

Patient:

Date:

Friday 30th November 2018

Comments:

- You came to see me because you feel that you are “aging”: tiredness, memory loss, poor concentration, disturbed sleep, very low libido, loss of motivation, dry hair, eczema on eyelids but acne on buttocks, digestive issues (burping, flatulence, bloating) but helped by probiotics, and cold extremities in winter.
- You felt much better under the care of an “anti-aging doctor” who left the country eight months ago and who was prescribing natural desiccated thyroid (NDT 1½ grains), DHEA (10 mg), and bio-identical hormones (BIEST and progesterone). You would like to resume something similar, if I find that relevant.
- In fact, you suffer from a moderate *autoimmune thyroiditis* manifesting through increased anti-thyroid autoantibodies (anti-thyroglobulin/anti-TPO). The condition undoubtedly weakens your thyroid function as shown by TSH in the grey zone (between 2.5 and 4.5 mU/L), plus by low active thyroid hormones T3.
- It occurs despite normal DIO2 genotype; DIO2 is the gene coding for the enzyme in charge of converting thyroid prohormones T4 into active T3. Thus, low T3 levels should be blamed on feeling unwell. Given positive response to NDT, which contains both T4 and T3, it makes sense to resume with small amounts of combination treatment made of T4 and T3 within NOVOTHYRAL (NVUG). I prefer avoiding NDT that would supply two proteins to which you react (TPO and thyroglobulin). In order to follow the British Thyroid Association guidelines, I ask you to split T3 intake, hence ¼ tablet twice a day (can't take less).
- Usually, patients with normal (wild) DIO2 genotype can come back to T4 treatment only, but once they feel stronger and after we have addressed significant deficiencies in multiple thyroid cofactors, such as zinc (ZNRPY) & selenium (SEOSJ) directly involved in conversion, iodine (TSKPE), and vitamin B2 (VB2TR).
- I endorse and even amplify your previous adrenal support with daily compound capsules combining more DHEA with pregnenolone, two natural prohormones (seen as food supplements in the US) that will help with sexual hormones as well. Respectively precursors to œstradiol and progesterone, I prefer relying on much safer prohormones for now rather than prescribing bio-identical HRT given a history of fibroids.
- I always request strict **gluten-free** diet from my *Hashimoto's disease* patients. That shows fundamental and can sometimes allow for stopping any hormonal support. I besides ask you to refrain from eating all those **dairy products** bringing a flow of bad LDL cholesterol and to which you react with IgG antibodies.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD