Patient: Date: Monday 17th June 2019

Comments:

- You have requested an appointment to receive my advice about a Functional Medicine approach to your complaints, i.e. "*poor health since gall bladder removal in 05.2015*", loose stools, "*inflamed stomach*", "*RLQ pain*", *flabby tongue*", "*water retention in bowel*s", Achilles tendons pain, receding and bleeding gums, frequent and painful urinations, brain fog, sleep all over the place, low mood, stress, visceral fat.

- Due to "*highly stressful work environment*", you have been taking 200 mg of pregnenolone daily for two months (self-prescribed); you say it makes you "*feel good*". You are worried by low testosterone levels.

- Your blood pregnenolone level has clearly benefited from such a high dosage, as well as urinary cortisol metabolites (17-OH-steroids) to which pregnenolone represents the precursor. However, I confirm that other natural steroids coming from it, i.e. DHEA sulphate and testosterone, appear very low in blood. I will pursue pregnenolone supplementation at a lower strength and combine it with DHEA (compound capsules) to support testosterone, which will also benefit from stronger thyroid function and better gut.

- Your DIO2 'TA' genotype does not allow optimal conversion of thyroid prohormones T4 into active form T3, plus stress also tends to block conversion. Your thyroid support consists in optimizing all cofactors, would they help with T4 to T3 transformation (selenium-zinc-copper/TRKTR and magnesium/MGDPY) or directly with thyroid function (iodine/TRKTR, which besides provides two useful Ayurvedic herbs). GTA represents a very gentle and non-prescriptive T3 support in order to compensate for genomic weakness.

- I suspected that your bladder issues could come from excessive **oxalate** load, which was confirmed by urinary oxalic acid level: please take into account data provided by attached list. I now need to discuss two additional genomic findings: apoE 'E3/E3' genotype strongly suggesting that you should benefit from a high-***fat***/low-**carb** diet and OGG1 'SC' genotype triggering a strong incentive for ***intermittent fasting***.

- Indeed, heterozygous variant OGG1 (weak gene copy inherited from one parent only) reduces capacity to repair DNA and should be compensated for by a regular physical activity, intake of antioxidant foods (see list), supplementation of resveratrol (RSXPY) and of honokiol (MAIPY twice a day given its excellent impact on mood), and limiting food intake to a 8-hour window, which practically implies 'no breakfast'.

- Regarding the diet, a major change will consist in excluding all **gluten grains**, while also reducing other **grains** such as **rice** and **corn**, well in tune with two 'E3' alleles. You react to **gliadin** with IgA antibodies and to **wheat** with IgG antibodies. Removing **grains** will also improve your *fatty liver* (high SGPT), high HbA1c, high triglycerides, and mucosal inflammation expressed by slightly elevated immunoglobulins A.

- Again, **sugary** and even **carby foods** (including **fructose** and **alcohol**) are not your friends, especially as we are concerned by visceral fat 'around the middle' that always results from **carbohydrates**, not ***fats***! A course of berberine (BBTPY) aims at improving metabolic markers, belly fat, and *intestinal dysbiosis*. You must on the other hand dramatically increase the intake of ***oily fish***, ***seeds***, ***nuts***, and ***vegetables***.

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

Georges MOUTON MD

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