Introduction to Mold and Menopause

Hi, ladies. Welcome back to Masteringthe Menopause Transition Summit 2.0. I'm your host, Dr. Sharon Stills. And we have got another good one today. We've got a real expert with us.

And we were chatting before. We're both naturopathic physicians. We're both very passionate about women's health and health in general. We even both have the same assistant who helps us.

So this is our first meeting. But we've we've known each other. And so and it's funny because she's so brilliant. And before she was saying, you know, if I go into too much minutia, you know, let me know and I can really do it.

And I was like, no, bring it like this. Audience, you ladies are intelligent and you need the minutia. And so the conversation we're going to be having today is about is it mold or is it menopause or is it both?

And so grab your pens, grab your pencils. We have Dr. Lauren Tessier in the house with us. She's a natural Catholic physician, as I said, from Vermont.

And she's got a I think, a pretty totally focused practice on mold and chronic infections. And so we are you know, this is always a complicated topic.

And if you are someone who is suffering with this, we're going to have a lot of good information for you today because I know it can be very frustrating and easy to lose hope about healing.

So we're here to bring the hope for mold and healing and menopause. And so welcome, Lauren, to the summit. I am so excited to be here. Thank you so much for having me.

I think it's so important, this discussion, you know, I feel like modern menopause well, at least menopause is happening in about 50% of the population.

Mold is happening in about 50% of buildings and about 85% of commercial buildings nationwide. So, yeah, it's it's a good thing that these two things are being read together here.

So thank you so much for having me. Oh, you are welcome. Yeah. And those are shocking and saddening statistics, but true. And it's kind of like when I first started practicing 22 years ago, I was like, well, let's see if you are toxic or if you have mold.

And now it's kind of like, let's see how bad it is and how your body is. It's like it's an epidemic, right? It's something that affects us all. And so so how did you get into do you have a personal story or like what made you focus your practice in this area?

I mean, it's a it's a great question. So when I started out here in Waterbury, Vermont, and of course, it's in the name, there was a flood here about a year or two before I moved here.

And some of my first cases were folks who had really just like stubborn cases of fatigue and brain fog. And as I dug deeper, it was, you know, lo and behold, they were working in a basement that was remediated following these issues.

And, you know, everything that you throw at it, like the patty, the B-12, the iron, vitamin D, you know, all the basic stuff just wasn't sticking. So when that dialog started opening up, I started digging around to see who the heck knew anything about mold that I could learn from.

And that really started me on my process of learning the Shoemaker protocol and then kind of growing beyond the shoemaker protocol and then moving into doing kind of my my own investigation.

And I'm doing my own teaching and being involved in educational nonprofit that teaches other doctors how to do this so we can deliver more care to people who need it.

So, you know, there's there's kind of that part of how I was introduced, but I've also experienced mold in my living spaces on two occasions since, you know, in the past ten years.

And that has been challenging.

How Mold Exposure Happens

And then when I look back to some really important people in my life, in their health issues, it just, you know, there's no way mold wasn't involved. And one of those instances was my dear uncle, who passed when I was a teenager and he passed from Wegener's granuloma ptosis, which is a autoimmune vasculitis that no one, that it took the hospital six, six weeks back when I was a teenager to diagnose it. So and one thing that just always rang true about that was, you know, my mom and I often discussed that the space that he was living in was was a moldy space.

And I've done a lot of digging on autoimmunity and mold since then, and that's kind of the little thing that keeps me moving forward is, you know, if I can help someone and prevent a loss and you know, that that loss really shook me.

So I definitely have that kind of, you know, in my heart center that really keeps me moving forward on the hard days and the difficult days. So it's kind of like a yes to all personal family and initial introduction and to to mold with my clients ten years ago.

Thank you for sharing that. And yet, as I as you're saying that, I'm thinking, gosh, yeah, like I can remember, it's almost like as a child, we were like playing and seeing the mold and look how it's.

