



Treating Mold Illness & CIRS With Dr. Terri Fox

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Dr. Terri Fox

0:00

And if you start an antifungal medication in the beginning, and that you do have any mold living or colonized in your system... When you start that, it'll, you know... When it kills the mold, it'll release more mycotoxins. So, you essentially just flood your system with more of the same thing that was already making you sick. And so, people just get sicker. You know, when they go in the wrong order, or they go too fast, or they try to go from zero to 100.

KS

Kendra Seymour

00:30

Hello everyone, and welcome to Your Indoor Air Podcast, brought to you by Change the Air Foundation. My name is Kendra Seymour, and today we're discussing treatment options for those who have been made sick by mold and water-damaged homes and buildings. And I'm joined today by Dr Terri Fox, who is our newest member of our Change the Air Foundation Medical Advisory Panel. So, I'm so excited she's here. Thank you so much for taking time out of your busy schedule to share your expertise with us today.

TF

Dr. Terri Fox

00:55

Thank you so much for having me, and I'm a big fan of the Change the Air Foundation, so I'm happy to be here.

KS

Kendra Seymour

01:02

Thank you. Yeah, your work that you're doing. I'm so glad we've been able to connect and the synergy there. So, I think today's episode is going to be awesome for people. But before we jump in, I want to take a moment and thank our...two of our corporate partners. Now, as many of you know, Change the Air Foundation is a nonprofit, so we rely on the generosity of our listeners and our followers in order to do the work that we're doing. And part of that work is made possible by our corporate partners who are just as passionate and committed to, you know, improving people's health by improving the air in their home. And so today I want to give a big shout-out to HNST Mold Inspections in New York and New Jersey and Green Home Solutions of Denver. We've gotten to know the owners of both these companies, and it's just so refreshing to see businesses who are really putting their clients' health and needs first. And so, thank you to both of those companies for keeping our resources free for everyone to enjoy. And

for anyone listening, you can always learn more about our corporate partners, or you know, other sponsorship opportunities at our website, [ChangeTheAirFoundation.org](https://www.changetheairfoundation.org). So, check that out.

Now, before Dr. Fox and I jump into it, I want to tell you a little bit more about her impressive background. She is a holistic and integrative functional medicine doctor in Boulder, Colorado. And she works on her patient's behalf as a medical detective, searching for those underlying dysfunctions, instead of just treating the symptoms. She has expertise in fatigue, bioidentical hormones, sleep disorders, gastrointestinal dysfunction and Chronic Inflammatory Response Syndrome (CIRS) from mold toxicity and Lyme disease. Dr. Fox is board certified in integrative, holistic medicine. She is a founding member of ISEAI, the International Society of Environmentally Acquired Illness. Definitely check that out, they're a great resource as well. And she is a founding physician for Ravel, an organization committed to bringing affordable care to Lyme patients. She's trained in functional medicine, and has been practicing functional medicine for 22 years. She is a member of ILADS and AAEM, and she is on the Medical Advisory Panel of Change the Air Foundation. So, through her work with fatigue and pain disorders, she specializes in Chronic Inflammatory Response Syndrome from mold toxicity and Lyme disease. She focuses on detoxification and treatments that remove biotoxins so that you can feel better while undergoing treatment. Now she's launched her live mold treatment masterclass, an online treatment course for patients with mold toxicity. And she's the founder of Boulder Holistic Functional Medicine in Boulder, Colorado. How do you have time to like, sleep? That is amazing.

TF

Dr. Terri Fox

03:33

I do prioritize sleep. So not much else gets done. It's been, it's been pretty busy. Being a doctor is busy. You know, it's just, there's a lot. And especially with mold illness, there's such a huge population that needs the information, and there's so many of us trying to get the information out to the public so people can get, well.

KS

Kendra Seymour

03:55

I know, and I love that you're not just like treating patients. You're really trying to, like, bring about change on a big scale, and I...that...I can just applaud you for that commitment, because it's too many people are being misdiagnosed. You know, not diagnosed at all, and they're suffering needlessly. So, let's jump into it then, because you and I, before, were talking about... You kind of have this mold eradication protocol, and we're going to, like, dig into that in today's talk. But let's kind of lay some common groundwork for those listening. You know, when a patient first comes to you, what symptoms are they experiencing, that kind of clue you into maybe mold as an underlying cause?

