A real Plan B Case Review. Every name, place, date and identifying detail has been changed.

Ben — what to do next

From the call with Rachel · 13 May 2026 · Ben, born 18 Aug 2018 · Southeastern US
One thing at a time. Items 1–4 are this week.

Please read this first. I am not a doctor, and nothing here is a prescription. Anything that needs a prescription, and every dose, is a question for Dr. Hale. **And I can be wrong.** If a number here doesn't match the copy on your kitchen table, the lab is right and I am wrong. Tell me and I'll fix it the same day.

WHAT I READ

Labs read (with dates): blood panels Mar 2024, Dec 2024, Dec 2025 (IgE, eosinophils, immunoglobulins, IgG subclasses, ASO, anti-DNase B, ferritin, vitamin D, TSH, glucose, ALT); doctor-ordered stool tests Jan 2024, May 2024, Dec 2024, Jul 2025; Mosaic OAT Jan 2024, Dec 2024, Jul 2025, Mar 2026; Biomesight Jul 2024, Sep 2024, Nov 2025; Jordan's report on your 24 Dec 2024 Biomesight (made 10 Jan 2025); hair minerals Jan 2025 + Dec 2025; urine metals Dec 2024; folate receptor antibodies Jan 2024; vaccine record; MitoSwab.
What you told me that I haven't seen on paper: hypotonia diagnosis; NICU stay and low blood sugar; eyes not pairing at age 2; vancomycin course ending 8 May; one HBOT session; memantine bringing handwriting back.
Things I'd like to see: the birth hospital records (several of your files wouldn't open — the hospital file matters most: placenta, glucose, NICU notes); Jordan's July 2023 protocol (the one that worked best); Nina's December 2024 report.
Errors in his older records: some therapy and early-intervention notes list the wrong gestational age, length of NICU stay and birth weight. The hospital record says just under 37 weeks, under a week, about 2.2 kg — please correct those if they're still being used.
One correction from our call: I said he'd only had one of the two strep blood tests. He's had both — **ASO negative in Dec 2024 and Dec 2025, anti-DNase B negative three times.** So the swabs are the strep check that's left.

THE SHORT VERSION

Ben's gut is the lever, and you've already proven it. Every time his gut has been healthy, you got more of Ben: after Jordan's protocol in Jul 2023, in autumn 2024, and during vancomycin, when he had his first real three-turn conversation. Every time it has fallen apart, the stimming, the bowel "takeovers" and the new OCD came with it.

The clearest example is the last year. In Dec 2024 his main butyrate-making bacteria (Faecalibacterium) was at a very healthy 21%. Then came the new school (Feb 2025–Nov 2025) — a classroom in an older building that smelled musty enough for staff to notice. He sat apart from the group wiggling his fingers in front of his eyes, moved away when anyone came near, and the closing-doors-and-chairs rituals began. By Nov 2025 that same bacteria was down to 5.8% and Bifidobacterium was nearly gone.

Two things changed at once that year: he lost his one-on-one aide, and he spent his days in a building that smelled of mold. The withdrawal could be either, or both. The gut collapse and the new OCD point more toward the building. **Ben has never had a mold test** — it's the one result that tells these two apart, and the biggest gap in his file.

And one thing nobody has flagged: his growth. He was born small with very low blood sugar, and he has never caught up. By your measurements he's now 43 inches and 38 lb at 7 years 8 months — **below the 3rd percentile for height**, and growing only about 3.5 cm a year (normal is about 5.5). His weight is in proportion to his height, so the bigger worry is that he has slowed down growing *taller*. That needs a growth workup — it has never been done.

So the plan is: get the bowels moving twice a day, support digestion, rebuild his gut with Nina (seed it, then feed it), and find what keeps knocking it down — mold first, then strep swabs and the warm-climate parasites.

What's getting better — don't lose sight of this:

- **His IgE has dropped by two-thirds:** 11,694 (Mar 2024) → 7,975 (Dec 2024) → 4,126 (Dec 2025). Eosinophils 1,521 → 1,004. Whatever you're doing is calming his immune system.

- From far away to in our world: asks for cuddles, wants to play with friends, says "no thank you."
- The chewing stopped. Handwriting improving on memantine.
- **His eye no longer turns in.** As his energy and brain function have improved, his eyes have started pairing on their own.
- His first real conversation, during vancomycin.
- Gut inflammation (calprotectin) normal on every check since the 2024 infection. Vitamin D back in range (65). Iron stores fine (ferritin 57).
- The Aspergillus (mold) markers on his OAT have been falling since Dec 2024.

BEN'S HEALTH TIMELINE

life | loss / flare | treatment / gain | test | environment | vaccine

Pregnancy	A maternal health history the team considered; close monitoring with weekly bloodwork and frequent sonograms; days of nonstop vomiting before delivery.
18 Aug 2018	C-section just under 37 weeks for a maternal complication, with low amniotic fluid. **4 lb 14 oz, 45.5 cm** — officially small for gestational age (his head was relatively spared, the pattern seen when the placenta can't keep up). Placenta never sent to pathology.
Day 1–2	NICU: **blood sugar 24, 24, 26, then 22 mg/dL** in his first hours; still dipping to 32, 37, 38 that night and next morning on IV dextrose. Inflammation marker (CRP) up to 25, then settled. Antibiotics were only ordered "if needed" and never given — after his mother's pumped milk went in. Home within the week on high-calorie formula plus pumped milk until 8 months.
Sep 2018	Home. Very little contact with anyone outside the household (his parents and an older sister) in his first months.
2 Sep 2018	Hep B at his first pediatric visit.
Autumn 2018	Within weeks: the worst cradle cap and eczema his mother had ever seen — red, bloody creases and cheeks.
Oct 2018–Feb 2019	13 Oct: Pentacel, PCV13, rotavirus, Hep B #2. 22 Dec and 19 Feb: Pentacel, PCV13, rotavirus.
Apr–May 2019	Flu shots 7 Apr and 18 May (plus Hep B #3). His mother remembers a third flu shot about a year later; the record shows two.
~9–10 months	Slow fade of engagement and back-and-forth; lining up toys. No words — he'd mouth "ma" with no sound.
~12 months	Not standing. **No protective reflex** when he fell. Low muscle tone (hypotonia) diagnosed. Physical therapy several times a week.
2019–2020	3 Sep 2019: Hep A, MMR, chickenpox. 19 Nov 2019: DTaP, Hib, PCV13. 2 Sep 2020: Hep A #2. Vaccines stopped before age 3.
~19 months	Walks, after PT. Speech therapy several times a week — a single word, once.
~2 years	Constipation begins. Eyes not pairing or tracking together.
Jan 2021	Autism diagnosis (after several evaluations). Intensive ABA; a parent-led home program. Part-time preschool — **behaviors came with each illness**.
Over several years	Several eye specialists before finding the right one, at a regional children's hospital.
Feb–Mar 2022	COVID, mild (runny nose). His mother finds a parent recovery community and functional medicine.
~3 years	First words out loud (counting things at preschool).
3–4 years	Body and vocal stimming begin.
Mid-2023	First results with Dr. Hale, his new doctor: his gut was "a train wreck" — calprotectin among the highest he'd seen. Two antibiotics and an antifungal ("scorched earth").
Jul 2023	**Gut protocol from Jordan, a gut-health practitioner (about 10 weeks), added one piece at a time after the antibiotics. Behaviors "great," more talking.** His best stretch. A strong die-off reaction early on (Mimosa pudica — "broke the biofilm"); Jordan advised slowing down.

