Introduction and Guest Background

Welcome to another episode of the Mold, Mycotoxin, and Chronic Illness Summit. I'm your host Dr. Ann Shippy. And today, we're going to have a great discussion with Dr.

Lauren Tessier. She is a naturopathic physician in Vermont, and she's had the unique experience of really getting to see a lot of people who have been suffering from multiple MS.

from and being in a hurricane recovery area. And so this really inspired her to even be involved, heavily involved in a really unique organization called ISEAI that helps other physicians and health care practitioner nurses know how to recognize environmental illness and how to help their patients.

So I'm really excited to have you today. Thank you so much for joining us. I'm so excited to be here. Thank you. And we're going to talk a lot about some things that are really near and dear to our hearts, which is how these environmental illnesses and especially mold, can attack and affect mothers and their children.

And I think this is just such an area that's so important and most people are not aware of. Right. Right. Absolutely. So I would love it if you would tell us a little bit more about your background, how you got to this place and and and really how how meaningful all of this is to you, because I know it's really, really become such an important passion in your life.

Sure. So where to start? I know we have a limited time, so I'll be about the high points. So when I get out of school, I hung my shingle here in Vermont, and it was about two years after Hurricane Irene came through.

And people do usually think hurricanes with mountains in Vermont. But the reality is all that water that hits the surface of mountains has to come down to the valley.

So what might be one inch here or two inches here is going to pool in the lower areas. So I, of course, moved to Waterbury There you go. In the name and we started working.

Ready for boating, actually. I know. I know. And they've had two floods, actually. It's impressive. It's it's it's there's environmental impacts where we stop them.

I think it's called dredging the rivers because of the ancient brook trout that we have in the area. So because of that, our floodplain widened anyway.

I was working with folks and doing all the functional medicine stuff that you're taught as a naturopath Like fatigue. It's B12 or iron or vitamin D or, you know, all of the different things.

And I was just bumping into cases that were really resistant to treatment and really kind of get the bunch going. Getting the needle to budge. And I at a client who had a basement office and did a little bit more digging and found out it was water damaged and did a little bit more digging and found out they did a remediation.

And, you know, just one thing led to another. And I think this is mold. And from there, the floodgates, no, literally, no pun intended, just kind of opened.

And, you know, once you open your eyes to one thing, it's just the connections start coming. So I started to study everything I could get my hands on.

And what, Shoemaker certification. And I spent a lot of timeresearching and studying the work Dr. Pope and Thresher and Campbell and all the big names.

And then in 2017, after I opened Life After Mold, I decided to get involved with ISEAI that you mention in that you're also a wonderful member of and we appreciate that.

Discovering Mold in Clinical Practice

And with ISEAI, we've just been really working on holding the community of physicians together to just try to navigate this just complex chronic illness that can manifest in all these different ways.

And at certain points in my travel through this, I've encountered mold myself two times and I've gone through that wringer. And then when I look back at parts of my history, you know, I had a uncle that was very near and dear to me in my teens or throughout my childhood, and he was diagnosed with a autoimmune condition that ultimately ended up taking his life.

It was a vasculitis like nerves, granuloma, ptosis. And it's always stuck with me that he was in a basement daylight apartment and we were going in to clean out his face and get him ready to come back from the hospital.

From the first six weeks instance of being hospitalized and moldy in here. And then it just sat with me in my heart for a year. And then I look back on it and know people say that there's not a connection between mold and autoimmunity.

But if you go into the biochemistry and go into the data and you see all the shifts in your white cells and the inflammatory cascades, there's a connection there.

And I know you and I both certainly see it clinically. So, you know, that's always just kind of egged me on that that was such a huge loss in my formative years that it's amazing that he's still impacting me to this day so I can.

People that both patients, family members ourselves that are like our guideposts for how do we expand. I mean but this really is a new area of medicine.

It's not in the textbooks the way that it needs to be. And we're part of figuring out the solutions because they're you know, they're they're pieces of the puzzle.

And we're seeing it in our practice. And I think it's so great to really be able to share the information about what we see is really working to help these patients because now that you know what you know, you know, your uncle didn't need to die from this, right?

Mm hmm. And now that I know what I know, I also know that I don't know everything that there is to know, and I want to know exactly. So all the time in the research, I spent way too much time in PubMed just reading and reading and having hours to go to.

