Introduction to Mold and Mast Cell Activation

Welcome back to our reversing mast cell activation syndrome and histamine intolerance summit. I'm your host, Dr. Meg Mill Today, I'm joined by my esteemed colleague, Dr. Lauren Tessier.

Dr. Tessier is a Naturopathic physician serving clients who suffer from mold related illness. And she also runs Life After Mold, where she's passionate about educating people on mold illness.

As we've discussed, mold can be a major culprit when it comes to mast cell activation and one of the root causes and why people feel so sensitive to everything.

So I'm happy to have Dr. Tessier on here today to dive into this and really give us a full view on mold, how we can have mold exposure, how we can have mycotoxins, and what we can do about it.

Thank you so much for being here today with us, Lauren. I'm so thankful to be here. Thank you for having and it's such an honor always to have the chance to talk about mold. Of course.

Well, with this population, mold is a huge issue. So I am excited to get into the nitty gritty and really start to give people like where they can start, what we need to do and, and connect that back to why we're reacting to everything, which often happens, before we dive into those things, could you just give us a little bit about your personal story?

Because I love hearing your journey and how you really got to specialize in mold. Sure. So, I'm a naturopathic physician. I'm licensed by the state of Vermont, soon to be California too, which is very exciting.

and I hung my shingle back in 2012, in a, rural part of Vermont that I knew had a history of floods.

Dr. Tessieru2019s Personal Journey into Mold Illness

and a lot of the work that I was doing with folks wasn't sticking, you know, it was like, I have fatigue, you know, like, okay, let's check iron and B12 and, vitamin d you know, like all the super, like, simple functional medicine things to check.

And it just wasn't shifting these, these pictures. And, eventually I had a discussion with a patient of mine about how during Irene, they had their business office in the basement and they remediated it after it was wet.

but then they've gone on to about like joint pain and brain fog and can't focus. And just like severe forgetfulness that, like, just wasn't normal. And so at that point, that was when I started wondering about, mold damage, water damage and just started going going down the rabbit hole as my first, like, entry into everything.

And then, 2016, I became, series certified, and then eventually got involved with a wonderful nonprofit called ISEAI by the International Society for Environmentally Acquired Illness.

It's a mouthful, but what we do is we teach other providers how to help people recover from environmental illness, including mold. and I've been with that organization since 2017.

And the role of secretary president and now vice president twice. And, it's a really wonderful organization. And there's a lot of providers there who are literate in these things, in mast cell activation and multiple chemical sensitivity and mold and lime. So, that's kind of like my, my greater overarching, picture.

And then of course, in July of this past year, Vermont flooded again and my office was hit. And so, you know, I had

another pivot, just like many others do.

And so, currently I'm doing a lot of, tele medicine consultation work, things like that, working from my home, which I know is, is safe. but, you know, it's it's very much I've been there.

I've gone through the experience, you know, I've gone through about five different water damage incidences, throughout my time. And some of them have flared some of my own illnesses.

So you know, I'd say, I'm in the middle of things still from the that's the most recent event. but ultimately, I think until you've actually been in it and experienced it like, like anything else in life, right?

Yeah. People don't don't get it, you know, where they have trouble getting it. So my goal with working with folks and getting the word out is to let people know that, like, you're not alone. This isn't in your head.

You're not crazy. Like there is a connection here and this is what it potentially looks like. So that's that's kind of me in a nutshell. So I guess. that's great.

And I love how you said because I think that's true of providers. You're in it like you, you are an expert in this area, but you're still working through your own issues, your own, you know, situations where you're having to deal with the mold, too.

And I think we're all in that. We're all learning through our own experience, which is really helpful when you're sharing that knowledge. and it's helpful.

It's humbling. And I think it also keeps us motivated to, you know, and keeps us excited about, like, new stuff. Like what? Let's not. might not work for me, but this could work for, like, that person I haven't seen in years.

And I wonder how they're doing, you know, so I'm always on the lookout for things to help folks. Yeah. So that's wonderful. Let well, let's actually start with just talking about it.

When do you start to question if someone has mold on us? So if someone's listening to this and you know, I want there's so many things I want to talk about today.

But I'd love to start there of like, okay, when do we question that if a listener is listening like, could this be mold?

