Got Mold (?)

The Shoemaker Process and Protocol for Diagnosing, Testing, and Treating mold illness.



Foreword by Deb Waidner

Even though Dr. Shoemaker has retired from clinical practice, every day still has the excitement of talking with new people, solving problems with physicians, and helping patients regain control of their illness and their lives.

My name is Debbie Waidner, and I have been the office manager for Dr. Shoemaker's practice since 1982. In all that time, I think I have seen just about everything the mold and inflammatory illness world can throw at us. Bring it on!

These days there are a number of physicians and Internet practices that advertise their claims regarding mold illness. When it comes to illnesses as complex as mold problems, we know you can't afford to guess about testing or use unproven remedies to regain health. So, I do hope you'll consider and weigh your options very carefully.

Here are a few things you should know about Dr. Shoemaker and the protocol he developed, refined, clinically tested, and published. Since Dr. Shoemaker started treating mold patients in 1998, he has treated over 15,000 patients from all 50 states and over 52 foreign countries. He went on to publish more than 35 papers in peer reviewed literature on diagnosis and treatment of inflammatory response syndromes like mold illness. He has published data on treatment of over 7,000 patients (adults and children) sickened by the interior environment of water-damaged buildings (WDB). His clinical trials and methodically recorded data have led to marvelous advances in delineating the physiology of these illnesses.

He's been asked to lecture at over 75 venues. He's published over 14 books (you may especially be interested in **"Surviving Mold"** 2010). He was accepted as an expert witness in mold illness litigation following Frye/Daubert challenges in over 44 cases nationwide. He provided testimony by invitation to the US Senate and in Congressional hearings. He's developed an efficient, inexpensive and reliable assessment tool (derived from data on 1,750 buildings) that provides DNA-based guidelines for safe occupancy by people with mold illness. He's published on safe and effective use of replacement VIP that shows durable benefit (over 18 months) in some of the sickest mold patients out there. Dr. Shoemaker has done all these things and a lot more.

Maybe you aren't sure if the inflammatory response syndrome is what you have. Let's find out. Maybe you just want to feel better. Let's get started. We've developed this guide to help you do just that.

Finding out if mold is affecting you isn't hard to accomplish with the right guidance and approach. If you do find your symptoms and environment point to mold illness, we recommend you find a protocol certified physician near you to help you collect the needed data base and prescribe the meds you need.

We are always updating our most current list of **Shoemaker Protocol Certified Physicians.** Be sure to check it. We're adding more physicians to our team all the time. If you can't find a Certified Physician? Refer your attending physician to our **laboratory testing process** or **Certification Program**, **or the resources found at the end of this guide.** We've helped many doctors navigate their way through.

Also, be sure to look around our site. I'm happy to tell you that over 1,000,000 visitors come to our pages every month. Why? We're the only mold site that focuses on science. Facts and data are our friends. Dr. Shoemaker wants just the facts, and has tested and proven that the science will lead you through this difficult illness.

When you work with a functional doctor certified in the Shoemaker Protocol, your doctor will specifically tailor the process to your condition and recovery. They'll run the systemized labs throughout treatment and get to the root cause, as well as the downstream effects of the mold toxicity in your body. It isn't a simple illness, so it stands to reason the recovery pathway is multi-tiered, too.

I can say with conviction, the best testing, treatment, and information regarding this illness is at your fingertips. You can join us on Facebook or Instagram, or we have a membership program, too. Please chime in with your questions and insights. Where mold is concerned it certainly does take a village.

With that, I wish you all the very best to your health journey ahead. Yes, my friend, you have every reason to have great hope!

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Medical Disclaimer All information provided is for educational purposes only and represents the information encountered to date by the author(s) and is accurate to the best of our knowledge. No guarantees for a cure for any disease are implicitly or explicitly given to anyone. No single vision test can fully describe function of the visual system or conclusively indicate the presence or absence of biotoxins. No single test by itself can provide confirmation of presence of absence of illness due to exposure to biotoxins. Diagnoses cannot be made and medications cannot be prescribed without seeing a physician in person. Always seek the advice of your physician before making any treatment decisions.

PART I. THE PATH TO DIAGNOSIS

Yes, there's hope! Mold illness can seem overwhelming, but it can be conquered.

We want you to know you are not alone. You are not crazy. And this illness is not all in your head. It is a real illness that has destroyed lives. But there is reason to have hope!

25 years of reliable data collection and publication have given us the tools to share with you to bring success.

The first step is finding out what the problem is. And you have come to the right place for that. The best part is, once you or your doctor determine what is going on in your body by getting the right laboratory testing, investigating the relevant patient history, and understanding the symptoms experienced, there is a proven treatment protocol that has worked for thousands. This treatment, The Shoemaker Protocol, has been tested, tried, and proven.

We rely on a published-peer reviewed case definition to define who has mold illness and who doesn't. By sticking with science, you will always have the assurance that everything we recommend for you has been published and peer reviewed by Board Certified Physicians and leading experts in the field.

People get their lives back and are armed with the knowledge they need to keep their bodies safe.

Do not give up, and know that there is help available for you. Our hope is that this guide will help you get started in the diagnosis, testing, and The Protocol, plus our resources will support you through the treatment of mold illness. And once an individual's health is assured, we can look for family members who may be in need of therapy as well.

