

OPEN LETTER TO PATIENTS

Dear Current and Future Patients,

The purpose of this letter is to communicate to all existing patients and future patients a recent change regarding my certification for the Shoemaker protocol.

In December 2016, I did not meet Shoemaker's criteria for re-certification due to the fact that I don't always adhere exactly to his protocol. Therefore, you will no longer see my name on the list of those currently certified. To all of you who have put your trust in me to get well, as well as those who are contemplating coming in as a new patient, I feel you deserve an explanation, so that you can decide what you feel is best for you.

The Shoemaker protocol was originally designed for patients suffering from mold illness, and, in those cases, it works well. In my experience, for so many of my patients who suffer from Lyme disease, its many varied co-infections, and mold illness, strict adherence to the protocol does not work to the level that I feel would be optimal for my patient population. Central to the protocol is the goal of controlling inflammation and bringing inflammatory markers like C4a, TGFb1 and MMP9 down so that VIP can accomplish one of its key jobs, which is raising the patient's MSH level. Rather than forcing these markers down with high dose fish oil, erythropoietin or Losartan (which do work to some extent), I have found that by first removing mold exposure and then eradicating these infections in our Lyme patients, these markers will automatically come down on their own. Besides mold exposure, we know many of these infections can cause elevations in these markers. Treating Lyme for 4 weeks as Shoemaker postulates has not proven to be effective in my patient population of chronically ill patients. Once these infections are eradicated and the markers have been confirmed to have come down, I am then able to place these patients on VIP and watch their MSH levels climb many times up to 70-80 pg/ml, thereby completely reversing the sensitivity to water damaged buildings.

While I respect Dr. Shoemaker for his contributions to the treatment of mold illness, our perspectives do not align in terms of how mold illness should be treated in the context of Lyme disease. Having survived both Lyme disease and mold illness personally, I have learned from my experience as well as those of my patients which treatments move my patients toward optimal health. I will continue to keep up with new advances in this field and incorporate them into an evolving protocol according to my best judgment. I hope this letter addresses any questions you may have.

Sincerely,

Raj Patel, M.D.