

Patient:

Date:

Sunday 30th December 2018

Comments:

- You have requested my help about several issues: *Hashimoto's thyroiditis* diagnosed only two months ago (no treatment); cramps in low abdomen; hormonal imbalance; hot flushes disturbing sleep; feeling cold; low motivation, high stress and anxiety; brittle nails and hair loss; frequent infections (especially sinus).
- I confirm your *autoimmune thyroiditis* with very high anti-thyroperoxidase (TPO) autoantibodies, plus another autoimmune attack expressed by positive antinuclear antibodies. This significant trend towards autoimmune conditions likely results from complete absence of immunoglobulins A (IgA): see 2 articles.
- This condition is defined as primary immunodeficiency likely from genetic origin, as familial occurrence has been reported, and called "*Selective IgA Deficiency*". Established links show relevant to your case: autoimmune diseases, chronic sinusitis, "*leaky gut*", ... Latter shows through excessive IgG reactions against staple foods. Increased intestinal permeability can only become worse when consuming **gluten**.
- Indeed, **gliadin**, major **gluten** sub-protein, opens the tight junctions keeping intestinal epithelial cells sealed together. In your case, you besides react massively with IgG antibodies against all **gluten grains** and especially against **wheat**. Usually, coeliac disease detection relies on IgA antibodies that you can't express; anyhow, you are stuck with radical and definitive **gluten** exclusion, would you be coeliac or not!
- Addressing leaky gut also implies refraining from other **grains** (such as **rice** and **corn**), from **hot & spicy foods**, and from **alcoholic beverages**. Further dietary restrictions come from high IgG readings: foods marked with 2 triangles (pages 5/7 and 6/7) should not be removed but reduced whenever manageable.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.
- Regarding your *Hashimoto's disease* and multiple symptoms reflecting low thyroid function, I am not in favour of prescribing thyroid hormones at this stage, but we can try to help with a gentle therapeutical trial based on non-prescriptive thyroid glandulars (MV1PN), to be taken twice a day due to short T3 life.
- Selective IgA Deficiency has also been linked with *Helicobacter pylori* infection, given that IgA provide an effective barrier against the bacteria. The presence of serological marker for such infection justifies an intervention, but I am reluctant to launch the classic triple or quadruple antibiotherapy. Let's begin with daily sachets of specific probiotics (*Saccharomyces boulardii* / BS26BI), plus herbal antimicrobials.
- These combine curcumin (CCNPY) and berberine (BBTPY), especially interesting when you consider that curcumin will besides fight massive LDL cholesterol oxidation and berberine will besides fight *intestinal dysbiosis* (another condition associated with IgA absence) reflected by frequent loose bowel movements.
- As anticipated by the gynaecologist, you present menopausal hormonal values (FSH above 100), which clearly deserve mild bio-identical HRT based on two gels (OEGG & PGGG). I am taking into account your negative reactions against stronger versions, plus the interest of 'tubes of gels' to facilitate fine-tuning.

Georges MOUTON MD