

11-Step Treatment for Biotoxin Illness

Excerpts taken from: Dr. Ritchie Shoemaker's 11 step treatment protocol at survivingmold.com

Chronic Inflammatory Response Syndrome (CIRS), is a combination of illnesses or ailments that directly relate to an individual's work or home environments. CIRS is acquired following exposure to the interior of a water-damaged building with resident toxigenic organisms, including fungi, mold and bacteria. The treatment of choice for CIRS is Dr. Ritchie Shoemaker's 11-step Biotoxin Removal Protocol.(Figure 1)

Step 1: Removal From Exposure:

The first and most important step is remove from exposure. Efforts must be made to determine the source of mold toxicity. Once the source of exposure is identified, every effort must be made to remove the mold to avoid potential continued exposure.

Step 2: Eliminate Toxins

Cholestyramine (CSM): is a bile acid sequestrant, which binds bile in the gastrointestinal tract to prevent its reabsorption. It is a strong ion exchange resin, which means that it can exchange its chloride anions with bile acids in the gastrointestinal tract and bind them strongly in the resin matrix. CSM has a quaternary ammonium side chain which creates a localized, net-positive charge. The ammonium is of the right size and charge to bind with high affinity to the toxic ionophores preventing their reabsorption. Treatment durations vary and are continued until VCS test normalizes.

Adults: use 1 scoop (4 grams) four times a day. Adults less than 120 pounds use 1 scoop three times a day.

Children: use 60mg/kg for each dose three times a day

Step 3: Eradicate MARCoNS

These resistant bacteria form biofilm making it hard for many antibiotics to penetrate, sheltering the bacteria. To treat multiple antibiotic resistant coagulase negative staphylococcus MARCoNS, a combination of therapies is used to eradicate it from the nasopharynx, if present.

Rifampin: a powerful oral antibiotic is a mainstay. It is able to penetrate the biofilm and get to the "bugs".

Adults: Rifampin 300mg capsules (two) with breakfast for 30 days

Children: 10-20mg/kg/day

BEG Nasal Spray: It's an acronym for bactroban (mupirocin), edetate disodium (EDTA) and gentamicin. BEG nasal spray is an effective way to eradicate biofilm-forming, antibiotic-resistant staphylococcus colonizations in the sinus cavity. BEG nasal spray is used to treat patients susceptible to recurrent staph infections.

This unique formulation addresses the needs of patients recovering from biotoxin illness. It is an effective option to combat antibiotic resistant bacterial colonies. This is the key step aiding in the recovery and healing process. BEG nasal spray's active ingredients are a combination of two antibiotics (bactroban, gentamicin) and the calcium chelator EDTA. The EDTA dissolves the biofilm coating clearing the way for a direct attack by the topical antibiotics. Start the rifampin and BEG nasal spray on the same day to discourage bacteria resistance.

Adults: use 1-2 sprays in each nostril three times a day for 30 days
Children: use 1 spray in each nostril once daily

Step 4: Correcting Antigliadin Antibodies

Many, but not most, patients will have a positive antigliadin antibody (AGA) in their initial lab work. In such cases, a tissue transglutaminase antibody test (TTG) should be performed. If this is positive, the patient has celiac disease and should be treated accordingly. However, in CIRS patients, TTG is usually negative. Treating TTG-negative patients consists of a gluten free diet for one to three months followed by retesting. If the AGA is negative on retesting, gluten can be reintroduced into the diet without consequences.

Step 5: Correct Abnormal Androgens

Treatment may consist of 25mg of DHEA taken three times a day, 125mg injections of HCG (human chorionic gonadotropin) once a week for five weeks, or VIP (vasoactive intestinal peptide) nasal spray four times a day for 30 days (see step 11)

Step 6: Correct Antidiuretic Hormone (ADH) Osmolality problems

A functional feedback loop exists between ADH and osmolality. Treatment consists of 0.2mg tablets of desmopressin every other night for 10 nights. Children can use desmopressin nasal spray at 1-4 sprays per night depending on weight and age.

Step 7: Correct MMP-9 and VEGF

The seventh step is to correct MMP-9 (matrix metalloproteinase 9). This is achieved with a "No Amylose" diet. The goal is to up regulate PPAR-gamma production and subsequently reduce MMP-9 expression.

Step 8: Correct C3a

C3a and C3b are the split products of activating C3 in the complement system. High dose statins are used to clear elevated C3a. Co-administration of CoQ10, 150 mg once daily, beginning 10 days before starting the high dose statins will help prevent CoQ10 deficiency secondary to decreased HMG-CoA reductase function.

Step 9: Correct: 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. Procrit (erythropoietin) is used to reduce C4a. For those reluctant to use Procrit, VIP therapy can also be used at 4 sprays a day (see step 11)

Step 10: Correct TGF Beta-1

Step 10 is the correction of TGF-B1 (transforming growth factor beta 1), an innate immune cytokine which is also a key marker of illness severity. Reduction is actuated by giving up to 25mg of Cozaar (losartan) twice a day for 30 days in adults or 0.6-0.7 mg/kg/day divided twice daily for children.

Step 11: Vasoactive Intestinal Peptide (VIP) Nasal Spray

The final step is at the pinnacle of the pyramid (see Figure 1). By this time, most patients will already have become much better with reducing or resolving at least 75% of their baseline symptoms. Some will require this last effort, using VIP, which is a peptide hormone that exerts potent anti-inflammatory and immunomodulatory effects. The VIP dosage is 1 spray (50 micrograms) four times a day (in alternating nostrils). Therapy should be maintained at four times a day for at least 2-3 month, then decreasing one spray a day each month.

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