Introduction and Dr. Peatrossu2019s Background

Welcome back. It's Dr. Jenn I am so excited for our next guest, Dr. Jess Peatross. I just want to share her story with you. She. She's trained in internal medicine, and she worked out as a hospitalist for seven years.

And in that time was actually able to observe cracks in the system, so much so that it motivated her to retrain, to go to the Institute for Functional Medicine and retrain as a functional medicine physician.

And now her passion is uncovering the medical mysteries. So, Dr. Peatross I'm. So delighted to have you here today. Thank you so much for having me. Dr.

Simmons, it's an honor. Yeah. So I know I told a little bit of your story, but I'm never going to do it justice. So can you share a little bit about your background and kind of how you got into this space and lead up to your work with cancer patients?

Of course. Well, you know, I. I was actually board certified in internal medicine, as you mentioned, and I worked as a hospital, as so many people may not know what that is.

It's a newer specialty out of internal medicine. So now the docs admit their patients to a specialty team at the hospital who does history and physical that takes care of you and consults out as needed.

So I did that for almost seven years at different. Because because most doctors don't admit to hospitals anymore so people like you take care of them, which I'm assuming is part of the breaks in the system that you saw, because the continuity of care is terrible.

It's terrible. Thank you for bringing that point up. Yeah, about that, I would be remiss not to mention that was part of the frustration because, you know, you start to see it's almost like a revolving door of patients that come in and you start to know them by a first name basis every week.

And that's one that's sad. It's really sad. And they don't have anywhere else to go because this system is quite broken right now. But, you know, when I was working there, really, I saw just the breaks in the continuity of care.

Like you said, for example, the outpatient physicians, they don't have time to come to the hospital anymore. They're working all day seeing patients in clinic.

So now they hire us to meet their patients in the hospital. And actually, the hospital now owns us as doctors there. They're there. We are their employees now.

So the we we answer to the hospital, that's another change as well, is that the doctors are not the bosses anymore as well within the hospital system.

And so because of those. Things in that, that's a whole other story for another day, right? It is. Right. And so definitely there's some issues that that made me shoes and motivated me.

As you said, I like that word you use, motivated me to go elsewhere and get trained elsewhere. And what I was looking for were root cause answers for my patients.

And within that system, you're kind of I guess your hands are tied a bit and you're not able to actually step outside the box and treat people different way, if you will.

And so really, I kind of got fed up with the system. I saw Pepsi and Coke contracts in the hospital. I was

discharging patients on. That same experience.

I remember when I was it was it was towards the end of my time as as a surgeon. And I remember getting an email from the chief medical officer of the hospital so excited that we just signed a new contract with Pepsi.

And I was like, What are you talking about? What are you talking about? And he's like, Why? Why are you upset? They sell water. Oh, well, you know, it's really I don't know about.

You can't make this stuff up. So you can. I tell you I don't know about you. I got maybe, you know, four or 5 hours of nutrition training outside the essential 15.

Yeah, not very much, right now. You know, I would just school at the University of Louisville in Kentucky, which, you know, this is the epitome of nutrition, if you will.

Sorry, guys, I love you in Kentucky. But, you know, so back then, no one thing, nutrition to health as much as we are now. And so we weren't really that wasn't the foundation of our teaching in school.

So the doctors had a lot of them hadn't connected it and some of them still haven't. How food can really change a person's health. Mm hmm. And, you know, I remember I was at a coastal hospital, and I had a surgeon come up to me who said, You really think it's the food?

My wife says, It's the food. This was, you know, back in probably 2015. So I was pretty forward thinking then. Yeah. Not bad. Right? Yeah. So you can see these cracks started to form for me.

I also was, you know, as a hospitalist, which means I was discharging people on. So there's 30 or 40 different medications. How is that. Health? Yeah, well, unfortunately, we don't have a health care system, right?

We have a sick care system. And the only way to get into the system is to get sick.

Leaving Hospital Medicine for Root-Cause Care

Or if no one goes to the doctor because they're healthy. Right. No one goes to the hospital because they're healthy and no one gets healthy in a doctor's office or gets healthy in a hospital.

Right. And what you were doing as a hospitalist, for all intents and purposes, you were just putting out that small fire. But it's raging right and you're putting out a small part of it, but the rest of it is raging and there's nothing you can do about it because you see these people in such a short window.

Right. So they, like are always in a little bit of congestive heart failure. And then you see them when it's like exacerbated and. Right. So you get them back to be in a little bit of heart failure.

You're not getting them out of heart failure. Right. Right. And that goes on and on and on. And, you know, was there something like was there a sentinel moment that you were like, I'm done.

Yeah, there were. There was actually. I would. Love to hear it. At that moment. Right. So, you know, I was really fed up. I was already questioning the system, questioning my colleagues.

Do you guys see what I see? Does anyone have a problem with this? You know, they just kind of be like be that cog in that will. Right. And I was just and not okay, I can't unsee it once I see it.

And so basically a patient came in, I was admitting them from the emergency department and they had, you know, that list of medications we were just talking about 30 to 40 different medications.

And, you know, one of them was a proton pump inhibitor that they had been on for, I believe, eight years, eight, nine years. And the package insert clearly says six months, one year.

And, you know, why are we continually giving a Band-Aid to a patient rather than getting to the root cause? So I wrote that in the electronic medical record that the patient had been on it for eight years and the package insert said this and there was really we needed to look at other alternatives.

And the primary care doctor who had put that patient on the proton pump inhibitor for eight years called the hospitals to complain about me because I had made them a. Liability at that point.

Right. So, you know, and I was just really fed up with the politics and the system of it all because it's not what's okay for the person. It's covering everyone.

And so I just had to step out of the system at that point. It was tugging at my heart strings. And they sent me down and said, You know, Dr. Peatross, you know, if you continue this, you won't be able to work for us.

