How Mycotoxins Trigger Histamine And Mast Cell Chaos

Beth O' Hara, FN With
Lauren Tessier, ND

Beth O' Hara, FN
Welcome back to the Reversing Mast Cell Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara, of Mast Cell 360. We have a very special guest today, it's Dr. Lauren Tessier, and I'm so excited to have her with us today. You're gonna love this interview. She's actually the president of ISEAI, and if you've not heard of ISEAI, this is the International Society for Environmentally Acquired Illnesses. This is an amazing nonprofit you should know about. They're dedicated to helping practitioners learn how to diagnose and treat environmentally-acquired illnesses like mold toxicity. And Dr. Lauren is a practicing naturopathic physician. She's licensed by the state of Vermont. She has her own practice called Life After Mold. She's located in Waterbury, Vermont, and she services both local and international clients with dealing with mold-related illnesses, and also things like multiple chemical sensitivities, MCAS, chronic infections like Lyme and other tick borne infections. And she does one-on-one private training for practitioners. Welcome, Dr. Lauren, we are so blessed and excited to have you with us today.

Lauren Tessier, ND
Oh, so honored to be here and it's such a mouthful. Thank you for going through that. I appreciate it.

Beth O' Hara, FN
Tell us a little bit about, I love to hear how people got into working with mold toxicity, because it's not that widespread yet, and I'm sure there's some gems just in your own background, in your own story.

Lauren Tessier, ND
Yeah. You know, I hung my shingle here in Waterbury originally as a primary care physician, just about 10 years ago. And during that initial time, I was having a lot of cases that, you know, the traditional naturopathic stuff just wasn't hitting. It was like, fatigue's not responding to iron or B12, what's going on, you know. And it wasn't until at least a couple of my clients, but one in particular I always think about, where we were just kind of going through the case and asking about work, asking about this, and it turns out that they had an office in a finished basement, in a house that had been flooded in 2011, and it just kind of clicked. And it wasn't that I had all the data and all the knowledge at that point. It's what started that process. And then of course, soon as I started to really become aware and more literate in mold, I realized how much I didn't know, and I needed to know. So I kept going and I found myself having more and more mold clients, or seeing it more clinically.

And then, of course, I think every provider bumps up, almost every provider bumps up against a time where they either recognize mold in their own life or in a loved one's life, or there's something that really brings it back home for them. And, you know, there was realizations of family members that had profound impacts on me growing up, and realizing that they died of a really odd, rare, autoimmune issue, after living in a daylight basement that had tons of mold. You know, having a family member who had horrible migraines and fatigue after working in a public school system with water damage. And then realizing myself that I was developing some issues, only to find out that there was, you know, mold growing in the walls in the home we were in. So it's, I've had, you know, the clinical impact of having clients who first brought me to it and made me realize like, hey, this is a really serious thing. And then I've had the first-hand experience of what it is to be sick and have lost from mold illness.

Beth O' Hara, FN
And that's some of the best training I find is when we've gone through this ourselves and had to find our own way out of it, and then we can really relate to what our patients or clients are dealing with and going through. And you've really become quite the expert in mold, and now the president of this really established organization that works with these types of illnesses. How common is mold toxicity? I know people are gonna wanna know this, because we are not talking about this enough, and it's, it's like Mast Cell Activation Syndrome. It's one of the most unaddressed and unrecognized issues out there.

Lauren Tessier, ND
Yeah. And just to kind of put it out there for people, my practice really has mold in the name, and I have people coming to me who already suspect mold. So it's already part of my working dialogue. So the people who are coming to me are like, hmm, this could be a thing, you know. So I see it in every case essentially. But if we pan out and we think about the optics of what is happening in the buildings in our society, like one perfect stat is that 80 to 85% of commercial buildings either have a current or historical issue with water damage, you know. And I think it's up to 50% of private residencies have a history of water damage. So if people are living in these boxes and working in these boxes that have this exposure, it's gonna be a profound amount of people.

Beth O' Hara, FN
And I think about two, these studies that we're talking about, they weren't done like two years ago. They were done quite a while ago. And then there was a study that showed something like 35% of all schools had mold toxins, and that was in the '80s. So now we've got this increase of these extreme weather events where we've got more hurricanes. I even think up in your area with Hurricane Sandy, and how much flooding happened with that. And then we've got things like, we keep seeing that EMF's maybe increasing mold issues. What else is behind this becoming such a bigger issue? 'Cause we know a hundred years ago, grandma went down to the root cellar and got stuff out of there, and there was mold in there, but people weren't sick like they're sick today.

