



Dr Ron Ehrlich: Hello and welcome to Unstressed. I'm Dr Ron Ehrlich. Now, if you're not familiar with the acronym CIRS, and I didn't misspell it. It is C-I-R-S and it stands for Chronic Inflammatory Response Syndrome. Now, as many of you will know, the common denominator in all chronic diseases is chronic inflammation.

There's a difference between acute and chronic inflammation. When we injure ourselves, or there's some tissue damage, acute inflammation is an important part of the repair process, but when it persists for months or even years, well, that is the beginning of chronic disease. Chronic Inflammatory Response Syndrome, CIRS, occurs due to the inability to remove certain biotoxins such as mould from the body.

It's said to occur in genetically susceptible individuals, and can cause chronic fatigue, weakness, aches, and vertigo, and as you will hear, much, much more. Now, we've also talked about putting your own house in order. We did that a few episodes ago with Nicole Bijlsma. She gave us a great overview of the challenges of finding mould, first of all, and then actually dealing with it. Mould is a very tricky one.

Well, my guest today is Amie Skilton. Amie is a naturopath, and herbalist, and nutritionist, a life coach, and an educator, and a very good one at that. I've heard Amie speak at many conferences and she is an absolute wealth of knowledge. I heard her relate her own story with CIRS and mould, at a conference on building biology last year in 2018.

I wanted to get her on the podcast and share that story with you. Not only her personal experience but as a health professional, how she navigated through it. I hope you enjoy this conversation I had with Amie Skilton.

Welcome to the show, Amie.

Amie Skilton: Thank you, Ron. So pleased to be here.

Dr Ron Ehrlich: Amie, there's so much I wanted to talk to you today about, but I thought, I wondered if we might just first start, give us a little bit of background about your journey.

Amie Skilton: Yes, sure. So, I am a natural health practitioner, so naturopath, nutritionist, and herbalist. That's been my whole career. I got into it very young and I feel yeah, very blessed actually for so many reasons that that's the case. And from a personal point of view, certainly to be so well informed and educated, as to keep my health in good nick, I'm very, very grateful for that. And in case you hear it come through in my accent, I'm a Kiwi.

Dr Ron Ehrlich: Oh, okay. We've had a few Kiwis. We cross borders, we don't hold anything back here. We've had plenty of Kiwis.

Amie Skilton: I know, there's so many of us here. The weather is overall better here in Australia, which I'm pretty sure is why so many of us flock here. I've been here now 14 years.

Dr Ron Ehrlich: Wow. I must say, with your Prime Minister, I was almost tempted to emigrate. There are so many good things that go on in New Zealand as well, and environmentally, politically, socially. Anyway, this isn't about New Zealand, it's about you, Amie. Go on, go on.

Amie Skilton: So, I've since been here, I've made Sydney my home, and yes, I have an online clinical practice, as well as having the joy and privilege of flying around Australia, presenting the latest medical research at conferences which is actually how you and I met.

Dr Ron Ehrlich: It is indeed. And look, I've heard you speak on several occasions and have always been so impressed and I thought just must get you on to share some of that knowledge with our listener, and I wanted to ask you first of all, because one of the things we wanted to cover today, was this condition called



CIRS, which is an acronym, C-I-R-S. I wondered if you might tell us a bit about that, what it stands for, what is it?

Amie Skilton: Yes, I'd love to. CIRS is the acronym, spelled C-I-R-S, and it stands for Chronic Inflammatory Response Syndrome. It's an umbrella term that is used to describe a multi-system, multi-symptomatic condition that people can develop. Under the umbrella of CIRS, there are actually several variants, and included under that umbrella is Lyme and the co-infections that can occur, same with breast implant-associated illness.

But the form of CIRS that I developed back in 2017 is of the mould illness variety. Essentially, regardless of which variant you have, there's some sort of trigger, an environmental or infectious trigger that ends up creating such extreme and broad inflammation on the body, it's like a full physiological breakdown to experience it as a patient. I'm saying that not to sound alarmist, but 2015, I actually delivered a seminar on mental health, anxiety, depression, and touched very briefly on the role of CIRS and biotoxins found in the home, and the office, and water-damaged buildings, and the way that that would impact somebody's mood, and also briefly covered off all the physical symptoms.

I stood up there, on the stage, the various state capitals, talking about it, like I knew what it was. A couple of years later, I was in the midst of all of those symptoms, plus more, that the textbooks don't have, haven't fully elucidated. It landed for me a couple of things. First of all, just how diabolical it is to experience it. It's very different from reading about something and understanding it as a medical professional and having an appreciation for it intellectually.