Fuzzy and we. Didn't even do anything about it. So we have definitely come a long way in our awareness because I don't even remember. I mean, I went through medical school late nineties.

It wasn't even part of our part of our program, part of our differential diagnosis. And it's always been an issue, but it just kind of wasn't an awareness.

So let's start just with the basics, just so we're all on the same playing field, you know, what are mold? What are mycotoxins? Where are they found? What should the listeners know about like go teach?

Yeah, absolutely. Absolutely. So if people just wrap their head around the concept of like beer, beer is made by yeast and yeast makes alcohol, right.

That's what that's what gives beer its magic for people. So when it comes to molds, yeast, fungi are mycotoxins are what they produce. And the the molds or the yeast are the actual organisms.

So in the world of mold, you know, there's a whole entire kingdom of fungi. And within that kingdom we have yeasts and molds. Molds are multicellular, meaning they got a little lot of little pieces that work together to make them a functional unit, whereas yeast just have one little cell and that one little cell can go around the world and do its own thing.

It doesn't need anyone else to help it grow. And both of those types of fungi actually can have the ability to produce mycotoxins so. Mycotoxins some people say micro like small, it's more micro micro as in as in fungi.

These mycotoxins aren't made by all molds. And sometimes there can be one type of mold that sometimes makes

it under certain conditions or doesn't at all under other conditions.

So it's a little bit of a crapshoot to say that all molds make mold mycotoxins or even one type of mold always makes them like a toxin. So mycotoxins are very small.

They can come into our bodies through transdermal, so on our skin they can come in through inhalation, into our lungs. They could come in through our mouth, into our gut.

And there's this also tricky little part where and this might scare people. It surprised me when I first learned about it. They can climb up the olfactory bulb so that the nerve that controls smell in the brain drops down into the nose and they can actually dissolve into the nerve there and kind of crawl up into the bulb of the olfactory nerve into the brain.

So there's quite a few different routes of entry of these mycotoxins in our body. And the hardest part about them is a they're great at immune system suppression, so they're really good at kind of invading and waiting, being targeted for removal.

They also impact the detox system, which makes it very hard for them to be moved out of the body and additionally, they also are fat soluble so they dissolve into anything that has fat.

And because of how they're set up, they also cause oxidative damage to anything that has that problem is, you know, some of our most important organs of our body have tons of fat our brain, our kidneys, our liver.

But every single cell has a coating of lipids on the outside, in the membrane. Every single cell has machinery inside it, like your mitochondria that are made out of whole muscle lipids and fat. So because of all the different ways it can impact with all the fatty substances in our body, it just hits pretty much every system of the body and it can hit one person system and one way and one person's system in another way.

The other thing I kind of want to get out of the way before we go any further is let me see if I have my jarring horror. Okay. So this beautiful little picture, you don't really need to see the words to get it.

Each one of those circles is a type of mold illness. We have kind of infection and colonization where the fungi is inside of the body. We have allergy, which is also like histamine allergy, anything that causes that kind of allergic ish picture.

We also have the toxic reaction from the Mycotoxins and then we also have this inflammatory picture commonly known as sirs. But you know, it's kind of evolving from there. So depending on the exposure, the person we can have, any one of those four mold reactions occur.

And because they're all overlapping, you can have someone who has like an infection or colonization and it's in the body, but then that triggers the immune inflammation or it secretes toxins and causes a toxic reaction, or it upsets the immune system and causes a histamine reaction so they can all kind of overlap and intertwine in a lot of funky ways.

So that's like the 10,000 foot view of the mold illness in a nutshell. And so come down to 9000 feet. So for the women watching, before we start going specifically to menopause, what is it like?

What do they need to be looking for? Like is their mold coming from their food in their houses and like just testing, if you can just give a little bit about like what they should be asking their physicians for sure.

Testing Homes and Labs for Mold

So what I will say is that the animal studies show that the highest bioavailability like how well it's brought into the body, is through inhalation. And again, animals, not humans.

