

Protocol for the treatment and reversal of Mixed Mold Mycotoxicosis and Cumulative Organic Chemical Hyper Toxicity

by Michael Gray, M.D.

1. Sequestrants:

A. Activated Charcoal: 450 mg capsules X10, taken twice a day. 12 hours apart, a separated from all other oral meds, vitamins, and supplements by 90 minutes— may be taken with a meal; or use 4500 mg in powdered form suspended in 8 ounces of drink of choice (1 1/2 tsp), with the same timing, or...

B. Bentonite clay: 2 tsp suspended in 1 liter of drink of choice, same timing and instructions; fluid is critical to prevent constipation

Note: Some patients will take two doses of charcoal, which requires less fluid, plus a morning dose of clay to avoid nocturia. The charcoal and/or clay may be combined with each other in the am; volume: 1 liter total. Many of my patients pursue an every 8 hour schedule for their sequestrants.

2. Co enzyme Q-10: 600 to 900 mg bid

This serves to support mitochondrial oxidative phosphorylation which helps compromised cellular respiration. It is also the switch to turn on the p53 gene set, thereby reducing the risk of malignancy, by restoring apoptosis, the inhibition of which is thought to cause 65% of all malignant cells piling up at the exit ramp.

See literature re Co Q-10 and Parkinson's Disease. Safe up to 3000 mg daily. Also improves immune function: killing power of all white cells, including macrophages & natural killer cells is enhanced—WBCs require a 60 to 90 second burst of aerobic energy to kill a target cell or organism, and NK cells specifically target and kill dormant, malignantly transformed cells during their latency period. Several of my patients have reported resolution of precancerous skin lesions within weeks of starting high dose Co Q-10. My exams have confirmed this claim.

3. Vitamin C: 3000 mg po bid; powerful antioxidant; regenerates and reactivates glutathione by stealing the oxygen from its central thiol group (sulfur); mitigates damage caused by intracellular toxins; it is the catcher's mitt for free radicals singlet oxygen ions that are the end product of oxidative phosphorylation (aerobic metabolism). Dissolving in drink of choice and sipping throughout the day minimizes diarrhea.

4. Vitamin D3: deficient in 90% of my entire practice Toxicology plus Primary Care—5000 IU po bid, monitor levels quarterly and target 775-850. Supports immune function in 70 plus places & neurological function in hundreds of places. Uptake and metabolism interfered with by glyphosate (roundup), and cesium¹³⁷. Some patients require more, particularly if obese" it is pulled from circulation into lipid storage spaces.

5. Fish oil 3000 mg po bid... must be filtered and distilled to remove all organic pollutants; multiple benefits from omega three fatty acids.

6. Alpha lipoic acid 300 mg po bid: a hepatocyte regenerator; a powerful anti-oxidant, & mitochondrial support, and the specific antidote for the Angel of Death mushroom mycotoxin. If

GI complaints occur, start low and go slow when ramping up the dose. Most of my patients have tolerated it well.

7. Plain guaifenesin 400 mg 2 tabs po bid; do not use Mucinex—embedded in polymer for slow release, can be liver toxin. One of the lowest side effect profiles in US pharmacopoeia. Reduces mucous viscosity preventing mucous plugs in the lungs of asthmatics, keeps the upper respiratory tract clear and uncongested; helps to reduce pain associated with fibromyalgia a condition caused by hyper toxicity. (See my short subject videos using the playlist at [My CYP450 on YouTube](https://www.youtube.com/watch?v=sDuvyYPCowE&list=PLeuwUNlzxRc9aUFawasE80ZBLDLhnbSZ) <https://www.youtube.com/watch?v=sDuvyYPCowE&list=PLeuwUNlzxRc9aUFawasE80ZBLDLhnbSZ>)

8. Multivitamin of choice twice a day; most water soluble vitamins are in our urine in 12 hours. Must be taken twice a day. Will replace vitamins that may be depleted by sequestrants.

9. Liposomal Glutathione: 1/4 tsp sublingually 4X/day, or 10% solution sprayed intranasally four times daily, or 3 ml 20% solution per nebulizer inhaled 2-4 times daily; the simultaneous use of GI sequestrants as described above is strongly encouraged to diminish toxic effects of toxins released from their intracellular storage sites when using any form or route of glutathione administration.

Based on Consumer Reports: if COSTCO carries it, it is the highest quality in the country. They do not have charcoal, clay or alpha lipoic acid.

With sensitive patients: start low and go slow but get there.

Cumulative Organic Chemical Hyper Toxicity may affect more than 80,000,000 people in this country, and millions more throughout the world. This epidemic is the direct result of the bad human decisions responsible for the continued, unnecessary, and still reversible, ongoing pollution of our planet, being driven by the greed exhibited by those who think falsely that they benefit from the status quo.

Cumulative Organic Chemical Hyper Toxicity is both Preventable and Treatable.

Thank you for your continued interest and efforts with your patients.

Offered in the pursuit of Peace, Justice, Equity, and Survival—Healthcare is a Right not a privilege.

Michael R. Gray, MD, MPH
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[Transforming Growth Factor B1](https://www.youtube.com/watch?v=Wwqlmir1M8A); <https://www.youtube.com/watch?v=Wwqlmir1M8A>

[Alopecia, Psoriasis, Mycotoxins & Detox](https://mail.google.com/mail/u/1/?tab=om#inbox/FMfcgxwCgLmmPZkcZxVqNLMGvLTrDlzk?projector=1);

<https://mail.google.com/mail/u/1/?tab=om#inbox/FMfcgxwCgLmmPZkcZxVqNLMGvLTrDlzk?projector=1>