

Homeopathy Plan- General

1st Step

Notes:

- This is the first step of the protocols which is considered general until further analysis
- These supplements are safe, natural and are not drugs or medicinal
- A personalized plan will be put in 4 months after a reassessment and according to the child improvement and tests
- Make sure you arrange a reassessment in advance to avoid waiting too long for an appointment
- In case, of any suspected side effects, please stop the natural supplements immediately and contact a physician directly

For: THAER ADEL ALNAJJAR

Background:

Sulfite Oxidase Deficiency is a rare inborn error of metabolism caused by a **mutation in the SUOX gene (NM_001032386.2)**, leading to a **deficiency in sulfite oxidase enzyme activity**. This enzyme is responsible for detoxifying **sulfites into sulfates** in the mitochondria. In its absence, toxic **sulfite accumulates**, causing damage to the **brain, liver, kidneys, and nervous system**. Clinical manifestations may include:

- Neurological regression
- Seizures
- Developmental delays
- Feeding problems
- Irritability or hypertonia

ADDITIONAL INFORMATION

- A revaluation is needed to reassess the development on the Ai
- Start the second step of the protocol after three months
- This assessment was developed, and its performance was validated, by the Ai model of NEURAZON and according to the findings in the report attached. The US Food and Drug Administration (FDA) has determined that clearance or approval of this method is not necessary and thus neither have been obtained. This test has been developed for research purposes. All test results are reviewed, interpreted and reported by our scientific experts.
- The provided recommendations include safe, non-drug, and natural treatments that are not a substitute for rehabilitation and training sessions. These recommendations should be followed under the supervision of a specialist. Improvement depends on the child, the underlying causes, and their response, with recommendations adjusted based on periodic tests and evaluations every three months. If any allergic symptoms appear, treatment should be stopped immediately, and the specialist should be informed to adjust the treatment plan.
- This assessment is not a substitute for a medical assessment by a healthcare professional at a medical clinic. Please note, that this plan has been designed by our team of scientists, but we advise you to contact a physician as well to have a more holistic approach

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This report outlines a **non-pharmacological supportive supplement plan** for a 2-year-old child with isolated SUOX deficiency, aiming to **reduce sulfite burden, support detoxification, and promote neurological protection and development**.

Additional Supplementation Plan

Supplement	Supplement	Purpose	Recommended Dose (Age 2)
NOW Foods, Vitamin E Liquid, D-Alpha Tocopherol, 60 mg, 4 fl oz (118 ml)	Vitamin E (d-alpha-tocopherol)	Antioxidant & neuroprotection	1 drop in the morning or day
ChildLife Essentials, Liquid Vitamin C, Natural Orange, 4 fl oz (118 ml)	Vitamin C	Sulfite detox, antioxidant	3 ml in the morning
NOW Foods, Taurine, 500 mg, 100 Veg Capsules	Taurine	Sulfur metabolism & neuroprotection	Half capsule every other day in the morning
NOW Foods, Acetyl-L-Carnitine, 500 mg, 100 Veg Capsules	L-Carnitine	Mitochondrial support & detox aid	capsule every other day in the morning
Lake Avenue Nutrition, CoQ10 with PQQ, 100 mg, 60 Veggie Capsules	Coenzyme Q10 (Ubiquinol)	Mitochondrial support	Half capsule every other day in the morning

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Dietary Management (Sulfite-Free Diet Support)

The supplement plan should be paired with a **strict sulfite-free diet**, including:

- Avoid processed foods, dried fruits, juice concentrates, preservatives (E220–E228)
- Use fresh, organic produce and meats
- Prefer steam-cooked or boiled meals
- Avoid high-sulfur additives and fermented products

Monitoring and Adjustments

- Reassess supplement tolerance and clinical improvements every **3 months**
- **Bloodwork:** CBC, liver enzymes, plasma amino acids, homocysteine, and sulfite levels
- **Developmental evaluation:** Speech, motor, and cognitive assessments
- Adjust dosing as weight increases or as developmental stage changes
- Perform Functional Urine analysis and Neuronal growth factors absorption studies through neurazon every 6 months

Conclusion

This child with confirmed **SUOX mutation (NM_001032386.2)** and features of sulfite oxidase deficiency, requires lifelong **nutritional and developmental support**. This **evidence-informed supplement plan** focuses on **antioxidants, mitochondrial support, detoxification, and neurological protection**, and must be delivered in tandem with a **sulfite-free diet and multidisciplinary therapy**. Regular follow-up is essential to track progress and update the plan as needed.

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