

**Dr Ritchie Shoemaker to visit Australia  
on March 7th and 14th 2015  
and in a world first Dr Shoemaker  
will be releasing his paper  
"Genomics changing the face  
of Modern Medicine"**



Ritchie Shoemaker M.D. is a leader and pioneer in patient care, research and education in the field of inflammatory illness caused by exposure to biologically produced toxins (biotoxins). A major focus of his work is chronic illness due to the toxins produced in a water-damaged building (WDB).

In March 2015, Dr. Shoemaker will visit Australia and will be speaking with physicians and patients about the diagnosis and treatment of what he has termed chronic inflammatory response syndrome (CIRS) – in particular, CIRS acquired following exposure to the interior environment of a WDB (hence, CIRS-WDB). Through clinical practice and formal research, Dr. Shoemaker has discovered that some individuals are genetically pre-disposed to develop CIRS after exposure to the biochemical stew of bacteria, mould and other toxigenic organisms, microbial volatile organic compounds, and inflammagens that can develop in a WDB – be it a workplace, home, school or commercial worksite.

The reason is that these people have immune response genes (HLA-DR or DQ) that prevent their bodies responding appropriately to eliminate biotoxins, which instead accumulate and circulate through their bodies, causing a complex cascade of biochemical events. A downward spiral with system-wide illnesses is the result.

Based on international registries of gene frequencies, 24% of the population is genetically susceptible. This is a concerning statistic, especially given the many Australian homes and businesses that have sustained water damage in natural disaster events over the past five years.

The good news is that CIRS can be diagnosed, through blood tests for known inflammatory markers, and treated.

Dr. Shoemaker, who has a long and successful track record with CIRS patients, is now training and certifying other physicians who are adopting his testing and treatment protocols.

In Queensland, Dr. Sandeep Gupta is about to complete training in the Shoemaker protocol. Dr. Tania Ash, in Victoria, is also undergoing training with Dr. Shoemaker and will fly to America for intensive training this year. More Australian doctors are about to commence their training, which is great news.

Whilst in Australia, it is planned that Dr. Shoemaker will speak at a physicians' conference in Sydney, NSW on 14th March 2015 at the North Sydney Harbour View conference rooms and a conference for patients and the general public the week before on 7th March 2015 in Brisbane, QLD (where many recent flood and cyclone victims are now reporting symptoms of CIRS) at the QUT conference facilities.

Other guest speakers at these events will look at how we determine and remove causes of toxicity in a WDB, so that physicians have a greater chance of healing affected individuals.

Dr. Shoemaker also intends to release a paper revealing the findings of his latest genomics research, during his visit to Australia and the impact it may have on the future of modern medicine.

Background on the causes, symptoms, diagnosis and treatment of CIRS is attached.

## **Background – how the discovery of biotoxin related illness began**

Dr. Ritchie Shoemaker has described how the discovery of “chronic, neurotoxin-mediated illnesses” started in 1997, after large numbers of fish were found dead in Chesapeake Bay and patients began presenting to his general practice in Pocomoke, Maryland with seemingly unrelated symptoms: “brutal” headaches, blurred vision, watery diarrhea, memory loss, confusion and disorientation, an inability to sleep, violent coughing, inflamed skin lesions, muscle aches.

Dr. Shoemaker discovered a treatment by chance after he prescribed cholestyramine for one of his patients – it is used to treat diarrhea, by binding bile in the gastro-intestinal tract to prevent its reabsorption – and found it also cured her headache, coughing and memory loss. He found that cholestyramine also worked for his other patients’ symptoms.

It emerged that these patients’ symptoms were all due to a toxin-producing microorganism (pfiesteria), which was also killing the fish in Chesapeake Bay. Dr. Shoemaker deduced it was releasing a fat-soluble toxin that first dissolved in muscle, then brain, then made its way into the lung, bile and neural tissue. The cholestyramine removed the toxin from his patients’ bile, and the toxin also left the body’s tissues. Dr. Shoemaker later deduced that something similar was occurring with patients who became ill after exposure to a water-damaged building (WDB). For almost two decades, he has dedicated his life and career to understanding the link between the toxic stew in many water damaged homes and other WDBs, and the illnesses that result –uncovering the science behind these and attacking the problem with clinical studies and sound research techniques.