~Autumn 2024 on	Homeopathy with a homeopath: a constitutional remedy, 30C weekly; a new protocol given early May 2026.
Jan 2024	Stool: calprotectin **1,999** — in the same sample that was **positive for Campylobacter and C. difficile toxin** (an infection, not proof of IBD). Every calprotectin since has been normal.
Jan 2024	Folate receptor **binding** antibody POSITIVE (0.966). Leucovorin and B12 shots follow. Supplements added two weeks apart; sulforaphane stopped (severe belly pain).
Mar–May 2024	IgE **11,694**. Stool: secretory IgA low (11.8), elastase 477, **C. difficile toxin positive again**.
Feb 2025	Belly X-ray: stool backed up.
Jul 2024	Biomesight: Bifidobacterium 0.02% (low), Faecalibacterium 13%.
Sep 2024	Biomesight: **Bifidobacterium 4.6%, Faecalibacterium 13.6%, Akkermansia 2.7% — his healthiest gut on record.**
24 Aug 2024	6-year checkup: height **12th percentile**, weight **4th percentile**, BMI 7th. Recorded as "no abnormal findings."
Dec 2024	IgE 7,975; eosinophils 1,521; vitamin D 118 (high); urine lead and mercury flagged. OAT: arabinose (a yeast marker) 402, oxalate 347.
24 Dec 2024	Biomesight with Nina, read by Jordan: **Faecalibacterium 21%**, Bifidobacterium 0.85%, Lachnospira high. Jordan sends an 8-week plan (January 2025) — **not started** (a long visit to his grandparents). So this healthy gut was on Dr. Hale's supplements alone.
Dec 2024–Jan 2025	Several weeks visiting his grandparents.
Feb 2025–Nov 2025	**The musty school** — and **no one-on-one aide** for the first time since age 2. The classroom smelled musty; staff noticed it too, and the family raised it with the school. He sat apart from the group wiggling his fingers in front of his eyes, moved away when approached, refused table work. The school said it could not support him. New OCD: closing doors, pushing in chairs, cracks, re-walking to pace his steps. Skills stalled.
30 Jul 2025	Stool: **elastase 145** (down from 477), butyrate 0.70 (low), Lactobacillus no growth, secretory IgA low (13.1). OAT: arabinose 415, hippuric 1,707.
17 Nov 2025	Biomesight: **Faecalibacterium 5.8%, Bifidobacterium 0.05%.** The gut has collapsed.
Nov 2025	Leaves the musty school.
Dec 2025	IgE **4,126**; eosinophils 1,004; vitamin D 65; ASO and DNase B negative; IgG normal; ferritin 57.
Nov 2025	Atomoxetine raised to 20 mg; "lack of appetite" noted.
2025–26	Memantine — handwriting improving. His eye stops turning in.
29 Mar 2026	OAT: 4-cresol 113 (high — a C. difficile-type marker), HPHPA 430 (clostridia), DOPAC 6.4 (high), arabinose 226, hippuric 1,885.
Apr–8 May 2026	**Vancomycin about 3 weeks**, for very high clostridia (strong, unusual-smelling stools): two big stools a day, no suppositories. One HBOT session. **First three-turn conversation.**
May 2026	About **43 in and 38 lb at 7 years 8 months** (your measurements, Apr 2026) — **height below the 3rd percentile**, growing about 3.5 cm a year instead of 5.5; still in clothes sized for a much younger child while eating constantly. Off vancomycin: needed a suppository again. Stimming and hyper after eating anything except meat; calmer when the yogurt comes with sausage.

What the timeline shows: Ben started small and early, with low blood sugar, low tone and a folate problem — less energy to start with. His immune system leaned allergic from the first months (eczema, egg, IgE over 11,000), and his gut's own defense (secretory IgA) has run low. Since then, the good stretches line up with a healthy gut, and the losses line up with the gut falling apart — most clearly during the musty school. Twice now the gut has had to be cleared with antibiotics (mid-2023, Apr 2026), and both times the rebuild afterward is what decided how he did. **Please correct anything here I got wrong.**

THIS WEEK

1. Two big, easy stools a day — before anything else

□ **Why:** on vancomycin he went twice a day, big, with no suppositories — and you got his first conversation. When stool sits, the overgrowth sits with it. A daily suppository-free "two a day" is the foundation everything else stands on.

□ **Ask Dr. Hale** about switching the weekly Oxy-Powder (magnesium oxide — the "near-accident" blast) to a **small daily magnesium citrate** (Pure Encapsulations makes one), raised a little every few days until he has two easy stools a day, then held there. He's on magnesium glycinate already, so the doctor should set the total.

□ **Footstool** under his feet on the toilet (knees above hips), and a **sit after breakfast and after dinner**, when the gut naturally pushes.

□ **Pelvic floor physical therapy evaluation (with biofeedback).** "He can go but can't get it out," crying, needing a suppository, plus low tone, fits a pelvic floor that tightens when it should let go. This is a referral, not a drug.

2. Every carb comes with protein and fat

□ You saw it on our call: yogurt **with** the chicken sausage = less stimming. Treat every fruit, yogurt or starch as if he were diabetic: always with meat, eggs (if tolerated), seed butter or fat.

□ Berries: about a cup a day, not by the container. CocoYo: normal portions are fine — it may be helping him reseed — but with protein.

□ **Track it:** if the after-meal hyper phase shrinks when carbs are paired, it's mostly blood sugar. If it doesn't, it's mostly fermentation in the gut — which the enzymes and the gut plan are for.

3. Start the tracker today

□ Open the Plan B app (planbforpans.com/app). Remove symptoms that don't fit, add his: finger wiggling, pacing, vocal stims, uncontrollable laughing, door/chair rituals, bowel "takeover," after-meal hyper, conversation turns.

□ Log every stool (time, size, easy or hard, suppository yes/no), every meal, and each new supplement on the day it starts.

