Mycotoxin Illness and Autoimmunity Transcript

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Introduction and Speaker Background

Welcome to this episode of the Mycotoxins and Chronic Illness Summit. I'm so excited to interview Doctor Lauren Tessier today. Doctor Testa is a practicing naturopathy physician licensed by the state of Vermont.

Her practice life after Mold in Waterbury, Vermont, is the East Coast's only formally certified series literate naturopathic practice. Life after mold services patients suffering from multi multi symptom multi-system illness complicated by comorbid conditions such as mix, mix and chronic infections including Lyme and co-infections, EBV, CMV and more.

Doctor Testa also provides clinical and corporate consults to physicians and corporations looking to improve their respective clinical and productivity outcomes.

Doctor Tessier has served Eisai, the International Society for environmentally Acquired Illness, since 2017. In the roles of secretary, vice president and now president, the free booklet Mold Prevention 101, authored by Doctor Tessier, has been widely circulated and its suggestions implemented by many worldwide.

My life after Mold on Twitter, Instagram, Facebook, YouTube and Pinterest. Welcome, Lauren. I'm so happy to have you join us today. It's such a blessing to be here.

Thank you so much for having me, Doctor Tapia. Thank you for being here. So I know that your approach, it's actually pretty similar to my approach to treating mold, mycotoxins, illness.

I'd love to hear you talk about how how our approach is, is different than some of our colleagues.

Defining Mold, Mycotoxins, and Disease Subtypes

So. Sure. My pleasure. So, I tend to kind of get things started, I think. The, the key to really understanding the way we, we approach things, is grasping the difference between, mold and making toxins and how it can kind of interact with the body.

So I know this is that then, like a toxin in chronic chronic illness summit. And so, you guys by now, I'm sure are like bored to death with the concept of what is a micro toxin, but just to kind of run over really quick, guys.

You know, a micro toxin is something that is produced by molds, by fungi, by yeasts. Not all molds produce mycotoxins. And so these two things, while they often go together, they are not synonymous with one another.

And as a result, they can operate in the body differently and cause different disease states. So when I'm working on approaching these things with people, when I really knuckle down on is what part of this mold miko toxin dichotomy is really occurring or causing problems for these people?

So in my approach, I think, I kind of, distill down mold illness into four different subtypes. And usually people think, oh, mold illness now synonymous with sirs.

But actually Sirs is just one of the subsets. And so, how I actually have people think about it and a little jarring here is for overlapping circles, and you guys don't need to have anything else in your head for that other than just that visual.

And so each one of those overlapping circles really, represents a disease state that can come about from mold and or micro toxin exposure. And so two of those circles are something that's widely accepted in the, greater medical community, which would be fungal allergy and fungal infection and then fungal infection.

I kind of lump in colonization too. So these are things where it is actually physically the mold organism that is interacting with the body. We have the molds potentially in the body for an infection and a colonization or for an allergy.

We have the mold in the environment and so the other two circles are how mycotoxins really interact with the body. And because the mycotoxins are there, the molds may or may not be there.

And I'll get into that in a second for folks. And so those other two circles are sirs, right. That's one of them. And the other one is micro toxic doses and micro toxic causes breaks down really micro meaning fungi.

Right. Toxic that component. And the Osis is the disease state. So it's the disease state from the toxic toxic exposure to to molds. So with micro toxic doses you can have micro toxic you can have like a toxic exposure in the environment.

So in the inhaled environment you can have it in the food you eat. You can also potentially have it. And this is where it starts getting kind of nit picky in some of the molds that might be in your body.

And you can also have it stored away in like some of your fatty tissues. So in the brain the liver subcu fat. So with my gut toxic ptosis, the mold may or may not be there at this moment.

And then finally there's sorry. Go ahead. Yeah. And so finally there's like the Sirs component, which I give people the metaphor. It's like setting up a bonfire and putting gasoline on it and lighting a match.

And so you can have that fire go. And at some point the gasoline is going to burn off, but the fire keeps going. And in that metaphor for sirs, mycotoxins in it can be lots of different things.

