

Patient:

Date:

Friday 30<sup>th</sup> November 2018

**Comments:**

- You came to me to speak about few “*reasonable complaints*” and about health while “*looking into the future*”. I always find such attitude logic and feel opposite being quite odd considering that is how we manage our car, our house, and our professional activities. You are undoubtedly your most crucial asset! As a matter of fact, I find some health concerns, which reassuringly can be positively modified by my 4-month long programme plus, looking further down the road, by longer term dietary or lifestyle changes.
- In the first place, we notice appalling cholesterol levels with very high “*bad*” LDL plus low “*good*” HDL, which delivers a concerning ratio. Straightforwardly, good news comes from absence of significant LDL cholesterol oxidation, a dreaded trigger for developing atherosclerosis. It doesn’t mean you should not adapt your diet: you must refrain from eating high cholesterol foods, i.e. **dairy products** and **red meat**.
- The explanation for such extreme cholesterol levels does not come from an abnormal diet but from the E4/E4 apoE genotype known to amplify dietary cholesterol impact. Controlling neurodegenerative risks will depend on keeping oxidized cholesterol and HbA1c within reasonable limits... where they stay now.
- In fact, **red meat** together with what appears as indulgence for **red wine** bring additional issues. High ferritin implies iron (heavy metal) toxicity and provides further burden to key organs such as pancreas, liver, kidneys, testicles, spleen, and brain. Not nice, hence my suggestion for undergoing **bloodletting**.
- Improving cholesterol ratio will rely on consuming more **fish/seafood** (above all **crab, oysters, mussels, clams, and scallops**), lots of **vegetables**, and tons of **olive oil; eggs** and **game** are also recommended. HDL cholesterol will benefit from reducing **fructose** intake (no **apples!**) and from consuming much less **grains (gluten grains, rice, and corn)**, which also upset the gut lining as suggested by elevated zonulin. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- Cholesterol elimination will improve from supporting a sluggish thyroid function. In the US, they label patients with TSH above 3 mU/L as ‘hypothyroid’, which is not the case in the UK. However, you appear in the grey zone between 2.5 and 4.5, likely because of poor conversion from thyroid prohormones T4 into active hormones T3. It results from suboptimal DIO2 genotype and from stress blocking conversion.
- Stress also typically weakens adrenal function, the source of stress hormone cortisol. All this justifies our support to thyroid function with gentle T3-supporting glandular and to adrenal function with both prohormones pregnenolone & DHEA (food supplements in the US, but not here). Our 4-month treatment besides includes: multiple thyroid cofactors (selenium-zinc-vitamin A); strong vitamin D3 supplements recommended for apoE4 patients; sleep quality boosters (GABA & magnesium); and intestinal treatment based on powerful probiotics plus regular berberine cleanses imposed by your FUT2 non-secretor status.

Georges MOUTON MD