FunMedDev Ltd

Your health today and tomorrow

Patient:	Date:	Friday 12th April 2019

Comments:

- You have contacted me regarding severe and repetitive episodes of *diverticulitis* that started in January and have been treated with several antibiotics rounds, including from IV route, with only short episodes of remission without pain. Given CRP levels have reached "*over 150*" in January and then again reached 90 in February, your colorectal surgeon strongly recommends surgery, which was scheduled early April.

- You got in touch with me on 12th March and we have exchanged numerous emails. You were following a course of rifaximin, twice 550 mg a day for ten days, which I have suggested to increase up to 1650 mg daily (to what your surgeon has agreed). I have also recommended to follow-up with a berberine course for its anti-inflammatory and antimicrobial properties. I have asked for vitamin D3 blood reading, which was very low, and I have therefore recommended you starting to take 10,000 IU, now reduced to 5,000.

- You were taking probiotics from your own decision, but I have recommended a stronger product, which I keep prescribing here (EDMOB with 50 billion CFU per daily capsule). Perhaps thanks to these changes, you have now enjoyed a longer period without diverticular pain or inflammation (CRP very low in these tests), the reason why you have been willing to postpone surgery. The idea always remains to avoid it, but at least we could hope for surgery being done later on, in a context of less inflammation and risks…

- Interestingly, I have found three major dietary mistakes in daily routine. One was obvious and brings a number of additional health issues: very high triglycerides (fats but made from **carbs** and **sugars**) reflect choosing the wrong fuel for your engine. ApoE genotype 'E3/E3' requests high-***fat***/low-**carb** diet, which has not really been the case, will you easily admit, plus you consume excessive amounts of **fast sugars**, **fructose**, or **junk food** feeding such hypertriglyceridaemia. You must change that: you will lose weight!

- Then, I have identified severe immune reaction made of IgA antibodies against deamidated **gliadin** (sub-protein belonging to the **gluten** complex) that delivers clear verdict of "*positive cœliac serology*", even though it does not imply cœliac disease given that you lack IgA antibodies against transglutaminase. I'll check HLA DQ2 and DQ8 to better understand what is going on, but you should stop **gluten** immediately.

- Finally and importantly, your homozygous variant LCT genotype 'CC' shows primary **lactose** intolerance, whereas you drink **milk** and eat plenty of **fructose**-laden **dairy products**. Do not expect happy intestinal ecosystem with daily carpet bombing of **gluten** and **lactose** that your system absolutely cannot manage.

- My genomic testing has brought another useful finding, i.e. the need to introduce ***intermittent fasting*** because of OGG1 genotype 'SC', which reflects reduced capacity to repair DNA. That situation can be improved by taking specific antioxidants (see list) and by creating a daily 16-hour window without food. Good news is that such practice could dramatically help with *intestinal dysbiosis* and gut inflammation!

- To help you manage those changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD

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