

Patient:

Date:

Saturday 22nd June 2019

Comments:

- Since a couple of years and following an increased work pressure, you feel more tired (“*can go to bed at 8 pm with daughter*” and need for naps that never occurred before), “*moods are all over the place*”, and you have gained a lot of weight, about 8 kilos. You seek help from a Functional Medicine approach.
- Having run highly comprehensive biological testing, I have identified the existence of mild *autoimmune thyroiditis* expressed by slightly elevated anti-TPO autoantibodies. Autoimmune trend gets confirmed by positive antinuclear antibodies, which immediately implies a thorough exclusion of all **gluten grains**!
- Anyhow, you slightly react against **gliadin** with IgA antibodies, keeping in mind that **gliadin** (sub-protein belonging to the **gluten** complex) increases intestinal permeability in general, not only for allergic ones.
- Because of your apoE ‘E3/E3’ genotype, I would anyhow strongly recommend moving towards high-**fat** / low-**carb** diet, which implies to significantly reduce your beloved **bread**s and **pasta**, especially given the implicit **gluten** overload. Patients sharing your apoE genotype become fat on **carbs**, not on **fats**, even though I understand you will find it counterintuitive and difficult to shift. Well, there is no other way...
- You also consume too much **red meat**, especially **beef** (or **veal**) that your immune system has started to flag with IgG antibodies. Your fatty acid profile does like that either, above all because too much **red meat** brings excessive pro-inflammatory omega 6 arachidonic acid. Another genotype leads to one more crucial change to your diet, i.e. you show primary (genetically) **lactose intolerance**: bye-bye **milk** ([list](#))!
- We certainly have found sufficient reasons for poor digestion, bloatings and constipation trend that you complain about. The lack of active thyroid hormones seen in urine does not help with bowel movements and I explain it essentially by stress blocking conversion from thyroid prohormones T4 into active T3, as your DIO2 genotype shows normal or ‘wild’. It makes sense, at least in this initial program, to advise T3 support from gentle and non-prescriptive glandular GTA (spread throughout the day due to short T3 life) plus to boost T4 to T3 conversion with all needed Ayurvedic herbs and cofactors (TRKTR & TRFBD 2x/d).
- You display very strong adrenal function, slightly above the range: that gives you the capacity to cope with pressure, but unfortunately thyroid function does not match adrenals’ strength. I will prescribe a **thyroid US scan** to better evaluate your thyroid status, but you do not need any hormonal prescription at this stage. Our fight against autoimmunity also comprises redressing deficient fat-soluble vitamins, i.e. vitamin D (D5LPY), vitamin K (VL2PY), and vitamin A (XA4SJ) - all critically important for immunity!
- Another useful tool derives from your OGG1 ‘SC’ genotype that does not enable optimal DNA repair. It happens that besides supplementing powerful antioxidants and consuming corresponding foods (see [list](#)), an excellent means to fight *oxidative stress* consists in implementing **intermittent fasting**. You should eat all your food within an 8-hour window (two meals, one snack) to allow a much longer overnight fast. This makes wonders to lose weight, especially when combined with regular intake of berberine (BBTPY).
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD