

Patient:

Date:

Tuesday 6th November 2018

Comments:

- When we first met last month, you have declared that you have been a “*very healthy person until 3 or 4 years ago, but now your energy levels have gone low: what is wrong?*”. Besides feeling “*overly tired*” and having “*no stamina*”, you also complain about weight gain, constipation, erratic memory, very dry nails, bags under the eyes (my initial quote, in fact), cold feet, as well as “*feeling generally very low*”.
- We must admit these symptoms suggest a low thyroid function, but they of course show no specificity. We have identified significant *autoimmune thyroiditis* with very high anti-thyroperoxidase (TPO) auto-antibodies that clearly weaken thyroid hormonal output as shown by TSH level in the grey zone between 2.5 and 4.5. We besides notice particularly low levels of active thyroid hormones T3 in blood and urine.
- This leads us towards another issue related to thyroid function. You present homozygous variant DIO2 genotype, which means that you inherited the weak version of that gene from both parents. It readily reduces your capacity to convert thyroid prohormones T4 in active hormones T3, which show deficient.
- We besides spot biological abnormalities that could relate to hypothyroid status: anaemia unexplained by iron deficiency; high cholesterol unexplained by diet; poor conversion of betacarotene in vitamin A.
- Taking together these different low thyroid function “*surrogate markers*”, many suspicious complaints, rather high TSH, unfavourable DIO2 genotype leading to very low T3 levels, my view is that we should launch gentle 4-month therapeutical trial based on combination treatment. Given its short life, *British Thyroid Association* guidelines request splitting T3 intake, hence I suggest taking ¼ tablet twice a day.
- We will also support thyroid function with necessary natural support, especially four critical conversion cofactors (selenium/SEOSJ - zinc/ZNRPY - copper/CUIPY - magnesium/MGDPY), plus vitamin A (XA4SJ).
- Thyroid function cannot be dissociated from adrenal function, which appears insufficient with all blood markers either suppressed (pregnenolone, progesterone, œstradiol) or very low (DHEA & testosterone). I thus add daily compound capsules of prohormones pregnenolone & DHEA (seen as food supplements in the US but not in Europe), also given that they really could help with energy levels and metabolic drive.
- Diet-wise, we address increased intestinal permeability (shown by globally high IgG responses to most foods you eat) with advice showing page 5/7. We besides want to improve your cholesterol breakdown! To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

Georges MOUTON MD