggering a relapse once you've recovered.

So, it's important that you take steps to make your environment as mold-free as humanly possible, including your foods. Some foods are more susceptible to mold contamination than others. Below are the top 10 mycotoxic foods, as outlined in the book *Mold: The War Within* by Kurt and Lee Ann Billings. As you can see, many of top offenders are grains. For more on the Billings' recovery plan, refer to our prior article covering [natural treatments for mold toxicity](#).

<p>1. <b>Alcoholic beverages:</b> Alcohol is the mycotoxin of <i>Saccharomyces</i> yeast (brewer's yeast), and often contains other mycotoxins from mold-containing fruits and grains</p>	<p>2. <b>Wheat and all wheat products</b></p>
<p>3. <b>Rye</b></p>	<p>4. <b>Peanuts:</b> Often contaminated with dozens of mold types, one of which is cancer-causing aflatoxin</p>
<p>5. <b>Cottonseed and cottonseed oil</b></p>	<p>6. <b>Corn:</b> Universally contaminated with a variety of fungal toxins</p>
<p>7. <b>Barley</b></p>	<p>8. <b>Sorghum:</b> Used in a variety of grain products and alcoholic beverages</p>
<p>9. <b>Sugar from sugar cane and sugar beets</b></p>	<p>10. <b>Hard <a href="#">cheeses</a></b></p>

### What's Involved in Mold Remediation?

Whether you stay in a contaminated house or leave, remediation will be necessary, and I would suggest hiring a professional mold remediator. In the case of flooding, step number one is to pump out any standing water and remove all personal belongings, which also need to be carefully cleaned and dried if you're going to try to salvage them. As stated earlier, it's optimal to discard all personal belongings and start over, if possible. Standard mold remediation involves the following steps:

<p>1. Setting up containments and sucking the air out with negative air pressure. (This is similar to turning on your</p>	<p>2. Next, they clear the air using a HEPA filtered air purifier or scrubber. The air must be cleaned because once they start</p>
---	--

bathroom vent fan.)	working on the mold, the spores will begin to fly everywhere like light dust.
3. Wearing protective gear, such as HEPA filtered respirators, goggles, protective suits, and latex gloves, the remediator begins taking the affected area apart. Removed parts, such as drywall, are slowly and carefully placed into a bag.	4. Once the affected pieces are bagged, every inch of the area is carefully HEPA vacuumed again.
5. Once the source of the mold has been located, it's carefully removed using hot soapy water, scrub brush, HEPA filtered sanders, chisels, or any other tool that will remove the mold.	6. Professional remediators will typically treat the area with a disinfectant, as bacteria accompany mold growth.
7. Next, the area is force dried. Once thoroughly dry, repairs can be made.	

## How to Choose a Professional Remediator

Take great care in hiring a mold remediator and make sure he or she is certified. You will find contractor or professional listings on the following websites. Both the IICRC and NORMI are certifying organizations for mold remediation, but the IICRC certification may be the most widely used. Keep in mind that a mere certification may not be enough — also evaluate the remediator's qualifications and insurance (liability as well as workers' compensation). With the ACAC, there are a few different levels.

- [IICRC](#) (Institute of Inspection, Cleaning and Restoration Certification)
- [ACAC](#) (American Council for Accredited Certification)—a certifying body that is third-party accredited.
- [The IAQA](#) (Indoor Air Quality Association)—a membership organization with no certification program (the ACAC handles this by agreement)
- [RIA](#) (Restoration Industry Association)
- [NORMI](#) (National Organization of Remediators and Mold Inspectors)

## Improving Your Indoor Air Quality

According to the Environmental Protection Agency (EPA), poor indoor air quality is one of the top five greatest environmental risks to public health. Amazing as it sounds, indoor air can be five to 10 times more polluted than outdoor air. This is due to inadequate ventilation, so contaminants build up and stagnant air is re-circulated. Long-

term exposure to air pollution particulates has been associated with faster cognitive decline in older adults.

One of the best things you can do to improve your air quality is add a high-quality air purifier. My recommendations for air purifiers have evolved over the years, along with changing technologies and newly emerging research. At present, after much careful review and study, I believe air purifiers using Photo Catalytic Oxidation (PCO) seem to offer the best technology available. For more tips on improving your air quality, please refer to our earlier article.

### **More from Leading Mold Experts...**

I've interviewed several experts on mold-related illness over the past few years, and five of those are linked below. The most recent was natural health author and actress Suzanne Somers whose latest book, *TOX-SICK: From Toxic to Not Sick*, includes information about recovering from mold toxicity.

Suzanne and her husband both suffered from mycotoxin exposure. For Suzanne, toxic black mold settled in her intestines, which led to a misdiagnosis of cancer. For her husband, the mold caused symptoms akin to Parkinson's disease. Suzanne is a strong advocate for reducing your body's toxic load, advising her readers, "*Stop counting your calories and start counting your chemicals!*" Sound advice indeed!

