

Chief Complaint: Autism

History of Present Illness:

Isaac is a 4 year old male with autism spectrum disorder. He experienced developmental regression at the age of 16 months. Isaac suffers from multiple conditions including disorder of CNS, immune system and digestive system.

Per form, He feels well. MOC feels at ~16 months of age they noticed that he lost visual contact stopped babbling his first words and wouldn't look when called by name. we investigated further and at ~20 months was diagnosed with autism but does not know the trigger for the health changes. He feels worse by staying at home for too long (a couple of days), not sleeping properly, and having too many activities on a single day. He feels better with food. He loves to eat and is frequently looking for food. He also likes to go outside and play at parks/nature, especially if water is involved (pool/beach).

He was born at 39 weeks, at the hospital by "C/section" and appeared healthy. Per MOC: "Mom had a scheduled c-section because the first pregnancy was already a c-section. The obstetrician recommended scheduling it at 38-39 weeks because the baby was too big and causing much discomfort. The c-section was normal." His developmental milestones are apparently normal, but regression started with a strong impression and the family agrees. He is not potty trained yet and not dry at night, still in diapers. He slowly is being more able to utter words, sing songs, more clearly and less baby talking. He has not lost language and has not lost eye contact. He is currently in therapy and his immunizations are partially done.

He sleeps for 8-10 hours, has initial insomnia, frequent night waking, insufficient rest for his age, and sometimes feels rested upon waking.

Diet: He follows a Gluten/Soy/Milk free diet with little corn, and no sugar. He is not picky, but he loves to eat bananas, cakes, cookies and kid's stuff.

His disordered CNS symptoms are: ASD, Cognitive developmental delay, Echolalia, Expressive language delay, Fatigue, Impairment, Mood swing, Neglect of common dangers, Obsessive behavior, Pain, Poor eye contact, Poor focus, running away, Screaming, Slowness and poor responsiveness.

His disordered digestive system symptoms are: Allergy to food, Carbohydrate craving, and Yeast in the gut.

His disordered immune function symptoms are: Onychomycosis.

The environmental findings are unknown. His physical exercises are running around the house all day. Denver-based daily therapy includes 20-30min of structured physical activity and workouts at school in the afternoons.

Patient: Isaac Franca
Provider: Monica Cooke

DOB: 11/06/2018
Visit: 07/12/2023 10:00AM

Sex: M
Chart: FRIS000001

Isaac is here to continue care and investigate relief for his constellation of symptoms and any contributing medical co-morbidities to his autism spectrum diagnosis.

UPDATES:

- Has GI Issues;
- Laughs/cries w/o reasons
- Poor communication
- Hyper/runs back and forth; wakes up a lot overnight, sleepy in daytime (recent trial of new XR melatonin)
- Sees Biomed MD in Brazil-- confirmed He is not progressing anymore
- Was doing well 1st 6 months then plateaued
- Seems to still have lots of issues with his gut
- Poor growth and height more recently (50--> 30% over last 2 years
- Currently on nystatin/diflucan currently (2nd round)-- mild reduction of laughing, but not sure if changes from this-- will

04/21/2023 to discuss initial stool, GPL OAT and bloodwork results.

Updates:

- MOC feels that pt not growing normally as he is shorter than other kids. Went to an endocrinologist & she stated he was OK & f/u in 6 months
- POC thinks the Diflucan and Nystatin was helpful, but when finished, symptoms returned- he is waking at 3am at night I stay awake till 5-6am. He is taking melatonin. He's laughing and crying a lot. He's running back n forth a lot
- pt also picks at his fingernails frequently and rubs his genital area

06/06/23 to discuss his phase 2 of gut modulation.

MOC reports that Isaac is still waking up from 3 am onward.

He continues to take melatonin which helps him to fall asleep.

She has added NAC at night.

She has already introduced Day chill 1/4 capsule day and night.

She reports that he has little energy and is tired often during the day.

She denies hyperactivity.

She reports therapy is working with him.

They have completed phase 1 and report less laughing and crying, but not gone.

MOC does not think Day chill has helped with this.