We can't really study it, but we also have plenty of food mycotoxins studies in humans. And so we do know that there's some that can get absorbed with food, but animals really show inhalation is a huge component.

And so I well, food is important to think of and consider. I always go for the environment first. And that's simply because our our government allows a certain amount of mycotoxins in our food.

And you better believe any company out there is going to reduce their micro toxin burden just down below that level. So as far as I'm concerned, you know, we're pretty much having a standard amount of micro toxins in diets that tend to be a little bit on the moldy side.

So your dried grains, your fermented foods, your teas, your copies, your chocolate, all these things that also happen to be kind of histamine tragic. Me But you know, food, food is something to put a pin in and consider.

Usually folks who have come to me have already backed themselves into a food allergy corner where they can only two foods and the mycotoxins certainly aren't coming from the foods anymore, you know, so the environment is really what I pay attention to.

And, you know, I have people think about their home and think about, you know, any type of bubbling paint, warping walls, shading on the walls, buckling floors, powdery coatings on the leather, purses shoved in the back of the closet like wood, brown, brown or black caulking in the shower.

So there's a lot of little visual signs. And if people head to my website, there's a document there called Mold Prevention. One, two, one, it's free to download and it gives you a nice idea of where mold might be hanging around in the home.

So I have people think about that. But oftentimes before people start with me, I ask them to bring in an IEP, an indoor environmental professional, to do a thorough test, an assessment of their home, because that's usually where I find the biggest issue is. Hmm.

And is that are you using the army or what? How are you testing? How much time do we have? So I should I want. To hear it. So, yeah. Yeah. So I should disclose I am not an IEP.

I am not a home doctor. I am a human doctor. Right? So I can only share what my experience has been personally and what my clients experience have been.

I no longer put weight behind the army because it is two groups being compared Group one and group two. If you have a really huge group one in a moderately big group two, you're going to have an okay army, even though the house is incredibly moldy.

And so armies are great because they do the PCR, they tell you what species are there and maybe you can cross-reference them with a urine mycotoxins test and, you know, try to put the picture together.

But, you know, the army can be great for those species ID, but you always have to look at that spore equivalent count. You can't just look at the raw score in the Army and any IEP worth their weight.

A is going to, you know, possibly be willing to do an army. They will be willing to not only do an air sample, but maybe even do an in sample. You want to believe how often I see mold hidden in the walls in IEPs?

Won't say, Nope, I'm not going to damage your property. I'm not going to draw a hole in the wall. And it's like, you're missing it. You're absolutely missing it. So, you know, there's a lot of things to consider when looking for a good IEP.

And testing is going to look very different from house to house. I think an army is a really good place to start and I necessarily, you know, I'm not a fan of the plates that people put out to kind of grow and ship off.

They might be a nice kind of intro level for people to experience with, but I always push people to go past that for testing. So there is a organization, a nonprofit called ISEAI, so ISEAI.org and there's a get help page there and you can actually find IEPs who are literate and aware of mold illness, who work with doctors like myself, who really know how to give a good, solid rundown on a house testing.

And so I encourage people always to try to find an IEP through through that interface. Give the website again slower. Sure. Absolutely. It's I s e a I dot org.

And that's also the nonprofit that I've been helping in on the executive board with since 2017. So so people who are listening, the ladies listening can go to that website, find someone in their area, and that's who they should be using to get their home tested.

Absolutely. And some of those IEPs, if you don't have one close to you sometimes they do virtual assessments with you or they will work with your local IEP to make sure that they're kind of being thorough enough so there's there's always ways that people can be supported even at a distance.

Okay. And then about I'm like, we've got an expert in the house. I'm going to drill her with questions. I talk about menopause, but testing. So for can you just talk a little bit about, you know, for the listeners like what kind of testing, what labs, what should they be asking for?

