Dr. Jill

Your Functional Medicine Expert®

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#3: Everything you need to know about Mold Toxicity and Your Environment

Text:

Dr. Jill 0:12

While you're getting ready there, I'll just say: Hey everybody!—great. Hopefully, you're joining us from all over. Tell us where you're at. Please feel free to share. You're going to hear all about mold, the virus, and everything [else] you want to know. We've got some questions prepared, but if you guys put questions into the chat, we'll take a look at those and try to answer most of them. I am so excited to have two awesome friends here today, Dr. Ellen Antoine [and her] husband, Scott, are fully functional in Vine Healthcare. Is that right, Ellen?

Dr. Ellen Antoine 0:45

Yes.

Dr. Jill 0:46

Awesome. We go way back. We had a really cool meeting with IFM and just found that we connected on so many levels, spiritually, mentally, physically, and functional medicine-wise. We've been just great friends, and it's so fun to see across the country—she's in Indiana, and I'm in Colorado—[and] we love sharing tips and being there for you guys. We both have a special interest in mold, Lyme disease, and these complex chronic illnesses. So thanks for joining us. Then John Bohde of The Mold Pros—we've got a mold expert on board, so we're going to hear from him a little bit about your house and your questions and other things. Ellen, I'll turn it over to you for a moment here.

Dr. Ellen Antoine 1:25

I'm busting right now because I've been excited all week. I know it's such a crucial time right now for people to get this information, and I'm really thankful to both of you. [They're both] good friends of mine. And Jill, you're just so amazing—a well-known, prolific writer and speaker out there in the community doing amazing things. I just [want to] thank you for your time to be able to be here with us and my community. John, thanks for your friendship [and] expertise; I'm really thankful to

have both of you here. So again, this is meant to be a question and answer, but just a really relaxed conversation. Our goal is to give you guys information and hopefully some measure of hope and healing, which is really important to me. I'd love to start right now with just a little bit of background on me. I got really sick years ago. Jill, you helped me years ago with a mold-related illness. I'd love to hear a little bit about your own personal journey, Dr. Jill, and also [about yours], John. Why are you both interested in and involved in mold?

Dr. Jill 2:39

Yes, so thanks for asking, Ellen. After this, I want to hear your little story too, so we'll all share. Mine goes back to 2013, [when] Boulder had a massive flood. Unbeknownst to me, [although] my office was two stories up, the basement flooded in my office, and there was a lot of Stachybotrys growing. I started getting short of breath, rashes, fatigue, and brain fog, and I had no clue how mold could affect the system. I think in the back of my mind, I thought there may be an environmental trigger, but I really ignored it. I have such compassion for those of you out there that have stories or have had your own experience because I think it's almost universal that there's a degree of denial in the beginning because it's overwhelming. We'll talk today about some of the emotional triggers [associated] with mold, trauma, and all that. The interesting thing for me is that I was in denial for a while until I started getting really, really sick. My office manager now will say, "Oh my gosh, Jill, I thought you had gotten your cancer back" because I had cancer at 25. It was that bad. Bottom line is, I found out that I had mold, and I was like, "Oh my goodness, what do I do?" We're not trained. Even in functional medicine, we did not get good training in what to do with mold. Both of us had to really dive in and learn: How do we treat this? What do we do with our patients? It came from a very real place, and it took about 12 to 18 months to get through the worst part of it, so it's not an easy, quick process.

Dr. Ellen Antoine 3:56

Yes. So, John, what about you? You went from the financial world—Fortune 100 companies—to mold inspection and remediation. What's that story about?

John Bohde 4:08

Yes. Thanks, Dr. Antoine. It all started with the real estate bust and acquiring [or] looking at properties that were foreclosures, and a lot of those properties had mold issues. That's what brought us into that particular world. As we got into it, we quickly realized that traditional mold remediation doesn't service those who have mold-related health issues. We started connecting with a few doctors and started

learning more and more about mold illness, and that's when we took it down this path about 10 years ago.

Dr. Ellen Antoine 4:42

Yes. So, Jill, you said you wanted to hear a little bit about mine. I started my career in emergency medicine and then, through some other family health issues, really dove into functional medicine. I was practicing functional medicine and feeling the best I'd ever felt, and in 2014-ish, I went to a regular spinning class [that] I [would] normally go to. All of a sudden, I feel like I'm going to pass out. Over 6 to 12 months, I had this workup of my heart racing walking up a flight of steps. Exercise—I wasn't able to ride a bike or do anything that I normally could do. I really thought I had a heart attack or something else that was silent, and I became so ill. I lost 20 pounds, and I developed significant chemical sensitivities. I couldn't go outside. I could smell somebody smoking a cigarette three blocks away. I remember calling you and saying: "Jill, I either have mold illness or I have Lyme disease! Help! I need somebody to help me!" Thus began my journey into this. I really dove in, and since then, a large part of our focus in our practice has been to help people who are ill from mold. The reason why I wanted to do this is because the statistics of homes that are water damaged are pretty significant. The government agencies, the World Health Organization, state that somewhere around 50% of all homes have had some water damage and/or mold growth and 85% of all other buildings like hospitals and schools and other things have been damaged by water and therefore have associated mold growth in them. It's a huge issue. Dr. Jill, I know what I see in my practice, but I'd love for you to talk about, in your experience, what do you see as symptoms that people present with? People that are home right now are in these environments and they're wondering, "Do I have a mold illness?" What are some of the things that people present to you with?

Dr. Jill 7:07

Yes, and you can surely chime in too if I forget anything. The number one thing is the brain. I would say that most frequently there's some degree of foggy thinking [or] brain fog, trouble with the retention of new information [where] you have to read over things twice. Sometimes word-finding [can be affected], which is pretty unique to mold, where you want to say 'cat' and you say 'dog' instead. And you're like, "Where did that come from?" I remember when I was typing an email, I would type the wrong word, and I was like: "That's strange. I didn't mean to type that word." But these weird, bizarre brain things [may manifest]—it really does affect the brain. Other things would be fatigue in general or foggy thinking as far as feeling sleepy [or] drowsy. I always joke: I think molds have personalities. Each of the molds has a [different] constitution for the types of mycotoxins that they produce. And in

a water-damaged building, it's like this slew of toxic soup. What's interesting is that even people in the same environment, or even other people with other types of homes, workplaces, or mold exposures, can present very differently. Often, it affects the respiratory system—cough, congestion, shortness of breath, sinus pressure/congestion. For me, I had red, really irritated eyes, skin rashes, and histamine-type [symptoms]. It can often trigger mast cells, so you'll have rashes that are unusual [and] more food sensitivities. What else are you seeing?