They will be in Valrico, Florida June 24th before seeing us in

07/12/23 to discuss his care plan.

Sleeping well in the US. MOC reports that it is probably in part to him sleeping with them. Continued waking up

in the middle of the night at home.

BM daily, better with GUT protocol, they have noticed increased gas at times. None today.

They report that his bowels are good with treatment, but when they "stop" the consistency is like "peanut butter."

1. Please complete a FRAT (folate receptor antibody test) when you are in the USA in July.DONE
2. Please complete a MitoSwab. when you are in the USA in July.DONE
3. Please send the results from your upcoming genetic testing when you receive them ****RECEIVED****

5. Because you were unable to complete the upcoming visit form, please send a current medication list as a portal message to ensure your medication list stays up to date. Please include dosage and frequency of each medication. ****NOT RECEIVED****
 1. For sleep
(A) Increase NAC to two at bedtime ***NOT DONE***
(B) Start DHH-B (Day chill) 1/2 capsule at bedtime.***DONE***

 2. Please continue glutathione and culturelle
 3. Please purchase for use while traveling:
DONE
 - Holistic health B12
 - Glutathione
 3. GUT PROTOCOL
PHASE 2
 - A) Augmentin 2.5 ml twice a day for 14 days.
 - B) Red root, 10 drops three times a day, for 14 days.
 - C) Clove, 10 drops three times a day, for 14 days.
 - D) Continue Juniper, 10 drops three times a day, for 14 days.
 - E) Saccharomyces boulardii, 1 capsule daily.
 - F) Continue culturelle probiotic, 1 capsule daily.

****VISIT FORM NOT DONE****

Med / Fam / Social History:

Medical History

Patient: Isaac Franca
Provider: Monica Cooke

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Tony (the father) has tinnitus/hearing loss in the left ear for ~10 years with unknown cause
Tony (the father) has rhinitis which gets bad if it'd too dry or dusty. Mother: Allergy to food, Intolerance to lactose
Grandparents medical history includes: mental illness
Itamara (maternal grandma) has bipolar disorder

Physical Exam:

System Vitals

	07/12/23
Pulse	139 bpm
Blood Pressure	130/59 mmHg
Height	41.00 in
Weight	41.00 lbs
BMI	17.15 kg/m ²

General

Patient is alert
Patient is well nourished
Patient is oriented
BMI is not appropriate
Patient is in distress
Patient is cooperative with exam
Verbal status - Nonverbal

Head

Patient is normocephalic
Head is atraumatic

Eyes

Pupil dilation is normal
EOMI is grossly normal

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No strabismus is present
No nystagmus is observed
Eyes are clear with no discharge.
No swelling is present
There are no allergic shiners

Ears

Auricles are grossly normal without visible malformations
Ears are not low set
There is no visible microtia

Nose

There is no nasal discharge
No allergic crease is present
The nose is symmetric

Mouth

There is no excessive drooling
No smooth philtrum
Lip shape is abnormal
The jaw is not recessed

TABBY Tongue Assessment

Tabby Total - 6
Tongue attachment - 1 (Slight attachment with shallow heart shape)
Gum fixation of frenulum - 1 (Attached midway between gum and base of tongue)

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Tongue lift with open mouth - 2 (normal lift of tongue tip)
Tongue protrusion - 2 (Beyond the lip)

Neck

There is no swelling of the neck
There is no visible goiter
Neck has full range of motion

Chest

Patient in no respiratory distress
No tachypnea
Breathing is unlabored

Abdomen

No abdominal bloating
No scaphoid abdomen

Musculoskeletal

Normal gait
Grossly normal bulk and tone

Beighton Scale (1 pt each Yes)

R thumb to forearm 0 pt
L thumb to forearm -- 0 pt
Right pinky flex - 0 pt

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Right pinky flex -- 0 pt
R elbow hyperextension -- 0 pt
R elbow hyperextension -- 0 pt
R knee hyperextension -- 0 pt L knee hyperextension -- 0 pt
Palms to floor -- 0 pt

Skin

No pallor
No jaundice
No visible rashes

Neurologic

No gross cranial nerve deficits
Gross focal deficits on observation

Psychiatric

Engagement inappropriate for age
Patient unable to answer questions
No flat affect
No hyperactivity
Eye contact is not appropriate
I discussed with the patient/family risks, benefits, side effects, alternatives and target symptoms of allopathic and functional medicine treatment options.

