

Patient:

Date:

Sunday 30th June 2019

Comments:

- ----- has been brought to me by his mother who is concerned about suspected *vitiligo*, as a few small patches have recently appeared. Other skin complaints consist in *eczema* on both elbows (but not for the moment), plus on somewhat rough and slightly red cheeks, which could be seen as '*pre-rosacea*'. It also appears from growth chart that he is short: weight percentile is 50, but height percentile is only 20.
- Growth and skin issues logically drive us towards digestive issues, e.g. intestinal malabsorption as well as gut inflammation that can induce skin disruptions, plus possibly autoimmune trend given that *vitiligo* is considered as an autoimmune condition. Interestingly, finding of weak positive antinuclear antibodies confirms an autoimmune background and also validates the diagnosis of *vitiligo* that was only suspected.
- Let us also keep in mind that his mother suffers from an *autoimmune thyroiditis*, a condition associated with *vitiligo*: see two attached articles, the second one underlining a relevant link with *oxidative stress*. I am indeed surprised and concerned by the massive oxidation of LDL cholesterol among both patients, very high level for the mother and hugely unusual level for a 4-year old child for whom we can only use selected antioxidants that are confirmed as safe for children (such as curcumin, astaxanthin, and NAC).
- Fortunately, we can besides rely on antioxidant foods that should be incorporated in his diet in order to reduce this specific marker of *oxidative stress*: see lists. In terms of diet, strict **gluten** exclusion sits at the root of anti-autoimmune strategy in general, and even more when you measure an excess of zonulin because **gliadin**, important protein within the **gluten** complex, automatically triggers zonulin secretion.
- Fatty acid status uncovers two other major dietary issues: huge excess of **dairy products** consumption specific markers (pentadecanoic acid and rumenic acid) and profound deficiency in long chain omega 3 fatty acids (EPA & DHA). Regarding **dairy products**, we also have to take on board a significant flagging of **casein** (major protein in **animal milks**) by IgG antibodies. Thus, we are left with **ghee** and **ricotta** as only options; they contain lactose, but that is not a problem given LCT genotype 'TC'. Anyhow, I would always see **milk** and **ice cream** as poor choices for autoimmune patients (and certainly especially here).
- Long chain omega 3 fatty acids come from **oily fish**. Severely lacking them not only impacts cognition but also damages intestinal wall lubrication with difficulties to absorb nutrients and with promotion of gut leakiness (drier mucosa is more brittle). Besides, EPA represents most powerful anti-inflammatory molecule in human body. Eating **oily fish** would finally provide extra amounts of many missing nutrients such as zinc; selenium; vitamins A, D & B12; and iron. Parents will really must consider introducing **fish!**
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan. Our 4-month program will of course include all these deficient items as well as a few others: vitamin K (K2DTR) that works in synergy with vitamin D for balancing the immune system; minerals calcium and magnesium (HHOPY) to feed bone growth. EPA/DHA will come from 4 daily capsules of OEPDL + ODHDL.
- Intestinal health management will show paramount. We combine powerful probiotics (PBONS extensively tested on kids), curcumin (CQHPY also possessing antimicrobial activity), plus two cleanses with CTBBL.

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