

Reveal The Hidden Toxins Impacting Your Health

Jennifer Simmons, MD
with **Jessica Peatross, MD**



Jennifer Simmons, MD

Welcome back. It is Dr. Jenn. I am excited for our next guest, Dr. Jess Peatross. I just want to share her story with you. She is trained in internal medicine, and she worked as a hospitalist for seven years. At that time, she was able to observe cracks in the system, which motivated her to retrain, go to the Institute for Functional Medicine, and retrain as a functional medicine physician. Now her passion is uncovering medical mysteries. Dr. Peatross, I'm so delighted to have you here today.

Jessica Peatross, MD

Thank you so much for having me. Dr. Simmons, it is an honor.

Jennifer Simmons, MD

I know I told a little bit of your story, but I'm never going to do it justice. Can you share a little bit about your background and how you got into this space and led up to your work with cancer patients?

Jessica Peatross, MD

Of course. Well, I was board-certified in internal medicine, as you mentioned, and I worked in a hospital, as many people may not know what that is. It is a newer specialty in internal medicine. Now the doctors admit their patients to a specialty team at the hospital that does history and physicals, takes care of you, and consults as needed. I did that for almost seven years at different hospitals.

Jennifer Simmons, MD

Because most doctors do not admit patients to hospitals anymore, people like you take care of them, which I'm assuming is part of the breaks in the system that you saw, because the continuity of care is terrible.

Jessica Peatross, MD

It is terrible. Thank you for bringing that point up. I would be remiss not to mention that was part of the frustration because, as you start to see, it is almost like a revolving door of patients that come in, and you start to know them on a first-name basis every week. It is sad. They do not have anywhere else to go because this system is quite broken right now. But when I was working there, I saw just the breaks in the continuity of care. As you said, for example, the outpatient physicians do not have time to come to the hospital anymore. They're working all day, seeing patients in the clinic. Now they hire us to meet their patients in the hospital. The hospital now owns us as doctors there. We are their employees now. We answer to the hospital; that is another change as well: the doctors are not the bosses anymore within the hospital system. because of those.

Jennifer Simmons, MD

That is a whole other story for another day.

Jessica Peatross, MD

It is. Some issues made me feel and motivated me. As you said, I like that word you use, which motivated me to go elsewhere and get trained elsewhere. What I was looking for were root-cause answers for my patients. Within that system, you are, I guess, tied a bit, and you are not able to step outside the box and treat people differently if you will. I got fed up with the system. I saw Pepsi and Coke contracts in the hospital. I was discharging patients.

Jennifer Simmons, MD

That same experience. I remember when I was there; it was towards the end of my time as a surgeon. I remember getting an email from the chief medical officer of the hospital, excited that we had just signed a new contract with Pepsi. I was like, 'What are you talking about?' He's like, 'Why are you upset?'

Jessica Peatross, MD

Oh, well, it is something I do not know about.

Jennifer Simmons, MD

You cannot make this stuff up.

Jessica Peatross, MD

You can. I tell you, I do not know about you. I got maybe four or five hours of nutrition training outside of the essential 15. Yes, not very much. I would just go to school at the University of Louisville in Kentucky, which is if this is so, the epitome of nutrition. Sorry, guys, I love you in Kentucky. But, back then, no one cared about nutrition or health as much as we do now. We weren't, and that wasn't the foundation of our teaching in school. The doctors had a lot of them who hadn't connected it, and some of them still haven't. How food can change a person's health.

I remember I was at a coastal hospital, and I had a surgeon come up to me who said, "You think it is the food? My wife says it is the food." This was probably back in 2015.

Jennifer Simmons, MD

I was pretty forward-thinking then.

Jessica Peatross, MD

Not bad. You can see that these cracks started to form for me. I was also a hospitalist, which means I was discharging people. There are 30 or 40 different medications. How is that health?

Jennifer Simmons, MD

Unfortunately, we do not have a healthcare system. We have a sick healthcare system. The only way to get into the system is to get sick. No one goes to the doctor because they are healthy. No one goes to the hospital because they are healthy, and no one gets healthy in a doctor's office or gets healthy in a hospital. What you were doing as a hospitalist was, for all intents and purposes, just putting out that small fire. But it is raging, and you are putting out a small part of it, but the rest of it is raging, and there is nothing you can do about it because you see these people in such a short window. They are always in a little bit of congestive heart failure. Then you see them when it is exacerbated. You get them back to being in a little bit of heart failure. You're not getting them out of heart failure. That goes on and on and on. Was there something like a sentinel moment that you were like, I'm done?

Jessica Peatross, MD

Yes, there were. There was a. I would.

Jennifer Simmons, MD

I love to hear it.

Jessica Peatross, MD

At that moment, I was fed up. I was already questioning the system, questioning my colleagues. Do you guys see what I see? Does anyone have a problem with this? They just are like that cog in that wheel. I was just not okay; I cannot unsee it once I see it. A patient came in. I was admitting them from the emergency department, and they had that list of medications. We were just talking about 30 to 40 different medications. One of them was a proton pump inhibitor that they had been on for, I believe, eight years, eight, nine years. The package insert clearly says six months or one year. Why are we continually giving a band-aid to a patient rather than getting to the root cause? I wrote in the electronic medical record that the patient had been on it for eight years, and the package insert said this, and we needed to look at other alternatives. The primary care doctor who had put that patient on the proton pump inhibitor for eight years called the hospitals to complain about me because I had made them a liability at that point.

