Safely Resolve Your Mold-Inflicted Illness Transcript

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Introduction and guest background

– Hello and welcome to this episode of the Environmental Toxicants Auto Immunity and Chronic Diseases Summit. I'm Wendy Trubow, MD, MDA and I'll be your host of today's episode. Our guest today is Lauren Tessier, ND.

She is a, she's wicked cool. Okay. I know in Boston. So I have to say that she is a practicing naturopathic physician licensed by the State of Vermont. And she has a practice that largely focuses on patients who are suffering from mold related illnesses that are also complicated by co morbid conditions, which means these people are really sick.

She's the president of the International Society for environmentally acquired illnesses and is generally all around. Wicked cool. So we're going to dive in today, Lauren. Welcome to the program.

I'm so excited you're here. Is there anything major on your bio that I missed before we dive in? – No, I think you more or less hit it really succinctly too.

– It's beautiful. I'm always interested in the high points. So, so before we dive in because we're going to talk a lot about mold and mycotoxins and hidden causes of disease. But how'd you get into this like why this topic?

– Right. And so it really started when I hung my shingle out of school, we're trained to be primary care positions. So, of course, I went into a small community in Vermont.

Really excited to serve people. And there was just so much that was happening with regards to really resistant symptoms and a lot of it was around brain fog and fatigue.

So I'm sure we'll circle back next to that. But all the obvious stuff of like what's happening with your B 12 and folate and vitamin D. Like all the, The easy high points were just being non responsive.

And so after doing a little bit of more digging with these clients and problem solving, um come to find out where I knew that this area had a history of a flood with hurricane Irene in 2000 11 just about two years before I got here and kind of put two and two together with the client and they had a water damage basement that ultimately they remediated um to the best of their ability, to the best of their knowledge and that's where they were working day in and day out.

So that really, I know, but it was, you know, it was the whole town was the whole town here. So, um that really laid the foundation to say, okay, well, there's something more here um with regards to mold and then kind of as things progressed.

A I found myself in living situations, in my own personal living situations, going through two different rounds of mold exposure and, you know, having some issues arise out of that. And then I think one of the things that have really um spurred me on as a go is a favorite family member of mine.

From when I was a teen, they were passed from a really rare autoimmune condition called Wagner's granuloma ketosis. And I mean, it's a vascular disease, autoimmune disease and they really had No idea what caused it or you know what the triggers were. It took 16 weeks to diagnose battle it for about two years. But I have a very specific memory of going in and helping them clean and prepare their apartment for their return home um from the hospital and it was the daylight basement apartment.

How mold exposure led to this specialty

And I just remember the mold everywhere and it was always a dialogue with my mother and I about, you know, this was a mold involved. Did this happen? And so, um you know, well, I can't say that it was the cause we do know

that there is some correlation with changes in the immune system with mold exposure.

And um you know, if I can save someone else that, that loss of someone so important in their life, I really want to move on and be spurred on to do that work.

So, you know, I mean, but that's just my story, you know, there's tons of people around me, like my other family members who have been teachers have had horrible mold exposures and it's almost, I'm sure just like everyone else until you stop, step back and look and then you actually realize how many points of your life have been touched by mold. It's like the pile and the list keeps growing and growing. So I would say that those are probably my biggest, you know, four touch points of how I found myself here and why I keep going.

– Yeah, I'm so sorry for your loss. First off, you know, I always feel like 2020 you think could have done something differently, right? And, and then knowing now that you didn't know, then you'll use that information to help future people, which is a huge contribution.

So let's let's transition in then and talk to me about what our molds and mycotoxins. Where are they found? How do people get these, what are they and where do they find them? – Sure. So I like kind of clarifying language because I think it's really helpful for people, especially when they're talking about something that gets so poo pooed and shut down by um the bulk of medicine.

And it's really important to contextualize things and use proper terminology. So broad definition just to start with, we have our, our little living units of fungi and those are either going to be our molds or our yeasts and then what they produce kind of their um off gassing or their metabolic waste would be the mycotoxins and they produce lots of other stuff. They don't just produce mycotoxins, but there's two major drivers there of illness when it comes to mold exposure.

And that is the organism itself and also what the organism produces. So, if we were to even simplify the metaphor a little bit more, it would be like a brewer's yeast and a beer and the ethanol alcohol that it produced, that's kind of how they related to one another. Molds are everywhere.

