Biotoxin Illness:

Neuropsychiatric Impact, Brain Imaging, and Integrative approach to Treatment

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With Gratitude and Love

Dr. Ritchie Shoemaker
Dr. Scott McMahon
Stephen Buhner
Dr. Charles Ray Jones
Dr. Eugene Shippen

It’s Personal - Our Journey

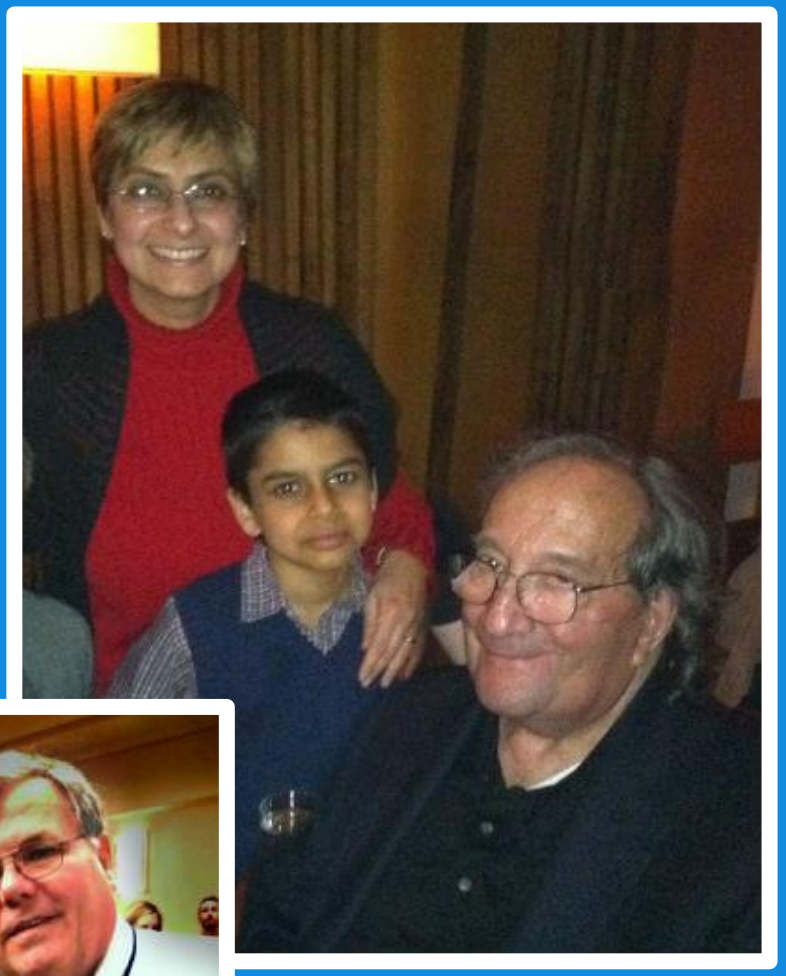
PANS to
Lyme Disease

19
SPECIALISTS

to Mold and
Biotoxin Illness

1000s of Hours of Research and Learning…

Dr. Jones



Dr. Shoemaker

Brian is more than a survivor. He is thriving!

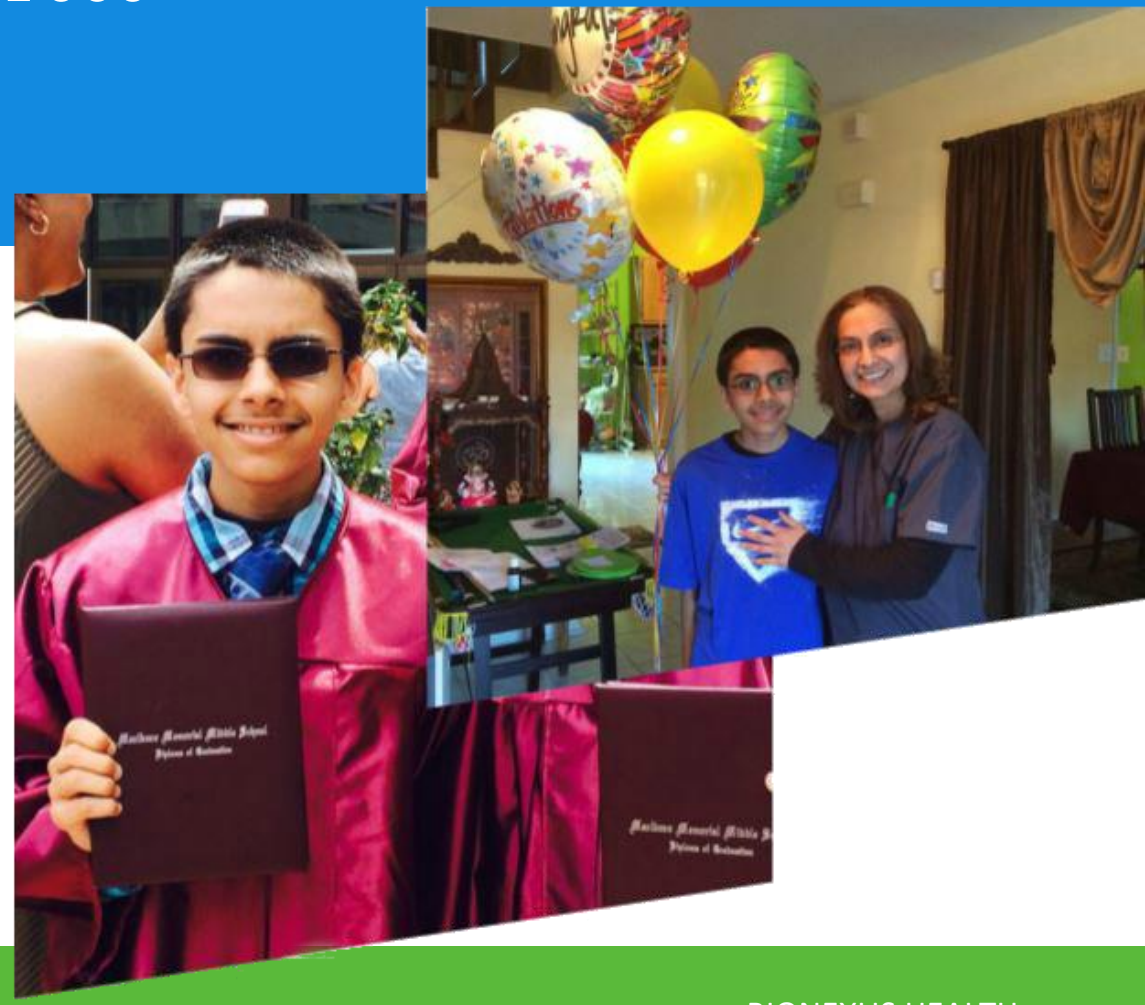
BRIAN DASHORE

From the spectrum… to the honor roll

Attends Prestigious Medical Sciences High School

Brian wants to be a doctor specializing in Lyme Disease.

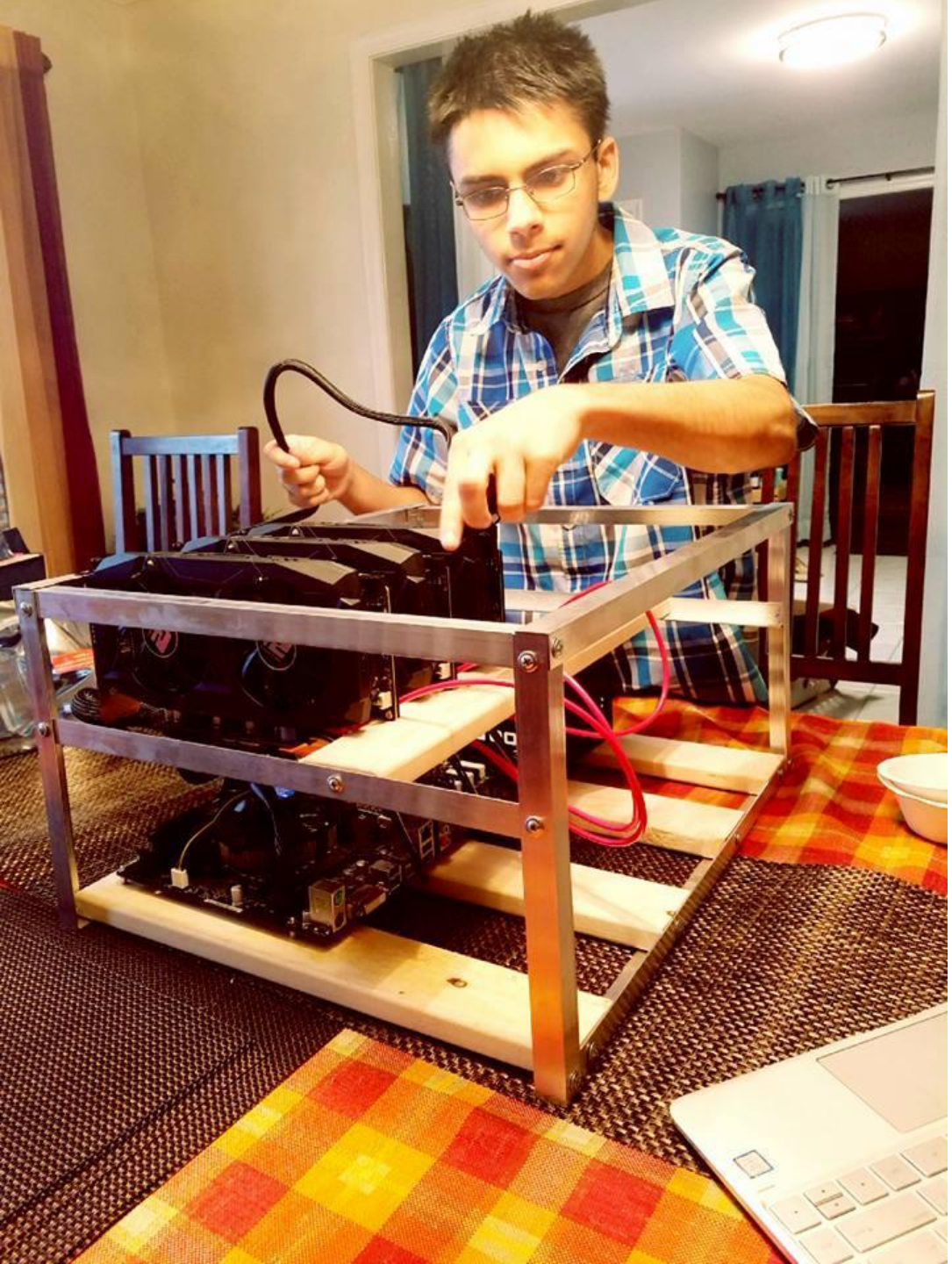
Dr Jones and Dr Klinghardt and have encouraged him to go for an MD.



