



Mold, Mycotoxins, And Mast Cell Activation Syndrome

**Nafysa Parpia, N.D. interviewing
Beth O' Hara, FN**



Nafysa Parpia, N.D.

Welcome to this episode of the microtoxin and chronic illness summit. Today I have with me Beth O'Hara. I'm so excited to have you here, Beth. Beth is a functional naturopathy specializing in complex chronic cases of Mast cell activation syndrome, histamine intolerance, and mold toxicity. She's the founder and owner of Mast Cell 360, a functional naturopathic practice designed to look at all factors surrounding health conditions, genetic, epigenetic, biochemical, physiological, environmental, and emotional. So Beth, tell us about yourself. Can you share with us a little bit about your background and your story?

Beth O' Hara, FN

Sure, well, first it's always wonderful to be with you and we always have a great time and I'm really excited to be part of the summit because there's just so many people who are struggling and suffering. And one of the reasons I like to share my stories, I think it gives people hope that they can get well as well. And I know I shared a lot more in depth with you last summit. So I'll make it shorter this time. But I was fairly healthy young child, but then we moved out to the country when I was seven, into this old farmhouse, was over 100 years old. And it was your classic kind of where you would've gotten mold toxicity picture, but of course, back then nobody knew



anything about mold. They didn't know that mold was dangerous. It was just a aesthetic problem.

Nafysa Parpia, N.D.

Right

Beth O' Hara, FN

But my health started just declining after that. And I developed these terrible allergies. What we now know is was Mast cell activation syndrome, but there was no phrase for that. It wasn't even really on the radar in research at that point, but I'd be broken out head to toe and hives, scratching my eyes, it was just itching nonstop. Then I had a brain injury when I was nine. I was kicked by a horse. That set off more Mast cell issues all while these toxins were building up in my body, these mold toxins. We also were bitten by ticks a lot. So I'm sure I had a number of tickborne infections, but we know for sure I had Lyme, Borrelia and Babesiosis. At the time I hit high school, I was struggling to get out of bed in the mornings. And just to get to school on time was a slog every day. I just can't explain the level of fatigue and how challenging it was. I had all this anxiety that had been ramping up and wasn't sleeping well. But I pushed through, pushed through to college. And then that's when it just flattened me. And when I look back and I had gotten a little better when I first moved out and then I had rented this 150 year old duplex right next to the campus. And that is when I really took a nose dive and it always smelled musty in the basement. And I had just severe joint and muscle pain, like just the severe fatigue. The brain fog just kept building. I wanted to go to medical school when I was really overzealous about this, but I got to my senior year in college and I had to turn it down. I had some scholarships I had to turn down. And that was just devastating to me I didn't know what else to do and..

Nafysa Parpia, N.D.

through everything that you were experiencing even got to the point of getting into medical school and having these scholarships, it's such a testament to who you are.



Beth O' Hara, FN

Well, I appreciate that. One of the saddest points in my life was that I had worked so hard for that. And then to not be able to go. And I knew I wouldn't even make it through the courses and much less an 80 hour a week residency. It was never gonna happen. I couldn't even take morning classes anymore. I barely finished out my bachelor's and I became a chronically ill patient. I went physician to physician. People told me either they didn't know what to do with me. Or they told me it was crazy and I wanted to be sick, even though I was hobbling on a cane, I was told that.

Nafysa Parpia, N.D.

It happens to my patients every day. They've been to,

Beth O' Hara, FN

Yeah.

Nafysa Parpia, N.D.

They sound just like you. They've been through everything that you've been through; the mold, the tick bites, the physical stress. And then they get told that they're making this up where they wanna be sick.

Beth O' Hara, FN

Yeah, right. And you get told that enough. I was told that enough. I started to wonder, am I wanting to be sick? I felt crazy. But there was always part of me that knew if we could unlock this, there were some answers and there were some ways out.

Nafysa Parpia, N.D.

Right.