Dr. Ellen Antoine 8:24

Yes, so for me personally—and it was funny that you said that—I consider myself somebody who's pretty on top of things, and in the midst of my illness, I remember leaving my car keys in my car. [The] car [was] running [with the] garage down. I got into my house. It was probably two minutes, and I'm like, "Oh my goodness, I just left my car running with the garage down in a house with five kids in it." That was so unusual for me. As I mentioned, [I had] multiple chemical sensitivities; I couldn't stand any fragrance. I had air hunger. To me, it first started [when] I lost some exercise tolerance and felt like I couldn't breathe at all. I would—[gasping]—do that all day long; you know, take a deep breath. So, John, I know you're not involved in patient care, but you do have patients that are calling you. Do they express to you any symptoms or things that they're seeing that are different from what Dr. Jill and I just mentioned?

John Bohde 9:27

We hear much of the same complaints: Drowsiness, brain fog, forgetfulness, itchy eyes, and upper respiratory [symptoms]. One of the telltale signs is: "When I leave the environment, when I leave the home, [if] we're out on vacation, [if] we're out at work, I feel much better, and it's worse when I'm back home." So those are some of the things that we hear frequently.

Dr. Ellen Antoine 9:48

Yes. So we're all home right now, and this is the main reason why I really wanted to have this conversation because, Dr. Jill, you and I are seeing these people all the time. Things are a bit different because right now people can't leave their homes. I'm concerned about that because the first thing we tell people is to get out of that environment until they can either take care of it or be somewhere else entirely going forward. So why do you think right now some people might be experiencing more symptoms, perhaps because of this pandemic? What are your thoughts on that?

Dr. Jill 10:31

Yes, so I've been surprised; I probably had a half-dozen people call with what they think might be mold-related because all of a sudden, where they used to spend 50% of their time outside the house, 90% of the time they're inside the house. So if they suspected there might be an issue, then all of a sudden it's a much bigger issue, especially if it's cold or snowy. We've had up and down [weather]. Today it is 70 degrees. It's beautiful here in Colorado. But last weekend it was snowy and 32 [degrees], so on those [types of] days it's hard to open up your house and get the airflow in, and you're spending a lot more time in that environment. So if any of you are at home and all of a sudden you're experiencing this new onset of brain fog, focus/concentration, skin issues—of course, respiratory issues are confusing; we'll go into that in the virus interview [and] how you differentiate—it tends to be more of an allergic than an infectious type of thing. And how you would know that is [by] the rashes, the red, itchy irritation. It might be like you said, the air hunger. I often see a cough or sinus pressure congestion. So if you wake up in the house where you're having mold exposure, you might wake up with a headache or congestion. Whereas if you go to a hotel or a friend's house or somewhere else, you wake up and feel more clear. How you wake up is a big indicator if you're feeling poorly, I think. John, any comments on that?

John Bohde 11:52

Yes, I agree with you 100%. Now that we're home more, it gives us an opportunity to really look and see if we have issues in the home. We're more aware. We spend more time in the home than we did maybe five, or six weeks ago, so it gives us a good opportunity to really do some inspection ourselves and find out what our environment has for us.

Dr. Ellen Antoine 12:11

Yes. So how do we know if we're getting exposed to mold, Jill? What do you tell people? How do you know?

Dr. Jill 12:20

Yes, and I'd love for you to chime in too because you're such an expert on this. If there's a musty smell, that's guaranteed. Volatile organic compounds from moldy or musty [environments]. So often we're like, "Oh, it's just a musty smell in the basement." Well, that's a pretty good guarantee that there might be an issue going on. We'll have John, our expert, talk about environmental testing, I won't touch on that yet. But when people do testing, they often have a differentiation of levels of mold from the basement to the upstairs [and different] parts of the house. So based

on that, you can often feel worse when you go down into the basement versus upstairs, or if your bathroom upstairs and your master bath are a problem, which a lot of houses are, you feel worse when you're in your bedroom or when you take a bath or a shower. Some people in the shower will get a rash or histamine [reaction]. That's often from the mold that's being aerosolized as they use the shower, the drains, or whatever else. John, maybe you can comment a little bit about the house environment and how they might be able to tell [looking at] rooms in the house or where they might suspect there's an issue. Say someone has symptoms—and of course, we want to hear about inspection and all those things—[and] what if right now they're stuck at home, they can't get someone in their house, and they think there's mold? What suggestions would you have for them to do right now, John?

John Bohde 13:36

Yes. You hit on a couple of great points. High-impact areas or moist areas—bathrooms, crawl spaces, basements—those are areas that if you smell... And if you go back to inspection 101, it's olfactory. Your nose is the first clue. So when you smell those musty odors, that's a good indicator that you may have an issue. There are some things you can do at home, from a DIY standpoint, to do some testing. You can certainly reach out to an IEP, [indoor] environmental professional, and get some phone consultations as well. Most of us are certainly willing to help out via phone during this time.

Dr. Jill 14:14

Yes, with video chat, do you feel like you could actually look at someone walking around their house and help them without being there in person?

John Bohde 14:19

Yes, we do rely on some customer photos at this point in time. We're actually still out in the field. I'm doing an inspection today. We're obviously still covered up with PPE, masks, gloves, and those sorts of things to protect our employees and our clients as well. But we have some really neat technologies rolling out in the next two weeks, which will enable people to send us live videos from their home into their particular projects. But yes, there are some things that we can do today, and we can handle a lot of things over the phone before any IEP does it on-site.

Dr. Ellen Antoine 14:56

This is a perfect time. We are home right now, and lots of times we're in and out running around so busy, and this is a perfect time while you're home to start looking around your house for areas that may be a problem. Lots of people aren't

necessarily going into their basements to look in crawl spaces. Lots of people don't even notice that they have stains on their ceilings from water leaks that may be small, tiny leaks because they don't have active water coming through. But all of a sudden you look up at your ceiling and you see some stain that wasn't there before. I know that we've had some crazy hailstorms here recently, and a lot of people are getting some water into their homes that way. Looking around your windows and seeing if the seals are broken [is helpful]. I know personally for myself when I was sick, one of the issues was actually my front-facing washing machine. Every time I opened it, you could tell from the VOCs that it was full of mold and mycotoxins. So it's a perfect opportunity for people to take this time and inventory those areas. And I know, John, you talk about doing things like measuring humidity and other things. Are there some other things in the home that people can do like that? What would you suggest? You talk about the HVAC system being the lungs of the house. So what are some things that people can do in their homes right now to determine if humidity is a problem or some other issue?