It, because it really helps to fill in the gaps since we can't just go to a textbook or a class and really learn everything we need to know. You know, I love this part of your story that so you started it recognizing that you were missing mold some of the time.

The same thing happened to me where I'm like, Oh, my gosh, this is actually happening in a lot of patients and and we need to help them differently. So what kinds of things were you discovering as you were starting to recognize that that really started to help diagnose and treat the patients?

Yeah. So I started in the CIRS realm and, you know, to each his own. And I am a big believer that we can take something good from everything. And there are some really beneficialthings that we learn from CIRS And after I became CIRS certified in 2016.

Oh, yes, absolutely. So do I have it too? I have my I actually have a little diagram I've worked on with people. So this is as is a concept of Moldovans.

I consider that there are four major types of Mold. So we have allergy, Western Med, totally gets it. Infection. Western medicine mostly gets it. But then I throw a colonization in there and then there's that toxic component, and then there's the CIRS component.

CIRS. I also just say this chronic inflammation. So when I tell people and when I explain these to them, I let them know that there's really four types and they can all overlap.

And so you can have someone who has a colonization that has a mycotoxin reaction and also has that inflammatory reaction. So CIRS was a illness theorized and put forth by Ritchie Shoemaker in the nineties.

And it was like one of the first kind of concepts of illness out there on the block. So when I was trying to do my research and put everything together, I need to go and get certified.

So when studying it for a while, I finally hopped on it, got certified, and then as I was moving forward, I realized that there's some really good stuff here, but I'm not seeing the major benefits to protocols that are rigid.

And it really was something that allowed me to kind of blossom forward and really decided to engage more of the aspect of the mycotoxin component and not just the chronic inflammation, because the mycotoxin component is, is what underscores, as far as I'm concerned, aside from the allergy component, most of all mold related illness.

So why not dig into that? And, you know, I found that colostomy was making people sick. That was so I, I actually found Shoemaker when I got sick. It was the only thing because I get sick so early.

I'm from mold and that's it was exactly that for me. It just made me worse. You every some there is, some people can tolerate it. And when they do with cats this is great. Cool.

Moving on. But then as time progressed, it was this language of mast cell activation started setting up or like histamine intolerance before really, Dr. Afrin was widely known and so I was having these folks where why wasn't this concern me working?

We were doing high dose fish oil like, like what's happening here and so I stepped out of that space and I stepped into my own power and I started researching and learning on my own and then started kind of I don't like calling it protocols because there's no dogma in medicine.

I kind of. Really emphasizing here, and that's each person is so individual, so unique. How those circles all merge is so unique to each person, and it really is helpful to look at that.

It is. It is. And it's it's that we'll get into it in a little bit, but it it varies from person to person genetics to genetics, sex to age to the type of mold, to the length of time exposed to that.

So many things involved. So also, you know, never mind all the things that can co-occur with it, right. So yeah, kind of branched out on on my own and started doing a lot more than like a toxin work and a lot more.

CIRS, Mycotoxins, and a Broader Mold Framework

The urine mycotoxins screening and really started working on doing a good amount of preparing people for detox before doing so. And then after moving through that mycotoxin detox, then addressing all the co-infections and, you know, all the things that may have popped up along the way. So it's it's just been an absolute learning gamut gantlet, learning gantlet and it continues to be and I love it.

It's it's it's a subject I haven't gotten tired of yet. Somehow after after ten years got me on it. So I think it's a good sign, you know. Yes. I think you know as the technology improves, for us to even be able to dig deeper into how the the toxins are actually injuring the mitochondria, injuring the cell membranes, causing the epigenetic changes, I think we're good until retirement right.

And hopefully it will get easier and easier to to map out a quick path to recovery. But sometimes it is pretty challenging to to find the best path for each person.

But I really love how you're breaking it down and thinking about it. And it's going to take a paradigm shift, you know? And these summits are great because they help to educate people kind of on the superficial path of what to look for in a provider or what first steps might be.

I think the best part of these summits is they get the word out and they get the word of mold and mold illness into the psyche of more and more people each time, which is what we need for representation and research and proper diagnosis codes.

Right. And don't get me started on that. So yeah, it's it's been amazing. And I find that a lot of the work that I do in my practice is with women and children and I love it.

I think Segway. So tell me more about what you are seeing in moms and their children. Sure. So, you know, if we take a step back and we think about why Mycotoxins do what they do, or I should take a step even further back and I'm sure someone's going to give this friend down somewhere else in the summit.