But mycotoxins are the incendiary. It's what really gets the fire going, gets the inflammation going. And even after your detox, someone or clean them out, that inflammation can still continue.

So that's because of the kind of way I've defined mold illness in my practice. It allows me to sit down and kind of put people and try to understand how their cases, may be presenting, which then further allows me to understand what tests to order to answer the clinical question, looking after, and also, of course, what treatment because a fungal allergy treatment is going to look a lot different from a fungal infection treatment.

Mold Allergy and Mold Carriage

So that's kind of how my approach is different from the traditional kind of Sirs bio toxin mold folks. Thank you Lauren. That's that's great. It's actually pretty much the exact same way I look at it as well.

Doesn't surprise me at all, because we have so much in common in the way that we practice. We're both on Eisai together. I want to stop. Yeah, I know, it's so exciting, right?

I want to stop and talk about the allergy piece and the and the carriage piece. So most, most of our patients will go to an allergist and the allergist will will test ECGs and and then in mold illness, I don't really show up.

What we found in our clinic is that is that mold. Iggy's molds are not, expressed that way in an allergy. So the, the the patient comes back from the allergy clinic and says, I was told I don't have a mold allergy.

What we do is we test mold IgG allergies. We can just do that on on lab or even they have a great, handle. And I find those very, very high in my patients who have an allergy.

So to see those levels at 20 to 200 plus and that's a that's a really big deal. And so I think that, it's really important to, to put some light on that piece.

That's a piece that's really, really overlooked a lot. And I find that when we put them on a mass cell activation

syndrome treatment, you know, that those, those ECGs, the when they're in the two hundreds, they're certainly going to come down in the symptomatic reactions of that allergy.

Are are going to be different. And I also want to, bring up the point that the allergies, the presentation of the allergies will be different. It's not just a runny nose or hives on the skin, but we can see that allergic response in the gut, in the bones, in the connective tissues.

If because that's where mussels live, they reside in all those tissues. So the mold allergy can be there. And just so happy that you're looking at that too, because it's not something that enough doctors are looking at.

And the other thing is mold carriage that, that, that some doctors think that there can't be mold carriage in the body. So doctor test say tell me more about that in the body.

Let's talk about that. Yes, I would I would love to talk about that. So in in my formal training when I became sir serious certified of which I am no longer I was taught that it is impossible to carry mold in the sinuses because the which is the kind of grading for the water content is too low.

And that's that's all well and good. Maybe it is pretty dry in my nose. That's fine. But we have so much data now about the microbiome, right? Not just the microbe but the micro.

And we're seeing that, you know, we have naturally occurring fungi that hang out in our microbiome. And, these guys can secrete mycotoxins. There's this really cool piece of literature that I love and I love referencing.

And it is about how, vaginal Candida can secrete glo toxin, which is, huge for immunocompromised into the local vaginal, whether or not, you know, they've measured if that's been absorbed, I would say yes.

But, you know, we've we also rely on data on that front. But, you know, it's a perfect example of something that's in your body, the carriage colonization, spitting out like a toxins and potentially adding to that micro toxic.

So, so, yeah. You know, when you know better, you do better. And so my thinking has very much evolved over time with with that. Yeah for sure. Yeah. That's exciting I know when, when we do a a nasal swab, I find funguses in there are a lot.

Oh, yeah. In addition to mark ons, but it goes way past more kinds. It's not just mark ons, but there's a lot of bacteria and funguses and biofilm that can be found in there.

And once the sinuses are treated, life changes for people I've seen, they can think straight again. You think about how close the sinuses are to the brain.

Inflammatory cytokines can cross the blood brain barrier. Actions can. I don't know if mycotoxins can. They can I can I know this, I know this, I know for a fact we have, animal liver and I'm a bit I, I spend way too much time in PubMed and in the animal literature.

I'm I'm really forced to do a lot of animal literature assessment because I. It's unethical to put someone in a mycotoxins box and run tests on them, you know, so we have to work with the data that we have.

And it's also the animals that we test our drugs on. So why wouldn't we take that data into consideration? And unfortunately, that is a big argument for, for those viewers who are watching, it's well, it's only in the animal literature and you're like, well, it's also unethical for me to do this to a human.