- Suzanne Somers on healing from [toxic overload](#)
- Dr. Ritchie Shoemaker on strategies for identifying and [healing from mold exposure](#)
- Jack Thrasher on the ["hidden" mold pandemic](#)
- Dr. Doris Rapp on [mold-related health risks and remediation](#)
- [Dr. Jim Pearson](#) also about mold-related health risks and remediation
- MOLDY (Video) <http://moldymovie.com/mercola>
- ---

[Visit the Mercola Video Library](#)

### **[\[-\] Sources and References](#)**

- [1 Biotoxinhelp.com](#)
- [2 EPA Benomyl Red Facts](#)
- [3 Mold-Survivor.com Harriett Ammann](#)

### **[\[+\] Comments \(105\)](#)**



**agent99** · Joined On 7/20/2009 12:53:15 PM

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Just call me a canary! Well, a moldy canary. I'm on year 14 of recovery from biotoxin illness after being exposed to mold at the Cedar Hills Rec Center in Beaverton, Oregon, where I used to exercise. Little did we know the rec center employees we thought were sneaking out to smoke pot on every break were actually suffering from "mold brain" (okay, some could have been smoking pot; it is Oregon, after all).

Twenty-two ignorant and often arrogant doctors wasted the first two years of my illness and tons of my money telling me it was "all in my head", "I can't be sick because my hair looks good", "I'm just depressed", and my favorite, "Women don't really want to work but would rather sit on the couch and watch TV and eat bon-bons." Yes, that's why we women work so hard to get through college, because you get better bon-bons if you have a degree, right? I didn't actually run any of these morons over with my car, but that's only because by then I was fainting regularly (my gastro told me I was faking it) and could no longer drive. But I thought about it.

Not that I could think clearly anymore, since those first two wasted years let the mold spread throughout my brain and body. There were times when I had to look at my driver's license to see what my name was. But I had trouble reading it, as letters and numbers no longer made sense, and speaking became a chore, as words disappeared from my brain or came out garbled and confused.

Thankfully, as even I was considering giving up, Doctor #23 (an ND) recognized the mold for what it was and kept me alive, but just wasn't able to get me over the hump. The ND I see now has me following Dr. Shoemaker's protocol and IT'S WORKING!!!

I also did the DNA test. I'm obviously one of the 25%, but wanted to help with mold research and let my family know they might follow suit. Mold, Lyme, and red tide seafood are our kryptonites. Pretty smart DNA if you ask me. :)

Thank you, Dr. M., for this valuable information!

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 2:50:14 AM

34 Points · [Like](#) | [Dislike](#)



**JessicaCoco** · Joined On 1/19/2010 8:55:35 PM

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As a woman I can relate to this totally. I can't tell you how many times I've been told something was in my head, even when I was suffering from obvious health problems & have a history of life-threatening health issues. Some of the many outrageous examples, I can give include the time I was hemorrhaging & was told it was my menstrual cycle, although I was doubled over in pain, the blood smelled like pure iron & didn't look like menstrual blood; or the time I was urinating what looked like black sewage water & asked what illegal Drugs was I taking. Huh? I almost lost my right kidney, because of this stupidity. I have a history of going into cardiac arrest. One day, I couldn't breathe & was having chest pains. My BP is normally 80/60, but it reached 127/90 & although my oxygen levels were 89% when breathing in oxygen, they dropped to 83% within 2 minutes of removing the oxygen mask. I was told my blood pressure was normal & I wasn't wheezing so it was all in my head, including my pulse being over 200 & the fact I couldn't move below the waist. I had to call a friend to take me to another hospital. Luckily, I was lucid enough to tell the next hospital staff to get me an IV of magnesium sulfate before I went into cardiac arrest from not being able to breathe properly for so long. You see I wasn't wheezing at the previous hospital, because my lungs had become so tight I had reached a stage where I couldn't even wheeze anymore. Luckily I got the mag sulfate just in time. The most humorous story I probably have to tell is the time I went to the Emergency Room for a life-threatening dental infection and was given 15 Vicodans after telling the hospital I was allergic to Tylenol. After the tooth was pulled, I began coughing as if I had black lung due to the Tylenol. I was given a urine drug test & asked how much crack had I smoked? I had to turn around and ask, how much crack did they smoke, since I tested negative for everything except an opiod which they prescribed with TY?

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[bowgirl](#) · Joined On 12/3/2011 6:17:03 AM

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I'm apparently part of the 25% too. A Lyme survivor, I'm highly sensitive to mold, wheat and sugars which cause inflammation( muscle and joint stiffness) and asthma(inflamed airways). The symptoms slowly recede as healing occurs. I rarely have brain fog(inflamed brain) any more, a very good thing.