I mean, they have their own huge kingdom um, in the biology world and they love thriving on organic matter. So not, you know, um certified organic matter but things that are carbon based life forms or was a carbon based life forms. So I tell people the easiest way to think about that is dust, dirt, dander debris. They will always grow really well on that.

The other thing they need is moisture and a moderate temperature. And so when we kind of lump all those together, we create this perfect breeding ground.

But because of all the variations in moisture and temperature and in food, they can find a little niche pretty much anywhere and everywhere. So ubiquitous, absolutely ubiquitous. – Just thinking, I'm just thinking about so my son is a master mushroomer, he knows what's safe, what's not safe. We have, we have a whole book and the best time to go. Mushrooming is right at the end of the summer when it's not too hot, not too cold and it's rained.

You know. So essentially when the rainy season starts, we live in Boston. You're on the east coast also. And when the rainy season starts, he's psyched because it's, he's going mushrooming. But, you know, I also say to people living on the east coast and in the northeast that there's rainy seasons and those rainy seasons.

I noticed that my patients flare because of all the environmental mold, especially in the fall where the, when the leaves are falling and it's rainy and then the mold is growing. People are really unhappy with this and I don't blame them. – And I wanted take a pause and then beat there to just kind of honor the fact that we can't throw the baby out with the bathwater. Like just the fact that mushrooms have done so much and fungi have done so much as a part of our environment and our ecology and a few bad guys that are placed in difficult living situations that make us sick.

You know, we, I think maybe it's a little hippy dippy of me. But I'm like, you know, like there's also part of us that,

you know, we can find medicine from fungi.

Right? It's not all bad. It's bad when you're feeling like, totally crummy and sick and, you know, but um, yeah, I just wanted to take to honor that because that's something that I feel like um doesn't really get touched upon enough.

So I'm excited. I'm sure your, your son loves Paul Stamets to which is another one of my favorite, favorite mushroom people. -He loves all mushrooms, all of them. I mean, if they're edible, he loves them. So, talk to me about it sounds like.

So any type of moisture with organic matter, we can find a mycotoxin or a mold. And, and what are the types of things for the listeners that they could say?

Oh, I might have had a mold exposure and that's because we know that it's associated with chronic disease and auto immunity. So what are the, what are the types of things or maybe back up? Why do they make us so sick?

Let's start. – Sure.

What molds and mycotoxins are

So we'll back up maybe 1 more inch and we'll say that, you know, kind of going hand in hand with the less statement is that not all molds make mycotoxins and we have species of molds that some of them might make mycotoxins.

Um And even certain species have certain strains that might not. And then on top of it, it just depends on the condition of that strain. So that strain might be not a Mycotoxin producer if it's in a really chill environment.

But soon as you start stressing it and putting other competitive molds in its niche, it might spit out more mycotoxins. So there's also this kind of concept of mycotoxins aren't always there. However, you can still become sick from the little crispy crunchy parts of mold and have more like a histamine, the mast cell kind of allergic picture that coincides with it.

Um So there's, there's so can you re ask the question for me? So I'm sure that I'm going to answer it appropriately. – So we're going back to not all molds can make you sick, not all molds, make micro toxins. But then why when they do make mycotoxins, when they do make us sick, why are they making us sick?

– Great. How much time we have four days for this? Right? So long story short, mycotoxins are super small and they love that. And the problem is everything on our body is that not only do we have our important organs, our liver and our nervous system, we have cell to cell signaling that's based on fatty precursors or hormones or neurotransmitters.

And then if we go down all the way to the tiny little parts of the cell, we know that the cells have a fatty layer on the outside of them. And if we go into the cells, we have all these little um organelles or the things that get the cell going and functioning that keeps the cell alive.

All of those have a little envelope around them, of fat too. So the problem with these guys is they can go into these areas and mess around with all the electrons and cause oxidative damage. And that oxidative damage when it happens in fatty spaces turns into lipid peroxide ation. Long story short, because pretty much there's fat and everything in the body, you're going to have chaos pretty much everywhere in the body when you're exposed to these things. So that's, yeah, that's pretty much how they cause their chaos. – There's a lot of opportunities it sounds like because just getting into our body, they're gonna have ample opportunities to make chaos as you say. – Yes. So what are some of the things that people start to notice when they have exposure to mold and mycotoxins are both? – Yeah. So it really depends on what they're exposed to and how with their, who their body is. I'll put it that way and um you know, maybe how long they've been exposed. So when I have someone who comes in, the biggest complaints are usually brain fog and fatigue hands down.