And I basically said, okay, then I quit. I quit the system because I can't I can't continue to live in something that I see is somewhat unethical for a patient's long term health.

And I also wanted to get to the people before they went to the hospital, before they they, you know, were maybe couldn't come back from stage four heart failure.

I wanted to get them when they were younger and healthier so we could stop poor behavior patterns and lifestyle habits, which I thought at that point in time contributed to chronic disease or not.

I was actually really forward thinking of you. It really was. Because, you know, at that time people weren't really talking about this. I mean, I, I ended up leaving because I got sick and I became a patient and I was like, Oh, this system is broken.

This really doesn't work. And, you know, that's why I went to the Institute for Functional Medicine. I went as a student to figure out how to heal myself.

Oh, my goodness. Your story is so touching. You know, what you've done is you've alkalis that you've taken the wound. You know, the cracks is what the light enters.

And that's what happened to you? Yeah, for sure. Absolutely. And I know that that was my blessing, just like, you know, that that person writing you up was your blessed.

Because sometimes, like, we need a little shelf to walk out that door because it's hard to walk out that door, right? I mean, I was 50 years old when I left my surgical position.

I was on top of the world and I walked away. Actually, I have a friend who said to me, Let me get this straight. You're driving down the Audubon in your porch, you pull over, get out and go and get into a Prius.

And I'm like, Yeah, that's pretty much how it feels. That's exactly right. Then you know what? Like, I feel super great about the fact that I'm now driving a Prius.

Right? Like, it just fits. So before we move on, I do want to ask you, what is the average amount of time that hospitalists work as hospitalist? Because a number of my colleagues have stories that sound like yours and they work for seven years and they're like, Yeah, I'm done.

You know, a lot. I can't even tell you innumerable two counts at this point because no one's tracking this, so everyone would know how broken the system is.

Probably these stats came out, there's a high rate of burnout and it's not you know, you work week on, week off, it's just the week off. You're busy getting everything done.

You didn't have time to on the week on and dreading going back. So but it's also emotionally draining for you. It's

not just the time at work, but it's your it's your mental energy and it's your heart.

It's your spirit because you know, there is productive work and nonproductive work. And you can work really hard at productive work and remain really energized.

Right, because you're accomplishing something. But unfortunately, hospitalists experience a lot of nonproductive work because you never get anywhere. Well, it's a lot of paperwork, which nobody goes to medical school to do.

What's the best for sure, us. And so lots of history and physicals and discharge paperwork and dictating instead of typing. Is it so much? And really it's almost like a glorified triage nurse sometimes.

What the medicine reconciliations being pages long because that's how many medications our health care system puts people on. And, you know, really when you keep seeing the same people week to week, it's very unrewarding because most of us have good hearts and did go into medical school to get to get to the root cause of why people are ill, are ill.

Breast Cancer, Environment, and Epigenetics

And if your job doesn't let you either let you get to the root cause mentally, physically, politically, whatever it is, you're not really doing what you signed up for.

Yeah. Yeah. So let's talk about where you are now because it's a very different than that place. And I actually discovered you on Instagram because as you talk about toxicities and I have said time and time again, you know, when people really do associate breast cancer with being a genetic disease and I will hold fast and and go out of this world saying the same thing.

Our genes may load the gun, but environment pulls the trigger. That that is not my term. Someone else coined that term. I don't even remember who coined that term.

But inevitably this is true. And even in the break up population, even in the people that have mutations that we know are associated with a high prevalence of breast cancer, it's still not 100%.

And so there is something else in play and that something else is the environment and even the broken mutation population we're talking about like 5%.

And so the vast majority of breast cancers are happening in people that do not necessarily have a genetic proclivity. And I do want to talk to you about when we see breast cancers in families and people say like, oh, well, you know, it must be genetic because everyone in my family has it.

And they don't think about the fact that everyone in that family lives in the same environment. They think the same way. They eat the same way, they're exposed to the same things, and they completely discount that.

So let's like dove in. Let's talk about the environment and what's happening in the environment is like mold, like long like these causes of like metals, like these causes of really chronic indolent inflammation that are leading people down the road to a breast cancer diagnosis.

Yes. Preach it. I feel like I'm a church. Yes. Father. Yes, is I? Keep going so I can't tell you. I don't know why I keep pausing here. Sorry about that.

I don't know why I wouldn't. It's. It's it's been taught and kind of hardwired into us at this point that it's in our genes. It's in our genes, or there's just no reason for it.

And you do you want to you want my opinion on why? Please, what is the reason? So I think that it absolves people from having to participate in their health.

And I think it almost makes the doctors feel better, too, because if the treatment doesn't work, it's really no one's fault then because it's genetic.

Oh, it's a horrible thought. I know, but I do believe that that's where it is, because we we actually have a problem as a society with taking responsibility.

And I am not blaming the victim. This is not about blame or shame, but we're kind of creating this system where we're told that we're helpless, that that we're destined.

And as far as I'm concerned, it's not true. And I am living proof of that. I overcame illness that I was told would never be reversed. And here I am, healthy as a horse that snaps.

That's I mean, that's amazing. And yeah, I do think that part of it is, you know, you wonder why the doctors aren't stepping up. But I think it's that many of us going to have to admit we got we paid a lot for an education that didn't quite tell us the whole truth because it was connected to corporations.

So that's a hard pill to swallow and, you know, cost us a lot of money. Right. So so for people out there, I do. I want to echo what you said about epigenetics and the environment's really being able to trigger genetic changes or the way genes express themselves.

Let me clarify myself. And you know what? Gene can be upregulated down, regulate, turn on or off. Just because you have the gene doesn't mean it's expressing in a certain negative way you might think it is.

And we've also been taught once genes are epigenetically changed, they can't be changed positively. It's difficult in such a toxic environment, but it is possible, right?

