

Patient:

Date:

Monday 11th February 2019

Comments:

- You have embarked recently, about 4 months ago, on a much healthier journey by changing your diet and lifestyle, stopping alcohol intake and having already lost a lot of weight. I understand that you wish me to help you moving on further on the healthy path, which I am very pleased to do because it remains compulsory to be safe considering that you are only 44-year old with already many cardiovascular risks.
- Indeed, your cholesterol profile still shows problematic, not because of an excessive total cholesterol, but due to very unhealthy breakdown between high ‘bad’ LDL and low ‘good’ HDL. Besides, your LDL cholesterol suffers moderate level of oxidation representing the real trigger to atherosclerosis. I also stress other metabolic issues triggered by high uric acid, fatty liver, and excessive iron stores (ferritin).
- For the latter problem, I strongly recommend **blood donations** that can very quickly fix it! Regarding other concerns, further dietary modifications will show immensely powerful if you comply with all my handwritten instructions appearing in front of biological results and on your fatty acid profile. A special program will target LDL cholesterol oxidation as highlighted on the corresponding [list](#). It combines super foods (see [lists](#)) and numerous antioxidant supplements, such as resveratrol, quercetine, and curcumin.
- Interestingly, these three (together with honokiol/MAIPY from magnolia bark, also great for the mood) are highly recommended to activate sirtuins, something we have to do in your case to compensate for your upsetting OGG1 *homozygous variant* genotype (weak gene copies from both parents), which badly affects DNA repair capacity, in fact reduced twenty-fold (!). Other powerful ways to deal with the risk are: a) eat many foods mentioned on the [list](#); b) exercise regularly; c) implement **intermittent fasting**.
- Your apoE ‘E3/E3’ genotype, which I like to label as “*hunter*”, implies adopting high-**fat**/low-**carb** diet. For such patients, I always suggest avoiding **grains**, a strategy that would show immensely beneficial in your case as you can find out from me blaming **grains** (with or without **gluten**) for 5 separate concerns! To help you manage such changes, I suggest you see my nutritionist who will provide a nice **[eating-plan](#)**.
- Regarding your *fatty liver*, reducing **fructose** intake and getting rid of **grains** will show paramount, but I besides rely on supplementing R-lipoic acid (RLCPY 2x/day). This sulphur-rich antioxidant participates to replenishing very depleted glutathione stores, together with the precursor N-acetyl-cysteine (NCKPY).
- Stress shows-up everywhere, which we cannot find surprising, but we can help coping better with daily compound capsules providing global adrenal precursor pregnenolone, a food supplement in the US but not in Europe. It feeds several biochemical pathways leading to anti-inflammatory “*serenity hormone*” progesterone (also the antidote to excessive oestradiol dangerous for prostate) and to “*stress hormone*” cortisol. We identify heavy cortisol consumption through depleted urinary metabolites (17-OH-steroids).
- You do not seem to need thyroid hormones, but thyroid function will benefit from cofactors (selenium/SEOSJ, zinc/ZNIPY, and iodine/TSKPE) and herbs (*Commiphora mukul*/CMNPY and ashwagandha/TSKPE).

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