□ **One change at a time, a week each.** That's how you'll know which lever moves him.

□ Talk it through with Minta any time — she already has his labs and our whole call.

4. Rebuild the gut the way that worked in 2024 — one piece at a time

□ **Seed first, then feed.** After vancomycin his gut is close to empty — no bad bacteria, but no good ones either. Prebiotic foods and powders feed bacteria that are already there, so right now they'd have little to feed. This is exactly what you did after the mid-2023 antibiotics, and it worked.

□ **Week 1:** one probiotic — Ther-Biotic Complete (from Dr. Hale) is a good fit; it carries both Bifidobacterium and Lactobacillus, the two he's missing. Log stims, stools and belly pain daily.

□ **Week 2:** if week 1 was calm, add the next one Nina chooses. If he gets more gassy, stimmy or "drunk"-looking, stop the last thing added and tell Nina.

□ **Week 3 on:** start Nina's food-based plan, one item at a time.

□ **Food while the gut is empty:** lots of protein and fat, simple carbs only with protein, no big sugar loads. Fermented foods can help reseed — start with a spoonful. **Choose non-dairy ones** (sauerkraut or kimchi brine, water kefir, coconut kefir, CocoYo). Cow's-milk kefir and raw milk aren't a fit for Ben: he has positive folate receptor antibodies, and cow's milk is the food most linked to raising them. Ask Dr. Hale before any dairy.

□ **The testing trade-off:** a "true" baseline Biomesight needs about 2–3 weeks with no probiotic. Since he's reseeding now, test at about 3–4 weeks after vancomycin and tell Nina which probiotic he's on — it will show up in the result. That's fine; you're tracking the direction.

GROWTH, BLOOD SUGAR AND FOOD

What we know: born under 5 lb with blood sugars down to 22. At his 6-year checkup: height 12th percentile, weight 4th. Now (your measurements, Apr 2026): 43 in and 38 lb — **height below the 3rd percentile**, and growing only about 3.5 cm a year (normal is about 5.5). His weight is in proportion to his height (BMI around the 15th–20th percentile), so the main worry is that he has **slowed down growing taller**. Neither parent is small, so this isn't family size. His blood sugar pattern runs through

his whole life: very low at birth, still 47–50 on day 3–4 (below the usual target), 114 once (Dec 2024), hyper after carbs and then a crash.

Working idea (not a diagnosis): two things may be stacking up. (1) Food not fully digested and lost to the overgrowth (elastase 145) — which may also drive the after-meal hyper phase. (2) Something slowing growth itself: his growth-hormone system, an inflamed allergic gut, a genetic cause nobody has looked for, or his ADHD medicine (atomoxetine was raised to 20 mg in Nov 2025 and "lack of appetite" was noted — slower growth is a known side effect). The tests below are how we tell these apart. Get a **clinic height on a wall stadiometer** — home heights can be off by an inch.

Check his blood sugar at home — this week

□ A $20 pharmacy glucose meter. Check him before a carb snack, then at 30, 60 and 120 minutes, and once during a hyper phase. A big spike then a drop tells us a lot in one afternoon.

□ Ask Dr. Hale for a **2-week continuous glucose monitor** (Libre or Dexcom — needs a prescription for children). It shows the whole day and night, including overnight lows.

Food to help him gain — built on his labs

□ **Eat every 2½–3 hours, every time with protein and fat.** Keeps his sugar steady.

□ **A protein-and-fat snack at bedtime** — the overnight fast is his longest stretch.

□ **Fat is the densest calorie:** olive or avocado oil drizzled on everything, avocado, coconut milk and coconut cream.

□ **Ask about MCT oil:** it's absorbed without needing much pancreatic enzyme or bile, so it suits low elastase. Start at ¼ teaspoon and go up slowly — too much too fast causes diarrhea.

□ **Fattier proteins:** 80/20 ground beef, chicken thighs with skin, lamb, salmon (finned fish is fine; his allergy is shellfish). Bone broth with the fat left on.

□ **Seed butters** (sunflower, pumpkin) — not almond or cashew (his allergies). No eggs. No dairy (his allergies, and his folate receptor antibodies).

□ **Carbs:** fruit and honey only with protein and fat, never alone. Ask a dietitian whether cooked squash and carrots can be his steadier carbs.

□ **Pancreatic enzymes with meals** (if Dr. Hale agrees) — calories only count if they're absorbed.

□ **Where to get the meat:** pasture-raised chicken, beef, lamb, organ meats and bone broth from a pasture-raised farm co-op that delivers by refrigerated truck in your region. Their meats, broths and animal fats fit Ben well; skip their raw milk and dairy kefir for him.

□ **Weigh him every week** (same scale, morning) and log it in the app.

A sample day

When	What
Breakfast	Chicken or beef breakfast sausage + a few spoons of CocoYo + half an avocado with olive oil and salt
Mid-morning	Sunflower seed butter on apple slices, or turkey roll-ups with avocado
Lunch	80/20 beef patty or chicken thighs with skin + roasted squash or carrots tossed in oil
After school	Bone broth with the fat left on + leftover meat; or coconut-milk smoothie with a little fruit and seed butter
Dinner	Salmon or lamb + cooked vegetables in olive oil
Bedtime	A protein-and-fat snack: meatballs, a sausage, or seed butter with coconut cream

Every meal and snack has protein and fat. Fruit and honey only alongside them. Adjust to his allergies and what the dietitian says about SCD.

About the SCD diet

The Specific Carbohydrate Diet cuts grains and starches, so most of his carbs now come from fruit and honey — fast sugars that spike and feed the overgrowth — and it cuts the fibers that feed his butyrate-makers (his butyrate is low). It may well have helped his gut when it started. For a child this small, it's worth asking a **pediatric dietitian** (and Dr. Hale) to run the numbers: is SCD still helping him, or now costing him calories? Don't change it on your own — get the numbers first.

HIS HIGH PAIN TOLERANCE — BEHAVIOR IS HIS PAIN SIGNAL

Ben doesn't mind shots. That probably isn't a broken pain system — three things likely play a part:

- **Autism sensory wiring.** Many autistic children register pain differently. It's less the pain receptors and more how the brain reads signals from inside the body (*interoception*) — the same wiring that can make it hard to feel hunger, fullness, or the urge to poop.
- **His first days.** He was stuck dozens of times in the NICU to track his blood sugar ("black and blue"). Studies of NICU babies show that a lot of early pain can reset how the body processes pain later. The low blood sugar itself isn't known to blunt pain — the link is the sticks.
- **Practice and trust.** A daily B12 shot, and he knows his medicine helps.