Many things we've also shown that can can change epigenetically. Our DNA is trauma. Right. Someone who has an adverse a lot of adverse childhood events has a high risk of hospitalization with autoimmunity and in my opinion, cancer, too.

That study hasn't been done, but we can definitely relate that to a lot of cancer cases as well. And so you. Can we can just look at the percentage of breast cancer patients that present with early disease.

30% of them have trauma in their background. And when we look at the metastatic population, 80% of them have trauma in their background. So though I can't say that it's causative, it's more than coincidence.

Two completely, completely. And I. I love that you had those stats. Thank you. Because that adds a big wow factor to the point I'm trying to drive home here, which is, you know, you have to look at toxins and trauma, guys, toxins and trauma.

And those are the things that have been shown in the studies, even the published studies, even, you know, we have people who have a lot of childhood trauma, have extra methylation tags on their DNA, which can change the way neurotransmitters and neuropeptides are released from the body.

And that is the basis and foundation of your hormones and the scaffolding of your personality. And so can you. Can you just describe a little bit what you mean by methylation tags?

Correct? Yes. So there is a carbon with four hydrogens that is attached that kids put into certain tagged on to certain parts of the DNA and it talks to the DNA, tells the DNA how to express itself differently based on how many tags are on there.

And the more basically it's like turn on or turn off, right? So methylation is, is the process that like is the switch for that for your genes, right?

So it can say it sometimes it says, okay, it's time to turn on and other times it says it's time to turn off. Correct. For

example, a neurotransmitter that sometimes important in mental illness is dopamine.

So if you have you know, we have dopamine hits when we get on Instagram and scroll right? The dope we get with lights that make the real world seem dull, that's when you know your dopamine levels are off and you know this can happen.

Even adverse events in childhood. And, you know, basically a gene can be upregulated, let's see, one for dopamine. So you're more dopamine. The upregulated can can be more like obsessive compulsive disorder or OCD, or it can be down or.

Even just anxiety. Right? Even just anxiety. That's right. So, you know, you got to think about those genes seem to be genes that really make people anxious.

Some of the different anti EGFR as well. These can be due to some in some part according to the science trauma. And, you know, we definitely know toxins have the ability to epigenetically change the way our genes express themselves, too.

And you brought up some of my specialties like mold and lime and things like that. So let's let's talk about mold and water damage in buildings, first and foremost, there's been studies that show upwards 40 to 50% of current homes have some sort of water damage or airflow problem.

And upwards of 80% of homes have previous water damage. And that's quite a bit and in my opinion, the real problem is that we're building out of accordance with nature's laws in nature, there's a lot of airflow naturally that keeps mold growth in check.

Now we have these energy efficient homes where there's poor airflow. Great for energy. Hold right there. Sealed. It's like a little hot box. Certainly perfect place for mold to grow.

And on top of that, what happens when some of these toxic doses and adhesives and paints get wet? They attract mold growth. What is more due out in the environment? It digests organic waste.

It stops bacterial growth in a petri dish. Actually, that's how it was discovered. It's where Dylan comes from. We know it kills bacteria, so it's probably there digesting organic waste and some of our volatile organic compounds that attract bacteria, which attracts mold growth, especially if it gets wet and there's no airflow for it to air out properly.

So people don't understand the detriment on our health because this has not been taught in medical schools. The doctors do not understand it from that level and the studies are just now starting to be published.

This is a fairly new area of science, and I have to thank Dr. Ritchie Shoemaker, who's done a lot of the research on water damaged buildings. And according to his newer research, it's not even mold.

That is the real problem. It's a gram positive bacteria called actin in my studies and then gram negative and toxic bacteria and then mold. And so, you know, there are a couple mold species I do want to talk about with people that they you need to look out for one is zero land own.

It is a known estrogen mimic or it is known in all the animal studies actually in agriculture. And the farmer is will feed certain binders to the cattle because they know that the hay grows mold which is estrogenic in nature.

Mold, Water Damage, and Biotoxin Illness

Anything is estrogenic in nature or the endocrine disruptor can disrupt our hormones like estrogen. And for the body, it looks very much like the structure or molecule of estrogen.

So it can bind to some of the receptors causing a disarray of our hormones. And so in the animal studies, there

were piglets born with enlarged clitoris, for example, and it leans towards breast cancer for those reasons as well.

And so we know that this is very estrogenic in nature. The second most estrogenic species of mold is oxytocin. Or where where do you see this? Do you pronounce it? Zero. Elena Lennon.

Eleanor, it's it's the it's a micro toxin, which is a a spore. This spore, the mold produces and it's from the family, if you say Oregon. But where where would people encounter it?

Water damaged homes, for example, can grow seasoned mold. You can also find it in some food that grows mold. Things like dairy, coffee, chocolate. I know. Don't say it right. The worst things.

As I drink my chai, as I drink my coffee, except that it is mold free coffee being. You know, wonderful. Okay. There you go. So there are tricks of the trade with you guys, know, about these things.

And and so you can also find in foods water damaged homes and even you know, I've even seen people who've had water damage in their cars, as in and and even sometimes in their homes that are newer, that have an airflow problem, that can that can sensitive people can really react to this.

And so can. You talk a little bit about those sensitive people? Because I see this all the time where they'll be a family of four and one person has headaches, rashes, can't sleep, they're anxious, all of this and the other three people in the home are fine.

And so they tell the one person that they're crazy all the time. On and on and on it goes. And it turns out that there's mold in the house and one person is horribly affected and the other three are tiny.

Oh, you just. Yes, perfect description of what happens. Perfect description. And please, you guys, you're listening. Do not gaslight these family members of yours.

