

Patient:

Date:

Wednesday 12th June 2019

Comments:

- You have booked an appointment with me in order to seek help from my Functional Medicine approach regarding numerous complaints that I am trying to list here: exhaustion, brain fog, concentration issues, memory issues, headaches; frequent sore throats; swollen tongue; cold hands and feet, mild *Raynaud's syndrome*; bloating, nausea, and diarrhoea linked to the intake of **gluten** and **dairy products**; worsening premenstrual symptoms; post-exertional malaise. Many issues tend to fluctuate through regular cycles.
- I have to say that certain complaints, especially swollen tongue and *Raynaud's syndrome*, make me feel that low thyroid function could represent some trigger. When moderately low, it often presents through cycles, a little bit as if one cannot cope with permanent full activity without 'taking breaks from lows'.
- I was therefore not so surprised to spot an *autoimmune thyroiditis* with very high anti-TPO antibodies. Autoimmunity also manifests through the presence of antinuclear antibodies and that clearly rules out **gluten grains** to which you besides react through IgA (**gliadin**) and IgG antibodies (**gliadin, wheat, oats**).
- Not having spotted that condition likely results from you maintaining reasonable thyroid blood readings, but we can argue about suboptimally high TSH. Above 2.5 mU/L represents what can be seen as a grey zone where one finds more patients suffering from hypothyroidism: see the REFERENCES SPREADSHEET.
- We also notice poor conversion of thyroid prohormones T4 into active hormones T3, especially in urine (still the case when we make the correction for incomplete 24H urine collection). That must be blamed on stress, given the normal DIO2 genotype. Considering that you feel too unwell to work, it sounds very reasonable to launch a 4-month trial with 50 mcg of L-thyroxine (T4), plus gentle non-prescriptive T3-supporting glandular GTA (to be taken three times a day due to short T3 life). Such T3 support should remain temporary, because '*wild*' DIO2 genotype should facilitate conversion once you will feel better.
- Simultaneously, we reinforce your capacity to convert T4 in T3 with Ayurvedic herb *Commiphora mukul* (CMNPY) and by correcting significant deficiencies in three critical conversion cofactors, i.e. selenium (SEOSJ), zinc (ZNIPY), and magnesium (MGDPY). Vitamin A (XA4SJ) and vitamin B2 (VB2TR) correspond to additional thyroid cofactors. We cannot dissociate thyroid and adrenal functions, as they work in close synergy, which renders adrenal support essential to restore your energy levels. We will do so thanks to daily compound capsules providing two missing adrenal prohormones, pregnenolone and DHEA. These natural compounds are seen as food supplements in the US, but they need a prescription here in Europe.
- Regarding diet, we must take into account your apoE 'E3/E3' genotype that always requests high-**fat**/low-**carb** diet. Besides excluding **gluten**, you must avoid other **grains**, above all **rice** to which you react with IgG antibodies (hypersensitivity). Despite absence of genetically driven **lactose** intolerance, I am not keen for you having so many **dairy products**, certainly not heavily processed **lactose-free milk**, plus **butter**; please reduce *hard cheeses*. **Dairy** and **beef** feed excessive pro-inflammatory arachidonic acid.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

Georges MOUTON MD

Clinic: 18-22 Queen Anne Street – W1G 8HU London - mobile: + 44 7949440893

gmouton@gmouton.com / office@gmouton.com / website: www.gmouton.com

Office: 107, rue du Village - 4460 - Velroux - BELGIUM