Knowledge is power, so we've put this information together to help you understand the effects of mold better, and have the information you need to continue your health journey in the best possible way.

We're also dedicated to bringing you the latest information and leading expertise in an area that doesn't have widespread acknowledgment or understanding, and has conflicting or unsubstantiated information from a growing list of practitioners who don't rely on peer reviewed materials or clinical trials for their claims.

Our website, Survivingmold.com, provides access to the peer-reviewed and published information. You can download a roster of **published publications** from our SM physicians and Dr. Shoemaker, especially. There are approximately 45 published papers available as free downloads for your use and your review.

Finally, we're here to offer hope and support for what can be a complex health journey with far-reaching effects throughout your life. We understand the complexities, and have helped thousands with the proven roadmap we introduce here.

Mold illness can be conquered, we've seen it time and again. Dr. Shoemaker has been the lead scientist in this field since 1997. His experience and publications are respected worldwide.

MOLD: DEFINED AND DEMYSTIFIED

A growing group of people are seeking answers for a mysterious array of symptoms that go wrongly diagnosed, or even undiagnosed. This battery of symptoms tends to appear in those who recently moved, started a new job, or joined a new school or gym.

It's common to inhabit a new mold-harboring environment without even realizing it, and then struggle for a long time without knowing why. Mold can cause inflammation, hence the other name you'll often see in association with it, chronic inflammatory response syndrome (CIRS). Metabolic complications are also quite common.

Because CIRS is not universally known, some treating physicians will fail to see what the root of your health problems is, namely environmental exposure. Mold illness goes predominately undiagnosed due to a lack of knowledge on environmental and inflammatory factors.

Here's a closer look at the dangerous world of abnormal ecosystems created inside water-damaged buildings (WDBs):

Research is now showing us that the problem is more than just mold, and so we must take the larger ecosystem into account.

In these settings, normally benign organisms like mold, fungi, actinomycetes and other bacteria that make endotoxins are often overlooked and misunderstood. Organisms that go largely unnoticed, like bacterial actinomycetes, are actually more important than molds in influencing your health.

Mold, bacteria, biotoxins and more…

While many of these organism species are harmless, and some molds even serve a purpose in the natural ecosystem as decomposing agents, other types produce biotoxins that are harmful and can even be deadly to humans and animals.

Mold spores are invisible to the naked eye and enter our homes through open windows, doors and vents, or they catch a ride on our clothing, our pets, or items that we bring inside. Every home contains mold spores and bacterial organisms, but it's not until they gain access to both water and a food source, that they germinate and then potentially become toxin-formers.

In a setting of abundant food stuffs such as the inside of a water damaged building, some organisms will have the energy needed to add to their digestive properties. They can then make mycotoxins whose main function is designed to aid in digestion of plant species.

The toxic species feed on water damaged paper, wood and organic materials. These organisms inhabit humid, moist, dark places like under sinks or behind refrigerators.

Our homes contain many potential biotoxin emitting sources such as ceiling tiles, dry wall, carpeting, mattresses, clothing, paper, cardboard, and upholstery, just to name a few. When these materials become wet from plumbing leaks, damp

basements, roof leaks, floods, or from high humidity and condensation, the mold spores that are present can begin to germinate within 24-48 hours.

Given the proper conditions, a moldy ecosystem can thrive in hidden locations inside your home and, by the time it's noticed, it may have colonized across a basement, an attic, an interior wall, underneath carpeting, or above or in the ceiling tiles. High humidity environments without actual water damage can also create biotoxin growth within 48 hours.

THE EFFECTS OF MOLDY ENVIRONMENTS ON HEALTH

Exposure to these organisms affects everyone differently. In the same environment, some people may be severely affected while others may seem completely unaffected.

How badly you, family members, coworkers, or even your pets, may be affected depends on several factors, including a person's genetics, underlying health conditions, length of exposure time, and the level of toxicity of the molds and organisms to which they are exposed.

Each person who familiarizes the compromised environment will be affected in different ways, with some having no symptoms. Those exposed to the compromised environment can be affected in multiple different ways, but true cases will have an average of 23 health symptoms and 4 out of 10 published peer reviewed biomarkers.

As the illness begins, it is a multisystem, multi-symptom illness in essentially all patients.

The Genetic Link

Not everybody gets sick from exposure to a Water Damaged Building. Many of us are exposed to mold (and the related endotoxins) daily, however, approximately 75% of us are genetically able to fight off the toxicity,

depending on the level of exposure. So, what does that mean for the other 25%?

The answer to one's genetic predisposition toward mold/biotoxin illness lies in the expression of their HLA genes, the human immune response genes. This 25 percent has an HLA makeup that is associated with increased risk of developing mold illness.

Based on their HLA genotyping, some people have more adverse inflammatory effects than others, in part usually due to having the "dreaded" genotypes.

This group of people will be susceptible to having a series of abnormalities in innate immune responses that will not self-heal; will not lessen in severity; and will continue to cause illness from inflammation, as well as alteration of fundamental genomic activity. Biotoxins circulating through blood and lymph in the body activate these innate immune responses as they go.

What about the 75% who aren't genetically susceptible to mold/biotoxin illness?