Why it matters: if he doesn't feel or say pain the usual way, **his behavior is how he tells you.** The bowel "takeover" (pacing and vocal stims until he poops, then he is himself again) may be pain or pressure he can't name. The hyper phase after meals may partly be belly discomfort. And he may not report an ear infection, a sore throat, a toothache or an injury.

- □ Log every takeover and every spike in stimming in the app, next to stools, meals and sleep.
- □ Try a picture pain scale (faces from happy to crying) — he may point when he can't say.
- □ A dental check — he eats a lot of fruit and honey, and tooth pain shows up as behavior.
- □ When something's off and he can't say why, check the hidden places first: ears, teeth, belly and bowels, throat.

CAN BEN TALK MORE? WHY THERE'S ROOM

No one can promise how far Ben will go, and I won't. But his own record says he has real room to grow — this isn't a child who has plateaued:

- **He already talks in phrases** ("I want that one"). Children who have phrase speech by age 5 are the group most likely to go on to useful, everyday conversation.
- **He has had a real conversation** — three turns, during vancomycin. It's in there; something keeps knocking it back down.
- **He understands far more than he can say.** He listens to everything and tries to stop his stims when asked. The gap is getting words *out*, not taking them in.
- **He wants people:** cuddles, wanting friends, "no thank you." That drive is what therapy builds on.
- **His body is already moving the right way:** IgE down two-thirds, the chewing gone, his eye no longer turning in, handwriting improving.

What's in the way	The lever
Gut flares — the takeovers, the hyper phase after meals	Two stools a day, enzymes, rebuilding the gut
Not enough fuel — tiny, sugar swings since birth	Protein and fat every 2–3 hours; the growth and blood-sugar tests
Possible mold from the school	The mold test
Getting words out (apraxia-like) and echoing (gestalt-like)	**The right kind of speech therapy** — an evaluation for childhood apraxia of speech (PROMPT or DTTC therapy) and a gestalt language (NLA) therapist. He has never had either.
Being left on his own in class	**Bring a one-on-one aide back.** His best stretches all had one.

The two biggest bets: (1) the apraxia and gestalt speech evaluation — three years of standard speech therapy got a single word, once, which may mean the method didn't fit how he learns language, not that he can't; (2) steady fuel and a calm gut, so his brain has energy for language instead of spending it on his belly.

How you'll know it's working: more conversational turns, fewer echoed answers, words coming out without straining. Count his conversational turns each week in the app — it's the most direct measure we have.

BEN'S PROTOCOL — A REVIEW FOR YOU

Please don't change anything on this page on your own. Every item is a question to take to Dr. Hale (or the homeopath for the remedies). They're all in the letter to him.

In one line: Dr. Hale's protocol treats the folate and energy side well. What's missing is the digestion-and-growth side — and a cleanup of the vitamins that may be doubling up.

What he takes	What his labs say	The verdict
Fits his labs — any change is his prescriber's call		
Leucovorin 50 mg	Folate receptor binding antibody positive (Jan 2024).	The right response to that result.
B12 shots	His B12 marker (methylmalonic acid) has stayed normal on the OATs.	Working.
Ubiquinol 500 mg, L-carnitine 3,000 mg, NAC 600 mg	MitoSwab: complex IV low. Carnitine levels normal on treatment (three checks, 2024–2025).	Fits the low-energy picture.
Memantine 10 mg	Handwriting improving.	Seems to be helping.
Ther-Biotic Complete	Bifidobacterium 0.05%, Lactobacillus 0 after vancomycin.	A good fit for reseeding.
Worth asking about		
Atomoxetine 20 mg (raised from 10 mg in Nov 2025)	Lower appetite and slower growth are known side effects in children. "Lack of appetite" was noted when the dose went up; his weight has been flat since, and his height is below the 3rd percentile.	**Ask:** could it be part of why he isn't growing?
Cod liver oil 10 mL + Spectrum Needs + vitamin D 5,000 IU	Cod liver oil carries a lot of vitamin A and D, and so may the multivitamin. Vitamin D was **118 (high)** with calcium 10.7 in Dec 2024; 65 in Dec 2025. Vitamin A has never been checked. For a 38-lb child, vitamin A can add up past the safe limit depending on the brand.	**Ask:** a total-dose check and a vitamin A (retinol) blood level.
Cholesterol supplement 470 mg	Total cholesterol is now **above range**: 184, then 172 on his last two panels.	**Ask:** why it was started, and whether he still needs it.
Iron 15 mg	Ferritin 57 — iron stores fine. Iron can worsen constipation and feed gut bacteria.	**Ask:** does he still need it?
Magnesium glycinate 300 mg + Oxy-Powder once a week	Weekly blast → near-accidents, then a week of backing up.	**Ask:** a small daily magnesium citrate instead — replacing, not stacking on top of, what he already takes.
Constitutional homeopathic remedy 30C weekly + the new protocol	Remedies given more often than about once a month can sometimes bring new symptoms of their own. He seems to be tolerating it.	**Ask his homeopath** how to tell a remedy reaction from a flare, and log each dose in the app.
Specific Carbohydrate Diet	Carbs come mostly from fruit and honey (fast sugars); cuts the fibers that feed butyrate-makers (butyrate low); height below the 3rd percentile.	**Ask:** a pediatric dietitian to check his calories — is SCD still helping him?
Missing — nothing on his list covers these yet		
Digestion	Elastase 477 → 413 → 145.	Pancreatic enzymes with meals.
Bowels	Weekly suppositories; two big stools a day only on vancomycin.	A daily plan, footstool, pelvic floor PT.
Blood sugar and growth	Glucose 22 at birth; height below the 3rd percentile now; never tested.	Meals every 2–3 hours, bedtime snack, glucose testing, growth workup.

Mold, strep, parasites	Never tested.	The tests in this packet.

PLAN B'S SUPPLEMENT-BY-SUPPLEMENT READ, WITH DOSES FOR HIS WEIGHT

Read this first. These are Plan B's suggestions to **discuss with Dr. Hale** — not a prescription. Prescription items (leucovorin, B12 shots, memantine, atomoxetine) are his alone; we only note what the research used. Dr. Hale sets every final dose. Doses below use **38 lb (17 kg)** — your estimate; weigh him and we'll recalculate.