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Dr. Terri Fox

04:37

Yeah, so the common symptoms are fatigue, brain fog, cognitive dysfunction of all kinds. And then headaches and migraines, insomnia, anxiety. In kids, you see a lot more neuropsych stuff, some more OCD, depression and sensory integration, tics, that kind of thing. And then you see a lot of rapid weight gain and weight loss—sort of unexplainable—and acne, hair loss,

frequency of urination, visual changes. And then unusual neurological presentations of all kinds that don't fit into any neuro diagnosis. So, a lot of, like, muscle fasciculations, like little twitches all over the body, or numbness, tingling, weakness, burning, ice pick sensations, internal vibrations, stuff like that. And so, you know, some of the clues are, if they've got a variety of those with some weird neurologic stuff that they've been to neurologists and rheumatologists who can't figure out where it is, and especially if they went, like, I lost or gained 30 pounds in six weeks. Then I go, "Okay, where did you move that year? Or what happened?" Yeah.

KS

Kendra Seymour

05:47

Yes, that. I mean, I think that's one of the challenges, is it's not like... You know, so many of these symptoms overlap with other conditions. And so, by the time I imagine people getting... get to you, they've probably seen a handful, a dozen doctors?

TF

Dr. Terri Fox

06:05

20 to 40.

KS

Kendra Seymour

06:06

Yeah, and it's not, they're not getting better, right? They're waiting for treatment, and that's kind of a clue that maybe that diagnosis isn't correct. And I always too, one of the messages that I think people struggle with hearing is that you can have people all in the same home, right? And they're going to experience different symptoms. And unlike you know, when strep goes through the house, you know, that's more or less the same symptoms. This affects us all so differently, so it just makes it that much harder to diagnose and which is why we have these conversations for people. Because if you're still not feeling well, let's start looking for other causes, the environment and mold. So that's super important. Now, when...so they come to you, they have these symptoms. I imagine when you start to diagnose them, it's probably a combination of symptoms and history, labs. Talk to us about how you go about diagnosing someone with, like, Chronic Inflammatory Response Syndrome (CIRS).

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Dr. Terri Fox

07:02

Mold illness?

KS

Kendra Seymour

07:03

And mold illness, yeah.

TF

Dr. Terri Fox

07:04

Yeah. So, if it sounds a bit like mold, you know, I'll go through more of a timeline about, "Where did you live?", and, "When did you move?", and, "Was there ever any flooding or water damage or leaks or musty smells or visible mold or anything you know that you would know of?" And then that can kind of help me decide whether or not, you know, it's worth it to do the testing. And so, I do urinary mycotoxin testing as my, you know, primary mode of testing. And one of the reasons is that there's different binders for different strains of mold. So, if you don't know which strains you have in the body, then you don't know which binders to use to get better, as you know. So, like you can do those inflammatory biomarkers in the blood, which I don't know, you know, like a, C4a, MMP-9, and you know. And to me, those can create a picture of inflammation that can be suspicious for mold, but they're not diagnostic for mold. And especially now with COVID, a lot of those same markers are up all the time. And so, yeah, I do urinary mycotoxin. I prefer the RealTime Labs if you can do a provocation. So, the way I find the RealTime Labs is that it's very specific—meaning there's not a lot of false positives. You really don't see false positives very much, but it's not as sensitive, so we'll miss some cases. There's a higher false negative rate, so it really has to be provoked. And part of that is also because the people who get sick from mold are the ones who can't detox it. They can't metabolize it and get it out in the urine, the stool, and the sweat. And so, if you just check a urine, you know that you might not catch it. Because if they were peeing it out, they might not be sick enough to be in my office. So, I do a pretty intense provocation with an IV phosphatidylcholine and glutathione. If they're already on a mold protocol, I keep them on the antifungal. So, if you're on an antifungal and it kills any mold living in your body, it releases more mycotoxin. So, it's even a more provoked test. So, I don't mess around with the provocation. But if somebody can't do a good provocation, I like Vibrant Mycotoxin as well. Yeah.

KS

Kendra Seymour

09:27

No, that's super helpful. I mean, I've done my fair share of urine mycotoxin testing in my family. Depending on which lab you use, do you provoke? And different doctors have, you know, different methods and things like that. But it is super important to, you know, match that with the right labs, so you're getting the accurate results. So, you get that. That's one of your tests. And you kind of put together this picture and you want to start treatment. So, let's...because this is... you have done some really great work and had some great success with, like, your treatment protocol. And we kind of, like, get into the meat and potatoes of that, like, where you start. Because I know, you know, there's so many...you read online or there are books, and it's just so overwhelming. Take us through your protocol a little bit, and where you start, if that's okay.