It still doesn't mean this population can tolerate excessive toxic mold exposure. They too, can develop significant biotoxin-related health problems, and even mold-illness or CIRS.

Symptom severity depends on multiple interacting factors including inflammation and metabolism. These two main body systems interact in countless ways creating the symptoms and the proteomics (lab abnormalities) that occur as part of the case definition.

What is Chronic Inflammatory Response Syndrome (CIRS)?

An ongoing inflammatory response to mold/biotoxins can lead to chronic inflammatory response syndrome (CIRS). It's also referred to as mold or biotoxin illness. In this condition, inflammation affects multiple systems of your body.

Chronic exposure to a water-damaged building is the most common trigger of CIRS.

Many of the typical symptoms (see the list below) may be present with mold and biotoxin exposures. Often times multiple symptoms express leading to whole body inflammatory states and chronic, complex illnesses.

This state of chronic complex multi-system illness has been coined Chronic Inflammatory Response Syndrome or CIRS, by Dr. Shoemaker, and is a subset of the ICD- 10 (R65.10) recognized Systemic Inflammatory Response Syndrome (SIRS).

As identified by the US Government Accountability Office (GAO, 2008) report and the World Health Organization report (WHO, 2009), there are many compounds, both toxigens and inflammagens, present in the indoor air of a WDB that have been identified within the complex mixture found in the air and in the dust of the interior environments of WDBs. Further, there is clear data showing that each of these compounds can initiate an inflammatory host response such that no single compound can be identified as the sole cause of the inflammatory responses seen in affected patients. Since many sources of inflammatory stimulus exist, some of which are synergistic, and no single causative agent within the WDB can be deemed to be solely responsible for the symptoms exhibited, the sole causative agent becomes the interior environment of the WDB itself.

The consensus opinion of these reports is that this syndrome acquired after exposure to water damaged buildings with evidence of amplification of microbial growth shall be referred to as, "Chronic Inflammatory Response Syndrome acquired following exposure to the interior environment of Water-Damaged Buildings (CIRS-WDB)." For more information, the **CIRS-WDB statement paper** by The Mold Research Committee is available on the Surviving Mold Site.

Given that CIRS is multi-layered and symptomatic, the research continues to build and evolve revealing new understandings about it, and much more. For the on-going developments, tune into the **CIRS: The Latest Breakthroughs Webinar** with Dr. Shoemaker. Or you can also follow us or **sign up for our E-Letter.**

So, how do you know if mold is the culprit of your health symptoms?

In just a few steps you can confirm if moldy environments are significantly affecting your health. And you can get started right here and now…

3 STEPS TO DETERMINE MOLD ILLNESS

1/ Check your Symptoms with a VCS Screening Test

First, check your symptoms with the list of the most common mold illness symptoms below.

Mold illness may present in many ways, often with some kind of pain or inflammation, in almost any area of the body.

The illness can affect multiple systems in the body, and can express differently in each individual affected. If you are experiencing several of these symptoms, you could be suffering from mold illness.

The following signs and symptoms are often found in CIRS due to mold-induced toxicity:

- **Brain Function:** Executive cognitive abnormalities, "brain fog."
- **CIRS/SIRS:** Chronic Inflammatory Response Syndrome, Systemic Inflammatory Response Syndrome.
- **Digestive system:** Metallic taste in mouth, nausea, vomiting, bloating, abdominal pain, diarrhea, excessive thirst, bile acid reflux.
- **Eyes:** Blurred vision, eye irritation, itchy eyes, red eyes, light sensitivity, tearing
- **Energy:** Chronic Fatigue is common.
- **Hormonal Imbalances**
- **Immune system:** Fortunately, the data collected by Dr Shoemaker and his colleagues have identified specific immune abnormalities, especially, those identified by **GENIE testing** that help us tailor the program to your physiologic condition.
- **Mental state:** Anxiety, depression, irritability, mood swings
- **Muscles and skeleton:** Aches, muscle pain, joint pain, morning stiffness, weakness, lightning bolt pain and sharp piercing localized pain as in the eye.
- **Nervous system:** Headaches, static shock, dizziness, poor balance and coordination, vertigo, seizure-like events, tremors, numbness,

tingling, skin sensitivity to light touch, temperature regulation problems.

- **Respiratory system:** Cough, sore throat, runny nose, sneezing, sinus problems, chronic sinus congestion, new-onset or worsening asthma, shortness of breath, chest tightness.
- **Scent sensitivity:** Scent sensitivity, multiple chemical sensitivity, still does not have a definition agreed to by authors consistently. With GENIE we can identify the physiology of the source of unpleasant symptoms upon exposure to fragrances, chemicals and other odors.
- **Skin:** Rashes, dryness, irritation, sensitivity
- **Sleep:** Insomnia, frequent waking during sleep, night sweats
- **Urinary system:** Increased urination, urgency
- **Weight:** Appetite swings, weight gain or weight-loss resistance
- **Children:** Chronic ear, throat and upper respiratory infections, asthma

This list is a general overview of the most common symptoms, but it's by no means exhaustive. Also keep in mind, any of these symptoms could also be due to reasons other than mold toxicity and CIRS. So, while the symptoms themselves aren't conclusive, they are a good start. The specific effects depend on your body's unique vulnerabilities.