Cause and symptoms of CIRS-WDB (chronic inflammatory response syndrome, acquired following exposure to water damaged buildings)

CIRS-WDB involves a systemic inflammatory response that results when an individual does not have the immune response genes to eliminate neurotoxins produced by their exposure to a WDB. So their innate immune system fails to regulate inflammation, with dire consequences.

Biotoxins directly affect nerve cell function (<http://www.survivingmold.com/diagnosis/the-biotoxin-pathway>). CIRS affects multiple systems in the body, causing patients to exhibit multiple symptoms. A patient who presents with several of these, after exposure to a WDB, could be suffering from CIRS. Symptoms can include fatigue, weakness, aches, muscle cramps, unusual pain, ice pick pain, headache, light sensitivity, red eyes, blurred vision, tearing, sinus problems, cough, shortness of breath, abdominal pain, diarrhea, joint pain, morning stiffness, memory issues, focus/concentration issues, word recollection issues, decreased learning of new knowledge, confusion, disorientation, skin sensitivity, mood swings, appetite swings, sweats (especially night sweats), temperature regulation or dysregulation problems, excessive thirst, increased urination, static shocks, numbness, tingling, vertigo, metallic taste, tremors. Some CIRS patients will become hypersensitive, and get “sicker-quicker” with more exposure. A few develop multiple chemical sensitivities such as to detergents, deodorants, or perfumes. Depending upon their symptoms, patients may be diagnosed with other illnesses, including multiple sclerosis, chronic fatigue syndrome, fibromyalgia, and depression; however, there are tests that can be used to establish if CIRS is the underlying cause of their symptoms.

# Diagnosis and Treatment of CIRS

Visual Contrast Sensitivity (VCS) is the brain's ability to differentiate between lighter and darker colors. It is impaired in most CIRS sufferers – 92% fail a simple VCS test. VCS testing provides an initial indication of whether CIRS is a likely diagnosis, although it cannot confirm or rule out CIRS.

Blood tests will confirm if a patient has inflammatory markers associated with CIRS.

For example:

- Most CIRS patients are deficient in melanocyte stimulating hormone (MSH), which has anti-inflammatory and neurohormonal regulatory functions. This causes chronic sleep disorders, and reduced endorphin production leading to chronic pain;
- Vasoactive intestinal polypeptide (VIP) is a neuroregulatory hormone. Low levels in CIRS patients leads to unusual shortness of breath, and chronic watery diarrhea. Patients with multiple chemical sensitivities have been found to have low VIP levels;
- Neurologic, autoimmune and other systemic problems are found with high levels of TGF Beta-1, a protein found throughout the body that plays a role in development before birth, the formation of blood vessels, the regulation of muscle tissue and body fat development, wound healing, and immune system function (especially regulatory T-cells); and
- C4a has been described as the inflammatory marker of greatest significance looking at innate immune responses in those with exposure to WDBs. C4a is part of the complement system – a group of proteins that move through the bloodstream, work with the immune system and play a role in development of inflammation. Levels rise rapidly after exposure to biotoxins.

Some CIRS sufferers recover naturally over a period of time, once removed from the WDB (which is an essential step). Others will require medication such as cholestyramine to remove toxins from their systems, hormone replacement therapy, and a toxin-free home and work environment (below what is considered normal for most people) until their immune system has had time to “reboot” itself.

Issues with the diagnosis of CIRS

Patients with CIRS are often misdiagnosed, due to a lack of awareness of the condition and possible symptoms. Medicare presently does not cover all the required blood tests or the medication, which will prevent some Australian patients from gaining access to accurate diagnosis and proper treatment. CIRS has been found to be the underlying (treatable) cause of some unusual cases of multiple sclerosis, idiopathic juvenile arthritis, interstitial lung disease and other illnesses. Dr. Shoemaker has suggested that in the future no patient will be seen for neurological deficits and pulmonary problems without consideration of nerves and lungs as targets of innate immune responses gone haywire. He has also predicted that the next textbook of autoimmunity and rheumatology will be one dedicated to treating high TGF beta-1 and restoring control of T-regulatory cells.

