

Patient:

Date:

Tuesday 5<sup>th</sup> March 2019

**Comments:**

- You have wished to book a consultation regarding two autoimmune problems you have developed in the last ten years starting with *autoimmune thyroiditis* accompanied by *Raynaud's syndrome*, and following with *pemphigus vulgaris* last year. Indeed, Functional Medicine delivers anti-autoimmune personalized algorithm based on restoring intestinal barrier function. It prevents multiple antigens leaking through the gut wall and triggering an immune system hyperactivity that finally attacks own self, or "*friendly fire*".
- In that spirit, I had explained you that we need to identify unfriendly foods, the reason for testing IgG immune reactions against staple foods. Verdict consists in a short blacklist made of **grains** (all of them, not only **gluten grains**, but also **rice** and **corn**) and **hot & spicy foods**. IgG antibodies against **casein**, a major protein found in all **animal milks**, adds up to primary **lactose** intolerance, i.e. genetically driven.
- Your dietary goal will therefore consist in implementing a **grain-free/dairy-free** diet while avoiding **hot spicy foods**, plus reducing **fast sugars - fructose - carbs**. The latter recommendation results from your apoE 'E3/E3' genotype that typically indicates high-**fat**/low-**carb** diet, which is not exactly what you do. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.
- In parallel, we will work at improving intestinal ecosystem with two daily sachets of selected probiotics to fight constipation (6826SJ) and two antioxidant & antimicrobial phytonutrients, allicin (ALMAM) and curcumin (CQHPY). The latter pertains to classic anti-autoimmune protocols aside fat-soluble vitamins A (XA4SJ), D (D5LPY), and K (VL2PY); glutathione precursor N-acetyl-cysteine (NCKPY); and zinc (ZNIPY).
- Importantly, optimizing thyroid correction will play a critical role in healing the gut. It appears that T4 (L-thyroxine) dosage of 75 mcg fits perfectly, but we notice very low levels for active thyroid hormones T3, both in blood and urine, despite good DIO2 genotype. We address this significant issue with small amounts of prescriptive T3, i.e. 5 mcg taken with T4, but to be repeated in evening given short T3 life. This represents a therapeutical trial to be assessed after three months, both biologically and clinically.
- We besides boost conversion from inactive prohormones T4 into active T3 with 4 cofactors (selenium/SEOSJ, zinc/ZNIPY, copper/TRFBD, magnesium/MGDPY) and Ayurvedic herb *Commiphora mukul* (CMNPY).
- Thyroid function cannot be dissociated from adrenal function, as they synergistically work together to strengthen intestinal immune defences, among many other actions. Stress and above all ongoing steroid treatment have considerable weakened your adrenal glands, as shown by very low blood levels of DHEA and pregnenolone. These two adrenal prohormones represent precursors to sexual hormones (œstradiol, progesterone, testosterone) and stress hormone cortisol (shown by urinary metabolites 17-OH-steroids).
- I support your adrenal function with daily compound capsules combining two missing prohormones that are seen as food supplements in the US, but they need a prescription in Europe (using calcium as filler).

Georges MOUTON MD