

Patient:

Date:

Tuesday 11th June 2019

Comments:

- You have booked an appointment with me to find out if my Functional Medicine approach can help you regarding “*bloating and digestion problems for as long as you can remember*”. You have not identified any specific triggers, but you experience frequent bowel movements, up to 4 per day, with fluctuations between “*rabbit droppings*” and proper diarrhoea. “*Your GP has not been able to help you*” but you did not undergo any colonoscopy, as far as I am aware. That is something we could consider in near future.
- However, this comprehensive biological assessment has come back with a possible explanation from the genomic exploration. You show what we call a homozygous variant genotype, i.e. the weak gene copy inherited from both parents, for FUT2 gene. This implies the impossibility to protect the gut lining with *fuco*se, an issue known to favour *intestinal dysbiosis*, i.e. imbalanced microbial community in your gut.
- Of course, such weakness coming from a genomic setting does not allow us to tackle the cause, but at least we better understand why your digestive system shows so delicate and we know that you will need a highly personalised diet as well as further intestinal cocooning based on strong probiotics (EDMOB) and regular gut cleanses. At this stage, these will consist in 10-day berberine courses every month (BBTPY).
- Advantages from alkaloid berberine come from an excellent antifungal and antibacterial activity, plus it deploys antioxidant and anti-inflammatory properties. Curcumin (CQHPY), also part of your intestinal management, shares those and will be taken on a continuous basis until we launch a ‘kit MOU’ to check your microbiota composition. It usually leads to further gut cleansing, with prescriptive antimicrobials.
- Regarding diet, such situation always renders **gluten grains** unfriendly given their tendency to increase intestinal permeability, the consequence of **gliadin** opening ‘tight junctions’ among any individual, even if not allergic. I dislike presence of TRAb autoantibodies against thyroid gland, even though remaining within the range. You also react against **wheat** and **rice** with IgG antibodies (hypersensitivity), which is a perfect excuse to ask you refrain from eating all **grains** during a period of four months, not long term.
- You do not like *fish* and therefore eat very minute quantities of such major source for long chain omega 3 fatty acids, especially anti-inflammatory and super-lubricating EPA. That complicates the matter and I really would like you to make a dietary effort besides taking two daily fish oil capsules (EPBTR). At the same time, please reduce **beef** and **dairy products** bringing pro-inflammatory omega 6 arachidonic acid.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.
- You also complain about the need for much longer sleeping time, up to 11 hours, and fluctuating mood, with a feature of depression that has justified the intake of citalopram since May 2018. I believe that supporting your endocrine functions will help with that. Your DIO2 ‘TA’ genotype does not allow great conversion of thyroid prohormones T4 into active hormones T3 (low in urine); thus, I recommend taking gentle and non-prescriptive GTA when you wake-up (‘fasting’). Pregnenolone compound capsules (food supplement in the US) will address sluggish adrenal function and boost memory (rated as “*not great*”).

Georges MOUTON MD