Patient understands that Lighthouse Complex Care does not function as a patient's primary care provider. We recommend that every patient maintain a relationship with an outside provider as their primary care provider.

I have personally spent a total of 75 minutes on this patient's case today. 60 minutes of this time was spent over Zoom with the patient and family face to face), and 15 minutes of this time was spent in counseling/coordination of care with the remainder in pharmacology and supplements.

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Vital signs:

Lying 112/60 Pulse: 131

Sitting 139/59 Pulse: 139

Standing 132/64 Pulse:150

Assessment:

disorder of the central nervous system

ASD, Cognitive developmental delay, Echolalia, Expressive language delay, Fatigue, Impairment, Mood swing, Neglect of common dangers, Obsessive behavior, Pain, Poor eye contact, Poor focus, running away, Screaming, Slowness and poor responsiveness.

disorder of digestive system

Allergy to food, Carbohydrate craving, and Yeast in the gut.

disorder of immune function

Onychomycosis

laboratory test result abnormal

DRAW 01/31/23:

SUBOPTIMAL:

Vitamin D 36.7

TSH 2.72

Free T4 1.4

NORMAL: Selenium, CMP (Urea, Creatinine, Phosphor, Calcium, Glucose, ALP), IgA, IGF-1 (somatomedin C), Endomysial Ab IgA, Transglutaminase, Zinc, Urine Calcium, Urine Creatinine, Urine Phosphorus,

DATE 09/29/22:

ABNORMAL:

CRP 0.5 H (<0.1)

Fibrinogen 423 H (18-350)

Cholesterol 219 H

LDL 149 H (<110)

SUBOPTIMAL:

Vitamin B12 307

Folic acid 10.9

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TSH 0.59
Free T4 1.14
Free T3 3.24
Homocysteine 11.5 -----> Due to poor folate processing

NORMAL: Candida antibodies, Cadmium, Arsenic, Mercury, Lead, Aluminium, Vitamin C, ALP, CPK, Vitamin A, Apolipoprotein A1/B, CBC, Creatinine, Urea, Uric Acid, CMP, ANA, ferritin, Calcium, TPO, Iron, Copper 144.2, Magnesium, Potassium, Zinc 79.3, Lipid panel (the rest), Hb A1c, Insulin, ACTH, IGF1 somatomedin C, GFBP3-protein binding IGF-1 type3, Vitamin D, GGT, Ceruloplasmin, IgE, TIBC,
Cortisol salivary 0.07 (4-8pm),
Cortisol salivary 0.32 (6-10am)

DRAW 20/02/21:
ABNORMAL:
Neuronal specific Enolase 29.38 (<18.3)
Zinc 131 (70-120)
Tumor necrosis factor alpha 13 H (<8.1)

NORMAL:
IgE- milk protein, Egg white, Soybean, Casein, Alpha lactoalbumin, Egg yolk, seafood (fish, shrimp, Mussels, tuna & salmon), Cocoa, Gluten, Egg, oilseeds (peanut/hazelnut/brazil nut, almond & coconut), bananas, Beef, Chicken meat, selenium,

DRAW 01/09/2021:
ABNORMAL:
Serotonin 487 H (30-200)

SUBOPTIMAL:
Cholesterol 150

NORMAL: Abs CD3, Abs CD4, Abs CD8+, Abs CD56/CD16, Homocysteine, Insulin, Lipid panel, LDL, ASO, Anti-Gliadin IgA/G, Anti Deaminated Gliadin IgG, PTH, Hb A1c, CMV, Measles Ab, Rubella, Mumps, ANA, HHV6, Copper 198.3,
MTHFR: C677T normal/A1298C Heterozygous.

DRAW 08/10/2020:
ABNORMAL:
LDL-cholesterol 121 H (<110)

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SUBOPTIMAL:

Ferritin 43.5

Free T4 1.43

Vitamin D 43.4

screening for disorder

GPL OAT 03/18/23:

Intestinal Microbial

Yeast & Fungal Overgrowth.