Beth O' Hara, FN

And it was a long journey. At my lowest, I couldn't work. I couldn't read a book. I couldn't get out of bed before two o'clock in the afternoon. And I might have three or



four hours where I could be vertical. I had to hobble with a cane. I could barely walk. And the pain was just, I don't know how to describe the level of pain. It was horrific. I couldn't sleep. And I was told, no one can go more than about a week without sleep. But I literally went four years without being able to sleep. I would just be able to get groggy because I had to take Benadryl. And then I got so sensitive that I couldn't even tolerate the Benadryl. I couldn't tolerate supplements, even little sprinkles. I would open the capsules, try to sprinkle. And the anxiety would shoot through the roof. And I was getting these bizarre reactions, like curcumin, which should have made help with inflammation was making me more inflamed.

Nafysa Parpia, N.D.

Right.

Beth O' Hara, FN

And I didn't know about this limbic system and vagus nerve aspect, everything. So my nervous system was so dysregulated. So that was the lowest point. And then I realized if I was gonna get out of this, no one in that time, in the area that I had access to had any idea what was going on with me, and this was before we had access to telehealth. And if I could have gotten out to you guys that would've changed my life, but I didn't know about you all. We didn't have those things where I was living. And so I had to start piecing this together. So any moment that my brain would work, I was reading, I was studying. And I landed on histamine intolerance that got me a little breakthrough, but then the Mast cell activation syndrome. That got me some breakthroughs, and it was like, this describes my life, but had to look at well, why are these Mast cells dysregulated, what's going on? What has thrown my immune system, my nervous system, all of this upside down? And that's where I just kept going deeper. And I knew already I had Lyme, but I couldn't tolerate anything for Lyme, any kind of antimicrobial. Then the mold toxin piece was what unraveled this huge tangled mess. I realized over time how much these mold toxins disrupt every system in the body, the immune system, the nervous system, hormones, they're gonna disrupt sleep. They're gonna disrupt my digestion is a mess.



Nafysa Parpia, N.D.

Right.

Beth O' Hara, FN

And I got down to only about 10 foods I could tolerate eating.

Nafysa Parpia, N.D.

Beth, how long were you in this state for?

Beth O' Hara, FN

It was a progression. So I probably really started developing health symptoms around nine. I had the allergy type symptoms, but around nine was when I had the brain injury. And I started pulling out, I'm in my 40's now. I started pulling out in my mid 30's, say, a little under 20 years.

Nafysa Parpia, N.D.

A long time to be sick for.

Beth O' Hara, FN

A really long time. My whole younger life, I was sick. I was on a cane, I was in bed. I was in excruciating pain. I couldn't go out with my friends. It was a big struggle. And then I had to find, figure out how to detox from mold, for somebody with severe Mast cell activation syndrome and all these sensitivities that would be driven by the Mast cells and the nervous system dysregulation. But I did work my way out of it. And that's what I wanna share with people that it was a lot of work. And I even tell my own clients that this isn't a quick fix. There's no you're gonna be done in six months, but there is a way out. And it took me longer than it takes months to my clients. It took me several years and I'm still on the tail end of my mold detox because I've had the third highest levels I've seen in my own practice of microtoxins.

Nafysa Parpia, N.D.

Oh, wow. I think of how long you were sick for, decades, right?



Beth O' Hara, FN

Yeah.

Nafysa Parpia, N.D.

And these decades, it would take a long time to turn that ship. It's amazing to me how well you're doing and how...

Beth O' Hara, FN

Yeah.

Nafysa Parpia, N.D.

How productive you are and how happy you are after everything you've been through. And that you're this beacon of light, this shining example to patients out there to give them a hope and just thank you for being you, Beth.

