MOLD PART II - TREATMENTS

Your Weekly Newsletter

by Dr. Nick Sieveking

February 16, 2026

Thank you for joining our newsletter “Mold Part II”. I hope “Mold Part I” was educational (click **HERE** to view newsletter) — and somewhat of a wakeup call. That said, mold exposure is a serious issue. Mold is everywhere; and unfortunately, traditional medicine often downplays the health sequela of exposure,…. That is unless a patient is septic with clear fungal sepsis and invasive fungal illness.

Stachybotrys atra

(Black Mold)

For most people, exposure drives upper airway and inflammatory symptoms:

- Nasal congestion/post-nasal drip, sinus pressure
- Cough, wheeze, chest tightness (especially in asthmatics)
- Itchy/watery eyes, throat irritation, hoarseness
- Headaches, fatigue, “brain fog,” sleep disruption
- Severity is highly variable and depends on dose, duration, ventilation, and individual susceptibility

- Under the right conditions, ***Stachybotrys*** can produce potent inflammatory/irritant compounds (including mycotoxins in some settings). The bigger point is this: if ***Stachybotrys*** is present, the building has a serious moisture problem and the air quality can be unhealthy.

Even in the court of law, the burden of proof for the injured is next to impossible to prove “cause and effect” in mold exposure cases unless patients are critically ill with documented blood cultures or tissue specimens confirming mold as the direct pathogen. Short of invasive fungal disease, most cases never meet that threshold of proof and are dismissed.

Let’s think for a minute about how much we invest in college education for our children and that the old, musty dorm rooms our children sleep and study in are perhaps some of the most obvious sources of mold exposure for our kids.

That said, there are five recent & ongoing legal cases where university students are suing their schools for illnesses they claim were caused by “Black Mold” in dormitory rooms. The burden of proof appears to be difficult for the plaintiffs:

Case (school / housing)	Outcome / current status (as reported)
University of the South (Sewanee) – Johnson Hall	Filed Sept 2025; pending (reported damages request >$35M)
Lipscomb University – Elam Hall / Fanning Hall / Johnson Hall	Filed Jan 7 2026; pending (reported $14.5M sought)
Ohio State University – Lawrence Tower (Barga et al.)	Motion to dismiss granted in part / denied in part: fraud dismissed; other claims proceed (Sept 8 2025 decision)
Indiana University Bloomington – Foster & McNutt dorms (Thomas et al.)	Reversed and remanded (interlocutory appeal); appellate court reversed denial of partial summary judgment on certain counts and addressed ITCA limits and class certification issues (Mar 17 2021)
Texas A&M University – dorm mold claim (Courington)	Dismissed (as reported Jan 2026; reason not specified in the cited reporting)
University of Oregon – graduate housing mold negligence suit (example)	Reported as stalled during venue fight (no outcome stated in cited reporting)

Functional & Integrative Medicine takes a different view:
Following an exposure, the body releases a cascade of inflammatory mediators that cause damage, including “alarm signals” such as TNF-α, IL-1β, and IL-6; “cell-recruiting signals” like chemokines (e.g., MCP-1); and “rapid symptom chemicals” including histamine, leukotrienes, and prostaglandins. Together, these mediators can drive symptoms such as brain fog, headaches, sinus congestion, cough, gastrointestinal irritation, and fatigue.

If you are experiencing unexplained symptoms including — but not limited to:

- Headaches
- Brain fog
- Sinus congestion
- Sore throat
- Watery eyes
- Chronic cough
- Irritable bowel–type symptoms

…and you suspect you may have been exposed to mold, there are objective ways to evaluate this.

We can perform specialized blood testing to identify past and ongoing exposure to multiple mold species. In addition, we can direct you toward independent environmental testing of your home or workplace to identify active sources.

If your clinical presentation suggests mold exposure — and laboratory testing confirms it — then you’re in the right place.

Read on as we walk you through evidence-based strategies to remediate your environment and support your body’s detoxification pathways from mold and mycotoxins.