When to Suspect Mold Exposure

Sure, sure. always I'm always sorry to say. Yeah. however, to like, pin it down so people don't feel as kind of afraid or concerned. I think of mold as this, like, Pandora's box.

Schrodinger's box. It's, a we never want to look inside Pandora's box. We don't want to open it. We're afraid of it. But then we also have this whole concept.

Where are the things that we're putting into the box, which would be our body in this case, coming out in a way that's expected. And so when I start to think about mold and mold exposure for people, I think about why is, or in what ways is the body not operating as we would expect when we give it the topical estrogen, when we give it the, the B12?

Like, why? Why is does sense not follow. and oftentimes what I see there is there is mold involvement and the mold is causing just this kind of cloud of chaos.

So all of your inputs that you'd expect to have a certain output within the functional medicine room, the alternative medicine room, they look different. So a different. So so for folks, it would be, you know, typically speaking, some of the more common symptoms, especially if we see mast cell and mold together is going to be, kind of a heightened reactivity to everything, stuff that you've previously tolerated, even things that you may have tolerated two days

ago.

And now suddenly you react to them. But then two days later, you're fine. that's another way that I see mold being problematic. another kind of, symptom.

There is new stuff just new reactivity is like stuff your body has never seen before. Like there was a study that was done of school age children where they were mold exposed.

And when they looked at all the other allergens that they had, these kids were like sensitized to like horse dander. And their body had never seen horse dander before.

Their body was naive to horse dander. And if you know anything about allergies for folks out there, you typically need one first exposure before you can set off kind of that new allergenic reactivity. So, you know, again, for folks, it's that, headache, dizziness, brain fog, kind of sudden reactivity that comes and goes doesn't make sense.

and then, of course, I would say that people pay really close attention. There might be correlation to time and place. So maybe some of your mast cell stuff starts to kick off at 11 a.m..

Once you get to the office and you think, oh, it's probably lunch time, it's probably low blood sugar. You know, it's probably why I feel funk. It's like, well, you've been working in a toxic environment for about two hours and it's starting to catch up with you.

So those are typically the, the things that I see at like that initial reactivity, between mold and mast cells. But what I find is as people go on longer and longer in the mold is when they really start to develop a lot more severe immune system.

Confusion from the mast cells always blasting off, a lot more systemic body and joint pain, because now all of our histamine receptors all over our body are blowing up, essentially.

and in general, that's usually at the time that I start to see more of a skin reactivity. I never usually see skin as like the first sign of reactivity.

We usually think skin as being connected to deeper, organ pathology in the world of naturopathy medicine. So headache, fatigue, new allergies, reactivity, correlation to time and place are usually kind of the first signs that I see of like mast cell and mold overlapping.

Okay. And can we tell talk a little bit just about why that starts to happen. Sort of the physiology behind why mold starts to activate the mast cells.

Oh my gosh. So yes of course there's and I get very excited about this science. And so I apologize to people in advance.

How Mold Triggers Mast Cells

but when we're thinking about mold, there are many different ways that mold can interact with the body. You could have a mold colonization or infection where the mold or the fungus is in the body.

And I'm pointing to four invisible circles over here that overlap for for folks. In case you're wondering, as in mining. So we have, this, kind of infection, colonization that can happen where the fungi is in your body.

we can have an allergy or a histamine reaction, or kind of like a mast cell picture. we can then have a toxic picture from the toxins that are produced by certain, molds.

And then we can have this chronic inflammatory response syndrome. people might know of it as sirs or bio toxin illness from Richie Shoemaker in the early 90s.

anyway, all four of those can have overlap for people. And so I think, really working to sit with people and figure out what is their most predominant is important.

so I get a little excited. I'm going to have you repeat that question so I can answer that more clearly now that I've given you the background on that.

So yeah, we're just like giving the, the physiology of like when we so we're saying the mast cells become activated and mold is one of our root causes for sure about why they become activated.

So kind of what happens to activate the mast cells from the mold and how we get thank you. Dysregulation. you're the best. Thank you. So I did get too excited about these things.