But also as I entered I guess the medical system as a patient, also trying to document things appropriately and get all the right tests done and rule out anything else that could be causing my issues, I was met with uninformed, and unfortunately uninterested practitioners. It was very scary to be so unwell and to be on the receiving end of actually very disrespectful and disdainful treatment.

Because it is almost too hard to believe that someone can be this sick with this many symptoms, because typically in medical models, the teaching is you can only have one system infected, and if it's more than one system, they're making it up. And I was treated like I was making it up.

Dr Ron Ehrlich: I mean, this is sadly I think one of the frustrations that people experience when they have complex illnesses in our society. I mean, it's just a fact that they're so frustrating.

Amie Skilton: It's very frustrating and it's very sad that we have I guess culture and social conditioning to just disbelieve anything we don't have a direct experience of. I have to say, I'm guilty of that, too. In my early years of practice, I graduated very young, I started practice at 22, and I look back now and I think, "Oh, my goodness." I was such a young human. But as a woman who'd never experienced PMS and I was taught about the four different kinds of PMS and their hormonal causes, but I too took that ignorant and perhaps somewhat arrogant position of having never experienced it, I did have a question mark in my mind. "Is this a real thing, or is this something women just make up? I don't know."

It wasn't until having been on the contraceptive pill for a while and had some estrogen build-up and I started getting PMS symptoms. I thought, "Oh, wow. Okay. You cannot out Jedi mind trick hormones and this is very real." It was a really good lesson for me and now some 18-19 years later, I don't question what my patients tell me that they're experiencing. I think people who are hypochondriacs or making things up are extremely few and far between. If someone is in a position of making something up, there's also something wrong anyway that needs to be elucidated.

But with all the patients I've seen, I have seen and heard some really extraordinary and bordering on unbelievable things, but the human experience is very real, and I think science actually, we're conditioned to believe science has all the answers, and it has a long way to go to explain things, let me tell you.



Dr Ron Ehrlich: I mean, I think it's so interesting when you do take a complex history with a patient and you are a particular practitioner with a particular interest or specialty, it's so easy just to hear what is relevant to you-

Amie Skilton: True.

Dr Ron Ehrlich: ... rather than to hear what is relevant to the patient. I often say that if I had a choice of what I could go back and study, I wouldn't do a PhD in any particular thing. I'd go back and study anatomy, physiology, and biochemistry, and understand how all these systems interact and as a patient is explaining to me these ridiculously seemingly unrelated symptoms, actually with the knowledge of biochemistry, anatomy, and physiology, they make sense.

Amie Skilton: Yes. I wonder if that's because so much of allopathic training models are about treatment as opposed to looking for the cause. I think you're right on the money there when you're looking at the biochemical pathways of the body, and the way their body functions, and physiological responses. It is a very powerful and of course a much more holistic way of looking at someone, and you can then follow the breadcrumbs as to where their problem is being triggered from, or what might be contributing to it, and dealing with that, as opposed to treating the symptoms.

Dr Ron Ehrlich: But what a great experience to be a patient. I mean, we'd rather avoid it if we could, but as a health practitioner, being a patient is a very humbling experience. You went out there and you did some field research about CIRS. You wanted to get some personal experience in it. Well, you may not have wanted to, but you did. Tell us-

Amie Skilton: On some level.

Dr Ron Ehrlich: Tell us what happened.

Amie Skilton: So, what happened was I actually was taking a year off so that I could write a book, create a skincare range, create an online program, and real-life is very busy and I needed to create some space in my life to actually work on these projects that I was really struggling to chip away at with everything else that I had on my plate. Also opted for a bit of a sea change at the time, and moved to a beautiful apartment in Manly Beach, so it's on the Northern Beaches of Sydney, for anyone not from here, within walking distance down to the Fairy Bower, so it was just gorgeous.

We had a lovely couple of months over summer and I was just really resting and recharging ahead of what I was going to tackle that year. I was pretty excited about everything, I'd mapped out the whole, I had 15 months all up actually, to myself, which is just such an incredible position to be in. But unfortunately what I didn't know was the apartment that we'd moved into had been recently renovated, and something had gone wrong with the bathroom renovation.

What was happening every time the shower was being used was that water was filtering out from somewhere in the waterproof membranes, I'm not sure of the exact details. At the time I was too ill to pay all that much attention, but the water was seeping under the carpet throughout the entire apartment. It's about as bad a leak as you can get without it being obvious, like a pipe obviously bursting and spraying water everywhere that you can see.