Next, take the online Visual Contrast Sensitivity Screening (VCS) and check your symptoms for the probability of mold-illness.

The Surviving Mold website features an online **VCS test.** If you find you have a few of the above symptoms or issues, and/or know you've been exposed to mold, the online VCS screening will give you feedback, immediately.

The screening measures the neurological function of vision (contrast) that is deficient in those with mold illness. If you fail, you should then be evaluated by a Shoemaker Protocol Certified Physician for a possible biotoxin illness.

The computer version of the VCS test is a screening test, and while it is a viable indicator, it does not in itself confirm diagnoses of any condition.

With the test, you'll also receive:

- Printable results for your physician, including a symptom profile.
- Results can be emailed to your physician upon request.
- If needed, the VCS screening will help track your results over time.
- Receive a 30-day follow up email.

The VCS Test takes approximately 15 minutes, asks key questions, and guides you step-by-step through the process (cost is approx. $15/test).

TAKE THE ONLINE VCS SCREENING NOW

2/ Another consideration is exposure; check your surroundings.

Mold isn't always obvious or visible. If you don't see or smell mold but you highly suspect it based on health symptoms, it's time to do some sleuthing and do your best to track down the mold at its source.

First, do your own home inspection.

Look around every room in your house, especially looking at the ceilings and walls. Check under and around every sink, toilet and tub/shower for any water damage or rust. Look for any water stains or signs of damage. Check behind big pieces of furniture that don't move often. Check your basement and the sump pump, water heater, and basement sinks.

Pay attention to odors. Especially in basements and crawl spaces. The "musty smell," thought to be specific for mold problems, is actually due to actinomycetes. If it smells bad, it probably is bad.

Think back to any past water intrusions no matter how small and be sure to carefully inspect those areas.

Other potential signs of mold to look for are: buckled baseboards, mold growing around window frames, or brown rings around pot lights. Or is there mold in the grout in your shower? Check front-loading washing machines for must smells. Air-conditioning systems can harbor mold. Do you have a food composter in your

kitchen? Mold can grow there. There is a lot of information online to help you do a thorough visual inspection.

Next, test your home with HERTSMI-2

The recommended test for those affected by WDBs is the Health Effects Roster of Types Specific formers of Mycotoxins and Inflammagens (HERTSMI-2).

While the EPA does offer a broader mold test, the Environmental Relative Mold Index (ERMI), this test alone does not tell you if a building is safe for a CIRS-affected patient to inhabit.

The **HERTSMI-2 scoring system** was developed to go beyond what the ERMI test doesn't show. Specifically, it's an index designed to predict safety of CIRS patients with re-exposure.

HERTSMI-2, like the ERMI uses dust sample mold testing to assess the health of a building. The HERTSMI-2 test pinpoints and quantifies five of the most common, and CIRS-applicable species of toxic mold known as "The Big 5":

- *Aspergillus penicillioides*
- *Aspergillus versicolor*
- *Chaetomium globosum*
- *Stachybotrys chartarum*
- *Wallemia sebi*

This test is offered by **EnviroBiomics** ($130-$277) and **Mycometrics** ($155)

You'll receive a test kit containing a cloth for wiping of various surfaces, sampling instructions, and a mailer for submitting the sampled dust for lab analysis. These labs also offer vacuum canisters to collect the dust samples.

When you have your lab results, use the HERTSMI-2 scoring system on Surviving Mold's site.

When you have your report, the downloadable HERTSMI-2 score card offered at Surviving Mold is designed to help those affected by water-damaged buildings.

Follow the steps outlined on **Surviving Mold's HERTSMI page**. Your results can be tallied and compared with the following interpretation:

- Under 10 - Safe
- 11-15 - Borderline; clean and re-test
- Over 15 - Dangerous for those with CIRS

When you've done the HERTSMI-2 test and have confirmation of exposure, you can plan an organized approach to treatment of water intrusion and removal of the conditions that create the eco system that is hurting you.

Disclaimer: HERTSMI-2 is a building index. We cannot provide guarantees that HERTSMI-2 scores under 11 are safe. To date, they have been but individuals have different levels of susceptibility to inflammation from water damaged buildings, some being extremely susceptible. No one HERTSMI-2 can possibly show all areas of a given building. HERTSMI-2 does not replace careful observation of symptoms and lab results obtained following re-exposure.

If you're still uncertain, call in a qualified mold inspector.

If you are still seeking valid confirmation, call in a qualified mold inspector. Look for someone who will do a visual inspection and is armed with specific tools such as an infrared camera. They will be able to actually measure the dryness or wetness of drywall (and put a small hole through drywall if you suspect mold or moisture behind the wall). The inspector often begins the examination of your home in the attic, looking at the insulation and factor in condensation potential or humidity levels.

Be very careful if your inspector does not use HERTSMI-2 or wants to do air sampling as these two features identify someone who is not up to speed in what mold is and what actinomycetes are. If you hear from the mold inspector that you need to kill species, thank him for his time but don't pay him a nickel. 99% of the particulates that make people sick in water damaged buildings are fragments of living organisms. They are dead. They are not alive. Killing what is dead will make no difference but removal of those particulates is absolutely mandatory to regain health.