And I was just fed up with the politics and the system of it all because it's not what's okay for the person. It covers everyone. I just had to step out of it at that point. It was tugging at my heartstrings. They sent me down and said, Dr. Peatross, if you continue this, you will not be able to work for us. I said, "Okay, then I quit." I quit the system because I cannot continue to live in something that I see as somewhat unethical for a patient's long-term health. I wanted to get to the people before they went to the hospital; maybe they couldn't come back from stage four heart failure. I wanted to get them when they were younger and healthier so we could stop poor behavior patterns and lifestyle habits, which I thought then contributed to chronic disease.

Jennifer Simmons, MD

Why not. That was forward-thinking of you. It was. Because, at that time, people were not talking about this. I ended up leaving because I got sick and became a patient, and I was like, "-Oh, this system is broken. This does not work." That's why I went to the Institute for Functional Medicine. I went as a student to figure out how to heal myself.

Jessica Peatross, MD

Oh, my goodness. Your story is touching. What you have done is you have alkalis that you have taken the wound. The cracks are where the light enters. That's what happened to you?

Jennifer Simmons, MD

Yes, for sure. I know that that was my blessing, just like that person writing you up was your blessing. Because sometimes, like, we need a little Charlotte to walk out that door because it is hard to walk out that door. I was 50 years old when I left my surgical position. I was on top of the world, and I walked away. I have a friend who said to me, Let me get this straight. You're driving down the Audubon in your Porsche, you pull over, get out, and go and get into a Prius. I'm like, "Yes, that is pretty much how it feels."

Jessica Peatross, MD

Exactly.

Jennifer Simmons, MD

Then, you know what? I feel super great about the fact that I'm now driving a Prius. Like, it just fits. Before we move on, I do want to ask you: what is the average amount of time that hospitalists work as hospitalists? Because a number of my colleagues have stories that sound like yours, they have worked for seven years, and they are like, Yes, I'm done.

Jessica Peatross, MD

A lot. I cannot even tell you innumerable counts at this point because no one's tracking this; everyone would know how broken the system is. Probably these statistics came out: there is a high rate of burnout, and it is not you work week on, week off; it is just the week off. You're busy getting everything done. You did not have time to go during the week and are dreading going back.

Jennifer Simmons, MD

It is emotionally draining for you. It is not just the time at work; it is your mental energy, and it is your heart. It is your spirit because there is productive work and nonproductive work. You can work hard at productive work and remain energized. Because you are accomplishing something. Unfortunately, hospitalists experience a lot of nonproductive work because they never get anywhere.

Jessica Peatross, MD

Well, it is a lot of paperwork, which nobody goes to medical school to do. Lots of history and physicals and discharge paperwork and dictating instead of typing. Is it much? It is almost like a glorified triage nurse sometimes. The medicine reconciliations are pages long because that is how many medications our healthcare system puts people on. When you keep seeing the same people week to week, it is very unrewarding because most of us have good hearts and did go to medical school to get to the root cause of why people are ill. If your job does not let you get to the root cause—mentally, physically, politically, whatever it is—you are not doing what you signed up for.

Jennifer Simmons, MD

Let us talk about where you are now because it is very different from that place. I discovered you on Instagram because, as you talk about toxicities and I have said time and time again, when people do associate breast cancer with being a genetic disease, I will hold fast and go out of this world saying the same thing. Our genes may load the gun, but the environment pulls the trigger. That is not my term. Someone else coined that term. I do not even remember who coined that term. But inevitably, this is true. Even in the breakup population, even in the people that have mutations that we know are associated with a high prevalence of breast cancer, it is still not 100%. There is something else in play, and that something else is the environment and even the broken mutation population we are talking about, which is like 5%. The vast majority of breast cancers occur in people who do not necessarily have a genetic proclivity. I do want to talk to you about when we see breast cancer in families and people say, Oh, well, it must be genetic because everyone in my family has it. They do not think about the fact that everyone in that family lives in the same environment. They think the same way. They eat the same way, they are exposed to the same things, and they completely discount that. Let us dove in. Let us talk about the environment, and what's happening in the environment like mold, like these causes of metals, like these causes of chronic, indolent inflammation that are leading people down the road to breast cancer.

Jessica Peatross, MD

Preach it. I feel like I'm a church.

Jennifer Simmons, MD

Father.

Jessica Peatross, MD

Yes, am I? Keep going; I cannot tell you. I do not know why I keep pausing here. Sorry about that.

Jennifer Simmons, MD

I do not know why I would not. It is.

Jessica Peatross, MD

It has been taught and hardwired into us at this point that it is in our genes. It is in our genes, or there is just no reason for it.

Jennifer Simmons, MD

Do you want my opinion on why?

Jessica Peatross, MD

Please, what is the reason?

Jennifer Simmons, MD

That it absolves people from having to participate in their health. It almost makes the doctors feel better, too, because if the treatment does not work, it is no one's fault. After all, it is genetic. It is a horrible thought. I know, but I do believe that is where it is because we have a problem as a society with taking responsibility. I am not blaming the victim. This is not about blame or shame, but we are creating this system where we are told that we are helpless and that we are destined. As far as I'm concerned, it is not true. I am living proof of that. I overcame an illness that I was told would never be reversed. Here I am, healthy as a horse.

Jessica Peatross, MD

That snaps and that's amazing. I do think that part of it is that you wonder why the doctors are not stepping up. But it is that many of us are going to have to admit we paid a lot for an education that did not quite tell us the whole truth because it was connected to corporations. That's a hard pill to swallow, and it cost us a lot of money. For people out there, I do. I want to echo what you said about epigenetics and the environment's ability to trigger genetic changes or the way genes express themselves. Let me clarify myself. You know what? Genes can be upregulated, downregulated, turned on, or off. Just because you have the gene does not mean it is expressing itself in the negative way you might think it is. We've always been taught that once genes are epigenetically changed, they cannot be changed positively. It is difficult in such a toxic environment, but it is possible. Many things we've also learned can change epigenetically. Our DNA is trauma. Someone who has had a lot of adverse childhood events has a high risk of hospitalization with autoimmunity and, in my opinion, cancer, too. That study hasn't been done, but we can relate that to a lot of cancer cases as well.

