My route and challenges through Mould illness which nearly killed me but may have saved my life.

Jeff Charlton

Certified member of Chartered Institute Environmental Health MCIEH (UK)

Member of Surviving Mold and International Society for Environmental Acquired Illness (ISEAI) groups of Indoor Environmental Hygienists writing USA and international standards on water damage and biological investigations for environmental acquired illness.

Narrative

I have written this paper (diary) in the hope it might support individual family members suffering from mould illness and who invariably travel the journey of recovery alone and confused.

I am an indoor environmental hygienist and my full-time roll is visiting homes to assess the cause of building related illness.

I have been involved in water damaged and mouldy homes for 30 years although I have also been exposed to chemical loading through commercial clean ups such as Kuwait oil fields.

As a sufferer of CIRS (Chronic Inflammatory Response), I have been faced with many of the same physical and mental challenges as my clients.

This paper shows the routes I followed to getting diagnosed the ups and downs and feeling better.

My family thought I was buying the Emperor's new clothes when I spoke of mould illness

It wasn't until my daughter was misdiagnosed with advanced Leukaemia at 38 years of age that anyone thought my work was useful. My daughter was about to start radio and chemotherapy at Imperial College London when I identified a toxic mould used as a WMD (Weapon of Mass Destruction) growing in her brand-new house. This mould produces a toxin which turns off the immune response and which the pharmaceutical industry uses to prevent organ transplant rejection. It seems she has at least one of my HLA genes. She

moved out and within 6 weeks all symptoms disappeared, and the hospital wondered if they had misdiagnosed or was it a miracle?

My story over three years

First indicator Heart stopped

I was in Spain trying to shake off what I now know to be chronic fatigue when I felt very unwell after sleeping in a mouldy room. I went to hospital “Helicopter Sanitaria’s” Marbella. I was in luck and was seen by a visiting heart specialist who said my heart kept stopping but he couldn’t identify the cause. He said I seemed to cope and that I could live 5 minutes or 50 years.

The second event

A few months later in London I felt similarly unwell on a mould decontamination job in a new flat. I went to hospital where two ECG machines were used but didn’t work on me. The hospital (Princess Louise) in Farnborough then called the “Crash Trolley” and used the latest equipment on me and I was immediately admitted to Intensive care as they identified my heart kept stopping. They brought in a leading heart specialist from another hospital. He didn’t know what was causing it and I was kept in bed and given Beta Blockers and sent home but stopped taking the tablets after 3 days of staring at the wall. I subsequently found that mould can cause this in the form of Myocarditis

Continuing and developing illness

I suffered varying degrees of possible mould illness but none severe enough for me to be concerned as I was in my late 60s and thought it was just getting old. In 2016 I went on an expedition to the Antarctic and three doctors were in the team and I was finally asked by one of them what dose I was on. I explained I wasn’t on any medication and they suggested I saw a doctor on my return.

From my primary care doctor’s request, I saw three different Psychiatrists at two different hospitals. They informed me my headaches, mood swings, isolation and Chronic fatigue etc were due to severe brain damage and personality defect and gave me a letter to confirm my disability.

Chronic Fatigue & Blood thickens

I visited my GP because I was feeling so tired and he suggested a blood test. The hospital lab analysis showed an ESR of 65 (thick blood) and I was phoned by my primary care doctor and told go immediately to a pharmacy and collect a steroid “Prednisone” for immediate dose of 60mg per day. I was informed there was an immediate risk of stroke and or going blind overnight. I foolishly didn’t take the Steroids as I thought it was simply a mould exposure as I had all the symptoms.

I was now developing the sensation of insects creeping under my skin and suffered terrible leg cramps at night, I recognised these symptoms as inflammatory response usually from mould exposure and CIRS.I had doubted my GP was diagnosing the symptoms.

My Chronic Fatigue and or and or Poly Myalgia Rheumatica

Within days I developed Chronic fatigue and simply couldn't get out of bed. I couldn't sit or stand without help. I suffered this for two weeks and then my primary care doctors insisted I took the Prednisone. With just 10mg of the ant inflammatory drug I was cured within 30 minutes but had to continue a reduced dose for a year. As I stopped the Prednisone my stammer and stuttering started, with facial tics and involuntary body movements.

I was given happy pills by my GP but they, I believe, caused my facial tics, involuntary arm movements and stammer.

I stopped taking the prescription drugs and resorted to 3 cans of Red Bull, maxed out on over the counter OPIOID pain killers which the GP also prescribed and washed down with 6 daily coffees and a usual half bottle of wine and Vodka at night to help me sleep. My recently diagnosed ADHD appears to work in reverse of stimulants and explained a life of ups and downs.

Electromagnetic Shielding

I get at least 5 calls a day from people asking help and I visit at least one a day and see how debilitated they are. I knew I was going the same way and followed every lead or suggestion which people said worked for them. I bought grounding mats and walked around without shoes. All I got was sore feet and wife terrified of electrocution

My Stroke, Stammer and Stutter and the British treatment

With the newly developed stammer, stutter and tics, focus was again on my brain, one of my primary care doctors suggested I bought a book on how to improve self-image and he clearly thought this was all in my imagination. Some friends and family members thought I was an embarrassment when stammering or ticking and occasionally I can speak a sentence back to front which adds to their entertainment. My stammer and tics appeared to be related to temperature and this may reflect brain inflammation especially to hypothalamus at the base of the brain.

When I am exposed to high temperature I crash into stammer and stutter and during the hot summer of 2019 I could hardly speak. I went to my doctor and they sent me immediately to hospital for suspected stroke or brain bleed. I was given an immediate MRI scan. The scan did not show abnormality and the doctors were unable to diagnose or explain, not least after I cooled down in the airconditioned hospital and all symptoms disappeared.

Diagnosis of brain injury from the newly emerging symptoms of toxic mould exposure, is as we all know from experience, very difficult to find.

CIRS or bio toxin (mould) illness is so often misdiagnosed as being depression, anxiety, post-traumatic stress disorder and somatization; as well as Alzheimer's, Parkinsonism, allergy, fibromyalgia and Chronic Fatigue Syndrome, among others. Treating patients for these seemingly diverse conditions does not improve their symptoms of CIRS, although effective therapies for CIRS do exist.[1]

The hospital report below shows no stroke but equally no reason for the obvious symptoms

1

Medical Research Archives, Volume 4, Issue 7. RNA-Seq on patients with chronic inflammatory response syndrome (CIRS) treated with vasoactive intestinal peptide (VIP) shows a shift in metabolic state and

STROKE DEPARTMENT King's College Hospital NHS NHS Trust

	ECG:	Sinus Rhythm
	Carotid Doppler Ultrasound:	Imaging not indicated

Neuroimaging	**Time of first brain imaging:**	25/07/2019 11:06
	Initial brain imaging modality	MRI
	Results:	MRI Head 25/07/2019, 11:06 No evidence of restricted diffusion. No recent infarction. No parenchymal abnormality. The ventricles and basal cisterns are patent. Normal vascular flow voids. Unremarkable appearances of the brainstem and the cerebellum. Comment: No evidence of recent infarction or haemorrhage.

Management Plan
Discussed with Stroke consultant. Impression - unlikely TIA Plan Stop aspirin and PPI. No change in regular medications. Discharged from TIA clinic. No Stroke clinic follow up. [redacted]

Information provided to patient	☐ **Smoking cessation** ☐ **Driving advice**
If the patient experiences any further events, they should seek medical attention immediately.	

Follow-up Plan	
No stroke follow up.	
Follow up appointment	No secondary prevention follow up

Yours sincerely

Checked electronically

Dr Myat Thiri Win
SHO for TIA/HASU

Supervising Consultant: Dr Kavaklis, Locum Stroke Consultant

Jeffrey Charlton Page 1 of 1
HOSP No: [redacted]

UK primary Care doctors and Brain injury

I was informed I have severe brain damage caused by a motorcycle and truck crash in 1967 and given a letter to excuse me from high anxiety scenarios such as cross examination in expert witness cases.

Neuroquant Brain Scan

My friend doctor Ritchie Shoemaker in USA suggested I have a Neuroquant which is a three-dimensional MRI brain scan. The cost is around £1000, and I booked two different clinics in London and Boston USA but suffered claustrophobia and had to leave both hospitals without the scan. This is a new psychological development as I am a scuba diver and used to working in confined spaces wearing full PPE.

While in Australia I visited Dr Sandeep Gupta who organised a Neuroquant 3D MRI brain scan) with me taking sedative.