So each one of those circles has a way that can trigger mast cells. And that's why I brought that up. And so, we know that, so if we're thinking about kind of the allergenic component, we know that the proteins, we know that the carbohydrates, and even some of the, sugars and cell wall fragments of molds, just their dry little bits can trigger that IgG that has some allergic reaction.

we know that that toxic circle, that mycotoxins circle can, cause shifts in your T helper cells, which means for some people, they can lean more allergenic, or they can lean more autoimmune.

we've also seen that with the infection and colonization, very similarly, those little kind of chunky bits of the molds can trigger that, immune system reactivity.

And I want to remind people though, to that, even if it's you're talking about chunks of mold or the toxins that are causing the immune system, confusion, they results in more than just histamine.

When these mast cells degrade, you get so much being released into the body. So, you know, it's really dependent on are you, dealing more with a non toxic but still kind of allergenic mold, or are you dealing more with a toxic reaction that's causing the immune system suppression and confusion?

Or is there a little bit of both at work there? So I think that's a probably a good good 2000ft view on that. Yeah. Great. No that's great. And then so this leads us into like a great point.

So there's there's different types of mold. And then we have mycotoxins. So could we talk a little bit about the different types of mold. And then kind of how that goes into your body as mycotoxins and sort of understanding that difference.

Sure, sure. So when we think about mold, mold is this huge catchall. We really should be saying fungi. But, you know, it's easy.

Mold, Mycotoxins, and Different Illness Patterns

It's easy when we're trying to get the idea out. So there's an overarching concept of fungi. And then below it we have molds and yeasts essentially. and we, are a single cellular.

They can exist on their own and float around and do whatever molds start to, chain up and create mycelium. And, they exist in multicellular life. They need one another, to, to grow and develop.

So with regards to molds, molds are the organism. They are the, the living thing. And then the mycotoxins is what they produce. Mycotoxins are not alive.

They are larger organic compounds that get produced. And they are produced because it's the the molds defense. So when the mold gets stressed out, they secrete mycotoxins along with other other things.

Now here's the kicker not all molds create mycotoxins. You could have one particular, species of mold like

Aspergillus fumigatus, which is usually really known for its microtech accessory for producing mycotoxins.

but under certain stressors or certain events, it might not it might just be producing allergenic reactions. And it's not stressed enough to produce a toxin.

Or maybe it's not in that molds genes to produce a toxin. So when we are working with, mold and mold related illness and all of these things, it's really important for people to try to separate out the idea of is the organism, the fungus, is it in me?

Is it in my biofilms? Is there an infection or is it just an upset biofilm dispel imbalance? Or is it something the molds are producing and making me sick and causing a toxic reaction?

Or is it a little bit of both there. Those are. Yeah, that's a wonderful because those are really important points. And and that's even why you can see certain you know, I think what can be confusing to a lot of people is there's usually more than one person living in an environment.

And, you know, we can sometimes see this place where one person's reacting, even though everyone's exposed and they think, okay, well, it's not mold because no one else in my family is having a problem.

And really, they're the only ones that are producing the mycotoxins that are having the problem with the mold and that I think when you're looking at that from a, you know, an I don't want to say an uneducated point of view, but in a, layman's sort of like, okay, this is I'm just looking at my environment, then it's hard to really balance that.

Yeah, it's citizen science and that's okay. And this is what comes to my practice with these discussions. I'm always thankful when, a partner comes with a partner that says, I don't get this, but I love them and I'm willing to help where I can, where it gets really hard and kind of gives me the sad goosebumps, I guess, is when partner comes in and they're essentially being told they're crazy and, you know, mold doesn't make them sick.

And so for me, there's this, education that I provide for both parties with hopes that I can come together. But usually when there's a family of four, you know, we we break out our old Punnett square and genetics and what have you.

Often times we will see one of the kids have some type of reactivity. And so mom may be down and out unable to function like the worst of the worst dad might have like an exacerbation of his ADHD and absent mindedness that he wouldn't necessarily call an old reactivity.

And meanwhile, one of the kids have horrible food intolerances. They have. They're allergic shiners. They can't eat anything with reactivity. They might be, somewhere on the spectrum where they get like worse at the end of a school day.

