Introduction

Today I'm going to take you on a journey through telling a story. It's the fictional story of a girl named Jyoti, but it could be a variation on many people's stories. Jyoti is Sanskrit for light and this is the story of her journey from darkness into light, from sickness to health. It's the story of escaping a prison created from the internal invasion of small particles, and a story about a war inside of us. A war that perhaps affects us more than all the wars around us because it affects us personally, and it strikes at the productivity of our nation. It's an invisible threat. Sometimes it's harder to fight invisible threats, the ones we can't see with our eyes.

Through the process of Jyoti's journey, I'm going to guide you through the sequential steps of the treatment pyramid for the Surviving Mold Protocol. In order to help you remember the steps, I'm going to teach you a memory technique.

This is a technique that is taught by the memory improvement teacher, Jim Kwik. It will help you to remember the sequential steps in the treatment protocol in order. This technique combines one of Jim's version of the Sun List with the Chain Linking story method, as well as using the idea of turning images into a picture. The more unusual the image the better; that's what helps you remember.

The Sun List connects unique images that are easily associated with the numbers one to twenty. From that we'll create a vivid action image that is illogical or outrageous enough to help us remember each step. Since there are twelve steps in the treatment pyramid, I'll use the first twelve.

Here's the Sun List with it's unique images

1. Sun - 1 sun
2. Shoe - 2 shoes in a pair
3. Traffic Light - 3 lights on a traffic light
4. Table - 4 legs on table
5. Star - 5 pointed star
6. Soda - 6 pack
7. Rainbow - 7 colors
8. Octopus - 8 legs
9. Cat - 9 lives
10. Toes - 10 toes
11. Skis - the number 11 looks like a pair of skis
12. Roses - 12 roses in a dozen roses

Next, we're going to pair the Sun list with the Treatment Pyramid from bottom to top. Each step of the pyramid will be paired with the corresponding number on the Sun list. Don't worry about memorizing this now, as we'll come back to it later in the story.
Here's the Treatment Pyramid paired with the Sun List:

1. Removal from Exposure - Sun
2. CSM/Welchol - Shoe
3. MARCoNs - Traffic Light
4. Antigliadin - Table
5. Androgens - Star
6. ADH/Osmo - Soda
7. MMP-9 - Rainbow
8. VEGF- Octopus
9. C3a - Cat
10. C4a - Toes
11. TGF-β1 - Skis
12. VIP - Roses

Before I weave these images and ideas into Jyoti’s escape from the prison, I’m going to tell you a little bit about how she got there in the first place. It was an insidious process that occurred over time. Jyoti’s bathroom didn’t have a fan and her kids liked to take long showers. The bathroom was always steamed up. Sometimes Jyoti’s kids weren’t careful about making sure they didn’t get water on the floor and didn’t notice that it was there. Jyoti didn’t notice that the drywall was getting soft, and it took a while before she noticed the black stuff appearing on the wall behind the toilet and next to the shower. Even then she didn’t realize the impact it was having on her health. It was subtle; Jyoti started not being able to remember things as well. She started to have red eyes, and frequent urination. She would wake up and not feel refreshed, even though she’d had plenty of sleep. As time progressed, she was having symptoms in eight of the following symptom clusters.
Most people with Biotoxin Illness end up having at least one symptom in six to nine clusters:

<table>
<thead>
<tr>
<th>Botoxin Illness Symptom Clusters</th>
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<tbody>
<tr>
<td>Fatigue</td>
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<tr>
<td>Weak</td>
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<tr>
<td>Decreased Assimilation of New Knowledge</td>
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<tr>
<td>Aches</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Light Sensitivity</td>
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<tr>
<td>Memory Impairment</td>
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<tr>
<td>Decreased Word Finding</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
</tr>
<tr>
<td>Joint pain</td>
</tr>
<tr>
<td>A.M. Stiffness</td>
</tr>
<tr>
<td>Cramps</td>
</tr>
<tr>
<td>Unusual Skin Sensitivity</td>
</tr>
<tr>
<td>Tingling</td>
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<tr>
<td>Shortness of Breath</td>
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<tr>
<td>Sinus Congestion</td>
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<tr>
<td>Cough</td>
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<tr>
<td>Excessive Thirst</td>
</tr>
<tr>
<td>Confusion</td>
</tr>
<tr>
<td>Appetite Swings</td>
</tr>
<tr>
<td>Difficulty Regulating Body Temperature</td>
</tr>
<tr>
<td>Increased Urinary Frequency</td>
</tr>
<tr>
<td>Red Eyes</td>
</tr>
<tr>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Sweats (night)</td>
</tr>
<tr>
<td>Mood Swings</td>
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<tr>
<td>Ice-pick Pain</td>
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<tr>
<td>Abdominal Pain</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Numbness</td>
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<tr>
<td>Tearing of eyes</td>
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<tr>
<td>Disorientation</td>
</tr>
<tr>
<td>Metallic Taste</td>
</tr>
<tr>
<td>Static Shocks</td>
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<tr>
<td>Vertigo</td>
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</tbody>
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The damage in Jyoti’s house was fixed, but Jyoti’s health continued to decline. Jyoti didn’t see any more mold in her house, but she didn’t get better. Jyoti didn’t have a life anymore and all she could do was stay at home. She frequently had diarrhea and was afraid to go out because she was never sure when it would come on. She had frequent headaches and body aches and just couldn’t focus. She was weak.