Beth O' Hara, FN

Oh, thank you, Nafysa. That's what I wanna tell people is that I went from where I didn't even know I was gonna live to climbing out of that bit by bit step by step pulling things together. Nothing was consolidated like it is now. Now we've got roadmaps, which is great, but trying to put this roadmap together, figuring it out. And then I got well, so, well, it was such a dramatic turnaround. I had really worked a lot on my spiritual life and I had become a life coach and was doing things like that. And I was supporting people who had chronic illness on the emotional side. But it was such a turnaround that people came to me and they're like, whatever you did, can you take me through that? How did you get better? So I went back to graduate school. I went back to graduate school in my 30's and got a master's and got a doctorate at naturopathy and built this practice. And I do have energy. And I can tell people what I have to do now is balance, not overdoing because I have energy and I have all this I wanna do. And I wanna take all that pain and suffering and that nightmare and use it to help people get out of this faster. And I told up one time it cost me over \$350,000. That's where I stopped calculating, but it doesn't have to cost that much. And we have all these modalities and if we know what we're doing, we



can recover. We can get better. We can get our lives back, 'cause there's so much life out there to live and to have with our families and to do with our mission and our passion and the world. So that's what I hope we can touch people with and give them that kind of hope today.

Nafysa Parpia, N.D.

I think we're doing it 'cause it's our path. Both of us sure is to touch people and to help change their lives, to help them live their highest potential. It's such an honor to do that. And I know it is for you too.

Beth O' Hara, FN

It definitely is. There's nothing else I would wanna do.

Nafysa Parpia, N.D.

Me too, we're so blessed to do this work. Yeah, let's talk about microtoxins and how they trigger Mast cell activation syndrome. As, before we begin that I wanna give a little, a short definition of Mast cell activation syndrome for our audience out there who might not know what it is. So Mast cells regulate the immune system and they're involved in our allergic responses. And even in anaphylaxis reactions, they're important in our immune system, in our blood-brain barrier function, in wound healing. And they act to guard our system, their primitive immune cells, and they protect our bodies from invaders, all kinds of bugs, molds, viruses, bacteria, parasites, toxins as well, mycotoxins heavy metals. And so whenever there's this threat, then the Mast cells release histamine and repertoire of almost 1,000 other chemicals. And it's actually a good thing. It's the inflammation response. So we love our Mast cells. We love our inflammatory response, but we want it to be transient. So sometimes the Mast cells can be stuck in a loop of secreting these inflammatory cytokines. And then they don't know how to stop. And then when that doesn't stop, people tend to feel symptoms in all of their body, all parts of their body because Mast cells exist everywhere; in the brain, in the gut, in the bones, in the muscles, in the general urinary system. So our patients have symptoms everywhere, not just the classic allergic reactions. So with that, let's talk about how mycotoxins can trigger Mast cell activation syndrome.



Beth O' Hara, FN

Yeah, so exactly what you've said, these Mast cells are these, I think of them like our frontline defending and sensing cells. And they have hundreds of receptors on the outside, it's so fascinating that that can respond to anything external or internal. So every particle of food, every molecule of air, every drop of water and what's in there in terms of toxins, but also the hormones in our bodies and so on. So one of these receptors on the outside of the Mast cells, and one of the better described is called the toll-like receptor. And that's the one that you're talking about. That's sensing the bacteria, the viruses, also the molds and the mold toxins. And what happens in this kind of normal response, just like you're describing is we should be releasing some mediators. Histamine is the best known. People now know the word cytokines. That's a class of immune signalers and Mast cells are one of the cells that produce those and all kinds of other things, prostaglandins and chemokines. And there's over 1,000 is at the estimate.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

So when there's something that shouldn't be in our bodies, it's a threat that it'll get triggered by that receptor and then this information responses there to help resolve it. What happens is we have this continual onslaught and we're exposed to all these chemicals now, we're exposed to electromagnetic fields. They trigger Mast cell receptors, which is quite interesting. There's a lot of research on that.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

And there's a research going back to the early 90's on mycotoxin and maybe actually some earlier than that triggering these Mast cells. So if you have some exposure, let's say you take a vacation and you go to Florida, and you can't find any place in Florida



without mold. That's just how it is. There's so many hurricanes, same along the Gulf coast of Texas and those Gulf states. And then you go back to some place that doesn't have mold. You might have some inflammation from that trip, hopefully your immune system, if any of those mold scores get in your body, you're gonna clear it out. And your Mast cells will be a part of that. And then you go back and you're fine. What's happening is we're in this epidemic of mold exposures. And I know you guys see it out there where you are. I work all remote. And the only places I see people who don't have mold in their homes are in the desert areas around in Arizona, New Mexico, Utah, away from the lake. That's it.

