



## **It's Never Just One Thing: Teasing Apart Healing After Mold Exposure**

**Dr. Jamie Kunkle interviewing  
Cynthia Keller, M.D. & Emily Passic, N.D.**



### **Dr. Jamie Kunkle**

Hello, I'm Dr. Jamie Kunkle. I have the pleasure of introducing you to two of my favorite people in this world. Emily Passic, Dr. Emily Passic, and Dr. Cynthia Keller. They both work at a center that I used to actually frequent and work out as well. It's called Centered in Wellness in Kirkland, Washington. I will go through each of them as a short introduction here and then we can dive right in. I'll start with Cynthia, Dr. Keller MD, is a Pediatrician who is passionate about and specializes in the care of families, with both well and chronically ill children. She is triple boarded in pediatrics, integrative medicine, and anti-aging and regenerative medicine. And she runs the Wellness Center that I mentioned in the Seattle region. It's in Seattle, Washington area. And is proud to be recently promoted to SSRP Faculty. I'll let her tell you about the SSRP, but this is a peptide education with Dr. Seeds. And I will let her elaborate on that in a few moments here. But I didn't wanna leave, Dr. Emily Passic out here for too long. She holds a doctorate in Naturopathic Medicine and a Masters in Ayurvedic Science. So, I think she was in that first class at Bastyr University. That's really cool. She works as an integrative pediatric and family practice, the same one as Dr. Keller here. And she was actually a resident under Dr. Keller and myself some time ago after she graduated. She spent time in India learning some of this Ayurvedic medicine with top doctors and incorporates multiple Ayurvedic modalities in



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treating chronic conditions, which is really fascinating stuff. Her passions include mold and mycotoxin illness, full body detoxification, parasites, yeast, chronic pain and hormones. Really cool stuff. So let's get started here. And we'll talk, actually if you want too Cynthia, you're welcome to discuss a little bit more about what you do with peptides. 'Cause a lot of people actually in this community really enjoy peptides. We have Peptide Summits and all kinds of things. So it'd be nice to, yeah, elaborate a little bit there and then just a little plug in for later .

### **Cynthia Keller, M.D.**

Okay, yeah, so actually first, can I just tell you a little bit about our clinic. Or I mean, you know about our clinic. But-

### **Dr. Jamie Kunkle**

Oh yeah, go for it.

### **Cynthia Keller, M.D.**

We're a group let's see, there's four naturopaths, myself, I'm the only MD. We have acupuncturists, massage therapists. We do neurofeedback. We have my favorite family Clinical psychologists works with us. And I think our gift is treating the whole person. So, you know like we do treat people with chronic mold issue and SARS, you know, chronic Lyme, mast cell activation disorder, PANDAS. But really what we treat is human beings. And they happen to often have issues like that. And I think one of the things that sets us apart is our collaborative model which was really what my mission was here. And so we have grand rounds weekly about our patients. You know, Em and I, I'm sorry, Dr. Passic and I, treat all the same patients 'cause we have a set number of families. Honestly, most of which have been with me since their children were born and now they're in their 20s and such. And so we both care for the same families, and that's really wonderful because we can, including the child psychologist and everyone, we can sort of do wraparound care. And so that I think, is one of the things that makes the care we give special. And then yes, I'm super excited about my recent faculty appointments. So, Dr. Seeds started organization called SSRP, which stands for Seeds Scientific Research & Performance. And really while if you sort of think about Dr. Seeds, you usually think peptides. But really his

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gift, he's awfully smart, is about teaching. I mean, these are my words about what he does. I don't know you'd have to ask him for what he thinks he does. But I think he teaches the biochemistry and looking at the human body, both in wellness and then in dysfunction so that using different modalities makes sense. And again, these are my words not his. Is that it's sort of like teaching a person to fish as opposed to feeding them fish. So while we do use peptides. I think what it's really about is understanding the cell in the body. And that fits in really well to how we work as a clinic because while I do use peptides, I'm certainly not like peptides isn't my single-handed thing it's about treating humans. And so, there that's it.

**Dr. Jamie Kunkle**

No thank you, I appreciate that. Would you like to add anything to that, Dr. Passic?

**Emily Passic, N.D.**

The cool thing is, and what Dr. Keller was just saying about the clinic being an integrative model, is that when she comes back from a conference or a weekend, she writes everything up and teaches all the doctors in the clinic. So that we can all not only understand what she's doing with the families, but so that we can all use the same medicine. And that is a huge benefit to the practitioners, but mainly the families and the patients.

**Dr. Jamie Kunkle**

Yeah.

**Emily Passic, N.D.**

Yeah.

**Cynthia Keller, M.D.**

And then I have to say that also, Emily does the same thing. So, Emily just undersold herself there. That she is also equally driven and probably more driven than I am even to read all weekend and dive into things. And she also then comes back and reports to us. And honestly, Dr. Passic is phenomenal as a human and a healer as well.



**Dr. Jamie Kunkle**

Right on, I can attest to that. All the above.

**Cynthia Keller, M.D.**

Yeah.

**Dr. Jamie Kunkle**

All right, well we're here to talk about mold. So mold is an interesting conversation. Everybody has a different sorta take on it, I would say. Not everybody treats children, pediatrics and stuff as well. And so I know there can be some challenges there. And that's why I wanted to bring you guys on actually, was to talk about how do you navigate something as complicated as mold with children, with the parents of children. Even and you know, do the things you need to do, get the workups you need to get worked up and not get into too chaotic of a realm of got to go here, go here, you know. Those kinda thing. And children do heal really nicely. So I think maybe if you get the right things in line, maybe they'll move in a good direction. But there's obviously some challenges and roadblocks along the way there. So, if you guys could talk a little bit about how you approach these types of situations as a primary care practice, as a pediatric practice, as an integrated practice. All this good stuff. floor open.

**Cynthia Keller, M.D.**

Yeah, go ahead.

**Dr. Jamie Kunkle**

Go ahead.