Because I know there's a wide variety. Yeah. And the question is, what are you looking for? So those four overlapping circles, do you have a gut reaction that maybe you're looking more at inflammation?

Do you have a gut reaction that maybe there's a infection? Do you have a gut reaction that maybe it's a toxic reaction? So if you think it's a toxic reaction, which I usually perceive as more kind of neurological and hormonal, typically brain fog is going to be the biggest sign for the toxic one.

And this is just my clinical opinion. It's what I've seen. I will usually have people do a urine mycotoxins test and this is non diagnostic, it is a screening tool and usually if it's it's positive, then I work on that with folks.

I do mean into real time labs for that. I don't know if I can say that. Is like the Fed itself. And so I specifically use that company because I've also found clinically it fits my practice and my improvement in correlation with my symptoms with my clients.

Symptoms also seem to correlate with improvements in their urine. So I would do that for a toxin check. However, if I think someone is having an allergic reaction or a histamine allergic reaction, I'm going to do all of pretty much every associate histamine nerd test.

I could your you know, your ECP, your IGT, you know the whole mass cell panels if people are inclined to do so because those are a pain in the butt. And then often times if we have the ability, we might run IGT for common indoor molds just because they might not be reactive to them.

But it's still something to kind of put the allergic picture together. If we think it's going to be more of an infective picture, I'm going to more run more of the antibodies for AGM, which is kind of the acute get out there and fight antibodies or the IgG, which is kind of the long term we've potentially been previously exposed and different labs are going to have different ones for that.

Like Quest might have a different panel for that than Lab. So sometimes we'll do the antibodies and sometimes we'll do direct antigen measuring where we'll look for the tiny little carbohydrates of the fungi floating around in the body.

Those are really cool and they can be really helpful when someone has a deep seated hidden infection. And so the one fair warning there, because every type of lab has a disclaimer, right?

And nothing's perfect. If your immune system is suppressed enough from mold exposure, which happens, you

might not mount enough of an exam or an ECG response to have that test slide up like that, you know.

And then finally for the inflammation piece, the surface piece, you know, a lot of that is kind of the shoemaker list of labs and it's all alphabet soup there.

It's MMP nine and VEGF TGF Beta. Out of all of those, the one that I really find the most help is the TGF beta and I usually combine it with a cytokine panel and also with a lymphocyte panel that breaks out all the different subsets, the T ones, the tattoos, the T drugs, the cytokines, others cytotoxic, all that kind of stuff.

So it's really dependent on the person that's sitting in front of you.

Mold, Menopause, and Immune Dysfunction

If someone's coming in and they're kind of puffy, itchy eyes, runny nose, and they have some anxiety, I start thinking, Oh, histamine versus if someone comes in and they're fatigued and there mitochondria just look taxed as all get out and their hormones are off and they can't function.

I start to think more of the toxic picture. If it's immune system kind of dysfunction, I start to think a little bit of sirs, although honestly, I've moved away a bit from stories over the years and of course the infection I kind of lump in with the colonization.

There's not too many people that I've actually seen that have a deep seated fungal infection. Oftentimes it's just kind of trying to clear out and address the fungi that naturally exist in all our biofilms. Mm.

Fantastic. Okay, so now let's talk about, like, mold and menopause. Now that we've got a good intro, you know, how does mold exacerbate menopause or vice versa?

Like what? What do you see as the the connecting link there? Yeah. So I think maybe we should start. I think the immune system dysfunction is probably the easiest and most straightforward and most telling.

You know, you, you know, and I'm sure a lot of other women out there are available that are aware that your sex hormones play an integral part in your immune system functionality.

And there are a lot of aspects of your immune system that are really estrogen responsive. And so when women are going into perimenopause or menopause, they'll start getting spikes in their pro-inflammatory signaling.

We call these pro-inflammatory cytokines. They're going to be like your Tina Alpha, your IL six, and kind of from that aspect, when you're putting out a lot of pro-inflammatory signals, it's like increasing the background noise on the body.