They may have a in the a different genetic haplotype than you do. And what I mean by that is it's a little tag on some of your immune cells that kind of it determines how good your body's immune cells are recognizing foreign proteins in the body or pathogens.

And if you have a genetic haplotype called H, l, a, d, r, which is about 20% of the population, or so your body doesn't do as good a job as, as for recognizing mold spores and even Lyme proteins and other protein pathogen proteins and these people are more susceptible to chronic inflammatory response syndrome or bio toxin illness, which is a mix of Lyme and mold.

They also are the same canaries in the coal mine that react to breast implants and get breast implant illness. Wow. I never heard that part before. And I actually heard that that HLA D. R.

haplotype was 25% of the population. Yes. And it's the part what I've seen is 22 to 23. I would say 25 sounds even more correct to me because I've seen so many people react to a home or a place, you know, even children who have who are potty trained will start bedwetting again or get a diagnosis of asthma.

And then we say things like, Oh, they grew out of it. We moved. And it's the whole when we don't even pinpoint it, but we don't think about it. But I can I can walk into any space and tell you in a second if there's mold there in a second.

Have you had your genetic haplotype checked. Yeah, yeah. Yeah. So is that the reason? Is it the HLA D. R. haplotype. Is that the reason why we see Mold and Lyme together all the time?

Well, I have, yes. And I will tell you, mold in water damaged buildings. You may not have HLA D. R., but it's if you live in it long enough, chronically, it can shoot away at your house.

And then let's say you have some sort of trauma or stressor that occurs, and that can be the perfect recipe that can

equal, you know, somehow your body's expressing chronic illness, right?

So I don't want to say this is but just this one type of genetic haplotype is going to get people sick. But yes, for the most part, these are the people that I see that really are sick once they move out of the water damage house, they really need assistance after that.

Right now, that canary in the coal mine and they get they do. They're the people who smell the water damage. They they're the people who in evolutionary time said, hey, don't drink that water.

It made me sick. And the warrior genotypes go, okay, we didn't realize that because we didn't react right. It's still hurting us lives protecting us from feeling poorly.

So so that's the difference. The canaries in the coal mines and the ones telling us, hey, there's a toxic society out there and every act and everything.

It's not my body. It's the Tide detergent in the laundry aisle. Right? It's the moldy, it's the new adhesives, new paint in this new building. Right? All these things are good for any of us.

It's the can help us. And for that reason, because they there are so many compounds that act like zero estrogens, that act like hormone disruptors. And the problem is that they do look like estrogen, but they're not exactly like estrogen.

So estrogen is a certain shape and sits on the estrogen receptor. And when it's done, it dissociates. But these things have like a little different shape.

So they sit on that estrogen receptor, but then they get stuck. So they're just stimulating and stimulating and stimulating. And that's where people get into trouble.

And also when we break them down, we don't break them down through that. There are three different ways that we break down our estrogen is there's the two pathway, there's the 16 pathway, and there's the four pathway.

And the four pathway leads to all of these toxic intermediaries. And all of those are going down the four pathway. It's like they're they start off bad and then they get worse, correct?

Exactly. And you guys don't want to be going down that four pathway. And it's not it doesn't bode well. There are ways to to get out of it, even natural ways and lifestyle ways like we're mentioning.

And, you know, one of them is don't drink out of plastic, right. Because no hard plastic is bad for your health. This is why and the way I love how you describe that with the receptor and estrogen, it's almost like, guys, have you had the wrong key, but it fits in the door and you can't get it out.

It's jam. So that's what these are like. That's exactly what's happening. Okay, so we started to talk about okra toxin. Yes. And I actually see that one probably the most out of all of the the mold panels that that I run, I see okra toxin the most.

Is it pretty ubiquitous? Yeah. You know, you'll see that one quite a bit. That one in a full toxin are something I see the most. And, you know, every now and then you'll see a mix of things like Citron in and my cousin Oleic Acid is another one I see a lot of.

And so okra toxins are pretty ubiquitous. It's one of the more common ones and it can come from a number of different like it's the micro toxin and it can come from a different a number of different types of mold.

Aspergillus can make it. That's a really common black mold that we see and then even penicillin can make it. So those are both two of the most common types of mold that make the same or make the same micro toxin, which is oak or toxin.

And yeah, it's. It's a C people who had mold exposure years ago and they're still sick. So what is happening there? You know, mold I describe mold as the igniter of all disease.

And that's because if you look at what it can do in the brain and the hypothalamus down, it can it affects so many different neuropeptides. And the way we excrete neurotransmitters and endorphins and everything, it's really the OG of cytokine storms, if I may say.

She literally causes cytokine storm. It's literally what it does in the body in the end through you know dendritic and match her macrophage in presenting cells that you know one side of the immune system is signaling there's a problem.

And the other part, the other side, the immune system can't see it. So one is hope. So when that happens, the immune system is out of homeostasis, it's out of balance.

You're at risk for so many other things. All you need is a couple traumas. Maybe you, you know, go through a divorce. And then on top of that, you know, you get bit by a tick or you go somewhere, you get food poisoning and these things keep piling up.

And I say these are toxins in someone's toxin bucket. Once you're over flowing the body. So out of homeostasis, then chronic disease sets in. Yeah. And so this is really what I'm seeing in my breast cancer practice is that people don't know that they have mild illness.

They know they don't feel well. Right. They know that they don't feel right. They're made to feel crazy by the rest of their family. They're made to feel crazy by their doctor.

All your labs are normal, right? And then some trauma happens. They move, they get a divorce, there's a death in the family. They have to care for a sick parent or, God forbid, child or something like that.

And all of a sudden they're sitting in my office with the breast cancer, cause it's like that chronic inflammation that's happening for years because they've had mold exposure and it's still going on in their body right?

Because unless you do something to intervene, that mold isn't going anywhere. We become factories for the mold, right? Well, you know, mold is lipophilic, which means it loves adipose tissue.