BRIAN DASHORE

President's Honor Society

Former US President, Barack Obama signed Brian's certificate for the President's Honor Society for Academic Excellence.



BRIAN DASHORE

Built His Own Computer

to mine for BitCoin

BRIAN DASHORE
NOW 16 YEARS OLD / 11TH GRADE

MIT SUMMER PROGRAM SCHOLARSHIP

USA BIOLOGY OLYMPIAD

THE RUTGERS ONCOLOGY OLYMPIAD

HIGH SCHOOL MATH LEAGUE

STUDENT OF THE MONTH -
ADVANCED PLACEMENT ALGEBRA

Truly Life Changing for the Whole Family!

Biotoxin Illness

Genetically susceptible people (24% approx.) unable to naturally detoxify themselves of toxins. Their body is unable to recognize biotoxins as invaders. The biotoxins sit and wait for a trigger. Once a trigger is introduced, the result can be a variety of illnesses and then potentially chronic issues that mimic other diseases. A triggered genetic response more often than not develops into chronic inflammatory response syndrome (CIRS).

Diagnoses Improved or Resolved

with CIRS Treatment

- Insomnia
- Anxiety Disorder
- Panic Disorder
- Bipolar Disorder
- Depression
- Chronic Fatigue Syndrome
- Fibromyalgia
- Inflammatory Bowel Syndrome
- Systemic Lupus Erythematosus
- Multiple Sclerosis
- Chronic Pain Syndromes
- Neuropathic Pain
- Panic Attacks
- Migraine Equivalents

Complex Cascade of Biochemical Events

Biotoxins bind to surface receptors (Toll receptors and many more) in nearly every kind of cell in the body

This causes a continual upregulation of multiple inflammatory pathways (production of cytokines, split product of complement, and TGF Beta-1, etc)

Biotoxins also directly affect nerve cell function

One part of the immune system, the **innate immune system** continues to be activated -- stuck on repeat -- but the **adaptive immune system** never responds.

As a result, fatigue, weakness, brain fog, headache, dizziness, muscle pain or visual disturbances may develop and persist.

There are also other blood tests done to look more deeply into brain, immune, vascular and endocrine function.

CIRS

caused by the failure of HLAs to present toxins to the immune system, so that an ineffective immune response is created and inflammation persists.

Berndtson K, McMahon S, Ackerley M, Rapaport S, Gupta S, Shoemaker RC. Medically sound investigation and remediation of water-damaged buildings in cases of CIRS-WDB: Consensus Statement Part 1. Center for Research on Biotoxin Associated Illness. 2015. 2. Berry Y. A Physician's Guide to Understanding and Treating Biotoxin Illness:

Immune System

Innate vs. Acquired

Invading microbes (pathogen)

EXTERNAL DEFENSES
- Skin
- Mucous membranes
- Secretions

INTERNAL DEFENSES
- Phagocytic cells
- Antimicrobial proteins
- Inflammatory response
- Natural killer (NK) cells

SPECIALIZED DEFENSES
- Humoral response (antibodies)
- Cell-mediated response
- (cytotoxic lymphocytes)

INNATE IMMUNITY

Rapid responses to a broad range of microbes

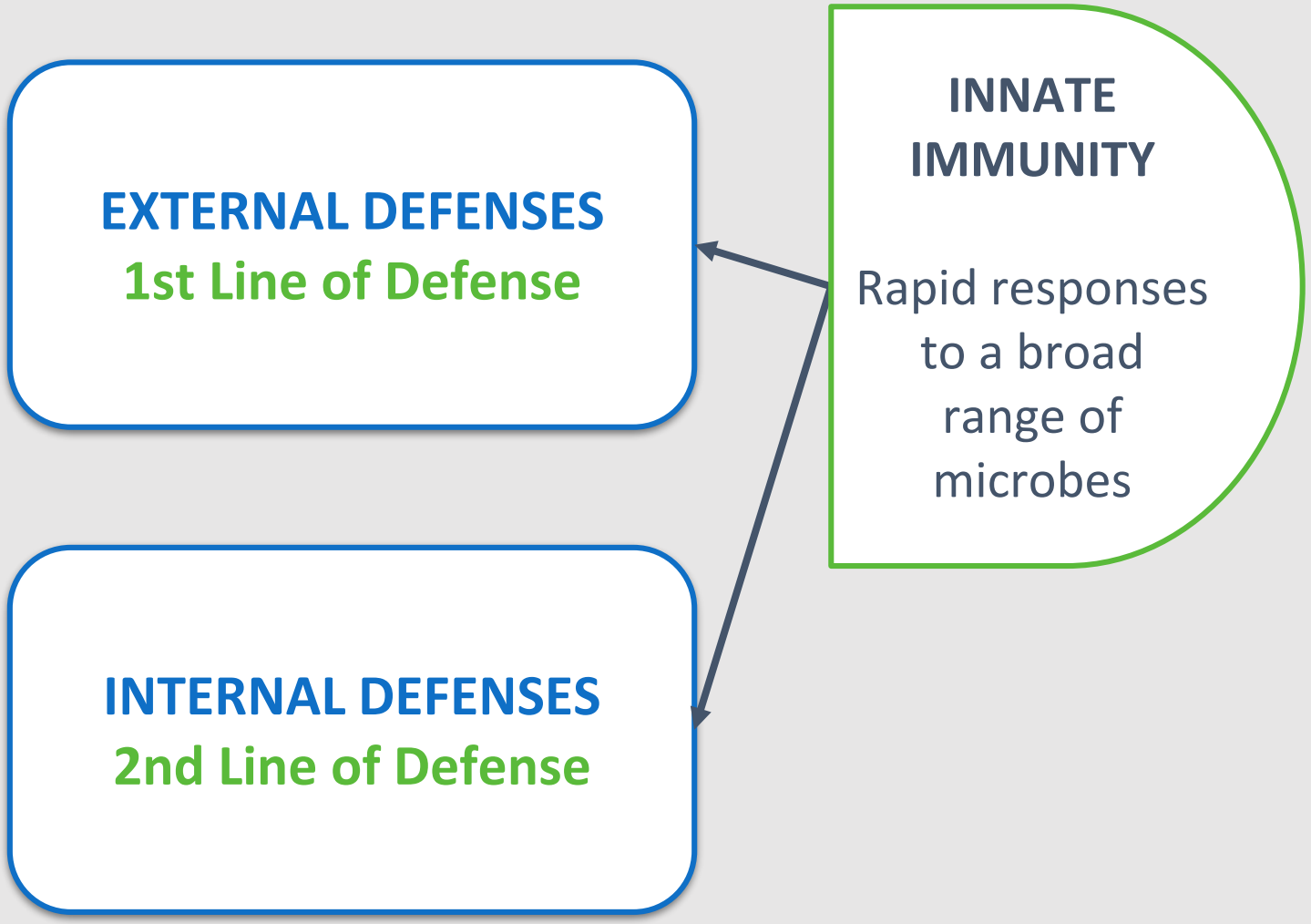
ACQUIRED IMMUNITY

Slower responses to specific microbes

Immune System

Innate = Natural

<u>Innate</u> Non-specific Response



Immune System

Acquired = Adaptive

Acquired

Specific

Response

Specialized Lymphocytes

- **B Cells (produce antibodies)**
- **T Cells (Helper & Killer)**

SPECIALIZED DEFENSES

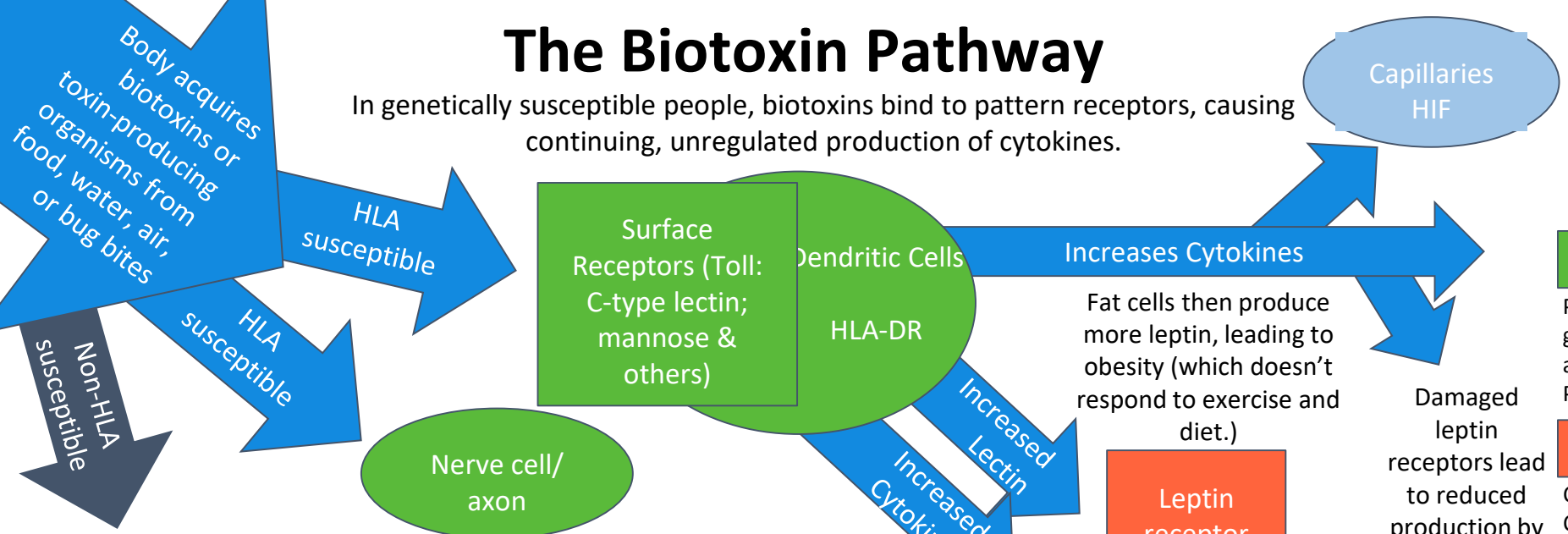
3rd Line of Defense

ACQUIRED IMMUNITY

Slower responses to specific microbes

The Biotoxin Pathway

In genetically susceptible people, biotoxins bind to pattern receptors, causing continuing, unregulated production of cytokines.



High cytokine levels in the capillaries attract white blood cells, leading to restricted blood flow, and lower oxygen levels. HIF stimulates VEGF and TGF β-1. Reduced VEGF leads to fatigue, muscle cramps, and shortness of breath (may be overridden by replacement with erythropoietin). TGF β-1 changes cell type and interacts with Treg cells.