Um But after that, it becomes really dependent on how the mold and or the mycotoxin is interacting with the body. Someone could come in and have more of an allergic picture or kind of an infection colonization picture, a toxic picture from the micro toxins or this concept of chronic inflammation that stirs picture. And so depending on how people are coming in, if they're caught shopping and they have the dry eye, the post nasal drip, the difficulty breathing, I'm gonna think, okay, they're a little bit more allergic, you know, they might not have a huge toxin burden but if have someone coming in and their immune system is, you know, totally confused, turned upside down, their hormones are out of whack.

I'm going to start thinking more of a toxicological, um, picture and really think of the mycotoxins. So, um, you know, and that's the thing because their ability to interact with fat and cause these problems. That's in every single part of our body.

We have what shows up as tons of symptoms through all different parts of the body. And that can even look different from husband to wife or partner to partner, from mom to dad, from pet to pet even.

So, um, and part of that too is not only what's on the outside that's causing the trouble but what's happening with my detox genetics, what's my immune system predilection?

So, it's so amazing to see people come to me. And so just so many different presentations. But if there were two things I would really hammer down on, it would be the brain fog and the fatigue as pretty much present in like nearly all cases.

– And fatigue is everywhere. So it's so easy to say, well, I'm just working too much or I don't have enough vitamin D or vitamin B 12. You actually alluded to at the beginning of our conversation that you noticed some aberrations in people's mineral and nutrient and hormone responses.

Can you talk about that? Because you sort of glided over that, talk to me about what you were seeing. – Yeah. So when it comes to um hormonal issues with mold and mycotoxins, it really again centers around that, that steroid backbone in the hormones. And so because of that, these certain mycotoxins can really mimic our own hormones really, really. Well, um there's one called zero known that can sit on our estrogen receptors 2 to 3 times as strongly as our own 17 beta estradiol.

So you would have someone coming in with maybe like Claudie menses, just like estrogen dominance picture. You, you maybe pull a test on them. They're totally fine. Progesterone looks fine, estrogen looks fine. Maybe estrogen might even look kind of flat line. E and then you go ahead and you pull a mycotoxin um test and you see that mycotoxin, you know, off the charts. So um that's really one of the only ones that you can paint in a really black and white stripe.

Other than that, I tell people if there's a hormonal chaos, think mold mycotoxins because we know that it can shift depending on the mycotoxin, your testosterone up or down, either in the testes or the adrenals, it can shift your progesterone up or down, either in the adrenals or the ovaries can play with your cortisol levels both locally and systemically.

And so it's almost like this um black box metaphor where if what's you know what's going into the box and, you know, it's coming out of the box but there's something in the middle that's not making sense that A leads to C, that B might be mycotoxins causing all that chaos. And again, it's gonna look different from person to person.

Symptoms and hormonal effects of exposure

So if you have hormonal issues that, you know, are non responsive to even hormonal replacement or even your, you know, amino acid and pregnant alone supplementation, you might wanna check out mycotoxins to see what they're doing there. – I mean, I feel like all roads lead to mycotoxins. But the things that you're referring to is that it's just all these permutations.

This is, this is where we go. Okay. You're a rain barrel. Look at your, your genetics, your exposures, your lifestyle,

your gut health, your two other toxin burden with environmental toxins and heavy metals.

And do you have any food sensitivities layered in there? And then that's your response to the mold and mycotoxins exposures? And then that leads me to, how do people, do you insist on testing the strains or do you look at someone and go? Oh oh, you are a micro toxins profile. Let's get you started on treatment.

– Yeah, great question. So, um you know, I always at the beautiful part about my practices. It's called like after mold. So most people who are coming to me already have a sneaking suspicion that mold is um an issue. Otherwise I can tell you from firsthand experience, it is very difficult to convince someone that they have a mold issue because it's a four letter word. I mean, when people literally and also no one wants to hear that they might have a mold issue because it's, it's shaming it infers like they're, they're dirty or they can't control their home or there's just a lot of like unfortunate um just damning concepts around it that don't necessarily need to, it can happen to anyone, you know, so it can be really difficult to convince people.