One of the key points that is often missed is that it’s not just mold that hurts people. There are a host of other contaminants found that may be found growing in indoor water damaged environments along with toxin-producing mold. (see table below). It is also different from mold allergies. It is an inflammatory response which causes a multi-symptom multi-system illness. Causation cannot be traced to any individual contaminant and it is not exposure dependent. That means even a tiny amount of contaminants can hurt the very sensitive.

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td>Range of toxins, inflammagens, and microbes found in WDBs</td>
</tr>
<tr>
<td>Mycotoxins$^{5}$</td>
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<tr>
<td>Bioaerosols$^{6}$</td>
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<tr>
<td>Cell fragments$^{7}$</td>
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<tr>
<td>Cell wall components$^{7}$</td>
</tr>
<tr>
<td>Hyphal fragments$^{8}$</td>
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<tr>
<td>Conidia$^{8}$</td>
</tr>
<tr>
<td>Beta Glucans$^{5,9}$</td>
</tr>
<tr>
<td>Mannans$^{10,11}$</td>
</tr>
<tr>
<td>Spirocytic drimanes$^{7}$</td>
</tr>
<tr>
<td>Inorganic xenobiotics$^{12}$</td>
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It turns out that about 25% of the population have a genetic susceptibility which can be tested through blood work. These individuals have certain HLA genetic haplotypes and consequently are unable to recognize these contaminants are toxins. Those toxins get recirculated and they trigger an ongoing chronic inflammatory response. It’s an innate immune system response, called Chronic Inflammatory Response Syndrome (CIRS) or Biotoxin Illness. In addition to contaminants from Water Damaged Buildings (WDBs), it can be triggered by
other toxins such as Lyme disease. The good news is that the research by Dr. Ritchie Shoemaker, who meticulously developed the diagnosis and treatment for CIRS, shows that around 90% of people who strictly follow the Surviving Mold protocol get better.\(^4\)

**Jyoti went to many doctors. She was diagnosed with Fibromyalgia, Chronic Fatigue Syndrome, Depression, Stress, Somatization, and Irritable Bowel Syndrome, but nothing helped.** (Multiple Sclerosis and Attention Deficit Disorder are other common misdiagnoses for CIRS.) At last Jyoti found a doctor certified in the Surviving Mold protocol. **This first thing the doctor did was give her a Visual Contrast Sensitivity (VCS) test.**

This test does not measure visual acuity (near-sightness or far-sightness). It measures the brain’s ability to see the contrast between shades of black and white. The test progressively moves from wider lines to smaller lines; from more contrast to less contrast. Neurotoxins decrease the available oxygen to the optic nerve and retina due to reduced velocity of blood flow, so individuals with CIRS will likely fail the screening. CIRS physician research shows that 92% of people with Biotoxin Illness will fail the VCS test so this makes it is a good predictor.\(^5\) It is also used to assess improvement throughout the treatment protocol, as well as if an individual has been re-exposed.