Immune System Symptoms

Patients with certain HLA genotypes (immune response genes) may develop appropriate immunity. Most common are antibodies to Gliadin (affects digestion) and Treg cells: Pathogenic T cells

Split Products of Complement Activation

C4a: capillary hypoperfusion
C3a: bacterial membranes

Inflammation-related symptoms

High levels of cytokines produce flu-like symptoms: Headaches, muscle aches, fatigue, unstable temperature, difficulty concentrating and more. High levels of cytokines also result in increased levels of several other immune-response related substances, including TGF **β**-1, MMp-9, IL-1B, and PAI-1. MMP-9 delivers inflammatory elements from blood to brain, nerve, muscle, lungs, and joints. It combines with PAI-1 in increasing clot formation and arterial blockage.

Removal from the body

In most people, biotoxins are either removed from the blood by the liver or attached by the immune system, broken down, and excreted harmlessly. In people who have the right immune response genes, however, biotoxins can remain in the body indefinitely.

Biotoxins have direct effects, including impairment of nerve cell function.

Sleep Disturbance

Production of melatonin is reduced, leading to chronic, non-restorative sleep.

Chronic Pain

Endorphin production is suppressed. This can lead to chronic, sometimes unusual pain.

Gastrointestinal Problems

Lack of MSH can cause malabsorption in the gut, resulting in diarrhea. This is sometimes called "leaky gut" and resembles (but is not) celiac disease. IBS is often present.

Prolonged Illness

White blood cells lose regulation of cytokine response, so that recovery from other illnesses, including infections diseases, may be slowed.

Excessive cytokine levels can damage leptin receptors in the hypothalamus.

Changes in Cortisol and ACTH levels

The pituitary may produce elevated levels of cortisol and ACTH in early stages of illness, then drop to excessively low level later. (Patients should avoid steroids such as prednisone, which can lower levels of ACTH).

Reduced Androgens

Reduced MSH can cause the pituitary to lower its production of sex hormones.

Reduced ADH

Reduced MSH can cause the pituitary to produce lower levels of antidiuretic hormone (ADH), leading to thirst, frequent urination, and susceptibility to shocks from static electricity.

Resistant Coag-negative Staph Bacteria

Colonies of MARCoNS with resistance to multiple antibiotics may develop in biofilm or mucus membranes. The bacteria produce substances that aggravate both the high cytokine levels and low MSH levels.

shoemaker

Central disruption in pineal gland, hypothalamus and pituitary

Multi enzyme inhibition

Metabolic changes (KPU)

Neuro-Psychiatric presentation

Neurotransmitter depletion

Endocrine: Hormonal imbalance

Biofilm

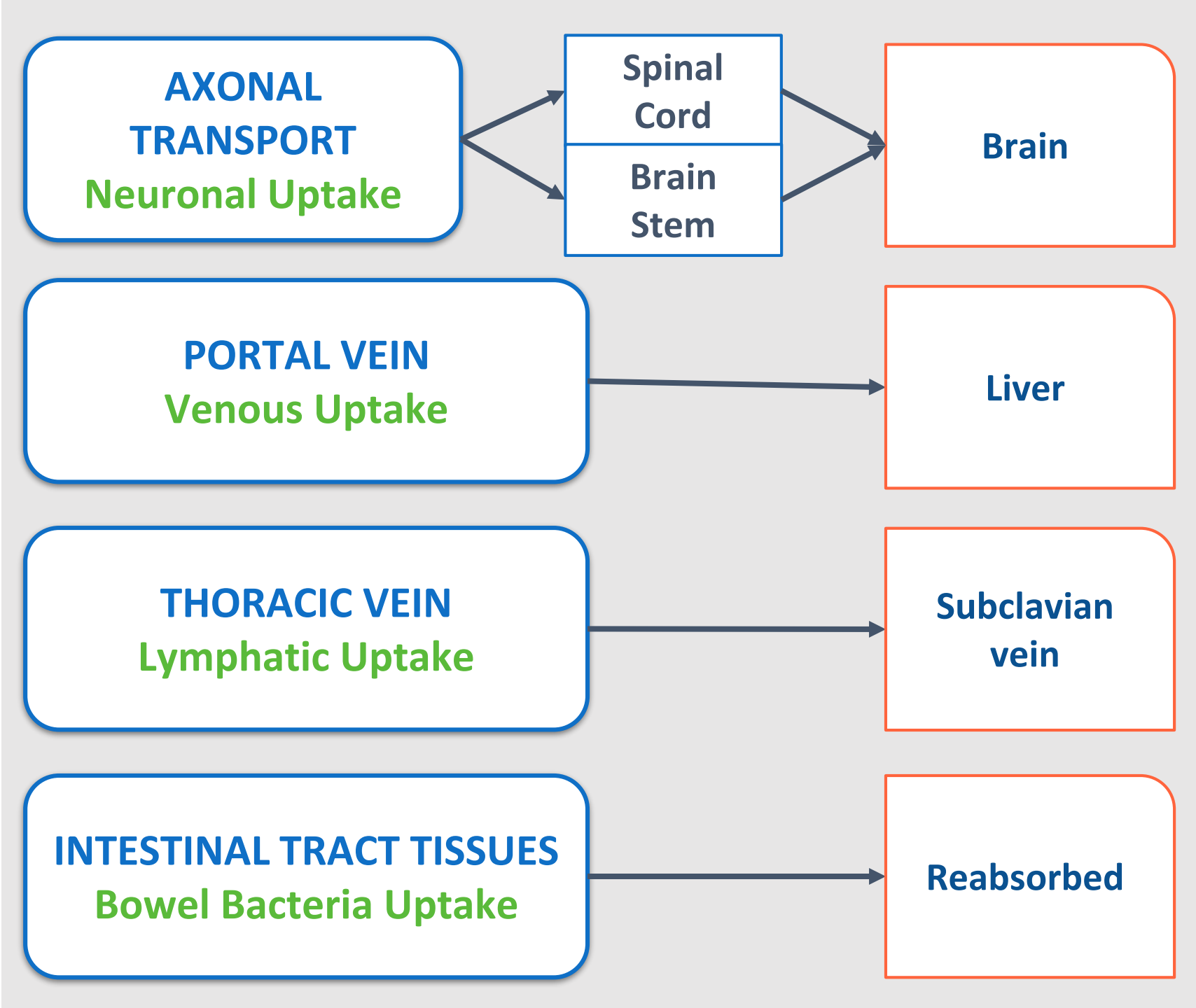
And More …….

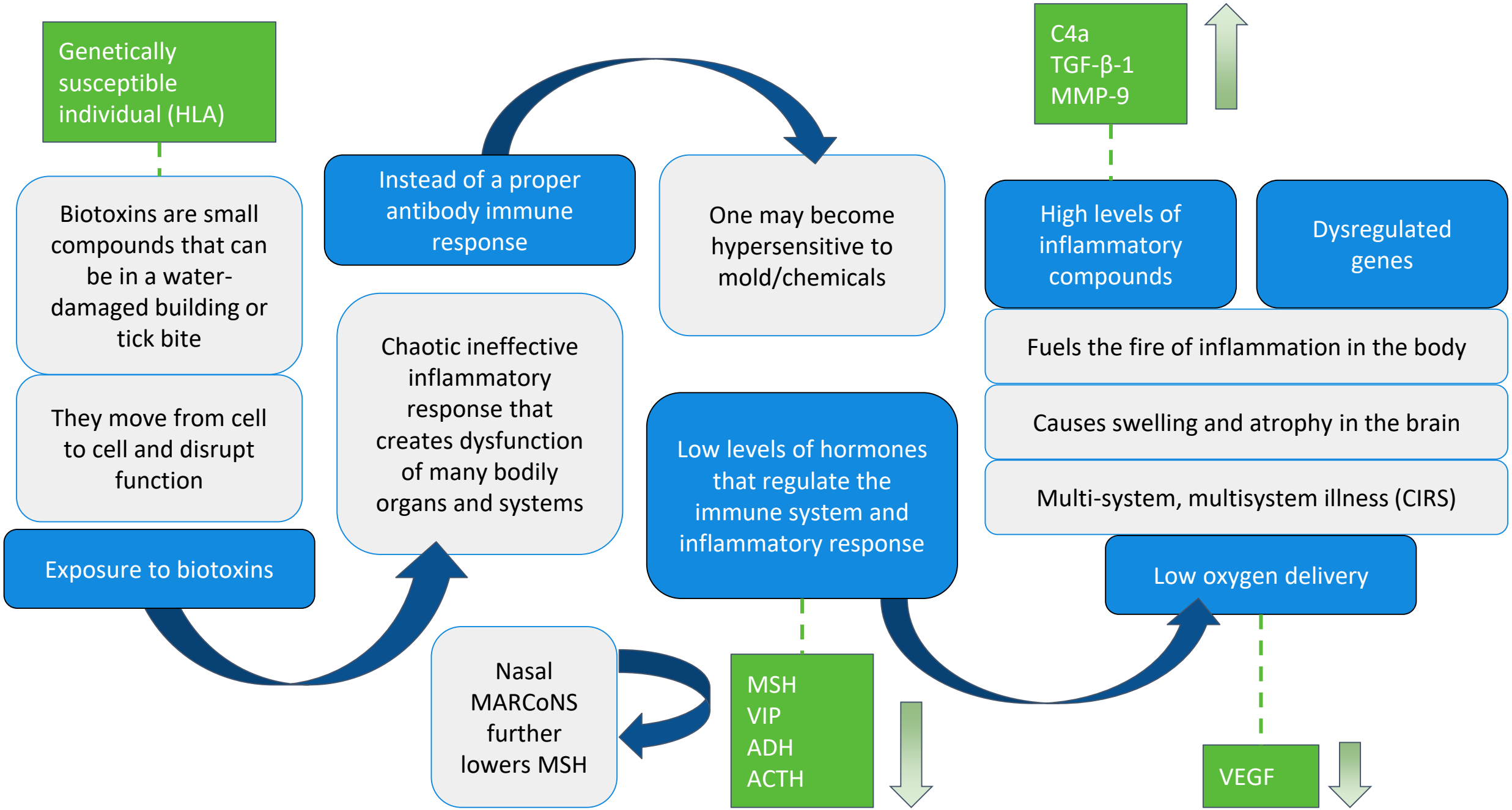
Biotoxins

(Neurotoxins)

Neurotoxin Pathways

Mucosal Uptake





Adapted from The Biotoxin Pathway © R. Shoemaker, 2011

Symptoms

- Start with Dr. Shoemaker 37 item questionnaire
- Remember – It's a multisystem and therefore multisymptom illness
- Symptom typically reported -

  Fatigue, weakness, aches, cramps, light sensitivity, red eyes, blurred vision, abdominal pain, and cough.

Symptoms

Continued

- Vertigo vs Dizziness
- Sleep problems
- Hard to Fall Asleep
- Wakes frequently
- **Non-Restorative Sleep**- Regardless of how many hours patient sleeps
- Autonomic Issues
- History of episodes of tachycardia
- History of episodes of palpitations
- Anxiety
- Panic Attacks
- Menstrual History
- Irregular menses
- Severe Cramping - “So bad I don’t want to get out of bed”
- “Huge” flow during some cycles - >10 Pads a Day

Stage 1	Biotoxin Effects	Approximately 24% of people cannot naturally remove biotoxins from their body.
2	Cytokine Effects	Headache, muscle ache, unstable temperature regulation and difficulty concentrating.
3	Reduced VEGF	Restricted blood flow and lower oxygen levels leads to fatigue, muscle cramps and shortness of breath.
4	Immune System Effects	Gliadin (gluten sensitivity), actin, anca (ulcerative colitis), cardiolipins (affects blood clotting), & more.
5	Low MSH	Sleep problems, chronic severe pain, malabsorption or 'leaky gut', and easily acquire infections.
6	MARCoNS	In sinus cavities and possibly jaw. Self perpetuating downward spiral.

Biofilm Matrix

MARCoNS

A

B

Exotoxins

H

Hemolysins

Alpha MSH

Cytokines

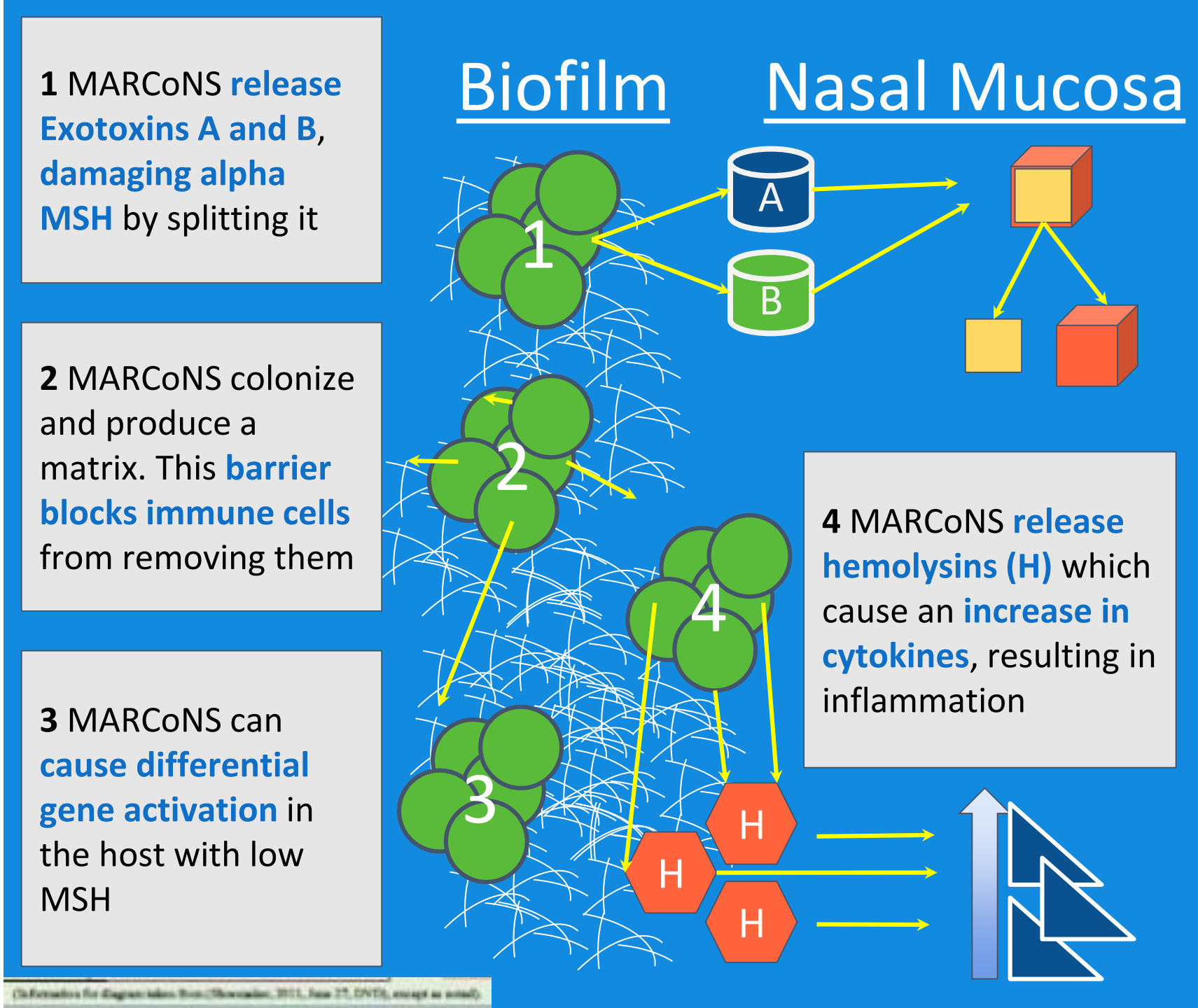
Biotoxin Illness Pathway

4 Main Ways MARCoNS Harm the Immune System

1 MARCoNS **release Exotoxins A and B, damaging alpha MSH** by splitting it

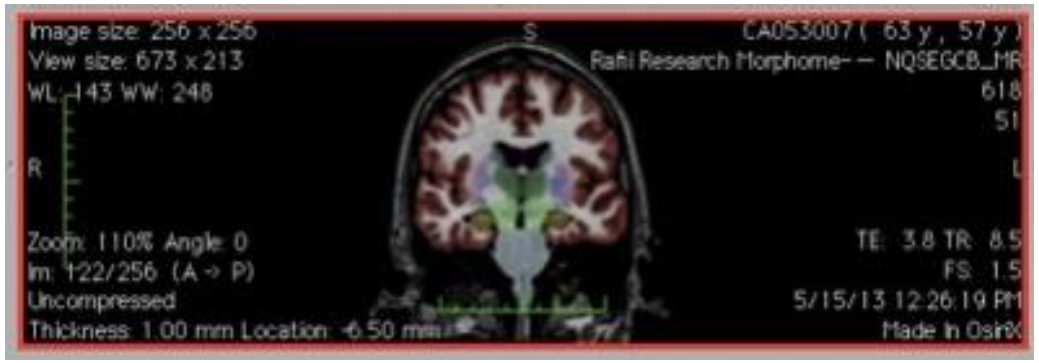
2 MARCoNS colonize and produce a matrix. This **barrier blocks immune cells** from removing them

3 MARCoNS can **cause differential gene activation** in the host with low MSH



4 MARCoNS **release hemolysins (H)** which cause an **increase in cytokines**, resulting in inflammation

NeuroQuant: Visualize Damage



Decreased Volume of Caudate Nucleus

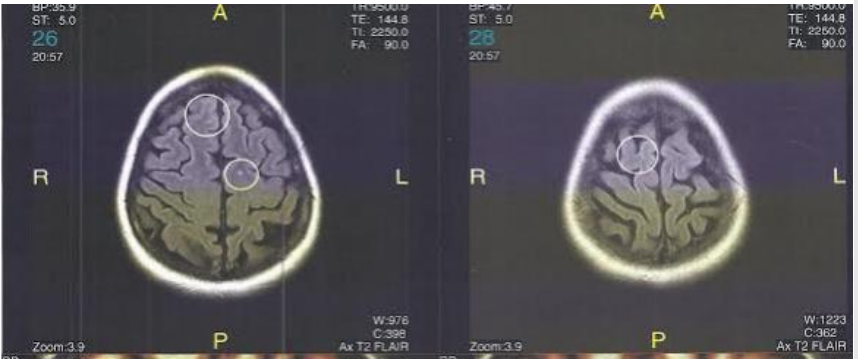
Decreased Volume Executive Function

Biotoxin Illness pattern different than:

- Huntington's chorea
- Parkinson's
- Chronic pain syndromes
- Fibromyalgia
- RA
- Neuroborreliosis

NeuroQuant

Blood Brain Barrier



Tight junctions and more (pericytes, astrocytes, adhesion and cellular matrix molecules etc.)

Affected by abnormal levels of TGF-β1, MMP-9, VEGF and other pro-inflammatory cytokines

Decreased blood flow? (Peripheral hypoperfusion)

De Oliveira Sousa V, Romão L, Neto VM, Gomes FCA. Glial fibrillary acidic protein gene promoter is differently modulated by transforming growth factor-beta 1 in astrocytes from distinct brain regions. Eur J Neurosci 2004;19:1721–30.

Ay I, Francis JW, Brown Jr RH. VEGF increases blood–brain barrier permeability to Evans blue dye and tetanus toxin fragment C but not adeno-associated virus in ALS mice. Brain Res 2008;1234:198–205.

Bauer AT, Burgers HF, Rabie T, Marti HH. Matrix metalloproteinase-9 mediates hypoxia induced vascular leakage in the brain via tight junction rearrangement. J Cereb Blood Flow Metab 2010;30:837–48.

Low levels of **MSH** and altered levels of **VEGF**, **MMP-9**, **C4a** and **TGF-β1** alter blood brain barrier permeability

Then inflammagenic substances can gain **access to the brain parenchyma**

Increased volumes suggest inflammation / swelling / microscopic interstitial edema

NeuroQuant

NeuroQuant Results

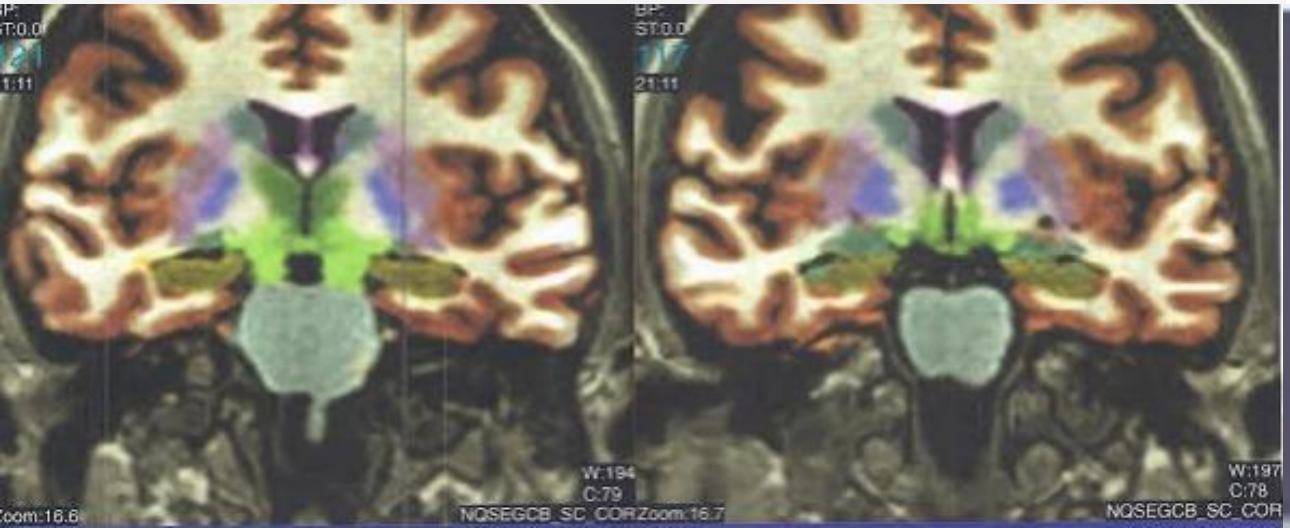
CIRS-WDB Patients vs Controls

Increased parenchymal (8 of 9 structures)

- Left amygdala, Right forebrain, both pallidum statistically significant

Decreased caudate nucleus

Decreased ventricles



Fully treated patients demonstrate significant improvements

- Forebrain parenchyma = controls
- Cortical Gray matter = controls
- Pallidum smaller but not statistically significant
- Caudate nucleus did not improve

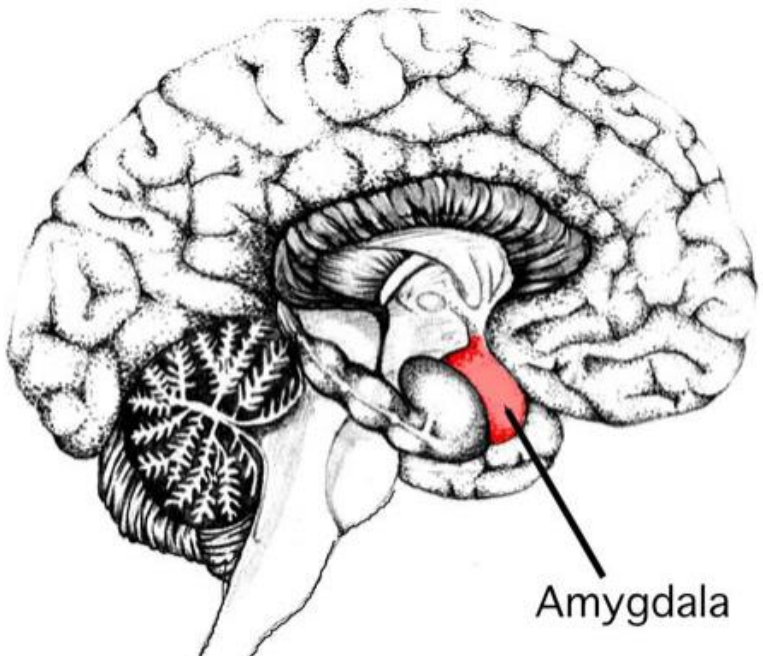
Reduction in Forebrain Parenchymal and Cortical Grey Matter Swelling across Treatment Groups in Patients with Inflammatory Illness Acquired Following Exposure to Water-Damaged Buildings McMahon SW , Shoemaker RC and Ryan JC. 4/12/16

NeuroQuant

Across Treatment Groups

Emotional and Social Processing

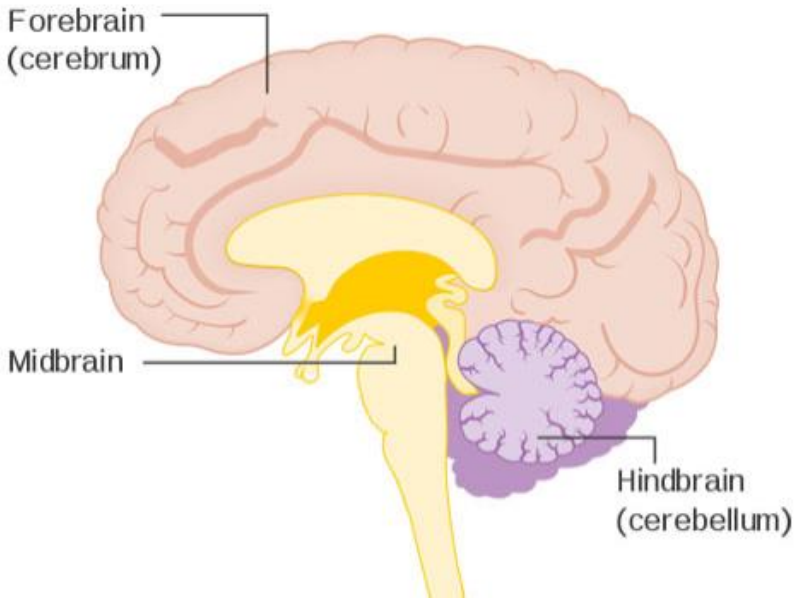
Amygdala



- Encodes, stores and retrieves autobiographical memories (EAM)
  - Memories from personal experiences or events involving a specific time, place, emotions and factual knowledge (who, what, when, where, why)
  - General facts and knowledge about the world
- Main function: cues so mnemonic events of emotional significance can be found with the appropriate neural pathway and re-activated or remembered
- Attentional and emotional processes:
  - Helps one define an organism or object by focusing on it and blocking out surrounding stimuli
  - Helps one respond appropriately to one's surroundings
- Social processing:
  - Helps define a stimulus and respond appropriately
  - Plays key role in the evaluation of face
  - Evaluating trustworthiness of people & first impressions of faces

The Forebrain

Three Parts of the Brain



- Forebrain

  Higher intellectual functions, such as, speech and abstract thought. It controls the pain, hunger, thirst, blood pressure, body temperature, and visceral functions. Contains the four lobes and all the cortices.

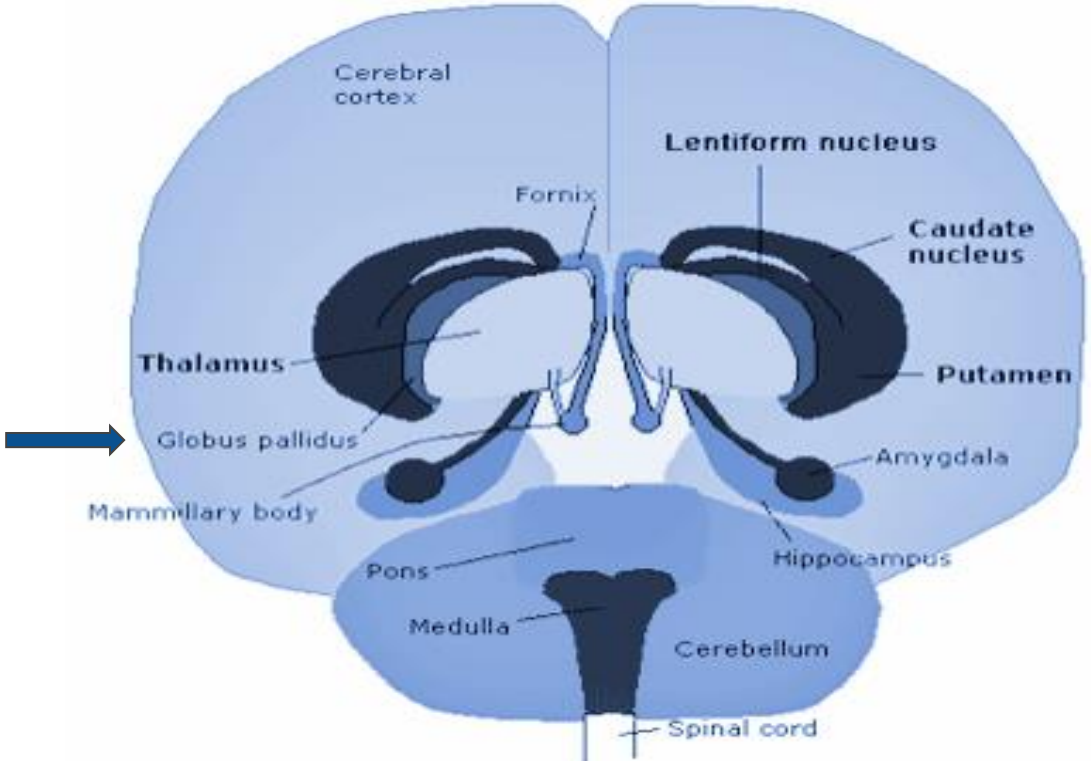
- Midbrain

  Is the smallest region of the brain that acts as a sort of relay station for auditory and visual information.

- Hindbrain

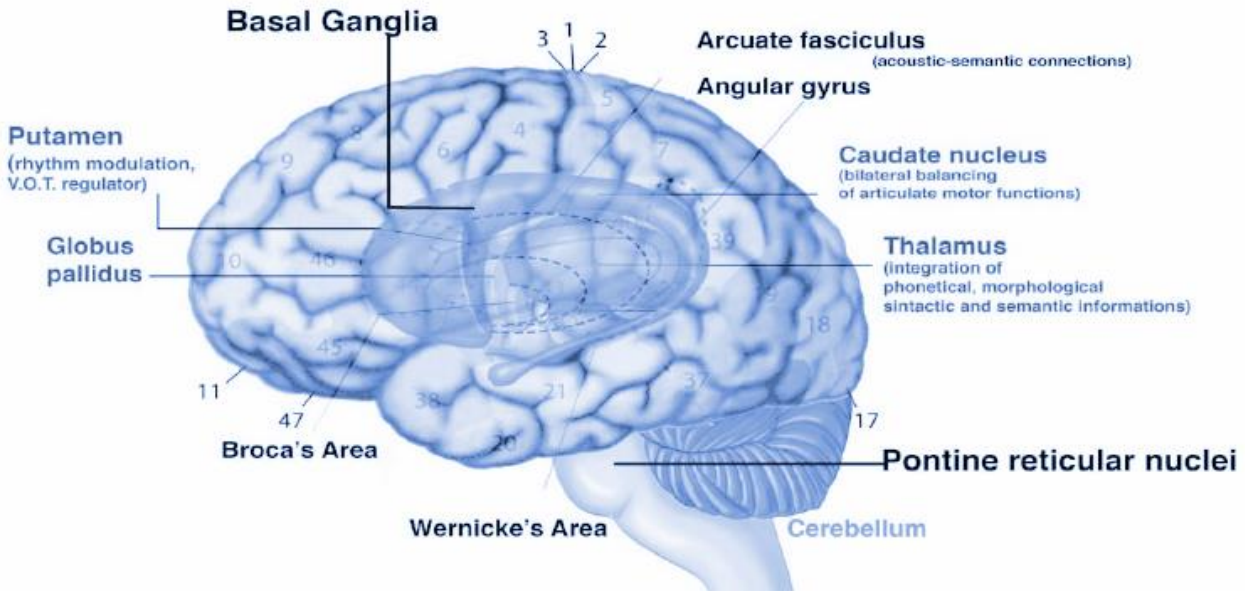
  Transmits signals between the spinal cord and the higher parts of the brain; it also controls autonomic functions such as heartbeat, respiration, balance, and coordination.

