

Patient:

Date:

Friday 21st June 2019

Comments:

- You have wished to attend my Clinic in order to receive advice from a Functional Medicine point of view regarding the best way to manage your diet and health, especially considering prevention given history of *colon cancer* subject to a surgical removal almost 7 years ago. You undergo yearly colonoscopies and an additional gastroscopy realised two months ago has spotted *gastritis*. You have decided switching to a vegan diet about 4 years ago because you believe such diet can help with prevention of bowel cancer.
- Well, as I have mentioned during our consultation, I am far from sure about that statement, which has indeed been promoted by health care practitioners. In the first place, I am strongly confident that any dietary recommendation must be strictly individualised according biology and genomic make-up, the so-called DNA blue-print. I highly value identifying apoE genotype, essentially because carriers of an 'E4' allele should not consume much **saturated fat** and will benefit from plant foods rather than animal fats.
- It appears that you present one 'E4' copy, much better than two regarding connection with Alzheimer's disease. Interestingly, that strongly validates you not eating **red meat** and **dairy products**. The slightly increased arachidonic acid level, a pro-inflammatory omega 6 fatty acid, does not support the intake of **meat** and **eggs**... But we are facing a dramatic lack of hugely beneficial long chain omega 3 fatty acids!
- Such level of deficiency in critically important compounds brings concerning issues, not only regarding fight against inflammation relying on our most potent anti-inflammatory molecule EPA, but also for the gut wall lubrication, hence absorption of nutrients, given the physical properties of long chain omega 3s.
- Of course, we will supplement EPA (EPBTR) and DHA (ODHDL), twice a day because of the amplitude of respective deficiencies. However, I strongly insist about you resuming intake of **oily fish** (small and wild ones, such as detailed on my [list](#)), also due to their capacity to provide you with numerous other missing nutrients that you absolutely need for your health in general and for the immune defences in particular.
- I am thinking of vitamin B12 (B12OV); iron (I am perplexed about your blood level that I will recheck); fat-soluble vitamins A (XA4SJ), D (D5LPY), K (VK2PY); coenzyme Q10, also fat-soluble (CR25PY); crucial antioxidants glutathione (N-acetyl-cysteine/NCKPY is the precursor), selenium (SEOSJ), and zinc (ZNIPIY).
- Regarding dietary changes, another key move will consist of excluding **gluten grains** as I always request from patients presenting an *autoimmune thyroiditis (Hashimoto's disease)*, evidenced by high anti-TPO autoantibodies. Stopping **gluten's** insult should reduce the autoimmune attack and it is really worth a 4-month trial, especially as your immune system does flag **wheat** (and **corn!**) with some IgG antibodies.
- It will show important not to replace **gluten** with heavily processed **gluten-free** stuff, in fact junk food. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- Given the key role of active thyroid hormones T3 for immunity, we should react to low levels in blood and in urine. Poor conversion from thyroid prohormones T4 results part from stress and part from your suboptimal DIO2 'TA' genotype reducing conversion capacity. I therefore support T3 production with Ayurvedic herb *Commiphora mukul* (CMNPY), plus T3 levels with gentle non-prescriptive glandular GTA.

Georges MOUTON MD