Because I was living and working from home, and it was a stunning, well-ventilated apartment, the wet carpet wasn't apparent either. So for months and months, living in this property, I was flooding it and didn't know. Even though the carpet was cream, the mould never appeared on the top. It was all growing underneath. Very slowly, over a period of about three, four, five months, my health started just ever so surely declining and heading in the wrong direction.

Unfortunately, because the symptoms came on slowly and almost independently of each other, as inflammation was building in my body, and my tissues were becoming more damaged, there wasn't an extreme initial experience that gave me a big clue that something was wrong. I guess looking back, it started with weight gain, and as a nutritionist and someone who's always been physically active, that was somewhat alarming, but I'm also rapidly approaching 40 and thought, "Oh, this is the middle-aged spread they talk about, I'm going to have to work a bit harder to stay fit and healthy here."

I'd had a few months of just a relaxing summer, so I just really wrote that off. Even though my weight had been stable and healthy my whole life, I made an excuse for what was going on, rather than thinking, "Oh gosh, something's really wrong here." 10 kilos had crept on, and I hadn't really noticed it because it was summer and I was living in a swimsuit and shorts and t-shirt, whatever.

And then energy as well, so I was very tired. I was sleeping a lot, I turned into what I now know is referred to as a spoonie, and that is someone with major fatigue and energetic issues, where you don't have enough energy to even get through your basic daily tasks. But again, I didn't notice it, because I wasn't working. I was having a few months off, I only had to muster enough energy to walk down to the beach and read a book, and get myself home. So, it was only when I started to try, get back into a working routine and an exercise routine that I was like, "Gosh, I'm exhausted."

Having had a very busy career up until that point, I made an excuse for that, too, and said, "Oh, I'm just worn out, exhausted."

Dr Ron Ehrlich:                   And this all occurred over three months, six months, nine months?

Amie Skilton:                    Moved in early November and it was March/April that the penny dropped for me. It was I guess four months or so, it crept up. But I can tell you, February 19th was the day everything did take a dramatic turn for the worst. That was because I had a styling session with a girlfriend and we pulled all of my clothes out of the closet, shoes, bags.

Dr Ron Ehrlich:                   As you do.

Amie Skilton:                    As you do. It was [crosstalk 00:16:08].

Dr Ron Ehrlich:                   The girls get together, I know what it's like.

Amie Skilton:                    It was fantastic. But in the process, I disturbed all of the mould spores that had been gathering and flourishing in all of my possessions. From that day forward, I had constant allergy problems, couldn't breathe, blocked nose, runny nose, itchy eyes, start taking antihistamines, and then from there, it just escalated. I was exhausted all the time, but couldn't sleep. I was awake with anxiety for hours through the night. My brain became so inflamed that I actually couldn't take any new information in, which was particularly distressing when I found out what was wrong with me, and was trying to learn more about it.

But I couldn't even read a book or focus properly. I was exhausted after exercise. I started having night sweats, I was getting muscle cramps. My skin just totally changed to this dry, irritated, cracked state that just was so foreign to me. My memory was terrible, I found I was starting to write my notes everywhere, and setting alarms on my phone to remind me to do stuff. I was having temperature swings, weird appetite swings.

I was also getting up in the morning and feeling like I was 90 years old. So my joints were incredibly stiff and sore, and it took me a while to warm up. That's just the tip of the iceberg with all of the symptoms you get with CIRS, but it really started accumulating but it actually took someone, a friend of mine on social media, posting about a leak and some mould issues in their house for the penny to drop and for me to realize we actually had a very serious problem.

By an absolute stroke of luck and good fortune, when I first moved into that property, the strata had contacted us and said, "There's a leak into someone's garage below and we think it's coming from your place. We want to send a plumber." And turns out it was coming from our place, and we didn't realize it was affecting the apartment at the time. But I put two and two together and went, "Oh, my goodness, this is what's happening."

That's really where the journey began for me as a patient, and as a practitioner, and as someone who has now gone on to study building biology as well.

Dr Ron Ehrlich: That's a big topic, isn't it? I mean, we're hearing so much about modern builds, modern buildings and regulations, and how ... So, the whole how does the old and the new building stack up in this is an interesting question, isn't it?

Amie Skilton: It is. Well, there's no perfect answer, unless you are building something from scratch yourself, with that in mind. But generally speaking, I have found older buildings to be much better, and as long as any old pipe leaks and corrosion are kept in mind, they do tend to fare a lot better because, with newer builds, there are a few problematic factors.