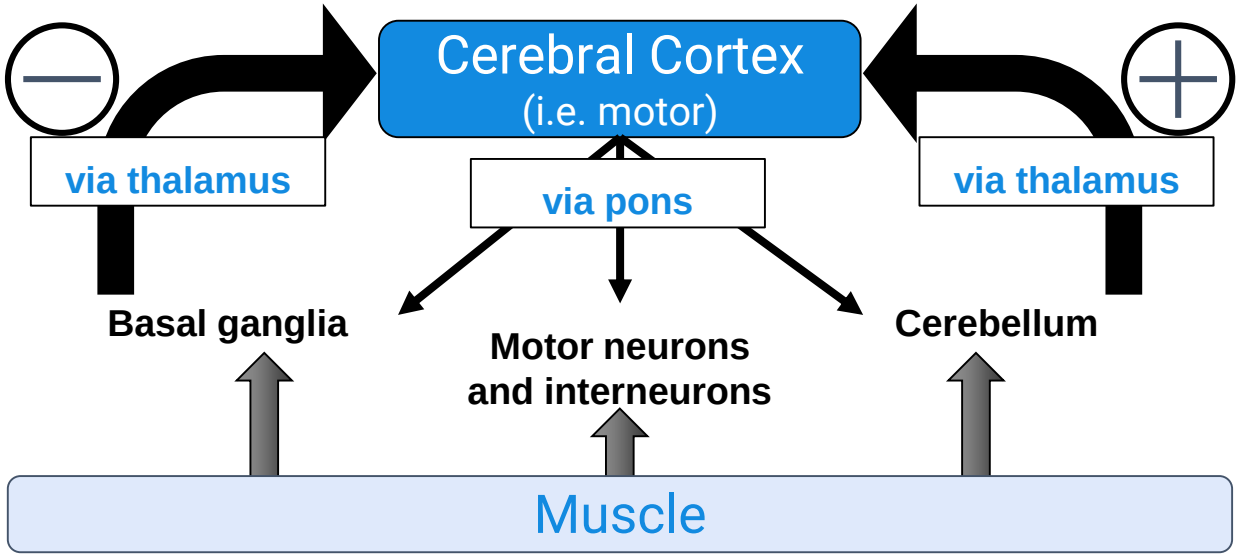
Globus Pallidus



The brain as viewed from the underside and front.
The thalamus, corpus striatum (putamen and caudate nucleus), and amygdala have been played out to show detail.

- Regulating voluntary movements is the main function of the globus pallidus.
- So, any issues with this neural structure are likely to cause difficulty in movement

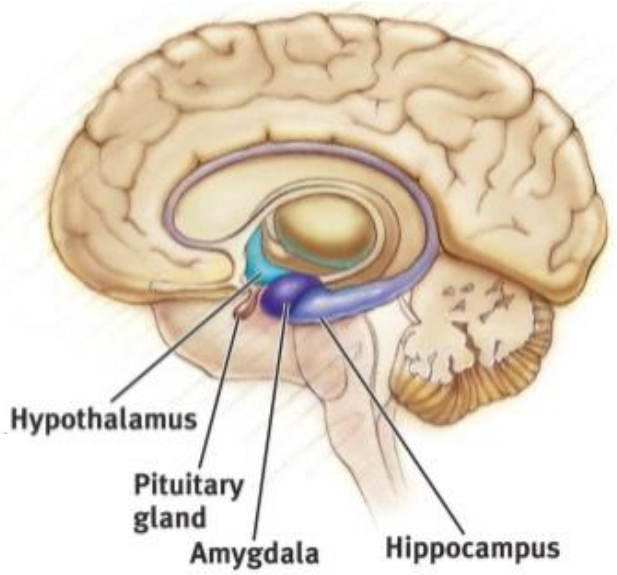




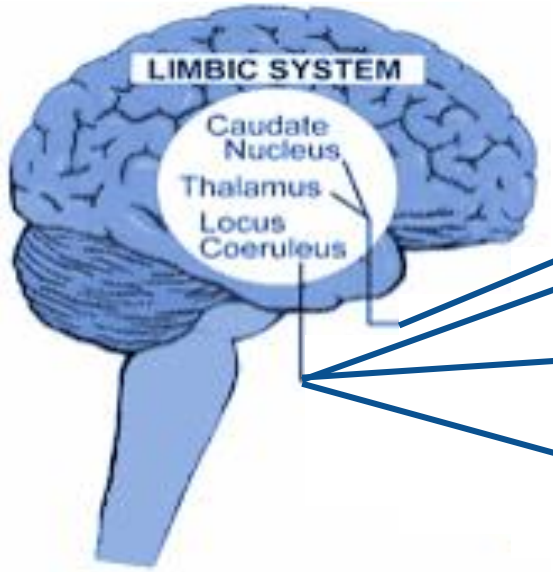
- The basal ganglia and cerebellum modify movement on a minute-to-minute basis.
- Motor cortex sends information to both, the output of the cerebellum to cortex is excitatory, while the basal ganglia are inhibitory.
- The balance between those two systems allows for smooth, coordinated movement.
- Disturbance in either system will show up as movement disorders.

CIRS and PANS Connection

- Hypothalamus, pituitary, amygdala, and hippocampus all deal with basic drives, emotions, and memory.
- Hypothalamus → Hunger, thirst, body temperature, pleasure; regulates pituitary gland (hormones)



- Pituitary → "Master Gland"
  - Stimulates other glands to produce hormones
- Amygdala → Aggression (fight) and fear (flight)
- Hippocampus → Memory processing



REGULATION OF:

PAIN

SLEEP

STRESS RESPONSE MECHANISMS (including HPA-axis)

Abnormal blood flow to various limbic structures in the brain could provide physiological evidence for the symptoms of low pain threshold, sleeping difficulties, and reduced tolerance to stress of all kinds.

The Limbic System and Caudate
(response to hypoperfusion)

Pituitary Hormone Effects

(Due to Reduced MSH)

Decrease in Production of Antidiuretic Hormone (ADH)

Leads to

- Thirst
- Frequent urination
- Low blood volume
- Neurally-mediated hypotension (NMH)
- Electric shocks from static electricity

+

Sex Hormone Production often Down-regulated

+

Early Stages: Upregulation of Cortisol and ACTH

Later Stages: Cortisol and ACTH drop to abnormally low, or low-normal ranges

Pituitary Suppression

- A Mold Toxic Brain becomes “too sick” to properly stimulate the brain’s primary hormone factory, the pituitary gland.

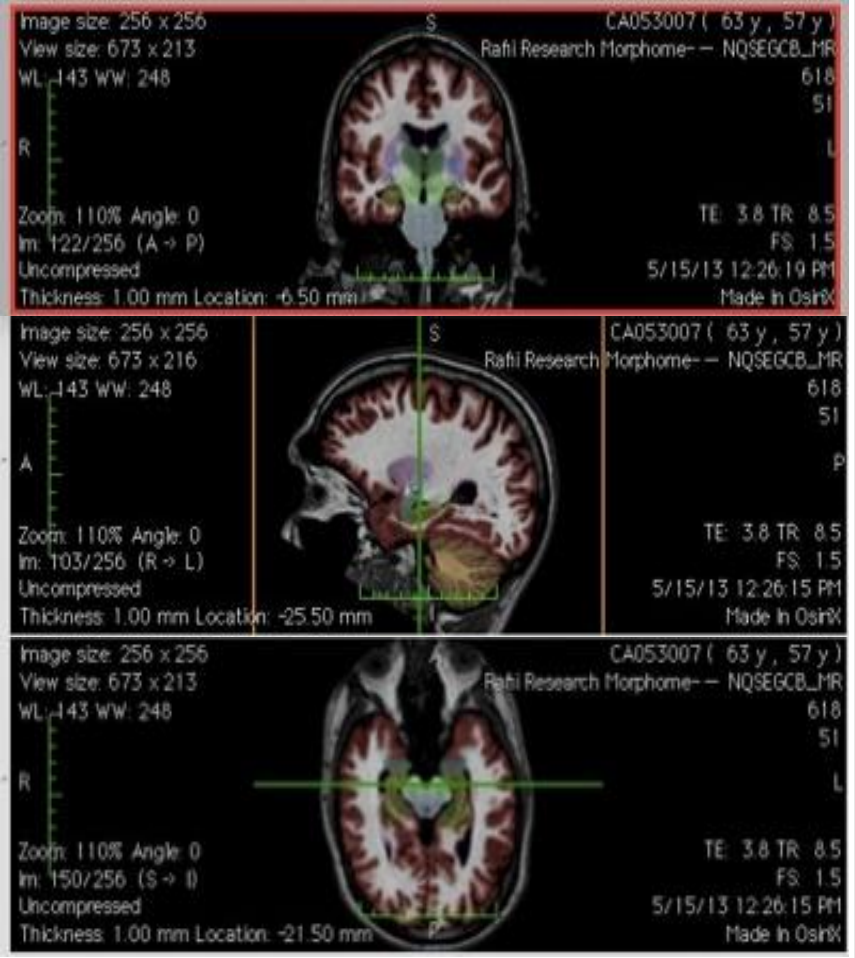
- Pituitary insufficiency results in deficiencies of brain hormones and, because the pituitary stimulates downstream hormonal factories – the thyroid gland, adrenal glands and the sex organs – mold toxic patients suffer global hormonal deficiencies.

- Epinephrine {Adrenaline}, Norepinephrine {Noradrenaline}, and Dopamine are in a sense, first cousins; they belong to the adrenaline family called the catecholamines. These excitatory neurotransmitters cannot activate their brain and body receptors when the specific hormones Cortisol, Thyroid and Testosterone are deficient.

- Mold toxicity patients suffer double jeopardy, toxin-induced deficiencies of neurotransmitters and the hormones that allow them to activate their nerve receptors. This double jeopardy is the primary cause of the severe depression, lethargy and chronic fatigue that these patients suffer from.

Dopamine

- The primary mechanism by which mold toxicity causes depression and chronic fatigue is the shutdown of the brain's A – 5 Nucleus.
- Dopamine runs the brain's reward and pleasure center – the nucleus accumbens – which is located in our midbrain. Dopamine is manufactured in both our brain and in our adrenal glands.
- Problematic is that Dopamine naturally converts to norepinephrine through an enzyme called Dopamine hydroxylase.
- When mold toxins shut down norepinephrine production in the brain's A-5 nucleus, more dopamine is converted to norepinephrine – it is essentially "stolen" to make more norepinephrine. This leaves patients with a relative dopamine deficiency and subsequently an underactive nucleus accumbens; thus, causing depression and brain fog.
- Norepinephrine naturally converts to epinephrine, which is pure adrenaline. When mold toxicity shuts down NE production, there is less norepinephrine to convert to adrenaline. Thus, patients feel like they have a 20 pound cement block attached to each leg.
- Norepinephrine and epinephrine deficiencies also cause dizziness upon standing too quickly.



NeuroQuant

The Shoemaker Protocol works on brain fog and cognitive issues!