Jennifer Simmons, MD

We just look at the percentage of breast cancer patients that present with early disease. 30% of them have trauma in their background. When we look at the metastatic population, 80% of them have trauma in their background. Though I cannot say that it is causative, it is more than a coincidence.

Jessica Peatross, MD

Two completely. I love that you had those stats. Thank you. Because that adds a big wow factor to the point I'm trying to drive home here, which is, you have to look at toxins and trauma. Those are the things that have been shown in the studies, even the published studies. Even people who have experienced a lot of childhood trauma have extra methylation tags on their DNA, which can change the way neurotransmitters and neuropeptides are released from the body. That is the basis and foundation of your hormones and the scaffolding of your personality.

Jennifer Simmons, MD

Can you just describe a little bit what you mean by methylation tags?

Jessica Peatross, MD

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

Jennifer Simmons, MD

It is like turning on or off. Methylation is the process that switches your genes. Sometimes it says, Okay, it is time to turn on and other times it says it is time to turn off.

Jessica Peatross, MD

Correct. For example, a neurotransmitter that is sometimes important in mental illness is dopamine. If we get dopamine hits when we get on Instagram and scroll. The dopamine we get with lights that make the real world seem dull—that is when you know your dopamine levels are off, and you know this can happen even in adverse events in childhood. A gene can be upregulated; let us see, one for dopamine. You're more dopamine. The upregulation can be more like obsessive-compulsive disorder, or OCD, or it can be down.

Jennifer Simmons, MD

Even just anxiety.

Jessica Peatross, MD

You have to think about those COMT genes that make people anxious. Some of the different MTHFR as well. These can be due to some in some part, according to the science trauma. We know toxins can epigenetically change the way our genes express themselves, too. You brought up some of my specialties, like mold and Lyme and things like that. Let us talk about mold and

water damage in buildings. First and foremost, there is research that shows upwards of 40 to 50% of current homes have some water damage or airflow problems. Up to 80% of homes have had previous water damage. That's quite a bit, and in my opinion, the real problem is that we are building by nature's laws. In nature, there is a lot of airflow that naturally keeps mold growth in check. Now we have these energy-efficient homes where there is poor airflow.

Jennifer Simmons, MD

They are sealed.

Jessica Peatross, MD

It is like a little hot box. It is certainly the perfect place for mold to grow. On top of that, what happens when some of these toxic doc, adhesives, and paints get wet? They attract mold growth. What is more due to the environment? It digests organic waste. It stops bacterial growth in a petri dish. That's how it was discovered. It is where penicillin comes from. We know it kills bacteria; it is probably there digesting organic waste and some of our volatile organic compounds that attract bacteria, which attract mold growth, especially if it gets wet and there is no airflow for it to air out properly. People do not understand the negative impact on our health because this has not been taught in medical schools.

The doctors do not understand it at that level, and the studies are just now starting to be published. This is a fairly new area of science, and I have to thank Dr. Ritchie Shoemaker, who's done a lot of the research on water-damaged buildings. According to his newer research, it is not even mold. That is the real problem. It is a gram-positive bacteria called actin in my studies, then gram-negative and toxic bacteria, and then mold. So, there are a couple of mold species that I do want to talk about with people that you need to look out for. One is Zearalenone. It is a known estrogen mimic, or it is known in all the animal studies in agriculture. The farmer will feed certain binders to the cattle because they know that the hay grows mold, which is estrogenic. Anything that is estrogenic in nature or an endocrine disruptor can disrupt our hormones, like estrogen. It looks very much like the structure or molecule of estrogen. It can bind to some of the receptors, disrupting our hormones. In animal studies, there were piglets born with an enlarged clitoris, for example, and it leans towards breast cancer for those reasons as well. We know that this is very estrogenic. The second most estrogenic species of mold is ochratoxin.

Jennifer Simmons, MD

Where do you see this? Do you pronounce it? Zearalenone.

Jessica Peatross, MD

Zearalenone is a mycotoxin, which is a spore. This spore is what the mold produces, and it is from the family Fusarium.

Jennifer Simmons, MD

But where would people encounter it?

Jessica Peatross, MD

Water-damaged homes, for example, can grow seasoned mold. You can find it in some foods that grow mold. Things like dairy, coffee, and chocolate.

Jennifer Simmons, MD

As I drink my coffee, except that it is mold-free coffee.

Jessica Peatross, MD

Wonderful. There you go. There are tricks of the trade for you guys; know about these things. You can find water-damaged homes in foods, and I've even seen people who've had water damage in their cars, as in and even sometimes in their newer homes, that have an airflow problem, that can be sensitive people can react to this.

Jennifer Simmons, MD

Can you talk a little bit about those sensitive people? I see this all the time when they will be a family of four and one person has headaches, rashes, cannot sleep, is anxious, and all of this, and the other three people in the home are fine. They tell one person that they are crazy all the time. On and on it goes. It turns out that there is mold in the house, one person is affected, and the other three are tiny.