Nafysa Parpia, N.D.

Me too.

Beth O' Hara, FN

Yeah.

Nafysa Parpia, N.D.

I'm seeing a lot of mold in Hawaii. Of course, Florida, California, Washington, truly everywhere. And in other parts of the world, even North America.

Beth O' Hara, FN

Yes, yeah, UK.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

UK's really lot of mold, India. Lot of mold in India. India, that's humid. And then we have this whole other factor of, so obviously we've been exposed to mold for thousands and thousands and tens of thousands, hundreds of thousands of years, long as human being have been on the planet, but not at these kind of levels. And I know you're covering that in your summit. Why these mold toxins have risen to this epidemic level that they have? So we've got these exposures we've never had before.



Then we have people who are naturally a little more sensitive, tends to affect women. More Mast activation syndrome does as far as we can tell in the research, but we've got the people who have naturally a little bit of more sensitive Mast cells. And we are in this situation where these Mast cells are getting this constant onslaught now, including these mold toxins at these extremely high levels. So they don't get a break. And that's where they get over responsive and overly sensitive. And then they're releasing lots of inflammatory molecules. And it's so confusing 'cause it is all these different systems in the body, GI symptoms, skin.

Nafysa Parpia, N.D.

Right.

Beth O' Hara, FN

People might have anxiety, depression, sleep issues, lungs, but no two people look the same. There are all these various presentations of it. And that makes it more confusing for a lot of practitioners who are trying to sort this out as well.

Nafysa Parpia, N.D.

Right, and so what I'm seeing is that, well, going back to what, what you said about how we've been living with mold probably since the beginning of time. We've also been living with viruses, parasites, other infections for a long, long, long time. And our bodies were able to handle these infections. We could mount the inappropriate immune response to kill these infections. And our detox pathways were clear to detoxify from the microtoxins and the biotoxins that these infections create. Now, suddenly we're not able to handle these infections across board, not only just mold and I believe it has to do with environmental toxicants. So not only an increase of mycotoxins, I would say due to global warming issues. But also I'm seeing more metals in people's blood since the fires in California and there's more glyphosate, there's more pesticides. And so those environmental toxicants are causing immune dysregulation. And what I'm finding when I see my patients is not only do they have a high load of mycotoxins and mold allergies, mold exposure, but they also have a high load of these other environmental toxicants. And I think it's this combination of



these things that's insulting our immune system and causing our Mast cells to trigger, it's huge.

Beth O' Hara, FN

It is huge. And once these Mast cells get dysregulated, they're long living cells in our bodies. They live over a year and they can stay dysregulated for quite some time. And there's another piece in these sensitivities, which is this nervous system dysregulation. Huge body of research showing how mycotoxins trigger the nervous system, affect the nervous system signaling. And there are Mast cells at every nerve ending. So you can't really tease out the immune system and the nervous system. They're intertwined, they're interlocked. It's like trying to say your pinky and your thumb aren't part of your hand. It just doesn't make any sense when you look at it at that level. And when you have this dysregulated nervous system that can be occurring because of mold toxins, but also we live in more chronic stress than we have lived in historically, especially when we think about the last couple years, we're in a state of global trauma, there's some global PTSD happening, that political stressors. Even before this whole pandemic, what we dealt with on a daily basis, with traffic and bills and social stressors and social judgment and family stressors are at a level that when you look at traditional cultures, they don't approximate unless they're in a war zone, it's just, we are not wired to handle this amount of stress. And it's become our normal, but our normal is not healthy. It's not okay. And that's another huge piece in the sensitivity. So if you're stressed, your Mast cells know and they're gonna respond.

Nafysa Parpia, N.D.

Yes.

Beth O' Hara, FN

And then if you're stressed, any of mycotoxins, any of these chemical exposures and metals from the fires. And I think too about the fires triggering us from a survival standpoint, just the smell of smoke. I have clients who just the smell of smoke, triggers them and the smell of these forest fires, even when it's not at where it's really significantly affecting the air quality, but there's this survival mechanism in the



limbic system, in the nervous system. So the way out of these sensitivities, and that's what we primarily specialize in is people who are quite sensitive, they're having trouble taking supplements or medications. They don't know what to do next. The way out, the beginning steps are to get out of the mold exposure as much as absolutely possible, minimize it as much as possible. And I'm not in the extreme camp where everybody has to throw everything out and you gotta pick up and move to Arizona. That's not possible for a lot of people and that's its own trauma. So that's gonna stir all kinds of things, but we have to find ways to remediate and mitigate and reduce that are reasonable.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

And then we have to reboot the nervous system. And those are the starting places for people who are super sensitive. Then people have had a lot of trauma, like this brain injury I had as a child, I was fairly traumatic and I had some other events in early childhood. And I had to work on really soothing that PTSD aspect, but I wanna tell people without, but not revisiting the trauma. I didn't go back through, I did try doing talk therapy, but it just was retriggering. So when we have this dysregulated nervous system, we can't do it through talking about the trauma because our limbic system doesn't know the difference between it happening again or you're just recalling it.

Nafysa Parpia, N.D.

I'm so happy to hear you say that. 'Cause I think a lot of people they don't realize that. So they go back and I see it all the time. Then they rehash the trauma.

Beth O' Hara, FN

Trying to understand it mentally, but it's like this part of the brain is not the most traumatized. It's these older evolutionarily parts of the brain. And they respond best to things that are very soothing.



Nafysa Parpia, N.D.

Yes.

Beth O' Hara, FN

Very, very soothing. So I did a lot of things like brain tap and safe and sound protocol, and I actually did IV ketamine, which was a game changer at a low dose. I've done a lot of things with weighted blankets and getting on the beach and covering myself with sand.

Nafysa Parpia, N.D.

Yes, these are the things that are gonna shift the neuroplasticity to the way that's optimal for our healing and just for our living generally.

Beth O' Hara, FN

Yes, yeah.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

And these are the starting points. A lot of people just keep banging their head against the wall like I did for years trying that sprinkle cortisone again, a sprinkle curcumin again.

Nafysa Parpia, N.D.

Right.

Beth O' Hara, FN

We've gotta step back and do it in a different way. There's a role of homeopathics in helping reboot this sensitivity.



Nafysa Parpia, N.D.

Yeah, I just wanna stop here for a second, 'cause the reason we're talking about this, just speaking to our audience is that a lot of our patients are sensitive to the cortisone. They're sensitive to herbs. They're sensitive to things that maybe they think they typically shouldn't be standard herbs, very basic things most foods they are sensitive to. And so that's when we know, okay, we have to work on treating the nervous system first with all these methods we were speaking about. And once we're able to bring the nervous system back into a regulated place and heal the trauma, whether it's brain related, whether it's emotional or spiritual, we work on healing that trauma from physical to the spiritual. And then we can come in and start giving basic herbs.

Beth O' Hara, FN

Exactly, and to do things in an order that people, is this order of operations is the game changer for people who are sensitive.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

And I do 10 times more than I ask any of my clients to do because I'm also, I always experiment with everything, I wanna try it myself if it's appropriate for me. But just to say that what I can tolerate now, given where I started with putting a sprinkle of a supplement in water and stirring it and trying to take a little sip of that, I can take 50 supplements with lunch and I just did sauna this morning before we got on, an infrared sauna. And so there are ways out of this.