Integrative psychiatrist Dr. Mary Ackerley (certified in the Shoemaker protocol) has found a high percentage of her patients have some degree of biotoxin related illness, and when this is treated their mental health symptoms are alleviated or disappear. She has explained that neuroinflammation is widely documented in the psychiatric literature although less well known to many clinicians. <http://www.survivingmold.com/community/mary-ackerley-the-brain-on-fire-the-role-of-toxic-mold-in-triggering-psychiatric-symptoms>.

Other research on mould-related illness including from exposure to a WDB  
CIRS is sometimes referred to in Dr. Shoemaker's material for simplicity as “mould illness” or “mould toxicity”. However, in talking about the causes of CIRS-WDB, he is clear that mould is a relatively small part of the overall toxic stew (which includes bacterial toxins, microbial volatile organic compounds, and other microbial organisms and chemicals). He also emphasizes that mould toxicity is not the same as mould allergies or mould infection. There is a large amount of research into the correlation between mould and various illnesses.

Currently, a research project is being conducted in Newcastle, NSW, to find out whether a fungus/mould which is known to be a common environmental contaminant is present within cancerous breast tissue but absent from healthy breast tissue, and whether there is a possible association between environmental exposure to the fungus and its presence within breast cancer. Mr. Vincent Neil, Mycotox Pty Ltd (Australia) and Dr. Jack Thrasher, of Thrasher & Associates Medical/Legal Consultants (USA) are conducting this study. For information, go to [www.mycotox.com.au/breast-cancer-a-pilot-study/](http://www.mycotox.com.au/breast-cancer-a-pilot-study/).

Additional Reference Materials

Dr. Shoemaker has a website [www.survivingmold.com](http://www.survivingmold.com) that contains a large amount of free information and resources on biotoxin related illness in general, and CIRS-WDB in particular.

There are links to over 30 papers, articles, essays and reports of which Dr. Shoemaker is either the sole author, or a co-author.

These include:

- a copy, for educational purposes, of the accepted manuscript of Ritchie C. Shoemaker, Dennis House, James C. Ryan, "Structural brain abnormalities in patients with inflammatory illness acquired following exposure to water-damaged buildings: A volumetric MRI study using NeuroQuant®", Neurotoxicology and Teratology (2014), doi: 10.1016/j.ntt.2014.06.004;
- The Policy Holders of America: Research Committee Report on Diagnosis and Treatment of Chronic Inflammatory Response Syndrome Caused by Exposure to the Interior Environment of Water-Damaged Buildings (2010); and
- Ritchie Shoemaker, Margaret Maizel, "Innate immunity, MR spectroscopy, HLA DR, TGF beta-1, VIP and capillary hypoperfusion define acute and chronic human illness acquired following exposure to water-damaged buildings", International Health Buildings (conference peer review, 2008).

Papers by other physicians who have been certified or are training in the Shoemaker protocol that are available via [www.survivingmold.com](http://www.survivingmold.com) include Dr. Mary Ackerley, "The Brain on Fire: the Role of Toxic Mold in Triggering Psychiatric Symptoms".

Dr. Shoemaker has also written several books for patients and the general public including Desperation Medicine, Mold Warriors, and Surviving Mold: Life in the Era of Dangerous Buildings.

Dr. Shoemaker's curriculum vitae can be found at [www.survivingmold.com/about/curriculum-vitae](http://www.survivingmold.com/about/curriculum-vitae)

Vince Neil | Mycotox [www.mycotox.com.au](http://www.mycotox.com.au) | phone 0418 491 507 | email [network1@hunterlink.net.au](mailto:network1@hunterlink.net.au)

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