

Patient:

Date:

Tuesday 2nd July 2019

Comments:

- You have sought an appointment with me despite saying that usually you “*do not go to doctors*”, which implies that you likely did not undergo blood checks in recent times. I therefore wonder if high level of inflammation uncovered by us CRP (10.51 whereas range stands under 1 mg/L) reflects joint issues or an infection that may have shown up shortly after our meeting. Your concern relates to “*body fat*”, which you see as your “*main problem*”, stressing that you “*cannot lose weight*”. You have undergone an early menopause at 47 and you present some symptoms suggesting lack of oestrogens, i.e. vaginal dryness and dry eyes, the latter being blamed on wearing contact lenses. You besides often suffer from sore throat.
- You have mentioned that weight issues have started since IVF was given 16 years ago. You exercise “*a lot*” and you have tried many diets without success, even leading to so-called yo-yo effect. I would like to emphasize that my 4-month program will not deliver ‘a diet’ for that length of time, but rather aim at establishing ‘a new way of eating’ that will fit you and your biological settings for the very long term.
- In such quest, your DNA blue-print will play a critical role and I have prescribed two relevant genomic tests: apoE relevant to ‘what to eat’ and OGG1 to find out ‘when to eat’. ApoE ‘E3/E3’ genotype gives a clear indication that you must favour high-**fat**/low-**carb** diet, which I admit sounds counterintuitive... but I have to convince you that ‘E3’ carriers put on fat by eating **carbs**, not by eating **fats**. ‘E4’ carriers react totally differently. I insist that everyone is unique and thrives on a diet that has to be customized.
- You consume far too much **carbs** and **fructose** (from **juices**, **coconut water**, **apples**, **dates**, **mangoes**) to lose weight. Among **carbs**, **grains** show the more problematic in your case, especially **gluten grains** that will contribute to increasing intestinal permeability. Very high level of endotoxins (lipopolysaccharides) reflect a ‘leaky gut’ and intestinal inflammation that we must fight by imposing **gluten-free**/**grain-low** strategy together with heavy berberine (BBTPY) supply, excellent antimicrobial also capable of reducing HbA1c. Your glycosylated haemoglobin level (5.7%) approaches threshold diagnosing prediabetes (5.8%).
- This confirms that you fail despite your genuine efforts to eat well... and we need to understand why! I suspect **sugary drinks** or **fruits**, and I insist on paramount importance of timing. Here comes the other genotype OGG1 showing ‘homozygous variant’, which means you have inherited weak gene version from both parents leading to very poor DNA repair capacity. This can be concerning regarding prevention of degenerative conditions, but you can compensate by stimulating a companion gene (SIRT3). Your results list what you must implement: eat foods that activate sirtuins (see [list](#)), supplement resveratrol (RSXPY) and honokiol (MAIPY), exercise regularly (no wonder you are addicted), and adopt ‘intermittent fasting’.
- I know you have tried IF, but you must try harder and really aim at having all your food within an 8-hour window. This can be achieved progressively and you can always make exceptions, which do not ruin its effectiveness. The combination of IF and berberine intake usually yields very impressive belly fat losses. To help you manage such changes, I suggest you see my nutritionist who will provide a nice [eating-plan](#).
- We also want to optimize your metabolic drive by supporting endocrine functions, both thyroid (low active hormone T3 levels) and adrenals (all blood markers crashed). We can achieve that with safe and natural means: non-prescriptive glandulars (MV1PN) and adrenal prohormones (pregnenolone and DHEA).

Georges MOUTON MD