You've got construction moisture with the water that goes into making concrete. Essentially buildings are being put up uncured or not sufficiently cured, and there's still a lot of water still to evaporate out. Building envelopes, the way that the ceiling in units these days, particularly if they're labelled energy-efficient, that tends to mean possibly a mould trap. Because if moisture vapour can't get out of the home, in terms of sweating, cooking, showering, and it's not vented to the outside efficiently in the kitchen and bathroom, within 6-12 months, you're going to have a microbial load in the home that's very unhealthy, and it's going to be quite difficult to get rid of.

And then in addition to that, in the mid-'80s or so, the Australian building code, which there are a few things in there that leave a lot to be desired. One of them is around waterproof membranes. They shifted to acrylic membranes as opposed to sheet membranes, and they have a lifespan of seven years tops. If anyone's using natural citrus-based cleansers, they're accelerating the degradation of their waterproof membranes. Eventually, the shower area is going to become a problem.

Dr Ron Ehrlich: So this is now having a ... God, I'm listening to this, Amie, and I'm already concerned, because when people build bathrooms and by people, read me, you put the concrete down and then you paint it with this blue, I guess acrylic membrane. That's got a life of seven years?

Amie Skilton: Yes, I know. They don't tell you this, and you're spending all this money to create your dream bathroom. I mean, in your position, it would be wise to get a moisture meter to monitor, or if you haven't gone too far in, you could apply lots more coats.

Dr Ron Ehrlich: Well, it's way past that. The other one is the old fashioned vents that used to be in the walls, it's a very popular thing to do, to make an energy-efficient home, to seal those off. Because you don't want to lose the warm air.

Amie Skilton: Sure.

Dr Ron Ehrlich: But that's a problem.

Amie Skilton: It is a real problem, especially when you consider that each person in that home is emitting the equivalent of 10 litres of water a day. So, you've got moisture on your breath vapour, you've got moisture coming from sweating, and then you've got cooking and cleaning, showering, and then if you're drying clothes inside, which a lot of us have to resort to doing, especially in apartment buildings during winter, where does that water go? Into your walls, and your couch and your mattress, and it is a real problem.

I think one thing that I would love all households to do is to invest in a couple of thermo-hygrometers, and a dehumidifier. Thermo-hygrometers, you can pick up very cheaply, and they're just a little battery-operated sensor that measures the temperature and the relative humidity. Just to give you something practical to look at, you want to keep the humidity between 45 and 50% which will avoid providing enough moisture for fungi to grow, bacteria to grow, viruses to proliferate, and also dust mites to also enjoy the moisture.

And you can then utilize your dehumidifier to reduce the humidity as and when it gets too high. Of course, in Sydney, we're on sandstone. There's an aquifer underneath us, we have a humid environment, so this is something that Sydneysiders are probably going to have to be doing a fair way of the year-round, but especially if you're drying things inside, or several of you have been through the shower, you can just maintain that environment and if you are in quite a watertight or sealed energy-efficient home, this is going to be essential to protect your property and your possessions, and your health, of course.

Dr Ron Ehrlich: And the humidifiers are very portable, so you just can move it around if you have to.

Amie Skilton: Yes, exactly. I certainly do that here. One in each room.

Dr Ron Ehrlich: Isn't it amazing, though, and again, going back to our experience as a health practitioner, when you're dealing with complex issues, and I know you and I were both presenting at the Building Biology Conference last year, and I just came away from that and I thought, "Unless you put literally your own house in order, what is the point?" Because you could be on the best diet in the world, the best supplements in the world, you could meditate, exercise, da, da, da, da, da, da, da. But you go home, and I mean okay, it is about building resilience into your body so you can cope with it, I get that, but for some people, and clearly in this instance for you, you had exceeded your physiological limit.

Amie Skilton: That's right. The thing is we spend around 90-95% of our time indoors, and it is one of the single biggest influences on our health. What's upsetting is for anyone unwell, you spend more time inside because you don't feel well enough to be outside doing stuff. What's I think an interesting unfolding in naturopathic medicine, and I hope across the board in medicine is, as a naturopath I was trained to look for the cause of someone's problem, and then the cause of the cause.