So thankfully, I'm blessed in that my practice life after mold. Um really kind of self selects for people who are already kind of working through it and need some support and some hand holding. So usually my first step is doing a urine mycotoxin test and I typically use um the test that uses the Eliza methodology. There's a few different tests out there.

I've just found that one to the most um clinically helpful for, for myself and tracking with my clients. And then if they come back with an elevation or a burden, then we decided to address those issues.

Because the one thing that I have noticed is if we don't bring those levels back down or back down to zero or close to baseline or whatever, it may be any of the other interventions that you're going to do in functional medicine, like they're not going to stick, they're just not gonna stick.

So um you're in my Kotex talks and testing is usually kind of like first super base layer of work that I do with people and we work to detox that and then we see what's happening with symptoms and how they're feeling or whether or not the levels are going down or not.

And then based on that, then we can kind of say, is there continued exposure, is it in the environment? Is it coming from your body? And we can kind of work up further than that? But yeah, the testing, your mycotoxin testing is usually the first line.

– And are you, are you suggesting that people check their environment, test their home and work to see where their exposures are so that they can moderate or minimize them? – Yeah, absolutely.

So, you know, we're in a situation now and things are starting to change, of course, where we were more or less spending maybe like Four hours a day, well, eight hours sleeping, maybe like 10 hours a day at home conscious or not. And then another eight hours at work and then somewhere in between. And so, um when working with someone, it was really important to wrap our head around. Okay.

Are you having home exposure, school exposure, work exposure, car exposure. So any of the places that people would spend a significant amount of time on a daily basis or a weekly basis would be something that I would at least have them consider him think about. And then the one that really, um maybe stood out as a guilty party would be the one that we would ask them to potentially invest in um testing. You know, because you don't, you don't have the money to test all those different places and also you might not have the permission from work or from school to do that testing.

So, yeah. – So what are the, what are the most important things that people can do for intervention? I mean, obviously my first statement is understand what you have to do a full evaluation and work with the provider who season so that you're not like, don't treat yourself. That's, that's not the way to do it.

But if someone is working with the provider, what are the types of things you're utilizing to treat them? So huge P S A for everyone out there. If a provider tells you that they can recover you while you're still in a mold exposed based,

run for the hills, they're wasting your time and they're wasting your money and it might be well intentioned. Um I am not necessarily, you know, um uh saying that it's, it's mala intended, but sometimes folks just don't know better when they're starting out working this in their practice.

– Well, Lauren, let me just add to this. You know, we talk about, I always say to people stop filling your pump, whatever talking you're working on stop filling the pump, it's great to empty the pump, but stop filling it up.

So if you live in a mycotoxin mold infested home or a water damaged from that has mold growing, you can't get healthy, but you have to know that that's the problem.

First off, you really have to understand. So. Okay. Sorry. I don't mean to interrupt, you know, so avoidance is key to the point that people will call me and they want to work with me and I'll say no, save your money. Do the testing find the issue and if there's an issue then address it and then come back to me a few months after and you might feel great, you might be able to clear this all on your own. And that's what I'm hoping for everyone.

Um, but in those instances where someone does the remediation, they don't clear it on their own and they need help, I'm there. But the avoidance is always the cornerstone to treatment.

And unfortunately, that's often something that, you know, doctors out of their scope like we don't, we can't get involved there. It's kind of, you know, so, um after that point after avoidance and yeah, I tend to focus on a lot of detox prep work again.

I get a lot of the sense of clients who just had severe fallout from, you know, glutathione and binders immediately made them feel crummy or someone tried to glorify on Ivy and they just totally crash or I have a lot of the folks that have experienced the too much, too soon phenomena. And so I treat everyone as if I have uh oven mittens on. That's how I pictured my practice and that we move slow, we move methodically and we do a lot of work ahead of time to do like pre detoxification work before we ever actually push on the detox pedal.

So if someone's working with a provider and you know, you're sensitive and they immediately put you on binders and glutathione, you know, you, you might want to slow down that train a little bit for yourself. – I have found that the micro toxins patients are the most sensitive in my practice. Like they're the ones who I look at them and they go, I'm having a reaction like I know you're really sensitive.

So when you say pre detox work, are you talking about fiber, are you talking about gut work? What are you referring to when you talk about pre detox. – Whatever is in my way. So, you know, for some people it's addressing and doing palliative care around mast cells and, and you know, getting them on those H one H two blockers and just putting a band aid over it.

