

Patient:

Date: Wednesday 21st November 2018

Comments:

- Considering your recent history of breast disease, i.e. lumpectomy in _____ following a DCIS finding, our first concern consists in preventing any further breast issues. I am not satisfied with your excessive (above menopausal range) blood oestradiol level, especially given severe imbalance with your undetectable progesterone level, itself the consequence of depleted pregnenolone, its direct precursor.
- At your age, I would rather blame poor oestradiol and/or xeno-oestrogens detoxification due to genetic settings that I wish to explore indirectly (to begin with) with the 2-16alpha-OH-OE kit before you start my programme. It includes di-indolyl-methane (DIQPE) known to improve protective 2-hydroxylation liver pathway, plus calcium-D-glucarate (CDGNA) known to reduce oestrogenic reuptake from intestines.
- As we definitely want you to show proportionally more progesterone than oestradiol, the exact opposite of what we see now, we support endogenous progesterone secretion by supplementing pregnenolone, a natural adrenal prohormone seen as food supplement in the US, but requesting a prescription in Europe.
- Breast prevention implies strong thyroid function, which means your normal DIO2 genotype controlling conversion from thyroid prohormones T4 into active hormones T3 is good news. However, same stress that depletes pregnenolone through “*cortisol stealing*” also blocks T4 to T3 conversion. We therefore support T3 levels with gentle glandular GTA, special mix TRFBD, and cofactors selenium-zinc-magnesium.
- Another concern raises from your “*fatty liver*” materialised by excessive transaminases, especially SGPT well above SGOT. First move will consist in significantly reducing **fructose** and **wine** intake; then, we rely on taking silymarin (SLMPE) as well as R-alpha-lipoic acid (RLAQE), plus excluding all **gluten grains**.
- We cannot ascertain that **gluten** represents a culprit for fatty liver, even though this could be the case, but we face no other choice given an autoimmune attack on your cells’ nucleus. **Bananas, beef, and hot & spicy foods** should also be removed or avoided: see your IgG results page 6/7 & fatty acid profile.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.
- Our 4-month programme includes an intestinal treatment in order to help you with reflux and heartburn. It relies on specific probiotics indicated for breast prevention (6826SJ), curcumin (CQHPY), and several waves of gut cleansing based on plant alkaloid berberine (BBSPY); one week every month until we meet again and further assess quality of intestinal microbiota through a first morning urine sample (kit MOU).

Georges MOUTON MD