TF

Dr. Terri Fox

10:14

Sure. Yeah, sure. So, it's my mold eradication protocol has two phases. And Phase One is really designed to teach your body how to detox and metabolize these mycotoxins. So generally, you know, by the time they come to me, the system has crashed. And one way to look at that is that—if you're familiar with total body burden—it's almost like, you know, we have a bucket. And from when we're born, we get exposures to toxins and infectious things. And we get, you know, plastics and phthalates and then pesticides. And then, you know, other heavy metals, environmental toxins, and you get a couple COVID, and maybe a biotoxin from Lyme. And then you're in a moldy house, and the system crashes. And so, a lot of Phase One is designed to take down that total body burden before trying to kill or eradicate the mold with antifungal or biofilm stuff. So, you know, the way I do it, it's pretty low and slow—a little, you

know, Neil Nathan-like. And so, we pick, you know, the binders based on the results and I have people start one binder at a time and work up slowly on that binder. And if they feel worse, they go down a dose as they're working up, and then they layer in the second binder. And then at the same time, we're doing, you know, glutathione, liposomal glutathione. And we're doing organ detox, drainage support to open up your own detoxification channels, to begin draining some of these things that are filling up the bucket and causing the system to crash. And so, for somebody whose system is, you know, quite you know, full and it's crashed, it can take the body a little time to learn how to bind and pull out. And then, you know, binders are constipating, so you've got to work on whatever works for that person to have daily complete movements, or the protocol will never work.

And then I have, you know, like a handout or resource guide on biotoxin relief that has all the different modalities you can add in to begin helping training your body to pull these things out. So sweating, you know, infrared sauna, ionic foot baths, detox baths, all that stuff. And so, I like to have somebody on full doses of binders, having daily movements, sweating, all their organ detox open. And all that has to be going on, like, once you get to full dose for at least four weeks, is what I found before you go into Phase Two, which is killing any mold that's living in the body. So, antifungals and biofilm. And so, one way to look at it is, so your bucket's already full, your system's already crashed. And if you start an antifungal medication in the beginning, and that you do have any mold living or colonized in your system...when you start that, it'll, you know...when it kills the mold, it'll release more mycotoxins. So, you essentially just flood your system with more of the same thing that was already making you sick. And so, people just get sicker. You know, when they go in the wrong order, or they go too fast, or they try to go from zero to 100. And so, it kind of has to be timed, right? And I really believe, if you do a mold protocol well, that you should feel better or nothing the whole time. You shouldn't really feel, I mean, maybe a day of die-off here. But it's different from Lyme and other things like that. I really don't think you should be suffering. Because I believe that if you try to detox more than your body can, is capable of, you're just mobilizing mycotoxins around. You're not getting them out. So, there's no point in suffering. And so, you know, even when it's time, I think it's time to start antifungals. If they feel 1000 times worse, we pull them out and we do more of Phase One for a little bit longer, and then try again, like that.

KS

Kendra Seymour

14:13

Yeah, I think too, that's the hard thing. People were so used to like, oh, take this pill for 14 days and it's like a fast fix, that this is more of a marathon, right? You are going to feel better, but it's going to take a little longer, and sometimes it's two steps forward and one step back, so...

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Dr. Terri Fox

14:31

Yeah.

KS

Kendra Seymour

14:32

I...that...the two phases, I think, makes it very digestible for people. I want to, like, focus in on a couple of those elements that you talked about, if that's okay.

TF

Dr. Terri Fox

14:40

Right. Sure.

KS

Kendra Seymour

14:42

For those who maybe are new, talk to us a little bit about like, if there are specific binders you like. And how do they actually work? Because it is really interesting. You'd mentioned different binders working for different mycotoxins. Can you just explain that to somebody who's maybe newer with that?

TF

Dr. Terri Fox

14:56

Yeah, sure. So different...so mycotoxins are toxins that mold release and that are pathogenic or disease-causing to humans. And different strains of mycotoxins have affinity for different binders...maybe I should say the binder has affinity for different strains of mycotoxins. And so, you know what? That's also one of the things that you can see people making themselves sick is they don't even know which binders to do, or they'll do cholestyramine, four times in a day, out of nowhere. But, so different binders have different affinities. So, you really want to pick the ones that are best for your mycotoxin load—your unique mycotoxin load. And you know some of the common ones are activated charcoal and bentonite clay, cholestyramine. Those are kind of the stronger ones. And then if somebody can't tolerate those, we do some of the more gentle ones.

KS

Kendra Seymour

15:47

Yeah, and one of the side effects, the unfortunate side effects, as you'd mentioned, is like constipation. And it's super important that you mention that to your doctor, right? Because that is the thing. You're not getting those toxins out. So, what do you do if you have a patient who's taking binders, and then they're like, "Oh, I'm kind of constipated," or, "I'm not going to the bathroom every day." Is...do you pull back on the binder? Do you add something to it?