Bacterial Overgrowth

Clostridium Overgrowth.

Oxalate Metabolite Border-line High

Mitochondrial Markers:

Krebs cycle metabolites Low.

Nutritional markers:

Vitamin B6 Border-line Low

Vitamin C Low

Glutathione precursor Low

Amino acid metabolite Globally Low

GPL OAT 01/26/21:

Intestinal Microbial:

Yeast & Fungal Overgrowth.

Bacterial Border-line High.

Clostridium Overgrowth.

Mitochondrial Markers.

Krebs cycle metabolites Elevated.

Amino acid metabolites Elevated.

Ketone and fatty acids metabolites Elevated.

Nutritional markers

Vitamin B5 (pantothenic) High

Vitamin B2 (Riboflavin) High

Glutathione precursor Low

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Oxidative stress +

altered microbiota
03/22/23 (PCR/Cult)

Lactobacillus 1+

Enterococcus HIGH 2+
Clostridium HIGH 3+
Pseudomonas aeruginosa HIGH 2+
Staph aureus HIGH 1+
Staph simulans HIGH 1+
Strep salivarius/vestibularis HIGH 3+
Klebsiella pneumoniae/variicola HIGH 3+
Enterobacter cloacae complex HIGH 3+

Geotrichum HIGH 1+
yeast RARE

Elastase 263 L
Lysozyme 762 H (<=500)
Secretory IgA 126

TREATMENTS:

04/21/23:
A) Juniper
B) Cuturelle Kids Chewable

Genetic investigation procedure, 04/18/23:

INTERPRETATION: The genetic analysis of the complete Exome of Isaac Lobato França was carried out from the saliva sample, under the responsibility of TISMOO BIOTECH LABORATÓRIO LTDA (SP, Brazil). A genetic variant of unknown clinical significance was identified in the MED13 gene, associated with neurodevelopmental disorders (Table 1). This genetic analysis did not identify genetic variants associated with other health conditions as incidental and/or secondary findings.

Plan:

Waiting results for Mitoswab/FRAT test Follow up for borderline tongue tie assessment {{comment}} Continue Gluten/Soy/Milk free diet with little corn, and no sugar.

Please do these steps as soon as possible so that the results will be back by your next appointment:

STEPS FOR VISIT 07/12/2023:

Diagnostic Steps:

Please do this as soon as possible so that the results will be back by your next appointment.

1. Please have mom and dad tested for the MED13

Some questions to ask geneticist:

1. How conserved is this location? How important is this to gene function?
2. What kind of mutation is it? Frame shift/Deletion/Missense?

2. Please repeat your stool test with GPL CSAP at least one week after completing GUT protocol.

3. Because you were unable to complete the upcoming visit form, please send a current medication list as a portal message to ensure your medication list stays up to date. Please include dosage and frequency of each medication

Treatment Steps:

Please start each intervention with 5 days in between to judge response. Unless otherwise indicated, discounted links to any supplements will be sent to you via Fullscript by email.

Treatment steps:

Please start each intervention with 5 days in between to judge response. Supplement prescriptions will be emailed to you through FullScript (with discounts) unless otherwise indicated.

1. Continue the Culturelle for 2 weeks post GUT protocol. You can stop the Saccharomyces boulardii

2. For sleep:

1. Please Increase NAC to two at bedtime. This may also help with any symptoms related to the GUT protocol.
2. If he NAC does not help, may increase the day chill to up to 1 capsule if needed

2. Please add Biotin 10 mg (10,000 mcg) daily. Gummies are ok. Any brand is ok. This will help with fatty acid processing. This is based on current OAT testing results.

<https://www.algeria.ubuy.com/en/product/SOMKW6-biotin-gummies-10000mcg-highest-potency-for-healthy-hair-skin-nails-for>

3. Please start Lutimax pediatric powder, 1/4 tsp two times a day, for anti-inflammatory support and to help with

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high lysozyme levels.

