

Patient:

Date:

Sunday 10<sup>th</sup> February 2019

**Comments:**

- You have been referred by \_\_\_\_\_ nutritionist, regarding a complex combination of complaints and autoimmune issues: possible “*undifferentiated connective tissue disease*” with positive antinuclear antibodies and RNP antibodies; suspicion of “*mild inflammatory muscle disease*” to explain exercise-induced myalgia plus abnormally high muscle enzymes readings (creatine kinase CK and both transferases). We see more AST than ALT: characteristic of muscle enzymes, not showing liver damage!
- You also mention *Hashimoto’s disease* but both antithyroid autoantibodies detected here remain within the ranges, anti-thyroglobulin as well as anti-TPO. I haven’t seen any truly abnormal thyroid antibodies, but you should retrieve some older tests and forward them to me for your medical file completeness. I reckon that few thyroid readings appear “*weak*”: TSH was 3.50 (range being under 4.20) on 19/11/2018; now, active thyroid hormones T3 show lower end of the range in blood or even under the range in urine.
- Interestingly, your DIO2 genotype ‘TA’ does not allow optimal conversion of thyroid prohormones T4 in active T3, which adds-up to stress in blocking your capacity to produce T3. We are not in a situation to consider any prescriptive thyroid treatment, but we can launch a trial of non-prescriptive T3-supporting gentle glandulars. I recommend supplementing GTA with 3 meals, as we take into account short T3 life.
- More can be done from a natural approach to strengthen your thyroid function, especially as you notice clear improvements when you stay on the coast with greater iodine exposure. In fact, you lack iodine as well as many other thyroid cofactors such as iron (FELPE), vitamin E (ULETR), vitamin A (XA4SJ), zinc (ZNIPY), and selenium (SEOSJ). These two and ashwagandha from SKNOV are known to boost conversion.
- I agree with previous tests that you have shown to me that you could benefit from adrenal support. We rely on excellent glandulars as well (AV3PN to be taken 2x/day), plus cofactor coenzyme Q10 (CR25PY).
- Despite low blood cholesterol level, we spot significant LDL cholesterol oxidation that reflects oxidative stress, which has been linked with inflammatory and autoimmune conditions. Please refer to *ad hoc* list and select foods accordingly, plus we supplement vitamin E, coenzyme Q10, and two critical alkaloids.
- Curcumin (CQHPY) and berberine (BBSPY) displaying anti-inflammatory, antioxidant, and antimicrobial properties belong to the intestinal treatment aside daily sachets providing 3 specific probiotics (IS26BI).
- Functional Medicine approaches all autoimmune diseases through fighting the “*leaky gut*” responsible for any immune overdrive. Fundamental dietary prescription consists in strict **gluten**-free diet, but not just avoiding **gluten** as you do. I prefer you not to replace **gluten** by other **grains**, such as rice or corn.
- I spot another dietary mistake contributing to intestinal permeability: an obvious lack of lubrication manifesting through global deficiency in fats, with low cholesterol and very low fatty acids. This leads to cardboard-type intestinal mucosa prone to cracks, leaks, and malabsorption. You must eat more **fats!** To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

Georges MOUTON MD