So that way we're not triggering that huge histamine reaction. When we do start that for other people, it's, it's healing the gut, you know, like the basic boring stuff, you know, God, God help stuff.

Um, and then for some people that's, that's to things. And so before we ever even get to, um, you know, loading people with phosphor lipids and doing biotherapeutic drainage, which is the true pre detox prep work.

I do, you know, sometimes I'm working with people for, you know, um, 3-6 months of doing prep work before we even push on detox because that's where I found most of my success in these sensitive clients.

It's just moving slow and carefully and kind of just peeling away age later. – Yeah, I mean, it takes time. Tell me, tell me what are things that people can do on their own that are safe, that they, that they won't harm themselves by doing.

I mean, what, what are those things that people can do? – Sure. So obviously the huge disclaimer for you and I vote is none of this is medical advice.

Testing, environmental assessment, and treatment approach

So, um everyone's mileage may vary. But um one of the easiest things that people can do is say the things that people can do again, increasing fiber, increasing filtered water, doing the things that can really help get balance the gut.

Also, fiber is a wonderful binder to start with that won't push on you too hard. That's another thing that you can do. And the other one that I just, I think is so helpful for people is to, to put a boundary if you can't avoid putting a boundary between you the holes in your body in the outside world. And so for some people, um that looks like using a charcoal embedded and 95 face mask over their ports of entry into the respiratory system to just help minimize their day to day exposure when they go to church or the grocery store, these kinds of things.

Um making sure that after you go somewhere that might be contaminated, you know, get home, take those clothes off immediately shower, especially your hair since it has a lot of high surface area that can just trap things and then it's, you know, near your breathing holes. So anything that's going to help um clean that layer away, um you know, some people even go as far to do just gentle nasal rinses to at the end of the day. Anything to lessen the burden, those things don't work as well when your home is the challenging space, but anything that kind of um allows you to take the avoidance with you, I mean, is not going to cause any harm for people. – Again, don't feel the pump and work on emptying it. How do you feel about things like magnet therapy? Sauna Epsom salts, baths, dry, brushing things that would fall into the alternative bucket but help a lot of people.

How do you feel about those? – It's, it's hit or miss for everyone. Sometimes I see saunas that are just far too stimulating for people. Um Anything that causes big basil dilation. So when um blood vessels get, you know widened on the outside of the body.

Um and that can happen with hot baths, that can happen with Epsom salts. That can happen with um saunas. When these people stand up too fast, they can black out get dizzy this kind of thing. And people who are mold exposed already have some, most some people exposed already have this phenomenon called pots where they stand up, they get lightheaded, they see stars and there are certain things that compound that.

So not only are you shifting your blood volume, but you might be migrating things um too quickly from storage when you're, you're pushing on things like that with using heat especially I think lymphatic sacs are usually a safe thing to approach.

Um with that being said, more sensitive people, I would not say go do a 90 minute lymphatic massage, you know, gentle exercise, stretching, maybe if you have the energy, gentle rebounding like the mini trampolines. I haven't really seen skin brushing flare anyone yet. Yeah, but I always tell people who are receptive, like do it your style, you know, like do it with your twist in your flavor.

So if you know that you can tolerate two minutes of skin brushing, then only do two minutes, you know. Right. Um So I think that a lot of the a lot of those interventions are really well intentioned, but they're more for the people with really strong constitutions. And I'm just one of those people where my clientele are the opposite. So I'm so used to being so much more cautious.

So I would say, like, 90% of the population probably do all of that. But I get that 10. So, you know. – Are there on the lines of things that people do on their own or their, obviously we've talked about that you could go too far, too fast. Are there other ways people can harm themselves by doing treatment on their own or by doing things they think are good for them that are really not good for them.

– Again, it comes down to, for me, the sensitivity component, you know, like some people do really great on glutathione and binders just right off the bat and that's their, their treatment, they found it online and that's what they do and they don't, they don't need to seek care and they do find.

But um there are some people where when they hop on that, they get kind of a toxic overload because their metabolite mobilizing things too much from storage. And it can really overwhelm their system.

So I would say people could, if you know that you're not sensitive, then people could work with blinders and could

work with glutathione. But, you know, everyone's mileage may vary. And if you're sensitive, I'd stay weary of it. The other thing that I would say to avoid, in most cases is doing a self remediation. – No. Gosh.