Lauren Tessier, ND
Yeah, yeah. And so I really pin it on what is happening in our society with the use of antifungals. And I don't want people to hear, you know, I give everyone antifungals, it's more the dialogue that when you give an antifungal to a fungus, they get challenged. And when they get challenged, they push out their defenses and these defenses happen to be mycotoxins. And, you know, we're not just pushing on antifungals in the medical community. We have tons, a huge epidemic of, you know, drug-resistant candida. But, in addition to that, we pump antifungals into the agricultural community, like you wanna believe, on our plants, in our animals, and those bio-accumulate in our animals, and you get these resistance patterns of these molds that are already very much on the defensive and ready for the shock and the threat. And then to boot, we have all of our building materials in the indoor built environment. Some of our pressure treated wood, it's pressure treated with a copper azole, micronized copper azole, and those azoles are

the same class of drugs that people are taking, like your fluconazole, your ketoconazole. Sure, they might be slightly structurally different. And the same thing goes for the agricultural realm. We're spraying azoles on all these foods to the point that you have people who are working in the field picking food, all this kind of stuff, they get inoculated with an aspergillus. They go to a physician for an antifungal, and it turns out the antifungal that's in their nose or in their sinuses or their lungs, is already resistant to that medication, even though that person has never had that medication cross their lips before. So, you know, we have our weather patterns, we have our, you know, antifungal use. And then I think something that we're about, unfortunately, to teeter on, is a repeat of the 1970s. In the '70s, we really started being more environmentally conscious with, you know, gas. Well, let me rephrase that. In the '70s, we started to really lock down and build our buildings tighter, in response to the energy crisis. And so you have these, some of the sickest buildings are built in the '70s. And now we're seeing this again with rising fuel costs and all these things that are happening that it's like, we might be facing, you know, some really difficult journeys soon, with regards to not letting buildings breathe again for the sake of trying to not use as much petrol for the various different reasons. So yeah, it's multifaceted.

Beth O' Hara, FN
It's kind of a just perfect storm. And just to clarify for people who are listening, that this piece about the antifungals may be a new angle for them. That you're not saying not to use antifungals, but you're saying it's like the antibiotic resistance that we're having now. There's such overuse in the feed streams and the building materials and so on, that it's affecting the effectiveness of what we could use for these medications and making these strains just worse, more virulent, more aggressive. And then, do you see anything linked with EMFs? There's a lot of conversation around that right now, and I'm curious about that, with the shift in schools.

Lauren Tessier, ND
Yeah. You know, I wish I had the data, and there might be a piece of data out there that I admittedly don't have in front of me. I am concerned about EMFs and wifi. There's many great courses out there from a few different folks giving these rundowns. However, there's always, I tell people there's always a gray area. There's always this six degrees of separation of anything, right? And so, if someone was like, can you make a connection between mold mycotoxins and EMF, there's this whole idea that the EMFs are stressing and taxing, causing oxidation to the molds and funguses, the same way they might be doing to us. And in response, there are protective measures that are being put out, and in the fungi, their protective measures are mycotoxins. And

so I have heard statements where other physicians have said, you know, like we see these levels off the roof, but I would love to see someone put two identical Petri dishes together in front of a wifi router or, you know, and see what actually happens and send those mycotoxin levels off to RealTime Labs or some of these other labs to actually get a count. It wouldn't be that hard to do, to check in. Yeah.

Beth O' Hara, FN
Yeah. We actually tried, we did a trial and, but it was very hard to manage the controls. So we didn't end up getting data that was useful. We do need to be studying this and looking at it. And I ended up too much exposure, trying to address it, or trying to do the dishes, so I'm out, but hopefully somebody will repeat that, that has the right kind of equipment for that. So let's talk about what, just really some of the basics that people who've been into this may know, but they might pick up some new info, but for people who are new to this, just really what are mycotoxins, and how are people getting mold illness?

Lauren Tessier, ND
Yeah. So I have people picture bread, and have people picture beer. We have yeast which are types of fungi, that are helping these things become bubbly or produce alcohol. And so in that snippet, the organism itself is the fungi, and in this metaphor, the alcohol, the ethanol or the carbon dioxide is the mycotoxin, let's say, it's what they produce. And so when you're dealing with mold illness, you're really navigating the threats from two different parts of the whole. You're looking at the organism itself that's causing the threat. Or you're looking at the metabolites and what they secrete as a threat. In this case, I talk about kind of molds and yeasts, and the fungi, the living organism. And in this case, I'm talking more about the metabolites versus secondary metabolites, what we call mycotoxins in this case.