And when that happens, the body has a really decreased ability to respond to pathogens, you know, foreign invaders or any other immune system stimuli.

So as a result, we also see with menopause and perimenopause that certain subtypes of our white cells, the things that really carry the immune system in the body, start to decrease in activity.

CD4 cells are one of those, and even your B lymphocytes are responsible for making those antibodies and even your cytotoxic cells which go around and survey the immune system and kill that cell with a virus or kill that cancer starting cell over there.

So we just see that in menopause, like that's just menopause straight out for women. Now, if we add mold on top of that, we have seen that with mold exposure.

And I'm going to kind of speak a little loosely here. More specifically, Mycotoxins exposure is what I'm referencing here. When we see people who are exposed to Mycotoxins, we are seeing again upregulation in pro-inflammatory

cytokines il six, IL 17 You know, that's overlapping a lot with the menopause and perimenopause symptoms.

We also see a downregulation in our protective anti inflammatory cytokines, a downregulation of IL four, IL ten. And then we also see a drop in either the count or the functionality of some of our white blood cells. So we see a drop in our T regulatory cells, the cells that go in and make sure everyone's doing their job.

And also even a drop in all of our white counts, drop in our macrophages who go in and kind of gobble up and clean things up and even a drop in those cells ability to go in and phagocytes, which just kind of go in and pull things in and digest them inside of themselves.

So we're seeing if we overlap those, it's a bit of a perfect storm. Now, it's not that every single woman going through menopause who has mold exposed is suddenly going to have an immune system, does more, you know, like it's kind of giving people a heads up that these two things very much overlap.

And in some instances, by having them both brought on at the same time, you are having a wider deficit in the immune system functioning. Absolutely. So what do you recommend as far as like strengthening the immune system?

Mm hmm. Like someone do about this? And so they get out of mold. If you as if you think that there's water damage in the home or if you're smelling musty enough to get the home assessed and if there's an issue, get it adjust.

And that's no small feat. That is the hardest part of addressing mold exposure. You know, the body has an innate, a beautiful way of healing itself. Some systems need some help, even after they get out of mold.

But whenever I talk to people, I always say, go and address your home first and you might not need me in four months. And if you don't, I'm sorry. I'll miss you.

You know, it would have been nice working with you, but I'm also saving you money and time, you know? So I. Yeah, it's. It's it's it's a hard thing to navigate with kind of orienting what to do for the immune system.

So obviously getting out of the exposure after that, this is when I start digging into those inflammatory cytokines and those specific immune system subsets to see which ones are out of whack.

And if they're out of whack, then I consider supporting them. So like if you're NK cells are low or underactive then like turkey tails or the great option turkey tail mushrooms.

Surprise. All right. So, you know, and there's just there's so many different things depending on the cell subtype. I don't ever typically do an across the board like echinacea or this for a general immune system functioning or astragalus or ashwagandha.

I really try to like hone it into this cell, subtype the heart part about doing that is when you get one of these tests that say your cells are low and your t h ones are high, you don't know if that's a chicken or the egg.

You don't know if that is a safety defense because the body's challenged. And so if you give it that support, what happens then? Do you make the body worse?

You know, so I always really lean into kind of getting the home clear and kind of shaking loose what's there. And if we have a pattern where after someone gets out of exposure and we're working on detoxing them and clearing out those micro toxins, and things are starting to look kind of even keel.

That's one I'll do more of the immune system subset identification because you're kind of weeding out the chicken or the egg question. They're like, What's left after the dust settles?

Is it really a good time to draw those types of tests? Exactly. I'm pretty sure we we use the same lab for those

testing. And yeah, it is sometimes it's just like knowledge and okay, this is what how your immune system is reacting.

And sometimes it's like, okay, well, all of this is off because this is off and we have to just handle. So it is it is good. I really appreciate that.