John Bohde 16:26

Yes, great. [There are] some basic things. We can break molds down into two categories; one being xerophilic, which means dry loving, and the other being hydrophilic, which means water loving. So a common misunderstanding [is that] people think we have to have a water leak in order to have a mold problem, and that's simply not the case. Aspergillus and Penicillium are two types of molds that are associated with the production of several toxins. Those molds can thrive with just high humidity. Go into Amazon.com and get a very inexpensive hygrometer for less than $10. They're fairly accurate. It's a great way of making sure you manage the relative humidity within the home, so that's the first step. For HVAC systems, that's where a lot of those xerophilic molds [are found]. As you mentioned, it is the lungs of the house, so it can be our best defense—it can also be our worst enemy. So [it's about] making sure we get those things treated and scheduled maintenance. Good filtration—a good MERV 13 filter is what we recommend. So there are some things that we can do while we're at home now during this COVID timeframe to protect ourselves as best as possible.

Dr. Jill 17:44

I would love to add, and, Ellen, I want your comments too, I'm not an environmental expert, but because I treat patients, a critical piece of their getting well is for them to be in a fairly clean environment. So I know that no matter how many supplemental IVs or treatment protocols I give them, if they're still in a massively moldy environment, nothing I do will really change that. So probably the biggest takehome from all of us is that if there's an exposure, you really have to take care of

that. You need someone like John or some of our other experts that are out in the field who will help you figure that out because, as doctors, we have to know enough to help you, but we're not the experts on the environment. But what I wanted to talk about, Ellen, is practical things I see and for you too—so, common things that I see for patients. First of all, if I just ask my patients, "Do you have any mold in your house?"—99% of them will say, "No, I don't have any mold." And then another percentage of them will even tell me, "No, I had an inspector come in, and they said everything was perfect." I cannot tell you the number of times where I've clinically seen mycotoxins in the urine. I see blood abnormalities. I see symptoms consistent with mold exposure. I see an environmental change, like they move to a new house and things change. So I see the pattern that makes the argument that there's probably mold. And then they say: "Nope, there's no mold; we had an inspection." Sometimes it takes two, three, four, or five inspections before they find the problem. John, they don't get that from you or any of the good ones. But sadly, there are a lot of poor inspections or things that are just hidden.

Dr. Jill 19:15

So the kinds of questions that I ask are [about the following], and the kinds of places that I find for our patients: The master bath is a big one because if there are leaks or cracks in your grout, if there's a crack in your shower tub, if there's any space where that grout is not sealed, you can get water under the tiles and under the tub. And the construction now is so quick and put together fast. A lot of construction defects lead to problems here. We should have epoxy or silicone around the edges of the tubs. Most construction doesn't include that kind of waterproofing, so we're kind of set up. So master baths are a huge issue. Under the sink—look under your sink. I found in my own condo here, which is now clean, I had someone put in a new garbage disposal, and for about seven days—drip, drip, drip—it leaked a little six-inch circle under my sink. And I found out that there was Aspergillus growing there, and then it got into my air, so we had a big mess from a tiny little leak. So look and check regularly under your sinks.

Dr. Jill 20:14

I would recommend you buy these mats, which you can buy very cheaply online, that fit under your cabinet and have a water sensor. Under all my cabinets, I have these rubber mats with water sensors, so if I were to get a leak, it alarms immediately so that I know because most of us don't go under our sinks to check every day. So those are places—master baths. Your laundry room is huge because, like Ellen said, if there's water sitting in the gasket of the front loads, which most of us have… Now the newer ones are made so that you can clean them out, and they are tilted. The old washing machines were flat, so water could sit in that drum and

collect and create mold, and then the rubber gasket would also collect mold. There was a big lawsuit, so now most of the washing machines—I just got a new one—are tilted so that the water drains out and the gasket is much more open so that you don't have mold exposure there. But your front load washers [should be checked]. [Check for] any leaks in your lines, so your kitchen, your fridge, your hoses to your laundry—and all of these things that have water. Hoses—if there are any leaks in the walls, those are big issues too. So [check in the] laundry room, under sinks, master bath, [and also look for] toilet leaks. You can look around the cabinetry. You can look around your tile floor, and you can look at walls. You can see spots where there's been water damage. So you can actually do the same thing an inspector does and just look at these things. Just like Ellen said, look at your ceiling; look for little leaks. I go into hotel rooms and I look at the tiles [and] I look at the bathroom because a lot of times it's visible and pretty obvious of old water damage. So you can do a lot of this yourself. The humidity—John, I wanted to ask you, [to be] sure, what numbers are they looking for? I know different environments, like Colorado versus Miami, [will vary]. But what would be the highest humidity you'd want to see in a house for it to be safe and likely not to have mold growth?

John Bohde 21:56

Sure. I'm in South Florida, so we have humidity all day long, every day. We follow the EPA recommendations. The guidelines from the EPA state that you want to keep the relative humidity between 30 and 50%. It's okay if it bumps up above 50% for a while—that's fine. We open up our backsliders, and the humidity will elevate a little bit. We close them back up. And then hopefully, if your HVAC system is working properly, it'll pull that moisture out of the air and get you back below where you need to be.

Dr. Jill 22:28

Cool. Two other things come to mind there. And Ellen, I want to hear from you too—I'm not trying to dominate.

Dr. Ellen Antoine 22:33

No, you're good. This is [inaudible].

Dr. Jill 22:27

So I want to talk about the HVAC system and why that is so key. But the other thing—I just had to laugh—a little story: So my office is at 11% humidity; what do you think about that?

John Bohde 22:46
Pretty low.

Dr. Jill 22:47
It's dry, right?

Dr. Ellen Antoine 22:48
Dry skin, dry hair.

Dr. Jill 22:50
Yes, right? And one of my staff [members] had a little dry throat. She's like, "Oh no, do I have the virus?" I'm like: "No, it's 11% humidity. Let's get some humidity in here." So it's all good now, but we had to laugh because 11% is pretty darn low. We're like, "I think we're okay for mold." Again, Ellen and John, I'd love for you to talk about this, but often HVACs or intake valves are close to crawl spaces. Crawl spaces are notorious for mold. If it's not sealed, a lot of times there's still dirt in the crawl space, and it's often next to an intake valve or HVAC system. So if there's mold growing in there and you don't know what the crawl space has and there's no barrier protection, you're setting your home up for a problem because you're basically pulling air from that moldy space and throwing it around your home. Again, I'd love your guys' comments on this. What I've seen over and over, even in my case, is that when you go in, you remediate an area, you clean it up, you wall it off, you take care of the mold, you take out the particles, [but] if you don't clean your HVAC after and clean your entire home with a fine particulate cleaner after, [it can be counterproductive]. Most of our patients who are sensitive are still sick. So, Ellen, I'd love to hear your thoughts on that.

