

Patient:

Date:

Monday 27th May 2019

Comments:

- You have booked an appointment in order to address a number of complaints that we agreed to classify according their importance for you: 1°) on-going IBS with frequent diarrhoea and mostly loose stools (in fact IBS-D); 2°) low energy; 3°) poor immune system; 4°) being overweight; 5°) bad sleep; 6°) depression.
- You take several treatments: 150 mcg of L-thyroxine for hypothyroidism; 200 mg of sertraline for mood; 12.5 or 25 mg of levomepromazine as sleep aid; MIRENA° coil. You present with a low ferritin level, but you struggle to tolerate iron supplements. However, I would like you to try iron bis-glycinate in FEGPY.
- Regarding sleep, I suggest experimenting much more natural approach based on magnesium (MGCPY) and GABA (GADPY), which would already be a success if you manage to decrease levomepromazine dosage with time. I also believe we can slightly fine-tune the thyroid treatment to address most of complaints.
- DIO2 genotype 'TA' does not allow optimal conversion of thyroid prohormones T4 into active hormones T3, which shows-up in blood (not in urine due to disturbance from inactive forms of T3 resulting from modifications brought by proliferating intestinal bacteria). I suggest supporting T3 levels with a gentle non-prescriptive glandular (GTA) to be taken three times a day, given short T3 life. We besides boost T4 into T3 conversion with Ayurvedic herb *Commiphora mukul* (CMNPY) and specific conversion cofactors, i.e. selenium (SEOSJ), zinc (ZNIPY), and already mentioned magnesium. Two crucial thyroid cofactors complete our thyroid management: iodine (IDWPY; see also [sea vegetables list](#)) and vitamin B2 (VB2TR).
- Energy levels should benefit from a stronger thyroid function as well as from our adrenal support, plus I insist on the importance of close synergy between those functions. Natural prohormone pregnenolone represents the global precursor to all human steroids; seen as a food supplement in the US, it requests a prescription in Europe. Thyroid and adrenal glands play crucial roles for energy and also for immunity.
- In terms of gut health and weight loss, we mostly rely on dietary modifications. You consider that "you eat well" and have reduced intake of **chocolate** and **alcohol**. Well, I would say not enough, or you may need more time and a better metabolic drive from our thyroid/adrenal support. I cannot be satisfied with your carbohydrate metabolic markers, especially insulin that needs to go down to lose weight, and HbA1c that you must keep optimal given the annoying presence of an 'E4' allele among apoE genotype.
- Chronically loose stools reflect severe *intestinal dysbiosis*, which besides manifests through an excessive level of endotoxins (lipopolysaccharide / LPS), itself reflecting local inflammation and leakiness of your gut lining. In such cases, I impose a temporary **gluten-free** diet, even more relevant considering that you (modestly) react to **gliadin** with IgA antibodies and that removing all **grains** should reduce high IgA. Additional recommendations result from your biology and appear through my hand-written comments. To help you manage such changes, I suggest you see my nutritionist who will provide a nice [eating-plan](#).
- Let us finish with the intestinal treatment based on specific probiotics *Saccharomyces boulardii* (SB6SJ) known as very helpful against diarrhoea, and on strong dosage of the plant alkaloid berberine (BBTPY). I expect it to help with cleansing microbiota, reducing insulin and HbA1c, plus facilitating weight loss, as suggested by numerous peer-reviewed publications that you can find on my website ('[REFERENCES](#)').

Georges MOUTON MD