Nafysa Parpia, N.D.

Absolutely.



Beth O' Hara, FN

But it does need, people need some guidance. A lot of times it's too hard to get out on their own and we've gotta reboot the limbic system with something like Asha Gupta's stop exercises, seven step stop exercises or the DNRS rounds. And I tell people don't do that going back to the past parts. Just those limbic rebooting rounds.

Nafysa Parpia, N.D.

Yes.

Beth O' Hara, FN

Every day. And a lot of times people need six months of that. But people, even with that, can't start with an hour a day. They might have to start with five minutes, 10 minutes, and then we gotta bring these vehicle parts on too.

Nafysa Parpia, N.D.

Right, yeah. At the same time I'm often having people do craniosacral therapy or very, very light body work or neurologic chiropractic work, working with the NUCCA. Sometimes I can't even tolerate acupuncture yet. So it's really, really working on the limbic system, the vagus nerve and calming that system down so it's not hyperactive first, and you're right. Six months sometimes before we can even touch a patient with the supplement.

Beth O' Hara, FN

Yeah, and that's okay. To know that that's okay. And to know that people and it helps for people to know they're on the right track.

Nafysa Parpia, N.D.

Exactly, yeah. And then usually, at some point you see the ship turn, the patient says, wow, I had three days of feeling better. Okay, good, and then I tell them, you know what, that means that that state of health is now available to you. It's opened up. It's



a layer that's opened up. You might come down a little bit, but it won't be long and you'll get back up. Then we're gonna try and make this next state your new homeostasis, your new normal. And we have higher to go. It goes like that different layers. Sometimes you come down, back up and we keep healing like that. So it takes some time.

Beth O' Hara, FN

It does take. And that's one of the keys is to be patient and to be patient with ourselves and to have some kind of faith that we're gonna get out of it. And I don't wanna make it sound like I just, I was even keeled along my illness, I wasn't. I was a mess, I had temper tantrums and I had meltdowns. And I had days that I thought, well, maybe if I could have drank alcohol, I would've just become an alcoholic because of the state of my life. But I couldn't tolerate the alcohol.

Nafysa Parpia, N.D.

That's good thing.

Beth O' Hara, FN

But I would always wake up the next morning with something in my core that I knew there was a way out of this. It's really important people find that in themselves, they find a way to hold onto that, that there's a bigger picture to all of this. And it's about continuing to walk the path forward. Neil Nathan is a mentor of mine and really dear to me, and I was complaining a little bit. I was having a hard period again, because I still I'm having mold colonization. My God, I'm not perfect yet. I'm still trying to get that handled. It's just been very stubborn and complex, even with all that I'm doing. And I said, I'm just getting to of swallowing all of this. And he said to me, "What else are you gonna do?" And that was best pep talk. This is true, what else are you gonna do? You're gonna keep walking one step at a time forward. And I needed to hear that. And I think other people might need to hear that when they're having a hard time.



Nafysa Parpia, N.D.

It's important because patients do say, okay, this is taking a long time. Or I have to take a lot of supplements or I have to do a lot of things. This is like a full-time job. And it is, I wanna honor that. And I'm really happy we're talking about this today because I want patients to know that that's a normal part of healing when you're this sick, when you're this sensitive. And when you have this many layers to your illness, there is a way out.

Beth O' Hara, FN

There is, and it takes that persistence.

Nafysa Parpia, N.D.

Yeah, it's slow, it's steady. And then you have people like us to walk that path with you. I always tell my patients, you're not doing this alone. This seems like a lot, but I'm here. I'm with you.

Beth O' Hara, FN

Yeah.

Nafysa Parpia, N.D.

When they have us as their guides and they know that, that makes all the difference, just like, it sounds like Neil was your guide, has been your guide along this path. How important that role is.