Supplement	Now	Usual range for 17 kg	His labs	Plan B suggestion
Prescription — the doctor's call				
Leucovorin (folinic acid)	50 mg/day	Trials used about 2 mg/kg/day, up to 50 mg → about 34 mg for 17 kg	Folate receptor antibody positive (Jan 2024)	**Ask:** is 50 mg (~2.9 mg/kg) still right for his size?
Methyl-B12 shots	daily	Doctor-set	B12 marker (MMA) normal on every OAT	**Ask** whether to continue — his B12 marker suggests it's working.
Memantine · atomoxetine	10 mg · 20 mg	Doctor-set	Handwriting improving · appetite dropped when atomoxetine went to 20 mg (Nov 2025)	**Ask** whether to continue memantine, and whether atomoxetine could be affecting appetite and growth.
Energy (mitochondria)				
L-carnitine	3,000 mg	50–100 mg/kg/day → **850–1,700 mg**	Carnitine normal on treatment (three checks, 2024–2025)	Keep, but **ask** about the usual range — 3,000 mg is about 175 mg/kg. Very high doses can upset the gut and feed gut bacteria (fishy odor is a sign).
Ubiquinol (CoQ10)	500 mg	Ubiquinol about 2–8 mg/kg/day → **35–135 mg**	MitoSwab complex IV low	Keep, but **ask** about the dose — 500 mg is about 29 mg/kg, above the usual ubiquinol range.
NAC	600 mg	Autism studies used 900–2,700 mg/day in ages 3–12	—	Keep as is.
Vitamins and minerals — the doubling-up check				
Vitamin D3	5,000 IU	Upper limit for ages 4–8 is 3,000 IU/day from all sources; usual 1,000–2,000 IU	118 (high) Dec 2024 with calcium 10.7; 65 Dec 2025	**Ask** about lowering to 1,000–2,000 IU *total* (counting cod liver oil and Spectrum Needs). Recheck in 3 months; aim 40–60.
Cod liver oil	10 mL	Upper limit for preformed vitamin A, ages 4–8: 3,000 IU/day from all sources. Omega-3 goal: 500–1,000 mg EPA+DHA	Vitamin A never checked	**Read the label**: 10 mL can carry a lot of vitamin A and D. **Ask** for a vitamin A level, and whether a plain fish oil (no added A or D) giving 500–1,000 mg EPA+DHA would be safer.
Spectrum Needs	4 scoops	Per label	Hair copper very high (two tests, a year apart)	**Check the label** for vitamin A, vitamin D, zinc and **copper** — add them to the totals above. Ideally no

				added copper until his blood copper is checked.
Iron	15 mg	Daily need ages 4–8: 10 mg (most from food)	Ferritin 57 (Dec 2025) — stores fine	**Ask** about pausing it — iron worsens constipation and feeds gut bacteria. Recheck ferritin in 3 months.
Cholesterol	470 mg	Only when cholesterol is low	Total cholesterol **above range**: 184, then 172 on his last two panels	**Ask** why it was started and about pausing it; recheck a lipid panel.
Magnesium glycinate	300 mg	Supplement upper limit ages 4–8: 110 mg elemental/day (above that, loose stools — which is the point for constipation)	Blood magnesium normal (2.1)	**Ask** about swapping to magnesium citrate for the bowels (below) instead of stacking both.
Gut				
Ther-Biotic Complete (powder)	new	Start ⅛ teaspoon, build to ¼ teaspoon over a week	Bifidobacterium 0.05%, Lactobacillus 0	Start now, alone, for a week. Give 2–3 hours apart from any antibiotic.
Suggested additions — each tied to a lab				
Magnesium citrate	—	Start ~50 mg elemental at dinner; add 50 mg every 2–3 days until two soft, easy stools a day; hold there	Weekly suppositories; two big stools a day only on vancomycin	Replaces the weekly Oxy-Powder (and some or all of the glycinate). Back off a step if stools get loose.
Pancreatic enzymes	—	Dr. Hale chooses the product and dose (strength is measured in lipase units by weight)	Elastase 477 → 413 → **145**	If prescribed, with every meal and snack. Weigh him weekly — weight gain is how we'll know it's working.
MCT oil	—	Start ¼ teaspoon with food; add ¼ teaspoon every 3 days, up to 1–2 teaspoons a day	Low elastase; small for his age	Calories he can absorb even with weak digestion. Too much too fast causes diarrhea.
Butyrate (tributyrin, e.g. SunButyrate, or AuRx)	—	Start at about a quarter of the adult label dose; children's dosing isn't well studied	Stool butyrate 0.70 (low, Jul 2025)	Add after the probiotic week, one at a time. Pick one product, not two.
Liposomal glutathione — only before the mold test	—	About 3–5 mg/kg → 50–85 mg a day for a week	Severe belly pain on sulforaphane	Only if Dr. Hale agrees. Start at the low end.

Ranges come from published pediatric studies and the U.S. Institute of Medicine upper limits (vitamin D 3,000 IU; preformed vitamin A 3,000 IU / 900 mcg; supplemental magnesium 110 mg — all for ages 4–8), the Mitochondrial Medicine Society consensus (CoQ10/ubiquinol), the carnitine (Geier 2011), NAC (Hardan 2012) and leucovorin (Frye 2018) autism trials. One change at a time, a week apart, logged in the app.

QUESTIONS TO BRING TO DR. HALE

Question	Why — from Ben's own labs
Pancreatic digestive enzymes with meals? Which product and dose?	Stool elastase has fallen 477 (May 2024) → 413 (Dec 2024) → **145 (Jul 2025, low)**. Undigested food feeds the overgrowth and may drive the after-meal hyper phase. Recheck elastase on the next stool test.
Daily magnesium citrate instead of weekly Oxy-Powder?	Weekly blasts → near-accidents, then a week of backing up. On vancomycin: two big stools a day.

Butyrate — AuRx or SunButyrate, or rely on Nina's plan?	Stool butyrate 0.70 (low, Jul 2025); Faecalibacterium 21% → 5.8%. Jordan's Diversity Blend targets butyrate producers, so don't double up — one or the other.
A urine mycotoxin test, and whether to do a **glutathione "push" first** (and how much)?	Never tested for mold; the gut collapse and new OCD line up with the musty school. He had severe belly pain on sulforaphane, so any push should start very small — the doctor's call, not mine.
A short **HBOT course**?	One session came right before his first real conversation (on vancomycin, so it's one data point, not proof).
Referrals to pediatric endocrinology and pediatric GI for his growth?	Born small (SGA) with severe low blood sugar; never caught up; height below the 3rd percentile at nearly 8 and growing slowly, while eating constantly. No growth or hormone testing has ever been done.
A 2-week continuous glucose monitor?	Blood sugar 22 at birth, 114 once in Dec 2024, hyper-then-crash after carbs.
MCT oil, and a dietitian review of SCD?	Low elastase; weight falling across percentiles.
Any dairy (kefir, raw milk) during the rebuild?	Folate receptor binding antibody positive (Jan 2024); cow's milk is the food most linked to raising these antibodies.

