FunMedDev Ltd

Your health today and tomorrow

Patient: Date: Wednesday 5th December 2018

Comments:

- You came to see me for advice regarding a number of health issues, namely: hypothyroidism detected in with TSH at 26.3 and treated with L-thyroxine 75 mcg; mild *lupus erythematosus* treated with hydroxychloroquine; *osteopenia* treated with weekly alendronic acid and two daily tablets of ADCAL-D3.

- For the moment, your main complaints are the following: joint pain and swollen finger joints; "*a bit of an IBS thing*" with sometimes very loose stools; "zero libido"; *Raynaud's syndrome* in winter; thinning hair and brittle nails; two psoriasis patches recently appeared. We also must take into account history of breast cancer in , which has led to lumpectomy, then mastectomy and paclitaxel chemotherapy.

- Regarding your thyroid treatment and given the persistence of some symptoms that could reflect mildly insufficient correction, we have measured your levels of active thyroid hormones T3 in blood and urine. They show really low, which can result from your DIO2 genotype, with one weak gene copy ("*variant*") that is known to reduce capacity to convert thyroid prohormones T4 in active T3; stress does the same.

- I recommend a 4-month therapeutical trial with tiny amounts of T3 without altering your T4 dosage of 75 mcg, which fits perfectly. Following British Thyroid Association guidelines, we should always split T3 intake due to its short half-life. You will start with half tablets providing T3 2.5 mcg taken twice a day before reaching full tablets (5 mcg each) after 6 weeks; please only increase if you don't feel improved.

- In parallel, we want optimizing your endogenous capacity to convert T4 into T3 by replenishing two critical cofactors selenium (SEOSJ) and zinc (ZNRPY), plus with specific natural product TRFBD providing Ayurvedic herb *Commiphora mukul* and additional cofactors. Iron represents another key component of thyroid function; thus, we react to significant deficiency with highly bioavailable drinkable iron (FELPE).

- You suffer from *anaemia*, not surprisingly considering low T3, low iron, and catastrophic vitamin B12 (B12OV), which will justify testing you for *pernicious anaemia*, potentially triggering such a deficiency…

- Very low pregnenolone blood level should be addressed, not only for supporting your adrenal function that must always balance thyroid function, but also to encourage conversion into missing progesterone. Prohormone pregnenolone, seen as food supplement in the US but not in Europe, represents the direct precursor of progesterone, which exerts anti-inflammatory and protective effects for breast prevention.

- I confirm the importance of excluding **gluten grains** in your case. You should besides refrain from other **grains** (**rice** and **corn**), **hot & spicy foods**, and **beef**. You consume far too much **dairy products** (not so safe considering your medical history), which must be replaced by a lot of ***fish***, ideally small ***oily fish***. To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD

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