Right. And it loves I they found in animal studies, in animals, in the bile in China. And so we think it's pretty bile loving. We know it's length and fashion loving.

You know, it likes adipose tissue like brain as well. And so once things are kind of lipophilic, they have a tendency stay in the body longer and they'll be broken down.

Right. And especially if people have a genetic tendency to not be able to recognize the mold spores, then you there's a double whammy there. Right. You know, and especially there's trauma.

You're not breathing properly. The lymphatic system stagnates. It doesn't have a pump like the heart. It only has a diaphragm that works with breath. And so if you're living in mold, you're taking shallow breaths.

If you're having diet and you're taking shallow breaths, there are many reasons people hold on to mold spores, and I don't think we can count it all is just physical.

But yes, you're correct. These people, unfortunately, if their drainage pathways aren't open, meaning they're not sweating, pooping, the liver is not functioning, how are they going to release these spores?

Yeah, I think another issue in this population is that they do have this kind of underlying anxiety and they don't sleep well. And if you are not sleeping, you are not healing because sleep is where the healing happens thousand percent.

And so that is a huge issue for these people. You know, the way mold works as well is it lowers melanocytes stimulating hormone and really melatonin as well from the brain down.

The production of melatonin takes, too. So the cytokine storm really does affect their sleep patterns and their ability to get into REM and deep sleep and their ability to heal, as you just mentioned, for sure.

Yeah. Okay. So we want this to be practical for people. So if someone suspects that they have mold illness, because what I say is that, you know, once you've gotten to a breast cancer diagnosis, obviously you have to deal with the breast cancer and that's fine.

But the more important thing is to figure out why you got breast cancer. Right? Get to the root cause and deal with that. Because unless you do that, what is to stop the breast cancer from coming back?

Or worse yet, because a lot of the time we do a really good job at delaying the recurrence of a breast cancer. But what's to stop the next manifestation of inflammation, which for the vast majority of women is heart disease.

Heart disease dwarfs breast cancer in in killing women. Most women die of heart disease or heart disease exponentially more than breast cancer. So unless you kind of figure out what got you your breast cancer diagnosis, you're really not changing the trajectory of your health.

Right. Because ultimately what we need to talk about is not whether or not the breast cancer came back. Ultimately, what we need to talk about is survival.

That's right. And so how what what should someone look for? What should someone do and how do they go about remediating? For sure. So, you know, if you guys suspect that you're in a water damaged home, there's a number of different things you can do.

And if you have the ability and the funds, what my recommended route would be to test your body and to test your home. And that way, whatever mycotoxins come up on both test, you can compare them to see if it's in the current place you're living in.

And so that's really important to make sure it's relevant to your your chronic health prop process. And so what I like to do is in Ermey tests, environmental relative mawddwy index test, that's a test developed by the Environmental Protection Agency.

Most of the people that you hire to come to your house are not going to understand the veteran detriment of water damage and really don't understand that everything porous has to be cut out of the home.

So I recommend doing it.

Testing, Remediation, and Detox Support

Do it your do it yourself at home. Ermey Test by Enviro Bionics e in the ir0biomi see it's a silly name and via biometrics and then that that test looks for gram negative gram positive bacteria and mold in a water damage house, which is what I recommend for full health.

And then you guys can do a urine test I use. I like vibrate labs and their technology. They look for the most species of mold as well and they do a mycotoxins test.

But it's that at home, dropship test, urine test that you can use there. Also some other blood tests and things that get a little bit more expensive, but also look for chronic inflammatory response syndrome, which is the worst version of water damaged home, our water damaged building syndrome or signaling syndrome.

And then finally, you know, remediation, it's a topic that no one wants to breach because everyone loves their home and doesn't want to think that it's what's making them sick.

It's also very expensive. And that's because everything poor is has to be cut out. Any of the furniture that is porous must be thrown out because mold spores can embed in furniture and drapes and carpets and even flooring and things below the flooring, under the baseboards.

And so everything porous has to be cut out, which can cost some people thousands of dollars. And so I really recommend someone who is in the mold space and understands the detriments to people's overall health.

Don't just say get someone who just does remediation because they really won't know how to do it properly. And then you have to retest, right? Yes. Please re test guys and you canaries in the coal mine will probably know pretty quickly, but yeah, everyone needs to retest just to be certain.

And and really it's important to look at, you know, why this happens, whether it's cancer, autoimmunity or what you were diagnosed with. Dare I say, sometimes this can be a gift for you to change your life and really actualized.

That is something more beautiful. Because once you fall ill and you figure out the root cause and the reason why you no one can tell you about your health.

You become the educator. You become the expert. You. Yeah, I always say like, no one can be the hero of your story but you. So if someone does take that vibrant wellness test and they do have they do have mold, what then?

What does someone do? How do you eliminate this from your body? Like we understand that there are remediations that you do on your whole. If you do that with the mold, just go away in your body or do you have to do something to treat yourself.

Or some people? You know, for me, for example, I have a warrior genotype. When I did 23 in me back in the day, it said at the Top Warrior Genotype. That's why I don't compare my health to anyone else, because I know I feel better than other people.

So for me, so with my genotype, that might happen. But for many other people that would not be the case. They would need a little bit of tune up in their body, if you will, and perhaps detox.

And I'll just describe some practical things that are going to make logical sense to anyone listening. You know, if I gave you guys a magic pill that fixed all your chronic health problems, what would happen to that pill?

Once it was done working? It would still have to go through your liver or kidneys to get for it to be released and eliminated from the body. So therefore, if your liver and kidneys are not functioning at peak performance, then it's not good for anyone.

Don't tell me you should have a liver and kidneys. You don't need to detox. How about nonalcoholic fatty liver disease? That's from aflatoxin. That is from for mercury.