TESTS — AND WHY EACH ONE

Blood: about 6 tubes, one stick (2 lavender, 3 gold, 1 royal-blue trace-metal tube; roughly 20–25 mL — within the safe one-draw amount at about 38 lb, but ask the lab to confirm). **Morning, fasting** (water only after midnight) for glucose, insulin and the growth markers. Many tests share a tube; the lab confirms exact tubes. **Plus:** 2 swabs, 1 stool kit, 2 urine kits, and a dust test you order yourself.

Test	CPT	ICD-10	Why — Ben's own record	What it changes
Mold — the biggest gap				
Urine mycotoxins — **RealTime Laboratories** mycotoxin panel, first-morning urine	kit	Z77.120, F84.0	Never tested. Musty school Feb 2025–Nov 2025 = withdrawal, new OCD, gut collapse. Mycotoxins can stay in the body for months after leaving.	High → find the source (home, car), then a mold plan. Low → mold drops down the list.
Mold-specific IgE: Aspergillus fumigatus, Penicillium, Cladosporium, Alternaria, Stachybotrys	86003 ×5	R76.8, Z77.120	Total IgE 4,126 — his immune system reacts allergically; mold may be one of the things it reacts to.	Positive → mold is a driver for him, and the house matters more.
Strep and Mycoplasma — the last strep check				
Throat Group A strep PCR (Labcorp 180800)	87651	F42.2, F84.0	New OCD this year (doors, chairs, cracks, step-pacing). Blood titers negative — but titers can stay flat in kids whose immune systems don't make antibodies well.	Positive → a treatment question for the doctor, then a test-of-cure swab 2–4 weeks later.
Perianal strep culture	87081	F42.2	Strep can live around the bottom with no sore throat; he has bowel trouble.	Same.
Mycoplasma pneumoniae PCR (throat swab)	87581	F42.2	Never tested. Mycoplasma is the other common trigger for sudden OCD in kids.	Positive → treatment is the doctor's call; swab the household.
Warm-climate parasites				
Toxocara IgG	86682	D72.10, R76.8	Very high IgE + eosinophils over 1,000 for 2 years, in a hot, humid climate. Never tested.	Positive → treatable cause of the high IgE.
Strongyloides IgG	86682	D72.10, R76.8	Stool microscopy was negative 3 times, but microscopy misses Strongyloides most of the time; blood is the better test.	Same.

CBC with differential	85025	D72.10	Eosinophils 1,521 → 1,004 — tracking the trend.	Trend tells us if the plan is working.
Does his immune system make good antibodies?				
Pneumococcal antibody, 23 serotypes	86581	R76.8, D72.10	Never tested. He had 4 doses of PCV13. Normal IgG levels don't show whether antibodies *work*.	Poor response → explains "keeps getting knocked down"; opens the immune-specialist conversation (and the IVIG question). Normal → we can stop wondering.
Tetanus and diphtheria antibodies	86317 ×2	R76.8	Same question, different vaccine.	Same.
Copper and zinc				
Serum copper, ceruloplasmin, plasma zinc (royal-blue tube)	82525, 82390, 84630	R79.0, F84.0	Hair copper very high twice (12.2, 14.6 mg%) and hair zinc high; blood copper never checked. Hair alone can't tell us what's in his body.	High free copper → a zinc/copper conversation with Dr. Hale.
Growth and blood sugar — never tested				
IGF-1 and IGFBP-3	84305, 83519	R62.52, P05.10	Born small (SGA); height below the 3rd percentile at 7y8m, growing ~3.5 cm/yr.	Low → growth hormone system needs a full endocrine workup.
Free T4 (TSH was normal twice)	84439	R62.52	Completes the thyroid check.	Rules thyroid in or out.
HbA1c, fasting glucose and insulin	83036, 82947, 83525	R73.09, P70.4 (history)	Glucose 22 at birth, 114 once (Dec 2024), hyper-then-crash after carbs.	Shows how his body handles sugar between meals.
Celiac genes (HLA-DQ2/DQ8)	lab confirms code	R62.52, K90.9	Short stature + gut symptoms. The standard celiac blood test is falsely negative on his grain-free diet; the gene test works anyway.	Negative → celiac is ruled out for good.
Lactulose breath test (methane + hydrogen), at home	91065	K59.09, K63.8219	Two big stools a day only on vancomycin — relief on an antibiotic can mean a methane-making overgrowth, which slows the gut. Never checked.	High methane → a specific, treatable cause of "can go but can't push it out."
Albumin, prealbumin, CMP	80053, 84134	R62.51, R63.6	Eats constantly, not gaining.	Low → he's short on protein despite eating.
Bone age X-ray (hand)	77072	R62.52	Standard first step for a child who isn't growing.	Delayed bone age → more room to catch up; tells the endocrinologist where to look.
Chromosomal microarray + Fragile X — the standard first genetic tests for every autistic child; never done	81229, 81243	F84.0, R62.52, P05.10	Autism + born small + low tone + short stature. His only genetic test was an immune panel.	A finding here can explain the whole picture at once.
Then, through a pediatric geneticist: whole exome + mitochondrial DNA	81415, 81460	P05.10, R62.50, F84.0	Born small + low blood sugar + low tone + slow growth + speech — a lifelong pattern. Only an immune panel has ever been done.	Finds or rules out a single cause behind the whole picture.
Gut — 3–4 weeks after vancomycin				
Genova GI Effects Comprehensive (3-day	kit	K59.09, R19.5,	Measures what this hypothesis needs: **fecal fat** (is fat leaving undigested?), elastase (145), protein breakdown, **EPX**	Fat high → fat malabsorption (also settles the ox bile question). EPX high → ask GI

collection) + add-ons: zonulin, H. pylori		R62.51, F84.0	(allergy cells in the gut — his eosinophils are over 1,000), butyrate, calprotectin, sIgA, yeast, **parasites**. Biomesight can't measure any of these.	about eosinophilic gut disease. Elastase still low → enzymes stay.
Repeat OAT (Mosaic), first-morning urine	kit	F84.0, K59.09	Mar 2026: clostridia (HPHPA 430), 4-cresol 113, yeast (arabinose 226).	Shows whether vancomycin cleared them or they came back.
Biomesight (with Nina)	self-order	—	Comparable to Jul 2024, Sep 2024, Dec 2024, Nov 2025.	Guides Nina's food-based plan.
Speech, hearing, vision, body				
Speech evaluation for childhood apraxia of speech + a gestalt language (NLA) assessment	92523	R48.2, F80.9, F84.0	Mouthed words silently as a baby; strains to get words out; repeats the last option; whispers scripts.	Apraxia → PROMPT or DTTC therapy. Gestalt processor → NLA approach. Different therapy than he's had.
Hearing test (if not done in the last year)	92557	F80.9	Standard for any speech delay.	Rules out a fixable piece.
Follow-up with his eye specialist (regional children's hospital)	92014	H50.9	Eyes didn't pair at 2; his mother sees the turn-in has stopped. Worth documenting while it's improving.	Confirms the improvement on paper; vision therapy only if eye teaming is still off — it affects handwriting and coordination.
Pelvic floor PT evaluation with biofeedback	97161, 90912	K59.09, R15.9	Can go but can't get it out; weekly suppositories; low tone.	Teaches the muscles to let go.