Jessica Peatross, MD

That is a perfect description of what happens. Perfect description. Please, you guys, you are listening. Do not gaslight these family members of yours. They may have a different genetic haplotype than you do. What that means is that it is a little tag on some of your immune cells that determines how well your body's immune cells recognize foreign proteins in the body or pathogens. If you have a genetic haplotype called HLA-DR, which is about 20% of the population, or if your body does not do as good a job recognizing mold spores and even Lyme proteins and other protein pathogen proteins, these people are more susceptible to chronic inflammatory response syndrome or biotoxin illness, which is a mix of Lyme and mold. They are the same canaries in the coal mine that react to breast implants and get breast implant illness.

Jennifer Simmons, MD

Wow. I had never heard that part before. I heard that the HLA-DR. haplotype was 25% of the population.

Jessica Peatross, MD

It is the part where what I've seen is 22 to 23. I would say 25 sounds even more correct to me because I've seen many people react to a home or a place; even children who are potty trained will start bedwetting again or get a diagnosis of asthma. Then we say things like, Oh, they grew out of it. We moved. It is the whole thing when we do not even pinpoint it, but we do not think about it.

Jennifer Simmons, MD

But I can walk into any space and tell you in a second if there is mold there.

Jessica Peatross, MD

Have you had your genetic haplotype checked?

Jennifer Simmons, MD

Yes, is it the HLA D.R. haplotype? Is that the reason why we see mold and Lyme together all the time?

Jessica Peatross, MD

Well, I have, I will tell you that mold is present in water-damaged buildings. You may not have HLA-DR, but if you live in it long enough, chronically, it can shoot away at your house. Then let us say you have some trauma or stressor that occurs, and that can be the perfect recipe that can equal, somehow, your body's expressing chronic illness. I do not want to say this, but just this one type of genetic haplotype is going to get people sick. But yes, for the most part, these are the people that I see that are sick once they move out of the water-damaged house; they need assistance after that. Right now, that canary is in the coal mine, and they get what they do.

They're the people who smell the water damage. They're the people who, in evolutionary time, said, Hey, do not drink that water. It made me sick. The warrior genotypes go, okay, we did not realize that because we did not react. It is still hurting our lives and protecting us from feeling poorly. That's the difference. The canaries in the coal mines and the ones telling us, Hey, there is a toxic society out there and every act and everything. It is not my body. It is the Tide detergent in the laundry aisle. It is the mold; it is the new adhesives and new paint in this new building. All these things are good for all of us. It is what can help us.

Jennifer Simmons, MD

For that reason, because many compounds act like estrogens and hormone disruptors. The problem is that they do look like estrogen, but they are not exactly like estrogen. Estrogen has a certain shape and sits on the estrogen receptor. When it is done, it dissociates. But these things have a little different shape. They sit on that estrogen receptor, but then they get stuck. They're just stimulating. That's where people get into trouble. When we break them down, we do not break them down through that. There are three different ways that we break down our estrogen: there is the two pathway, there is the 16 pathway, and there is the four pathway. The four pathways lead to all of these toxic intermediaries. All of those are going down the four pathways. It is like they start bad and then they get worse.

Jessica Peatross, MD

Exactly. You guys do not want to be going down that pathway. It is not; it does not bode well. There are ways to get out of it, even natural ways and lifestyle ways like we are mentioning. One

of them is: do not drink of plastic. Because no hard plastic is bad for your health. This is why, and the way I love how you describe that with the receptor and estrogen, it is almost like, guys, have you had the wrong key, but it fits in the door and you cannot get it out? It is jam. That's what these are like.

Jennifer Simmons, MD

That's exactly what's happening. Okay, we started to talk about ochratoxin. I see that one probably the most out of all of the mold panels that I run; I see ochratoxin the most. Is it pretty ubiquitous?

Jessica Peatross, MD

You'll see that one quite a bit. That one and apotoxin is something I see the most. Now and then, you will see a mix of things, like citrinin and mycophenolic acid is another one I see a lot of. Ochratoxins are pretty ubiquitous. It is one of the more common ones, and it can come from several different sources, like mycotoxin and several different types of mold. Aspergillus can make it. That's a common black mold that we see, and even penicillin can make it. Those are two of the most common types of mold that make the same mycotoxin, which is ochratoxin.

Jennifer Simmons, MD

It is a group of people who had mold exposure years ago, and they are still sick. What is happening there?

Jessica Peatross, MD

I describe mold as the igniter of all diseases. That is because if you look at what it can do in the brain and the hypothalamus, it can affect many different neuropeptides. The way we excrete neurotransmitters and endorphins and everything—is the OG of cytokine storms, if I may say. She causes cytokine storms. It is literally what it does in the body, in the end, though, you know, dendritic and matching her macrophages in presenting cells that you know one side of the immune system is signaling there is a problem. On the other side, the immune system cannot see it. One is hope. When that happens, the immune system is out of homeostasis; it is out of balance. You're at risk for many other things. All you need is a couple of traumas. Maybe you will go through a divorce. Then, on top of that, you get bit by a tick, or you go somewhere, you get food poisoning, and these things keep piling up. I say these are toxins in someone's toxin bucket. Once you are overflowing, the body, out of homeostasis, then chronic disease sets in.

Jennifer Simmons, MD

This is what I'm seeing in my breast cancer practice: people do not know that they have a mild illness. They know they do not feel well. They know that they do not feel. They're made to feel crazy by the rest of their family. They're made to feel crazy by their doctor. All your labs are normal. Then some trauma happens. They move, they get a divorce, and there is a death in the family. They have to care for a sick parent or, God forbid, a child or something like that. All of a sudden, they are sitting in my office with breast cancer, because it is like that chronic

inflammation that has been happening for years because they have had mold exposure, and it is still going on in their body. Because unless you do something to intervene, that mold isn't going anywhere. We become factories for the mold.