But in terms of the influence of the built environment, we were taught a lot about chemicals, we know that wifi isn't great, but it was the very beginning of mobile phones when I was studying. And certainly the microbial, or the microbiome of the home and problems with damp buildings was not something I was taught. Certainly as someone who treats patients, that's a really big blind spot. It now has opened my eyes to an element that most of us are not considering with near enough gravity, or scrutinizing.

I actually haven't shared this with you, but I'm actually creating a program for medical practitioners for next year, to actually teach them about CIRS, as well as the building biology elements of it, as well as how to diagnose it properly, how to treat it, because I really think there are many conditions out there today with diagnoses of chronic fatigue syndrome, fibromyalgia, even things like muscle activation syndrome, POTS, there's a whole catchall to describe syndromes that are actually being triggered by the built environment. They're being missed, and these patients are being, are sprawling through the cracks.

Dr Ron Ehrlich: Yep. In terms of diagnosis for CIRS, are there any blood markers or things that could give us a clue that something's going on?

Amie Skilton: Yes. There are a lot actually, but unfortunately, they're not things that a GP would commonly first think of to test. For example, for GPs looking for inflammation, they'll often do CRP or ESR or both, but typically CIRS doesn't cause a rise in either of those inflammatory markers, and so a patient would likely be told, "Oh, there's no inflammation in your body" when in fact there are hundreds of inflammatory markers, and you're trying to judge an iceberg by the tip, essentially.



So, there are a few things. Not all of them are blood, but if we talk about blood, there are key inflammatory markers that do go up. So, C4A is one of them. It's part of the complement system which is a family of inflammatory cytokines, and it's interesting, it seems to be quite specific to mould, whereas C3A seems to be quite specific to Lyme or other bacterial infections. Of course, some people have Lyme who also have CIRS, mould illness as well, in which case you'll see both.

Another one is called transforming growth factor beta, and high levels of this, of course, cause serious neurological symptoms. Neuropathy, numbness, tremors, and can create asthma like syndrome as well. Matrix metalloproteinase or metalloproteinase-9 is another cytokine that goes up, and this one degrades collagen. It is responsible for that accelerated aging that you see.

Dr Ron Ehrlich: Say that one again?

Amie Skilton: The short version is MMP9, which stands for matrix metalloproteinase-9. Now, it's an enzyme that degrades collagenase ... Sorry. Collagen and gelatin, and break down the extracellular matrix. This is where you can end up with collagen loss, hypermobile joints, accelerated aging, that sort of thing. And of course, leptin. Now leptin is one side of the appetite seesaw, where ghrelin sits at the other end.

You can end up with high levels of leptin and leptin resistance, which is what contributes to weight gain. Now, there are the odd mould illness patients who will lose weight, and that's because of the impact on the microbiome and gut absorption that mould can have, but more often than not, it's unexplained weight gain. In some cases, it can be very rapid. I've seen people gain 20 kilos in three weeks. It's alarming stuff.

Dr Ron Ehrlich: Well you mentioned that you'd put on 10 kilos in a relatively short time.

Amie Skilton: Yes, I did. Yeah, it ended up climbing up to 15 kilos, which is very uncomfortable. Not to mention I destroyed a lot of the seams in my pants because I refused to buy bigger clothes.

Dr Ron Ehrlich: Still, if there's a will, there's a way, Amie.

Amie Skilton: That's right.

Dr Ron Ehrlich: With enough willpower, you'll get into those pants. Good on you.

Amie Skilton: Oh, my goodness. It was interesting and the fact is, my appetite was quite low because my liver was damaged, by digestion wasn't good and I was eating a lot less. And yet, the weight just kept climbing up which is a pretty distressing experience. So, that's some of them. Also, MSH, VIP, ADH, and VEGF are other biomarkers. Now, there are other bloods you'll do to check antibody responses, the impact on hormones, but there are also a couple of other tests that can be done that are not blood.

One is a particularly sensitive MRI called a NeuroQuant, which measures the brain changes that are triggered as a result of the inflammation. Yeah, it's pretty awful stuff when you start digging into the detail, but certain parts of the brain shrink, including the grey matter, which is why executive functioning is compromised, memory recall, word-finding, basic maths, things like that.

But I guess in a survival response, certain parts of the brain will also expand and hypertrophy to try and cope. There's a specific pattern you see with mould illness, there's a specific pattern with Lyme, but for anyone out there who is perhaps thinking, "Oh, my goodness, do I have this?" Sorry, that's what happens when you listen to stuff like this and you-

Dr Ron Ehrlich: Well, I think it's an important one to eliminate-

Amie Skilton: [crosstalk 00:31:17].