And so once you have a grasp of that then you can kind of say, okay, how could this organism threaten me? It could exist in my environment. And parts of the organism could trigger my immune system and trigger an allergenic response. We could have the fungi existing in my body and causing an infection or colonization response. We could have the toxin existing in the environment, or being put off from the organism in my body and causing a toxic reaction. And then we kind of have this final picture, which more people know as CIRS, or chronic inflammatory response syndrome. So when, I think a lot of people are starting to just say, CIRS equals mold illness, and I really love to help people understand that there's more to mold illness

than just CIRS. There's allergy, there's infection colonization, there's the toxic reaction, and then there's CIRS. So when I'm working with people, I'm always kind of thinking, I have a little diagram, you'll laugh at me here, but I'm always kind of thinking about, you know, how people's pictures can overlap in the clinical setting, and what I can ask and what I can learn about them, what I can test to kind of tease these apart. Because soon as I understand what they're dealing with, if they're dealing with an allergy and a little bit of a toxic reaction, then I'll know what to test, I'll know what to look for, and I'll know my general treatment approaches. So, you know, that's kind of the 20,000 foot view of what fungi and mycotoxins, and, you know, mold illness, really looks like.

Beth O' Hara, FN
That's a, I love that diagram. That's a great diagram. So to recap for people. We can have mold toxins in our environment. We can have mold toxins in our bodies. So that would be mycotoxin illness. We can have, layered on that you could have mold colonized, where it's growing in our body. Like you could have a virus or bacteria. Mold can grow in our bodies. Or we can get these other fungal species, other types of candida in the body. And then we can have mold allergy on top of that. And then CIRS is what's happening with the immune system, when it gets outta control. And there is a connection with that in Mast Cell Activation Syndrome. So can we start to move into how mold is triggering the immune system, triggering mast activation? I don't know about in your practice, but I'm guessing it's probably the same, 'cause I think we've got a lot of overlaps, that mold has been one of the biggest trigger hands down for Mast Cell Activation Syndrome. It's not that everybody has it, but oh my gosh, a lot of people are dealing with this. If you know how to interpret the lab testing, and know what to look for, it's there.

Lauren Tessier, ND
Right? There's this really, you know, I wanna pan back for one second and even say that even CIRS can interact with MCAS, but I'll even say that even that toxic reaction can interact with MCAS. Even the allergenic reaction, I'm sorry, I'm like waving my hands around for my poor invisible circles. But all of those can have an interface. So I have seen the toxic reaction upset someone's preexisting MCAS, you know. It can definitely get, it's important to learn everything in an isolated fashion. And then we bring it out and expand it out into integrating all the parts in the whole. And sometimes the whole looks different than the parts. So when I talk to people and I oversimplify these things, I just kind of throw it out there, you know, that it's, when it's working and it's in front of you, and it's messy and there's all these different connections, it's gonna look a

little bit different than if we take it in a vacuum the way you and I are currently speaking about it. So, you know, thinking about the context of Mast Cell Activation Syndrome, there's a really interesting piece of data, or a few pieces of data that shows that children who have been exposed to different types of mold develop IgE sensitivity to numerous allergens that their body has potentially never seen before. So thinking about that right off the bat with Mast Cell Activation and hyper-reactivity to lots of different things that maybe the body hasn't recognized before, or is, you know, first contact, we have that in the literature, but it doesn't necessarily have the phrase or the name attached. And so we definitely see that increased sensitivity there of just being exposed to it. And so how else I think about, it brings you to that question, well is it the mold or the mycotoxins causing the issue? And I say it can be both, you know.

From a, just the mold, let's think about the mold, the fungus, the organism itself. We know that mast cells, when they're doing their job, they are dealing with infections. They are navigating toxins. They're navigating all facets of the immune system. And so if you're looking at what mold is doing in the immune system, you know, a perfect example is that mold exposure just being in the environment of mold can trigger IgG responses, IgG1 and IgG4. It just so happens that these two subclasses of immunoglobulin G also trigger mast cells in general. And, you know, we see that there's a lot of different proteins that come with these fungi, and even something as simple as just one species of aspergillus fumigatus has 80 proteins that can attract and tick off the immune system. And then there's a cross-reactivity that can happen in the immune system, where the immune system goes, hey, that aspergillus fumigatus looks a lot like that candida over there. And all of a sudden that recognition of 80 multiplies infinitely to all the other potential mold sources, you know.

And then of course we know that the mold organism, again, can trigger your IgE response and your typical allergenic pathway. And it keeps just going, going downstream. One of the other things that I kind of like teasing out here too is with your mycotoxins. The mycotoxins have the ability to also cause some chaos in the immune system. For instance, there's a lot of animal literature on mycotoxins, and a lot of them show that, you know, exposure to like gliotoxin or patulin, will increase a predilection towards an allergenic response. And that would be kind of like the Th2 leaning. I might be speaking a little bit too big and globally here. Should we take a couple of minutes to talk a little bit about Th1, Th2?

Beth O' Hara, FN
Yeah, let's pull back in 'cause we talk so much about mast cells as, because of that interface and that defensive mechanism of the body. And they're defending us from these types of toxins and these organisms, but we know they're not isolated. And we know that they may be orchestrating a lot of immune response, but there's so many other immune cells that are involved.