Also consider your work or school environments.

It's not uncommon for people to become sick from environmentally toxic workplaces or any place they spend a lot of time in.

If you've ruled out your home, and suspect an environment you patronize is affected, assess how likely it is to get cooperation in running a HERTSMI-2 test.

Some agencies and owners may be open to it, others may do their best to avoid the inquiry. Proceed as best you can with the information you have. If you are diagnosed with mold illness, you'll need to remove yourself from any possible mold exposure, so ruling out the home is the first crucial step.

3/ The 3rd step is to find a Shoemaker Protocol Certified Practitioner.

Check the Certified Physician's Section on the SM site as Dr. Shoemaker has trained hundreds of physicians in the Protocol.

When all the prior steps are completed and you find you have a symptom profile, a positive VCS test, and signs of mold in your home or work environment, go on to do formal testing with a doctor. Choose someone who is versed in CIRS and mold illness. if you can't find a Shoemaker Protocol Certified Physician within traveling distance, our resources or our Proficiency Partners can help you manage the testing process and follow up requirements for your doctor.

When all the prior steps are completed and you have a symptom profile, a positive VCS test, and signs of mold in your home or workplace, it's time to have your laboratory studies done, including your **NeuroQuant.** By using the proteomics or lab tests, in combination with transcriptomics GENIE, you will have a complete roster of physiology enabling you and your health care provider to define exactly what is wrong with you.

This is of utmost importance because, while more and more doctors are learning about the effects of mold and biotoxin illness, it's still far from being a well-known

and well-trodden medical path. To avoid misdiagnosis or even going undiagnosed, it's best to find a Shoemaker Protocol certified doctor from the start.

When you begin the process, our certified physicians will perform an in-depth intake to get your complete, multi-faceted profile, and a series of tests and labs will be run, including the Shoemaker panel (what we call cytokine testing). The process also uses ground-breaking transcriptomic testing for definitive diagnosis.

The Shoemaker Testing Process highlights the importance of reviewing all intake information, the patient's genetics, immune system responses, and all required tests and labs together for a comprehensive evaluation, and the most effective treatment plan for you.

GENIE, the transciptomic test revolutionizing the field

As you undergo the testing process, you will be introduced to a remarkable advancement, GENIE (Gene Expression: Inflammation Explained), the transcriptomic test. Here's a little background on GENIE to shed some light on why it's a truly ground-breaking part of your protocol testing.

After years in development and validation, the application of transcriptomics now helps us understand the effects of gene expression, as well as abnormalities in gene functioning in CIRS illnesses.

As applied to our work with CIRS due to Water Damaged Buildings (WDBs), we can now show what CIRS truly is in patients harmed by WDBs.

For the first time, we can use differential gene activation to unveil the underlying complex physiology seen in patients with multisystem, multi-symptom illnesses typified by chronic fatigue. We can also look to the labs to answer the key question… whether or not the results will show hypometabolism. As we've previously explained, CIRS affects both inflammatory and metabolic systems.

We are now able to identify the basis for the illness, which leads to effective treatment protocols and lets us use targeted therapies based on our published, peer-reviewed work.

Yet, not all CIRS patients are alike. This panel will allow providers to identify specific target areas for treatment from a diverse array of molecular pathways found in CIRS.

We can now show when healing is complete in each individual. We can confirm relapse should that tragically occur. We can show progress in the twelve steps of therapy.

Let GENIE lead the way for your healing, too.

Adding GENIE to the toolbox of a CIRS physician is a remarkable advance. Make sure your attending physician uses GENIE on your path to recovery.

Find **more resources & info on GENIE** below, or on the Surviving Mold site.

PART II. GOT MOLD: THE NEXT STEPS



If the above criteria all points to mold illness, and your Shoemaker labs are positive, it's highly likely that mold and/or actinomycetes, or endotoxins are

playing a significant role in your illness. You must be able to define which is the culprit.

Now, it becomes even more important that your practitioner is certified in the Protocol. A protocol-based treatment means that the multiple steps must be taken in sequence, along with checking results of therapy at the end of each month of a given step of the protocol. By following a specific sequence, practitioners can access data worldwide with other people using the exact same protocol.

THE 3-STEP PATH TO RECOVERY

1/ ADOPT A HEALTHY RECOVERY MINDSET & SEEK SUPPORT

On the recovery path, it's important to keep expectations realistic. Recovery may take months depending on the number of abnormalities that you have. One month per abnormality is not unusual.

It requires being patient because it's a step-by-step treatment process. Each step needs to be followed specifically with tests being administered along the way. You may recover closer to the first steps, or you may need to go through many of the steps. To keep progressing, you must not be re-exposed!

And, while it's not a substitute for correction of inflammation and metabolism, rest and low stress may also aid in recovery. Yet here you are, possibly with a home, as well as a lifestyle makeover, and perhaps not a lot of energy or focus to tackle these requirements.

So, it's important to have a qualified doctor by your side and a support system in place. Along with the help of your family and friends, there are support groups online and our own **membership community** (which also includes VCS test packages that are helpful for the recovery process).