**Jyoti did not pass the VCS test. The doctor took an in-depth history, did a comprehensive physical exam and gave Jyoti lab orders for multiple blood tests. Over 20 tubes of blood were drawn and sent to different laboratories in order to get the right data to accurately access her situation. She was given an order for a NeuroQuant brain MRI which measures the volume of 11 areas of the brain.**

**NeuroQuant® (NQ) is an FDA approved software. It takes data from a standardized brain MRI and calculates the volume of 11 paired brain structures. It can do in about 10 minutes what previously took 100 hours of skilled radiologist’s time to assess. The NQ software can measure subtle changes in volume for structures that a radiologist’s eye may not be able to appreciate. In CIRS from Water Damaged Building there are certain areas of the brain that are larger and certain areas are smaller than in controls. In a 2016 study by CIRS doctors, previous study findings were validated that demonstrated this difference. These findings provide statistically significant evidence in a case/control study design that show a unique and distinctive “fingerprint” that identifies patients sickened by exposure to water damaged buildings.**\(^6\) The good news is that these changes can be reversed through treatment.

**Jyoti’s labs and MRI came back. When combined with the information from Jyoti’s history, physical exam and VCS test the diagnosis of CIRS - Water Damaged Building was confirmed.**

Fortunately, for those who are not able to have lab work and NeuroQuant® studies done, a recent retrospective study published by Dr. McMahon documented that applying cluster with screens (such as the VCS test) demonstrated excellent diagnostic accuracy.\(^7\)

**Jyoti’s doctor explained to her about the 12 step treatment protocol. It was a lot to wrap her head around. That night Jyoti dreamed a dream.**
Step 1 Sun - Removal from Exposure - Out of the prison, into the Sun

When Jyoti’s diagnosis was confirmed, it was like going from the darkness of a prison into the light of the sun. This is exactly what Jyoti did in her dream. From the prison, she walked outside into the bright beautiful sunshine and saw a pyramid with steps going up. She knew that to be well she had to make it to the top of the pyramid.

While seemingly simple, Step One can be one of the most difficult steps of the protocol. Remediation of homes and work spaces can be expensive, and what can you do in the process? Everything needs to be cleaned, and many things cannot be salvaged. Remember, it’s not just the visible mold that must be removed, it’s the small particles in the air that are too small to be picked up by HEPA filtration that can be the source of injury. The EPA’s Building and Assessment and Survey evaluation reports over 50% of the buildings in the US are water damaged, so care must be taken to avoid exposure in day-to-day living.8

Recommended testing is ERMI or HERTSMI-2, available through mycometrics.com. It uses dust collected by vacuuming or a Swiffer cloth for analysis by MSQPCR (Mold Specific Quantitative Polymerase Chain Reaction) DNA testing.9 DNA testing measures the total amount of fungal fragments, not just spores, so it includes the hyphae, the fruiting heads, etc. It identifies the mold down to the species level. This total value is then equated to the number of whole spores that would have the same value. Dr. Shoemaker’s research has come up with a scoring system that identifies whether a building is safe, borderline, or dangerous for CIRS patients. Having a safe environment is part of the criteria for VIP, the last step of the treatment pyramid.10

To remember the first step of the protocol, remember the connection between one and sun and going outside from a prison to the sun. The prison is the environment that makes us sick and getting out of it is the first step to making us well.

Step 2 - Shoe - Binders - CSM/Welchol - The Old Woman in the Shoe

Jyoti walked up the stairs to the next level of the pyramid. When she arrived, much to her surprise she found the subject of one of our childhood nursery rhymes - The Old Woman in the Shoe. However, in our version, instead of “whipped them all soundly and put hem to bed” she “gave them their binders and put them to bed.”

Jyoti watches as the Old Woman carefully measures Cholestyramine (CSM) powder into a shaker cup, shaking it up and giving it to some of the kids. She gives other kids a pill with a brand name of Welchol, colesevelam.

This step of the protocol is directed at eliminating the toxins from the body. Remember, those who are genetically predisposed do not recognize the toxins as foreign and never eliminate them. Because of their molecular make-up, CSM and Welchol bind the toxins in the intestinal tract and eliminate them through the stool. The length of treatment varies based on age, severity of symptoms, genetics and those who are able to avoid toxic exposures. It is continued until VCS normalizes. While there are are other binders available such as colestipol, charcoal, and clay there is no research documenting their efficacy and Dr. Shoemaker has not seen the same change in lab values using them. Many people will start feeling better after just a few weeks on binders if they are able to live in a clean environment.

To remember the second step of the protocol, remember the connection between two and shoe and the Old Woman in the Shoe giving binders to her children.
Step 3 Traffic light wrapped in cellophane wrap with whiteboard - MARCoNS

Jyoti walked up the stairs to the next level of the pyramid. When she arrived, she saw a red traffic light. But to her surprise, the three lights of the traffic light were thickly wrapped in cellophane wrap. There was a whiteboard attached to the light post.