I love that you do that to to go in and really specifically modulate the immune system rather than just saying, take echinacea. And I want to say something here, too, if you don't mind.

I think a lot of people get really excited about wanting to see what the pathology is on their test. They want to see what's wrong and they want to be validated and they want to be vindicated.

And that's fine, especially when you're facing family members and friends who don't believe you or you need to prove something to someone to get something moving, to get your home remediated.

Totally fine.

Supporting the Immune System and Remediation

But if you're not in that position, I always ask people to take a step back and kind of again wait for the dust to settle. Because otherwise and this is a horrible metaphor, I'm going to gross everyone out.

But if you have a sinus infection and you blow your nose and you look at the tissue, you're going to see signs of a sinus infection. But that's not really going to change the outcome because you already know that there's an issue there.

You know what I mean? So just wait until the dust settles after you've done some of the home stuff. And then I think it's reasonable to come on and get more specific with your interventions.

Yeah, see, I mean, you bring up such a good point that it really is about remediating the home and it's easy to say, just go remediate your home. But it is you know, we want to acknowledge that that is a huge undertaking.

And I have patients who have to leave and move out. And it's it's it can be very disruptive. And what about like the. Workplace or some place? I've written way too many letters for employers that have the word per OSHA or OSHA guidelines.

You know, you know, your your working conditions have to set forth a safe space in which for you to work. The problem is, you know, according to OSHA and the EPA, if there is mold growing on a wall, you just throw bleach on it and you're done.

And please don't do that, especially not on a porous wall, and especially if your chemical sensitive, which most, most, most people are navigating work.

It was great during the pandemic, and I'm so sorry to say that because people got to work from home and they either got to get out of their moldy workplace or they get to go home and be like, Well, I'm sicker here because I'm home all the time and maybe my home's the issue. So, you know, being at work, it's a really hard thing to navigate because H. R. is not there for you. H. R.

is there for the legal protections of the business itself, like just being completely frank. And so there are letters that can be written, but ultimately the employer is going to test the way they want.

And oftentimes they'll choose someone to come in and test. And it will be one air test in the middle of the room, 600 feet away from where there's any issue.

And they get the all clear in those instances. I think it's really important for people to pay attention to their breathing

and document their breathing.

And the reason why is as soon as you start having breathing issues in a place which is integral to life, headaches and migraines and fatigue, not integral to life, they're subjective.

As soon as you start having breathing issues and you document the heck out of that, their employer has to do something because you are interfering with something that is necessary and needed for life.

And so employers don't usually mess around with breathing issues. Another thing that I want to call out in the employer discussion is I think it was 2017, 2018, the ADA recognized multiple chemicals sensitivity as being protected under the ADA.

And so multiple chemicals sensitivity can look a lot different. But there is a breathing component that was involved in that legal court case. And so, you know, I want people to report honestly when they work with me.

But if there's any chest tightness or shortness of breath or a feeling of pressure in their lungs or some, I document the heck out of it because that might be our only foot in the door.

It's working with employers. Some employers are finding some are amazing and it's incredible. And other ones, I mean, the horror stories I've heard and been witness to and fought with, I think probably the scariest ones are the schools.

The scariest ones are the schools. You have teachers that make up 5% of my patient population, mostly women usually. And I think the percentage of US population of teachers is somewhere in there, like 10th of a percent nationwide.

But yet my patient population is 5%. Like think about it, think about that. Right. And then for each one teacher, you know, you have anywhere from 20 to 40 kids and then you also have staff and faculty all throughout that building.

So one canary in a coal mine is really speaking to potentially hundreds or even maybe thousands if you're one of the larger high schools in the country.

And the schools are the hardest ones, the schools I have never saw I've never seen a school jump through the required hoops to support a healthy environment, a school that's been called into question, maybe one or two small private schools, not public schools.

And that is so gut wrenching and heart wrenching to say what I usually see instead are teachers don't want to put up the fight after giving a really good initial fight, and they either end up resigning because they don't want their help on the line or, you know, five years later I get a disability determination request coming into my office.