**Cynthia Keller, M.D.**

Okay, I think we actually did quite a bit of time thinking, Dr. Passic and I, about how to be most useful here. And you have all the experts in mold also speaking. And I agree with you. I think one of the things that we had to offer that was different was, well our thinking about things and our integrative model. But also that we really love



working with children and families. And that since I was a pediatrician first, that was sort of the basis of the clinic initially. And you can't like working with kids unless you really like working with moms. And I think that we do sort of have a few recommendations that we would say to both the moms and dads who are watching this, the parents. And then also providers who might not be as used to working with families, as opposed to just adults. And so I would say that the top three things that I wish all moms, parents would know about helping their child with chronic illness is that, one is that I wanna put a shout-out to them to trust themselves. Moms' gut instinct about their children is almost always right. And if not, it's real close. And so I want to remind them to trust themselves. Two is, oh please don't scatter. I would say like the number one problem that we have when a patient finds us if they haven't been with us since birth those ones have already understood this but is that not to scatter. Is that these mom are honestly smarter than most of the providers I know about a lot of healing modalities, but they tend without the guidance of a provider who can help them think clearly and logically, that they're trying hyperbaric at the same time as they're trying a new peptide as the same time as they're doing this really deep in-depth detox. And they heard Dr Klinghardt speak about something, and so they're doing one of his protocols.

And they have then no idea about what worked, what's going on. And so, like please don't scatter. And then, oh shoot I can't remember what my third thing was. Third thing was, oh yeah, mold's not good for anybody. So like please, if you want your child to get better, don't spend money on anything else before you get the mold exposure fixed. So we live in the Pacific Northwest, mold's not good for anyone. Don't spend money on a new hyperbaric oxygen chamber if you have mold in the bedroom. Just don't do that. So that would be the three things for parents and the three things for providers who maybe aren't used to working with kids. One is trust the mom. So I'm back to that again. That the mom will tell you almost everything you need to know. Two is ask the child. And so we do this thing at our clinic that I don't know, I've done since a gazillion years. But is that I ask the kid if I had a magic wand and could give you anything you wanted. What three things do you want? 'Cause while the mom might have an agenda and I know what I think I want to have happen, the kid is actually the one who's important. So if what they really want is to get to the dance



that's next week, you know that's a very, I might be looking for long-term solutions and the parent is worried about something else. But if I don't aim for the headache that they wake up with that makes their life hard and the dance next week, then I've failed. And so I really use that to dictate care for us. And then the third thing, is to remember that the provider is actually maybe the number one treatment. So that I believe that love heals, and walking with families is the important piece. You again, we treat humans not sort of specific illnesses. And we have a lot of modalities, and we try them and we use our smarts. But a lot of times that doesn't work the first time. And so even if you don't have a treatment yet that's working, walking with them and not abandoning them I think is really important. So that like I'm the treatment, Emily's the treatment and that love and care heals.

**Dr. Jamie Kunkle**

Yeah, would you like to add anything to that, Dr. Passic?

**Emily Passic, N.D.**

Yeah, the one thing that I think maybe, Cynthia you missed in the chronic, why we are so good at what we're doing with families and kids is that, I think what sets us apart aside from the love model is that we check in really frequently. And like one thing you said was, what if they wanna go to the dance this Saturday? Or what if it's her birthday on Saturday? It's not checking in every six weeks or every three months. It's like, do this and then call me on Saturday or call me on Monday morning or here's what you're gonna do for the next three days. And I think that that short-term checking in. Because like you said, Dr. Kunkle the kids heal fast. And so we can see movement quicker with pediatrics.

**Dr. Jamie Kunkle**

Yeah, so having open communication line and being available I think is a big deal with chronic disease in general and with kids too, would you say, even. Yeah, that makes perfect sense.



**Cynthia Keller, M.D.**

And Emily you remind me of one thing too, is that I really should put a plug in too for our nurse or our nurses, who give at least as much love and time as I do and you do. And so a plug for them.

**Dr. Jamie Kunkle**

Oh, yeah.

**Cynthia Keller, M.D.**

That we wouldn't be as good without Tiffany and Natalie, who really are an important part of the care.

**Dr. Jamie Kunkle**

Yeah, having solid support staff is really key.

**Cynthia Keller, M.D.**

Yeah great, I lost my earbud, just one second.

**Dr. Jamie Kunkle**

Go for it .

**Cynthia Keller, M.D.**

Okay, 'cause I have small ears so they jump out.

**Dr. Jamie Kunkle**

So when you're ready. So why did you set up a wellness clinic like this? What was it about? Why do you think it was the only way to help people get well? You know, in what ways did you feel like this type of center was gonna be the way?

**Cynthia Keller, M.D.**

Right, well I knew I wasn't gonna be able to work for the man or like in a system that was already set up. I don't think that the current health model works. And so I came



out. I was offered a job right out of residency and I said, that's fine, but I have to be a partner. And they were like, okay. So I even went into a small private practice with the power to dictate the way I gave care. But even that after I don't know, 10 years, became pretty uncomfortable just because I was more and more interested in sort of a wellness model and that doesn't fit very well with current system. And so I realized I was gonna have to either give care the way everyone else did or I was gonna have to create a new model. And so at the time there were no pediatric clinics like this. Sort of in a concierge where we sort of took a bunch of families on sort as like a co-opinion. Sort of like we're all committed to this kind of care. And that was working really well. But there were things I didn't know how to do. And there were specialists out there that I didn't know if I could trust to do the right things with my families. And so one at a time, I started collecting specialists or providers who were like-minded. And I really do think that that wraparound kind of care is the only way to give good care. Or the easiest way, let's do that. So, I guess the current system wasn't working so I had to create something else.

**Dr. Jamie Kunkle**

Sure, yeah that makes sense. I know these complex chronic diseases don't always fit well into the boxes so to speak. And mold unfortunately doesn't get enough attention in the conventional world not as much as we'd like it to.

**Cynthia Keller, M.D.**

Right.

**Dr. Jamie Kunkle**

For example, so. Well, let's dive into how you guys are evaluating these patients. When you're looking are mold and when you're expecting a mold exposure. When do you think mold, it's always mold, right? Just kidding.

**Cynthia Keller, M.D.**

Well, we do live at the Pacific Northwest, so there's pretty much everyone's exposed just walking around. But I think for me and then, Em you can speak to when we think mold. But I think mold when someone becomes dysregulated, right. So



remember that we deal with human beings, And some of those human beings are well and some of those human beings are worse sick and now are maybe more well because we've been working with them a while. So when one of those becomes dysregulated and that will show up in a lot of different ways, right So. if it's sort of just kinda pure mold, SARS stuff, then they're gonna have brain fog, they're gonna put on weight, they're gonna be fatigued. All of them is gonna hurt. So someone who is well and then suddenly is not well, a mold exposure is pretty fast, usually. Although you might not notice it as quickly but our patients are pretty good at knowing when that happens.