No, I'm like, that's just not okay because if you're sensitive you already have a problem and you're going to stir the, you're gonna stir it up. – Yeah, I know. But there's, there's, I mean, we have to look at the realistic aspect that, I mean, some remediation czar I've had, I've seen remediation that are over and above the total value of the home, right? And I mean, not everyone, not everyone can afford to hire someone to even come in and do a $10,000 remediation.

So, um, you know, there are resources for people to do it on their own. I don't suggest it. Um However, I've also been in a situation where I had to do a little remediation of my own on my, you know, and so everything from bunny suits to full facemask, positive pressure, you know, three M like you're in a space suit essentially and the room is walled off and under negative pressure.

And so what I'm getting at is if you're going to do it, you need to do it the right way. It's not throwing bleach on it, it's not just closing the door, putting a fan in the window and smashing the hammer into drywall. Um, you know, it's a methodical thing and if someone might have like a contractor's background or their partner is handy or they're familiar with these things then sure, maybe consider like going for training, looking for information on how to do it properly.

Um But in most cases, please, please don't do it on your own. It can cause a lot of health issues and potentially contaminate the rest of your house. And then what do you do? You know, then you don't have a safe room for yourself. – I so remember watching HD TV, a million years ago, one of the guys saw mold and decided without a mask to remediate it.

He was a contractor but he didn't have any training and he was, they filmed how he was down for the count for like a week, which is pretty short, but he clearly had reactions to it.

And that was my thought like, oh, never do this on your own. Just never do that. And so funny, Lauren because I came to interest in mold and mycotoxins because I had them, have them, had them and have been working with them.

But I'm in that 90% unless it's gluten. Nothing fazes me. Nothing bothers me. The only thing that bothers me is something that has gluten in it. But so you could throw a million binders of me.

I'm like, cool. Bring it on. I don't notice it but it's um it's just so interesting, the range of responses people can have to this treatment. So what, what are some of the things you see when people do everything right? They're working with you, but they're not getting better. What are some of the reasons or causes of that?

– I think it depends in for everyone out there is like, it depends again. Are you kidding me? It really depends for me on kind of what step we're in? You know?

Are we still going through the initial detox thing? Like, oh, could there be re exposure super like basic or maybe we're through the initial detox your urine, mycotoxin test is clean and you're still feeling crummy.

That's when we need to think of. Okay. Well, are there chronic infections that are popping up? Um Is this a chronic inflammatory state? Is this more of a histamine reaction? Maybe we don't have the toxins there anymore, but maybe we're still having like a hypersensitivity.

And so, um from there, in most cases, for a lot of people, the next step is working um infection pieces because what ends up happening, it seems is the immune system comes back online after having been suppressed and it kind of wakes up to all these different infections. And just because the immune system is waking up to all these different infections, doesn't mean that's fighting it perfectly right off the bat.

Detox support, safety, and recovery guidance

You know, you're mounting response, you're feeling crummy and in cases like these bugs and viruses are potentially battling back. And you know, um so some of the more common things, aside from oops, re exposure is usually like Epstein Barr virus. Lyme co infections, of course, sometimes a fungal colonization will be the next thing that kind of pops up on people's radar. Um So at that point, that's when I start to use more pharmaceutical interventions, we can do a lot of natural stuff for that, but sometimes the pharmaceutical interventions on the way to go.

So, um and then kind of after that, what else could it be? I usually find that after we work our way through that, we might have to do something where if someone's still feeling crummy with modulating the immune system, kind of bringing down the inflammation more aggressively, more specifically helping raise and balance different Types of white cells in the body.

And then kind of after that, they're usually, it's the easy functional medicine stuff. Usually it's the B-12 deficiency that will now be addressed. It's the sleep that might be more responsive to turning off the blue light on the phone.

It's kind of you work your way up from hey, I was gonna say the 77 circles of hell and I'm so sorry, but anyone who's gone through mold exposure, like. – That's how it feels like in the depths of it, right?

Get it. That's, that's not inappropriate. I'm not freaking out that you said that that's how people feel, especially if you have an autoimmune disease, a chronic illness, you don't get through your day. So, yeah, this is, this is like the seven circles or maybe the seven circles of purgatory because you can get out of it, you can get out of it. – Yes, that's true.

