

Patient:

Date:

Sunday 10<sup>th</sup> March 2019

**Comments:**

- As you would expect when dealing with someone who has already implemented multiple dietary efforts, lifestyle adaptations, and food supplements with sound scientific background (given all this reflects your professional expertise), I was not looking for dramatic new findings but rather for finetuning everything.
- That seems indeed needed. Let us start with energy levels (altered only recently), which I blame both on suboptimal endocrine status, thyroid and adrenal functions, and on sleep quality that has recently plummeted, perhaps also resulting from lower thyroid and adrenal status. In such cases, vicious circles can easily develop and then, the only way out consists in breaking circles in as many places as possible.
- I therefore recommend supporting sleep quality with natural mix of magnesium (MGDPY), relaxing herbs, GABA, L-theanine, and melatonin (SLWPY). Inadequate conversion from thyroid prohormones T4 into active hormones T3 cannot be blamed on your normal DIO2 genotype, but rather on stress that besides depletes your pregnenolone stores. This explains low level of stress hormone cortisol (shown through urinary 17-OH-steroids), as well as lack of relaxing and anti-inflammatory progesterone. Relatively high (inflammatory) oestradiol creates a first pro-inflammatory ratio adding up to another pro-inflammatory omega 6/omega 3 ratio, as high inflammatory arachidonic acid clashes with low anti-inflammatory EPA.
- You understand that decreasing inflammation implies multiple actions: a) supplement pregnenolone, a food supplement in the US but requiring prescription of compound capsules in Europe); b) reduce/avoid high arachidonic acid foods such as **butter**, **beef**, and **squid** that interestingly are all flagged by your immune system with IgG antibodies; c) consume loads of small **oily fish**, plus supplement EPA (EPWPE).
- Regarding very low urinary T3 level, I combine three strategies as well: a) supplement gentle glandular GTA, to be taken several times per day due to short T3 life; b) address lack of converting cofactors zinc (ZNIPY) and selenium (SEOSJ & **Brazil nuts**); c) boost conversion with specific Ayurvedic herb (CMNPY).
- Coming back to your adrenal support, please do not underrate the need for loads of **sea salt**; I prefer **Celtic sea salt** to Himalayan salt for its higher iodine content. Coenzyme Q10 (CQ25PY) can be seen as an adrenal cofactor, but it will of course help with energy supplies, plus fight oxidized LDL cholesterol.
- Significant LDL oxidation reflects huge *oxidative stress*, especially considering young age. Excessive LDL cholesterol does not help, which leads to avoiding **beef** (once again), **dairy products**, and **coconut oil**, even though apoE 'E3/E3' genotype requests high **fat**/low **carb** diet. However, I encourage you to pick much more unsaturated fats from **fish**, **seafood**, and above all **olives**, **nuts**, and **seeds** that you boycott. We fight *oxidative stress* with an impressive array of phytonutrients: quercetin (QCWPY), resveratrol (RSXPY), curcumin (CQHPY), and berberine (BBR5PY). The latter two will besides achieve gut cleansing.
- Beware of high **oxalate** foods such as **spinach** and **beetroot**, which likely feed bladder and conjunctiva irritation through excessive oxalic acid intake, as suggested by excessive oxalate urinary level (see [list](#)).

Georges MOUTON MD