SHOW THIS TO THE LAB / PHLEBOTOMIST.
One stick only. If a tube runs short, priority order: 1) gold — IGF-1, IGFBP-3, fasting glucose, insulin, CMP; 2) gold — Toxocara, Strongyloides, pneumococcal 23; 3) lavender — HbA1c, CBC; 4) royal blue — copper, zinc, ceruloplasmin; 5) gold — mold IgE, tetanus/diphtheria, free T4, prealbumin.
Copper and zinc: royal-blue trace-element tube. No zinc supplements (Spectrum Needs) for 24 hours before; morning draw.
Urine kits (RealTime mycotoxin panel, OAT): first-morning urine; follow each kit's freezing and shipping instructions; ship Monday–Thursday only.
No sedation and no nitrous. Numbing cream, a calm setting and his favorite comfort are enough; anything more is the pediatrician's call.

PARASITE AND OTHER TESTS HE'S ALREADY HAD — DON'T REPEAT

ASO (Dec 2024, Dec 2025 — negative) · anti-DNase B (×3 — negative) · IgG/IgA/IgM and IgG subclasses (normal) · ANA (negative) · ferritin (57) · vitamin D (65) · TSH (normal) · blood lead and mercury (normal) · stool microscopy for parasites (×3 — but see Strongyloides above) · calprotectin (normal since the 2024 infection) · two EEGs, two years apart (normal) · carnitine, CoQ10, lactate, ammonia, MMA, homocysteine (normal).

COPY-PASTE LETTER TO DR. HALE

Dear Dr. Hale,

Thank you for everything you've done for Ben. The leucovorin, the B12 and the steady supplement plan have brought him a long way — his IgE has fallen from 11,694 to 4,126, and he's more present than he has ever been.

I recently went through his whole history with a parent advocate, Rachel Johnson of Plan B for PANS, and we noticed a pattern I'd love your thoughts on. His best stretches line up with his gut being healthy (after the July 2023 gut protocol, and during the recent vancomycin course, when he had his first real three-turn conversation). His worst stretch lined up with a school building that smelled musty (February to November 2025): he withdrew, the door-and-chair rituals started, and his Biomesight showed Faecalibacterium falling from 21% to 5.8%. He also didn't have his one-on-one aide there, so the mold test is how we'd tell the two apart. He has never had a mold test.

Would you be willing to order the tests below? I've included codes and the reason for each. If you think any aren't worthwhile, I'd really value knowing why.

I also have a new worry: Ben was born small for gestational age with blood sugars as low as 22, and he has never caught up. By our measurements he is now below the 3rd percentile for height at almost 8 and growing only about 3.5 cm a year, even though he eats constantly, and he has never had growth or hormone testing. We'd love a clinic height on a stadiometer to confirm.

I have some questions for you:
1. His stool elastase fell from 477 to 145. Would pancreatic enzymes with meals make sense, and which product and dose would you suggest?
2. Could we replace the weekly Oxy-Powder with a small daily magnesium citrate, adjusted to two easy stools a day? If so, should it replace part of his magnesium glycinate (300 mg) rather than add to it?
3. Before a urine mycotoxin test, would you recommend a glutathione push, and at what dose, given his reaction to sulforaphane?
4. Would a short HBOT course be worth trying?

And because of his weight, I'd love your help reviewing his current list:
5. Atomoxetine: since the increase to 20 mg in November, his appetite dropped and his weight has been flat. Could it be affecting his appetite or growth?
6. Cod liver oil 10 mL, Spectrum Needs and vitamin D 5,000 IU together: could you check his total vitamin A and D, and order a vitamin A (retinol) level? His vitamin D was 118 with calcium 10.7 in December 2024 (65 in December 2025).
7. The cholesterol supplement (470 mg): his total cholesterol is now above range (184, then 172 on his last two panels). Does he still need it?
8. Iron 15 mg: his ferritin is 57. Does he still need it, given his constipation?
9. Would you support a pediatric dietitian reviewing his calories on the Specific Carbohydrate Diet, and a trial of MCT oil?
10. A few doses look high for his weight (about 17 kg) compared with published pediatric ranges: L-carnitine 3,000 mg (usual 50–100 mg/kg), ubiquinol 500 mg (usual about 2–8 mg/kg), and leucovorin 50 mg (trials used about 2 mg/kg, up to 50 mg). Are these still right for his size?

TESTS (one blood draw if possible)
- Toxocara IgG — 86682 — D72.10, R76.8 (IgE 4,126, eosinophils 1,004, humid Southeast)
- Strongyloides IgG — 86682 — D72.10, R76.8
- CBC with differential — 85025 — D72.10
- Pneumococcal antibody, 23 serotypes — 86581 — R76.8
- Tetanus and diphtheria antibodies — 86317 x2 — R76.8
- Mold-specific IgE: Aspergillus fumigatus, Penicillium, Cladosporium, Alternaria, Stachybotrys — 86003 x5 — R76.8, Z77.120
- Serum copper, ceruloplasmin, plasma zinc — 82525, 82390, 84630 — R79.0 (hair copper high twice)
- IGF-1, IGFBP-3 — 84305, 83519 — R62.52, P05.10 (born SGA, height below 3rd percentile now)
- Free T4 — 84439 — R62.52
- HbA1c, fasting glucose, fasting insulin — 83036, 82947, 83525 — R73.09 (neonatal glucose as low as 22)
- CMP, prealbumin — 80053, 84134 — R62.51
- Vitamin A (retinol) — 84590 — R79.89 (cod liver oil + multivitamin)
- Vitamin D 25-OH — 82306 — (was 118 in Dec 2024, 65 in Dec 2025)

SWABS
- Throat Group A strep PCR — 87651 — F42.2, F84.0
- Perianal strep culture — 87081 — F42.2
- Mycoplasma pneumoniae PCR — 87581 — F42.2

KITS (3–4 weeks after vancomycin)
- RealTime Laboratories urine mycotoxin panel — Z77.120, F84.0
- Mosaic OAT repeat — F84.0, K59.09
- Genova GI Effects Comprehensive (3-day) with zonulin and H. pylori — K59.09, R19.5, R62.51

REFERRALS
- Speech evaluation for childhood apraxia of speech — 92523 — R48.2, F80.9
- Pelvic floor physical therapy with biofeedback — 97161, 90912 — K59.09
- Follow-up eye exam with his children's hospital eye specialist (his eye no longer seems to turn in) — 92014 — H50.9
- Hearing test if none in the last year — 92557 — F80.9
- Bone age X-ray — 77072 — R62.52
- Pediatric endocrinology (growth: born SGA, never caught up) — R62.52, P05.10
- Pediatric GI (weight falling, low elastase, eosinophils over 1,000) — R62.51, R19.5
- Chromosomal microarray — 81229; Fragile X — 81243 (never done)
- Celiac genes HLA-DQ2/DQ8 (he is grain-free, so serology won't work)
- Lactulose breath test for methane and hydrogen — 91065 (he only had easy stools on vancomycin)
- Pediatric genetics if the above are normal: whole exome + mitochondrial DNA — 81415, 81460
- A 2-week continuous glucose monitor
- A pediatric dietitian, to review calories on the SCD diet

Thank you so much. We're grateful to have you on Ben's team.