But molds are the organism. They're the little living things Mycotoxins are the toxins that they secrete. Not all molds make mycotoxins and some molds do.

Some molds only do when they're stressed out. There's all different brands and reasons and amounts that they make. And so mold and mycotoxins to different things.

Mycotoxins how they cause a lot of damage is the base that I kind of distill it down to is through their lipid peroxidation their ability to go in and oxidize caused oxidative damage to anything that has some type of fat.

And the problem there is that we're made of fat. You know, it's not just the brain and the liver and kidneys, it's our cell membranes, it's the, the membranes on the organelles, the machinery in our cells.

And so these mycotoxins go in, they damage all those lipids. And as soon as a lipid is damaged is a whole cascade that happens in the body where that inflammation comes and follows after it.

So when we're thinking about how these symptoms pop up in men or children and women, I tend to think about a what's happening from the inflammatory perspective.

But to kind of go down to the nitty gritty, these mycotoxins can also mess with the hormones separate from the inflammation. They can change how they are created, they can change other metabolites down, they can go and alter the receptors that these hormones are sitting on.

They can stimulate a receptor and cause a cascade as if the hormone is actually doing its job there. So when I think about women and children, what usually pops up for me, of course, is the inflammation part of the hormonal part, because women and children, I feel like I you know, we we are a menagerie of hormones that are all in, you know.

Most women would agree with. And I mean, not with this, but in a non derogatory way, you know, I don't know. It's just that's a big part of being feminine, right?

Is that we have these hormonal cycles and we're really dependent on having a good hormone balance, to have a good life and to be able to be fertile and create children and all the things that that we want to bring forth in our lives.

And you you hit the nail on the head because if we're thinking it from the hormonal perspective, one of the biggest issues that we see in adult females can be infertility, decreased libido, changes in menses, early perimenopause, mid-cycle spotting.

What else do we have here? I think there's also an association. I don't have the science to back it up, but I see more like endometriosis and fibroids.

Right? And it's easier. So this is the hard part about the don't have the science to back it up is we do they just happen to be animal studies and cell line studies.

We're never going to be able to put someone in a box and expose them to Mycotoxins It's another ethical. We can't do it. We legally can't do it, and I would never want to do that.

Right. But we do know that hormones there, there's a particular mycotoxins unknown and it is such a strong estrogen mimica that it can occupy our own estrogen body sites up to 2 to 3 times more tightly than our own estrogen.

And it's kind of strength and signaling runs out on par with the 17 bit estradiol. So it's amazing. And that's when it comes to it might go to us. And if there's one that you can potentially say that I always operate in a certain way, it's the zero.

And we consider that one as an estrogen limiter, so much so that in developing nations they will use a extract of zero one to keep cows in their their milking cycle and in their estrus.

So zero Glennon is one pretty much the only mycotoxin that you can reliably say this is probably going to happen this way. But all the other mycotoxins it's a it's a crapshoot.

Again, it's dependent on our genetics, how much we're supposed to what else is going on in the body, all these different things. But it's it's also not just the female hormones that get messed around.

You know, we also have testosterone in the female body that can be modified by these hormones. We have our pregnant alone that can be shifted. We have our thyroid hormone that can be shipped in England.

Yeah. Oh, my gosh. If if I had a penny for every time I've seen almost a new thyroid, a normally acting Hashimoto's as a result or correlated to I'll say with someone living in mold exposure, it's like more often than not to the point that we're starting to see in teenage boys, which blows my gut.

And even though we're focusing on women and children like this, the effects on men are also profound. Right? Don't count that at all. Because, yes, definitely the rate of infertility in men and the hormone disruption in men is also an.

Absolutely. And, you know, there's also maybe a little bit of bias. Women tend to be the bigger health care seekers typically in the family. So tough it out more often.

I know. And you know, men are always pampered and shamed.

How Mold Affects Womenu2019s Health

You know, God forbid they talk about how they feel or, you know, So it's there's lots of layers there to unpack for the men's health for sure when it comes to moles.

But, you know, other things that we see for women's hormones are going to be even fiber, cystic breast stuff, breast pain with cycle, even hair pattern changes.

Those tend to be the ones that are more kind of female related. But then we have everything else that goes with it. The exercise and issues, the wandering pain, the severe fatigue, the brain fog, the glucose metabolism, I mean, you name it, we can drop back to mold.