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Dr. Terri Fox

16:09

So, I...you know, if they have a chronic constipation issue, I work on that before we start binders. If it's more IBS—like, if it alternates diarrhea and constipation—I won't wait, because a lot of times, oddly, the...between, like, what you...the magnesium we use to soften the stools, and then the binders, binding everything, sometimes it regulates. You know, something that's more IBS-like. But so, I use, I usually...so, I have a distinction with my patients between what's a die-off symptom and what's a GI discomfort. So, the dance of finding the right, you know, dose of whatever you're doing for stool softening and your dose of binders. You know, it takes a minute to figure out exactly what you need. So, the most common things I use are magnesium citrate. That's a good, just healthy stool softener that you can't take too much of it. You can take as much as you need for a daily complete movement. I use one called ColonX by Xymogen that

is stronger. I find one ColonX is equivalent to about five regular mag citrates. So, if they're needing over five capsules, I switch them over. I really like Bowel Mover by CellCore. I think that works really nicely. Sometimes bitters can help with motility. You know, obviously plenty of water and as much greens and you know, stuff as you can do. And movement, exercise helps. But yeah, those are kind of the common ones that I'll use. And I...if you work with that enough, you'll, you'll figure out, you know, the right dose. Usually it's just mag citrate, but you'll figure out the right dose for your daily complete movement—which is critical for the whole protocol to work. You have to be having daily movements. But I try to tell people that's not the same as like, you know, if you're getting constipated and then gassy and bloated. It's not the same as like, if you go too fast on your binders, and you go from two to four and you get systemically worse, you get a migraine and foggy, and your neuro symptoms act up, like, then that's “die off”. That's a reason to back off. And then the GI symptoms are more like...binders are hard on the belly, and it's a dance to figure out the right combo of things. So that one, I tell them, that one we work with, you don't necessarily back off. But you know, if you haven't had a movement in two days, then you're going to need to stop your binders and get things going first. Yeah.

KS

Kendra Seymour

18:39

Yeah. And it gets a little trickier with children, too. If you...you know, they tend to be pickier eaters, and you have to get them to communicate. Teenagers, that I can't even imagine. They don't want to talk about that with mom and dad or the doctor.

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Dr. Terri Fox

18:50

Right.

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Kendra Seymour

18:51

But it's one of those things to just have on your radar. You mentioned greens. So, for a moment, you know, let's talk about like diet. Do you...do you recommend a specific kind of like mold-friendly diet. Are you one of those practitioners who weighs in on that at all?

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Dr. Terri Fox

19:06

I personally believe the mycotoxins you can get from your food are a drop in the bucket next to the mycotoxins you're exposed to in a water-damaged building. So generally, I have people, you know, try to do a bit of an anti-inflammatory diet. So, mold is really inflammatory. You know, there's inflammation in your brain, it's in your heart, it's in your joints, it's all over. And so, if you eat, you know, the most inflammatory foods a lot—gluten, dairy, corn, soy, sugar—it's just going to make you feel worse. And then the mold-free diet, I really don't think it's necessary in order to get well. And I haven't found that it matters all that much.

KS

Kendra Seymour

19:52

Yeah, yeah.

TF

Dr. Terri Fox

19:53

And the anti-inflammatory diet, it's more just so you feel better. You'll still get better on the protocol, even if you don't do that.

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Kendra Seymour

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Yeah. And sometimes those, those dietary changes are temporary, right? It just provides a little bit more immediate relief until you're better. And, you know...

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Dr. Terri Fox

20:07

Yeah.

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Kendra Seymour

19:59

You don't necessarily have to avoid dairy forever, but, or whatever it is. That's really insightful. Thank you. You had also mentioned glutathione, and that is a really interesting one. I know when my family first got sick, you know, I heard a lot about it. We had used it in our family. For somebody who is new, explain to us. Like, what that is and why that's so important, and kind of how it works in the body. If you don't mind.

TF

Dr. Terri Fox

20:31

Sure. So, glutathione is the mother of all antioxidants, and it helps you to recirculate the other antioxidants that you get in your diet. It's critical for cognitive function and preventing cognitive decline, dementia of all kinds. And it's a...it's part of Phase Two detox in the liver, which you need in order to detoxify mycotoxins. So, they have to, most of them have to get, you know, glutathione put on them to be non-toxic and get out in the urine, the stool and the sweat. And so, I usually use a liposomal glutathione. And the other thing about it is that if you've had a big mold exposure, your body will use up all your glutathione to detox and try to pull it out. Because your cells don't want these toxins, they're toxic to them. And so, they'll use up all your glutathione trying to get it out. So almost always, if I have a mold case, and you check their glutathione levels, they're close to zero. Like they barely have any, and that makes them much more at risk for dementia and cognitive decline and cognitive dysfunction. And so, some of, you know, some of it's helping us metabolize and get the mold out of the body. And then some of it is, you know, repleting the system to, you know, prevent, not great things in the brain as we get older.

