

Patient:

Date:

Monday 24<sup>th</sup> June 2019

## Comments:

- You have booked an appointment with me (and travelled from Barcelona!) seeking help about “*severe digestive issues*”. These consist in multiple adverse reactions (gluten, dairy, lectins, sulphites...), classic IBS-style alternance between very hard and watery stools, bloating, “*big dysbiosis*”, parasites such as *Blastocystis hominis*, and severe stomach cramps that may ruin your night of sleep. You also suffer from “*something like PCOS*”; you have a history of extreme anxiety with panic attacks that have now abated.
- You have requested me to organize double endoscopy (*gastroscopy* and *colonoscopy*) with my Clinic’s gastroenterologist, and they both came back labelled as normal (but I am still awaiting biopsies results). Given my special interest for such complex cases of upset gut health, I have run a comprehensive array of biological tests including genomic research of fucosyl-transferase 2 (FUT2) status, which you secrete, and gut wall protective immunoglobulins A (IgA) dosage that shows normal. Regarding food sensitivity, as you already avoid **dairy products** and **gluten grains** (but please make sure you exclude **white bread**), we have not found significant issues. You must avoid **beef**, reduce **bananas**, and ideally exclude **grains**.
- Interestingly, your apoE ‘E3/E3’ genotype confirms your trend to move towards high-**fat**/low-**carb** diet. I will recommend you pushing that tendency even further, even more because of PCOS background and corresponding symptoms such as acne and irregular periods. High blood testosterone confirms that we must further shrink the intake of **fast sugars** (**apples, chocolate**) and above all of **carbs** (**sweet potato**).
- Despite normality of another genotype (OGG1 ‘SS’), I am still willing to push you towards **intermittent fasting**. Not so much as a method to maintain the healthier weight you have managed to reach in last 2 years, but especially because expanding your overnight fast to 16 hours will enable much stronger self-refurbishment of small intestine thanks to what is called *Migrating Motor Complex* (MMC). This critical mechanical house-keeping mode contrasts with classic digestion and gets instantly suppressed if you eat or drink anything that must be digested - but of course, you can drink water, infusions, or black coffee.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- I fully endorse your “*big dysbiosis*” statement and implement a powerful intestinal treatment to address it. It consists in specific probiotic sachets (6826SJ); tear the top and directly put two powders in your mouth to swallow with water, in the midst of your first meal that will now become a brunch or a lunch). I add two powerful anti-inflammatory and antioxidant phytonutrients, curcumin (CQHPY) and berberine (BBTPY), which besides display antimicrobial properties, in particular berberine that will provide three monthly gut cleanses. Berberine possesses an activity similar to metformin and it does help with PCOS.
- Stress plays a huge role in your problem, the reason why I rely on effective herbs such as magnolia bark (source of excellent honokiol), ashwagandha, and rhodiola (STNPY), as well as on naturally deepening your sleep with GABA (natural calming neurotransmitter) and magnesium, all to be taken around 10 pm. Stress also damages conversion from thyroid prohormones T4 into active hormones T3, explaining very low T3 levels in blood and urine despite your normal (‘wild’) DIO2 genotype. Low T3, which you already knew about, feeds poor intestinal immune defences, cold extremities, and mood swings. We will react with gentle non-prescriptive glandular GTA (to be taken 3 times a day due to short T3 life) and natural boost to conversion with herbs and cofactors (TRKTR, iodine/IDMPY, selenium/SEOSJ, and zinc/ZNIPY).

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