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Part 1: Introduction to TMSA & Mould Illness/CIRS

1.1 - What is the Toxic Mould Support Australia (TMSA) Website and Facebook group?

1.2 - How do I search the Facebook group for past posts?

1.3 - What is mould?

1.4 - Is it spelt mould or mold?

1.5 - What is CIRS-WDB / mould illness?

Mould illness (mold illness, USA spelling) is the common name for CIRS-WDB. The two terms will be used interchangeably throughout this FAQ. CIRS-WDB is a condition caused by biotoxins and inflammagens produced by microorganisms such as mould, bacteria and actinomyces found in water-damaged buildings. Tick-borne infections such as Borrelia (Lyme disease) and Babesia, toxic blue-green algae and ciguatera found in reef fish can also produce biotoxins and cause CIRS.

These conditions are called biotoxin illnesses.

1.6 - Is CIRS-WDB just due to mould?

1.7 - What are the main theories about mould causing health problems?

1.8 - Who are the leading doctors and researchers in the field of mould illness/CIRS?

1.9 - Are there other forms of CIRS apart from mould/water-damaged buildings?

1.10 - How does Lyme disease/Babesia figure into CIRS?

Part 2: Screening and diagnosing Mould Illness/CIRS

2.1 - Screening based on symptoms

In research Dr. Shoemaker found that 35 health symptoms could be categorised into 13 clusters. If a patient is confirmed to have 8 or more clusters of symptoms the likelihood of presence of CIRS exceeds 95%. A cluster is positive if you have one or more symptoms in each group. When combined with VCS deficits, symptom clusters can yield an accuracy of 98.5%, with false negatives < 2%. (Shoemaker et al, 2017). [Note clusters and VCS cannot differentiate CIRS-WDB from other CIRS causes such as CIRS Lyme].

You can see the CIRS clusters on the [symptom](#) page.

2.2 - Conditions associated with CIRS

- Lyme disease (Borrelia), Babesiosis (Babesia) and other stealth infections (watch [this webinar](#))
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)
- Fibromyalgia
- Multiple Chemical Sensitivity (MCS)
- Inflammatory Bowel Disease (IBD), Irritable Bowel Syndrome (IBS), SIBO, Leaky Gut (watch [this webinar](#))
- Alzheimer's Disease (watch [this webinar](#))
- Mast Cell Activation Syndrome (MCAS) (watch [this webinar](#))
- Multiple Sclerosis (MS)
- Depression
- Post Traumatic Stress Disorder
- Allergies

(cf: [common misdiagnoses](#) at Surviving Mold).

2.3 - Visual Contrast Sensitivity (VCS) testing

The cost is \$15 USD although there are discounts for bulk purchasing which are handy if continue with the CIRS protocol.

Dr. Shoemaker's original research showed a sensitivity of 92.5% with only 7.5% false negative results, although this was done with [a handheld device](#). False positive were even

less (2.5%) and mainly seen in those who had been exposed to occupational solvents, heavy metals, hydrocarbons and petrochemicals. In layman's terms if you are positive via the Surviving Mold test it is very likely you have a biotoxin illness; VCS can also be used to track your treatment.

If you are negative you should go onto other screening and diagnostic testing to confirm or rule CIRS out but you may still be able to rely on VCS to track treatment.

Is there a free one available? (VCSTest.com)

Yes, there is a free test available at VCSTest.com however the results don't seem to correlate with the handheld or Surviving Mold versions. It's strongly suggested to do the Surviving Mold test, in addition, if you do the free one first. See the following table for a sequential comparison done by the author in March 2017, comparing the handheld to the Surviving Mold test, to the VCSTest.com one (following instructions given).

18.03.17	Handheld					SurvivingMold.com					VCSTest.com														
	LEFT		RIGHT			LEFT		RIGHT			LEFT		RIGHT												
9			x	x					x	x				x	x			x	x	x	x	x			
8			x	x					x	x				x	x			x	x	x	x	x			
7			x	x					x	x				x	x			x	x	x	x	x			
6			x	x					x	x				x	x			x	x	x	x	x			
5			x	x					x	x				x	x			x	x	x	x	x			
4			x	x					x	x				x	x			x	x	x	x	x			
3			x	x					x	x				x	x			x	x	x	x	x			
2			x	x					x	x				x	x			x	x	x	x	x			
1	Pass					Pass					Pass					Fail									
	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E

2.4 - HLA DR/DQ gene testing

2.5 - Blood biomarker testing available in Australia

2.6 - Blood biomarker tests unavailable in Australia

2.7 - NutriPATH testing

Part 3: Other biomarker testing

3.1 - NeuroQuant (Volumetric MRI)

3.2 - MARCoNS testing

3.3 - What about urine mycotoxin testing?