You know, we can drop back to Mycotoxins. And that really has to do with the fact that they hit every they have the

potential to interact and damage every little fat molecule anywhere located in the body.

And I describe it as it just seems to find whatever your weakest points are. That is a great point. That's a really beautiful point. So like for me, my hair was falling out in clumps.

I had so much pain in my body and I was actually starting to have quite a few neurological symptoms. So those are just my weak squares. Somebody else that might be more they're they're got or the age and the brain fog, those kinds of things.

So right, right. Do you want to tell a little bit about your story? Yeah. My goodness. Let's see. I definitely have the acute respiratory complaints and along with it came brain fog, potentially some liver issues and then some autoimmune issues.

And so I am definitely someone who is on the forefront of the autoimmune experience with mold and have done a lot of work around it. And the way it really manifested for me with the the fatigue, the myalgia, I used to say that my muscles felt like pulled pork and then I would write and then I would have trouble just I'd, I'd be headed somewhere for the day and I would look at my purse and be on the verge of tears because I don't know what I should put in my purse to leave the house or Oh yeah, yeah.

Or we were moving into a new home and we knew that there was an issue that we were going to fix. But before we fixed it, we're like, okay, let's paint the walls, look at the minutia about what we're waiting to do the heavy work.

And I remember sitting on the front porch and trying to count in my head how many gallons of paint that was needed for each room. And seeing one, you know, like just being completely incapable of it and living off Post-it notes and hair loss and thyroid issues, you know. So, yeah, I'm glad to have this mostly behind me.

So one of the things that I really want to be a continuous theme and this summit is hope. So like what I really respect, admire about your story is that you seem like you have fully recovered, like you were pretty bad, like hardly functioning as a human.

I couldn't compete. I guess right now. Look at you like you're doing all this incredible work and research and contributing so much to your community and patients all around the globe.

Right? Right. But you don't know what it is till you go through it. You don't know. And most providers who are in this field and really forward facing and have a grasp of it because they went through it, you know, like not everyone shares their story, but yes, you see that more often than not.

And they become the people who either have to help themselves or their family, and then they start the pattern recognition, you know, the human habit of pattern recognition and patience and then make the connections.

Or I might describe myself as a kinesthetic learner. So that's part of why I love math And science is because you can apply it right? You can learn as much as you are using it.

And I keep thinking, okay, I'm willing to learn other ways. But you're right. You're exactly right. The best way to learn about how to recover and how to get through it is to actually experience it in your own body.

Mm hmm. It's it's amazing and it's humbling. And I think the hardest part about all of it is, you know, you and I have our words for our experience, and we can give those words to adults, other adults, and show them how to communicate that to other people.

We can't do that with kids. So let's talk a little bit about how you approach kids. Yeah, so what what I'll say before I go go into this is about 5% of my patient population are teachers. Oh.

Okay. And I think there's only it's either point 1% or 0.01% of the US population are teachers. So that gives you any concept of how. We have a problem in the schools. We have a problem in the schools.

You know that you. Get to the dorms. It's crazy. Gosh, even the elementary schools now, you know, and if in one sense, yeah, and the teachers are acting as the canary in the coal mine and one teacher is sick, then one about all these kids that are moving through that with A. D. D.

and autism spectrum and all this kind of stuff. And and not saying that there aren't true causes for that, that aren't mold. But the literature really does show that kids who are exposed to water damaged buildings are going to have a higher incidence of neurological complaints.

There's even a study that shows that these kids have decreased scores on competency testing that is done when they enroll in preschool. And there's even some studies that show kids who are exposed to water damaged buildings for an extended period of time after birth have a three times higher risk of having a lower IQ.

And the longer that they're exposed in these spaces, the deeper and more profound the severity of the IQ deficit. And know that just points to the fact that we have these little brains on fire and they can't necessarily convey they can't tell you that their brain fog is that they just might act out that day.

They are very. Frustrated. You know, and with children, it's not just the neurological stuff like that. In the knowledge, the immunological impacts are huge, like we have decreases in Salivary Idea, that first line of defense all the way through our digestive tract against any foreign intruders.

We have spikes in a lot of the inflammatory markers, the RPE and I'll bite at one and I'll six and we have T cells depression in kids, not just the general populace who have tons of information about like the toxins and the immune system functioning but in little ones to suppress.

C for the CD8 ratios that happens. And when you look at more of the kind of quality of life studies that go along with this, we see that kids who are most exposed tend to visit their primary care more, tend to use emergency care more, tend to have more incidences of pneumonia, which we'll put a pin in that with.