So, you know, it's it's nit picky. Anyway, so to, to go back to, the, the nasal component, they found that in suffocation, which essentially placing things into the nose, I believe it was T2 toxin, which is something that's produced by, Starkey.

Typical black mold to try coat the seen group that you'd find in a black, dangerous black mold. They found that it

has the ability to dissolve into, the olfactory nerve and then dissolve, the olfactory nerve and cause oxidative damage to the olfactory bulb in the brain.

So it's the perfect example of, like, dissolves, like that being your nerves dissolving that, lipophilic substance of the micro toxin into that tissue.

Mycotoxins, the Brain, and Translocation Pathways

And it just kind of navigating up into the brain, like the blood brain barrier theory has been falling apart over the years. And, you know, this is a good example of it in action.

So yeah, it's it's it's so true. And another, piece of interesting data. And it's an important piece of data, is a micro toxin study, that was done in Nigeria of, children and it was post mortem.

So they did autopsies and what they found was aflatoxin in the high fat tissues of the body. So not only the liver and kidneys, but huge deposits in the brain, which lets you know it's coming from systemic circulation and crossing the blood brain barrier.

And whether that's coming through inhalation or oral, that as far as I'm concerned, at that point, it doesn't matter. You just gotta clear out, like, you know, and and we also know from research that there can be vagal nerve translocation from the gut up to the brain.

So now we can have translocation from the sinuses via the olfactory through that research and by the vagus nerve. So there's there's a lot of I think other, other translocation areas in the nervous system that just haven't been discovered yet, which, which can give us direct access to the brain, which then makes me circle back to the sinuses and colonization, how important treatment there is.

And I think one thing I'd like to drive home, though, for people is colonization is really important. But if you're not out of mold, please reconsider pushing someone for to prescribe you antifungals.

Because antifungals, they can be a little rough on the liver. They can be rough on the heart. Not a lot of people realize that, you know, less so something that's locally delivered versus orally and systemically delivered.

But if you're still in a water damage building with mold, you can potentially re inoculate yourself. And then that antifungal is all for not. And you may have just built resistance.

So I'm right there with you guys. Yeah, absolutely. And same with to continue with, with other detoxification use of binders because the mycotoxins are also going to be oftentime I until somebody is out of the environment, I'm just chasing the illness, you know.

So getting them out is really important. But while they're still in the environment, I, I'm right on board with you about, continuing treatment. I think using the antifungals and in general, it's a really good rule of thumb that you've just demonstrated like you don't do a kill until all of your detox pathways are open and supported, and you got a mop and bucket to also clear something through because you'll just, you know, you'll flare and yeah, you really can't.

I think a lot of people get excited about the process of detoxing from mold, but it is not a fast process. It is not a sexy process. It is not glamorous.

It's long, it's drawn out, it's boring. But if it's done right, it's a world of difference for people, right? You absolutely can change your life when it's done correctly.

Right? So, absolutely. So let's talk about an immunity. I see a lot in my patients, and I want to hear about how you see it in your patients. And, how does it present in your patient population autoimmunity.

I so I tend to have a lot of, females in my practice. I think in general with holistic and alternative medicine, there

tends to be a larger female female practice.

Anyway, but the largest issue that I tend to see in my clients is Hashimoto's thyroiditis, or an autoimmune thyroiditis. Every now and then I'll see like a graves pop up, which is the hyper versus the hypo, patches.

And then the other thing I tend to see is what I consider to be, nondescript autoimmunity. So autoimmunity, where we just don't know what the heck it is.

So, for some of you who might be familiar with autoimmunity, we do like an A and A, and then depending on what else we see, there's little kind of subtests that we can do to kind of differentiate it.

And additionally sometimes we look at the clinical picture and we say, oh, you have five of these 25 symptoms. That's more a lupus or you know, vice versa.

And what I find with these clients is, they just don't fit any of the typical autoimmune issues. But we tend to see like a speckled or diffuse pattern on there and a pop up, and B essentially devoid of a proper autoimmune diagnosis.

Right.