The cellophane wrap is an image for the biofilm created by multiple antibiotic resistant coagulase negative staphylococcus. That’s a mouthful, so let’s just call them by their acronym, MARCoNS. Jyoti picked up the dry erase marker next to the traffic light and “marked on” the whiteboard to document that she passed by. The light changed to green.

Eradicating MARCoNs is the 3rd step in the protocol. MARCoNs are bacteria that live in the nasopharynx, the upper part of the throat where it connects to the nose. These bacteria form a biofilm which protects them from antibiotics. MARCoNS are rare in patients with normal melanocyte stimulating hormone (MSH), but most CIRS patients have low MSH. Therapy with binders, Cholestyramine (CSM) or Welchol, often doesn’t work until MARCoNs are eradicated. MARCoNs further lowers levels of MSH, a hormone that helps regulate the immune system and inflammatory response.

When treatment goes poorly or more slowly than expected it is most likely due to failure to one of the following reasons (failure to complete the first 3 steps):

1) Continued exposure
2) Failure to take CSM or Welchol as directed
3) Failure to eradicate MARCoNs

MARCoNs is tested by a nasal culture. It is treated through the use of an antibiotic nose spray. The nose spray combines the antibiotics with EDTA which penetrates the biofilm and lets the antibiotics get through to attack the bacteria. Frequently eradication of MARCoNs may take more than one course of treatment and even after eradication, they can recolonize so repeated testing may be warranted.

To remember the third step of the protocol, remember the connection between three and traffic light (3 lights) and the cellophane wrapped around it representing the biofilm, and the white board that Jyoti marked on to remind you of the acronym MARCoNS.

Step 4 Wheat field with Wheat Bread on It - Antigliadin/Gluten Intolerance

When the light turned green, Jyoti continued on to the next level. When she reached this level she found herself in a field of wheat with an ornate table in the center of it covered with warm freshly baked whole wheat bread that smelled simply heavenly. Jyoti could barely restrain herself from eating a loaf. However, Jyoti remembered that she, like many CIRS patients, had a positive antigliadin antibody. This means she needs to avoid gluten which is found in wheat, barley, rye and triticale and anything with ingredients made from these sources so she walked passed the table and continued up the stairs.

Treatment for this step is based on eating a gluten free diet for one to three months followed by retesting. If the antigliadin antibody (AGA) test is negative, gluten can be reintroduced.

To remember the fourth step of the protocol, remember the association between 4 and the number of legs on the table, and the wheat field with the table with wheat bread, which reminds you of the need for a gluten-free diet.
Step 5  Five-pointed Star  Androgens (male sex hormones) - Orion’s Phallus

As Jyoti continued her walk up the staircase, night was falling. She could see the constellation Orion on the horizon. Below the stars of Orion’s belt there are 3 stars. The middle one is not actually a star, but the Great Orion Nebula. While these stars are often depicted as Orion’s sword, because of their location below Orion’s waist, perhaps a phallus is more appropriate description. After all, a sword located in that position would likely eliminate any phallus which might once have been there and what male wears a sword between his legs? It was a clear moonless night, and there were no lights to hamper visibility of the stars as Jyoti stared in awe at Orion’s Phallus.

Androgens are male sex hormones, but females also have them too. Correction of abnormal androgens, as seen in blood work, usually consists of oral supplementation of DHEA for 30 days.

To remember the fifth step of the protocol, remember the association between 5 and the five pointed star, and Orion’s phallus which represents the male sex hormones.

Step 6  Six pack of soda - Antidiuretic Hormone (ADH)/Osmolality

Jyoti realized that she was parched with thirst. She continued up the steps where, to her delight, she found a soda machine. She proceeded to down a soda. Almost immediately, she felt an urgent need to pee. Fortunately, a short distance away there was cottage with a bathroom where Jyoti could take shelter for the night. Jyoti was happy to see that there was a recent HERTSMI-2 report posted on the wall showing a score of <11 so she knew the house was safe. After using the bathroom, Jyoti lay down and quickly drifted off to sleep.

Step 6 corrects antidiuretic hormone (ADH)/osmolality problems. ADH is the hormone that controls how much water is stored in your blood and osmolality is the concentration of solutes in your blood. In other words, these control your levels of thirst and how frequently you pee.