The following Australian Neuroquant shows 6 areas of brain atrophy and two areas of brain inflammation. The findings were missed by radiologist in Australia but picked up by mould specialist doctors in USA using an Evans Index. This may be due to onset of Alzheimer's or brain inflammation from mould toxins breaking the blood brain barrier. The technology is already approved by the US Food and Drug Administration for the assessment of grey matter to track cognitive decline in patients with Alzheimer's disease.[2]

[2] https://www.medscape.com/viewarticle/913769?src=WNL_infoc_191126_MSCPEDIT_TEMP2&uac=236440AR&impID=2179802&faf=1#vp_3

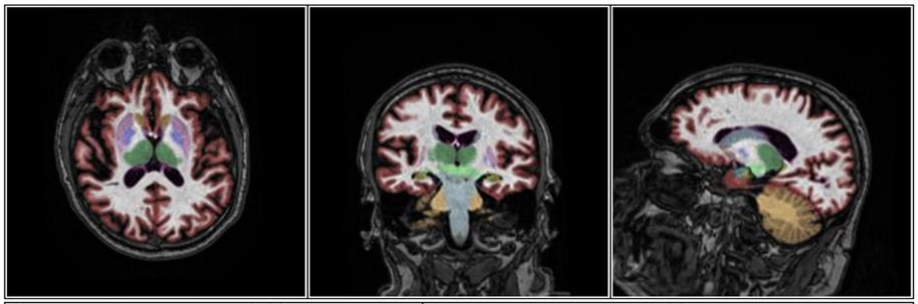
NeuroQuant®
Age Related Atrophy Report

Pacific Radiology Pty Ltd
49 Baden Powell Street
Maroochydore QLD 4558 AUSTRALIA
michael.hoare@pacificradiology.com

PATIENT INFORMATION **Version 2.3.0**

Patient ID:	Patient Name:	Sex:	Age:
PA-HBE222Z	CHARLTON, JEFFREY	F	69
Accession Number:	**Referring Physician:**	**Exam Date:**	
PA-559415-MR	[redacted]	2019-01-16	

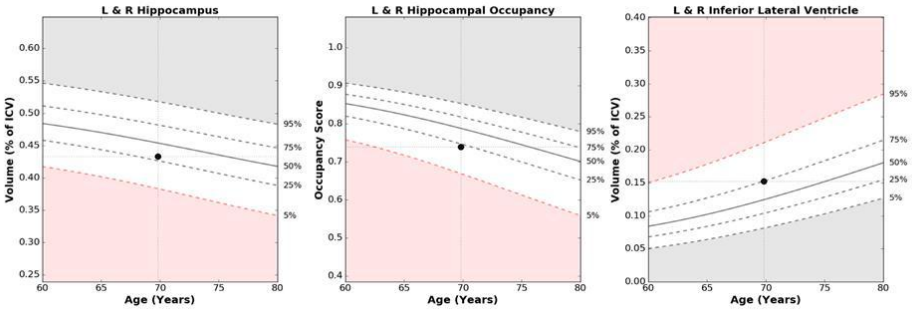
MORPHOMETRY RESULTS

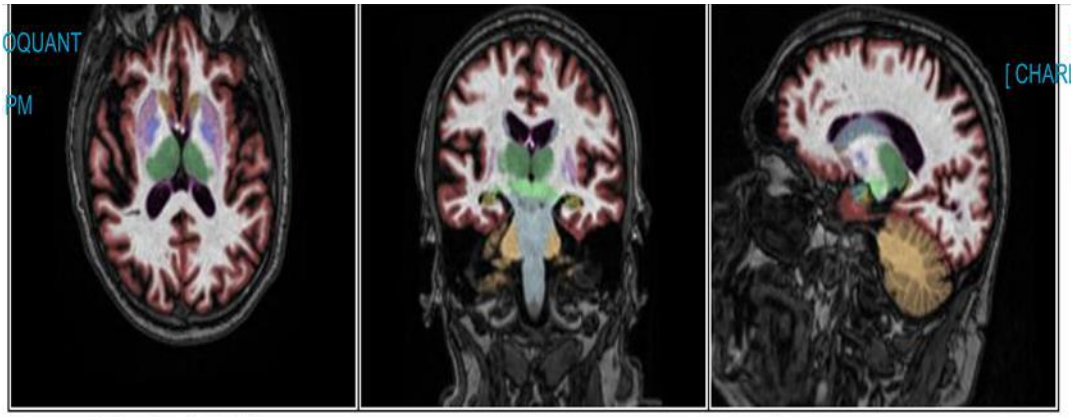


Hippocampal Occupancy Score (HOC)	0.74

Brain Structure	Volume (cm³)	% of ICV (5%-95% Normative Percentile)	Normative Percentile
Hippocampi	7.22	0.43 (0.38 - 0.52)	30
Superior Lateral Ventricles	33.96	2.04 (1.09 - 3.87)	50
Inferior Lateral Ventricles	2.54	0.15 (0.08 - 0.21)	75

AGE-MATCHED REFERENCE CHARTS





Intracranial Volume (ICV) (cm³)	ICV Percentile
1666.30	95

Total Volumes	Percentiles		
	Left	Right	Total
Cerebral White Matter	84	87	86
Cortical Gray Matter	39	32	35
Ventricles	48	56	51
Subcortical Structures			
Cerebellar White Matter	24	14	18
Cerebellar Gray Matter	71	49	60
Brainstem	-	-	76
Thalamus	83	88	87
Ventral Diencephalon	41	84	64
Basal Ganglia			
Putamen	11	9	10
Caudate	35	29	31
Nucleus Accumbens	88	99	99
Pallidum	67	53	60
Cingulate	47	90	76
Anterior Cingulate	69	97	92
Posterior Cingulate	28	13	18
Isthmus Cingulate	46	85	67

Cortical Brain Regions	Percentiles		
	Left	Right	Total
Frontal Lobes	23	27	25
Superior Frontal	11	24	15
Middle Frontal	74	53	65
Inferior Frontal	16	44	26
Lateral Orbitofrontal	37	10	20
Medial Orbitofrontal	19	45	33
Paracentral	75	50	66
Primary Motor	27	24	23
Parietal Lobes	28	12	19
Primary Sensory	11	14	10
Medial Parietal	75	46	65
Superior Parietal	17	15	14
Inferior Parietal	62	31	44
Supramarginal	33	15	20
Occipital Lobes	92	56	82
Medial Occipital	95	83	92
Lateral Occipital	77	32	58
Temporal Lobes	37	54	45
Transverse Temporal + Superior Temporal	24	67	44
Posterior Superior Temporal Sulcus	11	5	4
Middle Temporal	14	68	36
Inferior Temporal	62	60	62
Fusiform	68	11	34
Parahippocampal	90	91	92
Entorhinal Cortex	96	83	95
Temporal Pole	26	59	39
Amygdala	42	41	41
Hippocampus	45	20	30

NeuroQuant®
General Morphometry Report

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michael.hoare@pacificradiology.com

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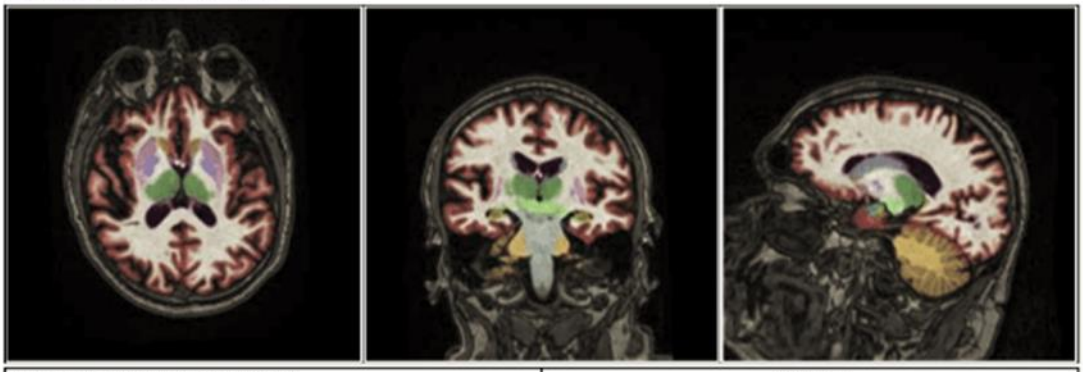


Intracranial Volume (ICV) (cm³)	1666.30

Brain Structure	LH Volume (cm³)	LH Volume (% of ICV)	RH Volume (cm³)	RH Volume (% of ICV)	Asymmetry Index (%)*
Forebrain Parenchyma	532.22	31.94	535.95	32.16	-0.70
Cortical Gray Matter	254.43	15.27	252.86	15.17	0.62
Superior Lateral Ventricle	16.20	0.97	17.76	1.07	-9.15
Inferior Lateral Ventricle	1.24	0.07	1.30	0.08	-4.96
Hippocampus	3.68	0.22	3.54	0.21	3.94
Amygdala	1.63	0.10	1.57	0.09	3.32
Caudate	2.77	0.17	2.89	0.17	-4.24
Putamen	5.16	0.31	4.85	0.29	6.25
Pallidum	0.88	0.05	0.79	0.05	11.17
Thalamus	7.70	0.46	7.92	0.48	-2.91
Cerebellum	69.29	4.16	65.40	3.92	5.77

*The Asymmetry Index is defined as the percentage difference between left and right volumes divided by their mean.