Dr Ron Ehrlich: ... because this would be of interest to people who might be frustrated with the way their health is tracking-

Amie Skilton: Yes, [crosstalk 00:31:23].

Dr Ron Ehrlich: ... and looking for answers. I don't think we should shine away from it.

Amie Skilton: What I was saying is if you've got several of the symptoms that I talked about already, or you look up symptoms of CIRS, and if there is a history of perhaps water damage, there's been a leak in your home, a flood, an appliance leaked, or maybe there was mould growing anywhere in your house, on clothes or anywhere, you can actually take a test called a visual contrast sensitivity test, or VCS, for free, or at very low cost online.

Essentially it was developed by the Environmental Protection Agency and it was used in pilots in the Air Force to check for chemical exposure, and to see whether that affected visual contrast. Now, this is different from visual acuity, so if you had an eyesight test by your optometrist, what they test is visual acuity. It's something completely different.

The visual contrast sensitivity test is looking for how sensitive your eyes can distinguish between light and dark, and there's a series of tests that you do on the left and the right eye. There's again, a very specific pattern that will show up where there's a degradation of visual contrast in certain columns of the test that will highlight mould illness, because the truth is, as much as mould triggers inflammation in the body, mould also produces chemicals called biotoxins. It's a, I guess an environmental poisoning of sorts, and that's what this test is picking up.

If you've been listening to some of the things I've been saying and it's starting to look a bit like your health picture, you can easily do a VCS online and see whether there's an indication there to go forward and check the blood markers.

Dr Ron Ehrlich: I mean, isn't it interesting? Because as you say, it's easy to dismiss a patient and these two blood markers that you mentioned, CRP, c-reactive protein, and ESR, are two very common inflammatory markers, and if a doctor did that and your tests were low, they would say, "No, you're fine." And yet, there is so much more. The obvious about what can we do about it is to get out of that environment or to address the mould. That's not always so easy, is it?

Amie Skilton: Oh, my goodness. I don't want to be a Debbie downer, but it is much harder than you think. The reason is, is the prevalence of water-damaged buildings in Australia, certainly in my experience, which is limited, but in my experience is rife. It's rife. Personally, looking for a rental property, I looked at 300 over a four and a half month period, five-month period.

Dr Ron Ehrlich: Hang on, 300 different properties?

Amie Skilton: 300 different properties.

Dr Ron Ehrlich: Oh, my God. So you got out there? You had to, you had to.

Amie Skilton: I had to.

Dr Ron Ehrlich: You had to.

Amie Skilton: My survival depended on it. I can count on one hand how many were not water damaged, and I think what's even scarier is 80% of the time it's not obvious. I feel very fortunate to have finally found a property that I've been able to recover fully in, but because of that, there are an awful number of people

who've resorted to sleeping in cars or sleeping in tents, camping in their property's backyard if they own it, or camping in the bush if they don't. It is the impact on someone's life is horrific, and profound.

But there is actually, you really can't get well if you're in a water-damaged environment. So, it is when you come to accept how unwell you are and that you no longer want to be that way, you'll just do what you have to do.

Dr Ron Ehrlich: Amie, I'm just picturing you going into 300 of these properties. Did you walk in there with a thermo-hygrometer?

Amie Skilton: I walked in there with three items. A flashlight, a moisture meter, and a Swiffer cloth, to do an ERMI test on dust samples if I thought the placed looked okay.

Dr Ron Ehrlich: Hang on, hang on. Okay, so a what cloth? Say that again, a Swiffer?

Amie Skilton: A Swiffer, yes. S-W-I-F-F-E-R. It is a specific type of fabric that you can purchase as a part of an ERMI test, and ERMI is spelled E-R-M-I. An ERMI test is one of many different tests you can run in a home to check whether there is an overgrowth of fungi, or water damage specific moulds. You can do it via vacuum or a cloth, but of course, a rental property, rental properties here in Sydney are hot property. There were queues of people looking at places, you can't come in with a vacuum and start doing mould assessment. The agent's going to kick you out.

Dr Ron Ehrlich: Yeah, I can just imagine that would be a great thing. Unusual, but you walked in with this cloth?

Amie Skilton: I did, yeah. That was in my back pocket, so essentially the first thing you want to do is a visual inspection, and bathrooms and kitchens are always the hotspots. You want to look at the ceilings. Unfortunately, common practice, which I'm hoping to make illegal down the track, is landlords will simply just paint over mould, which of course is not a solution. You can't clean mould off porous items either. You have to cut the ceiling out and replace it.