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[badboy2](#) · Joined On 11/15/2010 5:08:52 AM

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It's sad that the CDC goes around calling doctors who try to cure Lyme, "Lyme Loonies". They have taken many to court, bankrupt them, and had their medical licenses taken away. You see, the CDC now has a patent on Lyme disease, along with their 2 Ebola patents, so they do not want a cure. According to the CDC and other agencies, Lyme and cellulite, doesn't exist. Tell that to someone who has Lyme disease and this cottage cheese look skin problem. Potassium will help with the Cellulite problem; no answer yet on the Lyme except preventive health with a good immune re-enforcing diet.

Lyme is a lot more dangerous and serious then people realize. Many do not realize that it is related to syphilis (venereal disease). A close cousin in fact. Many also do now realize that Lyme is not only carried by ticks (all), not just deer ticks as some state, but by fleas, mosquitoes, and can be sexually transmitted and be transferred to the fetus of pregnant woman. Maybe that helps explain a little more why the CDC has a patent on it. It seems curing has gone out the door with high button shoes, and drugs has become the name of the game.

With over 300,000 case, it is surpassing breast cancer and aids. Canada and Australia should be the most concerned, since they have the most cases of all counties studied.

Lyme, Connecticut may have been where it was first discovered, but the whole US should be concerned, especially when out in the wood. It seems that ticks go a little dormant this time of year. I do not know why, for sure, but they will be back in force in the coming months, especially with the upcoming rutting season of deer.

There is an excellent video on the subject; I believe it is called, "Under Our Skin".

One can also read more on the subject of Lyme and baccilious<Spelling, the true critter that is causing all the problems , by typing up similar words as the movie, under our skin.

I believe baccilious< (Sorry I do not know how to spell it), but is now the new name over Lyme.

[Mark as Spam](#) · Posted On 9/5/2015 11:33:34 AM

15 Points · [Like](#) | [Dislike](#)



[stoic](#) · Joined On 3/14/2007 3:08:43 PM

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it's really not a sexual discrimination thing. & beating that horse is an opportunity-missed cost; a waste of resources.

here's the thing: in any trespass (any kind of fight), for the trespasser(s) to do what they do the essential first

step is to dehumanize who they are trespassing against.

is it personal to the one being dehumanized & trespassed against? yes, usually; about as personal as it gets.

but it is not personal to the trespasser(s). it is wholly impersonal. "the banality of evil" (hannah arendt) is ALSO that dehumanization banal-izes YOU, in the eyes of the trespasser(s).

that goes equally for the sexes. compartmentalizing only serves the ongoing divide/conquer strategy. it's pulling the pin, yourself, on a fragmentation grenade, & then claspng it to your bosom.

cartels are wholly indifferent to the sex of their captures. cartels are the root. everything else is a deciduous - the leaves are just starting to turn here, then they will fall, but they'll be back again next year - diversion.

i've not been told "all in your head." i've been told what's in my head is "negative." that, after iatrogenic injury, & telling the inflicting emperor he had no clothes. it's the same thing. i'm a grrrr. not a grrrl.

inherent contradiction will blow it up, at some point. the best you can do until then is keep it straight. and maybe, pass it on a little. the rest of it, these squiggles, feeds back into the loop that keeps the cartels alive.

the tune: [www.youtube.com/watch](http://www.youtube.com/watch) see the vanity? compulsion? tribalism? pecking order? i was there. the disco daze. alcohol helped. now, retrospect: cringe. & there's not enough alcohol in the world. lol

vanity: [www.youtube.com/watch](http://www.youtube.com/watch) "people." old, young, male, female....

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5 Points · [Like](#) | [Dislike](#)



[badboy2](#) · Joined On 11/15/2010 5:08:52 AM

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What I did not say in my last comment, since I ran out of room, Is that Bacillious/Lyme is another one of those health problems that causes all kinds of erroneous problems, along with mold, candida in the blood, and others.

Remember, you know your body better than anyone else, so do not let anyone try to tell you it is all a figment of your imagination. Tell them you like to put a fig in their imagination, along with a pie in their face.

[Mark as Spam](#) · Posted On 9/5/2015 11:45:43 AM

5 Points · [Like](#) | [Dislike](#)



[Chimonger](#) · Joined On 2/6/2008 10:00:29 PM

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Good article.

Totally commiserate with your experiences, +agent99 !

Mainstream Docs can be over-the-top inappropriate.

What they're really saying, without verbalizing it exactly, is "I lack the knowledge, so will refer you elsewhere",

... and "The insurance will not cover this in any way [not diagnostics, not looking for root causes, not even admitting such an illness exists], so I will refer this elsewhere in any way I can that MIGHT be covered by insurance [like limited mental health counseling]",

... and, " there is no apparent pharmaceutical drug I know of to throw at this, so refer elsewhere there eight be pills to throw at it". .

Which DNA test was used for you? How can I locate access to that?

Has anyone use Dr. Shoemaker's protocol by themselves [as-in, no Doc anywhere near here who does stuff like that, or who has experience in it] ?

Thank you for posting!

[Mark as Spam](#) · Posted On 9/5/2015 12:19:41 PM

2 Points · [Like](#) | [Dislike](#)



[BeLu33](#) · Joined On 9/5/2015 11:26:27 AM

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People, instead of whining, do something! There are many sites where you can rate a doctor. Get them out of business with your ratings, and help others to avoid them. I rate every doctor I visit.

[Mark as Spam](#) · Posted On 9/5/2015 12:20:45 PM

2 Points · [Like](#) | [Dislike](#)



[seg](#) · Joined On 11/21/2006 1:49:23 PM

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Bad lad indeed every one needs to be attuned with themselves...Once you know your full capabilities you can put your pedal to the metal..

Cartels true dat, imagine a world without em, no roots to pull and no CURES required...Tis be the jugular that most requires severing...I'm drinkin to that... right now... CHEERS !!

[Mark as Spam](#) · Posted On 9/5/2015 1:05:08 PM

2 Points · [Like](#) | [Dislike](#)



[kefa55](#) · Joined On 11/4/2010 6:19:28 AM

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A lot of this is true. Fungus is really becoming very common problem and we have the tendency to blame it on the air conditioner, humidity, stifle air...and we amazingly keep ignoring the real culprit. You may be asking what am I talking about. When I tell you why our body cannot win the fight with mold you may say, here he goes again but I will explain how carbohydrates cause this health problem.

Our immune system depends on special protein that activates macrofag to attack and eliminate foreign protein including sick cells like cancer cells but also fungus. Actually deficiency of this protein makes chronic diseases possibility. This protein is called Gc MAF and its production becomes suppressed with enzyme called NAGALASE. This is just a beginning of the story. If you want to know untold facts read this [darkovelcek.wordpress.com/2015/09/02/nagg-alizing-about-toxicity-of-ca..](http://darkovelcek.wordpress.com/2015/09/02/nagg-alizing-about-toxicity-of-ca..)

Everything else is just same old tune and bedtime stories. Gc MAF is the reason for dozens of doctors loosing their life last month alone that defied Big Pharma and dared to use Gc MAF protein in their practice.

Simple temporary elimination of fungus from lungs is easily done by nebulyzing with nano colloidal silver but your body wants to get rid of it and this is the reason for permanent cough but no matter how much of it is eliminating, since we are feeding it by providing the perfect environment for its growth we get into chronic stage with those symptoms. There is a simple and permanent way to eliminate the problem but has nothing to do with any of the suggestions mentioned in major media propaganda medicine.

Wake up, new era of knowledge is here so embrace it or suffer, your choice my friends. Love you all.

[Reply](#) | [Mark as Spam](#) · Posted On 9/4/2015 10:44:05 PM

26 Points · [Like](#) | [Dislike](#)



[LNLNLN](#) · Joined On 2/15/2012 2:35:48 PM

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The GcMAF thing is HUGE.

I hope there will be some exposure of the global scandal by Dr M shortly. Hopefully, he is well known enough not to become a target for murder himself.

When you read the GcMAF info, you might realise that they are out to make us ill in diverse wicked and sneaky ways. That wake-up knowledge might never have been exposed so clearly if they hadn't gone on this obvious killing spree which has drawn attention to GcMAF in a big way.

It's rather like the other tricks, lies and hoaxes concerned with gun control - it's made people, who never felt that way before, aware that having a gun could be crucial.

[Mark as Spam](#) · Posted On 9/5/2015 12:47:24 AM

24 Points · [Like](#) | [Dislike](#)



[caws](#) · Joined On 1/12/2009 12:42:21 PM

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Unfortunately the original GcMaf lab has been shut down. Some companies are offering questionable substitutes. Most are expensive. There is one offering an oral form which appears to be Oleic acid [evening primrose oil] with colostrum.

As far as nebulizing with colloidal silver; it should be noted that this is a very controversial & experimental therapy. Colloidal silver efficacy tests are all from in vitro studies [in a petrie dish] not in vivo. Silver, while it's low toxicity, is still metal, will accumulate in the body & is difficult to chelate. I personally would not want it in my lungs.

I too am a canary for mold & chemicals. We are an Earthcraft certified green builder. Many of the

homeowners we have helped have been sick from chemicals in the home as well. One lady was deathly ill from the off gassing loose fiberglass she had blown into her attic for better insulation. We removed all of it; tested her for what she could tolerate and special ordered rolls of blue jean cotton insulation from 2000 miles away to allow her to live in her house again. Another lady had high VOC [still commonly used by most painters] fresh paint throughout her home that was replaced with no VOC. Glues & chemicals in synthetic carpets also contribute to illness. Prefer wood or tile with wool/natural fiber rugs.

If you have chronic yeast /fungal problems that persist there is one other source that no one seems to know about that is very real. These are breast implants especially saline. ALL valves fail [leak not deflate] at 36 months.[expiration date on product] This means they AUTOINFLATE with your bodily fluids which now grow fungus,bacteria,virus & even parasites in a warm, moist anaerobic environment inches from your lungs & heart. 200cc implant can inflate to 240 cc over time & deflation can flood you with high dose toxins that can cause serious health event including paralysis or death. [Dr. Pierre Blais 50 yrs Canadian implant failure specialist -yahoo salinesupport groups]

[Mark as Spam](#) · Posted On 9/5/2015 8:01:59 AM

6 Points · [Like](#) | [Dislike](#)



[kefa55](#) · Joined On 11/4/2010 6:19:28 AM

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caws... my friend Gc MAF is protein created by our immune system and we do not need to buy it. Healthy body can and will produce enough of it to deal with any health issue. It fails only because we are poisoning it with the type of food that is promoted as the "base of our diet". The whole "nutrition science" promoted is false and carefully manipulated. This is why our "mis-educational" schooling system rewards followers and punishes thinkers.

As far as colloidal silver goes there is nothing experimental or controversial about it. Only the "science" got hold of it, promoting ionic colloidal silver that is as potent as distilled water. Nano particle colloidal silver has yellow color because this is the color refracted from particles suspended in water that has this particular size.

Silver was used as antiseptic from the earlier records of humanity and it is the safest and most effective antiseptic there is. Nothing controversial about it, just suppressed knowledge.

[Mark as Spam](#) · Posted On 9/5/2015 8:20:08 AM

12 Points · [Like](#) | [Dislike](#)



[Tortolita](#) · Joined On 6/3/2008 2:43:42 PM

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Thank you, Kefa. What you say resonates with me. I haven't read your article yet, but I will. From my understanding NAGALASE is added to vaccines. Negalase causes cancer because when it is added to our bodies via vaccines, our bodies cannot properly produce the protein Gc MAF. When we do not produce Gc MAF we are then susceptible to cancer. All of those holistic doctors who were murdered were vocal about this, and as you say they were curing cancer with an 85% success rate with Gc MAF. Informative article here: [www.consciousconsumernetwork.tv/the-nagalase-link-in-vaccines](http://www.consciousconsumernetwork.tv/the-nagalase-link-in-vaccines)

Beyond me why anyone would allow themselves or their children to be vaccinated knowing full well that the vaccines are laced with heavy metals and toxins. This knowledge is easily obtainable now, and those of us who visit this site regularly know that Dr. Mercola has written many educational articles about this fact.

Like you said, Kefa, we are in a new era of knowledge. The veil is being slowly lifted. The old paradigm of blinding trusting government, doctors, institutions of "education," etc.... will not work in this new age.

[Mark as Spam](#) · Posted On 9/5/2015 9:54:44 AM

4 Points · [Like](#) | [Dislike](#)



[caws](#) · Joined On 1/12/2009 12:42:21 PM

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Kefa,

I am aware of this however those who are metal poisoned & fluoride poisoned are compromised. Biofilms & mycoplasma & antibiotic resistance with DNA mutations. These bodies cannot make their own GcMaf especially when glutathione & methyl pathways are creating ammonia. That said; there is often a way that we can heal with the herbs & oils & foods that are real. I have to be cautious of alternative therapies as well as conventional. Due diligence ya know.

As for the silver we are still talking apples & oranges. Real colloidal silver [not ionic] IS a great antiseptic for generations; TOPICALLY or even as a nasal wash, but there are NO studies that show it is safe or effective INTERNALLY; especially in the lungs where it will bypass the digestive system. It may kill fungus ,bacteria & viruses, but like antibiotics, it can kill the good stuff as well. There are several of us here who have been damaged by silver.

A friend of mine had pneumonia and tried nebulizing colloidal silver [ the good stuff] and he died leaving wife & two teens behind. He did this because when he had it the first time[ 6 months prior] & was in hospital they gave him Zithromycin; which caused a heart attack. Dr had no idea this could be a side effect. His arteries were clean as he was on Weston Price diet.

[Mark as Spam](#) · Posted On 9/5/2015 5:57:21 PM

0 Points · [Like](#) | [Dislike](#)



**kefa55** · Joined On 11/4/2010 6:19:28 AM

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caws...we are getting poisoned in many ways and diseases are never caused by one culprit but by multiple causes. We have tendency to zero on one thing and disregard the rest. We always find someone or something to blame but we never blame ourselves. I cannot even number the amount of people rejecting my protocol because they had to stop drinking black coffee.

