Patient: Date: Saturday 22nd June 2019

Comments:

- You have wished to obtain my advice, from a Functional Medicine approach, regarding "*thyroid issues*" that have been reported twice this year already. They mostly consist in elevated antithyroid antibodies that an endocrinologist in Los Angeles has diagnosed as *Hashimoto's disease*. He was not concerned, as hormonal levels remain within the ranges. In fact, I can confirm all those findings, with just some little concern regarding your capacity to convert thyroid prohormones T4 in the active ones (T3 low in urine).

- We also have to take your complaints into account: obvious trend towards constipation (always needing some natural intervention to guarantee daily bowel movements), dry skin, and above all what you call an "*impossibility to lose weight*". You eat well, you exercise "*every single day*", but cannot shed 4 kgs.

- Your DIO2 genotype 'TA', with one 'lazy' copy of the gene in charge of converting precursor T4 into the active T3, gives us a partial clue. Because of the genetic origin, it makes sense to launch 4-month trial of supporting T3 levels with gentle and non-prescriptive glandular GTA, to be taken twice a day due to T3 short life. We also should boost conversion with four conversion cofactors that are rather deficient. Selenium (SEOSJ), zinc (ZNIPY), iron (FELPE), and magnesium (MCOSJ twice a day to besides provide the needed calcium) will help you better convert T4 into T3. Vitamin A represents another thyroid cofactor.

- Simultaneously, we are going to fight the autoimmune trend by adapting your diet, which will become strictly **gluten**-free and as low as possible in **grains** (**rice** and **corn**). You react to **gliadin** (key proteins within the **gluten** complex that make intestinal wall more permeable) with IgA and IgG antibodies, plus to all **grains** tested (except ***millet***) with IgG antibodies. Anyhow, because of its detrimental impact on gut permeability, I always request all my Hashimoto's patients to remove **gluten**: that often helps a lot!

- Let us comment about your apoE 'E3/E3' genotype and its impact on optimal diet: you should embark on consuming high-***fat***/low-**carb** diet for the very long term, because nobody escapes DNA blueprint. I know that will sound counterintuitive, but the problem comes from all 'E3' carriers putting fat on **carbs** (especially **grains**), but not on ***fats***. This is not true for 'E4' carriers who will thrive on vegetarian diets.

- Basically, you have to use the right fuel for your engine, which is genetically determined. As long as you do not adopt that principle, you will struggle with your weight and that will worsen with time and age… A major problem occurs from vegetarian diets showing extremely difficult to bring sufficient plant ***fats*** and always promoting a higher intake of **carbs**. Ideally, you will incorporate ***oily fish*** on a daily basis, as that would help us with numerous other issues: look at the devastated levels of EPA/DHA fatty acids!

- Additional obstacle to rely on a strict vegetarian diet to deliver proper ***fat***/**carb** ratio results from you presenting primary **lactose** intolerance linked to homozygous variant LCT genotype, which in fact is the rule among South Asians. No **milk**, no **ice cream**, but you can consume ***hard cheeses*** (see **lactose** list).

- One last genotype must be considered: OGG1 'SC' does not allow for optimal DNA repair and should be compensated by including exercise regularly (done), supplement antioxidant phytonutrients (scheduled, berberine being one of them that does help lose weight: see References Spreadsheet), and progressively introduce ***intermittent fasting***. Ideally, we will want you to slowly squeeze down the window during which you eat from 12 hours now to optimally 8 hours, but absolutely not having to eat less, of course. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD

Clinic: 18-22 Queen Anne Street – W1G 8HU London - mobile: + 44 7949440893
gmouton@gmouton.com / office@gmouton.com / website: www.gmouton.com
Office: 107, rue du Village - 4460 - Velroux - BELGIUM