That actually likely is more antibiotic use and more absences from schools. And so you're having a larger drain on the health care system because of these little people, these little people that are exposed, you know.

Really kind of shocking to like all of us as on the EPA website. Right. So I heard schools being more proactive about providing a clean environment for their students and their teachers.

Yeah, yeah, yeah. I equal parts. I don't know. My mom was a teacher. I do. Yes. And water damage building.

Mold, Children, and School Exposures

Water damage, building even. I won't go too into it, but I just I don't know if it's burnout of administration, lack of funding, the parcel. It feels more like the high level, you know, just like all of the above.

It's it's outrageous how many public schools have issues. It's just and, you know, it's because it's mold. We had a local high school here where they found PVCs, which are forever chemicals.

Right in the caulking. And so the high school got shut down and there were lawsuits that happened. And but no one's caring about shutting a school down for mold because it's everywhere.

And it's not that big a deal now, like. You have to change that paradigm. I am hoping. I am hoping because again, going back to these some of these allow for more verbiage.

More verbiage comes louder. People demanding representation and things follow through with that. It was like line was nothing in the eighties. It was it was considered quackery.

I would even say up until like what, five years ago when the CDC started to incorporate whispers of it on their website, you know. So where I would like to think that mold would have a quicker sea change with it, but I think it's

going to be slower also just because of all the vested interests that exist with pharmaceutical companies, with insurance companies, homeowner's insurance, business insurance, health insurance, you know, there needs to be a sea change here, but there's so many sticky hands.

And the part that I worry about, the delay for it happening. Well, but and probably just the cost of fixing all these buildings. But if you look at the cost to the human health of what's happening to our health care system with all of these people being affected by it, I think it's a better trade off to fix the buildings.

Right? Yeah, right. Right. And the human suffering. But I think the cost is overwhelming. Yeah. Yeah, I agree. I agree. And if there's no diagnosis code, then there is no representation and we can sweep it under the rug.

Right. And so I'm kind of combining the the kids and the autoimmune issues. One of the things that I also think is another epidemic that's happening is panels, pandas.

Oh, yeah, yeah. Do you want to share a little bit about what that is and how you're seeing that manifest in your practice and the things that you like to do about that?

Oh, my goodness. So I will first of all, throw this out here. My dear friend Joe. Christa has a book out called A Light in the Dark for Pens and Pandas.

It's a wonderful book, wonderful reference for people. Also, Nancy Ohara has another wonderful reference on panels. Pandas. I'm by no means the expert in pandas, but I would say most of my work focuses on neurological recovery for people. So.

Well, I don't really aggressively classify things as pandas in my practice. I do speak a lot to neuroinflammation. And so pandas are very simply put, please, no one come for me.

It's an autoimmune reaction of the immune system to the nervous system that's typically triggered by some type of incendiary little thing in most cases.

Originally, the cases were strep, and that's where the pandas component comes from. So strep was directly incorporated in the title. But as time marched on, people realized that some of these autoimmune and colitis pictures were happening with kids in the absence of strep.

And these kids happened to be involved. These kids happened to have heavy metals around them and these kids potentially happened to have recurrent herpes simplex family, herpes family redundancies with like Epstein-Barr and CMB.

And so the take home is that we're seeing autoimmunity to the nervous system and the first step is really trying to put that fire out and then eradicating whatever the initial causes of it's still there, you know, and then trying heal that and then bring it back into balance. So yeah, I, I hope not going.

Oh, so what are you finding in your practice? Are the main things to happen or recovery. Yeah. My, my favorites and they fluctuate from person to person depending what they tolerate.

Right? That's another thing. Not everyone tolerates everything. Some of my favorites are PCU Q a low dose naltrexone, super duper high doses of choline, but still searing.

Every now and then I'll use skullcap. I'm not a big skullcap person, believe it or not, for a natural path. I don't use our cell that often. This population herbs are tricky.

They are. They. They're tricky. And because of that mass cell component, like you never know if there's a hidden oxalate in that herb or if the so the batch has mycotoxins in it or.

Yeah, so I rather go with something that I can get a USP on it's going to have anyway. So the some of the other

things that I end up using are lost my train of thought to be a fast industrial, searing melatonin.