Lauren Tessier, ND
If we're thinking about the immune system, I tell people to like picture a balance beam. My head's the balance beam and I have a bar across here. If we think about my head being T regulatory cells, which are cells that are responsible for keeping all the players in check. They are the referee of the immune system. And then on this kind of teeter-totter up here, we either have Th2, which is T helper cells subtype two. And then we have on this side, Th1's. And so, and this is a huge oversimplification, but depending on what's happening with the T regs, we're either gonna lean a little bit more allergenic when kind of more emphasis is placed on Th2. Or we're gonna lean a little bit more autoimmune when more emphasis is put on Th1 and also Th17. But I tell people to picture it like that.

So the Th1, Th2 balance, I find is really knocked out of place by the toxic impact of mold. You know? And so I apologize for jumping so quick down that pathway. I get excited about this stuff. But there are instances in the animal studies where we find that that Th2 predominance really gets underscored by these mycotoxin exposures. And that can be everything from Zearalenone to aflatoxin to gliotoxin. And a lot of these mycotoxins are found in food. So that should trigger everyone's ears with regards to, I have mast cells and I can't eat anything, right. But then some of these mycotoxin, not only in food, but are also in the indoor built environment. And so I tell people, you know, once it gets into the system, whether it goes in through the nose or in through the mouth, or through the skin, as soon as it hits systemic circulation, it's doing its job throughout the body.

And your immune system is located throughout the body. So sure, if someone's consuming or eating mycotoxin rich foods, they're gonna have chaos in their gut. But it's not only going to happen in the gut. So that's kind of just one way that we see mycotoxins cause some of that immune system chaos. What we know about mast cells is there's a really close relationship with estrogen, or there is some relationship with the estrogen histamine interface. And there's one particular mycotoxin that is super estrogenic. Like it perpetuates the mess of estrogen

throughout all the tissues in the body, and that's this Zearalenone. And so we can see, or, you know, theoretically think that if someone might have a little bit more of like a estrogen dominance looking picture on top of mast cell activation, like what's happening, is that mycotoxin elevated. Should we take a pick at that? What's happening there, you know? And so we've mentioned, you know, a few of the Th2, we've mentioned the estrogen, another way. And I think really this is probably the most impactful way that mycotoxins are underscoring mast cell activation syndrome is through our mitochondria. You know, there's studies out there, they're saying a lot of the activity of mast cells are being regulated through the mitochondria.

There's big connection through them de-histing and releasing everything through the functional mitochondria. What we know about mycotoxins is that they, lipid peroxidation damage the membrane of the mitochondria in our cells, and when they damage the membrane, they mess with the calcium balance, the cell signaling, all that good stuff that's supposed to be happening with that mitochondria. And, you know, if that is really controlling, or a key part in controlling mast cells operating appropriately, you know, we really need to go back to that and work on detoxing that person, and reducing the mycotoxins there. You know, and another way that is really curious, and this has a little bit more of kind of the food gut connection I think will ring a bell for folks. There's a lot of animal studies with regards to DAO. I'm sure everyone knows DAO in this conversation. And DAO is largely placed in the gut. It's where it happens, where it does the bulk of its work.

When we expose a body orally through mycotoxins, we see big spikes in DAO, but in the wrong places. So we'll see DAO going into the serum and floating around in the bloodstream, 'cause you're damaging the gut lining. Reflexively, what we're also seeing is where the DAO should be, in the gut, in the liver, in the kidneys, it's dropping precipitously. So right off the bat, where we really need the histamine to not be causing chaos, where we really need it to be degrading in these end organs, it's not there. The DAO is not there. And meanwhile, it's floating around the rest of the body. So, you know, there's so many different ways that we can kind of just connect mycotoxins and mold. And like I said, I wish there was more data out there that was like, you know, randomized, placebo control trials, and all these things. But there's really a lot of wonderful animal literature that we really have to take the time to honor and learn from.

Beth O' Hara, FN
Yeah, and so it's this complex, it's not a single mechanism. It's just this complex interplay of all of these damaging events. And even in the mast cells, they have the toll-like receptors that respond to viruses, bacteria, but also molds, and candida. And then the mycotoxins are actually affecting a number of the various receptors, and then causing them to pump out inflammation to protect us. One of the other things that I think about a lot with mold is the types of enzymes that they release, the hydrolysis, the proteases, that when we think about mold growing on a piece of fruit, it's actually releasing those to get the nutrients out, and it's decomposing the fruit. And it does that in a microscopic level, in our systems, when it grows in us.

And that's why I think sometimes it, if somebody has things like Lyme, they have Epstein-Barr, and they have mold toxins, this is where these big trouble events happen, because now you've got the mold degrading the tissue and mast cells, where their role is to respond to injury. So they're gonna come on the scene to really try to stop that and protect it. But this is where people are getting these anaphylaxis events, having serious symptoms. What are some of the symptoms that you really look for when somebody comes into your practice to say, this person may have mycotoxin illness. And also, do they just have mycotoxins versus, mycotoxins and colonization versus allergy?

Lauren Tessier, ND
Yeah, so that's a great question, and thinking back to that little picture here, a lot of the symptoms are going to overlap. That's kind of, you know, the overlapping circle. So I can tell you what the most common symptoms are, and maybe how I work backwards from there. But I mean, hands down, the most common symptom is fatigue and brain fog. And that makes so much sense from, you know, the histamine receptors in the brain. So fatigue, brain fog. Kind of trickling down from that, a lot of neuroendocrine issues, a lot of hormonal issues. And then probably the next cluster that I see then happen is a lot of kind of immune system abnormality. You know, it's either the, I'm sick all the time, or I can only eat two foods because, you know, backing into a corner with hypersensitivity to everything. Another really, kind of on the same line, profound set of symptoms, is anything that really looks like multiple chemical sensitivity. That's kind of the other aha with my practice. So, you know, you wouldn't be surprised, but the traditional allergy picture of, you know, dry eyes and runny nose, I just, I don't see that a lot. It's more the like big histamine pictures that are coming in. One of the interesting things that I think

you'll really resonate with is this funky asthma picture, tell me if this sounds familiar to you. People will come in and they'll say, I think I have asthma. I went to the pulmonologist. I did a breath test. They told me that my breathing looked totally fine. There's nothing wrong with my lungs. There's nothing wrong with my heart. They sent me home with an inhaler, 'cause they said it doesn't look like asthma, it looks like asthma, it doesn't test like asthma, let's just treat it like asthma. The inhaler doesn't work. And it's this tightness in the chest, the shortness of breath, maybe even a little bit of a wet cough, it's never like a dry hacky, but the inhalers never touch it. And then lo and behold, you get them outta mold, and it's like totally changes, totally shifts the picture.

Beth O' Hara, FN
Absolutely, and it makes so much sense because we're, if somebody's exposed to mold, they're inhaling those mold toxins constantly, and they're gonna be an irritant. There's tons of mast cells in the lungs. I see a lot of also the nasal congestion, if there's colonization, that just has never responded, it's like, almost like low-grade chronic sinus infections, antibiotics they never respond to. And that's one of the things that, I try to be patient, 'cause I know this is all an evolution, but it irks me in that the studies are out there showing that something like 85% of all sinus infections are fungal, yet people are still being given rounds and rounds of antibiotics. And then that's throwing off the whole microbiome of the whole body. You throw that off, well now you're more vulnerable to fungus growing in your body anyway. So yeah, we're both on the same page here.

Lauren Tessier, ND
Yeah, it's interesting too, from that fungal perspective, 'cause, you know, we're told in school, antifungals equal bad, hurts the liver, bad, bad, bad, bad, bad. It's like, oh, I rarely actually see big increases in these liver enzyme shifts. And there's even data out there that says up to five times potentially the normal limit, or what's normal for someone's AST and ALT, is normal and fine. And there's even some antifungals that get metabolized more heavily by the kidneys and are less taxing to the liver. And then there's kind of the flip side where some of these are challenging to the heart, and no one's talking about it. So, you know, I think just like anything, there's a middle path and there's a time and place for everything, and yes, I mean, I've seen some amazing things where someone's had chronic neck and trapped pain, and we've done a nasal antifungal because there's been some concerns about what's happening in the sinuses. And a day after we start the nasal antifungal, that whole tension holding pattern in the neck is just like gone. You know, it's amazing. When a tool is used appropriately and at the right time, it can be great. But

for someone with Mast Cell Activation Syndrome, if they're not properly palliated, as you're working towards detoxing them, and then you put in a kill, which is gonna dump toxins into the body, you're gonna flare them, you know, you know that. And so I'm also really cautious about how we time antifungals with my clients. But there's definitely an appropriate time to use them. Yeah.

Beth O' Hara, FN
Yeah. It's about the order of operations, and would be a great place to go next, because there's so much stuff online about how to address mold now. There's a lot of resources, but what's out there isn't really targeted towards the sensitive people that we're seeing, that we're working with. The people that are struggling with food intolerances, that have the mast cell activation. And particularly people are being told, well, if you get a little bit of a reaction, just push through it.

Lauren Tessier, ND
Oh!

Beth O' Hara, FN
They're being given these like high dose glutathione, and really high dose intense, detox protocols. But what's happening is they're flooding their body with more toxins than they can excrete. So you talked about palliative. I don't know that everybody who's listening may know what that word means. Can you tell us how you start, 'cause there's a, I always say there's a thousand roads to Rome. It's finding the road that your body is going to be able to tolerate, and is gonna respect your body's needs. How do you start to work somebody who's really sensitive into the detox, and do that kind of prep you're referring to?