Beth O' Hara, FN

Yeah, it's very important. And then once we get out of the sensitivities, that's when we can start on this. What I think of is this precision mold detoxification. So doing it in a way that's really honed and targeted with what mycotoxins we know people are dealing with. And I know we're similar in this approach that we want to clear these microtoxins before we start working further up the queue, we can't often get rid of SIBO, or get rid of the parasites completely or get rid of hormone dysregulation. Or a



lot of times even these chronic infections like Lyme till we get these mycotoxins out. 'Cause there's like this big wrecking ball.

Nafysa Parpia, N.D.

Huh

Beth O' Hara, FN

They keep hitting us. And so we wanna do the testing and know which mycotoxins people are dealing with. And then there's been fantastic studies on this and Neil Nathan and Joe Mather, and I got to be a little involved in this. We consolidated what we've been able to pull from the research literature on which of these mold toxins are better bound by which binders. And that's been so helpful because charcoal actually still hasn't been shown to be an effective binder for gliotoxin. So we can't use charcoal across the board, but it works great for Aflatoxin for Ochratoxin, for trichothecene and to know which ones. But for gliotoxin, things like Saccharomyces boulardii, and bentonite clay, Propolmannan that fiber work better for. And if we can use that gematrix to customize this binder protocol for people they can get through more effectively, more quickly. That's been a game changer. 'Cause when I started in all of this, we were still trying to just use one or two combo binders or just use charcoal or maybe, you know, bentonite clay, but I wasn't getting people through as well as we can now with these combo binders, and not combo binders, but precision binders. And then we also mapped out, Emily Gibbler and I went through months and months of the research literature and mapped out which mold toxins are detoxed through which detox pathways in phase two in the liver. And we found that Glucorin addition was actually the primary phase two pathway. So once people are tolerating things, we can support that with calcium D-gucarate, and Rosemary Pterostilbene, ECGC, these types of agents asked as anthem are effective.

Nafysa Parpia, N.D.

I love that, I love that research and how you can tie it into specific microtoxins. There are very few things in medicine or herbs, in medicine, I would say that are so specific for particular compounds as these binders and these microtoxins. So thank you for being involved in creating this, it's fantastic.



Beth O' Hara, FN

Oh, I was so excited to be part of it and it's continuing to grow. So I've recently seen some information about or however we pronounce it

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

That I wanna dig into. And then Jill Krista, who's is fantastic naturopathic doctor in mold toxicity, she found research. It was in vitro meaning it was a Petri dish study, but she did find research showing that Allo might be effective for Aflatoxins. So we keep expanding this for people as well. And for sensitive people, that's so critical because even when we get to tolerating more things, I still have people who they just can't take bentonite clay, or they can't handle even a sprinkle of chlorella. So we have these other options we can fall back on.

Nafysa Parpia, N.D.

Yeah, it happens. Actually, I'm finding that it's bentonite clay is one of the ones that the most sensitive people are less able to handle that yet until we've done other work. I like to call it pre-tox, supporting the detoxification systems before we even get to binders. But yeah, I like to support all of the organs of elimination as well. The kidneys, the liver, the gut, the lymph, the skin, even before I'm giving the binders. Usually I'll treat Mast activation syndrome first.

Beth O' Hara, FN

Definitely, yeah.

Nafysa Parpia, N.D.

Do immune modulation, at the same time I like to do that with peptide therapies that I'm gonna support the organs of elimination, give binders to the person. A lot of people think they can take binders right away, but often they can't. They can be



constipated or have a lot of gut issues that just will lead to constipation if they take the binders first. So sometimes we have to do a lot of gut healing before they can even begin doing detoxification.

Beth O' Hara, FN

Yes, that's huge. We don't wanna take binders if we're not that bowel movement daily.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

And I tell my clients as it is crusty as it is, you'll remember this if I tell you no poop, no binders.

Nafysa Parpia, N.D.

Nothing, yeah.