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Kendra Seymour

21:52

Now, is...that's another one. My understanding is, you kind of want to go slow, to go fast. Like you can take too much glutathione initially and cause kind of a reaction. So, you'll want to pace yourself. Start with a smaller amount.

TF

Dr. Terri Fox

22:05

Yes, yes. Most people do great, but there's definitely a percentage of the population that has to work up slowly or they'll feel worse. And yeah, they take their time.

KS

Kendra Seymour

22:13

Yeah, you talk...now, let's talk about some of the stuff you mentioned in Phase Two. You talked about, like the antifungals and biofilms, and I want to get into that. But there's an important distinction. You talked about colonization. And can you tell us what that is and does that happen to everyone, and where it is in the body?

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Dr. Terri Fox

22:30

Yeah, so if you've had a big mold exposure, imagine you're living in a house that has mold. And you're sleeping there every night, and it's a humid day, and the mold is sporulating and in the air that we're breathing. And eventually you breathe one, you know, into your sinuses, your upper respiratory tract, or you swallow one down your esophagus. And it can stick and then replicate and make babies and make homes. And, you know, it makes like a family and communities. And they aggregate together, and they form what we call a colony, and then they secrete this glycoprotein matrix around the colony that protects them from our immune system and our antifungal agents. So, it's kind of like the home that they live in that protects them. And so, colonization is if that has occurred if it's, like, theoretically, living inside of you now. The most common place for colonization is the sinuses. So another part of my Phase One is nasal sprays, which I do an antifungal and something for biofilm, nasal spray, the whole protocol. And that gets (tries to get) any colonized mold in the, you know, just locally in the sinuses, because they're hard to get at. There's not a lot of blood flow in our sinuses, so that's the most common place of colonization. People also get a lot of, you know, congestion and runny nose and that sort of thing with mold. And not everybody colonizes. And the way that you can...so, I always assume colonization. But if somebody's out of the exposure, and you do Phase One with binders and glutathione and nasal sprays, and they get 100% better, they likely did not colonize, and they don't go on to Phase Two.

KS

Kendra Seymour

24:17

Well, that's, that's kind of reassuring. I know that, you know, I've done some other interviews, and it's hard, because sometimes people will either remediate effectively or maybe they move out. And some people will just get better with no intervention. Some people will, you know, just

need some minor support. And then there's some who need even more aggressive approach. And sometimes it's that colonization at play. Because you're essentially taking the mold with you. You could move out to a new place, and you're colonized, and you're like, "Why am I not feeling better?"

TF

Dr. Terri Fox

24:45

Living inside you.

KS

Kendra Seymour

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Right. And so, you have...it requires finding, you know, a healthcare practitioner who understands that, who can address that. Now, let's talk a little bit specifically about, you know, antifungals. You know, I think in the mold treatment realm, there are a lot of different camps and philosophies and things like that. Talk to us about, like, antifungals, which ones are you liking? And then the role of biofilms. Biofilms, that's a really interesting topic, because it's not just applied to mold, it's all sorts of things. But dig into those a little bit more for us, if you don't mind some examples and stuff.

TF

Dr. Terri Fox

25:24

Yeah, sure. So, if you can imagine that there is mold living in the system, then that mold is releasing the mycotoxins into your body, just like it was when it was living in your house. And so, you can bind and metabolize and glutathione and do all that stuff forever. But if you have colonized and it's living inside you, it's just going to keep releasing mycotoxins, increasing that total body burden again. You'll be, you know, like in a boat with a hole in it, and bucketing out the water, until you actually patch the hole—which is the mold living now in your system—it's hard to get completely better, you know, if you've colonized. So, you know, I use the common antifungals for mold. I use Itraconazole with Nystatin, if I use that one. And then I do Voriconazole, sometimes, I'll do Amphotericin B. I usually start with Itraconazole. And, you know, we work our way up slowly and make sure we're not doing more than the body can get out...the contents so that we're not making ourselves more sick. And you know, I usually have...it's about the same where I would start adding in biofilm. It's about four weeks and on full doses of antifungals. And then so the things that open up biofilm for yeast and mold is their enzymes. And so, if you take them on an empty stomach, you'll absorb them, and they go and digest the biofilm. And then your antifungal can get any remaining mold in the system. So, it's hard for those antifungals to get through the biofilm. And so, if it is a significant colonization, you'll want to do biofilm, you know, eventually, to get rid of all of it. Now it's another place where, if you do it too soon, you know, imagine again, your body's full, and you open up biofilm. You just flood the system with more of the exact same thing that made you sick in the first place. So, your body kind of has to be ready for it. Your total body load has to be a little lower. You've got to be binding well and detoxing well. And it's another one of those places where, if you feel worse, when we add in biofilm, we pull it out and we wait and we try it again in a month or so, and we really pay attention to the person's boundary—their ability to detoxify.

KS

Kendra Seymour

27:43

Yeah, biofilms, I mean, they make it...you know, they help evade the body, the body, right? It's a natural response.

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Dr. Terri Fox

27:48

Right.

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Kendra Seymour

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So it's...it's a tricky thing, and with antibiotics and other things, it's a big factor. Do you have, like, any biofilm busters that—or I don't know if that's officially what they're called—that you use with your clients?

TF

Dr. Terri Fox

28:00

Yeah? For mold and yeast, I think InterFase Plus, by it was Klaire Labs. I think they got bought out. It says, like, SFI Health, something like that.

KS

Kendra Seymour

28:08

Yeah, yeah.

TF

Dr. Terri Fox

28:09

But yeah, it's InterFase Plus, that's my favorite one for mold and yeast biofilms. But yeah, like you were saying every...most, you know, bacteria makes biofilm, so our good bacteria and our microbiome have biofilm, and then Lyme is in biofilm, you know, and that's a bacteria. And there's, you know, everything kind of has biofilm. So, I'm pretty, a little bit more conservative than some with the biofilm stuff. Like, I won't put people on long-term, you know, Nattokinase or something. Because I'm really concerned they're going to bust open their own microbiome's biofilm and make it less strong too. But it is something that you have to do at a, you know, some point in the protocol. And you know, a lot of people...because there are enzymes that you do on an empty stomach. They're blood thinning, and so mold makes your blood more thick, viscous, sticky, a little hypercoagulable. That's part of, like, why we feel sort of sluggish when we have mold. And so sometimes you add in the biofilm, and the blood thinning effect is amazing, and people just feel a lot better, and they can think, and their energy comes up. So, you know, it's not always necessarily bad. A lot of times it feels great.

KS

Kendra Seymour

29:23

So how long are you seeing people, like—and I know it'll vary greatly—but how long is like a typical course of treatment? Is this a month? Is it a year? Is it longer? What are you seeing?

TF

Dr. Terri Fox

29:35

Well, I like to preface this. I hate this question.

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Kendra Seymour

30:38

I know. I know.

TF

Dr. Terri Fox

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I like to preface it with, "If we're doing it right and you're no longer being exposed, you start feeling better pretty quickly." So a lot of people, if they're no longer being exposed, you put them on the right binders, and two weeks later, they'll have a shift, they'll feel somewhat better. And then each, you know...each different week and each different phase, you're going to feel better and better and better. So it's when I say how long it's going to take, it doesn't mean that you're going to feel like you do now, until then. Like you're going to be feeling better the whole way but to get it completely out takes some time. So I mean, I would say probably the shortest – which would probably be like somebody young without that, you know, that much total body burden and no longer exposed – when they came to me, probably the quickest would be three months, and probably average of almost a year.

KS

Kendra Seymour

30:29

Yeah. So, I'm curious, because, you know you... I want to circle back to something you said. You had mentioned, "if you're no longer being exposed," I want to do a quick like plug for people if you're listening. It is so important. Scott Forsgren has a great quote about how we can't expect to be healthier internally than our external environment. If you are wanting resources on how to inspect, investigate your home, how to remediate your home, if you're going to move, maybe you're in a rental situation, please head on over to our website ChangeTheAirFoundation.org, go to our Resource tab. There's so much there. There's a Start Here tab that takes you step-by-step through lots of free downloads, lots of free resources. Because that is an important...if you're constantly being exposed and you're doing treatment—Dr. Fox, and I don't know if you agree—the treatment is not going to be nearly as effective, if you're, you know, still living in a moldy environment. So, yeah.

TF

Dr. Terri Fox

31:24

So yes. So you're not going to get completely better. If you're still in the mold. Sometimes you'll get somewhat better. It's like, it's still good to start, because that binding, you know, those levels will just keep going up. So as you start taking your total body burden down. But you... yeah, you won't get all the way better. And, and I use the Change the Air Resources for remediation for all my patients.

KS

Kendra Seymour

31:46

Oh, great. Thank you.

TF

Dr. Terri Fox

31:47

Yeah, and half of like, I'm not a remediator. I'm not on the home side. I know how to heal your body, not your house. So, I mean, I kind of know how, but I can't...you know, I'm not out at your house making sure they're doing it right and all that. So a lot of what I have to do is teach them how to find the right people. I mean, if they're here in Colorado, I can send them to the right people. But if they're not, you know what you're looking for, what a good remediation is, and how to test after to make sure it was done well, and whether or not you need a small, particulate cleanup, and you know, all of that. So, yeah, those are amazing resources.

