

# MOULD & MYCOTOXIN WEBINAR Q & A - DR JASMYNE BROWN

Can you have mycotoxins in your body without mould?

Yes, you can pass mould through the body without colonising it but you can hold on to toxins in the fat cells and other tissue of the body.

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Can exposure cause BLOOD and/or BONE MARROW issues?

Yes!

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Please indicate which toxins result in joint pain and treatment?

Any toxin can cause neurologic symptoms such as pain. The treatment includes supporting phase 1, 2, and 3 detox pathways with antioxidants and binders.

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Is there a mycotoxin that is tested in the GPL test that effects neutrophils lowering white blood cell count?

This study looks at citrinin and other mycotoxins and how they effect neutrophil activity. I hope this helps:  
<https://pubmed.ncbi.nlm.nih.gov/16237954/>

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I have small fibre neuropathy and CIRS. I found mould in my house and am currently remediating it. Has any research been done that says small fibre neuropathy is caused by mould toxins?

The research does connect mycotoxins to neurologic conditions but I'm not sure if its specifically small fibre neuropathy. Mould toxins may be playing a role.

<https://pubmed.ncbi.nlm.nih.gov/15259425/>

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Can a history of taking the Rx antibiotic penicillin and developing an allergy to it later lead to a stronger reaction to Penicillium mould if we encounter it or more problems with Penicillium derived mycotoxins?

So, penicillin is made from an extract of penicillium mould. I am not sure if this extract is the same target that would cause the hypersensitivity. I don't think a penicillin allergy would directly correlate to a penicillium mould allergy but there is always the possibility that one may be more sensitive if they are hypersensitive to one or the other.

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Can exposure to mould toxins or mycotoxins cause menopause symptoms to worsen?

Mycotoxins can do a wide variety of things. Due to some endocrine disruptive effects it is possibly for them to alter or worsen menopausal symptoms.

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Describe best treatment for mycotoxin exposure?

Supporting phase 1, 2, and 3 detox pathways with antioxidants and binders.

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When treating high mycotoxin load with binders like cholestyramine, does the patient need to take it 2 hours before and after supplements/food? I've also heard that the interval was 4 hours before and after, rather than 2 hours.

At least 2 hours separation is ideal. 4 hours would be a good timing but not necessarily needed. Plus, this will depend upon how many supplements they are taking and the timing of those. This will be up to your discretion.

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If markers 2, 4, 5, 6 and 9 on the OAT are within range but on the MycoTox there's high levels of Aflatoxin-M<sub>1</sub>, Ochratoxin A and Mycophenolic Acid - would this indicate current exposure or past exposure?

It would depend on the environmental testing down. You cannot determine current or past exposure from these tests alone.

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Are you able to please find out the suggested DOSE and DURATION of Itraconazole that is being used for treatment of Aspergillus, found in OATS/ Mycotoxin profile that Dr. Shaw mentioned?

The dose would depend on the person and amount of mould found. The duration is about 3 months.

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What kind of mould could be grown on fermented vegetables? Usually it is considered not very toxic and recommended for removal. But remaining vegetables can be consumed. What is your view on this kind of mould?

Any mould could grow on the vegetables. It would depend on what mould and mycotoxins are ingested and to what degree they were ingested. I would recommend having patients avoid any food with actively growing mould on it as this would reduce their risk for mould exposure. But the collateral mould growth from the fermentation process should not be enough to cause them too much harm if these foods are eating in moderation.

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How can you tell the difference if the results are from something you ate and is just passing through or mycotoxins are actually being created in the body?

If you have elevated 2, 4, 5 or 9 on the OAT then this is a colonisation of mould in the intestinal tract and it is producing mycotoxins from within you. If not, then there is no evidence of that happening. Please note the normal ranges were based off of people who DID NOT avoid commonly mouldy foods so elevations should be considered in the environment unless all you eat are commonly mouldy foods on a consistent basis.

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Aside from blue cheese, is there a list of foods that patients should avoid before testing?  
Is this included or noted on the lab req?

There is no list of foods the patient should avoid as the normal ranges account for this. The population did not avoid mouldy foods. Have the patient eat a normal diet to see if their diet is a factor. If they eat large quantities of bleu cheese you may instruct them to avoid this particular food at least 72 hours before testing.

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What are your thoughts on running the EMMA test (mycotoxins) alongside the various mould tests? Not as cost effective but more thorough since some remediation may eliminate the mould but not the mycotoxins.

If the person is still having sequelae post detox without intestinal colonization, then this may be a good option.

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Could you repeat the lab companies you would suggest for ERMI testing?

EuroFin, Envirobiomics and Mycometrics

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We have done several ERMI tests for the last 2 years. It is now a 4.5. Is that a safe number?

This is the moderate range. But it would really depend on how a MycoTOX profile came back to see if you are being heavily exposed to mycotoxins. Also, a consult with those that analyse the ERMI may be helpful.

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If you smell the mould or musty smell in a closet but cannot see mould the test kits are still recommended?

This would be up to you. If you want to start with a kit that will tell you what you already know that is your choice. But if you smell it, it may be better to just call someone out to take a look since you already know where it is.

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If mould has been found in an a/c unit in a home, what specifically would you recommend be done for remediation? What specific testing of the home would you recommend after remediation to ensure the mould has been cleared?

For an A/C unit you can have it removed or speak with a mould remediation company about how the experts in mould remediation would go about cleaning it. I am not an expert of mould remediation in the environment. You can check out the GPL Blog about mould testing services that can help you find a reputable source in your area. Also, for retesting of the environment I would recommend using whatever test you used to find the mould post remediation so you can do an accurate comparison.

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Have you found dry fogging to be helpful for treating a house for mould?

I am not versed in the treatment of mould in the environment. A mould inspector or remediator would be the resource you should ask.

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How to clean laundry machine and shower (product)?

A mould remediator would be a better resource for cleaning and remediation of mould.

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How does GPL's mycotoxin test compare to my Myco Labs mycotoxin blood test?

This lab is looking at IgG and IgE reactions to mould toxins. This doesn't tell you if they are currently excreting mycotoxins but if they have had an exposure and if they have an immune response to them.

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How do you know when you should do a mycotox test if there are no visible signs of mould in the home, care, work etc.?

If you have symptoms with no known cause, refractive to treatment, a past history of mould exposure, elevated detox markers on the OAT, and symptoms that occurred out of nowhere you should consider the MycoTOX.

## About



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Great Plains was founded in 1996 and is currently serving more than 100 countries. Great Plains Laboratory provides one of the most reliable, comprehensive, and understandable scientific results, using the latest technology and proven techniques.



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