Beth O' Hara, FN

If you don't have a bowel movement that day, don't take the binders because those toxins are just gonna be sitting there in the colon and get reabsorbed. And that's where people start feeling pretty icky. So we do a lot of work just like you on making sure that we're getting that daily bowel movement. Sometimes that process itself might take a few months just to get people to where they can have that regular bowel movement. And I'm always surprised how many people are not drinking enough water even in, and our clients when they come in are usually pretty well educated, but they miss that part. So I ask everybody how much water you did you drink? Measure, how much water are you drinking?

Nafysa Parpia, N.D.

Yeah, when I ask that a lot of times they say not enough, they know, they know when they get enough water. So I say, okay, put a big picture by your desk. Just make sure



you're getting your eight to 10 cups in. And that makes a major difference, even just that it.

Beth O' Hara, FN

Yeah, and dehydration is a Mast cell trigger. Water is Mast cell stabilizing. So usually when I tell people that I get them somehow little motivated and I do, I'm running a little low here, and I'm from the country so we drink from Mason jars. And I'll fill up, I'll have different herbal teas on my desk. That's a hibiscus tea and I'll measure my fluids and make sure that I've gotta get through all of that before I go to bed. I try to get through all of it before dinner. And that's how I know. And the days that I don't do it, I don't even get enough fluids in. So I just get busy. So that's a good trick for people. Or if you have to go into an office, and when I had a physical office before we went all remote, I would fill up my water bottles at home with my filtered water. And I would take my stainless steel water bottles then and have those sitting on my desk and get through those before I left for the day.

Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

So those are key. And then one of my actually favorite starting points for Mast cell support for people who are really sensitive are by carbonates. And the reason is that bicarbonates modulate a mechanism called cert two, that triggers Inflammasome production as part of this whole inflammatory process. So people have, and I get so many people with pots and low blood pressure just doing something like baking soda or even better if they can do a balanced tri salt. That is often not everybody. If some people with some GI issues or some stomach lining issues that might have a little trouble with it, but frequently people do quite well with that. And they can start with little sprinkles. They can try the baking soda first as a single agent, or if somebody does happen to have high blood pressure, you can get potassium bicarbonate. You wanna get food grade.



Nafysa Parpia, N.D.

Yeah.

Beth O' Hara, FN

But that's often a way. And then if somebody can't take it orally, generally, if someone's getting in trouble, it's gonna be a little GI distress. And I say that because I have people in my practice who can't drink water, they're that sensitive. So there's nothing that everybody can do across the board, but we can even do these in a foot soap or a bath and just do baking soda and potassium by carbonate in a bath and get it through the skin even.

Nafysa Parpia, N.D.

Yeah, I love it. Thank you, thank you, Beth for this interview. It's always such a pleasure and always so much fun to talk to you, yeah.

Beth O' Hara, FN

Oh, it's so good to be here with you, Nafysa, and I just wanna really encourage people to keep going. And there's so many great resources on the summit. You guys have wonderful resources that you send out and such an incredible center. And then we do have a lot of free resources for people at mastcell360.com where people can find our low histamine oxalates low lectin foods lists. And they can dig into all kinds of aspects around the nervous system. And we also have some low cost courses where people can step themselves through nervous system rebooting and supporting their Mast cells and multi-tox for sensitive people.

Nafysa Parpia, N.D.

Fantastic, so for our audience, I can easily say that that Beth's website, Beth's information center is really the best one. You're gonna find of the all on Mast cell activation syndrome hands down, any information you want on that is right there on her website. So thank you Beth, for providing that to the people who need it.



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Beth O' Hara, FN

Thank you so much, and for all you're doing for this summit and all the resources and information, if we work together as a community, we can all heal will faster and we can get our clients healed faster and then that trickles out and people can go on to do their mission and their passion in the world, make the world a better place. So, so much bigger than just healing somebody from mold toxicity.

Nafysa Parpia, N.D.

Exactly, it's helping people live in their highest potential for themselves and to be in service in this world. So such a blessing to work with our patients and to be in community with you, Beth.

Beth O' Hara, FN

You as well.

Nafysa Parpia, N.D.

Thank you, bye for now.

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