Treatment of Mold Infection

1. Removal from the source of mold & removal of the mold itself.

- **Move out**- Get out! Stop exposure immediately.
- **Remediate**- Remediation means fixing the cause (water/humidity) and safely removing contaminated material so spores don't spread. A proper job includes: finding and stopping the moisture source, drying the area quickly, isolating the work zone with plastic barriers and negative air, removing porous materials that can't be cleaned (wet drywall, insulation, carpet padding), HEPA vacuuming and damp-wiping hard surfaces, and verifying the area is dry before rebuilding. If the moisture problem isn't solved, mold almost always comes back.
- **Tear-down**- Tearing down a mold-damaged structure is usually a last resort, but it becomes reasonable when mold is widespread throughout wall cavities, insulation, framing, and subfloors, when the building has ongoing, unfixable moisture intrusion (foundation, envelope, flooding) so it can't reliably stay dry, or when there's repeat mold return despite proper remediation—meaning the problem is systemic, not cosmetic. It's also considered when HVAC/ductwork and hidden chases are heavily contaminated, the cost to remediate and rebuild approaches a major percentage of replacement cost, or when high-risk occupants (immunocompromised) can't safely remain through repeated cleanup cycles.

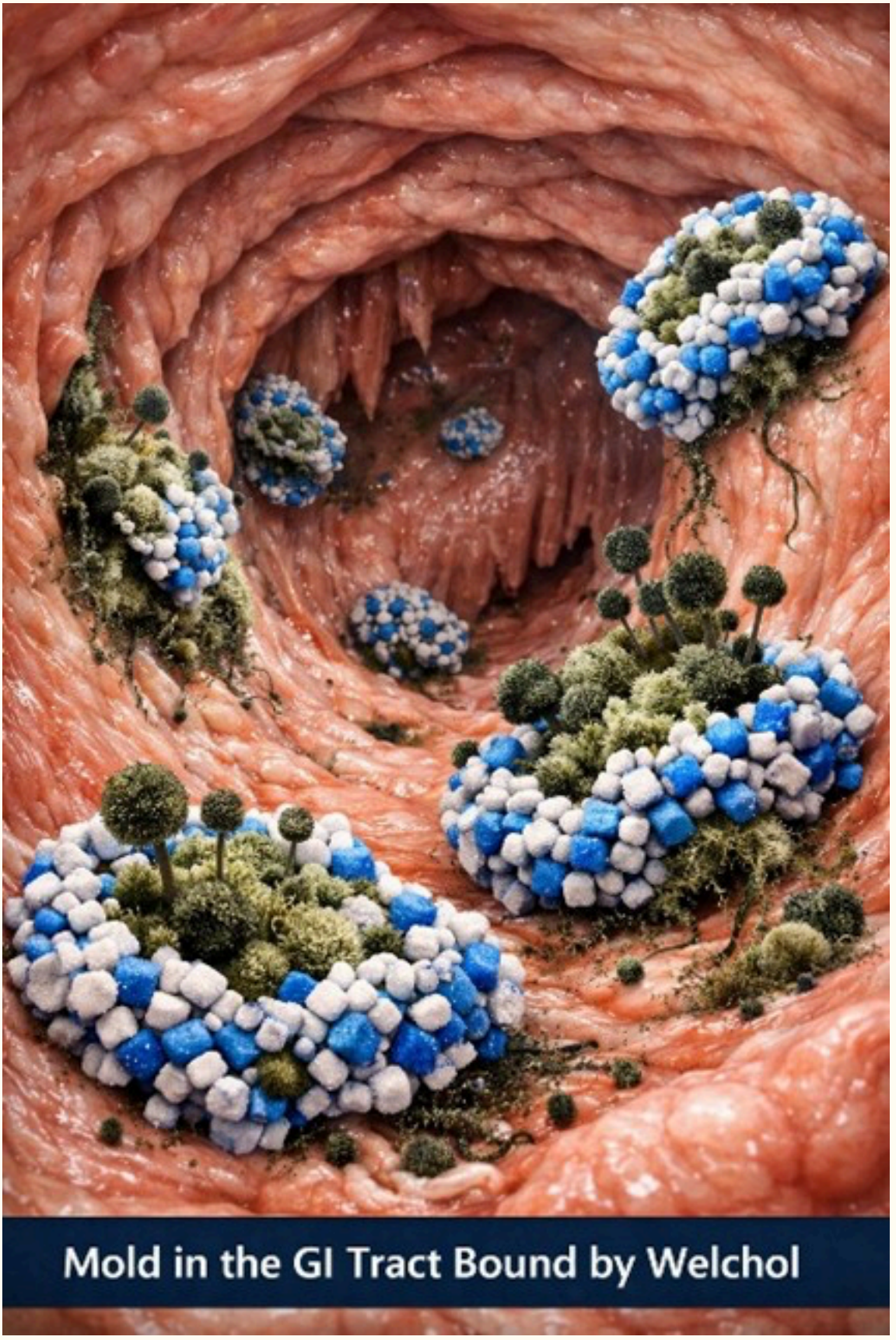
2. Purge your body of mold.