Dr. Ellen Antoine 23:56
I was going to add [something to what you said]. You talked about common places, and I will tell you to add to your list—I completely agree [about looking in] bathrooms, kitchens under the sinks, all of that—I also see basements. We have a lot of basements in Indiana because it's a tornado area, and people's basements are often very humid, and they're not aware. They don't have dehumidifiers going. Particularly in storage areas in basements, people have boxes stacked, and it's not until we have somebody like John and his team come out where they move a box and the whole back of the box is moldy. One of the things that I also tell patients to do, and this is a time to do it, but I find that molds are often on horizontal flat

surfaces. Again, I agree with you; my patients say: "No, I don't have a problem. I don't have a mold issue." But if humidity is high and they're not aware, you actually get under a piece of furniture and look underneath and have to get on your hands and knees—this is why we like the inspectors to do all that because they know the places to look—and a lot of people are surprised. The faucet outside your home, that you would connect a hose to—well, in Indiana, it gets cold [and] things crack—there's actually water that has gotten in behind the wall that you would not know. You don't see anything; we've opened up the wall, and it's black. So this is where doing thermal scanning, which I know a good inspector would do, [is ideal]. So to speak to the inspection piece of it, which we'll get to at some point, I agree with you, it doesn't... We've had people who said, "Oh, I have my house tested." Well, they may have only had air sampling. We can talk about why that alone is not adequate most of the time to find a problem. But in regard to the HVAC system and the treatment, I have the same issue. I have a lot of patients in my practice who do find an area of their home that's moldy. They get it remediated—walled off, and they have it properly remediated—but they remain sick. It's often because they really do need to treat the home. They haven't tested for mycotoxins, and they haven't adequately treated the entire home. So that's my experience as well, Jill. Typically, they're not going to get better if it's just one area that they've remediated and taken care of; the whole home typically has to be involved.

Dr. Jill 26:18

Yes.

John Bohde 26:19

Dr. Jill touched on a great subject, which is crawl spaces. We find that the vast majority of crawl spaces are problematic. There's hydrostatic pressure. I had some audio difficulties, but Dr. Jill touched on crawl spaces. That's a key area. We find that the majority of crawl spaces are problematic. Typically, they're below grade. All right. So we'll try this again. Crawl spaces—that's an area that's usually problematic. They're below grade, and therefore hydrostatic pressure pushes water into those crawl spaces. There we go. So all crawl spaces should be encapsulated, and not only just with a vapor barrier, but also should be vapor taped and seamed up to where moisture cannot come up from the ground. And that encapsulation should go up the foundational walls as well, so that moisture doesn't push in through the concrete or through the cinder block walls. [It's a] very important item.

Dr. Ellen Antoine 27:34

Yes, that was one of the things that I actually learned from you and your team. You know, "Oh sure, get your house and your crawl space encapsulated." And then when I actually saw pictures of what you and your team were doing, where it was going up the cinder block wall or whatever part of that wall... A lot of people just have it over the dirt, and I think that's adequate. But it actually does have to go all the way up the wall so that the moisture won't come through that way as well.

Dr. Jill 28:00

Ellen, a lot of people are asking about testing, so I don't know if you want to talk about where you [for that] because tons of questions on the board [are about]: What do you do testing? C4a? HLA? I would love to know where you go. I can share my opinion. But why don't you talk about testing?

Dr. Ellen Antoine 28:14

[You're referring to] testing right now while we're home or in general?

Dr. Jill 28:18

Let's talk about in general. If someone were to come and suspect mold as a physician, what would you do to check them for mold as far as the testing?

Dr. Ellen Antoine 28:26

Yes. So from my perspective, for every patient that comes into our office, we do a comprehensive history [and a] physical exam. We can talk about some of the things we see on the physical exams of some of these patients. Often the history involves these symptoms that we already talked about. So when it comes down to testing, everything we're doing is pretty comprehensive. I try, in everything that I do, not to be pigeonholed and just look at one thing. Often, we're doing a deep dive into people's bodies, specifically for mold and mycotoxins. I do blood work testing that does look at some inflammatory markers and markers of their immune system, including C4a, C3a, TGF-beta, VEGF, and MMP-9. I personally don't do genetic testing [or] HLA testing anymore because, for me, I don't think it changes my management. And I only like to do testing that really is going to change what I do. Whether you're a person with a "dreaded" [test result] or not, you can still be sick, so to me, it doesn't really change my management. So I do quite a deep dive into blood work. I do really like to get urine mycotoxin testing done. I have a way that I do it [that is] probably very similar to yours to make sure that the results that I get are adequate. Often, these people are poor detoxifiers. So in my experience, just collecting a small sample of urine without really preparing their body to adequately detox and getting a good enough sample often will show none or fewer than you

might get if you did it in a way that really optimizes detoxification. Usually, we use glutathione if they're able to do that; otherwise, there are some other things that I would recommend. I often am doing a nasal swab to look for MARCoNS or multiple antibiotic-resistant coagulase-negative staph[ylococcus] as well as fungi—so a fungal culture. There's a whole slew of other things we're doing to look at gut health, immune health, and lots of other things. But those would be the basics. And I do recommend, you know, this isn't involving their body, but from our office, I am sending people home with a dust sample test kit where they can do dust mycotoxins as well as looking for mold PCR from our home as well. So that's an overview, but again, it's personalized to the individual.

Dr. Jill 30:58

Gosh, I totally agree on all fronts. Do you do visual contrast testing in your office too?

Dr. Ellen Antoine 28:26

Again, I do, but I will tell you personally, 92% of people who have mold-related illness theoretically should fail, right? So 8% of people can still pass and have mold-related illness. At least that's what's reported. I will tell you that I've found higher numbers of people that actually pass that are mold ill. And again, I only do things that really change the outcome. I don't know that I've seen in my experience that that's useful because people can still be sick and test fine, or not test fine and be better. So I've found it to be a confusing piece and not super helpful. I was doing a lot of it. Sometimes I'll start to get an idea. It's more supportive in the beginning if they fail to be a positive result. But I don't use it to typically go forward.