You want to look at obviously the ceiling, you want to look around the toilet basin, you want to look at the floors, the walls. You also want to look at the walls that are on the other side, the outside of the bathroom. I walked into one property, it was a timber floor and you could see where it met the wall framing where the bathroom was on the other side, the darker staining on the timber.

It had obviously been leaking and he just repainted the walls, and I think perhaps had fixed the leak, but for someone with CIRS, the genetic susceptibility for CIRS, that's not good enough, and you will still get sick in that property, even though the leak has been fixed.

Dr Ron Ehrlich: Okay, you've done the visual inspection and you looked under the sinks and in the laundries and bathrooms and all that, but the Swiffer cloth has got me intrigued. Yeah, go on. Tell me how you use the Swiffer cloth.

Amie Skilton: This is what I would have done had I been called to use it. If a property had passed a visual inspection, both the outside, the lay of the land, and the inside, and there were no obvious signs of water damage, what I would have done very subtly, away from the property agent, is use the cloth to take 10 different dust samples at least, because dust is where the mould spores are going to accumulate. Essentially, you get it analyzed using PCR analysis for DNA testing, and what you want to do is you want to take the dust samples from a few places.

You don't want to pick up dirt, because that just makes it more difficult to assess the microbial load, but things like skirting boards and doorframes, especially in the bathroom, so places that aren't cleaned that frequently. Top of ceiling fans, but also just if it's furnished, the bottom-most bookshelf



shelf, and essentially what you're trying to do is capture enough samples so that a lab can analyze what's in there.

You can tell a lot from the analysis as to whether there have been any leaks by the species that are present in the sample. There are, of course, there's mould everywhere and you've got common indoor moulds that are not problematic and aren't producing toxigenic compounds. That's fine. If that's all you pick up, then you're like, "Okay, this looks like it's most likely to be tolerated" and there are a few other steps you could take after that if you're lucky.

But if you're picking up toxigenic moulds or high amounts of moulds that tend to thrive in high humidity, so aspergillus, penicillium, that's going to be a real problem. If you're picking up things like [willemia 00:39:40], or Stachybotrys, there's been a really serious water leak in that property at some point. You would then have to ask what they did to remediate and treat that. The fact that you're picking up evidence of it says that they didn't remediate it properly, and it would be unsafe.

So, you can pay a building biologist to do these things, but 300 properties later, I'd be bankrupt. So, I went and did the mould testing course at the Australian College of Environmental Studies myself, although I do provide training to patients and anyone who wants it, and a checklist, so they know what to look for when they go looking at properties. I got one for renters and one for owners because it's just not practical to hire someone every time. But it is essential.

Dr Ron Ehrlich: Do you take the cloth for that particular place, you drop it into a little bag and send it off to a laboratory for testing?

Amie Skilton: Yes, the actual ERMI test is quite expensive. It's about 370-380, but you can buy the clothes for five or six bucks. You can basically take a bunch, go in there, take your samples, Ziploc the bag up, and then decide whether you want to pay for it or not. I'm saying that because for a lot of us that are very sensitive, some will react immediately when they go into a water-damaged building.

Now, for better or worse, I don't. Like, in some way I wish that I did, but my reactions, I tend to find out the next morning. If it had been me and I was unwell the next day, I wouldn't bother spending that money because my body's already telling me that property is not tolerable. However, if I feel good, and whoever's doing it hasn't got any of their traditional typical mould symptoms, I would then say, "Okay, you can submit that" and pay the money to check if that property is for you.

Dr Ron Ehrlich: I'm just, I can just imagine the real estate agent being very impressed with you going around with a dusting cloth, cleaning up the apartment you're inspecting. Anyway, listen, okay, CIRS is one of those really important things and this whole mould water damaged issue. I noticed you also mentioned breast implants were there as well, and they always bother me. I mean, just the thought of it, but anyway, but people have ... How common is a reaction to breast implants?

Amie Skilton: I don't think we know yet. Because just like with mould illness, a lot of these symptoms can be written off as other things, or put in a different basket. Again, the breakdown of implants, the microbial biofilm that can be present in the capsule, and the inflammation it generates in the body can come on over a number of years. For someone who's also paid a lot of money to put implants in, who might like the result that they got and may have been for reconstruction purposes, it can also be very difficult to come to terms with needing surgery to get them out and become well.