If you have a health issue try the Self Healers Protocol.

Another problem is that we "know so much" that we find fault with everything if it does not encompass what "we know" is good or bad for us. I do not know who came up with the phrase "depleted adrenals" that makes absolutely no sense but I've heard it being repeated hundreds of times by various people who "knew what they were talking about". Everyone is expert while in fact most "experts" are just parrots that repeat nonsense.

[Mark as Spam](#) · Posted On 9/5/2015 9:02:03 PM

0 Points · [Like](#) | [Dislike](#)



**FreshGreen** · Joined On 2/7/2009 11:11:44 AM

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Tip to get rid of Mold on Walls:

There is a very easy way to get rid of Mold entirely on walls and corners, without the need to take plaster off the walls - (or tear your house down! :o). We had badly mold in our basement.

I washed the walls with Baking Soda!!!! After that with an EMs Solution "Effective Micro Organisms". One can buy EMs for their organic gardening (you will be amazed!) and also use them in the house for pretty much everything! To be found on several websites. One takes 2 oz of EMs and mixes them with 6 oz of water. Then take a sponge and wash the entire moldy area with the solution. Repeat perhaps. And also repeat perhaps in one year. The EMs literally eat the entire mold up and destroys

it. I tried it in our basement without any chemicals and without ripping the walls down. When dried we painted the wall and the mold never came back. We also put some EMs into the wall paint, as the company recommend. It is now one year later and the mold did not come back.

The mold could come back with humidity changes and not airing enough. In certain climates, like Germany and Northern USA it is good to work with a dehumidifier, especially during the more rainy seasons. And then Effective Micro Organisms are surely a totally natural Wonder Remedy! Also for laundry and for many other things. Just check it out! Best to all of you!

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 3:43:22 AM

11 Points · [Like](#) | [Dislike](#)



[bowgirl](#) · Joined On 12/3/2011 6:17:03 AM

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Thanks for the heads up. Blessedly we are having a dry spell. I typically used a bit of white vinegar with or without a couple drops of liquid soap in water to clean the house. By using vinegar all year long I don't have a huge problem during the hot humid days.

Good to know about baking soda. I should have realized that as both vinegar and baking soda change the pH making it impossible for mold to grow.

[Mark as Spam](#) · Posted On 9/5/2015 6:34:01 AM

7 Points · [Like](#) | [Dislike](#)



[isabel.zy](#) · Joined On 9/15/2011 10:27:41 PM

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This treatment may control the mold that is growing on the face of the wall, but the inside of the wall and the backside will still be full of mold, no?

I have taken out a lot of drywall where the front just looked a bit weird, but the backside was completely full

with toxic mold. If you have mold, just take it out, cosmetically covering it is a bad idea.

[Mark as Spam](#) · Posted On 9/5/2015 8:15:37 AM

11 Points · [Like](#) [Dislike](#)



[allunoisrong](#) · Joined On 6/19/2006 10:22:31 AM

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I use essential lemon oil in a diffuser. It kills the mold. If as bad as above posts, certainly those cleanings would be a good first step, but I would follow up with the diffuser and therapeutic grade (Young Living) EOs.

[Mark as Spam](#) · Posted On 9/5/2015 9:09:01 AM

2 Points · [Like](#) [Dislike](#)



[allunoisrong](#) · Joined On 6/19/2006 10:22:31 AM

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Forgot to add, putting YL Thieves or Lemon or Peppermint in a spray bottle and spraying on the affected surface works. Had a friend whose car seat was mildewed badly, nothing he did worked. Sprayed with lemon and the smell went away overnight.

[Mark as Spam](#) · Posted On 9/5/2015 9:12:10 AM

5 Points · [Like](#) [Dislike](#)



[LNLNLN](#) · Joined On 2/15/2012 2:35:48 PM

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The recent trend to seal up houses, supposedly to keep in precious warmth is harmful to our homes. We repeatedly are offered loans to insulate by filling cavity walls, we are sold hot water tanks that keep water hot for longer but as it was before we had chimneys, fires that heated the water as a free extra and as the tank was upstairs and unlagged it acted as a heater, the heat was not 'lost', just enough to take the edge of the cold. We slept in cold airy bedrooms, woke up in winter with Jack-frosty windows. The trend to centrally heat, double glaze and seal has led to a silly situation where we have to drill holes in our walls to let the air in! More regulations. Mould really thrives, and the loss of cavity wall bridges the inside walls to the outside allowing damp to penetrate above the damp proofing course thus making interior walls more prone to mould invasion.