And it's from high fructose corn sirup. That's something you can change. You know, chronic kidney disease, a treat on acute and chronic kidney disease can be from mold, from oak or toxic glyphosate and pesticides.

So you guys have open drainage, which means I need you to sweat. If you don't sweat, that's not good. You can release heavy metals and sweat, so you should be sweating within 10 minutes of us in a sauna.

You should be pooping 2 to 3 times a day. You shouldn't be, be, have ragged edges and fall apart in the toilet. That indicates inflammation. It should be well-formed.

It shouldn't be hard either. You shouldn't have to push it out to be constipated. That indicates a problem to guys. So you can see I normalize talking about poop needs to be talked about.

Absolutely right. Your liver what's your liver process? Is alcohol and caffeine. Do you have hangovers for days? You get like a tweaker. And if you drink too much caffeine, you we really need to a drink diary.

That's the liver problem. And even if you have genes that tend towards slow metabolize or this can be changed because they're epigenetic even fast signature liver's job to break glycogen down into glucose to sustain your blood sugars.

So if you can't fast and you get hangry, it's a problem with the liver. Yeah. So these you screen people this way. If all these things are working properly, you guys, and then you should be able to release mold spores better.

But I want to be clear, when you're talking about fasting, you're not talking about three days, you're talking about 4 hours. If you can't go for 4 hours without food, you're in trouble. Yes.

I want to back up for a second and talk about you said you should be sweating within 10 minutes of being in a sauna. Practice or not, what's happening there?

So there are a lot of different things. It's you know, this is a length in a mitochondrial problem that has mitochondria which are in every cell. If you guys remember from biology 1 to 1, there's a little powerhouses that make ATP.

They're in every cell that red blood cells. ATP equals heat, right? So the lymph is also a problem. Lymphatic system is stagnant. If you can't sweat very well, if you don't move very much, you may have a problem sweating.

That's lymphatics as well. And so it's very important to move our body to get out in the sun first thing in the morning to get that red light or, you know, to if you're not sweating or working out or moving your body, getting a sauna first, if you have problems sweating with, you know, 120, 530 degrees and then in under ten, 15 minutes, that's a problem.

You guys, it shows that there needs to be a tuneup. And getting in a sauna 3 to 4 times a week for 30 minutes will trigger that system open over time.

And if you're having reactions like your heart rate goes up, you feel like you might pass out. You know what? Start with 5 minutes and add a couple of minutes on each week.

You go slow because your body can acclimate. The reason sauna is important is that it helps misfolded proteins in the body re fold into proper formation again, which is a lot of the problems with things like Alzheimer's and other chronic diseases.

So this is really giving your body. It's a stressor. So let your body find order out of chaos again. Yeah, love it. Okay. So we talked about sweating, which is both by exercise and sauna, and we talked about pooping 2 to 3 times a day.

And these should be well-formed. And if you're not pooping, you are essentially not eliminating your toxins and they're just being reabsorbed, right? So they're just coming back into circulation if you're not pooping.

So if you're not I mean, what what are your recommendations to people who are not pooping 2 to 3 times a day? Because so many people you can't ask people if they're regular because they all say yes.

And then you ask them how many times they go to the bathroom and they're like, I don't know, like once or twice a week. Yes. Yeah, it's crazy. I know. It's like, boy, do you have brain fog?

I bet you do. I mean, so. So, yes. So. So if you don't go very often, there are a couple of things that you need to look at. First of all, you need to be hydrated, be drinking half your body weight in ounces and water of clean filtered water every day.

The next biggest one I see is that most everyone, 95% of people are stuck in flight or fight or tagged in slight sympathetic overdrive. That is the opposite of rest and digest.

So you'll hold on to things not be able to release because you can't relax is also the reason why you can't sleep

guys. And it's really hard to pull that roulette that back in if you live in a big city.

I'll say that about most people. The other reason is that people have infections or toxicities in the gut. Things like small, small intestinal bacterial overgrowth parasites, which is or more common than people think, even see small intestinal fungal overgrowth from mold and Candida.

And so these things, it will definitely cause people digestive issues and constipation at times, too. Yeah. Yeah. So we talked about that. We talked about fasting and so what else should people be thinking about in terms of detoxification?

Obviously, the kidneys come into play. For sure, which are all about hydration. I also like, you know, things like I use do things mostly holistically now.

So dandelion stinging nettles, parsley, really lovely for the kidneys and even overnight infusions with some of these herbs are wonderful and kidneys and Chinese medicine hold fear so that adrenals sit on top there as well that produce adrenaline.

So there's something to it. So if you're in fear, you may have kidney issues as well and then, you know, delivers a big one. It's the problem child for most people.

And we understand that the liver is the one that needs a lot of detoxing, herbs that are good for the liver, things like dandelion and chintan. It really likes bitter herbs as well.

The bitter pathway helps bile and the liver pathway. And then the big one that's the most overlooked drainage pathways, the lymphatic pathway. I think it's most important for cancer as well.

And we are stagnant a lot because we don't breathe properly, which again I mentioned the lymphatic system moves through movement, through vowels, and it also has a diaphragm that serves as the pump, but it doesn't have a heart like the circulatory system.

So you need movement and breath to move it. The system is also a piezo electric network with a partial system that connects every organ and structure in the body and communicates the smart structure that is like a shock absorber to the body.

It also holds a lot of water, right. And hormones. And so for that reason, I think it's much overlooked. A lot of people need manual manipulation. They need to get the parasympathetic mode which is achieved by myofascial release with breathwork, which is my favorite modality for the lymphatic system.

There's also a machine called the Flow Press, a machine, which is the best machine I've ever seen created for the lymphatic system. And I dare people not to cry or fall asleep in it.

