FunMedDev Ltd

Your health today and tomorrow

Patient:	Date:	Sunday 30th June 2019

Comments:

- You suffer from *hypothyroidism* blamed on *Hashimoto's disease* diagnosed in 2007, but I underline that no anti-thyroid antibodies can be spotted for now. However, we do spot positive antinuclear antibodies confirming the autoimmune background fully justifying strict **gluten**-free diet. Persistence of immune reactions against **wheat** (IgG antibodies) and against **gliadin** (both IgA & IgG) raises the concern about **gluten** exclusion not showing sufficiently radical? Not necessarily in case the allergy to **gliadin** is severe.

- You have been put on natural desiccated thyroid (NDT) to address low thyroid function, up to 3 grains (180 mg) of ARMOUR THYROID that have been recently reduced to 135 mg because of TSH suppression and muscle loss (*sarcopenia*). You say that you feel fine on this dosage and your goals for coming to see me relate to "*hormonal balance*" and "*weight loss*". The issue comes from TSH level remaining too low.

- I do not think NDT fits you very well and you have been asked by a mainstream endocrinologist to move towards a mix of T4 and T3 (e.g. 125 mcg of T4 and 5 + 5 mcg of T3). I fully support that approach and I even wonder if you might do well on lower strengths than that. However, for now, I suggest limiting changes to the thyroid treatment given that I believe your complaints may arise from other disruptions.

- The reason why you should not remain on NDT for the long-term results from very different T4/T3 balance in pig and in human thyroid, the latter containing significantly less T3. This explains why Dr JENKINS recommends a different mix made from 'synthetic' T4 and T3 that provides much less T3. I am sure that will represent your next step, especially because you benefit from a fully normal ('*wild*') DIO2 genotype and that usually makes persistent NDT treatment unsuitable. However, the fact remains that for the moment your active thyroid hormones T3 show rather low, especially looking at urinary T3 level.

- I therefore prefer to delay the switch to the T4 + T3 mix while we try to restore better capacity for you to convert T4 into T3, considering that you possess the genetic ability for doing so. What we can do is rely on optimisation of conversion cofactors (zinc/ZNIPY, selenium/SEOSJ, magnesium/MGDPY) and on Ayurvedic herb *Commiphora mukul* (CMNPY), as well as on the adrenal support from glandulars (AV3PN).

- In fact, we should start by addressing significant inflammation showing at a general level (blood us CRP) as much as in your mucosal system (immunoglobulins A / IgA), probably from gut origin because we spot multiple biological evidence for inflamed and '*leaky*' intestinal lining. LPS, zonulin, abnormally high IgG responses to staple foods all demonstrate your intestinal ecosystem is in full jeopardy that we must fix.

- For instance, you very strongly react towards **eggs** and, to somewhat lesser extent, to **dairy products**. You also suffer from genetically driven **lactose** intolerance (see LCT genotype), which you have spotted. Such severe ongoing immune reactions will not let your gut wall heal from just excluding **gluten grains**.

- We need finding a way out of the vicious circle, keeping in mind that you clearly need to eat something and make sure we temporarily replace those staple foods with items that fit you well. I confirm that a ketogenic trend suits because of apoE genotype E2/E3 always requesting 'very high-***fat***/low-**carb** diet'. You will have to recruit your calories from more ***oily fish***, ***lamb***, ***ghee*** (no **lactose** and no proteins in there), ***coconut oil***, ***tapenade***, ***guacamole***, ***nut butters***, ***seed spreads***, and starchy vegetables as well. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

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