Very true. – Do you generally have a message of hope and possibility for people, like you can say to them? Yeah. You know, we're going to figure this out. It's gonna take a while.

– Yeah. And I think a lot of people find comfort in the fact that I'm a big believer in going low and slow, um, and methodically. But I, I do have the understanding that, you know, it's not just, um, the trauma from being sick and not being able to get up and feed your kids and take the dog for a walk. It's, it's all of the foundational aspects of life. You know, you're a DLS and your I A D S that just totally get shifted. So it's not just the trauma from being in that fight or flight of being sick all the time, but it's also having your life shifted and taken away from you. And so I think the one thing of hope that I really like dragging back to people is find, find the one person who is going to support you through all of this, find them and be appreciative of the whole type to them and just let them be the person that you can find in and you work with or that holds your hand through this.

You don't need to prove anything to anyone you don't need to bring it up at the holiday dinner. You know, with when someone says, oh, I don't believe in mold exposure.

Like that's when you can turn to your counterpart, your friend, whoever it is, raise your eyebrow wink and be like, okay moving on. But it's so important to find that one person that one safe space that can hold your hand, but also bring you into that rest, digest parasympathetic phase where healing can really happen.

So and it doesn't have to be a partner. It doesn't have to be a parent. You know, it can be a friend that's 20 hours away that you get ahold of through text message.

But there's plenty of people out there who get it who understand. And you know, I think the most important part is really holding out hope and identifying.

I mean, while you're at it, identifying the toxic people in your life that it's adding to the toxicity of the situation. – So 100% and you also reminded me that it's really important to remember that recovery is not a straight line.

I always, you know, it's like if you start way down, you're not even on the screen and you improve and now you're on the screen, you have a setback, you're below it, but you just keep doing this up and down and up and down.

And before you know, it, your worst day is 10 times better than your best day. Six months before, but it was such a

subtle process that you don't realize it, but it's not a straight line. It's, it's an up and down like the recovery of a fever, but in the opposite direction you're gonna keep getting better slowly.

– Right. Right. And I encourage people to not, and it can be really, um, your mileage may vary again, but it can be really overwhelming when your disease state is your day to day life, when you have your table of supplements and you're trapping your symptoms and like there's more to you than that. So a let's, let's say that, but, um, it can be really helpful for people to, you know, maybe once a week track what your biggest symptoms are.

And then as things move forward and kind of categorize them into worsening, continued or resolved. And it's amazing the shifts and changes that can happen from that first weekend record versus like 13 weeks out, 20 weeks out where you forget that your left foot would tingle when you put weight on it or that, you know, you had the metallic taste in the burning tongue, you know, when you, when you smell um, uh pine or something.

So it's just amazing to see how things should change. And if it's not too overwhelming for people again, I encourage people to, to track that way because it can just bring so much hope and positivity to the case.

– Yeah, my vote would be, there's always hope and don't give up. That would be my, you know, it's possible to recover from this because you see it. Yeah. And you don't have to be graceful.

You don't have to be graceful. You can be angry. I always invite foul language in my practice from my clients. Like that's part of that grieving process to it's okay to just be pissed, you know, and it doesn't have to be spiritual bypassing, you know, like anger is part of the grieving process. So, yeah, you know, it's feel it, do it move through it and keep moving.

– This has been great, Lauren. I know that people are gonna want to find you and follow you how, what's the best way for people to get in touch with you, find you be your client, that kind of thing. – Sure.

So people can hunt me down on all social media platforms, terms under life after mold. I also have some helpful YouTube videos also life after mold and on my website when folks sign up for my newsletter, they can get my free e booklet that is called Mold Prevention 101. And it's a really nice way um, to kind of keep track of all the hot spots of potential water damage around the home.

And I will tell people I don't spam on my newsletter, I don't resell your information. So, um there's, there's no need to worry about that. So I hope that I find people on social media. Say hi, ask questions, be part of the community. – Awesome, Lauren, thank you for being here and talking to us. This is such a critical conversation, especially in the auto immunity and Chronic Diseases round because it is an environmental toxicants. So thank you for joining us.

Thank you for being on the summit and for those of you listening. Thanks for listening to another episode of the Environmental Toxicants, Auto Immunity and Chronic Diseases Summit. Our guest today is Lauren Tessier and I'm your host, Wendy Trubow. Thanks for being here and have a great day.