Brain Expert in London.

The NHS haven't heard of Neuroquant and I made an appointment with private clinic to have a consultation with a brain expert, Dr Clough. A 40-minute review of the Australian brain scan confirmed in his opinion, I have nothing wrong and I'm normal. Of course, I and my family are confused. I saw three separate phycologists, brain specialists in the NHS specialist hospitals and two US doctors telling me I have severe brain damage, yet a private consultation in both Australia and UK tells me nothing is wrong.

I informed my UK expert that I have very high C4A which indicates my blood is very high in inflammagens. His response was, "You should stop reading Google, C4 is a vertebra and nothing to do with blood. You will see from my blood tests I have elevated C4A probably induced from high biological exposure on a flight from UK to London just hours prior to the blood test.

I

I asked Dr Shoemaker in USA why he thought of the Australian radiologist and my UK brain consultant disagreed with him. He responded by suggesting the Australian radiologist's skill set should be reviewed and asked if Dr Clough had measured my Evans index. Dr Clough didn't know what that was. (It is apparently a new technique)

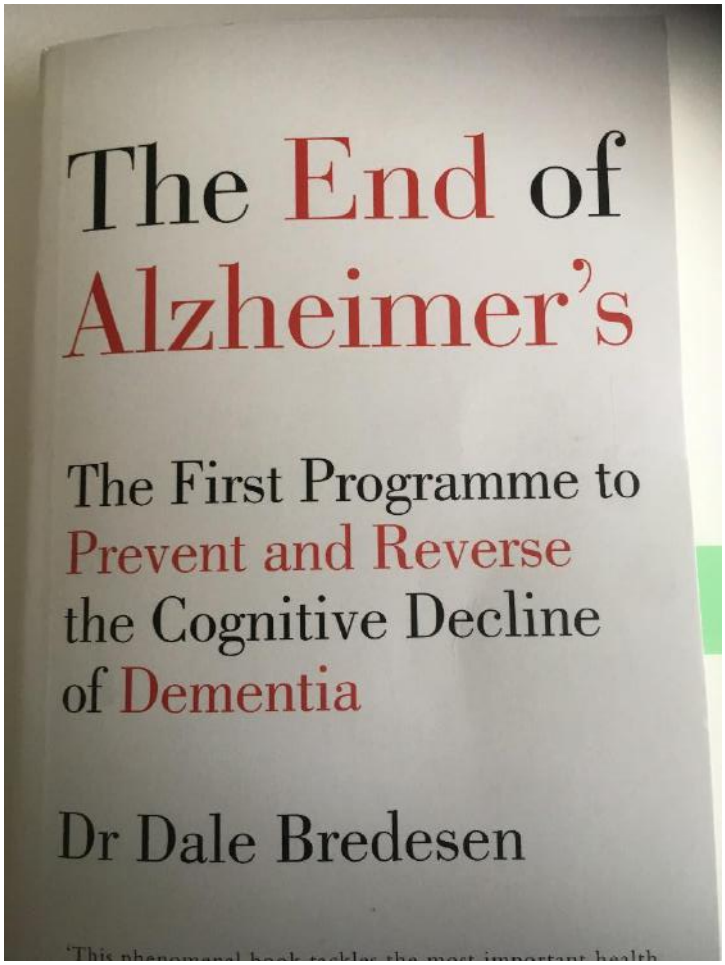
Dr Shoemaker sent me a very strong personal message ***"For heaven's sake man take this seriously"***

It now transpires that the 6 areas of atrophy identified by Dr Shoemaker, can be an indicator or early onset dementia and or Alzheimer's, however it may also be caused by mycotoxins and general brain inflammation. This is supported by Dr Bredesen and various peer reviewed papers. These conclude that as many as 1:4 Alzheimer's patients have brain inflammation caused by mould, which unlike Alzheimer's, can be resolved.

We are honoured as Building Forensics are mentioned in Dr Bredesens book on page 205

There is now new recognition of Neuroquant analysis which identifies brain abnormalities which are missed on standard MRI scans[3]

[3] https://www.medscape.com/viewarticle/913769?src=WNL_infoc_191126_MSCPEDIT_TEMP2&uac=236440AR&impID=2179802&faf=1



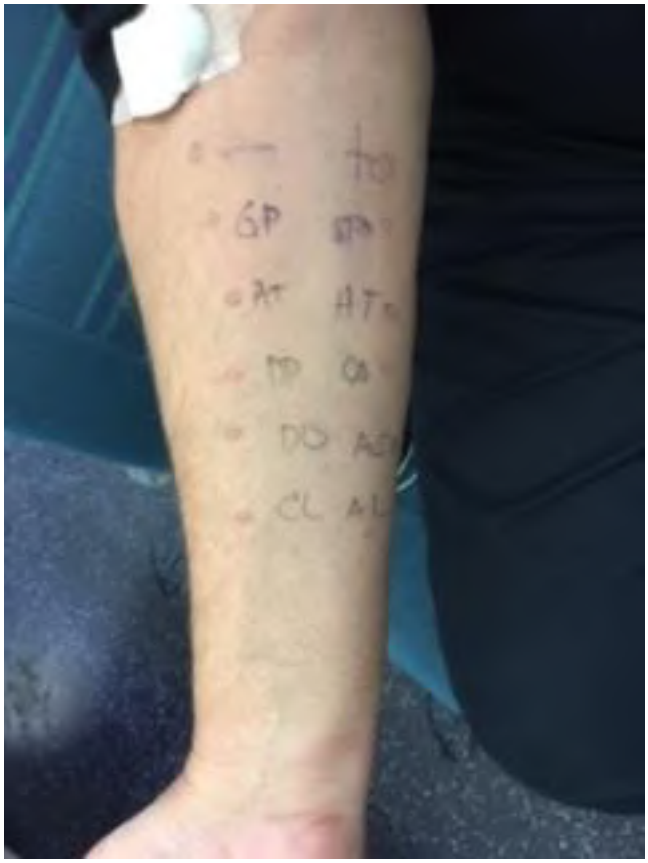
Anaphylaxis shock

My next related incident was anaphylaxis shock where on two separate occasions I was hospitalised as my throat closed and suffocation was likely. I have never been allergic to anything before. This may be due to a reduced immune system caused by mould. There is no doubt I was within minutes of death in one event and close to collapse on second event.

The NHS sent me to Guys hospital London where I was given an allergy test and within 30 minutes, I was told I wasn't allergic to anything. The NHS consultant asked me if I have had further attacks and I said no, and he asked if I changed anything. I said, since I now carry two EPI pens, I eat everything I can to identify the cause. I also said I stopped taking the blood pressure tablet my GP prescribed after mould caused my blood pressure to increase which had now decreased. When I told him the drug name "Ramipril" he smiled and gave the game away. This drug is known to cause anaphylaxis symptoms and he told me not to take any drugs ending with PRIL. So, there we have it, nearly murdered by the NHS after mould raised my blood pressure.

My mould allergy test

The photo below shows the standard mould allergy test accompanied by other pricks to assess my allergic response to 12 different tests**.** I was told I have no allergy to mould and yippee. Unfortunately, I could have believed I can be exposed to mould without harm, and this of course is nonsense. First of all, the mould they pricked me with was cultured invitro (in a laboratory). This sterile mould was not the day to day species we are exposed to which is fighting off bacteria and other moulds. So it wasn't really a mould test, just one species of un stressed mould. Obviously, the consultant didn't answer questions on the potential of mould toxicity or capability of producing inflammagens



Hey Presto not allergic to mould or 12 other common triggers (meaningless)

I did carry 2 Epi Pens and didn't know what was causing the allergic reaction.