Cortical gray and forebrain parenchyma (and pallidum) swelling (=inflammation) improves to the level of control patients as cognitive symptoms also get better

Caudate nucleus diminution persists even after Phase 1 and Phase 2 of the Shoemaker Protocol.

Perhaps we will see improvement with Phase 3 therapy (VIP)…

Adult Care

History

- Thorough Evaluation
- Past Medical Records
- Look for confounding diagnoses
- Good Medicine
- Medicolegal Implications
- Start with Dr. Shoemaker 37 item questionnaire.

Adult Care

Approach

- Presentation
- VCS
- History
- Physical Exam
- Labs
- Initial Treatment
- Follow Up

- Pallor
- Marfanoid Body Habitus
- Red Sclerae
- Tremors
- Hyper flexibility
- Shoulder Weakness
- Rashes- Mold facies

Adult Care

Physical Exam

Adult Care

Labs

- Ten CIRS Biomarkers
- **Genetics**: HLA (DRB1, DQ, hi-res DRB3, B4, and B5)
- **Anti-inflammatory Cytokines**- VIP, MSH
- **Hypothalamic-pituitary-end organ function**: ADH/osmolality, ACTH/cortisol
- **Innate Pro-Inflammatory Cytokines**: TGF-B1, MMP-9, C4a (and C3a)
- **Auto Antibodies**: ACLA, AGA
- **Abnormal MM Defenses**: MARCoNS
- **Other CIRS Related Labs**

- Leptin
- VEGF/Erythropoietin
- vWF profile
- ESR
- CRP
- CD4+, CD25+ and CD4+CD25+
- CBC
- Imaging
- MR Spectroscopy
- NeuroQuant
- CPET
- VO2 Max

Adult Care

Initial Treatment

- Step 1: Toxin Avoidance
- Step 2- CSM/Welchol
- Step 3- (MARCoNS) BEG Spray + Rifampin
- Step 4- (AGA) Gluten avoidance x 3 mo
- Step 5- (Androgens) DHEA or VIP
- Step 6- (ADH/osmo) Desmopressin

Pediatric Care

History

- The backbone of history is Dr. Shoemaker's standardized 37 question symptom survey
- Different age groups will require differing amounts of symptoms to reach a threshold of significance

Pediatric Care

Look for CIRS in Kids with single complaints and...

- Chronic Headache
- Fatigue
- Chronic abdominal pains
- Primary nocturnal enuresis
- OR
- Inattention/ADD/ADHD
- PANS
- Unexplained joint or muscle pains
- Severe asthma in young children

Pediatric

History Screen

- < 8 years old
- Threshold= x5 “Yes” Answers
- > 8 years old but <13 years old
- Threshold= x8 “Yes” Answers
- Teens and Adults
- Threshold= x13 “Yes” Answers

Pediatric

Physical Exam

- Kids are harder to evaluate, less cooperative
- Difficult to assess shoulder strength
- Often unable to perform hyper flexibility tests
- They are more flexible

Pediatric

Labs

- The standard Shoemaker labs drawn on adult patients requires a lot of volume
- 22-32 Vials
- Small children have smaller blood volume (~80 ml/kg)

Pediatric Care

Labs CIRS Screening

- HLA DRB1, DQ and B3, B4 and B5 (hi res)
- ADH/osmolality
- ACTH/ Cortisol
- If 0 tests are abnormal do not pursue
- Is 1 test abnormal use clinical judgement
- If 2-3 tests abnormal do full CIRS work up

Pediatric

Treatment

- Younger children get better faster
- Principles of treatment same but dosing of meds is different
- Some medicines used in adults not used in children

Meds not used in pediatric patients:

- Actos (pioglitazone)
- Procrit (erythropoietin)
- VIP nasal spray

- Dr Shoemaker's 11 step treatment protocol is allopathic is the BEST guide to recovery from CIRS.
- However for those with GI issues, Autism, and those who wish to proceed naturally, there are options.
- ALL natural plant based approach
- Step by step easy to follow guide
- Focus on detoxification, and recovery
- DO NOT forget REPAIR!

BIONEXUS APPROACH
Full Spectrum Natural Medicine

Prognosis

- Treatment success is reduction of symptoms by 75% or more
- Compliant kids < 22 years old approaches 100%
- Compliant adults > 22 years old approaches 90%

BioNexus Approach

Tier 1 - Foundation

- Magnesium
- Trace Minerals
- B vitamins
- Lithium orotate
- Molybdenum
- Vitamin C
- Vitamin K
- Focus on Thiamine
- Address any MTHFR concerns
- Copper and zinc balance
- Vitamin D – Check absorption and VDR issues

BioNexus Approach

Tier 1 - Diet & Exercise

- Gluten Free, Sugar free, low carb, low amylose
- Frequent smaller high protein meals
- Anaerobic and aerobic exercise protocols with safe post exercise recovery
- Breathing and postural integrity- keep the airway open, the diaphragm toned and the lungs clear

BioNexus Approach

Tier 2 - MARCoNS, Dental Health and Environmental Vigilance

- Formula 1 NSB:

  The world's first all natural broad spectrum nasal spray

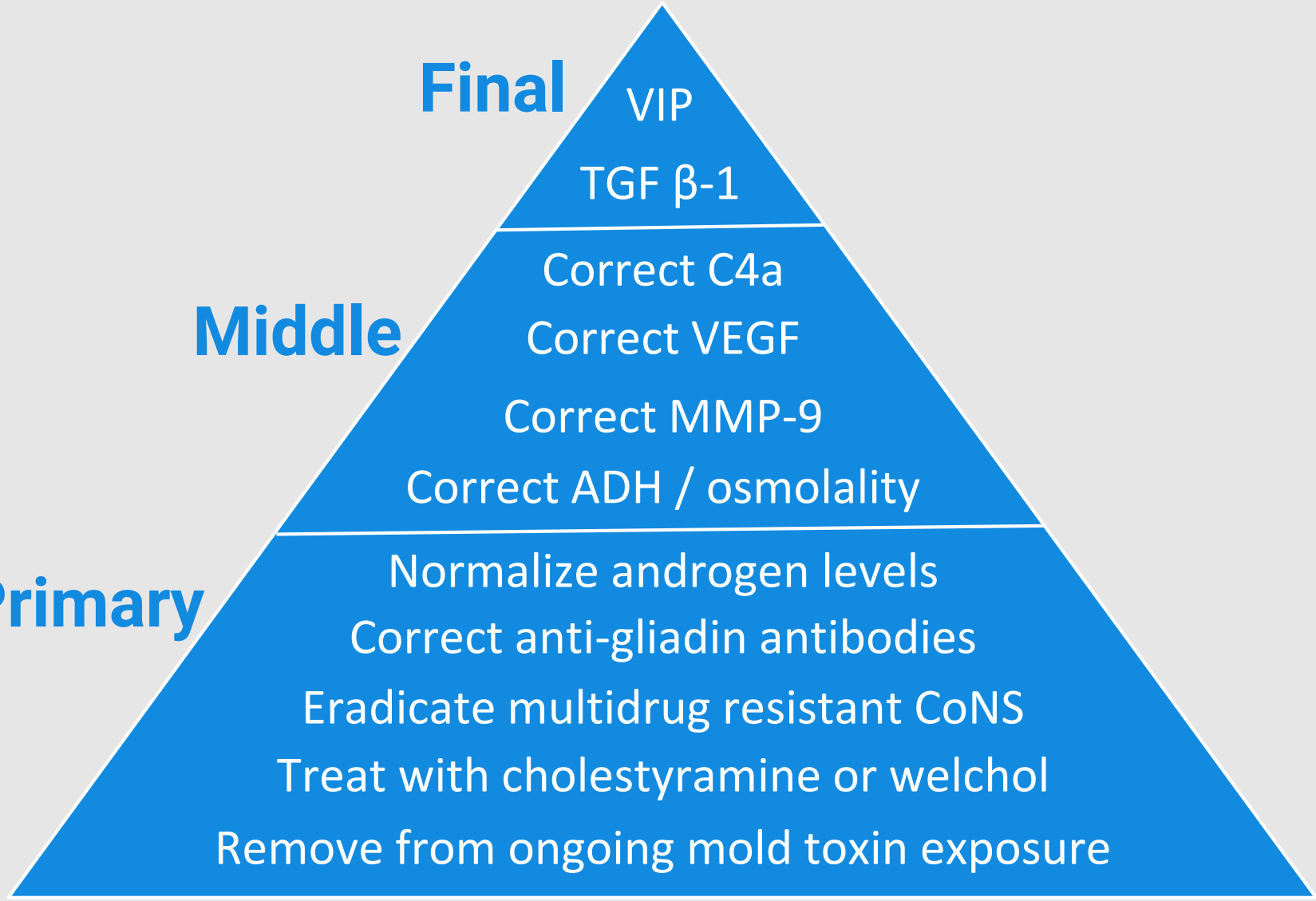
The BioNexus Approach

For the BEST results, your practitioner MUST be well versed and experienced in the **FULL 360**

TBI, CIRS, MCS, ASD, autonomic dysfunction,MCAS,autoimmunity, gut health, repair and restore the pathophysiological damage, Methylation, natural and conventional protocols, and help you find a happy medium as conventional medicine does have a place in healthcare

CIRS

Dr. Shoemaker's
Allopathic Protocol
Treatment Steps



Natural

Medicine

Preparation of the Complex Patient for the Treatment “Journey” is the Key to Successful Outcomes