Lauren Tessier, ND
Yeah, and so I will say that I use glutathione in my practice, but for a lot of clients, there's an eight week, even up to three to four to six month prep, before we touch glutathione. I have seen it cause big issues. I've had people who come to me that have had an IV drip and they've had a horrible experience. A little clinical pearl I wanna throw in here for people is that, the connection between MCAS and glutathione, you know, oh, it's stimulating toxin release and it's circulating around the body. There's an actual thing that happens where glutathione, reduced glutathione, is involved in the production of leukotrienes, and leukotrienes are, of course you know this, are a inflammatory signal that happens in the lungs. And so you can actually push that leukotrienes

inflammation from giving someone glutathione. And if that, if you're not ready to break down the leukotrienes and kind of clear that out in the system and have all the pipes unclogged, so to speak, don't touch it. I just wanna wanna throw that out there. So, you know, when I'm working with people, there is an order of operations. Even when someone doesn't have MCAS, I am still treating everyone with my oven mitts on, so to speak. I'm very cautious in what I do. I'm never asking people to push through, God forbid. I'm always wanting to make sure that I support people. So, no matter who it is, you're getting, maybe call it like the pre-tox, the preset up to be able to handle detox.

But if you come in and you're someone who can't handle any foods, you have that whole severe histamine reaction, dermatographism, funky wonky rashes, all this stuff, like, and usually people will say, I'm reactive to everything. People know, you know who you are, you know. You know who you are. I listen to people and I take it at that face value, 'cause you exist in your body. So what then has to happen is this palliative care, and it's a bandaid. It's a bandaid as you're trying to get to the underlying cause. So, that's where a lot of, you know, the H1 and the H2 blockers and the avoidance, and all those things are really gonna come in. And then usually after that, if we're putting things into the body that are going to block the message coming from the mast cells, then usually we can get in there and do a little bit of work with people, and then start to kind of undermine that immune system dysfunction, like going out and slowly clearing out some of the toxins.

So that palliation, it's a bandaid, but it's a beautiful bandaid that can allow you to get the darn work done, you know. And, of course, I'm oversimplifying, you know, what I'm saying, and, you know, not gonna get too much into what things I use, 'cause it's gonna vary from different people, you know. Some different people are gonna need to have an herb to help this, but they can't do oxalates. And you're like, okay. And this person is gonna do this one, but they can't handle tyramine or herbs in the asteraceae family. So it really looks like quieting down histamine's message through any of your tools that the person can happen to tolerate. And then after that, that's when we start to do a little bit of the detox prep, not even the detox.

Beth O' Hara, FN
I love that, and that's the exact same approach that we take. And people, one will email me and say, practitioners particular, well, what's the protocol that you use? And I'm like, you have six months, 'cause it's gonna take me six months, like 40 hours a week, to talk you through. Like, you

know, I can't write that out because it's just what you're saying, then we have salicylates. And then we have people with so much nervous system dysregulation, they're gonna react no matter what's going in. Between the nervous system dysregulation, the mast activation, and the GI tracts, we've gotta settle that down just so they can handle anything. And then a lot of times our clients will ask me, well, when are we gonna detox? When are we gonna detox? Like, well, when your symptoms come down about 20 to 25%, like I need to see them come down at least that much, then we can start to tiptoe into it. Because if we start today, you're here employing those mycotoxins out of your tissues. Gonna bring you back up to here and you don't have any room to go up there. So, I love it, and it's really a breath of fresh air, 'cause not a lot of people are getting that, and how to work with sensitive people. And this is where so many sensitive people are stuck out there, trying to figure out what to do on their own.

Lauren Tessier, ND
And Beth, like, I pull my hair out at times. I'm always understanding when people are willing to move towards avoidance, but when people are sold on the fact that no, you can stay in your home and we'll just do glutathione drips and IVs, it's like oh, okay. And it's what people I think don't realize is sure, you're stirring up toxins out of storage, but you're also inhaling. So you're potentially getting a double whammy from stuff coming out of storage and stuff coming from the environment, if you're still in exposure. And so, you know, that's really one of the other cornerstones is, I will work with anyone, so long as they're moving towards understanding their avoidance and addressing that. And while that is the cornerstone to treatment, sometimes it doesn't happen successfully until six months in.

And people really need to come into a verbal contract, an agreement with me, and understanding that until you're out or in an improved situation, we're going to, you're going to be treading water, and your money is much well better spent on providing a safe environment for you to live in, than killing six months with me and having you tread water. Yes, I can help people, but, you know, when we clean up the environment and we remediate, just by the guise of remediation, you're forcefully cleaning the air, you're pulling out the mold issue, you're pulling out the water damage issue, and all the bacteria and other things that come with that. And then you're potentially, you know, pulling out old linoleum floor that could be releasing VOCs, and now you have a nice clean home. And so it's amazing, the double-edged positive sword that can happen with remediation. So avoidance is so key, but it's also the hardest part. It's really the hardest part.