And so that's really the hard part, is I never blame someone when they're trying to figure out like, why what is happening? but I do like reassuring people that everyone's genetics are a little different, even to the point that something like a micro toxin called deoxy in the balance, also known as mama toxin, does exactly what it sounds like.

it gets metabolized differently between male and female, totally differently between male and female. And that doesn't even have to do with well, I have a lot of Irish descent, and they have a lot of like, English descent, what have you. So, yeah, it's it's going to look different for everyone.

And what I've also seen on testing is that urine mycotoxins testing, that's going to look different because it is a metabolized substance. And like I just said, everyone's genetics metabolizes things a little bit differently.

So everyone's urine mycotoxins test is going to look a little bit different for everyone is in the house. And then someone's, serum reactivity serum antibody testing that they have for, mycotoxins are going to look different for people to everyone kind of has a different thumbprint of immuno reactivity.

And so when you're working on treating someone, you really need to work on treating the person in front of you and not kind of cheating off the other tests around you, that's really what it comes down to.

That's a great point that that's really important. And let's dive into a little bit of testing. So where do you start with the testing? Yes. The where I start with the testing is dependent on patient goals.

Testing the Home and Finding the Right Inspector

It is dependent on what's already been done. You know, it is also dependent on. I would say what their symptoms are looking like, you know. So I have some clients where, you know, they are like, I have this mother in law and she hates me.

And I think I just want to prove to her that, like, I have some type of exposure, you know, and so, again, getting very clear about what's happening there and, you know, if someone knows that they might be having a really big, difficult fight with, with housing or something like that coming up, then, you know, we want to make sure that we are getting tests that really support their picture.

And if they seem really allergenic, then I'm going to reach for the allergen testing for that support and for that evidence before I reach for the toxic reactions.

And so again, it's a combination of what is happening in front of me, what people have already done. And so the the thing I do want to drive home to people is when you come to me and of course, the name of my practice has mold in it.

So I'm biased and most people are already coming knowing or having a feeling. It's mold. You may have already seen tons of other providers. That's not a bad thing.

That means someone has likely rolled out Ms. that means someone has likely ruled out cancer. That means someone has likely ruled out all the worst case scenarios.

And so like, flip the script on it and take that as like, okay, now we know what it's not like, let's move forward. That's a great point. Yes. No, I agree.

And, you know, one of the things that you mentioned, before with the Pandora's box, so I find I actually was on a call last week, that I would, you know, someone who was interested in working with me, and she actually, it's an interesting point to bring up here because she actually said to me, I don't want to address mold.

And she said, if we're going to work together, I have a friend who's, you know, thousands of dollars in debt because she's had to do all these remediations to her house.

And she's and she said, and I know, like, I know that could because we, you know, we were just talking through different things. And she said, but I don't I don't even want to go there.

That feels too overwhelming for me. And so I do think there is a sense of, like you're saying, the Pandora's box of, okay, this could be an issue, but we're, you know, afraid either the, you know, clients, patients or even some practitioners are afraid to open that box because it can mean a lot of change for people and, and expenses and their house and all of that.

So how do you address that sort of element with with feeling like, okay, we need to make these changes. And sometimes it's it's a lot. But the first thing that I tell people is I, I can't work with you if you're still in exposure and the reason why is it's ethical, it's an ethical reason and it waste time.

It wastes money. you'll be upset at me because my treatments didn't work, you know. And so I really encourage people when I'm also, like, doing my on ramp sessions and screening people like, save your Money.

Like, don't start with me. Just it sounds like a start. Don't start with me with your money and go through the process of having the house examined. And you know what?

If there is remediation and it does get addressed, you might not need me. Like it's horrible for business for me. But I would love to never talk to you again because I want you to get better.

And people do get better when their houses are addressed properly. And the other beautiful part is, even if they remediate something for mold in a home, well, they also might be accidentally remediating like PVCs that were in like old caulking in the wall that were that were potentially causing your reactivity.

Your toxic reaction. It wasn't really, you know, the mold in the first place. So, you know, it's almost like, oh, we get to do a full body, a full house clean out.

And, you know, I'm the reason why I get so nervous, too, about treating people while they're in exposure is a double whammy. We're getting inhalational exposure, but then we're also moving things into the bloodstream out of storage from our damaged tissues.

And so you're getting potentially a double exposure in your bloodstream. And so I, I, I'm very cautious about that. And this is of more concern when I'm starting to get a gut feeling about toxicity.

