

Patient:

Date:

Sunday 6<sup>th</sup> January 2019

**Comments:**

- As already mentioned during our email exchanges, your case shows complex. You have suffered from Graves' disease in 2004, which has led to treatment by radioactive iodine in 2006. You are taking 100 mcg of L-thyroxine (T4), but you still present numerous symptoms suggesting low thyroid function: poor memory and concentration, brain fog, hair loss, always feeling cold, weight gain, apathy, low motivation, severe fatigue, muscle pain and weakness, dry skin plus eczema, irregular periods, and slow digestion...
- The clinical image of hypothyroidism is confirmed by your TSH level close to 5. Despite pretty satisfying T4 levels in blood and urine, we notice very low levels of active thyroid hormones T3. We should not be surprised given that stress blocks the conversion of prohormones T4 into active T3, plus you present 'TA' DIO2 genotype (weak gene copy inherited from one parent) that doesn't allow an optimal T3 production.
- We therefore have to support T3 levels, which I had already initiated at our initial encounter with very gentle glandulars MV1PN, split throughout the day due to short T3 life. You did surprisingly overreact to taking 3 such capsules, hence we have reduced it to one capsule to be taken with same amount of T4 as before (100 mcg). I suggest trying again in March to reintroduce second MV1PN capsule later in the day.
- You may have reacted because you need more adrenal balance as shown by the profound lack of urinary cortisol metabolites represented by 17-OH-steroids. We therefore support your adrenal function with prohormone pregnenolone, precursor to cortisol and all other adrenal steroids, plus cofactor coenzyme Q10 (CR25PY) and adaptogenic herb *Rhodiola rosea* (RHROH). We also support thyroid function with all missing cofactors: selenium (SEOSJ & TRSBD), zinc (ZNIPIY), iron and just a touch of iodine within TRSBD.
- You may have reacted to thyroid support because you still secrete thyroid stimulating immunoglobulins (TSI), as well as blocking antibodies expressed by anti-TPO autoantibodies. It shows we must implement an anti-autoimmune strategy, not only by excluding **gluten grains** but also by avoiding other **grains** such as **rice & corn**. Catastrophic lack of omega 3 fatty acids constitutes another trigger to intestinal dryness and therefore to gut lining porosity. Rather high endotoxins (lipopolysaccharides/LPS) confirm leaky gut.
- You besides need to take on board our genomic findings, i.e. apoE E3/E3 genotype implying a high-**fat** / low-**carb** diet, which you are far from following. You tend to lack many fatty acids, especially omega 3 but also omega 7 & omega 9. Beware of **fast sugars** (colas) and specifically **fructose** (apples, bananas).
- You complain of "**exaggerated bloating**" that could be triggered by **histamine intolerance** and I provide a list to help manage this additional issue. Last but not least, you show extraordinarily high IgG reaction against **tomatoes** and minor IgG reading against **potatoes**: you must refrain from eating all **nightshades!** To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- Bloating likely results as well from **intestinal dysbiosis** reflected through frequent episodes of diarrhoea. Recovering gut health will show critical. At this stage, we rely on powerful probiotics and on berberine.

Georges MOUTON MD