Tell me about this machine, because this I do not know. So my friend Desiree, this song is in New Zealand and her partner Kelly Kennedy created this design for this machine.

It's like it looks like a michelin man suit, basically, you know. But the floaties the kids wear on the hood, on the legs, on the torso, the only thing it's out is your head.

And you're you're all strapped in and they turn it on. It's got slight infrared heat and it's in my micro circulatory EMF. And then it basically squeezes from the ankles up, from the arms up all the way to the heart, the thoracic valves here.

And it works with breath. So it's it's like 40 minutes and it's amazing. As it called, again. The flow presto. Low. Piece. E S-so yeah. Wow. It's amazing and.

Excited about this. Yeah. So you can find practitioners in your area who have one and they only sell to

practitioners. But you know, all of these things I realized, how are you going to heal if you can't get into parasympathetic mode?

You can't get into deep sleep. You're right. Your organs and hormones and everything are released and work completely differently if you're imbalanced into fight or flight.

So it's become such a big part of my education. Now to talk about that with people, because so many of us have, even in our training as medical doctors, as we're taught, to react to everything, be first responders as soon as that pager goes off. Absolutely.

You know, it's so amazing that we don't talk about this more. But the bottom line is that from an evolutionary standpoint, we are not designed to spend large amounts of time, extended amounts of time in the sympathetic state.

Right. It's just think about what we did. So you came out of the cave in the morning and you encountered a saber tooth tiger. So you get this this sympathetic rush, right?

You get cortisol and it shuts off your brain and sends all your blood with glucose to your muscles and enables you to either run away from the tiger or you get eaten.

Right. But you weren't meant to run from the tiger for 3 hours or three weeks or three months. And fast forward to today and we spend most of our time in that sympathetic state.

We're rushing and rushing and rushing and feeling every moment of every day. And we're late and we're taking phone calls and having meetings and dealing with difficult people.

And we are not in in parasympathetic state. So it's no wonder that we're sick. It's no wonder that we're suffering. It's no wonder that we're not healing because we are not in a position to heal.

We're stuck. We're all stuck. That's why part of my prescription for people is to, you know, somehow if you can't mitigate your stress, we have to mitigate your perception of stress and we have to get you back into balance in the parasympathetic state.

I have to have you be able to glitch out on the table during a massage or myofascial release because that's truly when healing takes place. And so that's my prescription for a lot of people is to find your joy and to balance your day.

Yeah, sure. Okay. So I know we talked about detoxification and things like that. There are some people who need more, right? Yeah. And In those people I do recommend that they work with a mold specialist because there are there are things that do help them. Right.

There is binders and there are answers. Yeah. Antifungals, but that it really should be done in a supervised manner for sure. You know, for those people who are on the severe end of the spectrum, you know.

Clay Sorry. I mean, I'm not a fan of I think it binds too many nutrients and only works with toxin but I work with other binders with salt. It can make acids and things and just really work with people's environment.

I can get most people out of that using holistic means. But yes, there are some people who need, you know, more of the VIP spray and the polystyrene thing that because there's so, so little.

And I wanted to ask you, I have certainly seen this in my practice, but with people with mold illness, I do find that their white blood cell counts are low.

Absolutely. Yeah. Affects their overall immune system and the way they're, you know, I mean, sometimes imbalanced. And and so they really they really are just what I call, you know, with layperson's terms, just sitting

ducks for other things like viruses and, you know, Lyme disease and things like that.

Yeah. But the vast majority of people who come to see me with a breast cancer diagnosis, whether it's new or happened last year or two years ago or five years ago, and they're still walking around with white counts in the threes and their doctors are telling them that it's fine, right line of fine.

And and I know that I'm going to uncover something there. It's either going to be mold or it's going to be Lyme or it's going to be metals, but it's going to be something because it's just not normal to have a white count that low.

And I'm sure that, you know, really part of the reason that I didn't like our system, too, is we don't have enough time to speak to patients about their full history to figure out what's going on.

Symptoms, Self-Assessment, and Resources

A lot of times and so, you know, really with someone like that, I'm sure that if we had the time to sit down and talk to them, we would see that they have probably difficulty with word finding or brain fog or other digestive issues that that lean towards, you know, down the downhill crawl towards chronic illness and things like cancer.

And so really, it's taking the time to ask the right questions of people and how they feel their body will tell you the answer. And especially with a low white count like that, you know, where it's neutrophils, lymphocytes which fight bacteria, viruses, depending on how you kind of categorize them out there, you can definitely find out if you ask, you're asking the right questions.

Yeah. So I just want to sum it up, but I want to first for the people that are listening, they're obviously listening because they have a breast cancer diagnosis and breast cancer diagnoses don't travel alone.

It's always breast cancer. And even if the people don't know they're armed, right? It's always breast cancer. And I can't tell you how many people come to me and they're like, I hope I'm healthy, except I have breast cancer.

And there's like a total disconnect. And that disconnect is very real because our medical system doesn't know what it means to be healthy. We think that health is the absence of disease.

And so it's no wonder that people think they're healthy until they get a breast cancer diagnosis. Right. So everyone listening to this has a breast cancer diagnosis. So most people haven't done that exploration.

They haven't figured out their why. So for the people that are now going to be thinking about it, what kinds of symptoms would lead you to think that someone has mild illness?

Like what? What are the what are the light bulbs for you so that people can start to clue into, oh, well, maybe that's what's happening with me. Exactly.

Well, you know, for women, especially, what I hear from women is there's weight gain and their hormones, their cycles start to be apparent all over the place, or change may maybe heavier, which could indicate an estrogen dominance.

So I hear that from a lot of women. The other general symptoms include things like shortness of breath or a new asthma diagnosis and tingling static shocks in the legs and arms, maybe heart palpitations, insomnia, inability to hold the urine at night due to anti diuretic hormone deficiency.