<https://www.ubuy.com.br/en/product/6NC2DBQE-luteolin-pediatric-powder-with-rutin-all-natural-immune-support-30-grams-1>

4. Then add butyrate sodium, 1 capsule daily. This will give you more energy to focus and also will also help to promote growth of good flora in the gut.

You should be able to buy it for one day delivery to your hotel from amazon:

https://www.amazon.com/Gut-Health-Supplement-Caps-Postbiotic/dp/B07KFMSKRD/ref=sr_1_5?crid=2HIKRITEG2FH8&ke

<https://www.ubuy.com.br/en/product/4I5N94-bodybio-butyrate-with-sodium-supports-healthy-digestion-gut-microbiome-leaky>

5. Then add Body bio PC choline supplement, 1/8tsp two times a day, not after 4pm, for basic support. Please make sure B12 & Folate are on board, while on Choline.

<https://br.iherb.com/pr/bodybio-pc-liposomal-phospholipid-complex-4-fl-oz/105889>

We can better serve you and prepare for your visit if you can help us by giving us some basic information before your appointment. Please fill out the Upcoming Visit Form 7-10 days before your next visit. ***Here is the link to the form: <https://forms.gle/P1vhvXzbh5nrNqWZ6> It can also be found on our website:

[LighthouseComplexCare.com](https://www.LighthouseComplexCare.com) on the Current Patients page.***

**The genetic results were in different language but patient portal shared the result translation to english, which has been accounted in assessment section. Essentially, a genetic variant of unknown significance was identified in MED13 gene. This gene is associated with neurodevelopmental disorder in published reports, however, the identified genetic variant significance is not clear.

Type	Code	Modifiers	Quantity	Description
CPT	99205		1.00 UN	OFFICE O/P NEW HI 60-74 MIN

Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
pancreatin compounding powder	0	Betaine HCL 250mg + Pepsin 50mg + Amylase 100mg + Pancreatin 100mg 1 capsule after lunch and dinner.	No	
L-Carnitine 300mg	0	3ml BID	No	

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Vitamin D3 3000IU	0	Vitamin D3 3000IU + Vitamin A 1500IU + Mixx tocoferois 50mg + vitamin E + Vitamin K2 20mcg/5 oily drops, 5 drops a day.	No	
amoxicillin-clavulanate 1000 mg-62.5 mg oral tablet, extended release	0	two times a day since July 3	No	
l-methylfolate 1000 mcg (1700 mcg DFE) oral tablet	0	1mg BID	No	
NAC 500 mg oral capsule	0	1 capsule (500mg) daily	No	
Multiple Vitamins oral capsule	0	Vitamin formula – 45 doses - Oral solution: Vitamin B1 10mg, Vitamin B2 5mg, Vitamin B5 20mg, Vitamin B6 25mg, Nicotinamida 25mg, Lithiuium (CARB D3) 50mcg Biotin 50mcg, Zinc 20mg, Selenium 40mcg, Chromium 50mcg, Manganese 0.5mg, Vitamin C 300mg, NAC 150mg, Calcium 200mg, Ashwaganda 600mg, Magneesium 150mg, 5HTP 100mg, Melissa extr 1000mg Betaglucan plus 200mg. Takes 1/2 dose, BID. After lunch and dinner.	No	

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Current Medication & Dosage	Dispense	SIG	PRN?	Indication
Probiotic 10 Ultra Strength oral capsule	0	1 dose qd. FÓRMULA PRÓBIÓTICA.....45 doses cápsula vegetais. L. rhamnosus GG.....1 BI CFU B. longum.....1 BI CFU B. longum infantis.....1 BI CFU L. reuteri.....1 No BI CFU B. breve..... .1 BI CFU L. paracasei.....1 BI CFU B. lactis.....1 BI CFU L. plantarum.....1 BI CFU L. salivarius..... ...1 BI CFU L. acidophilus..... 1 BI CFU		
Vitamin B12 3000 mcg/mL sublingual liquid	0	1 drop (1000mcg) BID; total 2000mcg	No	
Melatonin 1 mg oral tablet	0	2mg at bedtime	No	

Check-In Information:

Family History

Readiness Assessment