Guy's and St Thomas' NHS
NHS Foundation Trust

Department of Allergy
2nd Floor, Counting House
Guy's Hospital
Great Maze Pond
London SE1 9RT

Department: 020 7188 5846 or 7263
Email: gst-tr.allergyadult@nhs.net
Main Switchboard: 020 7188 7188

Ref: LS/CB/6675696D

[redacted]

02 October 2019

Clinic Name: **Allergy Clinic - Guys**
Consultant: **SIEW**
Clinic Date: **01 October 2019**

Dear Dr Gilbert

Re: **MR JEFFREY CHARLTON**
Hospital N[redacted]
Address: [redacted]

Date of [redacted]
NHS No

Thank you for referring this pleasant 70 year old gentleman to the Allergy Clinic. In December 2019 he had eaten a sardine sandwich and had symptoms of abdominal swelling, facial swelling and neck ache. There was no associated tongue swelling, rash, respiratory compromise or cardiovascular compromise. He went to hospital and vomited. He was treated and his symptoms resolved.

In May 2019 he was eating sushi with red wine and developed symptoms of facial swelling and tongue swelling. He felt short of breath. He went to hospital and was treated and his symptoms resolved. There was no associated rash, throat swelling, respiratory compromise or cardiovascular compromise. In June 2019 he did not eat any food and then developed spontaneously eyelid swelling bilaterally. There was no associated rash, throat swelling, respiratory compromise or cardiovascular compromise. He went to hospital and was treated. He was noted to be on ramipril by his Doctors in Accident & Emergency. The ramipril was stopped, and he no longer has symptoms following cessation of ramipril.

He has managed to reintroduce seafood into his diet without any recurrence of his symptoms. He is able to have white wine without any symptoms, he however avoids red wine as he feels that it may be a trigger factor for his symptoms

He has hypertension. He has a family history of atopy. His current medications include amlodipine.

Skin prick testing done today was negative to grass pollen, silver birch, alder tree, hazel tree, house dust mite, cat dander, dog dander, Aspergillus, Cladosporium, and Alternaria.

This gentleman's history and skin test results are in keeping with a diagnosis of angiotensin-converting enzyme (ACE) inhibitor-related angioedema. In view of this he should avoid all angiotensin-converting enzyme inhibitors. His angioedema screen blood test results was normal (Normal C4 level), this rules out hereditary/acquired angioedema as an underlying cause of his symptoms. Please find a copy of his blood test results attached.

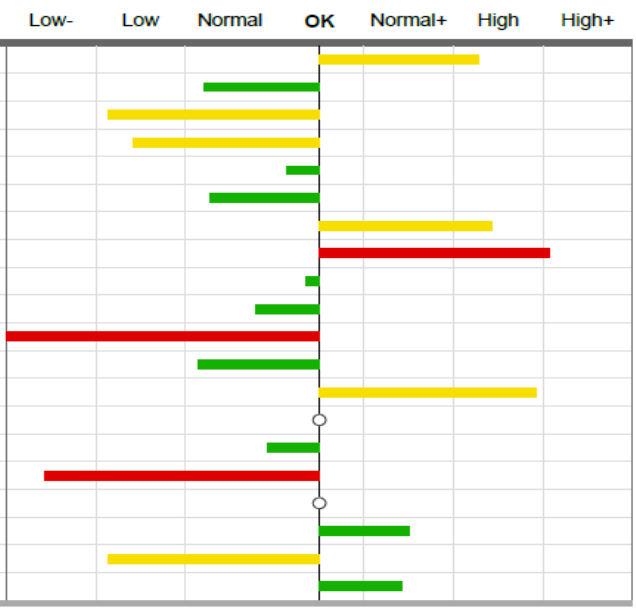
I have not organised to see him again in clinic and have discharged him back to your care.

Heavy metal & Mineral assessment

The following test shows excess heavy metals and both low and high minerals. This may be due to working in Kuwait for two years undertaking bio and chemical clean up following Gulf war 1. The mercury may be due to amalgam tooth filling removal 20 years ago without controls. Of course working in environmental clean-up around the world didn't help either

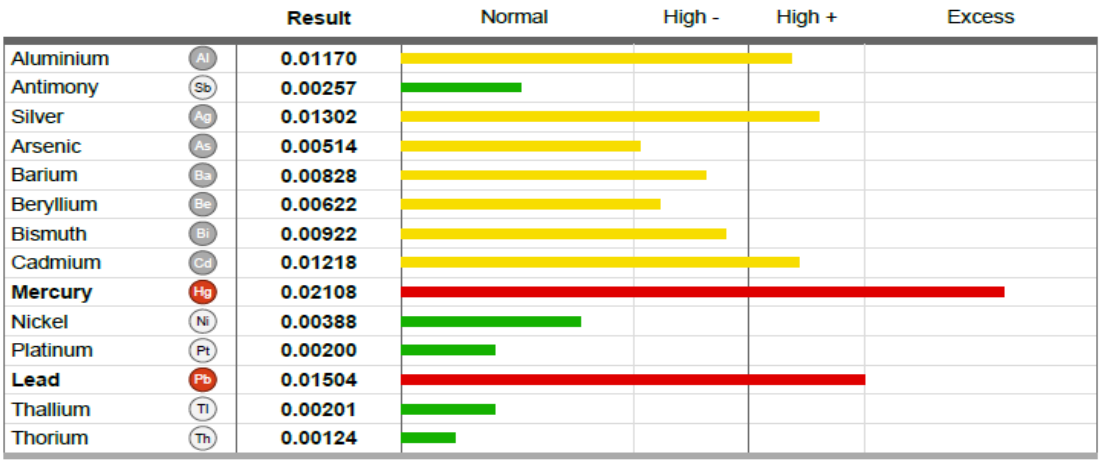
Mineral Test Report

	Result	Normal	
Calcium	**652.0**	279.0	598.0
Magnesium	**33.0**	30.5	75.7
Phosphorus	**119.0**	144.0	199.0
Silicon	**9.9**	15.0	31.0
Sodium	**48.3**	21.0	89.0
Potassium	**11.5**	9.0	39.0
Copper	**31.6**	11.0	28.0
Zinc	**171.3**	125.0	155.0
Iron	**9.5**	5.0	15.0
Manganese	**0.44**	0.31	0.75
Chromium	**0.38**	0.82	1.25
Vanadium	**0.012**	0.009	0.083
Boron	**3.86**	0.84	2.87
Cobalt	**0.035**	0.025	0.045
Molybdenum	**0.052**	0.035	0.085
Iodine	**0.11**	0.32	0.59
Lithium	**0.088**	0.052	0.120
Germanium	**0.024**	0.003	0.028
Selenium	**0.59**	0.95	1.77
Sulphur	**51.2**	48.1	52.0



Mineral Balance

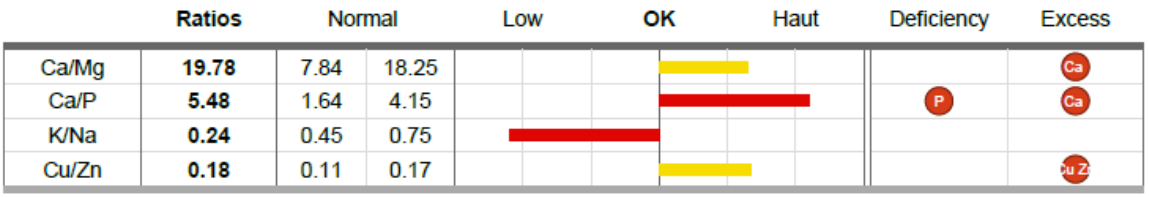
Heavy Metal Test Report



		Result	Normal	High -	High +	Excess
Aluminium	Al	0.01170				
Antimony	Sb	0.00257				
Silver	Ag	0.01302				
Arsenic	As	0.00514				
Barium	Ba	0.00828				
Beryllium	Be	0.00622				
Bismuth	Bi	0.00922				
Cadmium	Cd	0.01218				
Mercury	Hg	0.02108				
Nickel	Ni	0.00388				
Platinum	Pt	0.00200				
Lead	Pb	0.01504				
Thallium	Tl	0.00201				
Thorium	Th	0.00124				

Heavy Metals Intoxication

Ratios



	Ratios	Normal		Low	OK	Haut	Deficiency	Excess
Ca/Mg	**19.78**	7.84	18.25					Ca
Ca/P	**5.48**	1.64	4.15				P	Ca
K/Na	**0.24**	0.45	0.75					
Cu/Zn	**0.18**	0.11	0.17					Cu Zn

Oxidative Stress

Sauna and issues

Many of my clients recommended Saunas as a method of removing mycotoxins and chemical toxins. Of course, not everyone has double HLA gene and perhaps they can remove toxins in a sauna. Initially I bought the low cost infra-red portable sauna tent and thought I felt better sweating it out. After a couple of weeks, I came to dread the sauna and realised I felt worse in it.

Investigating my and clients homes I decided to sample the inside of sauna's for mould and have become concerned at the counts and species of mould when compared against the room they were located. I think saunas become the ideal environment for mould growth.