Everyone here is listening about mast cells. But the hope I have it. I hope and pray that this is the situation that you potentially find yourself in when it comes to mold, because although mast cell activation syndrome and mCAD are very difficult things to navigate, there is palliation.

There's palliative care that we can do to put a bandaid over it. As we're working on getting your house cleaned up and optimized. And so it's a blessing.

It's a blessing to have a little bit of a mast cell component, because you can do your H1 blockers or H2 blockers. You can do all your mass or stabilization, do all the medications and all the herbs, and try to put it together to make it work for someone to buy them time while they're still in their house, and while they're figuring out how to clean things with the goal of getting the house addressed.

So you get a little bit more flexibility with, the mast cell folks in that histamine allergic response. Because usually once you pull out that, that antigenic stimuli, once you pull out those crunchy, crispy parts of fungi from the environment, you're immediate reactivity should start to drop.

Will you have to go in and balance your mast cells and your immune system functionality for sure. But I find that it is a good thing because I don't have a way to do that.

Similarly, if someone is just flat out navigating a toxic reaction to the mold in their home, and then I know I'm droning on a little bit, if you don't mind.

One other thing I'd like to say on this is your situation. It's not everyone else's situation. Be cautious of the Facebook groups. Be cautious. of a lot of these things on online.

Granted, those their existence and their experience are very true and very real and they can happen. But that doesn't necessarily mean that's what happens in your case, you could have a, moldy mudroom on one end of the house that just needs its crawlspace sealed off underneath, and your bedroom is all the way in the other end, and you'll have someone online tell you to light a match.

It's all done and over, when in actuality there are shades of gray there. And so, I understand people's fears and I understand being scared. but we're going to waste more time.

More money and your sanity, and potentially your health by not just crossing mold off the environmental list. So that's my soapbox on that one. That is a great question.

Yes, I love it. Yeah. No, I think because it is it's one of those it goes beyond the sometimes this is an area where it goes beyond just you. So a lot of things with our health, it's like, oh, we're taking we're dealing with the body, we need to fix this, the body.

But this is a broader issue. So the next thing that I wanted to to ask you, your preference on home testing, like testing mold in the environment, because there's a lot of different tests out there.

Treatment Priorities: Home Remediation and Mast Cell Support

Some are like anything we see, some are good, some are not good, some are gimmicks. And so can you give us some insight on trusted sources for that? Sure.

So I appreciate that question. And it's evolved over time. and it's evolved over experience. I just like body testing. There's no perfect testing for a home.

Instead, you want to find a clinician like Cooper who understands mold in and out. Same thing. You want to find a clinician for your house. The clinician for these houses are called IEPs.

Indoor environmental professionals. there are, quite a few websites that list, their, their, that have listings for them. I think the I CRC or someone's gonna be yelling at the computer screen right now for me not getting all those letters.

Right. there's also, the AKC and as mentioned, if people go on to, the ISI website, that's, I guess, as in Sam, as an Edgar, as an apple, I as an ice cream.

So I sca I dawg, you can get the click, get help. And there's actually a area where people can find IEPs throughout the US. We're working on kind of bringing more in in, into our group and kind of having them network with doctors a little bit closer.

But these folks understand mold illness. They don't stop at just a visual inspection. And if they don't see anything, then they don't move forward. and there are some companies that will find something.

And then you have to make the decision, and you can always do it with a third party, you know, can we prioritize this like this? Seems a little excessive or expensive for me.

What can this look like? What is this reasonably like put together? Looks like so, I would say doing initial testing yourself doesn't really get you too far.

I mean, if you see it or you smell it or you feel it in an environment, then it's there. and then I would save that money of buying your own army for 300 and however many dollars.

Hiring someone who uses an army uses air testing, uses tape lifting, uses all the modalities you want someone who's going to come in with like a Santa's sack of of testing equipment to try to narrow things down in your home.

Another thing that I really encourage people to, ask is will they do in wall samples? And I have a whole video on this on YouTube. So people go to YouTube and they search for life after mold finding an IEP.

I go into this in a huge way. the finding an IEP and and having the right person come in is just it's really important. It's going to be individualized to your house.