Dr. Jill 32:03

Yes. I think we're similar on that too. I do like to screen because it's free compared to the [inaudible]. I remember when you mentioned mycotoxins in the urine. When I first started testing with the old technology, I had several that were negative, and they were so moldy—later we found out. So it's the same idea that if they're really poor detoxifiers, you can't really count on one test. All the time on my blog, online—I'm sure you heard this as well—"What's the one test, Dr. Jill, for mold?" Whether it's your home or yourself, gosh darn it, I wish there were one test; there's not. That's why whether it's an inspection of your home, you need multiple ways to look at that. Whether it's an inspection of your body like Dr. Ellen and I do, you need to have a doctor who's looking at the big picture because one test won't do it. I wish it were [enough]. But a great doctor with a good clinical history—I find most of the time [that with a] clinical history, I have a really good idea. I'm rarely wrong.

Eventually, I find out if it's mold or not, and I'm always on target. I'm sure you too, Ellen, as you see those patterns. So a good doctor who knows how to take history can be your best ally because history is actually hugely important in that.

Dr. Ellen Antoine 33:11

You've got to ask the right questions, for sure. So yes. What are your thoughts, John?

John Bohde 33:18

You know, those are great comments. And the same thing applies to the home. If we understand mold illness is environmental illness, so a great physician is the same as a great IEP. We come in and perform multiple types of testing, whether it's PCR testing, air sampling, or surface sampling. Just as you mentioned with mycotoxin testing for the body, a good IEP can come in and do environmental mycotoxin testing. So a happy path is going to be if an individual has aflatoxins in their body, you test the environment. And if we have aflatoxins in the environment, then we know causation or have a pretty good idea where it's coming from—or gliotoxins or tricho[phytons] or whatever the mycotoxin may be. So there are very similar parallels to what you want in the person versus the environment or the structure.

Dr. Jill 34:10

Excellent.

Dr. Ellen Antoine 34:11

Yes. Jill, if you suspect mold in your patients… Well, before we say that, what can we do right now?—because I'm doing some things for my patients. So we just talked about [things] in general. Right now, people are like: "Wait a minute; I'm home. I can't go to the doctor and get all these things done." Fortunately, I think you're doing the same—we have the ability through technology to be able to do these remote appointments, which I think are really important. I feel like it's such a gift that we can see people. Sometimes I even do some physical exam and take a really adequate history, and do a little bit of a physical exam. Of course, I like to put my hands on people, but it's not possible right now.

Dr. Jill 34:54

Oh, I often say, "Let me see your tongue" or "let me check… " You know, I'm looking at things visually.

Dr. Ellen Antoine 35:00

Right. And I've said, "Ooh, you've got some yeast overgrowth." Yes, I love to do that. And then we do have the capability to do some testing. So the urine testing for mycotoxins, we're able to send that out to patients. We can do a nasal swab. Sometimes there's hormonal dysregulation and inflammatory markers, and we can do some finger-stick blood tests, send them test kits home where they can test themselves and send it off, and we'll get the results. And then we can do the dust testing from home and send them those kits to start on that process and do a little bit of visual inspection, and then reach out to John and his team or somebody else local to them to get that done. So I don't know if you have anything else to add that I'm not thinking about, [that] we could be offering people while they're home right now. Do you have other things that you're doing right now?

Dr. Jill 35:48

Well, let's talk a little bit about: What could you start to do if you suspect treatments that are safe? I want to talk about that. And I want to shout out. First of all, I'm watching the stream. Everybody listening—

Dr. Ellen Antoine 35:56

I can't see the stream on my end, so you'll have to do it in that case.

Dr. Jill 36:01

Yes. Hello! Greg Weatherman's on—one of our favorite IEPs out there. So hello, Greg! A naturopathic friend of mine [is also on]. So you guys have some experts in the feed that are watching here as well, so stay tuned.

Dr. Ellen Antoine 36:14

Hi everybody!

Dr. Jill 36:15

Yes, I actually asked them to comment if they'd like as well, so stay tuned. What can you do practically? Binders are core, and so is detox. So let's start with the simple things. Simple detox is actually not about pills. You want to incorporate daily things like dry brushing and infrared saunas if you have access; if you don't, you could do Epsom salt baths at home. You could do coffee enemas. Anything that will enhance your detoxification that you can do at home is going to be helpful here because it's like if you have a bucket full of toxins and it's starting to hit the top level and the water flows over, you're going to be symptomatic. So really what we do in the clinic,

Dr. Ellen and I, and what you can start to do at home is relieve the pressure, relieve the water level in your bucket. And again, ways you can do that [are] Epsom salt baths or even just dry brushing before your shower if you don't have an infrared sauna. A sauna is great, but right now, unless you have a gym or a home sauna, you may not have access to that, and that's okay. Other things you can do are binders. There are lots of over-the-counter binders that are very effective at binding these toxins. I tend to find—for things like aflatoxin and ochratoxin, which are common with Aspergillus and Penicillium species—the charcoal and the clay are very effective. And you can get well without prescription binders. There are prescriptions like cholestyramine and Welchol that are effective—I'd say about 50% of my patients get well without prescription binders—and those can be harder on the gut and cause more constipation, bloating, and symptoms. Charcoal is especially good for Stachybotrys toxins like trichothecenes. So those really nasty Chaetomium, Stachybotrys, and T-2 toxins, which are immunotoxic, are nephrotoxic. So for the medical technology, that means they're harmful to the kidney, harmful to the lungs, harmful to the brain, harmful to the immune system. These guys are really nasty. I mentioned personalities; Chaetomium, in my personal experience, is what I call the narcoleptic mold. So whenever I get exposed to Chaetomium, I want to fall asleep immediately. Other options, Ellen, for at home? What can people start to do?