Beth O' Hara, FN
It is the hardest part. I tell people we're gonna protect their bodies while they're getting them all cleaned up, and getting it handled. And it's remarkable. I've had people who really were down to five or two foods. They couldn't take any supplements whatsoever. They couldn't do breathing practices because the mold toxins, every time they try take a deep breath, were causing their, you know, chest to get tighter and they get more anxious trying to do breathing practices. And they finally get the mold cleaned up and it's like, oh my gosh, I can eat. I can start to take, they're not taking the high dose of supplements, but they can start to eat sprinkles of things now, and they can move forward. So it's huge. There were a couple other things we wanted to touch on. One is this common misunderstanding that the only way people have mold toxin illness, or mold illness, is if they're currently exposed. That's not true. Can you talk about that?

Lauren Tessier, ND
Yeah. I think one of the most powerful pieces of literature I ever read was regarding an autopsy, unfortunately. So after death study of children in developing nations who are eating mycotoxin contaminated grain. In this particular case, I think it was aflatoxin and ochratoxin. And they found these in all the high fat organs of the body after death. It was just shoved away there. So in the brain, so think about all of our neurocognitive stuff, folks. Your liver. That's where the detox is supposed to be happening. Instead we're stuffing things into there to put it away. And then your kidneys. Your kidneys have these beautiful liquid fat bags around them protecting them. And so these are really big reservoirs, because these things are lipid soluble. They're like stacking away in there. And so you could have a really severe exposure, and have these mycotoxins hiding in your body, and then maybe you have a little drip out here and a little drip out there as you go through the years. Having that continued little drip of exposure can be enough to piss off the immune system, excuse my language, for, you know, and cause that immune system chaos ongoing throughout the years. So yeah, I see it all the time. I see it all the time, for sure.

Beth O' Hara, FN
And I just wanna clarify for people, 'cause we have a lot of people who, as a result of their illnesses and their reactions have a lot of food fears. That while there are some mycotoxins in our Western food supply, in these developing countries like Africa and India, there's extremely high levels. And that's what you're looking at with those studies. So there's that one piece. And then these mycotoxins, whether we got it from food, like in the developing nations, or we were eating extremely high mycotoxin diet, or we got it from, you know, the old farmhouse that I grew up in

that had mold toxins all through the crawl space and the walls, or the school that we went to, that it had some flooding, or wherever it was, church basement or anything like that, that it can catch up with us 20, 30 years later. It doesn't, some of us don't detox well and don't remove those well. So they can sit in those tissues for quite some time.

Lauren Tessier, ND
Right. And then to top it off, those mycotoxins can also protect one another. So they can reduce the detox pathways through which other mycotoxins get processed. I see that all the time when I'm doing some mycotoxin testing. And one of the other things I wanted to throw out there is, you know, yes, in developing nations, they do have either, you know, some of them aren't tested, or they have really high upper limits, but I do have to speak from the heart and share that there have been a couple of mycotoxins in the U.S. food system that actually have higher legal allowable limits than some of our other foods, some of the other developing nations. You know, I could probably get that information to you at some point. Where I get that information in particular from is from the CAST, C-A-S-T, which kind of walks through all the mycotoxins in our food system, and it gives you a really nice run through. And, gosh, it was, I was pregnant, so it was a while ago. I think it was in 2018.

Beth O' Hara, FN
We can link to that in our resources page. So if you can send it, we'll put it at our resources page at mastcell360.com/summit.

Lauren Tessier, ND
But what I do wanna share with people is, this is the hard part, this is the hard part is that there's always going to be a threat of some sort, but you have control over how you react from the heart. There's always going to be a threat or a stress or something there, but really coming back to the self and figuring out at your core that you are okay and you are safe, and these things come and go and you don't have necessary control over them, is something that I feel like really does people a big favor. So instead of having it be a fear point of everything is a threat, it's how can we leverage this pain point into a growth point? How can we say like, sure, things are problematic, but you know what, I'm gonna do the best I can. I'm gonna take my binder on a regular basis. I'm going to wash my rice twice. Or, you know, like there's always a way that we can work to minimize and make things feel safer for us. And yeah, and food, it's, you don't wanna threaten food. You don't wanna jeopardize food the same way you don't wanna threaten and jeopardize

someone's living environment. You know, these are things that are integral to survival, and this really totally feeds into the limbic system discussion and the stress response. And I always try to bring people into a safe space where they realize that there's no dogmatism, there's no perfection in all of this. It's doing the best you can with what you have in the time you have. And you would be surprised how much traction you can get with that.

