

Patient:

Date:

Monday 7th January 2019

Comments:

- You have booked an appointment with me for two main reasons: in first, you want “*to be balanced*” and “*to prevent diabetes*”; in second, you say that “*weight is an issue*”, but you find losing weight very hard and recently you cannot shed weight even if you don’t eat! *Intermittent fasting* has helped in the past.
- You also had a good experience from diet based on low glycaemic index that has allowed you to lose 14 kilos, but you have gained them back. I can already explain that avoidance of what I call “**fast sugars**” (colas, sodas, biscuits, cakes, pastries, alcoholic drinks, high-fructose fruits, processed fruit yogurt) will help you lose weight, as well as an *intermittent fasting* strategy. In fact, both work for everybody.
- What will show specific to you results from your DNA blueprint, more precisely from your ‘E3/E3’ apoE genotype that indicates need for changing your engine’s fuel. You must switch from **starches** to **fat** and follow high-**fat** / low-**carb** diet. It always sounds counter-intuitive... but that is what will work for you!
- You will find additional personalised dietary recommendations handwritten in front of biological results. I insist about reducing **dairy products** (and **beef** but you already have little) in favour of much more **oily fish**, plus increasing **vegetables**. Most efficient weight-loss tip: eradicate **grains**, especially **gluten** ones!
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- Visceral fat also accumulates under the pressure of an imbalanced microbiota, the microbial community inhabiting your intestines, partially due to inherited factors and partially because of dietary mistakes. I strongly recommend addressing this issue with high-dose **berberine** course during next months (BBTPY).
- All this being said, your intuition about something recently not allowing you to reduce weight even if starved was perfectly true. Metabolic drive shows sluggish because of low thyroid and adrenal functions to be largely blamed on chronic stress and on many missing nutrients that work as compulsory cofactors.
- We support thyroid function with glandulars (MV3PN taken twice a day) and cofactors (iodine/IDWPY, selenium/SEMPE, zinc/ZNIPY). We support adrenal function with missing prohormones pregnenolone & DHEA, natural molecules seen as food supplements in the US but not in Europe, working as precursors to critical hormones. Pregnenolone should be converted into relaxing and anti-inflammatory progesterone (yours is non-existing) and into stress hormone cortisol (very low urinary metabolites as 17-OH-steroids). DHEA should be converted in testosterone. Vitamin D deficiency is linked to abdominal obesity (D10LPE).

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