Jessica Peatross, MD

Well, mold is lipophilic, which means it loves adipose tissue. It loves what they found in animal studies, in animals, and the bile in China. We think it is pretty bile-loving. We know it is lengthy and fascia-loving. It likes adipose tissue like the brain as well. Once things are lipophilic, they tend to stay in the body longer, and they will be broken down. especially if people have a genetic tendency to not be able to recognize the mold spores, then there is a double whammy there. and especially there is trauma. You're not breathing properly. The lymphatic system stagnates. It does not have a pump like the heart. It only has a diaphragm that works with breath. If you are living in mold, you are taking shallow breaths. If you are having anxiety and you are taking shallow breaths, there are many reasons people hold on to mold spores, and I do not think we can count them all. But yes, you are correct. Unfortunately, if their drainage pathways are not open, meaning they are not sweating or pooping, and the liver is not functioning, how are they going to release these spores?

Jennifer Simmons, MD

Another issue in this population is that they do have this underlying anxiety, and they do not sleep well. If you are not sleeping, you are not healing, because sleep is where healing happens the most. That is a huge issue for these people.

Jessica Peatross, MD

The way mold works as well is that it lowers melanocyte-stimulating hormone and melatonin from the brain down. The production of melatonin takes place too. The cytokine storm does affect their sleep patterns, their ability to get into REM and deep sleep, and their ability to heal, as you just mentioned, for sure.

Jennifer Simmons, MD

Okay. We want this to be practical for people. if someone suspects that they have mold illness because what I say is that, once you have gotten a breast cancer diagnosis, you have to deal with the breast cancer, and that is fine. But the more important thing is to figure out why you got breast cancer. Get to the root cause and deal with that. Because unless you do that, what is to stop breast cancer from coming back? Or worse yet, because a lot of the time we do a good job at delaying the recurrence of breast cancer. But what's to stop the next manifestation of inflammation, which for the vast majority of women is heart disease? Heart disease dwarfs breast cancer in killing women. Most women die of heart disease, or heart disease, exponentially more than breast cancer. Unless you figure out what got you your breast cancer diagnosis, you are not changing the trajectory of your health. Because what we need to talk about is not whether or not breast cancer came back. What we need to talk about is survival.

Jessica Peatross, MD

That's right.

Jennifer Simmons, MD

What should someone look for? What should someone do, and how do they go about remediating?

Jessica Peatross, MD

If you suspect that you are in a water-damaged home, there are many different things you can do. If you have the ability and the funds, my recommended route would be to test your body and your home. That way, whatever mycotoxins come up on both tests, you can compare them to see if they are in the current place you are living in. It is important to make sure it is relevant to your chronic health process. What I like to do is use the ERMI Test Environmental Relative Moldiness Index test, which is a test developed by the Environmental Protection Agency. Most of the people that you hire to come to your house are not going to understand the veteran detriment of water damage and do not understand that everything porous has to be cut out of the home.

I recommend doing it. Do it your do it yourself at home. ERMI Test by EnviroBionics: in the E.N.V.I.R.O.B.I.O.N.I.C.S., it is a silly name, EnviroBionics. Then that test looks for gram-negative and gram-positive bacteria and mold in a water-damaged house, which is what I recommend for full health. And then you guys can do a urine test, I like Vibrant Labs and their technology. They look for the most species of mold as well, and they do a mycotoxin test. But it is the dropship test and urine test that you can use at home. There are also other blood tests and things that get a little bit more expensive but look for chronic inflammatory response syndrome, which is the worst version of water-damaged home syndrome, our water-damaged building syndrome, or sick building syndrome. Finally, remediation is a topic that no one wants to breach because everyone loves their home and does not want to think that it's what's making them sick. It is very expensive. That's because everything poor has to be cut out. Any porous furniture must be thrown out because mold spores can be embedded in furniture, drapes, carpets, and even flooring and things below the flooring, under the baseboards. Everything porous has to be cut out, which can cost some people thousands of dollars. I recommend someone who is in the mold space and understands the detriments to people's overall health. Don't just say get someone who just does remediation because they will not know how to do it properly.

Jennifer Simmons, MD

Then you have to retest.

Jessica Peatross, MD

Please retest, guys, and your canaries in the coal mine will probably know pretty quickly, but yes, everyone needs to retest just to be certain. It is important to look at why this happens, whether it is cancer, autoimmunity, or what you were diagnosed with. Sometimes this can be a gift for you

to change your life and actualize it. That is something more beautiful. Because once you fall ill and you figure out the root cause and the reason why, no one can tell you about your health. You become the educator. You become the expert.

Jennifer Simmons, MD

I always say, No one can be the hero of your story but you. If someone does take that Vibrant Wellness Test and they do have mold, what then? What does someone do? How do you eliminate this from your body? We understand that there are remediations that you do on your own. If you do that with the mold, will it just go away in your body, or do you have to do something to treat yourself?

Jessica Peatross, MD

Or some people? For me, for example, I have a warrior genotype. When I did 23 in me back in the day, it said at the Top Warrior Genotype. That's why I do not compare my health to anyone else because I know I feel better than other people. For me, with my genotype, that might happen. But for many other people, that would not be the case. They would need a little bit of tuning up in their bodies if you will, and perhaps detox. I'll just describe some practical things that will make logical sense to anyone listening. If I gave you guys a magic pill that fixed all your chronic health problems, what would happen to that pill? Once it was done working, it would still have to go through your liver or kidneys to be released and eliminated from the body. Therefore, if your liver and kidneys are not functioning at peak performance, then it is not good for anyone. Don't tell me you should have a liver and kidneys. You do not need to detox. How about non-alcoholic fatty liver disease?