Make the required changes step by step, and trust you'll learn what you need as you go. In the end, all the learning, doing and effort steadily bring back a life filled

with meaning and fullness as the therapies (all tested in IRB-approved clinical trials) work to correct this immunologic disease.

2/ BEGIN HOME REMEDIATION OR REMOVE YOURSELF FROM THE ENVIRONMENT

A necessary step toward recovery is removing yourself from the mold-infested environment, or embarking on a thorough home remediation. This is a non-negotiable. If you continue to expose yourself to mold throughout treatment you will render the treatment ineffective.

Remediation requires treating all contaminated areas and removing all exposed and infested items, including books, papers, clothing, porous furniture, carpeting, upholstery, ceiling tiles, insulation, your car… and so on. These organic or porous items are feeding ground for mold, and it is typically best to remove the items rather than attempt to clean or salvage them.

It can be a massive undertaking, but advancements in indoor air sanitation devices are bringing about a remediation revolution. In the past, moving and even "burning down the house," were considerations, but now remediation is becoming a viable option.

If you do choose remediation, there's a lot of information to be found, so we suggest starting with the **Indoor Environmental Professionals Panel of Surviving Mold Consensus Statement** on Remediation, located on the Surviving Mold Website.

The Surviving Mold Consensus is the first publication of its kind that links the success of remediation methods to human health effects, and details how Medically Sound Remediation differs from traditional remediation.

This document can be your own reference tool, or use it as the standard for any remediation contractors you hire. If you do hire professional remediators, look for CIRS-aware Indoor Environmental Professionals (IEPs).

The Consensus Statement is designed to educate and accomplish the tasks required to:

(1) Assess a structure prior to remediation

(2) Describe environmental cleaning efforts

(3) Perform a post-remediation verification (PRV) test using the methods described within the Consensus Statement.

The key to the overall success of the documented approach is a working relationship with CIRS Certified Physicians who rely on accurate field data to help guide treatment of CIRS-WDB patients.

Also to note, the Consensus Statement asserts that many of our go-to information sources on remediation do not have adequate standards for those significantly impacted by CIRS, including but not limited to the 2008 NYC Department of Health and Mental Hygiene for Assessment of Fungi in Indoor Environments; the 2008 Version of Guidelines on Assessment and Remediation of Fungi in Indoor Environments; the 2001 EPA publication-Mold in Schools and Commercial Buildings; the 2015 ANSI/IICRCS520 newly revised mold remediation standards.

Some aspects of remediation can be done by yourself. Yet, if you find mold has taken over your home and you choose to remediate, do your research and make sure the professionals you hire follow procedures exacting enough for mold illness as detailed in the Consensus Statement.

3/ NEXT, BEGIN THE SHOEMAKER PROTOCOL WITH YOUR CERTIFIED DOCTOR

The protocol used in the treatment of mold illness is straight forward, but there are a series of steps to be taken, each in its proper order. The idea is that these treatment steps are similar to how one would climb a pyramid.

Ascending the pyramid step by step leaves a steadily smaller number of people with illness. There are different steps that address different abnormalities in the body. All of the steps are assessed as you go. Until you've reached your final step, we don't know that it's final.

We always evaluate the actions taken so we don't repeat labs unnecessarily. Any abnormal results of labs will be followed up with the next treatment step. At the

end of the 12-step protocol, we make sure that all lab results have returned to normal.

The treatment protocol is simple to understand, yet strict adherence is required in the treatment sequence. Variations have been attempted and substitutions have been tried, and it has been substantiated; it is critically important to follow the pathway to health in the order it is prescribed.

The Diagnosis Process starts with an in-depth intake and differential diagnosis:

- There will be a complete patient history and identification of the symptoms being experienced, followed with lab tests. The labs needed to show inflammatory abnormalities are collected and the labs that are always normal in biotoxin illness are also collected. When the combination of history, physical exam, and VCS testing point overwhelmingly toward CIRS, treatment may be offered immediately. In cases which are less clear, the labs will confirm the diagnosis of CIRS or point in another direction.

- Then directives will be given to follow the order of treatment of the Shoemaker Protocol without being creative or substituting unproven or unsubstantiated ideas or methods in place of those proven to work.

- You may need to perform HERTSMI-2 testing to assure there is no continued exposure to the building with amplified fungal growth.

Taking the Protocol Pyramid Step-by-Step



As we climb the pyramid, the next intervention is continually enacted that fixes each uncorrected item until you get to the "top" of the treatment pyramid. Each area is examined in a systematic order, supporting or ruling out, the most commonly affected areas.

Much of this will sound like science and medical jargon, and it is. The treatment is fully based on and backed by science and medically proven treatments – we are clear about that. We offer the medical process here so you have a general understanding of the layered or tiered process, and how and why it all works with particular functions of the body, in a very specific order.

1/ The first level of the pyramid is removal from exposure.

This means no more working, schooling, or living in a moldy environment for CIRS-WDB illness patients. Exposure will need to be watched carefully.

If the root of the exposure issue is not found or addressed, or if there is another exposure situation, it can be likened to this bathtub analogy; when you're trying to drain a tub filled to capacity with toxic substances, it's going to be much more

difficult, if not impossible, to fully drain it if you keep pouring in more of the same.

If the patient feels fine after remediation or removal from exposure, we expect to find normal VCS and normal lab results. If this is the case, no additional treatment is needed.