Oh my gosh, melatonin. If I could put anyone on melatonin, everyone, everyone and anyone. And there's been so much fear mongering with regards to melatonin recently and that it's horrible.

It's so. It's. I know, I know. I know exactly what you're going to say. I shouldn't say it's been. Yeah. That there are forces that don't want some of these things that are super helpful to be, you know, known.

So maybe yeah so I, I agree. So melatonin is another one. It was just starting to get popularity for this system wide antioxidant potential and the increase in sports performance and.

That it really helped with COVID. So you know it was I. Don't say that for a lot of our there is one other one that I need to mention before. Oh, no, it's gone.

Gone out of the brain forever. We can come back to it if you think about it. So one of one of the favorites it just came is been positive. Not a lot of people use it.

It is not legal in every country worldwide. It's a periwinkle extract and it increases cerebral perfusion. And it's it's it's really I find it helpful for people.

But you need to make sure that before you start driving blood to places that all of the outflow is open and that your body is ready to receive everything that's going to move and come out with it.

So that has been such an enjoyable tool to work with. It doesn't it's not helpful in all cases, but in some it's like the AHA driver, which is really cool.

Yeah, and it's got such great research on it for cognitive decline. So and that makes total sense. I think that's a good little girl. So how, how are you finding it in your area for helping people to get their spaces remediated or find safe places to live?

Like it seems like in a place where there's been all the flooding, it can be really, really challenging to to find the right people, to get the right things done.

You know, even here where I am in Austin, Texas, we just don't have very good building quality. And so we have an epidemic from, you know, high heat and moisture issues and then the poor we're building.

But, you know, places like where you are, where you had two big floods, I can't even imagine.

PANS/PANDAS and Neurological Recovery

You know, I think each each area of the country has its own strengths and weaknesses when it comes to build homes. I love that I have a basement. I love that I have a basement.

It's not finished. I in fact, it was finished when we first bought it and I held out patents for it out. And of course we found stuff too, and I was like totally validated.

But there's, there's each home in each climate I think can have its strengths and weaknesses. And, you know, so I always like to try to help people step back from the edge of running off to the desert.

For some people, that's their solution, for it's not for everyone. You can remedy a home, you can remediate it, you can bring it back into balance. I never suggest people doing it on their own.

However, I have seen people do it on their own. I have seen people sell off remediate correctly. But if you do it, you need to act as though you are mediation company being paid $50,000 to do it.

You cannot cut corners or you will get sick and you will ruin your home. So when we tell people don't sell for media, it's you can, anyone can. But the reality is you need the tools, you need the skills, you need, the protection.

You you need to do it the right way. And there's a great book out there called Mold Money or people who can't find someone to remediate for them. It's it's a great book.

It gives you the rundown on how to use negative pressure, how they drape the six mil plastic, how to do all these things. But you can't just go in and swing a hammer and be done with it for the day.

In fact. I've seen people do that and it like they've gone from the frying pan into the fire, like just really gotten so sick and they don't set up the containment and wear the protective gear and oh my gosh.

And so we drive people to really do the remediation through a company, because then you also potentially as a consumer, have the economic protection, too, of having a post remediation verification, which means testing before and after remediation to say, hey, look, problem solved.

You know, there there are if a remediation isn't done to an agreed upon expectation, then there there is recourse for you if you go in and you do it yourselves, no recourse for you, you know, so I do tell people don't do your own remediation.

So a lot of people live in others food, food deserts. We have remediation deserts and IDP deserts. So I have a or remediation team and like one IEP locally who has a coworker that I trust that I send people to all the time.

Because if there's a problem, they are going to find it. And I understand I've worked that relationship, I've grown that relationship. I've introduced them to the concept of people being really sick and sometimes it's just a matter of proving it.

I guess you would say to someone who cares, someone who's in the field, but maybe they don't have the experience with just because there might not be like the best IEP or the best remediation company in the area doesn't mean that relationships can't be formed and they can't be kind of expanded.

And dialogs with. I have a video on my YouTube channel that handles life after mold pretty simple. And there I have a video about how to find a good IP and it walks people through.

Like, What questions do you ask? Like, where just how to get the answers that you need and where to find a list of people. And, you know, I would be remiss at this point and also not mention I see.

Lisa as an important advancement in medicine. Yeah. So I see i i s e a i so i ocean see I see I and we have a just an amazing group of physicians who are mold literate or working towards becoming more motivated to be more literate and in peace.

