

Four systems worth watching

Preventing the commonest health problems · universum.earth · Dr. Pereligyn

All four of the conditions people come with most often share one trait: they begin **long before any complaint** and give nothing away for years.

So prevention is **not a list of supplements. It is the habit of looking.**

Each system has one inexpensive check that moves the problem **from invisible to visible.**

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 - 02** Blood sugar
 - 03** Thyroid
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01 Digestion

WHAT BREAKS QUIETLY

The gut **rarely hurts** until things have gone far. First the stool changes, bloating arrives in the evening, ordinary food sits heavily — and it gets blamed on «something I ate». **For years.**

Meanwhile absorption fails: **iron and B12** go first, and energy, hair and concentration follow. Those are what people come to treat, not the cause.

HOW TO SEE IT

A hydrogen breath test — if there is bloating, irregular stool, discomfort after eating.

Plus two blood tests: **ferritin and vitamin B12**. A gut that absorbs badly drops those first, long before anything else goes out of range.

01 Digestion

WHAT TO DO ROUTINELY

- **Gaps between meals.** The small intestine needs 3–4 hours without food to run its clearing wave. Constant snacking cancels it.
- **Colostrum (Colostroni)** in courses — support for the mucosal barrier.
- **Bacteria** in courses and with a reason, not as a permanent background.
- **Fibre from food**, not only from a jar: vegetables, pulses, whole grains.
- **Cobra Gut** — for an irritated stomach and gut.

An important caveat about bacteria: they are not automatically good. Where overgrowth already exists, adding bacteria can worsen the bloating rather than relieve it. Hence the order — look first, take second.

02 Blood sugar

WHAT BREAKS QUIETLY

Between «all fine» and «you have diabetes» lie **10 to 15 years** in which fasting tests stay normal.

The body holds the morning number down at the cost of **ever more insulin**. That excess is what stores fat, raises blood pressure and damages vessels.

The person sees the weight. They do not see why.

HOW TO SEE IT

A glucose sensor, worn for two weeks. It shows not one point in the morning but what your own ordinary food does: which porridge raises sugar and by how much, what a late dinner does, how a walk changes it.

Plus **fasting insulin with the HOMA index** — it rises before sugar does, often by years.

02 Blood sugar

WHAT TO DO ROUTINELY

- **Two weeks with a sensor** every year or so. Not «when something hurts» — as a review.
- **Your own triggers** into habit. Two or three findings usually remove half the spikes.
- **Movement after eating**, not before. Twenty minutes of walking cuts the peak better than any supplement.
- **Insulin and HOMA** once a year — even with perfect fasting glucose.
- **FreeStyle Libre 3+** or **Sibionics SiBio** — applied at home, read by phone.

A sensor does not diagnose and does not replace blood tests. Its value is different: it turns the abstract «eat properly» into the concrete «this food raises your sugar».

03 Thyroid

WHAT BREAKS QUIETLY

The commonest cause is **autoimmune thyroiditis**. It runs for years without a single symptom anyone would connect to the thyroid.

Tiredness is blamed on work, weight on age, hair loss on the water, feeling cold on character.

The gland is slowly destroyed, and the moment when help was simple **passes unnoticed**.

HOW TO SEE IT

One blood draw: **TSH and TPO antibodies**.

TSH shows whether the gland is coping now. Antibodies show whether a process is running that will one day stop it coping.

For prevention the second matters more: **antibodies appear long before** TSH leaves the reference range.

03 Thyroid

WHAT TO DO ROUTINELY

- **TSH and TPO antibodies once a year.** More often with thyroid disease in the family.
- **Ferritin** in working range: with iron deficiency thyroid hormones work worse.
- **Vitamin D** — measured and maintained, not taken blind.
- **Selenium and iodine** — only on results. Both harm in excess exactly what they are taken for.
- **Pregnancy and the year after** — a reason to check on its own.

Raised antibodies are not in themselves a disease and not a reason to treat. They are a reason to watch — to know the process is running and not to miss the moment help is needed.

04 Heart and vessels

WHAT BREAKS QUIETLY

For half of people the first sign of vascular disease is **the heart attack itself**. Before it — no pain, no breathlessness, no signal at all.

Plaque grows for decades and does not hurt, because **there is nothing in it to hurt**.

Blood pressure behaves the same way: a «usual» 145 feels like nothing while it wears out vessels and kidneys every day.

HOW TO SEE IT

Apolipoprotein B — one blood test. It counts not the amount of cholesterol but the **number of particles** able to lodge in a vessel wall, which makes it sharper than ordinary «bad cholesterol».

Plus **a home monitor**: three readings morning and evening across a week say more than a yearly visit.

04 Heart and vessels

WHAT TO DO ROUTINELY

- **ApoB once a year.** It can be high even when the standard lipid panel looks fine — that is the case it is measured for.
- **A week of home readings** every six months, written down.
- **Omega-3** — where there is little fish in the diet.
- **Magnesium and Q10** — with exertion, arrhythmia, statin use.
- **Waist circumference** — the cheapest measure there is and one of the most honest.

The numbers at which to act depend on the rest of the risk: age, smoking, blood pressure, sugar, family history. There is no single threshold for everyone — which is why a result is discussed with a doctor, not compared with the range on the form.

In short

Four checks a year: a breath test if symptoms call for it, two weeks with a sensor, TSH with antibodies, ApoB with a week of home readings.

That is **less time** than one appointment about something that has already happened.

All four have the same point: **to see the process while it has broken nothing yet.**

This material is for information and does not replace a consultation. Which tests you need, how often, and what to do with the result is decided at an appointment, in the light of your history and current state.