But the in-wall testing is the most important thing, first hand experience here. I had someone come and do in-wall testing. they were little nervous at first and they said, you know, we don't damage property.

I said, I don't care if there's a quarter inch hole in the wall. I'm more than happy, free of damage to that property I can take I can't like. I'll sign a waiver. Can you please test?

Turns out the whole entire back side of, I think like four studs. Five stud run was just, moldy drywall, moldy drywall, making me incredibly sick and we then had a homeowners insurance company come who is, you know, affiliated with our homeowner's insurance.

And I asked them to do an in wall sample. And my goodness gracious, they've they cut a three inch hole in the wall and then just held the vacuum air filter that kind of up to it, as if that wasn't pulling in ambient room air, like not getting a good read on what was in the like.

Sorry to say, but probably thought I was stupid and didn't know what I was like. Didn't know what to actually do. and so right then in there, it was like people you got to ask them if they do in wall testing, because if they do in wall testing, then that means that they are really looking deeply and profoundly at what is happening in their home.

And if you call someone and you ask a and wall testing, oh, nope. We don't damage things. You say, well, what do you feel about the army? And they go, and oh, it's that crummy.

Then probably your chance to to move on with people. What you want to hear from people is flexibility, openness and their willingness to work with you and hear you.

And I think over time that is realistically one in the best ways. turf find an IEP. That's a great answer. Yes. Thank you so much. And we can also link there if you go to Meg Malcolm forge last summit, we have a summit resources page and we'll link those in there too so people can have those resources.

you can go to for your YouTube video and for the you know, to find the provider said that that's a those are great resources. Now if you're so, so okay, we've talked about the home.

We've talked about the testing. Now if someone does have, you know, mold active induced mass cell activation or, you know, even just mold illness in general, where do you usually start with them?

If someone has that histamine or mast cell component? First step is always what's your plan on addressing the home? Either correcting it or making sure that it's clear and we can move on.

and then if someone has more of a mast cell picture, and they tend to be someone that, you know, they can't drink a glass of water without developing high.

So why are they so much look at like curcumin and and they develop a rash, you know, like those are actually the people I'm used to working with. and so what I usually find is working the mast cell angle first and really getting suppression in place with those H1 blockers, H2 blockers, everything that everyone's already talking about on this summit, and then moving into, seeing what's happening and what's changing about their environment.

Are their symptoms improving? Okay. Well, this is definitely like a histamine reaction. And let's pursue this. What else can we do to like mitigate histamine?

Are we looking at more mass stabilizers. Are we bringing on histamine degrading enzymes. So we're bringing on co-factors for histamine degrading enzymes.

Mold Travel, Cross-Contamination, and What to Keep

And then after that we're working on shifting the immune system to get it out of that hypoallergenic and more into that t regulatory rounded out space.

Whereas if someone is in a toxic environment, I find that we have to get the house sealed and sealed just like we would otherwise. And then we need to do a lot of, detoxification prep work.

And this preparation work involves, a lot of, I would say prep work of the lymphatics, prep work of autophagy, prep work of just making sure we're getting the whole entire flow of detox open before we ever step on the gas pedal for

a detox, before we ever step on phase one and phase two.

And so those are the two kind of global approaches for people. If they're more histamine or jack or mast or I'm sorry if they're more MSL histamine or toxic.

And then like I said, people can overlap. And that makes it a, you know, a bit trickier. but we find our way around that. And that's really when we start to be like, okay, how are you feeling?

What's happening with symptoms? Like what are you feeling? We should prioritize. And then there's some folks where the building comes with them. They have the colonization, and we would love to just put them on an antifungal.

In fact, there's plenty of providers who will throw someone on an anti-fungal once they hear the word mold. the problem is with that is if someone's detox pathways are slow and sluggish and they're still in mold, we could recognize them.

Or potentially we could we can upset their liver and slow down their detoxification process. So, you know, it's really very different approaches for whoever is sitting in front of me.

And that's just the prime example of a husband and a wife have both come into me numerous times for two very different things, and they receive two very different treatments in the beginning.

That's a really important. And so I think that you brought up a lot of good points there. But I think one of the things that I would like to hit on is that you mentioned the mold travels with you, because sometimes people also feel that, oh, well, I just moved in or I, you know, I had these symptoms before I lived in this house and I don't live in that house anymore, but I'm still having the symptoms.

So it's not mold. And and that's not always the case. Not always the case, not always the case. And I love this question because, to remove all the fear from people in this moment, you don't have to throw everything out, you know.

And this goes back to the Facebook comments like, be cautious, you you might be able to, just deep clean everything in your home and wear personal protective equipment, of course, or hire someone to do it, whatever that looks like.

but there will be some things that you really need to, I would say either kind of put into storage and decide when your brain is not inflamed if you want to get rid of it or not, or other things that you should just really decide to pass on.

So one of the things that I've seen folks, carry with them from home to home are not like futons, couches. La-Z-Boy recliners, mattresses and pillows, anything that has that compression and then expansion.

Because when you sit on something and smush it down, you're blowing all the air out of it. And every time you stand up, you're sucking the air into it.

Well, if you're in a moldy bedroom that you've been in for 20 years and now it's time for you to move into the new place. But you carry that mattress with you that you sleep on for eight hours a night.

You're still getting a third of your life's exposure from that. Do I think your mattress is going to grow the mold, and suddenly you're going to have a carpet of mold on the wall?

Not necessarily, but you might have those dried, crispy mold fragments that are getting blown into the air every time you sit down on the mattress or roll over in the mattress.

And so when I think about this whole concept of like, I'm going to contaminate my new home, you are going to

contaminate your space by bringing your shoes inside and walking around the home, you know, like mold is everywhere.

And that is correct. That is very correct. However, when you control its growth, you control what it spits out ambient into the air. So a few mold spores here and there that get carried from outside are going to be fine. You can't live in a bubble.

You won't live in a bubble. You won't. You won't succeed. But the goal here for people is when they move into a new space. Good and or different. I would love to see good and different when it comes to the thumbprint of the ecology and thumbprint of what type of fungus are in that home.

So for instance, I know this is a really long answer, but let's say someone starts off in a really toxic mold environment. Let's say they have everything's soaking wet.

They have stachybotrys without a doubt, and they are in that environment. And then they take that mattress and they bring it into their new space, and they wake up every morning feeling really crummy.

But they go to bed feeling mostly okay. You know, there's this like periodicity that happens for folks. So, you know, if I, if I had my way, I'd have people leave behind their soft stuff.

and anything with like visible growth.

Where to Find Dr. Tessier and Her Resources

But, you know, you don't need to set a match to everything. You don't need to lose everything. and for things that are really important, it is okay, again, to put something in storage and wait until your brain is clear enough and your heart is clearing off and the trauma has, you know, started to be integrated before you're like, I just have to throw out everything and start now.

because that cross-contamination like it does happen, but it's more the dried particulate triggering people rather than the toxin that's triggering people.

In that case, that is a personal item that's being brought in. There are some molds that can colonize the body. As we mentioned. some of them can be mycotoxins producers.

Some of them are more of like if allergenic reactivity. So there is the possibility that someone who lived in, let's say, a Aspergillus fumigatus house that had a lot of it, they might be carrying it in their sinuses or in their gut.

That is an absolute possibility of kind of what it looks like for them to bring the home in their body with them to the new space. And in that case, it's a lot of did you bring your mattress?

did you bring everything okay? And, you know, the space is clean. Okay. Then let's maybe try an antifungal at this point, because it might be coming. The call might be coming from inside the house, you know, might be in the body.

So it's, it's definitely kind of, wherever the person is, there's an approach that that can be done. That's a guest. Thank you so much. That was very thorough.

I love it because it's coming from so many different ways. And you've provided such wonderful information for us today. Can you share where our audience can find you?

Oh, absolutely. So, my handle is @lifeaftermold across all social media platforms. If you somehow put together Mold and Lauren, I'm sure I'll come up somewhere and, on my website, there's also, lifeaftermold.com in there.

If you sign up for my newsletter, you can get a hold of my Mold Prevention 101, free e-book, which will give you an

idea of all the hotspots around the home where water could come in and potentially cause a problem.

So it's a nice little like garden checklist for you to do quarterly walk around the house. And, you know, just make sure the the hotspots look good so people can find that on my website.

Thank you so much. Thanks for being here today. Thank you for having me. Have a great day everyone.