That's from aflatoxin. That is from Mercury. It is made from high-fructose corn syrup. That's something you can change. Chronic kidney disease, a treatment for acute and chronic kidney disease, can be from mold, oak, toxic glyphosate, or pesticides. You guys have open drainage, which means I need you to sweat. If you do not sweat, that is not good. You can release heavy metals in sweat; you should be sweating within 10 minutes of us in a sauna. You should be pooping 2 to 3 times a day. You should not have ragged edges and fall apart in the toilet. That indicates inflammation. It should be well-formed. It should not be hard, either. You should not have to push it out to be constipated. That indicates a problem for guys. You can see I normalize talking about poop that needs to be talked about. Your liver—what's your liver process? Are alcohol and caffeine. Do you have hangovers for days? You get like a tweaker. If you drink too much caffeine, you need to keep a drink diary. That's the liver problem. Even if you have genes that tend to slow metabolize, this can be changed because they are epigenetic, even if it is the liver's job to break glycogen down into glucose to sustain your blood sugars. If you cannot fast and get hungry, it is a problem with the liver. You screen people this way. If all these things are working properly, you guys, then you should be able to release mold spores better.

Jennifer Simmons, MD

And to be clear: when you are talking about fasting, you are not talking about three days; you are talking about four hours. If you cannot go for 4 hours without food, you are in trouble. I want to back up for a second and talk about how you said you should be sweating within 10 minutes of being in a sauna. If you're not, what's happening there?

Jessica Peatross, MD

There are a lot of different things. It is a length in a mitochondrial problem that has mitochondria, which are in every cell. If you guys remember from Biology 101, there is a little powerhouse that makes ATP. They're in every cell that has red blood cells. ATP equals heat. The lymph is already a problem. The lymphatic system is stagnant. If you cannot sweat very well or do not move very much, you may have a problem sweating. That's lymphatics as well. It is very important to move our bodies to get out in the sun first thing in the morning to get that red light, or, if you are not sweating, working out, or moving your body, get a sauna first. If you have problems sweating at 120 or 530 degrees, then in under ten or 15 minutes, that is a problem.

It shows that there needs to be a tuneup. Getting in a sauna three to four times a week for 30 minutes will trigger that system to open over time. If you are having reactions like your heart rate going up, you feel like you might pass out. Start with 5 minutes and add a couple of minutes each week. You go slow because your body can acclimate. The reason sauna is important is that it helps misfolded proteins in the body refold into proper formation again, which is one of the problems with things like Alzheimer's and other chronic diseases. This is giving your body. It is a stressor. Let your body find order out of chaos again.

Jennifer Simmons, MD

I love it. Okay. We talked about sweating, which is both exercise and sauna, and we talked about pooping two to three times a day. These should be well-formed. If you are not pooping, you are essentially not eliminating your toxins, and they are just being reabsorbed. They're just coming back into circulation if you are not pooping. If you are not, what are your recommendations to people who are not pooping two to three times a day? Because there are so many people, you cannot ask them if they are regular because they all say yes. Then you ask them how many times they go to the bathroom, and they are like, I do not know, like once or twice a week.

Jessica Peatross, MD

Yes, it is crazy.

Jennifer Simmons, MD

I know.

Jessica Peatross, MD

It is like boy, do you have brain fog? I bet you do. so. If you do not go very often, there are a couple of things that you need to look at. First of all, you need to be hydrated. You should be drinking

half your body weight in ounces of clean, filtered water every day. The next biggest one I see is that most people—95% of people—are stuck in flight or fight or tagged in a slight sympathetic overdrive. That is the opposite of resting and digesting. You'll hold on to things and not be able to release them because you cannot relax, which is another reason why you cannot sleep, guys. It is hard to pull that roulette back in if you live in a big city. I'll say that about most people. The other reason is that people have infections or toxicities in the gut. Things like small, small intestinal bacterial overgrowth parasites, which are more common than people think, even SIFO small intestinal fungal overgrowth from mold and Candida. these things will cause people digestive issues and constipation at times, too.

Jennifer Simmons, MD

We talked about that. We talked about fasting, and what else should people be thinking about in terms of detoxification. The kidneys come into play.

Jessica Peatross, MD

For sure, it is all about hydration. I like to do things mostly holistically now. Dandelion, stinging nettles, and parsley are lovely for the kidneys, and even overnight infusions with some of these herbs are wonderful for the kidneys. Chinese medicine holds the fear that adrenals sit on top of them as well and produce adrenaline. There is something to it. If you are in fear, you may have kidney issues as well, and then you deliver a big one. It is the problem child for most people. We understand that the liver is the one that needs a lot of detoxing. Some herbs are good for the liver, like dandelion and chintan. It likes bitter herbs as well.

The bitter pathway helps bile, as does the liver pathway. then the big one, which is the most overlooked drainage pathway, the lymphatic pathway. It is most important for cancer as well. We are stagnant a lot because we do not breathe properly. As I mentioned, the lymphatic system moves through movement, through bowels, and it has a diaphragm that serves as the pump, but it does not have a heart like the circulatory system. You need movement and breath to move it. The system is a piezoelectric network with a partial system that connects every organ and structure in the body and communicates the smart structure, which is like a shock absorber, to the body. It holds a lot of water and hormones. For that reason, it is often overlooked. A lot of people need manual manipulation. They need to get into the parasympathetic mode, which is achieved by myofascial release with breathwork, which is my favorite modality for the lymphatic system. There is a machine called the Flowpresso machine, which is the best machine I've ever seen created for the lymphatic system. I dare people not to cry or fall asleep in it.

Jennifer Simmons, MD

Tell me about this machine, because I do not know it.