And I believe we might have a couple of remediation teams on there. And so you can go to the get help page there and you can find a list of some of these providers.

And again, not an endorsement, just letting people know that's there in our IEP team, an amazing group of people came together and they've been knocking out these amazing documents.

The most recent one was kind of the 20,000 foot view of what a remediation looks like, you know, and then they put out one on on mold testing and those are both available on the website to those have been downloaded like wildfire across the world, which makes me so happy to be able to do that.

And one of the things I love about this trip are just all the discussions that go on, like the email links and and tossing out ideas because we really at these are new frontiers.

So to get a lot of really smart people like looking at things sort of different directions, like that's really how we move

things forward, I think. So that's a great resource.

It is. And we can't do it all on our own, you know? So it's wonderful to really have a community forming around that and giving voice to the voiceless.

It's, you know, I, I worry the most about the kids and all of this. You know. Go back for just a minute. Do you want to talk a little bit about exposures during pregnancy and breastfeeding?

Sure. Absolutely. So there's plenty of data on pregnancy and breastfeeding exposure and that really comes as a result of research that's been done in developing nations where they have a lot of mycotoxins in their foods and so some people might say, well, that's food based mycotoxins it's not the same.

And my gripe is that in animal studies we have seen that inhalation hazard 20 times 10 to 20 times higher bioavailability than direct injection into the gut.

So inhaling is potentially providing more exposure than eating. So now that we've found that, let's go back into the food data and let's say all of these mycotoxins food borne studies that we're looking at, I mean, that might be a that might be a fraction of what we would see if these folks were in an inhaled exposure.

And so as far as I'm concerned, I don't care about how it gets in. I don't care if it's through the mouth, through the nose, through the olfactory bulb.

As soon as it gets into systemic circulation, it's game on. That's how I phrase it's game on. It's going to hit every part of the body through circulation.

And so what we've seen in the studies is that mothers who consume mycotoxins like corns and grains and they have the ability to transport mycotoxins through the placenta to the developing fetus and also to the best known.

Pregnancy, Breastfeeding, and Prevention

We call this vertical transmission. Right. And to oh, I think one of the most upsetting studies that we we found was that maternal foodborne exposure can result in neural tube defects to the point of an abortifacient level.

So theoretically, if you're eating enough mycotoxins, you can lose your pregnancy. And if that's not enough to just put like just the full stop on the conversation, I don't know what is.

But, you know, it's it's not just the neural tube defects which are fatal, but we also see in little peanuts, but decreases in height and weight compared to the standard we've seen that made evident also by drops in our growth hormone levels for them, we've even seen issues where young girls develop flashes, puberty from long term exposure from that, that Sierra own right, the estrogen mineral, that's the one we can hang our hat on so we know what's going to happen. But yeah, it's it's it's problematic and there's also a risk for neonates who were exposed to something like aflatoxin in utero to develop neonatal jaundice, you know, and that could either be a result of a liver issue or it could be a result of a tell me with the word camel isthis.

Oh, yeah, all of like destruction of red blood cells. So, I mean, there's there's so much that happens there. And it's unfortunate because this is how we provide nutrition to this growing little human.

And I hate to say it, but if cows are being fed and we're relying on formula, that vertical transmission exists there, too. So, you know, it's we got to be as careful as we can.

And then what makes it difficult is treatment. Treatment of pregnant women is a dangerous horizon, meaning that we we don't have the data and there's the potential for maybe making things worse.

So I would love to chat with you about that, too, if we can. We should we should have an outside conversation because my preference and what I wish I had known before I had my kids, knowing that I had lived in multiple

moldy houses and looking back at leaks that weren't fixed properly, I, I really wish that I had known it before I got pregnant because I'm sure that I had some in utero.

And then both my kids, I breastfed for a year. So not that I'm saying formula would have been better. Obviously not. But yeah, I if I could roll back time, that was before Mycotoxins were available to make up a toxin.

Testing was available. But you know, for anybody that's listening, that's thinking about getting pregnant, it would be great to test your levels and really make sure that your levels are, you know, below the cutoffs and the mycotoxin testing before you get pregnant so that you make sure that you're not having your baby start out with the high my mycotoxin level because their little immune systems aren't developed yet, their detox pathways aren't developed yet.

So we wanted to try to minimize all the toxins, not just the mycotoxins, but especially the mycotoxins, because in their little bodies they do have such a profound effect.