**Dr. Jamie Kunkle**

You're speaking about folks that already have other illnesses perhaps or?

**Cynthia Keller, M.D.**

Yes, so we have a scattering of people. We have some people who are just straight PEDS and they are sort of mostly well, but they still get exposed to mold. And then we have some patients who have chronic illness, who for the most part, we have brought back to wellness. So things like chronic Lyme, or they might exhibit things like PANDAS or POTS or mast cell activation disorders. But my view of that is really that that's the body tipped or that's the bucket full and that's what you're seeing, but these people don't usually have five illnesses, right. It might look like five illnesses, we might be able to diagnose them with five illnesses, but that doesn't make any sense, right. Like something happened to dysregulate them. And so my goal is always, our goal is always to figure out what dysregulated them, remove it from their environment or their body. So if it's chronic Lyme, I should have said chronic Lyme in there of the things that we handle. Adrenal insufficiency, sort of anything dysregulated, right?

**Dr. Jamie Kunkle**

Yes.



**Cynthia Keller, M.D.**

So we figure out what the thing was. We remove that from their environment. We try to calm whatever happened and sort of acutely bandaid the issue that showed up. So if it's PANDAS, I'd probably give antibiotics and steroids. If it was mast cells that got dysregulated because of something, then I would do a mast cell protocol. If it was POTS, I would do whatever needed to be done to reset their autonomic nervous system, et cetera. I would give them hydrocortisone if they were in Fran adrenal insufficiency. But that like really that's only to sort of hold them so that their daily function is okay. But you're not gonna get real wellness unless you figure out what dysregulated them. And for a vast majority of our client tale, if you take it to sort of back, I think like a sweater that I wanna pull the thread so that the whole thing starts to unravel and so much of the time, it's actually parasites are mold. And if you don't figure that out, well, I guess parasites might be the underlying thing. But mold can dysregulate quickly. And if you don't figure that out and remove that, you can only sort of bandaid someone.

And so for us, when one of our patients dysregulates, or comes in dysregulated, and Emily sort of spoke to this with and you did too about kids heal so well. And because we sort of learned all this on children, we know how quickly to evaluate kind of is that the issue? So one of the things that we do is that if I think it might be mold or if we think it might be mold, my nurse, the family calls and says, "Oh no, Bobby is falling apart again." And so we say, well A, do you know is he exposed to mold? Oh yeah, he went antiquing on Wednesday. Well, that's maybe not the best thing to do in Wet Wet or Washington, right. So then we make sure they don't go back there. And we will often say do this, take some lumbrokinase, some GID detox and come in daily for 10 minutes of oxygen. And I can explain more why that's our go-to thing for sort of quick evaluation. But we do that for two or three days and they're seeing us daily for the oxygen, right. So we're checking in. And at the end of three days if they're a lot better, then probably it was mold. And that doesn't mean they have to keep coming in every day. But we have our answer. If we do that for three days and they're no different, but then I'm gonna rethink it might not have been the mold exposure. It doesn't mean that mold was good for them but that might have been just the



priming. But that wasn't the thread I needed to pull to, to unravel it. And so we think mold a lot because of where we are to recap the answer to your question. And two is, how do we know our current best test is to give them lumbrokinase, GI Detox, and oxygen. It's just really quick.

**Dr. Jamie Kunkle**

Yeah, that's fascinating. I definitely wanna talk more about that. And Emily, if you wanna add to that too, I mean, the acute mold test treatment that you're doing is really interesting. I don't hear so much about that, so.

**Cynthia Keller, M.D.**

Well, we made it up.

**Dr. Jamie Kunkle**

Oh, good. That's awesome . I would love to hear more about that. There's anything else to add from Emily? 'Cause yeah, we don't always hear about those things.

**Emily Passic, N.D.**

Yeah, the only other thing I add is that we usually throw in glutathione.

**Cynthia Keller, M.D.**

Oh yeah.

**Emily Passic, N.D.**

Because we're talking kids, you know obviously we treat adults too but I'm gonna try to stay with kids. The taste of glutathione is not something they're willing to do. So if they can take a pill, but they're not gonna do glutathione I would just say next best NAC. So trying to get something to get right their detox flowing. And the other thing that I wanna mention is to kind of step back and look at sort of the season or the environment, like, did they just go back to school and they're in a moldy classroom? Was there a moldy pumpkin in the classroom?



**Cynthia Keller, M.D.**

Oh my God.

**Emily Passic, N.D.**

But did they bring the Christmas boxes is down from the attic?

**Cynthia Keller, M.D.**

Yeah.

**Emily Passic, N.D.**

Was it super rainy in Seattle? And everyone came in flaring. And those are some of those big, we start to look around the clinic and again, a benefit of us all being with these same families is that, we're looking around and everyone's flaring, so. They might have completely different symptoms. But that's another clue, right. We're starting to ask the questions like how did you just bring the Christmas boxes down from the attic or put them back into the attic in January. So, I think that's kind of an easy place to go because one thing I find is that practitioners get really scared and their first step is always, do I have to test the person, do I have to do this expensive urine test? And often the answer is no. And I think doing these more simple evaluations of again like the environment or the season, or this quick trial of like three days of our acute treatment, I think is actually a lot easier.

**Cynthia Keller, M.D.**

Right.

**Dr. Jamie Kunkle**

Yeah. No, that's really interesting. And then, go ahead-

**Cynthia Keller, M.D.**

Can just add two more things about that, sorry. So, and Em one of the things that you forgot to say was that we'll all flare. So-



**Dr. Jamie Kunkle**

Sure.

**Cynthia Keller, M.D.**

So if we have a patient who comes in and they're coughing and wheezing. And Emily's like, oh my gosh. And I'm starting to flush that we know that that poor person is got mold on clothes. So sometimes we have been able to make the diagnosis before because we all get like knocked over when they come into clinic. Em is doing body work on them. And like, I don't know, they're like fluffing their stuff. So that would be one thing. And the other thing is that, everyone has limited time, energy and money. And anytime I can, I want their money and time and energy spent on healing. So I in particular, we don't order any test. We don't actually need the answer to. So like for instance if I wanted to know, if that person had a mold issue, you can get the house tested, you can test their urine, you can do all this stuff. But all of that is gonna be expensive and take time. And in three days we have a pretty good answer about how we won't have like all the answers, but we at least know it's worth our time, energy and money to further look into this issue or it's not.