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 1:32:09 AM

10 Points · [Like](#) | [Dislike](#)



**becky3** · Joined On 6/2/2007 1:51:25 PM

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I imagine that this is another of those cases where mercury is the undrying cause. Mercury weakens the immune system and also disables enzymes. And it is ubiquitous.

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 6:52:20 AM

9 Points · [Like](#) | [Dislike](#)



**liliberg** · Joined On 4/30/2013 8:45:02 AM

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For people on a limited budget the problem of mould sensitivity becomes more or less a death sentence. Not only can we not afford appropriate medical care, nor all the high-tech gizmos that purify our indoor air. It is as impossible as the tearing down of walls and subsequent costly and lengthy repairs, during which you must evacuate your home and then rid yourself of every precious belonging - like the books you have acquired over a lifetime, the photographs and mementoes that are irreplaceable. There are moulds everywhere - most of them we can't even see. Some are even used as traditional medicine - walk into any Chinese apothecary and you'll be bowled over by their odorous pugnacity. Fungus everywhere!

I know that at least one member of my family is seriously and detrimentally affected by moulds and that he would be greatly helped by an extensive de-moulding protocol. Only problem is - he, like me, cannot possibly afford to do much about it beyond ordinary cleaning regimes using the ubiquitous bi-carb of soda, never mind letting a professional in to do the job.

We live in an increasingly hostile world, where man-made, often intentionally harmful, chemicals ravage our fragile ecosystem, all in the name of "filthy lucre".

Perhaps moulds will be the ultimate biological weapon to finish off a few billion hapless human beings and thus reduce the planets fictitious over-population, while the rich overlords pull up the drawbridges to their vast, hermetically sealed and purified million dollar mansions..

I won't ignore the dangers and the importance of ridding my environment of harmful moulds - I'm just reduced to apply the methods I can afford - i.e. elbow grease and hope for the best. In no way will I resort to book burning or leaving my home for an igloo at the North Pole (or perhaps there are moulds in ice as well???)

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 6:22:33 AM

8 Points · [Like](#) | [Dislike](#)



[Brazil123](#) · Joined On 4/6/2008 10:08:01 PM

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liliberg, the planet is NOT fictitiously overpopulated!!! it is seriously overpopulated! As for good health, yes, the good heath is only for the very rich as they can afford to pay out of pocket to see the Naturopathic doctors and pay for the alternative health care that offers cure. For the rest who depend oh health insurance they have to settle for big pharma drugs and perish under the same.

[Mark as Spam](#) · Posted On 9/5/2015 7:21:39 PM

-2 Points · [Like](#) | [Dislike](#)



[drsault](#) · Joined On 5/14/2009 8:23:38 AM

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This is a topic that needed to be brought out to the public. I have treated this problem many times & it is not easy for the person to follow such a complicated and limiting diet. Most cannot do it for a long period. I realize that each individual can only try to do the most to eradicate this infliction. I have found the best answer is keeping ones gut clean (cleansing) and using a reliable, quality controlled probiotic. Following a diet as suggested in this article as closely as possible for an individual. To do all that is suggested would be great especially for those with an income or economic endowment that does not cause them stress and poverty. Then other illnesses would take the place of mold.

When the gut is not functioning at optimal capacity the mold whether alive or dead will cause havoc with the antigen - antibody system of the body as the particles are absorbed into the blood stream. Since some of these particles are similar to the tissues of the body an autoimmune reaction (DISEASE) can follow. The problem also is that there is no way of avoiding all the mold and other chemicals in our society (trying constantly can make one neurotic and have a miserable social life). Basically, as much organic - live food, exercise, stress reduction as much as possible (it is not only stress but how we react to it), probiotic (sometimes 1 AM & 1 PM bedtime 20 minutes before eating) & living your life.

Alan J. Sault MD, ABHM-Diplomat

Author: " Emotional Vampires and Your Hormones: an holistic physician's view of how stress affects your well-being and what you can do about it"

[holisticsecondopinion.net/vampires](http://holisticsecondopinion.net/vampires)

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 5:10:13 AM

8 Points · [Like](#) | [Dislike](#)



[grulla](#) · Joined On 1/17/2012 8:03:55 AM

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Some of the most subtle sources of mold in the home can come from under the kitchen and bathroom sink cabinets. In the good old days, cabinet makers used to install good sized cabinet vents in the face plates in front of the sink basins. But that practice seems to be minimal, if not non-existent, anymore, resulting in water pipe and garbage pail moisture turning into condensation and eventually mold.

Last year, I took my two sink cabinet doors to a cabinet maker to have him replicate those doors with large stamped aluminum sheet metal screens, much like a framed painting. That has virtually eliminated all the condensation and resulting mold, and in my particular case, has also helped to avoid freezing water pipes in the winter time.