And there's I think you're really hitting on something here where the prevention is really the best course of action in from a provider standpoint. There is a very fine line between treating someone who's pregnant versus treating the pregnancy.

If you're not a midwife or a no big way and you cannot treat a pregnancy. And so if you have someone come to you who is pregnant and they are mold exposed and they're like, Oh my gosh, what am I going to do for treatment?

You need to pump the brakes and you really need to think about what you can do with the tools that you have that is going to be safe. And if you go into the data, you don't.

You don't. And that's the thing that we have caught. We getting them out of there hurt, like getting them in a clean environment. Right. Right, exactly. We have we have some parallel data, if you want to think of it that way, where women who overdose on Tylenol while pregnant, they are provided with charcoal and they are provided with a self-sustaining.

And the pregnancies that they're carrying are now, in most cases, I think, except for one in the literature, they turn out healthy. However, that is not mycotoxins, right.

So we can't we can't correlate that there. However, we can say that charcoal is in some instances safe in pregnancy and is in NSCLC is in some cases in pregnancy.

So you know, we have to then also consider when you start to give people finders, which is what charcoal is, you start to mobilize things. And when you mobilize things, you have the potential to have them land in places you don't want to.

So there's almost this like, don't wake the sleeping dog thing when our body doesn't know what to do with things, we tend to stick it off in fat and in fluid.

And that's why you see so many people gain weight when they're when they're most exposed. And so if we can like not not wait for sleeping dog and find a way to very much help a pregnant woman that is within a safe means, you know, we're going to do it through the inventories.

We're going to say we want you to drink more water. We want you to make sure that you're having like two bowel movements a day. We want to make sure that you're you're eating more fiber because fiber can act like a binder.

And so there are certain things that can be done that are lifestyle that don't go as far into treatment of giving A plus B, equal C giving one ingredient, causing this reaction and having an outcome.

Instead, we're trying to do the things that help the body move through these things naturally. So you you know, and the other thing about these. Things, just to remind everybody, whether they're pregnant or not, but those are really

important pieces of of getting well.

Right? Absolutely. You need to have the outflow if your outflows are closed out, but it's not going anywhere. It's all right. You know, and then the other issue with binders, the lasting they'll say in pregnancy is that there's so many nutrients that that little that little bird needs that's growing and expanding and binders find indiscriminately.

That's their job. Right? They bind up things and throwing a binder into a GI Tract. I'm just not clear that it's a good thing to do in pregnancy. Yeah. Yeah.

Too many unknowns. Exactly. Exactly. And I are on the side of caution. I'm not a cowboy in practice by any means.

Resources, Remediation, and Closing Remarks

I go slow, and I think so. First, do. No harm, right? Right. Yeah, yeah, yeah. Well, I am so pleased that we got to have this time together and we're so aligned on so many things with our power, our lens and our looking at things.

And I. I know you also have a gift for the audience. So do you want to take a minute and tell about that? Yeah, absolutely. So for this particular event, I have my mycotoxin cheat sheet and that's going to outline all the common mycotoxins that you see come upon the various different mycotoxins test and the correlated molds that have the ability to produce them.

So you can kind of use it as a little bit of a guidepost when you're comparing your urine mycotoxin test to your home testing. So that's for free for everyone who signs up.

And then also on my website, if you sign up for my newsletter, people can get access to My Mold Prevention 101 e-booklet where that gives you a beautiful rundown of kind of the hot spots to look out for in a home.

And so it gives you a nice rule of thumb to like every few months, do a walk around the house, check the wet walls, check the French drains, check the the dryer vents and see what's happening there.

And yeah, both of those are available for people today. Oh, that's so kind of you. Thank you so much. And and really, the more prevention we can be doing like I thought that I of checking the house correlated to make sure there's not something brewing it then you know tips you over later that's a great idea.

Right well I appreciate that and I'm so thankful for being here today. And if people do want to find me, they are welcome to check me out on most social media platforms with the handle Life After Mold.

I'm on Twitter and Instagram and Facebook and YouTube and Tik Tok. I guess it's up to you. Okay, I'm trying. I don't know. Yeah, you can find me out there, although I'm typically most active on Instagram, so that's great.

And I love your passion for this and your your wisdom and your intelligence to these really complex topics together. Thank you so much. Oh, thank you.

It's so nice to meet a fellow mold nerd. Yeah, we could probably go on for days. Well, thank you so much. And I look forward to seeing you again soon.

Thank you so much.