**Dr. Jamie Kunkle**

Okay, yeah very interesting. So you would at one, if you weren't getting your answer in three days but you're still expecting mold, is that when you would go into testing or you know?

**Cynthia Keller, M.D.**

Well to be honest, if I was expecting some change and the kid and the mom said to me, they're like absolutely no different with the oxygen. Let's say like their brain doesn't sort of light up at all. Then I would spend my first time, energy and money trying to figure out what that other thing was. It doesn't mean I would never look there. But like, I'm looking for a quick--

**Dr. Jamie Kunkle**

You feel like you're gonna get some movement there though. You're gonna get some-



**Cynthia Keller, M.D.**

That's right, that's right.

**Dr. Jamie Kunkle**

Yeah, okay-

**Cynthia Keller, M.D.**

Traction, yeah.

**Dr. Jamie Kunkle**

A traction, yeah. Okay, very cool. I guess, yeah it sounds like your communities you guys are pretty close, at least as far as you have a concierge practice your families are pretty close and everything like this. So they probably trust you guys. Like if you're gonna do this thing and that thing, or you think it's this thing or that thing it's probably done a super big deal. That's not always the case I know working with pediatric. If the parents maybe are in disagreements or other things like this. How do you navigate some of those challenges with children and trying to work these things up? Or maybe if you say I'm pretty sure it's mold, but then urine test isn't there or the isn't there or something like that. And one parent's skeptic or something and maybe you guys don't get those people. But I just gotta pose that question.

**Cynthia Keller, M.D.**

Yeah, I think again, we have the luxury the way we set it up is it's just the patient and the family is part of the collaboration and the collaborative team. So one of the benefits to, you know they signed up as a concierge, so they already said like we're all in. We so wanna know what Dr. Passic think, we so wanna know what Dr. Keller thinks that I think we have the luxury of almost always they'll do. I mean, we would not lead them astray, but they would pretty much follow us blindly.

**Dr. Jamie Kunkle**

Yeah, fair . So you guys build that rapport. I mean, because you guys are awesome. Yeah, you build that rapport in the beginning, so. Yeah and if you had like okay, yeah,



I won't go down that road I was wondering. 'Cause I get these things sometimes myself with kids, parents. So that's why I was wondering. Okay, well that's important. I mean, that's why as you said the practitioner is really the key here, I think, you know and having that trust is very important.

**Cynthia Keller, M.D.**

Absolutely.

**Dr. Jamie Kunkle**

Okay, so let's see here. So-

**Emily Passic, N.D.**

Hey, Jamie.

**Dr. Jamie Kunkle**

Please.

**Emily Passic, N.D.**

One thing I'll say as maybe the segue in terms of how, if you do need buy-in say you need buy-in from one of the parents.

**Dr. Jamie Kunkle**

Yes.

**Emily Passic, N.D.**

That does happen. Sometimes I would say that testing just like she was saying. Yeah, okay test the house. That is gonna be more expensive testing that's gonna be a bigger deal. Generally, the first thing we're gonna do is a MARCoNS swab, nasal swab.

**Dr. Jamie Kunkle**

Okay.



**Emily Passic, N.D.**

Yeah, so that it is cheaper than urine testing. We do think it's a little more effective as to like what's happening right now. And man, do we find some interesting things on the nasal swabs?

**Dr. Jamie Kunkle**

Oh yeah, yes.

**Emily Passic, N.D.**

And we've had a couple of conversations with microbiology DX is who we use, we love them. And we've needed some help navigating, those first 100 swabs or so going like. Is this normal, and what do we do with this? And so that's been a huge resource for us. We're still swabbing regularly every week. We don't generally swab the whole family because if we swab, one or two out of a family of four let's say, and everyone's got some funky symptoms, we kind of just assume, okay, well now we need to test the house. So that we have like this a step wise approach that usually starts with a MARCoNS swab. And I generally run a bacterial culture and at least the first time for mold and yeast. It's kinda optional if they wanna spend the money on biofilm, I assume if it comes back positive for MARCoNS and or positive for mold, I'm gonna be treating with a biofilm agent anyway.

**Dr. Jamie Kunkle**

Right.

**Emily Passic, N.D.**

Right, so it depends on how much money they wanna spend if they wanna throw in the extra 80 bucks or whatever it is for biofilm. But I'm to check to see the level of biofilm, but I'm gonna test and I'm gonna treat for biofilm anyway. So I also wanna know what else is in their sinuses and why. You know, we have fun some interesting information on like, is there gut bacteria in their nose? And I would say like 10% of the time I actually find that.



**Dr. Jamie Kunkle**

We've seen that, yes.

**Emily Passic, N.D.**

Yeah, right. So we're getting a look at kinda the overall immune system.

**Cynthia Keller, M.D.**

Biome too, yeah.

**Emily Passic, N.D.**

Yeah and I sort of think of the leaky sinuses, just like with leaky blood-brain barrier, leaky gut. And so we're seeing that when we see these systemic issues and then we're seeing this leaky sinus, it's like everything is just sort of going everywhere. And so we think, well, your gut bacteria really should be in your nose. And when it is for maybe four members of a family, then we have to step back and say like, we should talk about how much you're cleaning the bathroom or washing your hands things like that.

**Dr. Jamie Kunkle**

Yeah, sure, so that would be kinda the first tier testing you would would look at.

**Emily Passic, N.D.**

Yeah, yeah.

**Dr. Jamie Kunkle**

Simple, easy you get results list preliminaries within over a week or so. So it's really fast.

**Cynthia Keller, M.D.**

Well, and you know so much of the symptoms that people complain about are neurologic or emotional, right. And you cannot detoxify your brain, this is sort of back to the body, wants to heal. So if you can just help it to get the things out of the way it'll heal. You cannot detoxify the brain if there's mycelium going up into the brain



and in mold in particular, right. You cannot fully recover someone from SARS if your MSH is down and that isn't gonna get better unless you have stopped MARCoNS, right. MARCoNS itself maybe isn't this horrible, nasty dude. But he or she eat makes neurotoxins and you that go right up into the brain. And those two do not allow MSH let's say to recover. So even if you do all the mold treatments, Emily's right. At the end of the day if you don't take care of that you're not gonna get better.