And it's it's heartbreaking, if anything, if there's one thing I wish I could change, it would be the school issue. So I'm sorry to kind of step back and give a big PSA, but, you know, if some employers are really, really hard to navigate when it comes to that, very, very hard because they also know the liability there.

They know that there is business insurance involved, health insurance involves you know, it's it's a big battle for sure. So we we we empathize with all of you who are suffering and not an easy struggle, but one worth embarking on if it's your health.

Bladder Issues, Histamine, and Hormone Clues

That's absolutely. So. I'm going to kind of jump gears because I just want say, you know, when I asked to interview, you have like all these different topics and I was like, let's try and talk about them, all right?

Let's just totally jump gears to like interstitial cystitis and the blast and just your views on that, because as women go through menopause and through the transition, their hormonal journey, urinary tract infections and bladder

issues definitely become more prevalent.

Right. Right. You know, from the the menopause perspective, you know, when we think of urinary issues, like you said, we have to start thinking about the integrity of the the mucous membrane of the bladder and the urethra.

And so oftentimes, right, it's estriol locally, vaginally, can like change those recurrent UTI eyes. And even I'll throw my hat in the ring on this, you know, as women age and advance our pelvic floor and after giving birth, our pelvic floor starts to get weaker.

And then over time, we also have potentially urge incontinence, you know, just increased frequency because we're afraid of losing our bladder. So there's a lot of bladder issues that come with menopause.

However, from the mult perspective, there also are a couple of urinary issues that pop up. One of the most common ones that I see is this fluid imbalance.

And this is because there's an impact on the anti diuretic hormone in relation to how much salt is in your blood. And so what we'll see is that people will drink and drink and drink and they'll P and PMP and pee and they have a lot of trouble holding on to the fluid.

That's often what you'll how you'll hear people report it. And sometimes adding electrolytes helps a bit. But often times there is that micro toxin impact on the hormone system that regulates the fluid in the body.

The other way that we see a fluid imbalance leading to, well, not fluid imbalance. The other way that we see urinary issues pop up with mycotoxins is through local bladder irritation.

Your mycotoxins are you know, they go through phase one detox, phase two detox, and eventually their urinary metabolites are peed out. But these urinary metabolites aren't perfect.

They're not complete neutralized and completely safe. They still can offer some oxidative damage, even in their water soluble form. And so they go through the kidneys and they hit the bladder.

And just like leaky gut that can happen in the gut, you're essentially getting leaky bladder and you're really upsetting that mucous membrane. The other thing that can happen when you get those mega toxin derivatives in the bladder is that the natural biome, the natural biofilms that we in our bladder are being thrown off because mycotoxins are also antimicrobial.

So you're shifting your natural flora in your bladder, you're potentially damaging the mucosal lining. And that's just naturally from like detoxing these things out of your body.

And so when you really start to irritate that bladder lining your heart, you're obviously going to have an increase in in urination for women and or men, too.

But how I usually see this manifest is the nervous bladder before bed. I don't know why it's always been prevented, but it always seems like women will get up to pee three and four times before hitting the lights and going to bed, and maybe one hour into sleep they'll get up and urinate again.

So there's something about this, like antsy, nervous bladder that happens in old clients right before going to bed. And I can almost hear people yelling at their screen right now because that's me, son.

So as you can see, there's a lot of overlap, but also lot of solutions. So to wrap up, I guess what would if you could just kind of we kind of talked about a lot of things.

So if you can just maybe map out or highlight like what would you like the ladies? Yeah, I would like the ladies to do something that we didn't quite get to hit on.

Is that your estrogen and histamine have a really peculiar dance? Biggest take home is that when you have big estrogen spikes, you can also have a bigger histamine response and you would think, well, menopause, my estrogens dropping.