Blood Test

The following blood tests cost over £2000 but significantly identified two HLA genes 4/3/53 and 13/6/52A which makes me susceptible to toxic poisoning as my body cannot readily remove these naturally. This means a low-cost chelating agent may be required.

LabCorp **Patient Report**

Patient: CHARLTON, JEFFREY
DOB: 03/20/1949 **Patient ID:** **Control ID:** 10136453347
Specimen ID: 127-504-9608-0
Date collected: 05/07/2018 1328 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
DRB5					01
	DRB5*-				
DRB5					01
	DRB5*-				
DQB1 Allele 1					01
	DQB1*03:BDBGD ✓				
DQB1 Allele 2					01
	DQB1*06:BDBGE ✓				

Code Translation:

BDBGE 06:03/06:14/06:28/06:32/06:41/06:44/06:59
/06:60/06:61/06:62/06:63/06:64/06:65/06:67
/06:90/06:91/06:110/06:128/06:134/06:141
/06:143/06:144N/06:145/06:148/06:154
/06:184/06:185/06:187/06:190/06:191/06:195
/06:196/06:210/06:218/06:221/06:222/06:223
/06:230/06:238

BDBGD 03:02/03:04/03:07/03:08/03:14/03:23/03:32
/03:37/03:45/03:62/03:63/03:64/03:66N
/03:67/03:68/03:70/03:80/03:81/03:85
/03:106/03:107/03:125/03:138/03:146/03:153
/03:161/03:174/03:175/03:178/03:179/03:185
/03:190/03:199/03:203/03:204/03:205/03:211
/03:213N/03:215/03:217/03:220/03:221
/03:224/03:225/03:229/03:233/03:237N
/03:240/03:245/03:247/03:251/03:263/03:265
/03:269N

HLA allele interpretation for all loci based on IMGT/HLA database version 3.29.0
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.
HLA Lab CLIA ID Number 34D0954530

HLA Methodology 01
HLA results were obtained using sequence based typing (SBT), sequence specific oligonucleotide probes (SSOP), and/or sequence specific primers (SSP) as needed to obtain the required resolution. Please contact HLA Customer Service at 1-800-533-1037 if you have any questions.
Director of HLA Laboratory
Dr George C Maha, PhD

Antidiuretic Hormone Profile

ADH	<0.8 ✓		pg/mL	0.0 - 4.7	02

This is a corrected report. The previously reported result was:

=======Test==========	==========Result==========	==========Units=========	=Resulted=
ADH	>0.8	pg/mL	05/11/2018

LabCorp **Patient Report**

Patient: CHARLTON, JEFFREY
DOB: 03/20/1949 **Patient ID:** **Control ID:** 10136453347
Specimen ID: 127-504-9608-0
Date collected: 05/07/2018 1328 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
DRB5					01
	DRB5*-				
DRB5					01
	DRB5*-				
DQB1 Allele 1					01
	DQB1*03:BDBGD ✓				
DQB1 Allele 2					01
	DQB1*06:BDBGE ✓				

Code Translation:

BDBGE 06:03/06:14/06:28/06:32/06:41/06:44/06:59
/06:60/06:61/06:62/06:63/06:64/06:65/06:67
/06:90/06:91/06:110/06:128/06:134/06:141
/06:143/06:144N/06:145/06:148/06:154
/06:184/06:185/06:187/06:190/06:191/06:195
/06:196/06:210/06:218/06:221/06:222/06:223
/06:230/06:238

BDBGD 03:02/03:04/03:07/03:08/03:14/03:23/03:32
/03:37/03:45/03:62/03:63/03:64/03:66N
/03:67/03:68/03:70/03:80/03:81/03:85
/03:106/03:107/03:125/03:138/03:146/03:153
/03:161/03:174/03:175/03:178/03:179/03:185
/03:190/03:199/03:203/03:204/03:205/03:211
/03:213N/03:215/03:217/03:220/03:221
/03:224/03:225/03:229/03:233/03:237N
/03:240/03:245/03:247/03:251/03:263/03:265
/03:269N

HLA allele interpretation for all loci based on IMGT/HLA database version 3.29.0
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.
HLA Lab CLIA ID Number 34D0954530

HLA Methodology 01

HLA results were obtained using sequence based typing (SBT), sequence specific oligonucleotide probes (SSOP), and/or sequence specific primers (SSP) as needed to obtain the required resolution. Please contact HLA Customer Service at 1-800-533-1037 if you have any questions.
Director of HLA Laboratory
Dr George C Maha, PhD

Antidiuretic Hormone Profile

ADH	<0.8 ✓		pg/mL	0.0 - 4.7	02

This is a corrected report. The previously reported result was:

Test	Result	Units	Resulted
ADH	>0.8	pg/mL	05/11/2018

LabCorp **Patient Report**

Patient: CHARLTON, JEFFREY
DOB: 03/20/1949 **Patient ID:** **Control ID:** 10136453347
Specimen ID: 127-504-9608-0
Date collected: 05/07/2018 1328 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
of the diagnosis by another medically established diagnostic product or procedure. The performance characteristics were determined by LabCorp.					
Osmolality	299 ✓		mOsmol/kg	280 - 301	02
MMP-9 (Matrix metalloprot.-9)					
MMP9	331 ✓		ng/mL		03
Reference Range: <984 **Results of this test are for research purposes only per the assay manufacturer. The performance characteristics of this assay have not been established. The result should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.					
Trans. Growth Fact. beta 1*	3766 ✓		pg/mL	867 - 6662	04
The result is reported in pg/mL. The assay range is approximately 98 to 400,000. The reference range for a healthy population is 867-6662. However it should be noted that these ranges are obtained from a limited population of apparently healthy adults and are not diagnostic thresholds. *This test was developed and its performance characteristics determined by Viracor Eurofins. It has not been cleared or approved by the U.S. Food and Drug Administration.					
Cortisol	8.2 ✓		ug/dL		05
			Cortisol AM	6.2 - 19.4	
			Cortisol PM	2.3 - 11.9	
Complement C4a	493.0 ✓		ng/mL	0.0 - 650.0	02
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.					
ACTH, Plasma	20.8 ✓		pg/mL	7.2 - 63.3	05
ACTH reference interval for samples collected between 7 and 10 AM.					
VIP, Plasma	70.3 ✓	**High**	pg/mL	0.0 - 58.8	02
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.					

Quest Diagnostics

Report Status: Final

CHARLTON, JEFFREY

Patient Information	Specimen Information	Client Information
CHARLTON, JEFFREY **DOB: 03/20/1949 AGE: 70** Gender: M Fasting: N Phone: 575.627.5571 Patient ID: 19490320MJC Health ID: 8573021993544069	Specimen: DL339075N Requisition: 0001672 Collected: 08/07/2019 / 11:20 MDT Received: 08/09/2019 / 21:20 MDT Reported: 08/22/2019 / 06:52 MDT	Client #: 49504779 DAL00000 MCMAHON, SCOTT W WHOLE WORLD HEALTH CARE Attn: DR. SCOTT MCMAHON 109 W BLAND ST # A ROSWELL, NM 88203-5708

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
HUMAN TRANSFORMING GROWTH FACTOR BETA 1 (TGF-b1)	1572 ✓		344-2382 pg/mL	CBR

The performance characteristics of the listed assay were validated by Cambridge Biomedical Inc. The US FDA has not approved or cleared this test. The results of this assay can be used for clinical diagnosis without FDA approval. Cambridge Biomedical Inc. is a CLIA certified, CAP accredited laboratory for performing high complexity assays such as this one.

Testing Performed at: Cambridge Biomedical
1320 Soldiers Field Road, Boston, MA 02135

ACTH, PLASMA	21 ✓		6-50 pg/mL	EZ

Reference range applies only to the specimens collected between 7am-10am.

VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF)	39 ✓		31-86 pg/mL	EZ

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

C4a LEVEL BY RIA		31747 H ✓	0-2830 ng/mL	NJC

This test uses a kit/reagent designated by the manufacturer as "for research use, not clinical use." The performance characteristics for this test have been validated by Advanced Diagnostic Laboratories at National Jewish Health. It has not been cleared or approved by the U.S. Food and Drug Administration. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

ALPHA MELANOCYTE STIMULATING HORMONE	14.2 ✓		0-100.0 pg/mL	SF1

Alpha Melanocyte Stimulating Hormone (Alpha MSH)

This test was developed and its analytical

CLIENT SERVICES: 866.697.8378 SPECIMEN: DL339075N PAGE 1 OF 2

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Quest Diagnostics

Report Status: Final

CHARLTON, JEFFREY

Patient Information	Specimen Information	Client Information
CHARLTON, JEFFREY **DOB: 03/20/1949 AGE: 70** Gender: M Fasting: N Patient ID: 19490320MJC Health ID: 8573021993544069	Specimen: DL339075N Collected: 08/07/2019 / 11:20 MDT Received: 08/09/2019 / 21:20 MDT Reported: 08/22/2019 / 06:52 MDT	Client #: 49504779 MCMAHON, SCOTT W

Test Name	In Range	Out Of Range	Reference Range	Lab
performance characteristics have been determined by Pan Laboratories, Irvine,CA. This assay has been validated pursuant to the CLIA regulations. It has not been cleared or approved by the U.S. Food and Drug Administration.				
MATRIX METALLOPROTEINASE 9 (MMP 9)	176 ✓		0-900 ng/mL	SF1

Matrix Metalloproteinase-9 (MMP-9)

The performance characteristics of this test were determined by Pan Laboratories, Irvine, CA. It has not been cleared or approved by the U.S. Food and Drug Administration.

PERFORMING SITE:

CBR CAMBRIDGE BIOMEDICAL,INC, 1320 SOLDIERS FIELD ROAD, BOSTON, MA 02135-1020 Laboratory Director: DIANE C FARHI,MD, CLIA: 22D0926993
EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352
NJC ADVANCED DIAGNOSTIC LABORATORIES AT NATIONAL JEWISH HEALTH, 1400 JACKSON ST, DENVER, CO 80206-2761 Laboratory Director: RONALD HARBECK, PHD , CLIA: 06D0644307
SF1 PAN LABORATORIES, 15375 BARRANCA PARKWAY E-101, IRVINE, CA 92618-2217 Laboratory Director: ALAN N ELIAS,MD, CLIA: 05D2051927

Quest Diagnostics

Report Status: Final

CHARLTON, JEFFREY

Patient Information	Specimen Information	Client Information
CHARLTON, JEFFREY **DOB: 03/20/1949 AGE: 70** Gender: M Fasting: N Phone: 575.627.5571 Patient ID: 19490320MJC Health ID: 8573021993544069	Specimen: AB989965A Requisition: 0001673 Collected: 08/07/2019 / 11:20 MDT Received: 08/07/2019 / 23:45 MDT Reported: 08/10/2019 / 15:14 MDT	Client #: 49504779 DAL00000 MCMAHON, SCOTT W WHOLE WORLD HEALTH CARE Attn: DR. SCOTT MCMAHON 109 W BLAND ST # A ROSWELL, NM 88203-5708

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
CORTISOL, TOTAL, LC/MS	8.8		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL
4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH
Peak >20.0 mcg/dL
Peak >16.0 mcg/dL after IM injection

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352

Patient Name Jeffrey Charlton.					
	Date Drawn	Date Drawn	Date Drawn	Date Drawn	Date Drawn
LABS	5-17-18	8-7-19			
HLA Linkages 4/3/53 13/6/52A					
HLA Int D M					
VIP (23-63) - LabCorp	70.3↑				
MSH (0-40) - LabCorp, S(35-81)		14.2			
LEPTIN					
ADH (0-4.7)	<0.8↓				
Osmo (275-295)	299↑				
ACTH (7.2-63.3)	20.8	21			
Cortisol (8.7-22.4) in 4mg HCl'd →	8.2	8.8			
DHEA-S					
TESTOSTERONE					
ANDROSTENEDIONE					
CRP					
ESR					
TGF - B1 (344-2382) - LabCorp	3766 ok	1572			
MMP-9 (85-332) - Qwest	331	176			
PAI-1					
CBC					
CMP					
GGT					
NASAL CULTURE					
VEGF		39			
Erythropoietin					
Anticardiolipins- IgG					
- IgM					
- IgA					
AGA -IgA					
- IgG					
B-TYPE NATRIURETIC PEPTIDE					
C3a					
C4a	493.0	31747↑			
IgE					
LYME WB					
TSH					
von WILLEBRAND'S PROFILE	/ /	/ /	/ /	/ /	/ /
Fe					
IBC					
FERRITIN/Saturation	/	/	/	/	/
Hgb A1c					
Fr T4					
Vit D					
CD4+/CD25+/CD4+CD25+	/ /	/ /	/ /	/ /	/ /
Other					

Blood results 2 years apart

Note the elevated C4a after a flight from London to New Mexico.

My US doctor reviewing my blood test results, noted the elevated C4a which is a marker of exposure and inflammation. The doctor suggested I had been in a mouldy

hotel room, but I came straight from the airport and this jogged my memory of a project where I analysed the cabin air filters of a passenger plane

The analysis of a passenger aircraft cabin Filters A past job

The following lab results show a project undertaken by Building Forensics in 2016 to assess the filter performance of a passenger aircraft

While the filters performed reasonably well, with no spore penetration on the supply side, the VOCs (volatile organic compounds) and bacteria penetrated or by- passed the filters. The type of filters fitted to passenger aircraft are not designed to stop VOCs or chemicals.

This report simply shows how contaminated aircraft can be and why some bio toxin sufferes react on aircraft journeys.

The cabin filter shows some mould growth but not on the supply side

C/O: Jeff Charlton
Re: A/C Filters

Date of Receipt: 05-09-2016
Date of Report: 05-13-2016

CUSTOM PANEL: PCR METHODOLOGY

Location:	2: OB0434-02				
Comments (see below)	None				
Sample Type:	Dust sample				
Lab ID-Version‡:	7119235-1				
Sample Size:	5.2				
Unit	mg				
	SE*	SE*/Unit		SE*	SE*/Unit
Acremonium strictum	1	1	Cladosporium sphaerospermum	10	2
Altemaria altemata	12	2	Epicoccum nigrum	34	7
Aspergillus flavus	5	1	Eurotium (Asp.) amstelodami	700	140
Aspergillus fumigatus	26	5	Mucor/Rhizopus	8	2
Aspergillus niger	5	1	Paecilomyces variotii	1	1
Aspergillus ochraceus	ND	<1	Penicillium brevicompactum	19	4
Aspergillus penicillioides	21	4	Penicillium chrysogenum (Type 2)	130	25
Aspergillus restrictus	24	5	Penicillium corylophilum	9	2
Aspergillus sclerotiorum	ND	<1	Penicillium crustosum (Group2)	3	1
Aspergillus sydowii	ND	<1	Penicillium purpurogenum	3	1
Aspergillus unguis	ND	<1	Penicillium spinulosum	ND	<2
Aspergillus ustus	ND	<1	Penicillium variabile	ND	<1
Aspergillus versicolor	5	1	Rhizopus stolonifer	1	1
Aureobasidium pullulans	220	42	Scopulariopsis brevicaulis	1	1
Chaetomium globosum	1	1	Scopulariopsis chartarum	1	1
Cladosporium cladosporioides (Type 1)	3200	620	Stachybotrys chartarum	ND	<1
Cladosporium cladosporioides (Type 2)	12	2	Trichoderma viride	2	1
Cladosporium herbarum	120	24	Wallemia sebi	8	1

*Spore equivalents ND = Not Detected

The supply side of aircraft filter showed bacteria exceeded detectable levels (300)

The following lab analysis shows exceptionally high loading of Actinos, gram positive and negative bacteria, all of which are pathogens and likely to be the cause of blood and systemic inflammation.) The detection count limit of 300 was exceeded

C/O: Jeff Charlton
Re: A/C Filters

Date of Receipt: 05-09-2016
Date of Report: 05-16-2016

CULTURE BACTERIA REPORT

Lab ID-Version‡ Location Analysis Date	Sample Size/ Report Unit	Medium	Dilution Factor	Bacterial ID	Colony Counts	CFU/unit	%
7120761-1	Size:	TSA	10,000	Bacillus	> 300	> 3,000,000	33
4	1 swab			Gram negative rods	> 300	> 3,000,000	33
QB0654-01	Unit:			Gram positive rods	> 300	> 3,000,000	33
Analysis date:	1 swab					§ Total: > 9,000,000	100
05/16/2016							
Comments: Unable to enumerate, greater than limit of detection (300 CFU). Spreading bacterial colonies present. Results may be affected.							
7120762-1	Size:	TSA	10,000	Bacillus	> 300	> 3,000,000	33
5	1 swab			Gram negative rods	> 300	> 3,000,000	33
QB0434-02	Unit:			Gram positive rods	> 300	> 3,000,000	33
Analysis date:	1 swab					§ Total: > 9,000,000	100
05/16/2016							
Comments: Unable to enumerate, greater than limit of detection (300 CFU). Spreading bacterial colonies present. Results may be affected.							