Dr. Shoemaker does not recommend this test for a number of reasons.

1. Mycotoxins make up < 1% of the burden of inflammagens in a WDB.
2. These tests only look for several mycotoxins (aflatoxin, ochratoxin, trichothecene mainly) when there have been four hundred discovered so far.
3. These tests are polyclonal and have never had specificity of their antibodies confirmed (Realtime test).

4. Urine mycotoxins are generally confounded by mycotoxin ingestion from food.

See [Dr. Shoemaker 2015's Hopkinton Lecture](#) (2:24:53. Thoughts on Realtime Labs) and [Dr. Joseph Brewer: Nasal fungi, anti-fungals and junk science](#).

Another group of doctors have found mycotoxin testing to be useful, and there may be some value to these tests but they shouldn't be used as the sole diagnostic test for CIRS. Also there needs to be more studies done on the association between environmental moulds/water-damaged buildings and mycotoxins in human urine or blood.

Part 4: CIRS treatment protocol (Shoemaker protocol)

4.0 - What is the recommended CIRS treatment protocol

4.1.1 - Removal from WDB exposure

4.1.2 - Mold Avoidance

The most well-known mould avoider is Erik Johnson, who was the prototype for CFS in Lake Tahoe, Nevada in the mid-1980s. He was effectively symptom free with extreme mould avoidance only, and did not follow the rest of the Shoemaker protocol. For more on Erik's story and mould avoidance techniques read the book *Back from the edge* by Lisa Petrisson (see [resources](#)).

4.2.1 - Binding of toxins (CSM)

4.2.2 - Binding of toxins (other)

4.2.3 - Intensification reaction

4.3.2 - MARCoNS treatment

4.3.3 - Nasal fungal colonisation and anti-fungals

4.4 - Correcting gluten intolerance, hormones and inflammatory markers

4.5 - VIP nasal spray

Part 5: Building testing

5.1 - How do I test my home/workplace?

5.2 - What is ERMI testing?

5.2 - What is the HERTSMI-2 score?

5.3 - What is a safe HERTSMI-2 score?

5.4 - What is a safe ERMI score?

5.5 - My HERTSMI-2 is good but my ERMI is high, what should I do?

5.6 - How do I do the ERMI test myself?

6. Building remediation and mould prevention

6.1 - What is mould remediation?

6.2 - Do you need professional remediation?

6.3 - Can you do mould remediation yourself (DIY)?

This is primarily going to have benefit when your ERMI report shows moderate water saturation moulds such as *Aspergillus penicilloides*, *Aspergillus versicolor* and *Wallemia sebi*. If there is an excess of other species, particularly *Stachybotrys* and *Chaetomium* which indicate higher water saturation and possible ongoing water ingress in the house, the services of a professional remediator may be needed. In uncertain cases it is recommended to consult experts such as [mycologists, indoor environmental professionals or building biologists](#) on the best way to proceed with remediating a property.

6.3 - What about professional remediation?

6.4 - How do you know if remediation has been successful?

6.5 - Areas of concern for water damage

6.6 - Dehumidifiers

6.7 - Air purifiers

Part 7: Conclusion

While CIRS, biotoxins and Dr. Shoemaker's protocol are a relatively new concept in healthcare and may initially seem daunting the science is extremely solid and growing each year. It is backed by over 30 papers and Shoemaker's own clinical practice of 10,000 CIRS patients, four books over almost twenty years. Feel free to ask any remaining questions you might have on the [facebook group](#) and join in the discussion. Australian mould warriors unite!

Disclaimer

The author of the FAQ is written by a patient who is not a medical or mould industry professional. Any screening, diagnosis, treatment or building testing/remediation advice is for personal research purposes. Please consult with trained professionals before embarking on any of the protocols mentioned.