Jessica Peatross, MD

My friend Desiree De Spong who is in New Zealand, and her partner Kelly Kennedy created this design for this machine. It is like it looks like a mission-man suit. But with the floaties, the kids

wear on the hood, on the legs, and on the torso, the only thing that is out is your head. You're all strapped in, and they turn it on. It has a slight infrared heat, and it is in my microcirculatory EMF. then it squeezes from the ankles up, from the arms up to the heart, the thoracic valves here. It works with breath. It is like 40 minutes, and it is amazing.

Jennifer Simmons, MD

What's it called, again?

Jessica Peatross, MD

The Flowpresso.

Jennifer Simmons, MD

Wow.

Jessica Peatross, MD

It is amazing.

Jennifer Simmons, MD

I am excited about this.

Jessica Peatross, MD

You can find practitioners in your area who have one, and they only sell to practitioners. But after all of these things, I realized, How are you going to heal if you cannot get into parasympathetic mode? You cannot get into deep sleep. Your organs, hormones, and everything else are released and work completely differently if you are imbalanced into fight or flight. It has become such a big part of my education. Now to talk about that with people, because many of us have, even in our training as medical doctors, been taught to react to everything and be first responders as soon as that pager goes off.

Jennifer Simmons, MD

We do not talk about this anymore. But the bottom line is that, from an evolutionary standpoint, we are not designed to spend large amounts of time or extended amounts of time in the sympathetic state. It is just to think about what we did. You came out of the cave in the morning, and you encountered a saber-tooth tiger. You get this sympathetic rush. You get cortisol, which shuts off your brain, sends all your blood glucose to your muscles, and enables you to either run away from the tiger or get eaten. But you were not meant to run from the tiger for three hours, three weeks, or three months. Fast forward to today, and we spend most of our time in that sympathetic state. We're rushing and rushing and rushing and feeling every moment of every day. We're late, and we are taking phone calls, having meetings, and dealing with difficult people. We are not in a parasympathetic state. It is no wonder that we are sick. It is no wonder that we are suffering. It is no wonder that we are not healing because we are not in a position to heal. We're stuck.

Jessica Peatross, MD

That's why part of my prescription for people is that somehow, if you cannot mitigate your stress, we have to mitigate your perception of stress, and we have to get you back into balance in the parasympathetic state. I have to have you be able to glitch out on the table during a massage or myofascial release because that is truly when healing takes place. That's my prescription for a lot of people: to find your joy and to balance your day.

Jennifer Simmons, MD

I know we talked about detoxification and things like that. Some people need more. For those people, I recommend that they work with a mold specialist because some things do help them. There are binders, and there are antifungals, but it should be done in a supervised manner.

Jessica Peatross, MD

For sure. For those people who are on the severe end of the spectrum. Cholestyramin, I'm not a fan of it; it binds too many nutrients and only works with toxins, but I work with other binders that can make acids and other things and just work with people's environments. I can get most people out of that using holistic means. But yes, some people need more of the VIP spray and the Cholestyramin because there is so little.

Jennifer Simmons, MD

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

Jessica Peatross, MD

It affects their overall immune system and the way they are sometimes imbalanced. They are just what I call, in layperson's terms, just sitting ducks for other things like viruses, Lyme disease, and things like that.

Jennifer Simmons, MD

The vast majority of people who come to see me with a breast cancer diagnosis, whether it is new or happened last year, two years ago, or five years ago, are still walking around with white counts in the threes, and their doctors are telling them that it is fine, right on the line of fine. I know that I'm going to uncover something there. It is either going to be mold, it is going to be Lyme, or it is going to be metal, but it is going to be something because it is just not normal to have a white count that low.

Jessica Peatross, MD

I'm sure that, part of the reason that I did not like our system, too, is that we do not have enough time to speak to patients about their full history to figure out what's going on. A lot of times, and so, with someone like that, I'm sure that if we had the time to sit down and talk to them, we would see that they have probably difficulty with word-finding, brain fog, or other digestive

issues that lean towards a downhill crawl towards chronic illness and things like cancer. It is taking the time to ask the right questions of people, and how they feel about their bodies will tell you the answer. especially with a low white count like that, where it is neutrophils and lymphocytes that fight bacteria and viruses. Depending on how you categorize them out there, you can find out if you ask the right questions.

Jennifer Simmons, MD

I just want to sum it up, but I want to first thank the people who are listening. They're listening because they have a breast cancer diagnosis and breast cancer diagnoses do not travel alone. It is always breast cancer and. Even if the people do not know there are and. It is always breast cancer. I cannot tell you how many people come to me, and they are like, I hope I'm healthy, except I have breast cancer. There is a total disconnect. That disconnect is very real because our medical system does not know what it means to be healthy. We think that health is the absence of disease. It is no wonder that people think they are healthy until they get a breast cancer diagnosis. Everyone listening to this has a breast cancer diagnosis. Most people haven't done that exploration. They haven't figured out why. For the people who are now going to be thinking about it, what kinds of symptoms would lead you to think that someone has a mold illness? Like what? What are the light bulbs for you that people can start to clue into? Oh, well, maybe that is what's happening with me.

Jessica Peatross, MD

Exactly. Well, for women, what I hear from women is that there is weight gain and their hormones; their cycles start to be apparent all over the place, or the change may be heavier, which could indicate estrogen dominance. I hear that from a lot of women. The other general symptoms include things like shortness of breath or a new asthma diagnosis, tingling static shocks in the legs and arms, maybe heart palpitations, insomnia, and the inability to hold the urine at night due to anti-diuretic hormone deficiency. They may also have brain fog and neurologic symptoms; even some depression and anxiety can stem from this, and it all depends on the person's genes and how the cytokine storm affects them. Those are many of the symptoms that people will complain about, especially since you just moved. You're worse after it rains. You get better on vacation. These are symptoms that, hey, the location in your environment may be playing a role, and please get endocrine disruptors out of your house. Household laundry detergent and fabric softener are some of the worst things out there. makeup is different just household cleaners in general guys, you would not believe how these can affect your hormones and be the ones that bind and then do not release. As Dr. Simmons just mentioned earlier.

Jennifer Simmons, MD

Great. I just want to go over and review what we talked about today. We talked about how trauma can change your DNA. How, 50% of workplaces and 80% of homes have had previous water damage, which is scary in terms of a statistic.

Jessica Peatross, MD

40% of previous homes had previous water damage, and 80, or, I'm sorry, 40% of previous homes had current water damage, and 80% had previous water damage. But I'm scared to know how many schools, military, or government buildings there are.

Jennifer Simmons, MD

Well, and I do see, like, people come to me and say, I'm the third person at my school to be diagnosed with breast cancer. I'm certain that it has to do with that environment.

Jessica Peatross, MD

There is a documentary on Amazon, which I believe was Amazon Prime called Sick School, Sick School. It was about an intermediary school in Long Island that is next to a landfill and lands up where they were producing toxic bacteria, which is what we found in some of the water-damaged homes as well as mold growing there. The kids would say, it stinks; shut the windows. They were all diagnosed with autoimmune conditions. There were 30 teachers with breast cancer or some cancer.

Jennifer Simmons, MD

Oh, my goodness. That's horrible to hear. We are seeing this water damage in our homes because there is not a lot of circulation and we are sealed off. I do tell people to open their windows as much as they can and get fresh air because it is important to think about the way that homes used to be built. There were no windows. There were cutout spaces for the air to move in and out. Our ancestors were pretty smart. We just got dumber along the way.

Jessica Peatross, MD

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

Jennifer Simmons, MD

The places where we encounter mold are our homes. But there are foods that we can get mold from, like dairy, coffee, and chocolate, and some of the animals that we consume have mold in them from their diet and what they are exposed to. There are different haplotypes, which is why some people are more affected by mold than others. The HLA-DR haplotype affects around 23% of the population. Those people will struggle with mold, Lyme, biotoxin illness, and breast implant illness, and they are the canaries in the coal mine. Those are the people who are telling us that we have an issue in our environment and that they are being adversely affected by it. There are things that we can do like deplasticize our lives, do not drink out of plastic, do not store in plastic, do not cook in plastic, and do not use nonstick. Be mindful of the products that you are using because many of them are endocrine disruptors. They resemble estrogen, but not in the way that our endogenous estrogen does. They are a little different but different enough to be harmful. Then we did talk about if you believe that you are affected by mold illness, that you

should test your body and test your home. You can test your home with an ERMI test via Envirobionics. Yes, I'll get that.

Jessica Peatross, MD

EnviroBionics and Realtime labs are both great.

Jennifer Simmons, MD

Okay. then Realtime labs to check on you. then remediation is cutting out the porous places in your home. But you might have to change furniture, drapes, carpet, and that thing wherever that mold is working. then what you are going to do for you are all those detoxification things that we talked about. You're going to sweat, you are going to use a sauna, you are going to exercise, and you are going to make sure that your pooping stain is hydrated.

If you cannot fast for more than four hours, you know that that is an issue. There are many things that you can do to help with detoxification, like dandelion tea, stinging nettles, and bitter herbs for the liver. What you can do to protect your lymphatics are breathing treatments, breathing practices, and parasympathetic activation. Then we talked about the Flowpresso. That sounds amazing. I'm super excited to research that and the things that should be making us think that maybe this is an issue for us. If you are having problems with word finding, brain fog, weight gain, if you have cycle changes, shortness of breath, or if you have a new diagnosis of asthma, if you are getting these weird things like nerve static shocks, I had that. It woke me out of my sleep. I had that in my legs. Insomnia and nocturnal urination. Like, cannot get through the night without peeing, depression, or anxiety. All of these things should make you think maybe there is a mold issue. Did I leave anything out?

Jessica Peatross, MD

Guys should have vision issues too.

Jennifer Simmons, MD

Vision.

Jessica Peatross, MD

These are big ones, too. There is a 12-hour test for surviving mold. People can take what is called the visual contrast test, or the VCS test. It is just a wheel with spokes in it, and people with biotoxin, illness, mold, and Lyme will miss the spokes, miscount, and then fail the test. That's that way. You can number the different ways you can test people, along with the symptom ontology, to get the correct diagnosis.

Jennifer Simmons, MD

Wow, that is great.

Jessica Peatross, MD

Sorry, I missed that one.

Jennifer Simmons, MD

No worries. Where can people find you?

Jessica Peatross, MD

Well, there are layers to how you can interact with me. I provide a lot of free information online on Instagram. TikTok a few places like drjessmd.com. Then, I also do a lot of podcast interviews and summits; you can catch me there too. Then I have a membership called WellnessPlus, and that is app.drjessmd.com. That's where I teach people how to be their own best doctor. You can order Vibrant Testing there. There is a vetted practitioner directory and lots of videos, courses, and a community forum where you can ask me and two other doctors questions.

Jennifer Simmons, MD

Well, I, for one, am grateful that traditional medicine did not work out for you because you are now in our space doing amazing things and helping people—helping people get to the root cause of their illness and helping them to live the lives that they deserve to live.

Jessica Peatross, MD

Thank you very much. Sometimes the thorn in your side ends up being the treasure you never thought it could be.

Jennifer Simmons, MD

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