**Dr. Jamie Kunkle**

Yeah, no right on. Do you find then that mold is a trigger for something like PANS, PANDAS, like-

**Emily Passic, N.D.**

Of course.

**Dr. Jamie Kunkle**

Neuroinflammatory condition. So if they could have an exposure and they'll just go into a PANDAS flare.

**Cynthia Keller, M.D.**

That's absolutely right. So remember I talked about like, you get someone upright. And again, all you have to do sometimes is just remove the rock they then write themselves. But once they're here, mold is a very common trigger for this again. And so sometimes most of the time, when one of our patients who was here, the mom calls and says, they're acting out again in a PANDAS way. Or a mom will call me and say, "Like you gotta retreat his Lyme, "'cause his Lyme is back." Almost always the treatment for that isn't treat their PANDAS or treat their Lyme. It's remove the mold exposure.

**Dr. Jamie Kunkle**

Sure, that's when you do your investigation you're like, oh, does it look like mold, smell like mold?



**Cynthia Keller, M.D.**

Yeah, that's right.

**Dr. Jamie Kunkle**

Put the nasal swab is mold .

**Cynthia Keller, M.D.**

Right, yeah,.

**Dr. Jamie Kunkle**

Yeah, fair. I'm just curious, I'm always curious about this too 'cause everybody kinda goes after MARCoNS in a slightly different way. Although, you always hear about the bags and stuff like this. But for children, I mean do you guys approach that a little bit differently or maybe throwing a bunch of crazy stuff into the nose. For adults we can just get away with that sometimes but maybe kids don't like stuff up their nose I don't know . Unless they like to push stuff up there but that's a lot of story. They seem to blow things out, right. So could you guys give some of your secrets there?

**Cynthia Keller, M.D.**

Em, I'll let you take that one.

**Emily Passic, N.D.**

Okay, yeah, so I usually start with argentyn 23 silver nose spray. And I would say 95% of the kids can do that. We do have kids on the autism spectrum and that makes it a little bit harder to do a nasal spray or really any treatment. So there is an option to do like a hand, a nebulizer. Not a nasal neb so a nasal neb will touch the fire horse. I have had some teens do the nasal neb but they're that are very compliant. But generally a nasal neb is even hard for adults to do. So I mean, that is like your maximal, like that's the best thing we can do. But for kids, I start with the argentyn 23 because it's cheap and really effective. And so if it doesn't work, they didn't spend \$200 on a compounded spray that the kid's never gonna do. So I start with the thing that's \$23 or whatever, and that if it doesn't work, it doesn't work then throw a ton of money



away. And I find that it works most of the time. But if it doesn't like if we found MRSA, sometimes I'd rather get a compounded med like a BEG. But that's what I like about the microbiology DX is that it gives you culture and sensitivity. And we had this come up just a couple weeks ago where there was MRSA and it was not sensitive to the usuals. And so we had to figure that out from that swab actually. And that was an interesting case because it was like swab two years ago and all of a sudden this MRSA shows up and we were really glad that we actually had the swab. So I am hesitant to use BEG too much because there is talk about resistance with gentamicin. So that's why I kind of like to start with argentyn 23. If I retest in say three months, I mean kids like maybe three to six months. If I haven't gotten rid of the MARCoNS, I might prescribe a silver EDTA with MucLox from Hopkinson. But I won't do it if I think they're gonna be sensitive to stinging. And I say this from experience 'cause I've done every single treatment I've asked a patient to do.

If you have postnasal drip, it sometimes stings going back down your throat. So some kids are not gonna wanna do that and some are gonna be just fine. So I think that if I can prepare them for what the treatment is gonna be it's same with a nasal neb if I can say try this and to make it a little more comfortable here, some things you can do might work. So the thing is that again, silver EDTA with MucLox is more effective. It also is more expensive, it also might sting a little bit. So I'm not gonna go there first but I do think it's pretty effective. So the other option, the non-stinging would be a compounded med, which I would send the culture and sensitivity report to the compounding pharmacist and they would make something that works. And I generally am not putting Amphotericin B in there 'cause it stings. So if I'm gonna use Ampho B I'll use it in a nasal neb because it doesn't sting that way.

**Dr. Jamie Kunkle**

Good point, you need to know your medicine. I mean, personally on a personal level. Try it all, try it all. Or at least know, what it typically, you know how you typically respond to it so, okay.

**Emily Passic, N.D.**

Yeah.



**Dr. Jamie Kunkle**

Could do kids get away with nasal or is there any other things like this or?

**Emily Passic, N.D.**

Oh, the meal med, yeah. So I have-

**Dr. Jamie Kunkle**

Sometimes.

**Emily Passic, N.D.**

Families often that have done a meal med if they're gonna squeeze up the nose neti pot. Usually if they've done that before, because a mom or dad's had them do it from sickness or something, then yeah, we might use a compounded med in there, which we've done before. So it's possible depending on the age and the compliance and whatnot of the kid, sure.

**Cynthia Keller, M.D.**

And there you would get the compounded BEG in a capsule and open it up. Now please use non-contaminated water, right? So if you use water from a whale that has parasites in it, that's not so great, right. Or other bacteria. So it really does need to be pure water.

**Dr. Jamie Kunkle**

Yeah, it should be distilled, right? Yeah, right in ideal world. Please do that, don't do dirty water. Yah, I could, okay . So thank you-

**Emily Passic, N.D.**

The last thing I will say eye vidickly speaking when there is lot of sinus congestion, it is excess kapha. So it's the heavy wet, you know think of sort of Pacific Northwest living in a mucky swampy area. Like that's what's going on in here. When we have excess bacteria, build up mold, yeast, what have you. And I wouldn't be doing a full



panchakarma detox on a child. But I would, depending on their sensitivity level, I would do nasya drops. So it's like drops of oil into the nose.

**Dr. Jamie Kunkle**

I remember those.

**Emily Passic, N.D.**

And that can really blow away that dumb quality because it's like think cayenne and pepper and hot spicy oil. And that we'll go in there and just kind of, I would lovingly say explode your face, but everything sort of comes out. And about it actually is how I got rid of my mold initially with my nose was Pancha Karma was just like one treatment of nasya oil.

**Dr. Jamie Kunkle**

Wow, do you sneeze or ?

**Cynthia Keller, M.D.**

If we end since not everyone has their resident, a medicine specialist, can you maybe just say a sec about like how a provider might do that or how even maybe a mom might do that at home.

