10 year old female patient is brought in by her mother for alopecia areata. Patient’s history included consulting with her pediatrician and a dermatologist. Over a two year period, treatment included steroid injections and clobetasol cream for the scalp. The dermatologist also prescribed topical immunotherapy (cyclosporine). In addition patient’s mother was told by a friend to try the nutritional product ambrotose and biotin.

Unfortunately, after two years of following the above, her daughter's condition worsened.

Upon completion of my pediatric functional medicine questionnaire and review of her medical records, I identified a possible nutritional deficiency and GI dysfunction.

Which labs did I order and what treatment was recommended?

HINT #1: CBC ordered by her pediatrician revealed RBC (3.7), Hemoglobin (12.7), Hematocrit (33)

HINT #2: Patient had a history of thrush as an infant

Scroll to the next page to find out!
Case Summary:

Patient’s condition did not respond to conventional medical treatment and based on the patient history, I ordered a ferritin and mucosal barrier function test.

The following are the results of the above:

**Ferritin:** 15 ng/mL

**Mucosal Barrier Serum Test** revealed a significant increase of IgG Yeast Antibody (Candida albicans, C. krusei, and C. tropicalis). Her labs revealed a 9943 with a reference range of 734 to 2475. In addition, her Secretory IgA was significantly elevated at 104.

Treatment consisted of iron therapy, candida dietary protocol, fungal prescriptive and botanical agents.

This was followed with probiotics and GI mucosal rehabilitation

Clinical Results:

Within 5 weeks of following the above protocol, the patient’s mother noticed new hair growth. Six months from the start of the above treatment, the patient’s hair was thick and fully grown with no sign of alopecia areata.

Medical Citations:


