

Patient:

Date:

Sunday 21<sup>st</sup> April 2019

## Comments:

- You have taken the initiative to book an appointment with me in order to assess and hopefully address a recent drop in sleep quality. You also mention that you produce phlegm at night and when you wake up. You otherwise feel “*in good health*” and “*energetic*”. Among your detailed anamnesis, I personally underline that your stools are “*on the loose side, quite often mushy*”, which I rate as problematic sign.
- Unsurprisingly, your job(s) lead to significant stress and, even though you underline that you are “*good at it*”, we notice a typical impact on both thyroid and adrenal functions that may contribute to sleep disruption. Thus, we bring relevant compensation, respectively for lack of active thyroid hormones T3 with light non-prescriptive glandular (GTA), and for lack of key adrenal prohormones with pregnenolone.
- Blood pregnenolone level is low; this sophisticated cholesterol molecule is used as global precursor for all adrenal and sexual hormones. All of these, including cholesterol, represent what we can call *natural steroids* by opposition to super-potent and prescriptive **artificial steroids** dreaded for their side effects. We replenish pregnenolone with one compound capsule because, despite being seen as food supplement in the US, it requests a prescription in Europe. This will support two pregnenolone by-products: stress hormone cortisol, which urinary metabolites (17-OH-steroids) show depleted; what I like to call serenity hormone progesterone, with anti-inflammatory activity (balancing œstradiol) and able to deepen sleep.
- Conversion of thyroid prohormones T4 into active hormones T3 depends on an enzyme called deiodinase that is coded by DIO2 gene. Your corresponding DIO2 genotype shows optimal and we therefore blame the lack of conversion on classic blocker stress, which besides boosts the secretion of reverse T3, a sort of anti-T3 molecule that you produce more than average. Supporting T3 does not just depend on taking GTA (even though I did hesitate to add a second capsule with dinner), but you will benefit from selenium (SEOSJ) and zinc (ZNIPY) optimisation, given that these nutrients play indispensable roles in conversion.
- Our action to improve sleep goes well beyond what I have just explained. Deficient urinary metabolites originating from melatonin justify supporting this molecule indispensable for refreshing sleep through natural mix (SLWPY) that also provides safe natural compounds (L-theanine & GABA) plus several relaxing herbs. At the same time, you will take magnesium and taurine (MGTDL), whereas some 5-HTP (HTPOH) at dinner time will enable you to synthesize more melatonin by yourself, thanks to its direct precursor.
- Let us now cover the other concerns, i.e. phlegm showing upper mucosal inflammation and mushy stools showing lower mucosal inflammation: two problems that my Functional Medicine strategy rates as signs that something disrupts mucosal system, which immediately points at what you eat. You react towards **gluten/gliadin** with IgA antibodies and we see immune reactions made of IgG antibodies towards **wheat, corn, and rice**. Sorry, but I request a temporary **grain-free** diet that I would have anyhow imposed to address (slightly) positive antinuclear antibodies. This manifestation of autoimmunity is directly linked to high IgG levels against multiple foods reflecting an increased intestinal permeability, aka ‘*leaky gut*’.
- We now understand what inflames your gut and spreads to all the mucosal surfaces. I besides see a link with moderate ‘bad’ LDL cholesterol oxidation (known cardiovascular risk factor) that will benefit from eating superfoods (see [list](#)), supplementing antioxidant phytonutrients curcumin (CQHPY) and berberine (BBTPY excellent for gut cleansing), and **blood donations** to eliminate strongly pro-oxidant iron excess.

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