2/ The administration of Cholestyramine (CSM) or Welchol

The next step of the pyramid is prescribing the appropriate dose of cholestyramine, although most patients begin with Welchol these days for ease, convenience and reduced side effects.

These medications work to eliminate and correct toxin carriage in the body, and are administered with the necessary testing at regular intervals to determine effectiveness.

3/ Eradicating biofilm-forming MARCoNS

If you find you still need to continue up the pyramid, the next step is the eradication of bacterial MARCoNS (Multiply Antibiotic Resistant Coagulase Negative Staphylococcus) from the nasopharynx, if present. These bacteria form a biofilm making it hard for many antibiotics to penetrate, sheltering the bacteria. Further, they are resistant to at least two classes of antibiotics. MARCoNS rarely exist if a patient has a normal MSH (melanocyte stimulating hormone), but normal MSH is unusual in CIRS patients. To treat MARCoNS, a combination of therapies is used, including EDTA. The EDTA clears the way for normal nasal flora to eradicate the MARCoNS.

This is an evolving aspect of microbiology as MARCoNS rapidly acquire resistance, especially when drugs like the antifungals used in the past create resistance.

4/ Eliminating gluten for those with anti-gliadin positivity as shown by a positive blood test.

The fourth step is correction of antigliadin antibodies. Many, but not most, patients will have a positive antigliadin antibody (AGA) in their initial lab work. When Celiac Disease is ruled out, treatment of patients consists of a gluten-

free diet for three months followed by retesting. If the AGA is negative on retesting, gluten can often be reintroduced into the diet without consequences.

5/ Correcting abnormal androgens

The fifth step is correction of abnormal androgens typically caused by an up-regulated aromatase enzyme. Treatment may consist of
DHEA (dihydroepiandrosterone), HCG (human chorionic gonadotropin) injections (or sublingually) for 5 weeks, or VIP (vasoactive intestinal polypeptide) nasal spray for 30 days.

6/ Correcting ADH/osmolality

Step 6 is to correct antidiuretic hormone/osmolality problems. Treatment consists of desmopressin tablets every other night for 10 nights. If you have correction of this quickly, there is no need to continue but many people will need to have daily desmopressin for approximately one month. Osmolality needs to be closely watched.

7/ Correcting MMP-9, plus the "No Amylose Diet"

The seventh step is to correct MMP-9, an inflammatory marker. This treatment entails using omega 3 fatty acids, usually EPA and DHA, in conjunction with a "No Amylose" diet for the same time period.

The No-Amylose Diet was developed by Dr. Shoemaker to help people with mold illness who have high levels of MMP-9. Cutting back on amylose, a carbohydrate found in mainly in starchy foods that grow underground like potatoes, sweet potatoes, peanuts, carrots, plus cereal grains, works to lower MMP-9 levels.

For the Shoemaker Protocol recommended **MMP-9 reference ranges**, refer your attending physician to the article on the Surviving Mold site. The reference ranges published through the labs (Quest and LabCorp) now offer a broader range, and we've seen significantly different ranges used around the world. The Shoemaker Protocol's reference range is consistent with the worldwide peer-reviewed published literature and clinical trials' findings on MMP-9 treatment for CIRS due to WDB exposure or "mold illness."

8/ Correcting low VEGF, plus the "No Amylose Diet"

During this step we follow low VEGF (vascular endothelial growth factor, a signaling protein that promotes the growth of new blood vessels). People won't have symptomatic improvement if VEGF is below 31. Correcting low VEGF involves the no amylose diet and omega 3's as before for MMP9 correction.

9/ Correcting elevated C3a

Step 9 is the correction of high C3a. High dose statins are used to clear elevated C3a. Co-administration of CoQ10, beginning 10 days before starting the high dose statins will help prevent CoQ10 deficiency secondary to decreased HMG-CoA reductase function.

10/ Next, check for elevated C4a

This split product of the MBL (mannose binding lectin) pathway of the complement system is a key marker of how severe a patient's CIRS is. In the past we could use Procrit to correct C4a, but the FDA has put a black box on erythropoietin use. Because it's not available, we move on to follow the rest of the protocol and VIP.

11/ Reducing elevated TGFB1

Step 11 is the correction of TGFB1 (transforming growth factor beta 1), an innate immune cytokine which is also a key marker of illness severity. Reduction begins by treating with Losartan for 30 days in adults. Self-monitoring and low blood pressure should occur daily and with the start of symptoms such as orthostats. As with all other therapies, abnormal labs should be redrawn at the completion of therapy.

Step 12/ Using low VIP to restore immune balance and regulation

Step 12 is the pinnacle of the pyramid. By this time, most patients will already have become much better with reduction or resolution of at least 75% of their

baseline symptoms. Some will require this last effort. The criteria for use of VIP includes a normal blood test for lipase; a negative culture for MARCoNS; a normal HERTSMI-2, and a normal VCS test.

VIP is given as a nasal spray. Your doctor will go over dosing as required. Particularly, if you are using VIP to correct multiple gray matter nuclear atrophy see **the 2017 paper on VIP** on the Surviving Mold site. This use of VIP brings the most hopeful changes to those with cognitive effects and mold exposure.

VIP is not appropriate for patients who still have significant exposures or MARCoNS. It won't work. As such, a HERTSMI-2 (building index score), plus appropriate labs and testing will be run. These tests will document if the patient's body has been relatively cleared of toxin, that there is no major exposure and, indirectly, that MSH is moving in the right direction. Passing these tests at this time demonstrates the effectiveness of the previous 11 steps.

When you've experienced resolution of your symptoms there will be a final check to verify your stability off medications. And you will be finished with the protocol!

Through the whole process, as well as when you've completed the protocol, exposure has to be carefully monitored. If there is a new Water-Damaged Building (WDB) exposure during the protocol, its typical to have to go back to the bottom of the pyramid and start over. Symptoms can also retrigger from exposure after you've completed the protocol, too. Needless to say, taking steps to prevent water damage and subsequent mold exposure is imperative.

We urge you to review the **Protocol Essays** written by certified physicians. You can print them and use them as a reference in discussing the protocol in different effects with your treating physician. If there is a variance between what the protocol shows and what your physician is suggesting, you are allowed to ask your physician why they are altering the normal protocol.

As daunting as thriving in life again sounds, especially in an era of water-damaged buildings – it can, and is, being done by thousands of patients who've gone before you. You'll learn more along the way about how to protect yourself and keep yourself well. And should exposure to a new WDB happen, you can now

even nip it in the bud. You will now have support, resources, and a roadmap to put the steps you need in place.

We also hope you'll stay connected, and join our Facebook or Instagram groups, or our **membership program.** Stay in the know, stay supported, and arm yourself with the best, and the latest, information. Because your vibrant health is so worth it.

KEY RESOURCES: TESTING to RECOVERY

Whether you're confirming mold illness, getting the right labs and tests, or on your way to thriving in life again... Our key resources will support you all the way through, and bring you the latest updates and information.

INFO & SUPPORT RESOURCES

Online VCS Screening: In 15 minutes, you can be on your way to determining if mold illness is affecting you, plus receive a printout and follow-up email. Get started now.

Top Ten FAQs: Navigating mold illness and VCS testing can be daunting and common questions come up. Here's a list of the most frequent ones we hear, plus resources to access more solutions and answers, too.

Find a Shoemaker Physician in your Area: Take a look at our growing list of certified Shoemaker Protocol doctors and see if there's one near you.

Find (or become) a Shoemaker Proficiency Partner: If you can't find a Shoemaker Protocol Certified Physician near you, you can also check our Proficiency Partners list. Proficiency Partners have a variety of backgrounds, and some are available to help you manage your case in coordination with your attending physician. The program is the first level requirement for Shoemaker

Certified Physicians' program, and is open to anyone who'd like to become more informed, self-advocate, assist or support patients through recovery.

Membership for Premium Content: A Surviving Mold membership is your gateway to a more supportive and interactive surviving mold experience.

- Membership grants you access to the world's leading experts on biotoxin related illness, allowing you to submit questions to our Shoemaker Certified Physicians.
- VCS test/s are included (amount depends on membership type).
- Access to members-only special offers and other free materials.

E-Letter, Facebook, Instagram or Twitter Connect with us and receive the latest updates, offerings, tips, support, and more.

RESOURCES FOR YOUR PHYSICIAN (AND YOU, TOO).

The following links can be helpful for physicians and patients, both. Gain better understanding, or refer your physician to our guide, site, testing process, as well as the Protocol.

THE 12-STEP PROTOCOL OVERVIEW >> A quick-look reference tool you can print-out.

SHOEMAKER PROTOCOL ESSAYS >>

Written by Protocol Certified Physicians. Print these and use them as a reference in discussing the protocol in different effects with your treating physician.

SHOEMAKER PROTOCOL CERTIFICATION PROGRAMS >>

Learn more about certification, refer your doctor, support others, or become an advocate for your own recovery. Whether you're interested in deepening your own knowledge of the protocol or your attending physician is interested, we have two program levels to suit your needs.

THE LATEST LESSONS FROM GENIE >>

LAB TESTS >>

LAB ORDERS >>

PHYSICIANS ORDER SHEET >>

GENIE TESTING INFO >>

CHOLESTYRAMINE (CSM) or WELCHOL >>

VIP TREATMENT >>

2017 VIP ARTICLE ON CORRECTING GRAY MATTER ATROPHY >>

PROTOCOL REFERENCE RANGES FOR MMP-9 >>

MOVING & REMEDIATION RESOURCES

Surviving Mold Consensus Statement on Remediation If you choose remediation, there's a lot of information to be found, so we suggest starting with this in-depth consensus by a panel of experts including Dr. Shoemaker, which sets remediation guidelines for those affected by CIRS and mold illness.

The HERSTMI-2 Scorecard When you have confirmation of mold illness, you'll need to find out if your building's mold levels are safe for CIRS patients.

The HERTSMI-2 scoring system is a building index which determines if a given building is CIRS-safe for occupancy. A score of 11 is borderline, and extreme caution is advised for those with CIRS to have exposure.

CIRS House Hunting Guide Written by a collaboration of medical and environmental professionals within the CIRS community, this practical guide clearly illustrates how to identify a water damaged building, before you decide to move in.