Mycotoxin Treatment Protocol

EXPOSURE:

Be sure to evaluate your environment for ongoing mold exposure. This means home, office, and places you spend a fair amount of time. You can use mold plates as an inexpensive screening, or ERMI testing or use the services of a reputable environmental engineer.

BINDING:

If ochratoxin is the major toxin, cholestyramine (or welchol) is the best binder. If aflatoxins or tricothecenes are prominent, activated charcoal and/or bentonite clay work best. All can be used concurrently if all toxins are present on testing.

**Cholestyramine:** We recommend the compounded formulation since commercial cholestyramine contains either sugar or aspartame, neither of which is helpful. Because any of the binders can cause an exacerbation of symptoms if taken in too strong a dose, always start very slowly. With cholestyramine, use 1/8 or tsp once a day. (Welchol as one capsule is a weaker, but sometimes useful substitute). These materials should be taken one half hour before a meal, usually lunch, and you should not take any supplements or medications for another 90 minutes after eating. Once you are comfortable that you can tolerate a small dose, slowly increase the dose to one tsp or scoop daily, and then twice a day as tolerated.

**Activated Charcoal/Bentonite Clay:** Start with one capsule of activated charcoal once a day. It is recommended that both charcoal and clay be taken in capsule form, and that both be taken away from food (meals) or other supplements or medications. In practical terms, this means that somewhere around 3pm is a good time to take it. Like cholestyramine, too much can release too much toxin into your system and cause an exacerbation of symptoms, so start slowly and slowly work the dose up. Charcoal and Clay can be taken at the same time; start with the one capsule of activated charcoal and slowly increase to 2, then 3 at a time. Then, when comfortable that you are tolerating it well, add one capsule of bentonite clay, and then a second.

**Chlorella** also is effective and tends to be gentler than either the charcoal or clay. Start with one capsule (use chlorella made "on glass" or from pure source, not "natural" chlorella grown on ponds which may be tainted with excess aluminum or arsenic) a day and slowly increase to 3 daily.

TREATING MOLD IN THE BODY:

Once you are comfortable with a decent dose of binders, add specific treatments for sinus and gut reservoirs of mold/fungal components. There are two major pieces of each treatment: specific anti-mold or anti-fungal materials, and materials to dissolve biofilm. We have learned that mold/fungal organisms protect themselves (as do bacterial infections) by secreting a thick layer of biofilm around the colony so that treatments cannot reach them. Therefore, incorporating biofilm-dissolving components to the program is important.

**Sinus treatment:** We usually start with specially made (compounded) inhalers from ASLRX of both EDTA (to dissolve biofilm) and Amphotericin B (to kill mold/fungi). Since most of our patients are quite sensitive, we recommend starting gently, with one spray of each into each sinus area, once a day. SEPARATE THE SPRAYS: USE AMPHOTERICIN B IN THE MORNING, AND EDTA IN THE EVENING. Once you are comfortable that you are tolerating it well, slowly increase to 2, then 3 sprays daily but only if you can comfortably tolerate it. Some patients report a marked discharge of thick yellow or green mucous with this treatment, which we believe to be a good sign. Please note that the package insert for amphotericin B, which accompanies the materials, describes the side effects for intravenous amphotericin B, which can be alarming. please note that used orally, or nasally, amphotericin B is not absorbed by the body to any appreciable extent, so the side effects listed do not apply to this treatment.
Treatment of the gut: We often start with a gentle material that contains EDTA, namely Interfase Plus by Klaire labs, using one capsule once a day to start, then slowly increase to one with each meal or MC BFM one capsule three times a day. When comfortable with these materials, we usually add sporanox 100mg once daily, and try to work up to 200mg twice daily if possible. Your responses determine how much medication you can comfortably take. We have use ketoconazole in the past, but recent recommendations from the FDA limit its use now. Sporonax can be expensive and many insurance companies insist on prior authorization which they use as a method of denying its use to you. Some of our patients have found it much cheaper to get from Canada, and we can help with this if you desire.