But I am personally seeing thousands of Australian women who have been made very unwell because of their implants, and it's a bit like leaving a water-damaged building. Getting the implants out is the first step, but a mistake I am seeing being made because again, it's such an area that is being denied by medicine at large, are women believe that getting them out is all you need to do to recover. That's not the case.



You've got all the chemicals that went into the shell, the heavy metals, you've got microbial biofilms, so it's a bit like Lyme in a way, as well as chemical poisoning. Then, you've got the inflammation from the immune system, so detoxification support is important, and of course, regulating all of the immune systems and reducing inflammatory markers is a big part of it. But I think certain implants are a higher risk than others, and certainly, with breast, implant-associated ALCL textured shells, that there's an undeniable link there now, although the information is not quite as widespread.

But I think we're going to be seeing more and more of it, seeing a lot of women getting them taken out and I'm looking forward to the day where any woman who chooses it makes a properly informed choice. Because currently, the position of the plastic surgeon associations is that they're perfectly safe and should last a lifetime. That is not the case.

An interesting thing, a theory that I've got in the back of my mind though, is yes, we have chemical problems there, yes we've got heavy metals. We can see silicon migration without rupture, which I think is news to a lot of people. But in addition to that, anyone with mould susceptible genes living in a water-damaged building is going to end up with a rise in MMP9 which as I said, breaks down collagen, and elastin, and connective tissue, and I wonder if it's women living in a water-damaged building whose MMP9 is high that's causing their immune system to break the implants down.

Dr Ron Ehrlich: Wow. Yeah, what an interesting, not entirely unlikely thought.

Amie Skilton: Yes, yeah. I'm certainly interested in doing some more research in that area and having a look for where risk factors are perhaps putting women at greater risk of developing breast implant illness. Suffice to say it's an emerging area and there are a lot of women suffering at the moment.

Dr Ron Ehrlich: Okay, look, covered some territory here. I just wanted to finally ask you this, and taking a step back from your role as a naturopath, nutritionist, herbalist, life coach, health coach, we're all on this health journey, what do you think is the biggest challenge is for people on their health journey through life, in our modern world? It may well be our homes, but taking a step back from that, what do you think our biggest challenge is for people on our health journey?

Amie Skilton: Look, I think one of the biggest challenges is coming up for air in your life, to look at are your habits serving you? Because ultimately, it's our habits that will make and break who we are, and that's much broader from a health perspective, but so many of us are so busy making a living that we put off our health to tomorrow, and tomorrow, and tomorrow, and Monday, next Monday.

That day never comes and we're often, that sort of final starting position is forced upon us when we have a health crisis, and I think the biggest challenge is people are not slowing down enough to listen to what their body is telling them quietly, and they end up being forced to listen when their body has a breakdown. All of those other things aside, like environment, diet, mindfulness practices, getting enough sleep, of course, people are falling short in all of those areas a lot of the time.

But I think it comes down to committing to yourself and practising that level of self-love that allows you to regularly stop and take an assessment. What is the state of the nation here? What do I need to change? And committing doing the things that you know you need to do, to support yourself, to be the best version of you.

Dr Ron Ehrlich: Amie, what a great note to finish on. Thank you so much for joining us today. We'll have links to your webpage and I'll look forward to those courses that you're developing for health practitioners.

Amie Skilton: Thanks, Ron.

Dr Ron Ehrlich: When it's hard to put an exact diagnosis on a condition, it becomes very frustrating. Needless to say, not just for the patient, but also for the health practitioner. Too often difficult to diagnose



conditions and frustratingly unwell patients are dismissed as, "All your blood tests look good. They look okay. You must be okay." Rather than, "Well, let's explore further." It's not just with other tests, as you heard. There are some very specific requests for blood chemistry that you need to be aware of.

You also need to know what you're looking for, but also, and importantly, looking in the home or the work environment for sources of biotoxins. Moulds, other chemicals used in furnishing or building materials, electromagnetic, wifi radiation. It's easy to overlook this really important aspect of a person's health journey. But it can affect how they might respond to different treatments and ultimately recover from ill-health.

I think it's helpful to see health as a balance, particularly in our modern world. On the one side, you want to identify and minimize those things that have the potential to stress and compromise your immune system. It's why I focus on five stressors. Emotional, environmental, nutritional, postural, and dental. Now, how much each of these stressors affects you as an individual is determined by your genetic predisposition. The other side of the scale is to build resilience, by focusing on the five pillars of health. Sleep, breath, nourish, move, and think. Now, we'll have links to Amie's website. She has some great resources. So, until next time, this is Dr Ron Ehrlich. Be well.

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