# **Optimal Skin Health** It All Starts with the GI-MAP<sup>®</sup>

Find underlying causes of acne, rosacea, eczema, and other skin conditions. Results provide insight into the gut-skin connection so practitioners can help patients heal from the inside out.



**Intestinal barrier permeability (aka "Leaky Gut")** drives systemic and local skin inflammation and can be a root cause of clinical skin conditions.<sup>9</sup> Furthermore, barrier disruption in one mucosal area can translate to other mucosal areas enforcing the concept that "leaky gut" can drive "leaky skin."

	Any Pathogen	High; Detected	
Intestinal Permeability	Lactobacillus spp.	Low	
	Akkermansia muciniphila	Low; <dl< td=""></dl<>	
	<i>Candida albicans</i> Anti-gliadin IgA Zonulin	High	
	Faecalibacterium prausnitizii	Low; <dl< td=""></dl<>	
Low Butyrate/SCFA Production	<i>Roseburia</i> spp. <i>Firmicutes</i> phylum	Low	
Poor Mucosal Health	Bifidobacterium spp. Escherichia spp. Lactobacillus spp.	Low	
	Akkermansia muciniphila	Low; <dl< td=""></dl<>	
	Bacteroidetes phylum	Low	

### The Following GI-MAP Pattern Reflects Gut Barrier Permeability

## **GI-MAP<sup>®</sup> Patterns Associated with Skin Manifestations**

#### HIGH LEVELS of the following microbial targets on GI-MAP are associated with clinical skin manifestations.

Pan-gastritis and Hypochlorhydria	Helicobacter pylori	<i>Helicobacter pylori</i> is associated with many skin disorders including, but not limited to, chronic urticaria, rosacea, lichen planus, atopic dermatitis, psoriasis, pemphigus vulgaris, vitiligo, are more. <sup>1</sup> Most patients chronically infected with <i>H. pylori</i> manifest pangastritis with hypochlorhydria <sup>2</sup> which sets the stage for further opportunistic overgrowth.
Mast-Cell Activation	Staphylococcus aureus	<i>Staphlococcal</i> super antigens (SAg's) play role in the pathogenesis of inflammatory skin diseases. <sup>4</sup> Severity of psoriasis is significantly correlated to enterotoxin production of the isolated <i>S. aureus</i> strains in the gut. <sup>3</sup> On the skin, <i>S. aureus</i> has been dubbed a marker of eczema severity, and higher fecal concentrations have been found in AD patient. <sup>5,6</sup> The organism is highly pH sensitive (grows at a higher pH ~7–7.5) so elevated levels are often seen with digestive insufficiency/hypochlorhydria.
Protozoa	Blastocystis hominis	<i>B. hominis</i> is a non-pathogenic parasite that inhabits the colon. It is a very common coinfection with <i>H. pylori</i> and has strong correlations with skin manifestations such as urticaria (hives), rash/itching, eczema, psoriasis, cutaneous lesions, clinical allergies, in addition to IBS symptoms. <sup>7</sup>
Fungal Overgrowth	Candida spp.	<i>Candidiasis</i> on the skin is well documented with skin symptoms and thrush. Skin is a primary route of sensitization for gut <i>Candida</i> overgrowth through the gut-skin axis.
Excess Histamine Production	Morganella spp. Pseudomonas spp. Pseudomonas aeruginosa Citrobacter freundii Klebsiella spp. Klebsiella pneumoniae Proteus spp. Proteus mirabilis	Histamine intolerance has been associated with a wide variety of skin manifestations including pruritus, flush, urticaria, eczema, and swelling. Excesses histamine production through the gut microbiome can be gauged by identifying high levels of histamine-producing species. <sup>8</sup>

### Make the Gut-Skin Connection Today!



**GI Microbial Assay Plus** 

GI-MAP-SKIN | 082522

#### **REFERENCES:**

- 1. Guarneri, C et al (2020). *Helicobacter pylori* and skin disorders: a comprehensive review of the available literature. *European Review for Medical and Pharmacological Sciences*, 24(23), 12267–12287.
- 2. Smolka, A. J. et al (2017). *Helicobacter pylori*-Induced Changes in Gastric Acid Secretion and Upper Gastrointestinal Disease. *Current Topics in Microbiology and Immunology*, 400, 227–252.
- 3. Curry, J. et al. (2003). Reactivity of resident immunocytes in normal and prepsoriatic skin using an ex vivo skin-explant model system. Archives of Pathology & Laboratory Medicine, 127(3), 289–296.
- 4. Abdurrahman, G. et al. (2020). Allergy-A New Role for T Cell Superantigens of Staphylococcus aureus?. Toxins, 12(3), 176.
- Tsilochristou, O. et al. (2019). Association of Staphylococcus aureus colonization with food allergy occurs independently of eczema severity. The Journal of Allergy and Clinical Immunology, 144(2), 494–503.
- 6. Watanabe, S. et al. (2003). Differences in fecal microflora between patients with atopic dermatitis and healthy control subjects. *The Journal of Allergy and Clinical Immunology*, 111(3), 587–591.
- 7. Bahrami, F. et al.(2020). Blastocystis, urticaria, and skin disorders: review of the current evidences. European Journal of Clinical Microbiology & Infectious Diseases : Official Publication of the European Society of Clinical Microbiology, 39(6), 1027–1042.
- 8. Comas-Basté, O. et al. (2020). Histamine Intolerance: The Current State of the Art. *Biomolecules*, 10(8), 1181.
- 9. De Pessemier, B. et al. (2021). Gut-Skin Axis: Current Knowledge of the Interrelationship between Microbial Dysbiosis and Skin Conditions. *Microorganisms*, 9(2), 353.