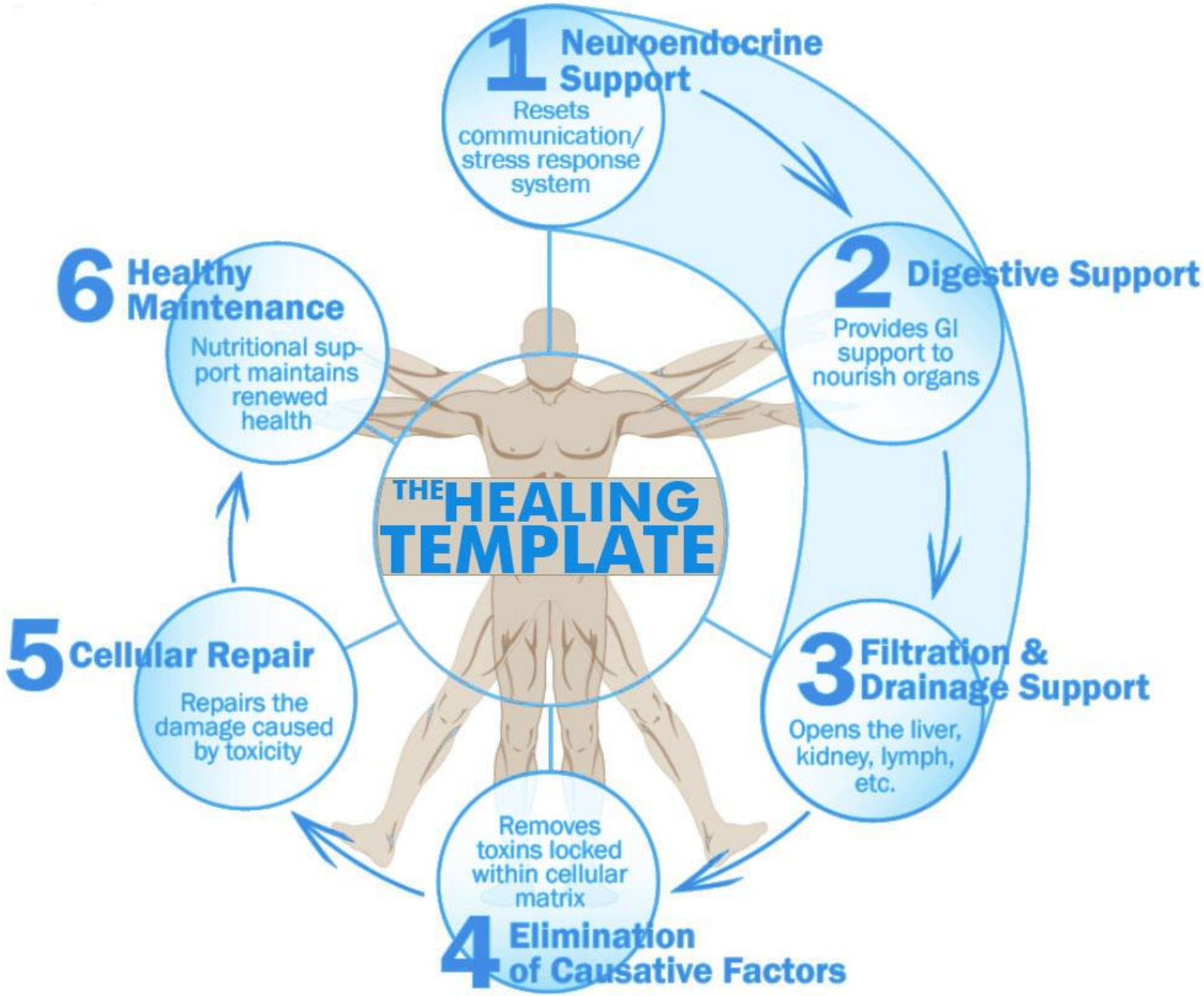
Harnesses the natural intelligence of the body to bring people into optimal health.

The art and science of tuning the body into balance

Welcome to the BARK side

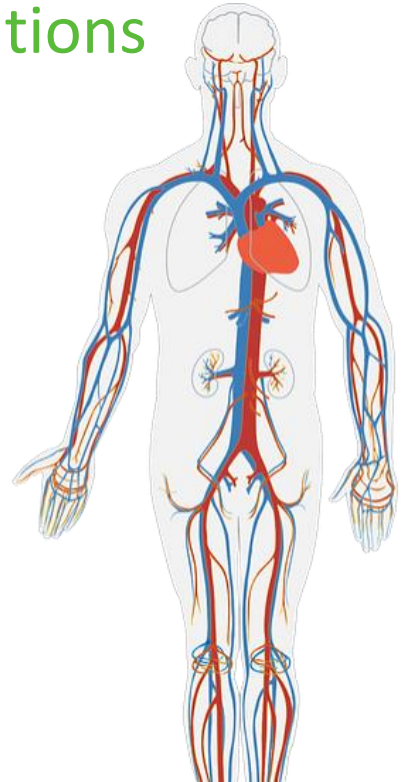
Wisdom from the Botanical Realm

Plant based and all natural protocol options


1 Neuroendocrine Support
Resets communication/ stress response system
2 Digestive Support
Provides GI support to nourish organs
3 Filtration & Drainage Support
Opens the liver, kidney, lymph, etc.
4 Elimination of Causative Factors
Removes toxins locked within cellular matrix
5 Cellular Repair
Repairs the damage caused by toxicity
6 Healthy Maintenance
Nutritional support maintains renewed health
THE HEALING TEMPLATE

Treatment

Recommendations



Compensate for dietary mineral, vitamin, and other deficiencies

Homeopathy, Homotoxicology, Ayurvedic, Buhner Herbal, Enderlein, Pleomorphic, and other natural treatments

Dr. Shoemaker's 11 step protocol

Assist in regulating internal ecology (pH and cell respiration)

Support beneficial microflora and treat dysbiosis

Improve immune function and microcirculation

Assist in repairing organs and systems

Detoxify lifestyle and environmental blockages

Reduce the effects of biochemical stress

Immune Enhancement and support

Endocrine Support, bioidentical hormones

Natural Options and Complementary Modalities

#1 Treatment for CIRS is Dr. Shoemaker's 11 step protocol

Some patients request natural remedies for support and we found that natural support helps

Cleanse environmental toxins

Allergies

Gut motility

Modulate cytokines, reduce NF-kappa B

Reduce TNF alpha, IL-6, IL-B1, ESR

Bind and promote excretion of toxins

Treatment

Naturally Activate Biotransformational Pathways

Ayurvedic Panchakarma: The most powerful form of Ayurvedic healing for body, mind and spirit.
(only if patients are strong enough)

Enderlein Remedies for immune modulation.

High phytochemical potential herbal tinctures. Herbal combinations for hormonal, gut and parasitic support.

Essential oils in HVAC system and Apitherapy.

FIR sauna (low EMF, untreated organic wood), colonics, Valkion, KMT, Healing baths.

For those sensitive to even bio identical hormones, homeopathic, glandular, and herbal hormonal support works but only in the hands of select experienced practitioners who also understand the conventional endocrine system.

Treatment

Complementary Modalities

MENTAL HEALTH

PHYSICAL HEALTH

EMOTIONAL HEALTH

SPIRITUAL HEALTH

Mast cell stabilizing meds especially for those experiencing weight loss concerns

Neuro-Biofeedback

Specialized Neuro-sensory Integration and hemispheric synchronisation

Dysautonomia treatment: Conventional and/or biological and spiritual

Meditation and guided visualization

Treatment

Diet

Most people with CIRS need to remove/limit their intake of gluten and/or grains

All need to remove simple carbohydrates while healing then limit after healing

Let’s keep it ORGANIC, GMO free!

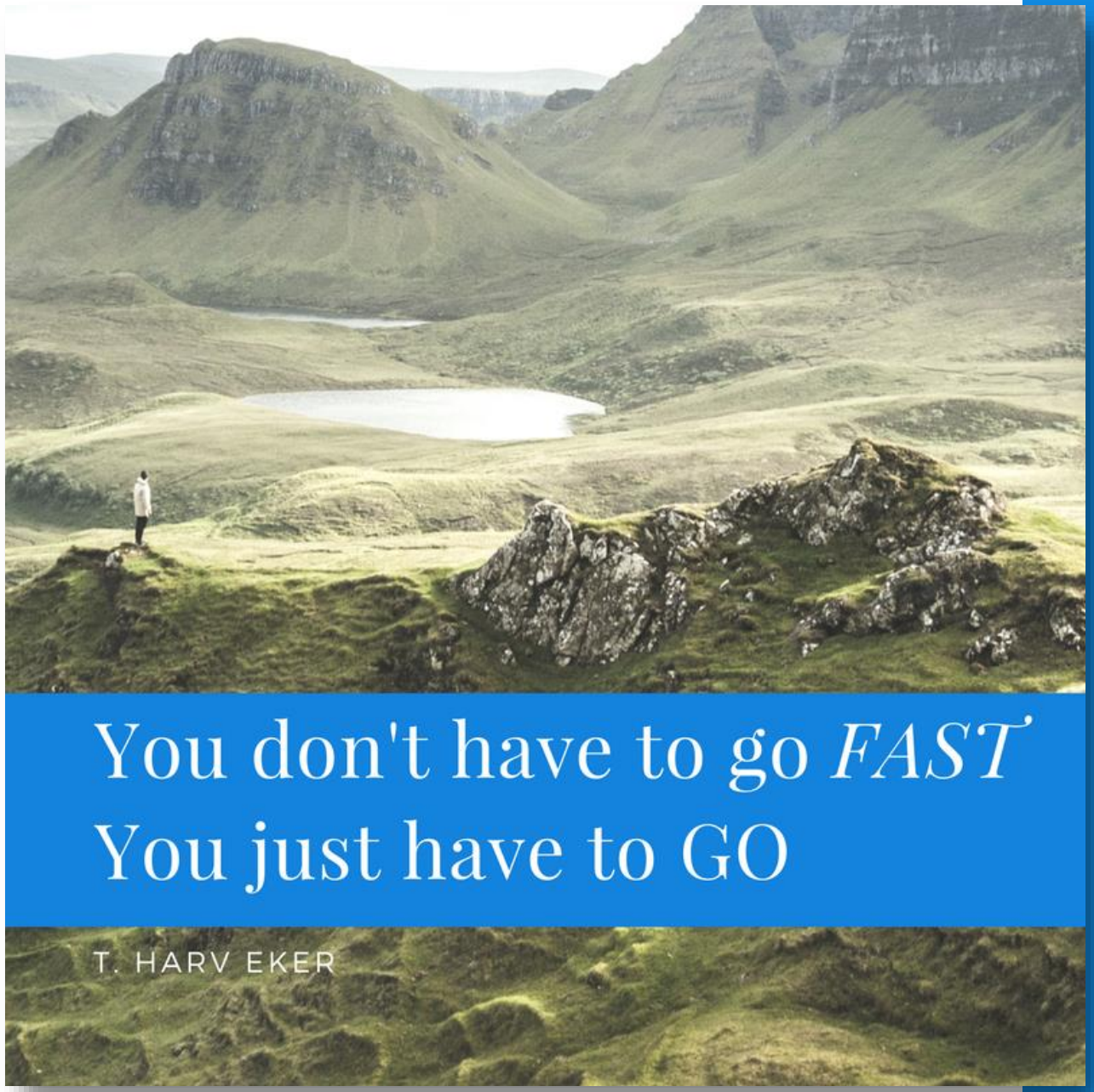
Highly bio-individualized diet and natural treatment protocols are critical since every patient is unique

Keep Up With the Times

Use your resources wisely.

Check out genetics, clean out infections and toxins , and nutritionally balance the body prior to major interventions like IVIG, Apheresis, plasmapheresis, and Stem cells. This will maximize the efficacy of these often amazing and life changing newer therapies.

Note: Only cord blood SCT is approved by the FDA in the USA currently.



Take It Slow

FIND the right practitioner!!

Listen to your body

Everyone is different

The body has its own speed

Don’t herx too much

Reevaluate often

BIONEXUS APPROACH

Full Spectrum Natural Medicine

Thank You!

DR. JODIE A. DASHORE,
OTD (Neurology), MSc (Pediatric Neurology), HHP, BCIP, SIC
Medical Director
BioNexus Health
Full Spectrum Natural Medicine Center

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