**Emily Passic, N.D.**

Yeah, so I would actually have a practitioner do it because in India and in ATIC medicine, you kind of always want the treatment types of things. You want a practitioner watching that. So usually there's I mean, there's ATIC practitioners I would say in most states, Ayurvedic doctors not so much. But for practitioners, you probably could find someone that's doing that. And it really is just hot sinus drops. But it's actually really hard to acquire that oil. But the nasya drops you get online aren't necessarily gonna be the hot ones. So that's why you actually wanna an Ayurvedic practitioner? I actually had to work pretty hard, to get the drops that I have and they had to come from India. Like someone went and got them from India. And not like I ordered them on the AyurvedaBay which is like the eBay of Ayurvedic medicine.



**Dr. Jamie Kunkle**

Oh, wow.

**Emily Passic, N.D.**

So you have to actually have someone who knows what they're doing at least the first time. And even with the kids, we have done this with, they came in every time because I wanted to monitor what was coming at of their face basically. I mean, it's like eyes watering, your nose running, spinning, sometimes vomiting, but you're getting it out. You're kinda, and each time there's less of a severe reaction.

**Dr. Jamie Kunkle**

Yeah, that's interesting.

**Cynthia Keller, M.D.**

And again, that's about trust, right. And about honesty, right. Never lie to a child. Like if it's gonna hurt, you tell them upfront, this is gonna hurt but this is why it's worth doing. And we don't pin kids down, right. Like they have to be part of the healing process. So, the kids who let Dr. Passic stick that stuff up their nose it's because they trust her, she's educated them and she didn't lie.

**Dr. Jamie Kunkle**

Yeah, no that's very important, very important. I know, I remember those drops. Yeah, I think you do wanna give people a heads up, So, yeah cool.

**Cynthia Keller, M.D.**

That stuff works.

**Dr. Jamie Kunkle**

It works works, that's true. No, that is fascinating. I always like talking about the nose treatments, the nasal treatments. 'Cause everybody has a different perspective on them 'cause you always have the sort of big or whatever conversation that's there. But then there's all these little nuances that everybody has here. So from nasal



agents moving on to oral agents. What do you feel kids do well with orally or what can you give them orally what else and you do or externally?

**Emily Passic, N.D.**

Okay, so I will say before we talk, before we talk about systemic kind of oral mold detox, I always start with a regular detox first.

**Dr. Jamie Kunkle**

Okay.

**Emily Passic, N.D.**

We're gonna unleash mycotoxins from here and then are gonna go down here, but they've got a terrible biome their liver isn't doing well or is congested or they're breathing in chemicals at home or eating pesticides what have you. They're not gonna do well when we start stuff. So I do, and I know this is fearful for a lot of parents to hear and practitioners, but I do detox kids. And I feel like I can do it really safely and easily. And that is one thing I want more people to understand. So kids take in more air, food, and water per cubic square inch of their bodies than adults do. And if you think about you've got your four-year-old sitting on the couch with you and you're here and you're both breathing in the same mycotoxins, but their body is getting completely flooded with it, right. And depending on how old they're, their liver might not be matured yet. And so the first thing, air, food and water, we have to take care of. And that isn't, that we're not taking anything orally for that. We're not necessarily supplementing. And yes, there are lots of supplements we could do. But I would say before that, just like the mold conversation about like before you buy an an unit, get the mold out of your house, it's the same kinda thing. Check your air in your house. I mean, maybe you need to have your ducts cleaned, but that goes back to the cleaning the house conversation. But are there air purifiers and appropriate air filters and purifiers in your house. When you vacuum, do you open the doors and windows so that the dust can go out. Do you dust your house? How often are you cleaning your house in terms of that, that all matters with air quality. And these little kids, especially ones crawling around on the floor and they're just breathing it all in, right. Water quality, so almost all of my patients, I check the environmental working



group tap, water database. Which you can just Google that and put in your zip code and it will tell you how many contaminants and which contaminants are in your water supply. First thing I look at is arsenic because that, that you're getting a daily dose. If you're-

**Dr. Jamie Kunkle**

Yeah, very common.

**Emily Passic, N.D.**

Bringing that in, right. So that's the first thing I'm gonna look at. But look at the number of contaminants note that their side effect or potential side effect is always cancer. And so I'm looking at, okay, what are you using? Are you using reverse osmosis, unit grade, or a Berkey or some kind of filtration system that's good in your house? Generally note the refrigerator filter is not good enough quality, so. And then food of course, clean food, right. Eat food that came from the ground, no pesticides, organic, Non-GMO especially. We do test for glyphosate and sadly have found some very high levels of glyphosate in our kids. And those are kids that we have had a hard time getting well. So air, food, and water that doesn't for all those people that are scared to detox kids. If you start there that makes our job really easy.

And that's all stuff that parents are doing at home and that the whole family really would benefit from. So I would start there and then if I still need to do a little bit more detox, I actually have my patients buy the book, "The Toxin Solution" by Joe Pizzorno and go through it with me. And I have had plenty of kids do this with success. And yeah, there are supplements involved, but if the kids don't swallow pills, they could just do the dietary part of it. I mean really truly, or we can find powders or liposomal or liquids, or now we have someone who used patch vitamins for a while that we're really successful with. So we can find ways to do stuff. 'Cause we have to think about the kids who don't swallow pills, right?

**Dr. Jamie Kunkle**

Yes.



**Emily Passic, N.D.**

Or they're on pill fatigue because they might be on a bunch of supplements for something else or medications. So I'm always trying to think of what is the hardest case and let's work to that lowest common denominator. So that's why I'm trying to detox your whole body first. And then it will make the mycotoxin, the mold detox a lot easier. And we probably, once we've opened up we put sufficient microbiome, everything is able to handle what is gonna be detox through the colon. Then I feel safe dumping out the liver and cleaning out the sinuses sort of in that order.

**Dr. Jamie Kunkle**

Yes, good point. Go ahead please.