Those two new vented cabinet doors sort of remind me of confessionary windows. Every time I look at one, I'm tempted to say, "...please help me father, for I have sinned..." :-)

Condensation problems can also result from water droplets dripping off of the cold attic ceiling in the winter from the lack of adequate attic ventilation. It is just the attic floor, and not the entire attic, that should be used to well insulate the abode down below. The upper attic's temperature in the winter time should be as close to the outdoor temperature as possible to prevent triggering a dew point off of the attic ceiling resulting in water droplets dripping and compromising the attic floor insulation, and creating mold as well. Substandard sized attic vents are the real problem, and should be enlarged as much as possible, which also helps to keep the house passively cooler in the summer time. A lot of the new architecture, freestanding Arby's Roastbeef and Pizza Hut fast food restaurants have perforated sheet metal eave panels for plenty of rain-tight attic ventilation. Check it out next time you DRIVE BY one.

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 10:06:16 AM

7 Points · [Like](#) | [Dislike](#)



**Champenois** · Joined On 2/17/2012 4:58:15 AM

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"..for which they've received essentially no help from physicians. Some are referred to psychologists after being told their illness is "imagined," while others are accused of fabrication"

-----

The hazards as outlined above are fairly well-known now.

What is not is a list of Doctors who have experience dealing with patients with mold, both allergies and invasive.

Can anyone start with a few names of Doctors who actually know what they're doing when a patient

consults them?

[Reply](#) | [Mark as Spam](#) · Posted On 9/4/2015 4:30:13 PM

7 Points · [Like](#) | [Dislike](#)



**Cmckgreg** · Joined On 9/5/2015 8:58:09 AM

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I have spent many years in the building industry specializing in design an restoring homes. Homes are literally making us sick.

After the 70's, insulation made enclosed spaces where moisture can form. These are the source of a great leap of mold formation.

If one has an existing home and is feeling ill open your windows, gets an interior air filter, check all furniture and your reaction to their fillings and fabrics. Then, clean all ducts, wash down and tear out, restore an rebuild and live in a portion of your space as you do this.

Basements are huge culprits and need to be dealt with by providing exterior drainage, using foam seal around foundations, sealing the floor by using stone, insulation, poly and concrete. A window may be left open and the space may be conditioned for humidity when needed. If the floor is not done well, moisture is surely there and inside dehumidification and an ozone treatment may be done.

Homes are making us sick on many levels, they are too expensive, too large, too far apart and are rotting in place.

Buy small, buy what you need. If your home is too large, rent out part of it to pay to make it healthy and if it is just a lousy design in a bad place, move along.

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 9:06:36 AM

5 Points · [Like](#) | [Dislike](#)



**live4surf** · Joined On 8/8/2011 9:20:01 AM

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On this recent Underground Wellness podcast, Dr. Carnahan reveals what mold and its mycotoxins can do to your immune system, how to find out if your home or office has a mold problem, and what to do about it. [undergroundwellness.com/339-2](http://undergroundwellness.com/339-2)

[Reply](#) | [Mark as Spam](#) · Posted On 9/5/2015 8:09:06 AM

5 Points · [Like](#) | [Dislike](#)



[rrealrose](#) · Joined On 11/10/2011 8:59:01 AM

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live4surf,

thanks, this is a really good interview too...

[Mark as Spam](#) · Posted On 9/5/2015 12:00:00 PM

0 Points · [Like](#) | [Dislike](#)



[handsfree2](#) · Joined On 3/8/2011 1:11:11 PM

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I prefer to think that molds have been here long before 'we' evolved, and they will continue to be here long after 'we' have gone. They won't go because we desire them to go (period), so we (every single person having a problem with mold) need(s) to deal with them. And you might want to consider that molds have had, and will continue to have, their specific and unique \*role\* on earth. Fighting 'mold' is a primitive line of thought.

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Additional videos regarding the Moldy Video,  
especially the first three below

1.

**SM-Ferris2015.mov**

1 month ago

2.

**Dave Webinar #5.mp4**

1 month ago

3.

**Bulletpoint-KevinKelly.mov**

1 month ago

4.

**Bulletpoint-JohnGray.mov**

1 month ago

5.

**Bulletproof - The State of High Performance, by Dave Asprey**

2 years ago

6.

**Coffee-butter-salt-BIL**

3 years ago

7.

**Venus on Fire, Mars on Ice - John Gray (June 22, 2012)**

3 years ago

8.

**Quantified Self, June 2012 - Oxygen & Airplanes- Bulletproof Exec**

3 years ago

9.

**Silicon Valley Quantified Self Meetup: Lisa talks about her Bulletproof Experiment**

3 years ago

10.

**Bulletproof WFX Baseline intro**

3 years ago

11.

**The Bulletproof Diet at Smart Life Forum**

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