The ERMI test below was taken from the clean overhead locker on a new plane travelling back from Spain in 2020

The significant species identified are in the left hand column (group1) and note the water damage moulds.

Group 1; Water Damage Molds

Species	SE/mg
Aspergillus flavus/oryzae	N D
Aspergillus fumigatus	3
Aspergillus niger	4
Aspergillus ochraceus	N D
Aspergillus penicillioides	462
Aspergillus restrictus	36
Aspergillus sclerotiorum	N D
Aspergillus sydowii	N D
Aspergillus unguis	N D
Aspergillus versicolor	36
Aureobasidium pullulans	2,536
Chaetomium globosum	N D
Cladosporium sphaerospermum	56
Eurotium (Asp.) amstelodami	354
Paecilomyces variotii	N D
Penicillium brevicompactum	116
Penicillium corylophilum	14
Penicillium crustosum	N D
Penicillium purpurogenum	2
Penicillium Spinulosum	18
Penicillium variabile	N D
Scopulariopsis brevicaulis/fusca	N D
Scopulariopsis chartarum	3
Stachybotrys chartarum	N D
Trichoderma viride	17
Wallemia sebi	107
Sum of Logs	23.0

Group 2; Common Indoor Molds

Species	SE/mg
Alternaria alternata	3
Acremonium strictum	4
Aspergillus ustus	N D
Cladosporium cladosporioides1	426
Cladosporium cladosporioides2	30
Cladosporium herbarum	59
Epicoccum nigrum	203
Mucor amphibiorum	34
Penicillium chrysogenum	11
Rhizopus stolonifer	N D
Sum of Logs	11.9

SE = Spore Equivalents
SE/mg = SE/milligrams of sample
Logs = Logarithms
N D = None Detected

Sample Size	2.3	mg
ERMI Results= (G1-G2)	**11.1**	

- ***Aspergillus penicilloides***; This species is extremely important in determining the safe re-exposure levels to those with CIRS.

- ***Aureobasidium pullulans-***Chronic human exposure to *A. pullulans* via humidifiers or air conditioners can lead to hypersensitivity pneumonitis (extrinsic allergic alveolitis) or "humidifier lung"

- Aspergillus restrictus -the prevalence of hypersensitivity to this fungal species determined by skin prick test and radioallergosorbent test (RAST) was comparable with that to Aspergillus fumigatus.

- ***Wallemia sebi***: is suspected to be a causative agent of framers lung disease and *W. sebi* is common in agricultural environments and that high spore concentrations can be expected in hay and grain storage facilities and animal houses(ref 21) *Wallemia*

sebi has been implicated as the causal agent in some human subcutaneous infections and respiratory disease. This species has been shown to produce a number of metabolites (mycotoxins) including the known compound walleminone and is likely the most toxic of the metabolites reported to date from W. sebi

Species	Spore E./mg	Weighting
Aspergillus penicillioides	462	6
Aspergillus versicolor	36	4
Chaetomium globosum	N D	0
Stachybotrys chartarum	N D	0
Wallemia sebi	107	4
HERTSMI-2 Score =		14

Mould worldwide treatment.

I have through my work met many leading experts in mould treatment. Often at conferences and seminars throughout the world and I recognise these as friends and colleagues. None have charged me for their time or consultation and we, I hope, share emerging information in our respective fields.

I have bought tubs of pills and gallons of specialist's drinks and chemicals. Of course, the underlying issues were not being addressed as I constantly moved from one toxic house to another doing surveys for sick people. While my skin and complexion improved my symptoms continued.

My garage is now full of disused saunas, electromagnetic mats, pills and paraphernalia. I understand the quest of the mould patient to try anything to get better.

One doctor prescribed antifungal which another strongly warned me NOT to take as they were likely to result in a super biotoxin which is multi drug resistant. As you will see I have since been diagnosed with antibiotic resistant bacteria growth in my sinus cavity.

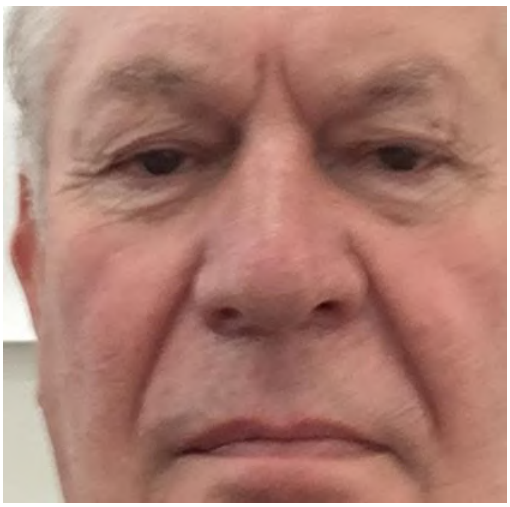
Treatment by clean air and verified by VCS

During my stay in Australia I worked with a colleague (Vince Neil) who was trialling a new air cleaning device based on hydroxyls and Ionised air.

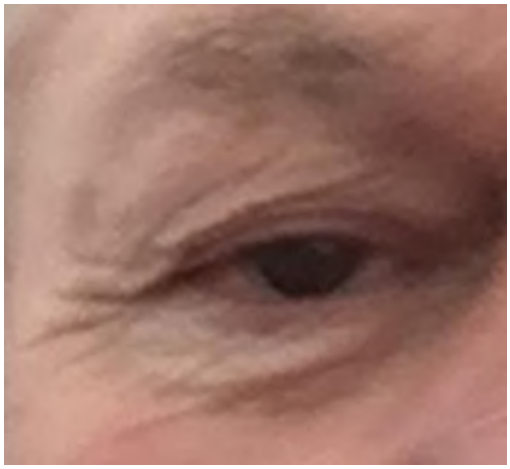
When I entered the trial, I was stammering and stuttering. I took a VCS test

The photos on the left shows my normal face but within 30 minutes of exposure to the machine my stammering and stutter had gone, and my face was less swollen and brain fog cleared.

This is the opposite of a face lift and shows how swollen my face was. In unknown mechanisms my brain was cleared, and puffiness was removed from eyes and face generally.



Before treatment **After 30 minutes inflamation removed**



Note more skin under eyes as puffinerss (inflamation) is reduced.

I underttook a VCS test pre and post exposure and my score s are reflected below:

Pre exposure log score 60.1

Post exposure Log score 95.4

This gave a 58.7 log brain vision corordination improvement after only 60 minutes

Note. the Visual Contrast test taken is a method of measuring brain inflamation and clear improvements in brain reduction were identified by the test. The photo below shows a client undergoing a VCS test with air cleaner running at my home .

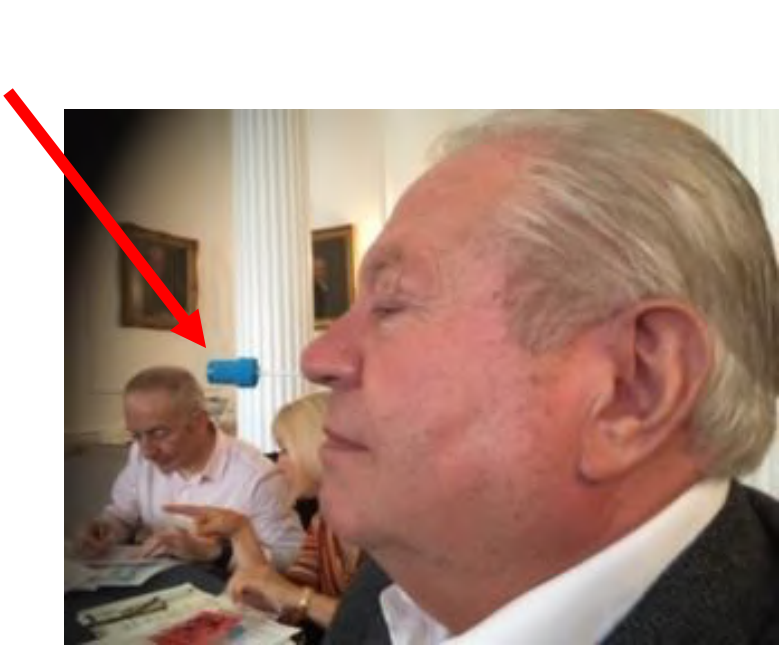
Taking a test for CIRS at my home

Nose swabs and MARCoN

A nuttrionist, friend and collegue, suggested I have a nose swab from my sinus cavity analysed for MARCoNs

MARCoNS is a multiple antibiotic resistant coag neg staph that reside in the deep nasal passages, is common in biotoxin illness, is a marker of low MSH and produce biofilms which form a barrier to immune defences and anti-infection therapy. Biofilm production in bacteria, mold or yeast may account for some cases of chronic nasal and sinus congestion and inflammation. MARCoNS releases exotoxins which lead to increased inflammation (decreased MSH) and hemolysins which disrupt RBCs and endothelial cells. It may be colonized or cause infection. If test results indicate coag neg staph is present with two or more antibiotics from different classes showing Resistant or Intermediate, these results are classified as MARCoNS whether there is a large amount or small amount.
(Ref: Dr. Ritchie Shoemaker, 05/09/14)

The photo below shows the swab being used horizontally and the lab results following show both a bio film protecting the bacteria growth and various antibiotic resistant bacteria.