**Cynthia Keller, M.D.**

Can I add two things, sorry. One is that, Emily's absolutely right. There's been so many of our patients that just doing that. We then actually don't have to treat mold, right. 'Cause the body handles it, especially in children. They like, they just heal so well, right. So if you stop the insult and allow their body to do what it needs to do. The other thing is that, remember that children are developing and they're getting a sense, especially depending on the age of who they are in the world. And a child who has had chronic illness often thinks of themselves as chronically ill. And so what Emily didn't say that she does so well is the education piece, So she explains this to them. And then when they detoxify themselves and get better, see, we didn't talk about illness at all. We only talked about not putting crap in your body. And that is very empowering for these teens let's say, who then do what she said and never had to hear that they were chronically ill. And so I think, again, my plug for pediatrics is that what we didn't talk about is the developmental phase they're in. And you can say to an adult, this is what you got. You say that to a kid and they kinda own it. Or it becomes part of their self actualization and we don't want that. So if Em says, let's detoxify your body and they heal themselves well, that's super empowering too.

**Dr. Jamie Kunkle**

Yeah, no that makes sense definitely. No, I mean this is why this is great. This is a different games sometimes with how we communicate things and how quickly we



jump into the higher interventions which sometimes we can get overly excited about. Like, oh yeah I got this really cool thing that worked for this last person, you know. But no, the foundations. The foundations are key and that's everything you guys said. I appreciate that. So, if you get past that now. What's next?

**Emily Passic, N.D.**

I think that-

**Dr. Jamie Kunkle**

If they're still sick-

**Emily Passic, N.D.**

Yeah, so with kids, I'm gonna try to use something that is going to kill two birds with one stone. And so I have to think again, lowest common denominator. Let's just say they can't take pills even though a lot of them can. Fiber, so fiber is going to do all the great things, like create microbial diversity, improve your digestion and whatnot, but it's also acting as a binder. So yes, it's more of a weak binder than compared to something like tyramine or well coal or even charcoal. But it's something that is really easy to add to a kid's regimen. They might not even notice. There are so many fiber supplements you can stir into water they can't even taste or see. And so I'm trying to use something that let's say we're trying to tackle all these different issues. I want it to do multiple things. So if we're gonna use magnesium, there's probably a great magnesium powder that they also are using to kind of calm their nervous system. Because in a lot of these cases they're on sympathetic overdrive, right. So we're trying to calm the body. So we can also use magnesium as sort of a co-factor, we're always trying to treat mitochondrial health with all of this mitochondrial dysfunction. So we're trying to get as many of those co-factors in there as possible. So I might add, my favorite supplement is MitoCORE because it does everything. And you can actually get MitoCORE in a powder as like a protein powder. And so if I needed to find one supplement that did everything, it would be MitoCORE. And it does come in capsules. So if someone needs capsules that's probably the one thing I'm gonna use. It's a multivitamin, multi mineral does detox. It has a full 600 milligrams of NAC. It has acetyl L-carnitine. It's sort of a combination product that if I just wanna add one



thing, because oftentimes we're not trying to add 12 supplements for a kid. So honestly, if I had to pick one supplement, that would be it. For overall health or healing from mold or acute mold protocol which is the lumbrokinase and they good found and whatnot.

**Dr. Jamie Kunkle**

Right on, let's see how we're doing with time here. No, we're doing not too bad. I wanted to kind of bring this all home here though, 'cause we're almost out of time. Each of you guys could answer this question too if you like. But what is your go to or rather try this on Monday morning recommendation for all the viewers here, when dealing with somebody recently exposed to mold water damage buildings. Is it what you already said or have some other nuances? What's the first thing you want people to really think about or drive home here?

**Cynthia Keller, M.D.**

So I mean, again, make sure you're not living in it, Like if you call me from a hotel room and you think it was mold in the hotel room. Do not call me from the hotel room, call me from a different hotel, right. Like every moment you're spending in there that's horrible. So that would be absolutely the first thing, which we've sort of that's more of what we said before. And then maybe I'll just speak to why we came up with this protocol, right. Is just for a few days, if you think about what what the cascade that occurs in sort of biochemically when there's mold exposure, right. Is that all illness comes down to inflammation, right. So it makes an inflammatory cytokine crisis that is then sort of like going, right. And what happens is I think that most of the symptoms that we have are due to then sort of gumming up of the small vasculature and not getting enough oxygen to the tissues, specifically the brain. And then mitochondria get messed too, which speaks to Emily's. But sort of acutely what I notice is that my brain just no longer works, right. And so that's why we use the three things that we talked about. So one is the GI Detox which is kind of a nice, I don't know why it has to be GI Detox but it just sort of does. And it's got a combination of different binders in it. We have them take two twice a day in that acute phase. So that's just sort of removing anything we can that got into your system quickly sort of to stop the match. Then we use the lumbrokinase and I explain



this to kids that it's worm spit. It's all about marketing, right. And that's sort of fun. You know humor heals, especially with kids love and humor. Like, you cannot forget that. I should have said that was first again. I hear you, I hear you're scared, I'm with you. And so lumbrokinase I explained to them as worm spit and that it's how earth worms get through the dirt they kind of excreted. Then I say, I don't know how they got the worms to spit in this product, but let's not think about that. And then what it kind of does is rotor rooters out the small vessels, right. So now I'm able to get some more oxygen in and blood flow to my tissues get exchange removal of toxins and nutrition to the cells. And then we use the oxygen 'cause that's what's not getting to the brain, right. And I mean, they turn around in like 10 minutes. It's like they come in and they're curled up in the chair. We have them do their GI Detox and then lumbrokinase. Of course the lumbrokinase needs to be without food otherwise it's just a very expensive digestive agent. So you wanna take, we usually, if they're really in crisis we'll have two, twice a day but often it's just one, twice a day away from food during this three day trial. And then we have them come into the oxygen, they come up like kind of curled up in the chair, kind of grouchy and sad. And then like, by the end of the 10 minute treatment my nurse said, "Oh yeah, she looks fine again." And they sort of brighten up. And that kind of wears off when they leave. But that's why they come back for a few days. But like it's pretty remarkable. Try it once or twice.

**Dr. Jamie Kunkle**

It's just giving them oxygen. It's just giving them oxygen.

**Cynthia Keller, M.D.**

Oh yeah, so two liters by nasal cannula, this is just like straightforward oxygen. And I would also say that we use that protocol for flying too. So this is just like another pearl to use on Monday is that, and I know this just from experience that when you fly they drop the oxygen pressure. And Henry's law says that, you can get more gas diffused into a liquid at increased pressure, right. Well, the reverse is true too. Like you're gonna get less of that in decreased pressure. So you have less oxygen pressure on an airplane, which for a normal person with nice open vessels might be just fine. For someone with SARS where it's already gummed up, the red blood cells often can't get all the way into the small vasculature. So you're sort of counting on the oxygen



that's in the plasma. And so we'll often have them come get 10 minutes of oxygen when they've landed. And I have them take lumbrokinase before flying. And that alone is pretty remarkable.