Dr. Ellen Antoine 38:19

Yes. So I love that you're talking about detoxification and how it's not necessarily a prescription and/or supplement. So I always talk about detoxification as [occurring when] we pee, we poop, we sweat, we exhale. Your liver is constantly going through biotransformation. We have lymphatic drainage. And I consider sleeping and dreaming a mental detox. So we need to hydrate—we're flushing our kidneys. We need to make sure we're moving our bowels regularly. A lot of people don't know that you should be having at least one bowel movement a day, if not several bowel movements. And if you're not, simple things like magnesium citrate or buffered sea powder are things to help you move your bowel movements regularly. Lymphatic drainage—we have lymph nodes. We think about those as swollen glands, but we have lymph nodes from the top of our heads to the bottom of our feet. And I love that you talk about dry brushing. I've got a blog post on that. You can read on my website to see how to do that. But another thing you can do is get in a hot shower and turn it cold, then go hot again and cold again and kind of do that. That stimulates lymphatic drainage. Specific to the liver, I love using things like glutathione. N Acetylcysteine also helps make glutathione in your body if you have access to that. Some people can't take glutathione. Making sure you have all the nutrients necessary for your liver to do the biochemical processes it needs to. Really working on getting enough sleep, making sure you're getting seven, at least,

eight hours of sleep a night, and if not, working on sleep hygiene. Especially people who are moldy struggle. I was one of those people. That was another symptom. Another symptom that we can add to that list is insomnia. [I'd be] up until four in the morning and felt wide awake. As opposed to the narcolepsy piece of it, I was wide awake. So yes, I don't know; did I answer that? Oh, the detox and sauna stuff. I wanted to touch base. I don't have a big wooden sauna at home. I've got a portable sauna, and there are some infrared sauna blankets and [other] things that I know both of us talked about. Those are things you guys can order right now if you want to. They're expensive but relatively inexpensive compared to a big box sauna that you can get shipped to you during this time if you do want to sweat and work on that part of detox as well.

Dr. Jill 40:33

I love that. And maybe just for those who don't know, I'll explain really briefly why this is so important. So there's this thing with a fancy name called enterohepatic circulation. What happens is that when we have toxins coming into our body—this could be chemicals, mold toxins, or variable toxins in our environment—our liver is our detox organ. In Switzerland, when we go to the Swiss mountain clinic for detox, we call her "the queen." We need to treat the queen well, because the queen is so important. And the liver doesn't get any respect. It's kind of like Rodney Dangerfield, "I don't get no respect" because, like, "liver—whatever." But the liver is so precious. She's the queen, so we want to treat the queen well. The reason for that is liver has phase I and phase II. It takes a toxin metabolite and transforms it—it's called biotransformation. It transforms it into an intermediate. The intermediate is then transformed from phase II into an end product that gets excreted into the bile. The bile stored in the gallbladder, which sits right here under the liver, stores that. It stores cholesterol and bile acids. Bile acids are the emulsification ability for these fatty and water-soluble toxins. And then that's excreted into your gut so that when you have a bowel movement, you eliminate some of that. However, our body is really efficient, so our ability to recycle bile with toxins is about 95% effective. And why that is important is because if we don't stop that recycling, it's so efficient that we recycle toxins. It's like a merry-go-round over and over again just going through. And then the people who have genetic difficulties are even more efficient, so they have trouble excreting the toxins. So when we throw in and talk about binders and agents, they actually have this charge—clay, charcoal, zeolite, glucomannans, cholestyramine, etc. These things all have a charge to them that grabs onto toxins and escorts them out. And some people, as they're getting well, it's interesting they can have re-exacerbation of symptoms because these aren't like a vice grip. They're more like a magnet with metal filings that are being pulled along the desk, so some of those little fragments get staggered behind, and those can actually re-exacerbate symptoms if you go too

heavy on the binding. But that's the reason we talk about binders and glutathione: Because we want to support the queen, we want to support the liver with things like NAC and glutathione—all the things that support her processes—and other things like lipoic acid and magnesium, and glycine is a rate-limiting factor, glutamine—

Dr. Ellen Antoine 42:59

B vitamins.

Dr. Jill 43:00

Yes, B vitamins, methylation, broccoli—any sort of sulfur-based vegetables. So tons of things there. And as we support her, we want to pull those toxins out through the gut. That's why skin excretion would be through a sauna. Anytime we sweat, we excrete toxins through the skin. Kidneys support them through hydration because a lot of our toxins are water-soluble and go out through the kidneys. And then, through the gut, we want to make sure that you have binders and that your biles are moving. Those are all the processes of eliminating toxins. It's like a daily, daily, daily process to just decrease that load.

Dr. Ellen Antoine 43:34

Yes. So, John, we're talking about the body and all these ways to decrease the load. I want to get back to you. We're concerned, we've identified something, or we think we might have an issue. I want you to tell people what different types of testing they can do and then maybe [give them] a few tips for things that they can do on their own right now before they have somebody like yourself come into their home. How do we evaluate accurately and then treat?

John Bohde 44:05

You bet. Thanks. So we'll start with a couple of things we can do while we're at home now. We always approach things from—we call it the three M's—moisture, mold, and mycotoxins. So first thing, let's address any moisture issues in the home. We're going to have springtime rains, and that's going to pull more moisture. So the first thing you do is go around the exterior of your home and make sure that all your downspouts and everything pull moisture three feet away from the foundation. Then you can take a look at your crawl space—make sure that your crawl space is encapsulated as we've discussed. Cardboard boxes in the basement—cardboard boxes are fast food for mold. Molds need three things to thrive: Complex carbon compounds, oxygen, and sufficient moisture. So we recommend this time of year: Do your spring cleaning, get rid of your cardboard,

and use those poly totes—that's a good step. Have your HVAC [system] serviced—those sorts of things. Those are all things that homeowners can do to help keep from having guys like me come to their homes to wrestle with the mold problem. From a testing standpoint, I'm really a big fan of the EMMA test that you mentioned earlier. It's something that's easily done at home by a homeowner. We recommend a sample off of the HVAC filter because that gives us a really good indication of inhalation risk. That test will also tell us [about] 10 toxigenic fungi: Aspergillus fumigatus, flavus, etc. And then, also, it's a panel of 15 mycotoxins. Usually, that test takes about five to seven business days to get the results back, so that's something they can easily do now. Send it off, get the results, and understand what a fungal situation could be and what a mycotoxin situation could be.

Dr. Jill 45:51

Thanks, John. You know what? We'll be sure and put links. I'll put those in there too—the EMMA test. John's site too. So I'll add these. If I can't right now, I will. Just to comment: This is the million-dollar question. I think in the last 10 minutes, I want to shift it. COVID is happening. We're in the midst of a pandemic. I don't know that we have the answers, but I want to talk about, Dr. Ellen, and I'll try to give my opinion: What do you think about the risk if someone has mold exposure and the virus? Any thoughts that you have? That's a million-dollar question. What's my risk? If I've had mold exposure and I'm recovering from mold, am I more at risk of the virus? Am I less? Any thoughts on that at all?