Sometimes the measurements of ADH and osmolality can be too high or too low by their measurements alone, or sometimes they can be too high or too low in their relationship to each. This treatment not only corrects labs but corrects frequent urination, frequent thirst, recurrent headaches, low blood pressure that occurs when you stand up after sitting or lying down, and static shocks. Treatment is a dose of desmopressin every other night for 10 nights, with monitoring of electrolyte levels.

To remember the six step of the protocol, remember the association between 6 and a six pack of soda, and the connection with drinking and peeing.

Step 7  Rainbow - MMP-9 (Matrix Metalloproteinase 9) - 9 Mounted Military Police

To sleep perchance to dream. That is exactly what happened to Jyoti. And what an unusual dream it was. In her dream she was standing at the end of a beautiful rainbow which stretched as far as eyes could see. Approaching the rainbow were a group of mounted military police riding in formation. There were nine of them. They stopped at the end of the rainbow and the first one helped Jyoti up on his horse. They proceeded to ride one by over the rainbow.
Step 7 corrects MMP-9. MMP-9 aids in bringing certain inflammatory molecules into the brain, nerves, muscles, lungs and joints so if it is elevated it needs to brought down to normal. Treatment is Actos 45 mg for 30 days along with “No Amylose” diet for the same period. If Leptin is <7 or a patient cannot tolerate Actos, 2.4g/day of EPA with 1.8g/day of DHA along with the “No Amylose” diet can be used instead.

To remember the seventh step of the protocol, remember the association between 7 and the 7 colors of the rainbow. and the Mounted Military Police, 9 of them riding over the rainbow.

M Mounted
M Military
P Police
9 9 of them

Step 8 Octopus Juggling Fennel - VEGF (Vascular Endothelial Growth Factor)

At the other side of the rainbow was a beautiful sea with sparkling blue water, bordered with beautiful white sand. Sitting at the end of the rainbow was an octopus juggling 8 pieces of fennel - one in each of his legs! Jyoti had never seen such an astonishing feat and couldn’t take her eyes off the octopus.

Step 8 is the correction of VEGF. Low VEGF causes fatigue, muscle cramps and shortness of breath. VEGF is corrected in the same way as MMP-9.

To remember the eighth step of the protocol, remember the association between 8 and the 8 legs of the octopus. VEGF is remembered by the fennel the Octopus is juggling. VEG is short for Vegetable and fennel begins with the letter F.

Step 9 Cat Dancing with C3PO - C3a, a complement factor

Next to the octopus, much to Jyoti’s surprise, a cat was dancing the tango with C3PO, next to a lime tree. While they were dancing C3PO tripped on a lime that had fallen off the tree. While the cat righted herself elegantly, C3PO was not so graceful. Fortunately the sand was soft.

Step 9 is the correction of high C3a. High C3a is not seen as frequently as high C4a. C3a is a complement factor. C3a can be elevated in Lyme disease so the presence of acute Lyme disease must be looked for if there is high C3a. Treatment begins with CoQ10 and then after 10 days high dose of statins are added.

To remember the ninth step of the protocol, remember the association between 9 and the cat with 9 lives. C3a is represented because C3PO has the C3 of C3a, and Lyme Disease is remembered by the lime from the lime tree that C3PO trips on.

Step 10 Toes in the Sea - C4a, a complement factor

Jyoti thanked the mounted military policeman for the ride and got off the horse. She walked to the edge of the beach. She gingerly touched the water with her fingers. Much to her delight, it was a pleasant temperature. She took off her shoes and put her toes in the sea. Four alligators were swimming towards her.
Step 10 is the correction of high C4a. It is a key marker of the severity of a person’s CIRS and is corrected through administration of Procrit. Procrit has a black box warning and care must be taken not to use it if certain conditions are present, so many people will chose not use this form of treatment. C4a can also be treated with VIP therapy.

To remember the tenth step of the protocol, remember the association between 10 and 10 toes. Jyoti puts her 10 toes into the sea. C4a is remembered because:

C has the same pronunciation as Sea.
4 is the number of alligators who swim towards Jyoti
a is for alligator.

Step 11 Transgender Fancy Betta Fish on One Ski - TGF-Beta 1 (Human Transforming Growth Factor - Beta 1)

As Jyoti wonders if the alligators are friend or foe she hears the hum of a motor boat. The motor boat is pulling a water skier through the water. Much to Jyoti’s surprise the water skier is a Transgender Fancy Betta Fish skiing on one ski.

