FunMedDev Ltd
Your health today and tomorrow

Patient:	Date:	Wednesday 12th June 2019

Comments:

- You have suffered from *polymyalgia rheumatica* (*PMR*) from 2011 to 2015 and you have therefore been taking steroids for 4 years, but "*they have shut down your adrenal syste*m". You come today to seek my Functional Medicine approach in order to help you with occasional bouts of inflammation, sore and red eyebrows on which you apply steroid ointment, muscular pain, tiredness leading to excessive intake of coffee "*to go on*", quite frequent mouth ulcers, poor sleep, vaginal dryness, and weight gain about 6 kg.

- In fact, the adrenal function remains spectacularly insufficient with extremely low (DHEA, testosterone) or even undetectable results (pregnenolone plus both sexual hormones œstradiol & progesterone that are normally secreted in small amounts by the adrenal glands after menopause). That unusual situation certainly contributes to your complaints and we can elegantly supplement pregnenolone and DHEA from daily compound capsules (prescriptive items in Europe, but food supplements in the US). These natural '**pro**hormones' (no fixation on receptors) represent precursors to all other missing hormones (receptors).

- I believe that you underestimate ongoing stress, but it is true that coping with stress in the context of such adrenal crash shows difficult. Anyhow, we spot multiple biological markers of severe stress among which poor conversion from thyroid prohormones T4 into active hormones T3, with very low urinary T3.

- We implement gentle thyroid support program providing support for the T4 in T3 conversion with guggul (Ayurvedic herb / CMNPY), plus cofactors selenium (SEOSJ), zinc (ZNIPY), and magnesium (MGCPY). As your DIO2 genotype shows normal 'wild', supplementing light thyroid glandular GTA will probably show temporary. Iodine (IDMPY) & vitamin A (XA4SJ) constitute critically needed additional thyroid cofactors.

- Global inflammation remains indeed extremely high and is obviously triggered by intestinal inflammation evidenced through huge increase of endotoxins (lipopolysaccharide or LPS), also leading to an increased intestinal permeability or '*leaky gut*'. Automatic dietary measure in such circumstances consists in the radical elimination of all **gluten grains** and, in your case, to a reduction of other **grains**, especially **rice**.

- Regarding your future personalised diet, we must also take on board two genomic results. You show a primary **lactose** intolerance with genetic incapacity to secrete *lactase* and digest sugars from all **animal milks**. You present an E4 allele on apoE gene that makes you prone to cholesterol damage, which leads to huge decreases in high-cholesterol foods that you eat often: **dairy products**, **red meat** & **coconut oil**.

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

- Unfortunately but not surprisingly given inflammatory background, your so-called 'bad' LDL cholesterol endures massive oxidation, which corresponds to a cardiovascular risk, more concerning given the apoE4 background. At this stage, a precautional but inoffensive strategy consists in running a **carotid US scan** in order to identify if any atherogenic plaque shows-up there and, if not, we will be reassured for now. I have besides incorporated very powerful algorithm to fight '*oxidative stress*' with diet and supplements.

- Improving sleep with natural molecules and herbs (SLWPY) will contribute to getting you 'back on track'.

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