**Dr. Jamie Kunkle**

Just for the viewers for fun, what's your favorite lumbrokinase?

**Cynthia Keller, M.D.**

Yeah, I don't know if it's superstition, but you sort of for me it has to be GI Detox and it has to be lumbrokinase. And is that the Allergy Research Group. I learned that from someone probably 10 years ago. Like this is the one for me, since I know it works I would never try anything else.

**Dr. Jamie Kunkle**

Yeah that's fair . Would you like to add anything, Emily? What do we wanna think about on Monday auction, right?

**Emily Passic, N.D.**

So we have the same protocol. So probably nothing but I do think but it would be beneficial-

**Cynthia Keller, M.D.**

Oh, glutathione. I'm sorry, yes glutathione.

**Dr. Jamie Kunkle**

Glutathione.

**Emily Passic, N.D.**

I think it would be good. We have one really short kinda case study that Cynthia wants to bring it all together in two minutes or less, so.

**Dr. Jamie Kunkle**

That's fine, please.



**Emily Passic, N.D.**

Wanna do that?

**Cynthia Keller, M.D.**

Is that okay?

**Dr. Jamie Kunkle**

Yeah, of course. Yeah we have enough time, we're good.

**Cynthia Keller, M.D.**

Okay, so this was just sort of to explain to you again that like how it's not just about treating mold, So we had this interesting patient. Well I mean, one of our patients, right. Came into the clinic actually because her family joined because the sister had chronic headaches and abdominal pain and wasn't going to school, teenager, right. So, but she was sort of the normal one and I just saw her for general PEDS. And then she got dysregulated which sometimes happened and showed up with what looked like PANDAS. And I think it was picked. But, so I treated her PANDAS and she sort of got better. But she would get dysregulated so quickly from mold exposure. And it was very obvious to me that it was mold. And one of the things that was really interesting is mom said she wasn't doing well, she came in. I also had her see the child psychologist who's in our clinic who's amazing. And the child psychologist and I saw her in the same day and Dr. Shelly who is our child psychologist, pulled me aside while the kid was there and said this kid is having an acute psychotic break. I know you're treating her for PANDAS, but right now she's having an acute psychotic break. We have to send her over she's not safe to the psych board for immediate admission. And like, I don't know that Shelly's ever said that to me. So I was like, oh my gosh. I said, well can we just wait until I see her? Let me see her first. So I see her first and this is this girl. Who's a cheerleader, totally popular, everything's normal until this. And she like was wearing this like tube suit and like pulled it over her head and she was jumping up and down on my chair. She taunted she was telling me jokes through her bam. Like she was like I mean, like I don't even know. So I said, okay wait. So I asked, you know we asked some questions. It sounded like she had had an acute



mold exposure. And so we gave her 10 minutes of oxygen and she like calmed down and was sane. And I went, okay, so now I have data that this is about oxygenation, right. And everything else. So I pulled the Dr. Shelly back and then I said, Dr. Shelly, is this a woman that you wouldn't send over for a psych admission? She was like, I know that you work magic, but like, I don't even know what to say, right. So then we had to figure out the mold exposure and we did in the house. And everyone in the house got better. I mean, go figure, right. But this kid still like one spray of MARCoNS treatment. And she would dysregulate for a long time. And her family members weren't as sensitive to mold, ended up having some parasitic issues. And Emily had, they had very big health issues that Emily ended up fixing by treating parasites. But still this kid she would be well. And then her PANDAS would flare and we would go, oh my gosh, you moved a box in the garage that used to be in the attic where there was mold and she walked through the garage.

And like, but it seemed to me that the thread I needed to pull was mold, right. Because that's what would dysregulate her PANDAS. And then she ended up with frank adrenal insufficiency, and mast cell disorder, and POTS, right. So I had her on like all these chronic meds. But if I could handle those, take away the mold, she would write back up again pretty fast 'cause she's a teenager and we have these tricks. And then she did hot yoga. This is just recently. So she is well enough to do hot yoga, right. Oh my gosh, she dysregulated completely. I put her on hydrocortisone that didn't do it. I treated her mast cells that didn't do it. I treated her PANDAS it didn't do it. We detoxified her for mold, it didn't do it. And I was completely stuck. So I sent her to Emily and actually I had Tiffany, my nurse work with her too. And I said, you guys I'm stuck. So you guys get better figure this out for me. Like what, I need a clue. And Emily says, and Tiffany said too, they had talked, "Like, don't you think it's parasites "since everyone else in the family "needed parasitic treatment?" And I was like, oh shoot. So we did like three days of parasitic treatment just looked so simple. It was one product. We like, I mean we used a lot of different products, but this one happened to be for this family it works really well which is DesBio PathoGuard. And we did three pills every day for three days. And she, . And I went, oh my gosh like, of course. So why was she so exquisitely sensitive to mold? We hadn't pulled the bottom thing. So that's all I just wanted to say. And I'm sure that story will be ongoing



that like, this is a great example of, like mold was the issue. But we were gonna be talking about mold forever until we figured out that parasites was what was filling her buck.

**Dr. Jamie Kunkle**

Yeah no, that's a good reminder. 'Cause like I said in the beginning, sometimes we are convinced that it's all the mold and the mold it's a big dysregulator. But the parasites are probably more elusive sometimes than the mold, for example. So there may be something else kind of underlying that under that surface, so. Yeah no, that's why I love this team care approach and having different folks looking at it and different expertise, different backgrounds all coming together and that's great. So do you guys wanna, any final thoughts before we sign off for today? And I really do appreciate you guys taking your time on a Saturday to talk to me about this medicine. And I really appreciate all the work that you guys do. And yeah, any final thoughts? Floor is yours.

**Emily Passic, N.D.**

I think that's it. Thanks so much for having us.

**Cynthia Keller, M.D.**

Yeah.

**Dr. Jamie Kunkle**

Yeah great, all right. Well you guys take care. And thank you once again for participating in the Mold Summit here. And I will talk to you in the near future, I'm sure. All right, have a good evening. Take care, bye-bye.

**Cynthia Keller, M.D.**

Bye, Jamie.