Step 11 is the correction of high TGF-β1. TGF-β1 is also a key marker of the severity of a person’s CIRS. In high levels it can cause gastrointestinal dysfunction, lung disease, tremor, cognitive issues and joint problems. It is corrected through administration of Cozaar unless there is low blood pressure. With low blood pressure, it is treated with VIP.

To remember the eleventh step of the protocol, remember the association between 11 and skis because 11 looks like a pair of skis. TGF-β1 is remember by the acronym for the Transgender Fancy Betta Fish on 1 ski.

T Trans
G Gender
F Fancy
β Betta Fish
1 1 ski

Step 12 Roses - VIP (Vasoactive Intestinal Peptide)

Jyoti awoke from her dream within her dream to see the sun just coming up over the horizon. She got up, washed up and went back out to continue her journey to the top of the pyramid. As she climbed the last flight of stairs at the very top she could see there was a red carpet awaiting her. As she walked down the red carpet she was greeted by a geisha who handed her a bouquet of a dozen roses and congratulated her on making it to the top of the pyramid. A tantalizing breakfast was awaiting her on the table. She was receiving the VIP treatment.

Step 12 is VIP. By this time most patients will be better. But some will need this last step. VIP is administered as a nasal spray. In order for VIP to work, certain criteria must be met. VIP is not covered by insurance and most people do not want to waste their resources so it is important that this criteria be met. The patient must

1) Pass VCS screening
2) Have a clear nasal culture
3) Not have significant exposures (HERTSMI-2 <11)
4) Normal fasting lipase levels

VIP helps people be able to do more, show less fatigue and suffer less delayed recovery from normal activity. VIP stops excessive reactivity, reduces inflammatory changes, restores neuropeptide control to inflammation, provides correction of secondary hormone problems involving vitamin D and androgens, lowers TGF-β1, raises VEGF, and raises MSH. More importantly, it is available, affordable, effective and safe. Studies show that use of VIP can cause a reduction in forebrain parenchymal and cortical grey matter swelling and, used in higher dosages and for a longer treatment window, it can safely restore volume to multiple grey matter nuclei in patients with CIRS.

12 sequential steps, ending with VIP and fixing brain volumes. While the treatment protocol is clearly defined, compliance can be difficult, especially when there are limited resources. However, studies by Dr. Shoemaker and repeated by others, show that with compliance, 90% of patients get better.

To remember the twelfth step of the protocol, remember the association between 12 and a dozen roses. Jyoti is given the red carpet/VIP treatment when she reaches the top of the pyramid by having the red carpet awaiting for her, being handed a dozen roses and having a tantalizing breakfast awaiting her.

This treatment protocol came about from the pioneering work of Dr. Ritchie Shoemaker, who methodically, meticulously and systematically created the science and the treatments. He’s the author of eight books and multiple published academic papers. Retired from private practice, he devotes his time to certifying physicians in the Surviving Mold protocol, speaking at conferences, and never ending innovative cutting edge research in the field of genomics.

The next morning Jyoti awoke from her dream. She remembered in vivid detail going up the pyramid and reaching the top. While it still seemed a lot to wrap her head around, she felt an inner confidence and resolve that, no matter what, she was going to do what it took to make it to the top.

Following is a simplified version of Dr. Shoemaker’s Biotoxin Pathway (shared with permission from the author) which was adapted by Dr. Sandeep Gupta, and a part of his online Mold Illness Made Simple Course. This course is an excellent resource for those who wish to study Chronic Inflammatory Response Syndrome/Biotoxin Illness further. The course will give a comprehensive understanding of the syndrome, what to do to find out if you have it and then detail the sequential steps that follow. Course information can be viewed at http://www.moldillnessmadesimple.com/mims?aff=mingdooley
Another excellent resource is Mold Illness 101, http://tinyurl.com/moldcirs101 by Chris Graber, a patient working with Dr. Shoemaker to present the information correctly. And of course, the granddaddy of them all, Dr. Shoemaker’s website, survivingmold.com where his books, papers, presentations, online VCS testing, a list of certified physicians, the latest research and developments in the field, and much much more can be found.
References

1 Shoemaker, R. S. Katz, Dennis. VIP Too good to be true? Powerpoint, August 5, 2013.


