

Patient:

Date:

Tuesday 5th February 2019

Comments:

- has come to see me with her parents with a major complaint of “lower abdominal pain”. She has been diagnosed with *celiac disease* at age of 5 and has followed strict **gluten**-free diet since. She also has been diagnosed with *eosinophilic colitis* shortly after, following colonoscopy. She has reacted with loose stools to **dairy products, eggs, and soya**; thus, she has been thoroughly excluding all those foods.
- More digestive issues have been disclosed: bloating, flatulence, nausea, and occasional reflux. She also reports lower back pain; very heavy, painful, and irregular periods; difficulty to fall asleep (1-2 hours!).
- In front of such rebellious digestive symptoms despite such restrictive diet, I was convinced that I would find some tricky genomic background, e.g. primary **lactose** intolerance due to homozygous variant LCT gene or absent fucose gut protection due to homozygous variant FUT2 gene, but no such thing. Another possibility I often spot among hard to fix gut dysfunctions would be low immunoglobulins A (IgA), but no.
- Then, we could be facing a persistently irritated gut due to food hypersensitivities manifested by high IgG antibodies. Not really, even though we must take on board all findings flagged page 6/7 and limit **rice, beef, bananas** (stop them completely please because full of **sugar**), **garlic**, and **hot & spicy foods**.
- What does show-up is global inflammation very likely from digestive origin and manifesting through high us CRP. That basically leaves us with the explanation of *intestinal dysbiosis*, i.e. fungal and/or bacterial overgrowths that upset gut lining and impede conversion from beta-carotene into vitamin A (page 4/7).
- We therefore implement an intestinal treatment based on powerful probiotics (EDMOB) and gut cleanse made of amazing plant alkaloid berberine (BBTPY), which helpfully addresses either yeasts or harmful bacteria without need for initial testing (which is scheduled only in 3 months from urine test - **kit MOU**).
- I have spotted another huge obstacle to intestinal mucosa healing through a global deficiency in good **fats**, would they be **fatty acids** of all types or **cholesterol**. This leads to dry, cardboard-style gut lining that cannot properly absorb nutrients: malabsorption typically results from lack of lubrication! I see it as the potentially major explanation to persistent digestive upsets, because we are facing multiple and severe deficiencies in critically important nutrients that we have to replenish with a 4-month program...
- In order to reload missing fat-soluble compounds, we rely on the treatment (especially drinkable oils!), but we also must consider reintroducing more **fats** through the diet, which has been depleted of two big sources that are **dairy products** and **eggs**. After one month of treatment, I suggest carefully trialling **hard cheeses** from **ewe's milk**, small amounts of **ghee**, and **egg yolks**. Indeed, nothing suggests here they would not be tolerated: no lactose intolerance, zero IgG reactions against corresponding proteins.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**, keeping in mind that I don't want her to reintroduce such fatty foods before gut has started to recover.

Georges MOUTON MD