

Patient:

Date:

Tuesday 2nd July 2019

Comments:

- You have come to see me accompanied by your mother because despite feeling generally “good”, you complain about energy remaining on the low side and difficulties to lose weight, even though you follow “a diet” and you exercise regularly with squash or tennis. You have put on 7 kilos in the last two years! You tend to be constipated and stools can be hard; you feel often bloated; nails are weak; sleep can be sometimes poor; you suffer from PMS plus menstrual cycles show very short (22 days); you are stressed.
- Some of those complaints may reflect a low thyroid function and, given that lower half of your neck is a bit swollen, I wanted to exclude a goitre. Your thyroid US scan came back strictly normal, which is good news, but we must look at your biological results that have explored thyroid function with great details.
- I have not found any autoimmune attack on your thyroid gland. Beyond satisfying levels for TSH and T4, I have spotted very low levels for active hormones T3 (which must be converted from prohormones T4), in blood as well as in urine. That might contribute to constipation and slower metabolic drive, plus we easily uncover two main reasons for poor conversion: stress blocks conversion and DIO2 genotype ‘AA’ (standing for homozygous variant: weak gene version inherited from both parents) surely does not help.
- We can launch a gentle therapeutic trial with a non-prescriptive glandular GTA to be taken three times per day due to T3 short life, while we boost conversion with specific cofactors (selenium and zinc from SKNOV) and with Ayurvedic herbs (*Withania somnifera* and *Commiphora mukul* from SKNOV and CMNPY). Magnesium represents an additional conversion cofactor; it should improve sleep, with taurine (MGZPY).
- However, something else is at stake: aged 19, you should never show such levels of blood inflammation (usCRP close to 2) and above all an extremely high amount of oxidized LDL cholesterol, even more when considering really low LDL cholesterol blood level. This demonstrates severe ‘oxidative stress’, which you can compare to rusting iron inside your system, and it often comes from upset intestinal ecosystem.
- You react to a number of staple foods (**dairy products, beef, bananas**, and especially many **grains**) with IgG antibodies and also, mildly, to **gliadin** (sub-protein from **gluten** complex) with IgA antibodies. It will show wise to stop eating **gluten** for 4 months and make sure you avoid other **grains**, above all **rice**, as it will help lose weight while it will reduce gut inflammation together with following intestinal treatment.
- This treatment combines potent probiotics to help move your bowels (EDMOB) with two phytonutrients able to fight *oxidative stress* as well as ‘*intestinal dysbiosis*’ (curcumin/CQHPY and berberine/BBR5PY). We complete the fight against LDL cholesterol oxidation with additional antioxidants such as resveratrol (RSXPY), quercetin (QCWPY), coenzyme Q10 (CR25PY, severely deficient and critical for energy supply), and N-acetyl-cysteine as glutathione precursor (NCKPY). Vitamin A (XA4SJ) is another thyroid cofactor.
- In fact, you were on the right track when trying to reduce your **carbs** and **sugars** intake, and I am asking you to push this trend further because of your apoE genotype ‘E3/E3’ strongly indicating the need for a high-**fat**/low-**carb** diet. I know that sounds counterintuitive to lose weight, but E3 carriers gain weight on **carbs** and not on **fats**. You should also move towards some level of very useful intermittent fasting. To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

Georges MOUTON MD