Autoimmunity and Immune Dysregulation

I see this all the time to oftentimes I'll see people with the Hashimoto's diagnosis, but then an autoimmune tendency in, in the rest of the systems, and I think of the thyroid as being the canary in the coal mine is the first one that's going to speak when there's an autoimmune tendency in the body.

And, so it'll pop up in the thyroid first, and then we'll find, even anti-clotting antibodies elevated, though they might not have a diagnosis of, of celiac.

But but we'll, we'll see that tendency and different systems of the body. So tell me why do you think this has happened. Tell me about tell us about about our amenity and and why it is so often the case for people with mycotoxins and mold, I think, the the unfortunate part for autoimmunity that tends to happen is that patients aren't empowered.

Well, I mean, in general, any disease state, right? Patients are being empowered and they're not being explained about what what is happening. So kind of stepping back.

So it's not too much jargon. Autoimmune. Well, your, your immune system has a few different branches. You mostly have your white blood cells and then there's a few different subtypes.

And those are the guys that go to bat and they fight for you. In one of those subtypes you have lymphocytes. And those lymphocytes are further broken down into B B cells and T cells.

And your B cells tend to be the ones that secrete all your antibodies. And your T cells tend to be the ones that are like on surveillance and doing the march.

Right. So within that T cell subset, this is where the autoimmunity, series really start to get put together. There's a type one T helper, there's a type two T helper, there's a 17 or a T helper 17.

And then there is a t t rex cells. And there's lots of other super subsets. You guys don't really want to listen about, but you're your type two helper cells, your T helper cells, subtype two.

They tend to be more involved in the allergic response. And then you're T ones. And seventeens tend to be more involved in the auto immune response. And then your T regulatory cells are like the cops in the space or the mediators, let's put it that way.

And they're supposed to kind of keep everyone in check. And so what we originally thought with that community was that the ones were too high compared to the T rex.

Those as things have been kind of marching on, we're realizing that it's more the T seventeens, that are tending to have more of a big impact in autoimmunity and also what they secrete, which is IL 17.

So in an autoimmune picture, sometimes we'll have elevated t h ones. Most of the time we will have a very elevated t h 17. And also what they make, which is IL 17.

And that's a cytokine. It's just a chemical inflammation chemical. And then what we also see is a low T rex that can essentially the mediators that go in and keep everyone under control.

So with autoimmunity, there's a couple of other things that can potentially happen. Some of our anti inflammatory cytokines which we definitely have are also suppressed.

So like our IL ten which is supposed to be protective has also really low. And then we also see some of our anti-oxidant pathways start to have troubles. Cheers.

Or something like our Nrf2 can be slowed down and kind of gummed up. So of course, if you go into the medical literature and you pull some animal studies and some studies and all these things, you see that mycotoxins, various of them, have the ability to increase your t h seventeens, increase your IL 17, drop your T regs, lower that beneficial IL ten and lower that beneficial Nrf2.

So they really just set the stage for some of that immune system chaos to, to really occur. So it's that's kind of how I've made the connection with, with, mycotoxins and autoimmunity.

Thank you for that. And then I also think about the body's being stuck in a loop of that. So when, when we're first exposed to an infection or, or an environmental toxicant, an insult like that, the body, the body goes into an oxidative state and that's normal.

And that that's to help deal with with, with this issue. Right. That the immune system is a way of protecting itself and handling the infection. The problem is when we get stuck in in a loop and then and then we're not able to get out of that loop.

And that's when I believe the autoimmunity, can present. And so getting stuck in the loop that's supposed to be a healing loop at at that point is no longer healing, because we need to be able to get out of that loop and go on to the next stage of healing that's being stuck in the cell.

Danger response. Actually, in the CDR one. And, and I think there's so many other factors that that lead to us getting stuck in these loops. And what I find is a lot of people will have, structural integrity issues or, other infections, dental a called defection infections, those are huge that also have tick borne illness at the same time and high environmental toxic load.

And so some the mycotoxins and the molds interacting with other environmental toxicants and and other infections. So we've got this big soup of infections and toxins. And I've seen that for sure.

Oh yeah. And it's, it's in the it's in the data. You know, it's it's exactly what you said. We know that infections spike those seventeens and we know that infections are spiked with I iron 17.

But from the flip side from the research we've seen that if you suppress I also 17 you become, at a higher risk of having an infection. So it's you're right.

It's, it's really super careful dance. And you know that H 17 connection with infections. Absolutely. It's there that's for sure. There. Yeah. Tell me about mold and autoimmunity.

Yeah. So I'm sure to some folks that that might sound like the same question and kind of, you know, mold again and mycotoxins, they're kind of two sides of the same coin.

It's like, you can have yeast, which is the organism. And then you can have alcohol, which is what, the organism makes. So it's very similar. It's the organism for the mold and then the micro toxin of what it makes.

So, we know that the mycotoxins can increase, gene expression of autoimmune issues, which is kind of tricky. Specifically, type one diabetes and, Hashimoto's.

And we also know that mycotoxins can worsen issues with colitis and IGA nephropathy. And we've also seen mycotoxins worsen a lot of the demyelination.

And, neurological symptoms of, animal models of mouse. So that's like the micro toxin component. But looking at kind of mold as the organism interacting with the body, like there's a good amount of literature.

And, you know, starting with the animals, we see that, for example, Candida worsens a lot of these autoimmune models in animals, including, again, the run down the Ms., the irritable bowel disease and that IGA nephropathy.

And that's all well and good. But you know, people get really nitpicky about the human animal studies. But there are some really great human studies of mold impact on the body, where we've seen that there is a correlation, demonstrable correlation between fungal antibodies.

So meaning that there's been an exposure or infection, to, Ms. Slee. So lupus psoriasis, Crohn's and sarcoidosis. We've also seen for instance, mold and fungi existing in the body worsening autoimmune disease state.

So we know the severity of something like, primary sclerosing colon dryness. So it's one kind of the liver and the gallbladder get really bound and tied up in fibrosis.

And they stop really working really well. That severity of that disease is worsened with the presence of candida in the system. And we've even seen things like being exposed to mold in an environment, in particular, there's, there's a big one called Aspergillus fumigatus.

It makes clear toxin, it's dangerous. Is problematic, can cause infections, lots of stuff. But we found that people who are sensitized to it from an allergic standpoint.

So they actually have that IgG antibody, they start cross reacting with the molds, cellular components with their own. So it's like an autoimmune IGA that can happen for folks.

And I think that that that was a really interesting piece of data that I bumped into.

Clinical Evidence, Diagnosis Gaps, and Representation

And then I think some of the other things that are really compelling come out of the clinical evidence that I mentioned that we don't get to have a lot health, but thanks to some of, you know, some bigger names from the 90s and the 2000, Doctor Campbell, Doctor Thrasher, Doctor Gray, we have these great studies that show that people who are exposed to water damage, buildings actually have a very, very strong correlation to developing.

And so that kind of first, first pass of autoimmune disease testing, and then they have actually a lot of, neurological antibodies that can develop, and then they also have a few other antibodies, like your smooth muscle antibodies, conjugated sulfate antibodies, mitochondrial antibodies.

And these are hitting like joints and liver and nervous system. And this is all stuff that has like a, a, confidence interval, like 95%. So it actually, like sticks to the wall, you know.

So, we do see measurable levels of autoimmunity in people who have been, water exposed water damage,

building exposed. And I think one of the most profound studies that was kind of, again, a longitudinal study was in Finland in 2017.

There were a group of teachers who had been in a building for a long period of time, and they found that their autoimmune disease rate was 36.6%. When you back out and you pan out to the general population of Finland, that is typically about 5 to 8% for autoimmunity.

Thank you for bringing up all of these studies. It's so important. Medicine takes a long time to catch up with the literature. That is for sure, because most patients are told that this is idiopathic.

We don't know why you have an autoimmune condition. This is, it's just in your genes and you're just getting old. And, it's just the literature is there that that mycotoxins, infections, mold and other toxins do cause autoimmune conditions and and when you were talking about the different areas that that the immunity presents, well, our patients feel that symptomatically and all those areas.

So, you know, it's just it we are ahead of the curve because because we are taking into account the literature and, and as well the clinical experience of, of our, the doctors who came before us in our own clinical experience.

And I'm seeing those to match up greatly. And, just medicine just needs to catch up. And it's, it's just, it's I feel like the wind has been taken out of my sails.

Like, it just bums me out so much. So, so much. It's so profoundly upsetting. And, you know, we had, a human rights activist in 2017 who went before, the, the who who essentially said chronic Lyme disease has no representation in our diagnosis code.

Think. And as a result, that is a human rights violation. We can't offer these people because we can't diagnose, we can't offer them care, we can't research, we can't do any of this data collection.

Her name is, Jenna Bush there. If anyone wants to go, I really suggest she's phenomenal. But we really need to have that done for mold and mold illness, because right now, the only diagnosis codes we have are fungal infection and fungal allergy.

There's no true ICD ten diagnosis code for service. So there goes that representation. And there is no true diagnosis code for micro toxic Osis. There is one if you eat too much aflatoxin coated grain.

But that's really it. That's where it stops. There's not there's no like neurological makeup, toxic osis or any of these things. And, you know, if any of your listeners, happen to be someone who, has any type of connections into, into this field about how we can get a sea change going or something along those lines?

Please reach out, because this is this is a goal that I have in my heart. You know, it's going to take a while, and, but I really, I really want to drive that representation because when soon as we have representation, it opens up everything for our clients.

So, Yeah. Yeah, it's. We get to catch up. It's so important because these are real illnesses. We see them clinically. You see them in the research. We need them to be diagnosable.

So thank you for bringing that up. It's really important piece. Let's talk about treatment and what we do to help our patients who have mold mycotoxins illness the allergies, all of it.

Sure, sure. So with mycotoxins illness, you know, it's it's going to look so different for people and something I say when I'm teaching other practitioners is there's no dogma in medicine.

There's no dogmatism in medicine. As soon as you find a strict algorithm and you can't buster or you can't get to, you know, change, then you to you have to as a practitioner, really work to, to apply that to the patient.

It's an art form. And so, you know, my general global approach, it's not a protocol, it's a global approach, is really just the concept of working backwards and up through the body.

Most of my clients, when they come in, most of their symptoms are neurocognitive.

Treatment Strategy and Stepwise Detox Support

We have a lot of neurological issues when they come in, but getting something from the brain down through the neck to the liver and then out through the stool, that's a long pathway for things.

And there's lots of ways that things can kind of fogged up and gummed up around that. So when I work with people, I typically start in the gut. I work my way backwards, up through the gut, supporting the gut.

I work my way into, the liver and do a lot of liver support. And then I work backwards and kind of up through the body, meaning, you know, I've gone from organ system, and now I'm.

Can I try to do more of the cellular one on one support and drive? And so if you open up all the dams in the river, you're going to have a more successful treatment.

And that's what I was saying earlier on. Like it's it's boring. It's it's not sexy by any means. It can be a slow process. And frankly, I like a non dramatic treatment, I do not what do I know exactly.

No one wants to to go into really severe different reactions like. And so I, I tend I tell people I put my oven mitts on for everyone. I am very cautious and I, you know, I've worked with people who like, can't drink water without developing hives.

And I just assume everyone is starting from there. So, you know, I might do a little bit less gut support work if they're already on, like a low inflammatory diet and they're gluten free and they're already doing all that stuff.

But, you know, by therapeutic drainage is one of the big core components, if you're not working with any of the, phospholipids, you're just, like, missing it.

As far as I'm concerned, phospholipids were a huge change. In my treatment practice. Yeah. And, and then after that, you know, after you finally got up to the brain and helping the brain with a lot of detox, something that gets left on the table at that point.

That's when I work upstairs. If I go through that process and I'm detoxed you and you're feeling great, then great. Like you're. You're welcome to go. I'm here.

Come back to me if you need anything. But, if they're still kind of feeling funky and a little inflamed, that's what I work up. Serves because I've found that if I do the serious workup early, I spend tons of money.

And if I get people out of exposure, like 60 to 70% of my clients clear up if we just address the mycotoxins component. So again, that's why it's really important that I kind of, group that different disease state so I can understand what's happening in the system.

And then kind of if service does come up and we address it, the final thing that really gets left on the table by a lot of physicians is to find the systems.

It's great to, like, go through and detox and clean up inflammation and kind of get them back to a steady state. But okay, so what's happening with sleep?

Okay. Let's try to bring some more foods back in. Let's, you know, balance your your sex hormones just a little bit more. So I feel like that gets missed a lot.

And that's something that's such a core of naturopathy practice. But you can't do that until you you've like laid the foundation. You need functionality to make that stick.

Yeah. I, you know, I tell my patients we have to get rid of the, the offenders and treat the symptoms at the same time because they're in a lot of pain.

There are a lot of stress in their body. So treating the symptoms, treating mast cells, treating the immune system, and detoxification before I even start to kill the infections, get them prepared to kill the infections.

But then once we start to remove the triggers, the system is still often not in balance. So we can and one of the the key pieces of natural medicine is treat the cause.

And that's great. We do treat the cause. However, what's missed in this patient population is once you treat the cause, there's a lot more rebalance that needs to be done.

We need to reeducate the immune system. We need to retrain the nervous system, the limbic system, the vagus nerve. There's so much retraining that has to go on.

We're not just done. Once you remove the trigger, that's when you start to bring in regenerative medicine as well. It's a whole I tell my patients that once we're finished with with symptoms and removing the triggers, we're one section two, which is regenerative medicine.

Truly training. And some people don't realize that. But that could be like I mean, if you're lucky, if you're lucky, that's six months in. But typically that's like a year, year and a half to like even longer for people, you know, you didn't take it took you a long time to get sick.

In most instances, it's going to take a while to recover, you know, because you're asking an already programed system to work, to work and healing takes work.

And if we can't even get the engine going, it's going to take that much longer, you know? Does it takes a long time for patients? Six months. You're right, is lucky.

Those are the people who are young. They come in their in their 20s. They haven't been sick for very long and sick for maybe a year or two. Right? Six months is lucky, but usually it's a year or two.

Could be longer. They know how long the person has been sick, for how long they've been exposed for what their genetic tendencies are. What what's happened AP genetically for them.

Well there's so much to consider. So doctor to say tell us how how patients can be in touch with you. Are you are you accepting new patients also tell us about about the gift that you have to give out there.

Recovery, Regeneration, and How to Connect

There are, of course, rumors. Yeah. So, for, for today, for the viewers, I have put together a essentially a mycotoxins cheat sheet, and it's going to go over some of the more common mycotoxins that you can test for, because I'm not gonna include stuff you guys can't test for and find in your body.

And on that, there is information about, how it manifests in the body, and potentially like where it's found, what species of mold makes it. So that way you have like a really nice reference sheet.

And then, of course, people are always welcome to go to my website and download the Mock Prevention 101, which is kind of like a a checklist for the home, essentially to go around and understand where that can be problems and issues in the home.

And so that way you get used to just doing normal inspections to keep that routine next to the home. And of course,

people can find me on all of the social media platforms, on all of them. And yeah, and then, I also do, in-person medical care, but I also do, educational wellness consults for people who have a local provider who is overseeing them and taking care of them.

And then I also do, one on one, kind of educational training with physicians to who are looking for maybe a little bit of support, handholding, not looking to dive in a little bit deeper.

And then, of course, I would be remiss to, to not mention ICA. Where. Right practitioners can go to learn more about these topics. But then even general members like we invite the public to, you can guys even join us a, a supporting member, to to express your appreciation and gratitude for ICA.

So, yeah, I think that's how people people can get a hold of me. Great. Well, thank you, doctor. Tessy, it was such a pleasure to interview you and I look forward to more work with you all.

Thank you so much for today, this opportunity. Thank you for your service in doing this. Obviously, this is a really wonderful thing that you guys are doing for people.

And yeah, I just wish everyone, good luck on finding your path or helping a friend and family member find their path back to health through all of this.

Thank you. Thank you.