Mara

WHAT GOES WHERE

Who	What
Dr. Hale orders	The blood tests, swabs, the RealTime mycotoxin kit, the Mosaic OAT kit, the stool test, referrals. (RealTime ships the kit to your home once he orders it.) If he won't order something, tell me and I'll tell you where else to get it.
Labcorp (with the requisition)	Blood draw and swabs. Labcorp draws its own tests fine — this list is all standard tubes.
You order yourself	Biomesight (with Nina). The **HERTSMI-2 dust test** for the house (about $300; a dust sample you collect yourself — it tells you if your house has the mold species that matter). RealTime also has its own dust test (EMMA), which measures the mold toxins themselves — a good match to his urine test.
Urgent care, if the doctor is slow	The throat and perianal strep swabs. Ask for a "throat and perianal Group A strep test."

THE GUT PLAN WITH NINA — HOW THIS FITS

- **Seed, then feed** (item 4 above). A probiotic plants the bacteria; Jordan's food-based approach feeds what's there. After vancomycin there's little left to feed, so seed first, then add Nina's plan guided by the new Biomesight.
- **Then keep it.** His gut has been rebuilt before and slid back. Plan on a Biomesight every 6 months and a short top-up round whenever it slips — a crutch until it holds on its own.
- **Bring both protocols to Minta.** Upload Jordan's July 2023 plan (the one that worked best — please send it if you have it), his January 2025 plan, and Nina's new one, along with every stool test. Minta will compare them and flag gaps.
- **When something works, go back to it.** Ben's gut has been healthy before (September and December 2024). He may need the plan repeated for a while — like a crutch — until it holds on its own.
- **Watch the prebiotics.** Fibers feed overgrowth too. Add Nina's prebiotics one at a time, and if the after-meal hyper phase spikes, that one is feeding the wrong bacteria.
- Jordan flagged high **Lachnospira** as sometimes linked to OCD behaviors (Dec 2024). Worth asking Nina to watch it on the new test, since the OCD came after.

IF HIS MOLD TEST COMES BACK HIGH

Then the house matters — even with dehumidifiers and purifiers running. Southeastern humidity means a small leak becomes mold fast. I'll send you the best independent mold inspectors (IEPs) near you who do moisture mapping, not just air samples. And the school he left in November tells us something too: if he got better after leaving, that's a clue in itself.

The stool you've been watching: you're not crazy for checking for worms. That's why the warm-climate parasite blood tests and a stool test that looks for parasites are on the list. If you ever see anything that moves or looks like a thread, put it in a clean container in the fridge and call the doctor that day.

WHAT YOU'RE SEEING — AND WHAT EACH TEST WOULD TELL US

What you see	Could be	The deciding test	If yes
Hyper/stimming after eating anything but meat	Blood-sugar swing · gut fermentation (yeast/clostridia) · low enzymes	Pairing carbs with protein (tracker) · repeat OAT · elastase	Pairing works → sugar. OAT still high → fermentation. Elastase low → enzymes.
Bowel "takeover" before stools	Pain/pressure from backed-up stool · pelvic floor not relaxing · low butyrate	Pelvic floor evaluation · stool butyrate	Two easy stools a day should shrink the takeovers within weeks.
New OCD (doors, chairs, steps)	Mold (musty school) · strep · Mycoplasma · gut shift (Lachnospira)	RealTime mycotoxin panel · throat + perianal swabs · Mycoplasma PCR · new Biomesight	Whichever is positive gets treated first.
Finger wiggling, sitting apart at school	No one-on-one aide to pull him back · mold in the building · stimming driven by the body (gut)	RealTime mycotoxin panel · tracker on school days with and without his aide	Mold positive → the building mattered. Negative → the aide is the bigger lever.
Uncontrollable laughing he tries to stop	Yeast/fermentation (yeast markers are now normal, but arabinose is still high)	Repeat OAT	Arabinose high → ask about yeast treatment.
Can't hold a conversation; repeats the last choice	Childhood apraxia of speech · gestalt language processing · overload from stimming	Speech evaluation for apraxia + NLA assessment · hearing test	A different kind of speech therapy.
Eats constantly, doesn't grow	Food not digested (low elastase) · lost to overgrowth · inflamed gut lining · growth hormone · how his body makes energy	GI Effects (fecal fat, EPX) · IGF-1 · bone age · genetics	Each answer points to a different fix — that's why the order matters.
Very high IgE, eosinophils	Allergic-leaning immune system · parasites · mold	Toxocara, Strongyloides · mold IgE	Parasite → treatable. Mold → the house.

CONSIDERED, NOT RECOMMENDED NOW

Ox bile — his labs point to low pancreatic enzymes (elastase), not a bile problem. The fecal fat on GI Effects will settle it.
Raw milk and dairy kefir — not for Ben: dairy allergy risk, and his folate receptor antibodies. Non-dairy fermented foods instead.
Helminth therapy, probiotic enemas — options other families have tried; not indicated by his labs right now. Worth revisiting only if the gut keeps falling after the plan above.
IVIG — his immunoglobulins are normal. The pneumococcal and tetanus tests above answer whether it's worth discussing.
Sulforaphane — stopped for severe belly pain. Leave it off.
Repeating the strep blood tests — done and negative; the swabs are what's left.

WHEN RESULTS LAND

- □ Upload everything to the app (the + in Minta). She'll read it the same day.
- □ Email me and we'll look at it together.

ONE ASK FROM RACHEL

If this helps, tell one other parent about Plan B — a person, not a post. And if you can, a donation keeps it going: Plan B is a nonprofit and this case study was free. **None of this is a condition of anything.**

Prepared for Mara by Rachel Johnson, Plan B for PANS · 13 May 2026 · Based on the records you uploaded and our call. Not medical advice; every prescription decision is Dr. Hale's.