Sinus washes/nasal irrigations:

- Mechanically removes mold and spores from nasal airway
- Use sterile saline solution one to two times per day - e.g., squeeze bottle (**NeilMed**), Neti Pot, or powered irrigator (**NAVAGE**)
- Used when nasal congestion, sinus pressure, headaches, and symptoms of chronic nasal drainage are present
- Improves the ability of sinuses to drain
- Does NOT remove Mycotoxin from the blood stream
- Does NOT treat invasive fungal infection

Gastrointestinal tract "binders":

- Bind molecules in the G.I. tract and reduce reabsorption, lowering overall mold and toxin burden
- ***Welchol*** (Colesevalam)-- A prescription drug used to lower cholesterol. Also binds mold and mycotoxin for clearance out of the G.I. tract



- ***Activated Charcoal***—Binds a wide-range of organic compounds and clears out the G.I. tract
- ***Cholestyramine***—A prescription drug used to lower cholesterol. Also binds mold and mycotoxin for clearance out of the G.I. tract

Next-step sinus disease when not treated by sinus rinses:

- Topical anti-fungal rinses
- Oral anti-fungal therapy
- Sinus surgery

3. Surgery in rare, advanced fungal disease.

- Acute invasive fungal sinusitis (medical emergency)
- Fungal ball (mycetoma) causing obstruction or symptoms
- Allergic fungal rhinosinusitis with polyps or recurrent blockage
- Chronic sinus disease failing maximal medical therapy
- Orbital or intracranial complications from sinus infection
- Significant hemoptysis (coughing up blood) from a pulmonary aspergilloma
- Localized chronic fungal lung disease not controlled medically
- Abscess, necrosis, or tissue destruction needing source control

Endoscopic sinus surgery (FESS) for suspected fungal debris / "fungal ball"

4. Treating the inflammation & supporting the immune system in mold exposure.

Pharmaceuticals:

1. Non-steroidal anti-inflammatory drugs=> help reduce inflammatory symptoms
    - Ibuprofen
    - Naproxen
    - Meloxicam
    - Others
2. Steroidal anti-inflammatory drugs
    - Topical steroids- treats mold-induced eczema & dermatitis
    - Inhalational steroids- treats mold-induced allergic rhinitis, sinusitis, bronchitis, asthma/Reactive Airway Disease
    - Oral steroids- treats all mold-induced systemic inflammation and advanced skin and airway disease

*Note: Systemic corticosteroids can absolutely worsen mold-related illness. Only use short courses of systemic steroids and only when topical and inhalational steroids have been ineffective.

3. Low-dose Naltrexone
    - Resets the immune system=> an “immune-modulator”
    - Anti-inflammatory effects
    - Mold-related symptoms relieved:
        - Brain fog / cognitive “static”
        - Sleep quality (often better, sometimes vivid dreams early)
        - Diffuse body aches / headaches
        - Fatigue with inflammatory features
        - Mood irritability/anxiety tied to inflammation
        - Some IBS-type symptoms in certain patients (variable)

Potential Peptide Intervention:

- BPC-157 - Potentially helpful mechanisms in mold exposure:
    - Angiogenesis promotion → ↑ endothelial migration, capillary formation
    - Nitric oxide modulation → improves microcirculation
    - Endothelial protection → stabilizes vascular lining, ↓ edema/leak
    - Cytoprotection → protects gastric & intestinal mucosa. Especially important for mold
    - Barrier integrity support → reinforces epithelial tight junctions (GI focus)
    - Anti-inflammatory signaling → ↓ pro-inflammatory cytokine expression in injury states
    - Neuroprotective effects (speculative) → dopamine/serotonin system interactions
- TB500 - (Wolverine)
    - Angiogenesis promotion