Beth O' Hara, FN
I love that, I absolutely love that. And one of the ways I think about it, I've gone through all of this myself and was just bedridden and horribly ill from mycotoxin illness, mold colonization, mold allergy, Lyme and Bartonella and Babesia, and Mast Cell Activation Syndrome. Couldn't work for a long period of time. And I'm very functional and great today, but I, you know, I take really good care of my health, and the way I think of it is that just like so many people that are listening to this, that we're the canaries in the coal mine. We're the ones that are waving the flags saying that, hey guys, we have a big problem in our world, and we need to change. And we are leading that change in terms of being examples of how we can live healthily. So we can think about it even as a term, as a way of advocacy. As a way of, we're learning these things so that, because these issues are gonna keep growing, they're gonna keep affecting more and more people, then we have even more people who can be teachers, whether they're practitioners, or it's, you know, you're teaching your neighbor how to do these things. We need all of us to learn how to do this so that we can live in a healthier world and be healthier.

Lauren Tessier, ND
And for the flip side, for those of us who have recovered, we were here, we're stepping up to the plate to expand the information, the knowledge. And if you're currently in recovery, focus on you, take the time for you, and when you feel better, you can put the energy to shout it to the rooftops. You know, you don't have to feel pressured to do the representation now. But I agree, I think that's the beautiful part is we're sharing the information. If you look at the ground swell of all the work that people put into getting Lyme recognized, we still have ways to go, but it's amazing how far it's come in the years. And I'm really, really hoping for that groundswell to really push with mold and mycotoxin exposure.

Beth O' Hara, FN
Well, I think it already is, and you're part of that movement. ICEAI's part of that movement. We're part of that movement. And what took me 15 years to figure out and do, people now can do in

two, three, four years, and get their lives back. Anything else you wanna, I love to leave people with hope. Anything else you wanna leave people in terms of, with hope, with recovery, with what they can expect in terms of recovering from, and addressing mold?

Lauren Tessier, ND
Yeah. It just goes back to that, keep your head up and find someone who resonates with you. It's really important to find your core group of people. And if the people around you aren't supporting you or understanding you, it's okay to educate as much as you can. And then at some point you might just hit a no, and that's less stress that you have to deal with. And then finding a provider that really resonates with you, whether it's me or Beth, or, you know, there's a handful, I won't say so many, but there's quite a few of us out here who are mold literate, and we're all hands on deck and we're all ready to help. And if you work with one physician and they don't resonate or they don't vibe with you, it's okay to go and find the place that fits for you. Not every physician is going to have the tool for you. And it might be at the wrong time or in the wrong order, like we were saying earlier.

So, you know, just keeping the hope in the heart is really, really, really important. It does amazing things for your sympathetic nervous system, parasympathetic nervous system, that vagal tone, you know. Just kind of bringing yourself back into your body and giving yourself the feeling of being safe is so important. And you can do it, but you also need to do it for yourself. And, you know, I have a lot of hope for that, and I also ask for people to orient to the positivity. There are a lot of big fears out there. Big, scary stories. And it's not that those shouldn't be honored, but you have to take the information from them, and you have to take what you can get from them. You have to take the little key part that might be helpful for you, and leave it at that doorstep.

You know, there's a lot of online communities that can be really overwhelming and like be too much, where it's, you have to throw away all your stuff or you have to burn the house down, or, you know, like don't keep that, that kept me sick for 30 years. Understand that all these people have a story that need to be honored, but they're not necessarily your story. It's a learning experience. Guard yourself, protect your heart, stay positive, and just know that every little bit of information that you learn can help uncover an issue that you might be bumping into. And so, yeah, it really goes back to finding that positivity in the heart and finding it with at least one person that you can walk through the process with.

Beth O' Hara, FN
I love that. How can people find you?

Lauren Tessier, ND
Sure, thank you. People can find me at my website "Life After Mold," and they can also find me on all social media platforms, Instagram, Facebook, TikTok, Pinterest, YouTube, all with the handle Life After Mold. And then I also have a opt-in on my website. It's a mold prevention 101, and it's a quick document, little mini ebook, that allows people to walk through their home and think about all the places where water could be an issue in their home. So it's kind of like a nice report card to walk through the home maybe quarterly, to just make sure that everything seems to be in the right position. So that's for free on the website, and yeah, you guys can say hi, reach out, and yeah, that's it.

Beth O' Hara, FN
That's a great resource, thank you so much for taking time outta your really busy schedule to be with us. It's an honor to have you, and just so appreciate your knowledge, your wisdom, and all of your sharing.

Lauren Tessier, ND
Well, I appreciate it very much. It's such an honor to be here, and I'm so excited to see the awareness of MCAS take off, and I'm so honored to have had some phenomenal teachers when it comes to it, so thank you.