The swab is 16cm (7inches) long and seen here inserted horizontally into synal cavity

Lab results from nose swab in sinus cavity

MARCoNs Positive (R resistant)

CIPROFLOXACIN S
CLINDAMYCIN R
ERYTHROMYCIN R
GENTAMICIN S
LEVOFLOXACIN S
LINEZOLID(ZYVOX) S
MOXIFLOXACIN S
OXACILLIN(METHICILLIN) R
PENICILLIN-G R
QUINUP/DALFO(SYNERCID) S
RIFAMPICIN S
TETRACYCLINE(DOXYCYCLINE) S
TIGECYCLINE S
TRIMETH/SULFA(BACTRIM) S
VANCOMYCIN S

ENTEROBACTER AEROGENES-LARGE AMOUNT

GRAM NEGATIVE ENTERIC RODS
ANTIBIOTIC NAME INTERPRETATION

AMIKACIN	S
CEFAZOLIN	**R**
CEFEPIME	S
CEFOXITIN	**R**
CEFTAZIDIME	S
CEFTRIAXONE	S
CIPROFLOXACIN	S
ERTAPENEM	S
GENTAMICIN	S
IMIPENEM	S
LEVOFLOXACIN	S
PIPERACILLIN/TAZOBACTAM	S
TIGECYCLINE	S
TRIMETH/SULFA(BACTRIM)	S

S=Sensitive I=Intermediate R=Resistant

Brain damage symptoms

So many possible symptoms, but the main issues were brain fog, typically getting to the roundabout at the end of my road and not remembering which way to go, irritability, mood swings, anger and impulsivness. I suffered dark thoughts, often lonliness and found no help, sympathy or understanding especially from my GP and NHS.

My GENIE test

Dr Ritchie Shoemaker and Dr Jimmy Ryan developed a new gene genetic blood test that identifies markers of inflamation and when used in conjunction with blood analysis and Neuroquant, can provide detailed analysis of many forms of illness, and more importantly what action /medication is or will succeeed.

My Genie with blood test confirmed I have the two dreaded HLA mould genes 4/3/53 and 13/6/52A and have been positively confirmed as suffering from CIRS (Chronic Inflammatory Response Syndrome)

Unfortunately, I also have 6 areas of atrophy and I must get help assessing possibly early onset of Alzheimer's/dementia

GENIE SCORING WORKSHEET

Date: 9/27/19

Ordering provider: Scott McMahon, M.D.
Tube tracker number: 16673
Case _____ Stage 1

Missing data: VCS HERTSMI-2 Nasal culture NQ Other

Specific elements of test results: (Y* = yes; N* = no)

Does test show hypometabolism	Y	N*	**Low**		**Post-Protocol**	
Ribosomes, large	Y	N	Y	N	Y*	N
Ribosomes, small	Y	N*	Y	N	Y	N
Mitoribosomes, large	Y	N*	Y	N	Y	N
Mitoribosomes, small	Y	N*	Y	N	Y	N
ATP synthase	Y	N	Y	N	Y*	N
COX	Y	N	Y	N	Y*	N
NDUF	Y	N	Y	N	Y*	N
TIMM	Y	N*	Y	N	Y	N
TOMM	Y	N*	Y	N	Y	N

1. Does your test show abnormalities in gene expression for CIRS Biomarkers? Y* N
   EIF4g2 is elevated.
2. Does your test show abnormalities in gene expression for apoptosis? Y* N
   CASP3 and MAPK9 are elevated.
3. Does your test show abnormalities in gene expression for coagulation? Y* N
   F5 is elevated.
4. Does your test show abnormalities in gene expression for defensins? Y N*
5. Does your test show abnormalities in gene expression for granzyme? Y N*
6. Does your test show abnormalities in gene expression for methylation? Y* N
   FAM156A is elevated.
7. Does your test show abnormalities in gene expression for insulin signal? Y N*
8. Does your test show abnormalities in gene expression for Ikaros? Y N*
9. Does your test show abnormalities in gene expression for cytokines? Y N*
10. Does your test show abnormalities in gene expression for Lyme? Y N*
    Does not show evidence of treated or untreated Lyme disease.
11. Does your test show abnormalities in gene expression for MAPK? Y* N
    Consistent with exposure to actinomycetes.
12. Does your test show abnormalities in gene expression for Toll receptors? Y N*
13. Does your test show abnormalities in gene expression for pain? Y N*
14. Does your test show abnormalities in gene expression for CD markers? Y* N

CD52 is elevated

15. Does your test show abnormalities in gene expression for B-cells?	Y	N*
16. Does your test show abnormalities in gene expression for T-cell synapse?	Y*	N
Both are positive.		
17. Does your test show abnormalities in gene expression for Prostaglandin?	Y	N*
18. Does your test show abnormalities in gene expression for tubulin?	Y	N*
19. Does your test show abnormalities in gene expression for histamine?	Y	N*
20. Does your test show abnormalities in gene expression for PTSD?	Y	N*
21. Does your test show abnormalities in gene expression for complement?	Y	N*

Taken as a whole, does this test show problems seen in CIRS-WDB?
Given the abnormalities on NeuroQuant and normal GENIE findings, search for additional source of degenerative disease of the central nervous system is strongly suggested.

Research Use Only Disclaimer: The GENIE assay is for research and informational purposes only. It is not the intention of ProgeneDX to use this assay for specific medical advice but rather to provide users with information to better understand their gene expression. Specific medical advice including diagnosis and treatment will not be provided. Always seek the advice of a trained health professional for medical advice, diagnosis or treatment.

So where am I today

After eliminating my prescription drugs and reducing exposure to mould by wearing PPE and or reducing my work load I feet much better.Not just better but brand new.

When I investigate water damage and mould affected homes now I risk assess very quickly and may wear full PPE to protect myself as I am clearly sensitised and at risk.

Following my GENIE analysis by Dr Shoemaker in USA, and confirmation diagnosis from blood tests by Dr Scott McMahm in New Mexico, coupled to my Marcons test results from Louise Carder in UK, and not forgetting my Neuroquant organised by Sandeep Gupta in Australia, I am confirmed as having the two dreaded HLA genes, confirmed CIRS patient with brain damage (atrophe with inflamation too) and a biofilm bacterial antibiotic resistant infection in my sinus cavity.

Some think this was a long and expensive journey, I would agree but published this diary to show my pitfalls and mistakes. The bottom line is, I improved once I reduced exposure and then focused on getting treatment from experts.

I had so many symptoms, wrong diagnosis and treatment that nearly killed me. Most importantly it is difficult to convince family and friends that the NHS and respected doctors get it wrong although I trusted my international friends

Dr Scott McMahn prescribed a simple treatment which had an almost immediate effect on my CIRS symptoms.

Incredibly my brain fog has almost gone, my old personality has returned and I can feel my brain healing.My tics, stammer and stuttering have disappeared except under stress but my concentration levels and patience is very low.(Applogies to clientsts who call)

The most amazing issue is that while mould has been a major contributor to my illlness and poor health, it was easily countered by reduced exposure.

The Chronic Infamatory Response Syndrome (CIRS) confirmed may or may not be responsible for my brain atrophe and I have been advised to seek further investigation although current treatment is expected to heal these first stages (I Hope) of dementia/ Alzheimers if indeed this is responsibe.

I had taken chelating agents for a short time

It was however the confirmation and treatment of bacterial infection from water damaged homes that has been the most significant cause and easily treated.

The bottom line here is that if I hadnt persued these investigations I would have probably died from anapahalxis by now and or be in the advanced stages of dementia or Alzeimhers, struggling with stammer and speech with ticks and getting into trouble with people laughing at my stammer.

I purposely havent mentioned my mould treatment as this could be interpreted as a cure and as we can see it is essential to get individual asssessment and focused treatment from specialists after you have identified the source of contamination.

There is no doubt my health improvments have been since I stopped visting homes without PPE.

There is now a general consensus that treatment without removing mould eposure, is unlikely to be very succesful

Hope this helps

Jeff Charlton