The Clinic of
Ageless Solutions
Nicholas Sieveking, MD
TB-500/BPC-157
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    - → ↑ new blood vessel formation
    - → Supports vascular integrity & microvascular regeneration
    - → ↑ collagen deposition & extracellular matrix remodeling
        - Anti-inflammatory modulation
    - → May limit excessive scar formation while promoting organized healing
- Thymosin Alpha
    - Innate immune activation
      → Enhances dendritic cell maturation & antigen presentation
    - T-cell differentiation & function
      → Promotes $CD4^+$ helper and $CD8^+$ cytotoxic T-cell activity
    - Th1 immune polarization
      → Shifts immune balance toward cell-mediated (antiviral/antimicrobial) responses
    - NK cell activation
      → ↑ natural killer cell cytotoxicity
    - Toll-like receptor (TLR) signaling modulation
      → Especially TLR2, TLR4, TLR9 → amplifies pathogen recognition
    - Cytokine regulation
      → ↑ IL-2, IFN-γ
      → Modulates TNF-α, IL-6
    - Immune restoration in immunosuppression
      → Helps reverse T-cell exhaustion/dysfunction states
    - Inflammatory balance
      → Can down-regulate excessive inflammation while improving pathogen clearance

Nutraceuticals:

1. Glutathione
    - Detoxification of mycotoxins
    - Reduction of oxidative stress=> less cellular damage in brain, lungs, liver, gut, blood vessels
    - Helps normalize immune signaling
    - Protects the brain from nerve damage
2. B-complex vitamins
    - Not an “anti-fungal”
    - Calms over-active immune system=> “anti-inflammatory"
    - Supports “detox” pathways
    - Supports mitochondria for energy production
3. NAD+
    - I.V. or sublingual (oral NAD+ does not work)
    - Not an “anti-fungal”
    - Supports mitochondria for energy production
    - Targets “neuro-inflammation” => reduces brain fog and headaches from mold exposure
4. Magnesium

- Not an “anti-fungal”
- Calms over-active immune system=> “anti-inflammatory"
- Supports “detox” pathways
- Calms nervous system=> reduces “neuro-inflammation”

5. Omega-3 fatty acids
    - Calms airway inflammation
    - Reduces systemic inflammation
        - Can reduce mold-induced joint pain
        - Improve mood and reduce “brain fog”
6. Probiotics
    - A “healthy gut” fights systemic inflammation
    - Bind & degrade mycotoxins
    - Strengthens the immune system
    - Reduce c*andida* "overgrowth” in the G.I. tract=> mold-related Irritable Bowel

Recommended anti-inflammatory diet when treating mold exposure:

- Low sugar, low processed carbs
- Avoid food sensitivities (if present)
    - Gluten
    - Soy
    - Corn
    - Dairy
    - Eggs
- Clean proteins— “wild caught”, “grass fed”, “grain-free”, “organic”
- Non-starchy vegetables
    - Provides fiber for elimination of mycotoxins
    - Spinach, arugula, kale, broccoli, cauliflower, brussels sprouts, zucchini, asparagus, cucumber, celery
- Healthy fats
    - Extra-virgin olive oil
    - Avocado
    - Coconut oil / MCT oil
    - Omega-3s (fish, fish oil if needed)
- Avoid
    - Processed foods
    - Refined sugars
    - Artificial sweeteners
    - Mold-prone foods
        - Aged cheeses
        - Peanuts
        - Corn
        - Dried fruits
- Alcohol
    - Beer & wine
    - Contain yeast/mold residues

- Low-glycemic fruits
    - Antioxidants without feeding yeast
    - Blueberries, raspberries, blackberries
    - Green apples
    - Lemon/lime

SPECIAL PROMO:

For a limited time we are offering a FREE mold test that reveals past and ongoing exposure to the most common indoor mold species. Call 615-678-7784 to book your appointment.

Make Appointment

STAY TUNED!

Be on the lookout for next week's newsletter, "Growth Hormone - The Master Hormone of Repair and Regeneration."

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