Well, if you're going in and out of perimenopause, you're getting big spikes compared to very low drops. And with that can come really big histamine waves.

So just want to throw that out there for folks. So if you find yourself in a position where you're having a Teague headaches body pain you know the night sweats right yeah.

Mood issues I think I said joint pain, sleep difficulties, memory, all that kind of stuff. Don't immediately jump to its menopause. A nice kind of little way to kind of see if there's a difference.

There is. If you give estrogen to the body or you replace some of the hormones there and you see a little bit of improvement, maybe it's the menopause component.

However, if you are also someone where you're giving hormones and giving hormones and giving hormones and nothing is changing, then those symptoms might very well be due to mycotoxins.

You know, we typically see that when people have micro toxin issues, we do not replace hormones in them until we can kind of get them all balanced out because it's almost like this Schrodinger's box.

The input that you give is not the expected output that you get. So you would expect if I'm going through menopause, perimenopause, replacing my hormones, I should be getting these benefits.

If you're going through what think is menopause because of those symptoms and you're getting, you know, progesterone and estrogen and they're well balanced and the doses are going up and up and up and up and up and up and up.

And you're not getting any benefit. It's time to really start thinking about mold as a potential exposure for you. Mm. Yes, I will, I will caveat to that.

Absolutely. That I can't tell you how many patients I see come in and you know, one like Dr. Lauren said, you want to make sure you're on the right hormones.

First of all, you're not on the wrong ones or the wrong balance or the wrong dosing or the wrong administration and so forth. But that come in and they're just kind of like left like, well, you know, you're on hormones.

Too bad you're still suffering and nothing. It's just infuriating to me. And so that's why you have to look at the whole picture. I love hormones. I'm a bioidentical hormone expert, but those hormones have to go into a actual body.

And the terrain of that body has to be balanced. And it is not an either or. It's both. And so. Yeah. Yeah.

Key Takeaways and Resources

And that's after you address molds and after you really work on that root cause I really find that all of the normal stuff starts sticking all of the normal naturopathic and functional medicine interventions.

And I tell people it's like the cherry on top. After you clean up the system, then the things that should actually be working will start working. But you really just got to like bring it down to brass tacks, clear everything out, give it time to rebalance and then the rebuilding starts to stick.

MM Yes, absolutely. That is wise, wise advice. So where can the listeners learn more about you? Sure. So everyone can find me over at lifeaftermold.com.

I am on pretty much every social media channel as life after mold, and mostly active on Instagram. I also have some YouTube videos that are quite helpful for people, including how to find a good IP mold impact on the brain and quite a few other things.

So definitely check that out. And then if you head over to my website, you can sign up for my newsletter and get the free mold prevention 1 to 1 booklet that I mentioned earlier.

That'll give you a nice map of the hotspots in your home to look out for. And I believe for this particular event, I will be offering my Mycotoxins cheat sheet and that my good toxin cheat sheet tells you kind of what strains parties specific of molds make these mycotoxins.

And so that way if you do ever get a urine micro toxin test, you can sit down and compare it to that cheat sheet and kind of get an idea of the sources of the mycotoxins that you are experiencing.

So I think that's everything as well. Thank you. Thank you for being here. I wanted to really bring in this aspect because while we're here at menopause, while we're transitioning, you know all about the pores.

And part of that phase is really evaluating your health on every level. It's a good kind of pitstop as we step into our sacred second act and keep rocking our worlds.

And mold has just become such an important topic and an important piece of the puzzle for so many who are suffering. So thank you for being here. Thank you for all that you do and for coming and spending some time and educating the audience here today.

And thanks, everyone, for for listening. And, you know, if this is the first time you're hearing about it, you might be like, so take a deep breath. It's going to be okay.

Go back and listen to this. Go to some of the resources and if you are someone who's been on a journey or think you have mold or haven't found the right help yet, well, now you have an absolutely amazing resource.

So we're back with another interview. Thanks for being here. Thank you so much for having me.