KS

Kendra Seymour

32:26

Yeah, and I'll even drop those in the show notes for people listening. We have one specifically. It's questions to ask when hiring an Indoor Environmental Professional, that's the person who does the inspection. And then questions to ask when hiring a remediator. And then, of course, if you sign up for our newsletter, ChangeTheAirFoundation.org, you get our...I think it's the best, I think it's one of the only consumer-friendly explanations of what remediation actually looks like. It's step-by-step. It's got pictures. It's written by me for you in layman's terms. So I...we know how overwhelming it can be. But yeah, so that that's helpful, and I'm glad you said that—that you know, you can start some things in place while you're either working on getting remediated or, you know, moving out. Now, I'm curious, and you kind of talked about one. What are some common treatment mistakes that you see people making? You had said, you know, going too fast with the binders. But can you, can you summarize a few mistakes that you see?

TF

Dr. Terri Fox

33:20

Yeah, yeah. So, some of it we've talked about, but going too fast. So, from zero to 100 if, you know, just start on four activated charcoals, and you were on none you know, you might feel sick, you might mobilize more than the body can get out. And one way I like to explain it with the detox, at least with Phase One—because Phase Two is a little easier to understand—but the way that I look at it is in Phase One...like, so you're binding and you're pulling out these toxins in your GI tract, and you're trying to metabolize them with the glutathione, and you're opening up

your drainage channels. And as this begins to work well, and a few weeks have gone by, the rest of the cells in your body get the signal that there's a way out for these toxins. And they're toxic to the cells. They don't want them, so they'll start dumping. And if they dump more toxins, than you can get out in the urine, the stool, and the sweat, that's when you feel worse. And so that'll kind of explain a lot of the things that people can do you know, that make themselves more sick. So going too fast on binders, starting antifungals or biofilm too early in the process, before your body is ready for it. Doing the wrong binders, not knowing which, you know, binders you're supposed to be doing. Staying in a moldy house and think you're going to get better, thinking an air filter is going to take care of it for you. And you know, one of the saddest ones is when you get a poor remediation.

KS

Kendra Seymour

34:45

Yeah.

TF

Dr. Terri Fox

34:47

That's a horrible one, because people spend so much money and time. But yeah, it's a lot of going too fast and in the wrong order, and not listening to your body and thinking if you suffer, that you're going to just get there quicker. Sure, yeah. Like, how many, how often? I just have to say, I swear to you, it will not go faster.

KS

Kendra Seymour

35:08

Yeah, like, "If I just push through." Yeah, it doesn't work that way.

TF

Dr. Terri Fox

35:10

It doesn't work that way with mold. It just doesn't.

KS

Kendra Seymour

35:12

So how often, and I don't mean to go on a tangent here. But you know, you also treat patients with Lyme. We see a lot of mold and Lyme going together, in my case in particular as well. Do you address mold before Lyme? Do you address them in coinfections? Do you address them together? Like, do you? What are your thoughts on that? How do you approach that?

TF

Dr. Terri Fox

35:34

Yeah, great question. So, from my perspective—and I think everyone in the mold community, but most of the Lyme community as well—is that if you have mold, you just won't clear Lyme. Mold is a complete attack on the immune system, and in the presence of mold, Lyme can become opportunistic and reactivate and start replicating and wreak havoc. A lot of your

symptoms can be more Lyme than mold, but if you treat the mold and your immune system comes back online, a lot of times, the Lyme goes back into dormancy. You know, not to replicate and come back, you know, again. So, I always treat the mold first. I always feel like, if you start Lyme treatment before you've gotten rid of the mold, they're just going to be in Lyme treatment longer. And in Lyme treatment, there is herxing, there is feeling worse. And so, you know, why put somebody through that when they're not going to get that far on, you know, Lyme treatment if there's mold in the system? So, I always, always treat mold first. And every single Lyme patient I have, I make them do a mold test, whether you know it sounds suspicious or not, just because it is just such a deal breaker. If they've got mold, they can go down that Lyme treatment road for two years and not get better, and they'll kick themselves if they didn't know. So that's in my very first thing I do in Lyme.

KS

Kendra Seymour

36:50

Yeah, and I think what's so hard is people, and I'm sure you've seen this, like, "Oh, I don't have mold. I don't see it or smell it."

TF

Dr. Terri Fox

36:57

Right, "I don't have mold."

KS

Kendra Seymour

36:58

Right? Because it's often hidden. Or they'll say, "Well, I addressed it already," but it wasn't remediated correctly. It's still a sort...maybe they painted over it, or they ripped it out and there was no containment. And so, it is worth taking time to ask, like, some of those, those questions, because...

TF

Dr. Terri Fox

37:14

Yeah, and a qPCR is pretty easy. Like, if they think they remediated and they did it, well, then you should have a clean qPCR afterwards, yeah.

KS

Kendra Seymour

37:22

Yeah, yeah. That's that Dust Testing, lots of different people call it now.

TF

Dr. Terri Fox

37:26

Yeah, the Dust Test...

KS

Kendra Seymour

37:28

And, you know, ruling it out because I think too like...so some of the studies say that it's one in two homes. We know the number is likely higher for homes that are impacted by mold and water damage. And so I love that, you know, when we first started the interview, you said one of the first things you do is you ask your client, like, how different I wonder things would be if more doctors and healthcare practitioners ask that question "Tell me about the place that you're living in," because the connection that mold has to like anxiety and depression, you know, Alzheimer's, all of those things that you said. I know, when I took my children to the pediatrician, you know when they're young, they have the question, you know, "Do you live in a house built before 1978?" And you have to do all that.

TF

Dr. Terri Fox

38:10

Lead...

KS

Kendra Seymour

38:11

Right, wouldn't it be great if, like, you know, asking about the history of water damage or leaks or flooding or burst pipes? I think it would change a lot of things.

TF

Dr. Terri Fox

38:24

I do, too. They probably would not know what to do with the answer so.

KS

Kendra Seymour

38:27

That is hard, too. But that's why we, you know, hopefully we're having conversations. People will keep sharing resources and things like that, and we'll help people connect. Now, I know we're running low on time. If you kind of had to summarize a couple key takeaways for people when it comes to mold and treatment like, what would you say?

TF

Dr. Terri Fox

38:49

Yeah, I would really just say, take your time with it and make sure that whatever doses you're doing of binders and things, that it's not making you feel worse, you should feel better or nothing at every step of an increase or progressing into a protocol. And like we said before, you shouldn't suffer through it. And you know, one of the other things I would just like to say is it's a really treatable diagnosis. People get better. They get all the way better. It doesn't take forever. They don't feel worse. It's totally doable. It can feel really insurmountable when you're in the mold and you're really sick and you're anxious and not yourself and... But there's always a way. There's always a way out. And then when you, you know, start treatment people, they do really great. It's not, it's not a bad diagnosis at all.

KS

Kendra Seymour

39:40

Yeah, and that hope is, like, super important, because I've been there. And, you know, I think one of the challenges of this illness is like, you have to heal your body and your home, and it's expensive, and finding the right people and all of that is so hard. That's why we connect with you and ISEAI and all those great resources so that people can get to the right diagnoses and the people who can help them. So that kind of leads us to our last question. If people had questions—because you treat everything from Lyme to mold, hormonal issues, and stuff like that—how could they find you? You have a bunch of resources. Tell us about that.

TF

Dr. Terri Fox

40:14

Oh, I mean, probably 80 to 90% of my practice is now biotoxin, mold, or Lyme. But it's just now it just walks in my door. They go, "I have mold, help me. I have Lyme, help."

KS

Kendra Seymour

40:27

I think awareness is working right? People are...

TF

Dr. Terri Fox

40:31

Right, right. Yeah. It used to be like, "Ooh, I would figure it out." Now it's like, it just walks in my door. So, my...our clinic is in Boulder, Colorado. It's BoulderHolistic.com and there's tons of resources on there as well around mold and just functional medicine. And then my other website is DrFoxMedicalDetective.com which is the website for my master class. And then we have a couple... Insta and Facebook that I have. So, I should I just give you those later?

KS

Kendra Seymour

41:03

Yeah, yeah. And we're going to link to all this in the show notes so people can find it, and you can...they can follow along and stuff, because your resources are great. I've poked around a bunch.

TF

Dr. Terri Fox

41:13

Oh, fun.

KS

Kendra Seymour

41:14

We'll make sure that people have access to all of that. Thank you so much for being here, and I'm so excited that, you know, now that you're on our panel, that we're going to have some more interviews and things like that. So, people will hear from you more, which is great. If people

have follow-up questions too for maybe a follow-up interview, you can send those to me at Kendra@ChangeTheAirFoundation.org, and we'll make sure to ask Dr. Fox next time she comes on. But thank you for being here.

TF

Dr. Terri Fox

41:37

Oh, thank you so much for having me, and thank you for all the beautiful work you guys are doing in the world.

KS

Kendra Seymour

41:43

Oh, well, you're welcome, and for everyone listening. Thank you so much. Do me a favor, though, if you found this information helpful, like, follow, and share us on Facebook and Instagram and all of those things. And if you want to make sure that you never miss a great interview like this, head on over to ChangeTheAirFoundation.org, sign up for our newsletter. Because that really is the best way to get great information like this directly to your inbox. We'll see you guys next time. Thanks so much.