And they may also have brain fog, neurologic symptoms as well, even some depression anxiety can stem from this, and it all depends on the person's genes and how the cytokine storm affects them.

And so those are many of the of the symptoms that people will complain about that, you know, especially that you just moved, you know, you're worse after it rains.

You get better on vacation. And these are symptoms that, hey, the location in your environment may be playing a role and please get endocrine disruptors out of your house and the household laundry detergent fabric softener is are some of the worst things out there.

You know makeup different just household cleaners in general guys you wouldn't believe how how these can affect your hormones and be the ones that bind and then don't release.

As Dr. Simmons just mentioned earlier. Great. So I just want to go over and review what we talked about today. We talked about how trauma can change your DNA.

Now, 50% of workplaces and 80% of homes have previous water damage, which is like really super scary in terms of a statistic. It was actually 40% of previous homes have previous water damage and 80 at or I'm sorry, 40% of previous have current water damage and 80% have previous water damage.

But I'm scared to know how many schools, military or government buildings. Well, and so I do see, like, people come to me and say, you know, I'm the third person at my school to be diagnosed with breast cancer.

And I'm certain that it has to do with that environment. There is a yes, there's a documentary on Amazon, I believe was Amazon Prime called Sick School, Sick School.

And it was about a intermediary school in Long Island who is next to a landfill, lands up where they were producing into toxic bacteria, which is what we found in some of the water damage homes as well as mold growing there.

And the kids would say, oh, it stinks, shut the windows. And they were all diagnosed with autoimmune conditions. And there was, I think, 30 teachers with breast cancer or some sort of cancer.

Oh, my goodness. So that's horrible to hear. So we are seeing this water damage in our homes because there's not a lot of circulation and we're kind of sealed off.

And I do tell people to open their windows as much as they can and really, like get fresh air because it's so important to, you know, you think about the way that homes used to be built.

There were not windows. They were there were cutout spaces for the air to move in and out. You know, our ancestors were actually pretty smart. We just got dumber along the way.

We built with all these toxic ingredients. We build stuff on rising damp or even a place you build. The home can affect it. Yeah. And do air filters are very important as well.

Very. And so the places that we are encountering mold are our homes. But there's also foods that that we can get mold from, like dairy and coffee and chocolate and some of the animals that we are consuming have mold in them from their diet.

And what they're exposed to there is there are different haplotypes, which is why some people are more affected by mold than others. So the ADR haplotype affects around 23% of the population.

And those people will struggle with mold, with Lyme, with bio toxic illness, breast implant illness, and they are the canaries in the coal mine. Those are the people that are telling us that we have an issue in our environment and they are being adversely affected by it.

And so there are things that we can do, like deplasticizing our life, don't drink out of plastic, don't store in plastic, don't cook in plastic, don't use nonstick.

Be mindful about the products that you're using because many of them are endocrine disruptors. They resemble estrogen, but not in the way that our endogenous estrogen is.

They are a little different and different enough to be harmful. And then we did talk about if you believe that your that you are affected by mold illness, that you should test your body and test your home so you can test your home with an ERMI test and and via EnviroBiomics Yeah, I'll get that right.

EnviroBiomics are real time labs are both great. Okay. And then real time labs to check to check you. And then remediation is cutting out the porous places in your home.

But also you might have to change furniture, drapes, carpet, that kind of thing wherever that mold is working. And then what you're going to do for you are all those detoxification things that we talked about.

You're going to sweat, you're going to use a sauna, you're going to exercise, you're going to make sure that your pooping staying hydrated. And if you can't fast for more than 4 hours, you know that that is an issue.

There are a number of things that you can do to help with detoxification, like dandelion tea, stinging nettle, bitter herbs for the liver and and what you can do to protect your lymphatics are breathing treatments, breathing practices Paris parasympathetic activation.

And then we talked about the flowpresso So that sounds amazing. I'm super excited to research that and the things that should be making us think that maybe this is an issue for us.

If you're having problems with word finding, brain fog, weight gain, if you have cycle changes, your shortness short of breath, or you have a new diagnosis of asthma, if you're getting these weird like nerve static shocks, I actually had that.

It woke me out of my sleep. I had that in my legs. Oh, wow. Yeah. Insomnia, nocturnal urination. Like, can't get through the night without paying depression, anxiety.

All of these things should make you think maybe there is an issue with mold. Yeah. Yeah. did I leave anything out. Guys should say vision Issues to. Vision.

These are a big one, too. There's actually a 12 hour test on surviving mold. People can take called the visual contrast test, the VCS test. And it's just a wheel with spokes in it and people with biotoxin, illness, mold and Lyme will miss the spokes and miscount and then fail the test.

So that's kind of that way. You know, you can number different ways you can test people along with symptomatology to get the correct diagnosis. Wow, that's great.

Sorry I missed that one. No worries. Where can people find you? Absolutely. Well, you know, there's layers to how you can interact with me, right? So, you know, I provide a lot of free information online on Instagram.

Tik Tok a few places like @Dr. Jess. MD DR. JESS. MD And then, you know, I also do a lot of podcast interviews and summit, so you can catch me on there too.

And then I have a membership called Wellness Plus and that's app.drjessmd.com That's where I teach people how to be their own best doctor. You can order vibrant testing on there.

There's a vetted practitioner directory and lots of videos, courses and a community forum where you can ask me and two other doctor's questions. Well, I, for one, am so grateful that traditional medicine didn't work out for you because you are now in our space doing amazing things and really helping people, helping people get to the root cause of their illness and helping them to live the lives that they deserve to live.

Absolutely. Thank you very much. Yeah. You know, sometimes the thorn in your side ends up ends up being the treasure you never thought it could be, so.

Absolutely. Well, this is Dr. Jenn from the Beyond the Breast Cancer Summit. Bye for now.