Dr. Ellen Antoine 46:28

Yes. We know that being mold-ill makes people immune compromised to some degree, right? We see patients that have immunoglobulin deficiencies as a result. We see people that have reactivated infections in their bodies. From my perspective, what I'm seeing in my office, absolutely, having mold and chronic exposure can have a negative impact on your immune system. Interestingly, mycotoxins—mycophenolic acid [which is in] CellCept are from a mycotoxin and it is a potent immunosuppressive drug that we give people. So we know that mycotoxins and mold are immunosuppressive. So I do think that the risk for people that are sick from mold and are somewhat immune compromised—and some more than others, unfortunately—are at higher risk for getting sicker from the virus should they become exposed.

Dr. Jill 47:27

Thank you, Dr. Ellen, because again, that's a million-dollar question. I think everybody's asking. I have a few thoughts on that. So I totally agree with what

you're saying. But I will say this is just my pure speculation theory, I don't know for sure. But I will tell you that I have some ideas. There are some people who come into my office with Lyme or mold or these kinds of categories that, when I ask them, "When was the last time you had a colder flu?" they'll say: "I never get sick. I don't get colds or flus." Yet, they're chronically very, very ill. With those types of subsets who've never gotten a cold or flu for five years, they never get sick of cold or flu, but they're chronically ill with mold or Lyme, I believe their immune system is so suppressed that in the case of something like COVID-19, what happens is that virus triggers an immune cytokine response. And it's actually that immune response that our body creates with IL-6 and TNF-alpha and some of these cytokines that are inflammatory that create some of the damage. So if they really have such a suppressed cytokine and immune response, I think they may not have as much of, number one, a serious illness with the virus should they get sick. And number two, less organ and end damage because they're actually so suppressed that that cytokine storm doesn't happen. So there's a chance. This gives you guys hope if you're listening. Some of you may be actually protected because it's your own immune response that creates a lot of damage.

Dr. Jill 48:44

Now, both Dr. Ellen and I have been talking kind of behind the scenes about some theories. We're not going to talk about that today, but it's about the oxygenation of the blood and some other things that are actually happening with this virus. I can't wait to read what you're writing, Ellen, and I'll share mine as well because I think we're talking about the same thing. So stay tuned for both of our blog articles. The other side of this is people with mast cell activation syndrome and some of these really severe overactive immune systems. I think they're actually at risk—maybe more at risk. Again, this is just my theory. I want to be really careful to say I don't know. But I've seen enough to know the mechanisms, and my theory is that there are certain subsets that are more at risk, that are hyperreactive—the ones that produce a lot of cytokines, have measurable cytokines or have mast cell activation disorder. But then I think that on the other side, some of those with such a suppressed immune system might actually be protected.

Dr. Ellen Antoine 49:35

That is such an interesting theory. The ones that I see that are so immunocompromised, like you said—I agree with you. I have a lot of people that come in and say, "I don't get the common cold," but they're so sick from what they already have. Yes, that's interesting. And I agree that mast cell activation patients are likely going to experience worsening symptoms. I love that.

Dr. Jill 49:58

Yes. I'm so excited. Again, I know you're going to be writing, and I am too, and I think it's going to be very similar. We can share information on each other's pages. But I will tell you guys just a sneak peek; stay tuned: It's all about hypoxia; it's all about a lack of oxygen delivery to the tissues. That's where this is going. And as we find more information, we'll share it with you, both Dr. Ellen and me. There's a really important mechanism here that up until recently had not been acknowledged, and it's going to change everything. So stay tuned.

Dr. Ellen Antoine 50:28

Yes. So my husband, Dr. Scott, just did a podcast with Ari Whitten and I think it was released today so people can go out and look at that.

Dr. Jill 50:39

We'll share that, Ellen.

Dr. Ellen Antoine 50:41

So I just want to make sure, because I know there might be a couple of questions there, but [is there] anything else, John, that you would add that you feel like we need to talk about before we maybe go to some questions that people have? And, Jill, I can't see anything, so you're going to have to [handle that]. I don't know why I can't find anything on my side.

John Bohde 51:02

So on the COVID front, just recently out, all this is very, very new. The really exciting news is that environmental testing for the coronavirus is now available, so check with your local IEPs or industrial hygienists. That environment can be tested as well. We know that the virus hangs around longer on surfaces, and it's a positive-negative type of test taken with a swab sample. It is a PCR test. So that is now out and available for the IEPs to go out and sample.

Dr. Jill 51:38

Awesome. And again, if you two get me links that you want to share, I'll make sure and share them. For all of you guys out there, I'll try to add links to this so you can come back later and check it out. A few other questions. Rachel's asking: "What type of home is ideal if you're sensitive to mold? Condo, new build, older build, or slab?" John, that might be a question for you. Any recommendations?

John Bohde 52:00

Yes, that's a great question. We get that all the time. Actually, the majority of our work is newer construction. The way we build houses today, they're much tighter. You don't breathe as well. And so much of the work that we do is new construction. It's really a difficult question to answer. I personally would shy away from multifamily [homes]. I prefer single-family [homes] because we don't share common walls that way, so I think you have a little bit more control. But I think just any home, whether it's an older home or a newer home, if it's maintained properly, you can live fine in either one. It's just all about proper maintenance and getting to normal fungal ecology and keeping it that way.

Dr. Jill 52:42

Thank you, John. I just want to mention a beautiful naturopathic friend, Dr. Shelese, who mentioned castor oil packs. So if you don't know how to do those, you can find that online. It's a great way to support the liver. And then Gail asked, "Do you recommend using TUDCA to flush the liver?" Have you used that, Dr. Ellen?

Dr. Ellen Antoine 52:58

Yes, I do use TUDCA for my patients. And often I use it with some ox bile to help in digestion and also help with that processing. So do you use that with your patients as well?

Dr. Jill 53:13

I do, yes. I find there are so many liver things out there: Milk thistle, NAC, lipoic acid, selenium—those are core. But then some of these can be really helpful to add on. Someone else is asking about calming down mast cell activation. This is really common. This is a whole other lecture, but we can just try to talk about it.

Dr. Ellen Antoine 53:28

Right. I would love to do it. We could do that on another one.

Dr. Jill 53:34

Great. And you definitely see like I do: Mold tends to be a huge trigger of mast cells. So often, it's not a mastocytosis or a blood cell disorder, but it's like this triggering of your mast cells from a toxic exposure—mold tends to be really common. What

would be some of the top few basic things you might try with mast cell [activation disorder], Ellen?

Dr. Ellen Antoine 53:54

Yes. So a lot of my patients end up being on antihistamines, and some of them, even though I don't love them, are over-the-counter Allegra or Zyrtec-type things because they're quite ill. I use more natural [sources], if I can, with quercetin. So I tend to try quercetin products on my patients. A lot of patients with mast cell [activation syndrome] don't tolerate glutathione, so it can really cause more mast cell activation. So I tend to not use glutathione but end up using NAC in those cases. I use—I'm trying to think of my mast cell stabilizers—Gastrocrom and Ketotifen; some of those have to be compounded. So I use a lot of things; it just depends. But the primary thing—what I tell all of my patients: We have to address the primary issue. They're not going to get better if we don't address the trigger, and in this case, it's often mold and mycotoxins.

Dr. Jill 54:55

Oh, so true. So there are a lot of questions about labs. I could tell you just briefly—and then, Dr. Ellen, if you want to comment, [you can]. There are three main labs that do [test for] mycotoxins in the urine. And they're all good; I use them all. RealTime Laboratories has been around for a while. Great Plains Laboratory does this, and so does Vibrant. I find them all helpful. There are several companies that do ERMI, and one is EMMA. John, do you want to talk just a bit about where they might go for ERMI and EMMA testing?

John Bohde 55:23

Sure. There are several labs, as you mentioned, to go out and perform the ERMI testing. Mycometrics has been around for a long time. Dr. Lin and his lab are doing a great job. The EMMA test—there's only one lab that I'm aware of that actually does environmental mycotoxin testing, and that's RealTime Laboratories out of Carrollton, Texas. They are the lab that produces the EMMA test that we talked about earlier.

Dr. Jill 55:47

Excellent. Any other comments on testing companies, or I think that's that? Okay.

Dr. Ellen Antoine 55:53

Oh, yes. No, I do the same. I do the same ones that you do.

Dr. Jill 55:59

And then someone else asked: "If there's mold in the closet or room we don't use and the door is shut, will that protect us?" It's like we answered that one.

John Bohde 56:08

Yes, that's a great question. What we have to think about is that mold is living on the structure, right? So even if it is not a mold that produces toxins, you probably don't want something living on your structure. The ostrich approach: It doesn't go away on its own, so it needs to get addressed one way or another. Also if it's xerophilic, you can have a sporulation, so it will spread. And we talked about the HVAC system being the lungs of the house. You don't want that getting into the ductwork and spreading throughout.

Dr. Ellen Antoine 56:41

And mycotoxins are super tiny, right? I mean, what is it?—0.1 microns? And they're what?—100 times smaller than a piece of hair. So you may think it's in your closet, but those mycotoxins are really getting underneath the door around the frame and actually getting into your HVAC [system] like you talked about. People that keep it in their environment and don't address it, I typically tell people it needs to be addressed.

John Bohde 57:13

And then we want to understand why it's there. Something had to occur for that growth to be there. So I think that's important to understand as well.

Dr. Jill 57:20

I love that because just purely spraying something on the moldy spot unless you really take care of it... Find the root cause. It's like if you put a bandaid on the patient for a treatment that you don't find the root cause [for]. It's really important to get an expert in there, find the root cause, treat the root cause, and then treat your body to get well. So what last bits of advice would you give, Ellen and John, as we close it out today? Any little last bits for people? With the pandemic and mold, any thoughts?

Dr. Ellen Antoine 57:52

For me, I'm really passionate about providing hope and healing. I think this is a profound time of feeling loss, stress, and even grief over some of the things that have been lost and that they're experiencing. I feel like I want everything that I say and do to be something that does provide some hope and healing. I hope that this conversation was [that way]. I think that there are things that people can do that we talked about today. Use this opportunity when you're home to really evaluate your space. There are small things you can do to really evaluate your home space. The beauty is: You are home, and you can take this time to inventory even your own belongings and start getting rid of things that you don't want that may be creating a problem for you. I think that there's the beauty of technology that you can reach out to Dr. Jill; you can reach out to me. You can get the best of our evaluation as the best of our ability remotely right now and start some testing, and there will be healing that comes. I know that personally. As sick as you might feel right now, there is absolutely a mountaintop on the other side of this valley. And that's what I'd say.

Dr. Jill 59:22

I love that. John, how about you? From an environmental perspective, any last-minute tips from you?

John Bohde 59:28

Wow, that's a tough act to follow. I would agree as well. This, too, shall pass. We'll get on the other side of this. We'll take the opportunity to make the best of it. Understand your environment. Reach out. If you have questions, most IEPs have a passion for helping individuals, so reach out. Have them work with you collaboratively. It's not always a big problem. Most of us are really willing to understand what you have and provide some guidance. I would encourage you to do that. You're not in your situation alone.

Dr. Jill 1:00:02

Yes, thank you, John.

Dr. Ellen Antoine 1:00:02

What about you, Jill?

Dr. Jill 1:00:04

Yes. Thank you. Well, first of all, I love the comments. I love that. Interestingly, all of us are considered essential right now, so we're kind of available. So whether you

need a medical consultation or an environmental expert, those industries are available to you right now. And again, whatever safe way that you feel like accessing virtually or otherwise, it is available. So that's kind of exciting. One thing, just housekeeping: If you guys have questions, put them in the feed. Some of you will be listening to the recording in the next 24 to 48 hours or more, so we'll stay tuned with that and try to jump in, Dr. Ellen and I both, with answers to your questions. So feel free to type those in. Comment, and we will come back and make sure to answer those. And I'm sure John would be available as well. Thank you for joining us.

Dr. Jill 1:00:46

I would agree with Dr. Ellen. Even in the midst of the most difficult times, there are always blessings. I don't know about you, but the way my life has slowed down in certain areas has been such a huge blessing because what I feel like is the neatest thing we can take out of this is that my circle of activities got really small, and now I get to decide which of those things that are no longer relevant I want to make sure that they stay out and which things I want to add in. So time walking every day and meditation and prayer—I want to have that when I'm out of the pandemic. Maybe all the traveling that I used to do—I don't want to do quite so much traveling when I'm out of the pandemic. There are things that you have the opportunity to reevaluate now. And again, you're in your home, you have more time. You might have to reevaluate: What am I going to do about the situation or this health condition? And now is a perfect time to take stock and really decide: What do you want to keep and learn from this?—because there are lessons even in the midst of suffering and difficulty.

Dr. Ellen Antoine 1:01:40

I love that. Absolutely.

John Bohde 1:01:42

Absolutely.

Dr. Ellen Antoine 1:01:42

What can we learn during this time about ourselves and extend grace to yourself and others?

Dr. Jill 1:01:49

Yes. Well, thank you for joining us. We'll do this again, Ellen. This was a blast.

Dr. Ellen Antoine 1:01:54
I loved it.

Dr. Jill 1:01:56
Thank you, John, for joining us, and thank you, everybody. Have a great evening!