

Patient:

Date:

Tuesday 28th May 2019

Comments:

- You have booked an appointment with me to seek help, from a Functional Medicine approach, regarding tiredness (“*not as vibrant as before*”), difficulties to focus, recent drop in memory and vision (*myopia*). You show a huge interest in nutrition and you have taken multiple tests suggesting *SIBO* and ‘*leaky gut*’.
- Given impressive efforts you have already deployed in terms of diet and nutritional supplements, I have focused on excluding more concerning conditions and genomic weaknesses. As a matter of fact, all four genomic tests I have run come back reassuring. Your apoE ‘E3/E3’ genotype confirms that you thrive on high-**fat**/low-**carb** diet, which shows interesting given that you have shared lamentable experience on a high-**carb** diet that is clearly not for you! I will even suggest you don’t consume enough **good fats**: your **cholesterol** levels must go up, especially considering that we are going to support the thyroid function.
- The fatty acid profile also leads to expanding several sources of **good fats**, but don’t indulge on **yogurt**. Severe crash of omega 6 fatty acids GLA (critical for gut wall lubrication and absorption capacity) and anti-inflammatory DGLA comes from enzymatic (*delta-6-desaturase*) impairment typically due to stress.
- However, you say that you do not feel stressed. Perhaps that poor recovery from sleep contributes to the situation, as we identify a lack of melatonin metabolites in urine that we address with supplements (MENPY). Given that your DIO2 ‘TT’ genotype suggests you can convert efficiently thyroid prohormones T4 in active hormones T3, extremely low T3 levels should also be blamed on so-called stress. The same interpretation applies to low pregnenolone, the precursor to cortisol which metabolites show depleted in urine (17-OH-steroids). I believe these two issues provide an explanation for most of your complaints.
- It will therefore show critical to support thyroid function with gentle non-prescriptive glandulars MV1PN, to be taken three times a day in initial phase because of short T3 life. I presume that it will make you feel stronger, which usually restores better conversion from T4 into T3, besides considering that we are going to boost conversion with cofactors (zinc, selenium, copper) and Ayurvedic herb ‘guggul’ (CMNPY).
- Especially if you quickly benefit from the combined thyroid and adrenal support, the latter coming from pregnenolone (food supplement in the US, but requesting prescription in Europe), I expect that you can decrease MV1PN intake to two capsules daily instead of three during the first couple of months. You can keep me posted and we will decide together if reducing the dosage as early is worth considering or not.
- Let us not forget about intestinal management even though we certainly don’t identify major concerns probably thanks to your sophisticated healing program. I will rely on powerful probiotics (EDMOB) and on two anti-inflammatory and antioxidant phytonutrients possessing powerful antimicrobial activities, above all berberine that also reduces intestinal permeability (same for pregnenolone: see REFERENCES).
- In terms of diet, I insist about expanding **fats** at the expense of **carbs**, particularly **oats** that necessarily contain **glutenins** belonging to the **gluten** complex. I would also like to see much more food diversity! To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

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