

Patient:

Date:

Thursday 24<sup>th</sup> January 2019

**Comments:**

- 's mother has brought him to my consultation in order to obtain help regarding severe allergy showing through multiple forms: hay fever, allergic reaction to hazelnuts, and “*constant conjunctivitis*”. Concerns have also been raised about reduced growth and poor memory. Importantly, his close family includes multiple *cœliac disease* sufferers: his father, his younger sister, possibly another elder sibling.
- has certainly been tested for *cœliac disease* through most up-to-date test, i.e. IgA anti-tissular transglutaminase, which I confirm as negative. However, this so-called modern test does not invalidate the IgA anti-deamidated gliadin testing, which was very popular before the ‘new test’ appeared in 1999.
- It appears that our young patient very strongly reacts to **gliadin**, which belongs to the **gluten** complex, leading to what I call “*positive cœliac serology*”, even though it does not always imply the existence of proper *cœliac disease*. Interestingly, he also expresses spectacularly high IgG antibodies against **wheat** and record high IgG against **oats**; I have never seen such an extreme level of IgG antibodies towards **oat**.
- I am afraid this represents another damage from misleading labels pretending that **oats** are ‘*gluten-free*’, whereas it shows totally impossible because **oats** systematically contain **glutenins**, which also belong to the **gluten** complex - aside **gliadins**! It might also be that this patient does not tolerate **avenins**, which play a comparable storage proteins role for **oats**, as **gliadins** do for **wheat**, given that is not rare at all...
- The fact that a fraction of patients suffering from full-blown *cœliac disease* severely react to **avenins** in **oats** has been well established by mainstream medical science. Besides, even if we ignored such massive issue with **oats** and due to the amplitude of this boy’s reactions against **gliadin** (IgA) and **wheat** (IgG), I also suspect that modest exposures to **gluten grains** does not suffice to switch off inflammation.
- We have identified the need for additional dietary modifications. They appear in front of corresponding results as my handwritten notes. Of utmost importance to address cognitive complaints: we need a full replenishment of significantly depleted omega 3 fatty acids with relevant foods and liquid supplements.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- Healing the intestinal ecosystem, which inflammation spreads to other mucosal tissues such as the eyes conjunctiva, implies correcting deficiencies or suboptimal levels in fat-soluble vitamins A (BAMEN), D & K (K2DTR), as well as in antioxidants (SKNOV, NCKPY, and CR10PY). Our intestinal treatment consists in providing ‘*good guys*’ (probiotics / PBMNS) while fighting ‘*bad guys*’ with herbal antimicrobials (PRCBD).
- Growth directly depends on intestinal absorption and I am confident this program will help in that field.

Georges MOUTON MD