

Patient:

Date:

Saturday 5th January 2019

Comments:

- Despite your self-managed natural thyroid support, you still present numerous symptoms and several biological features compatible with low thyroid function. We notice TSH level in the grey zone between 2.5 and 4.5, very low urinary T3 level, and surrogate markers (low IGF-1, poor betacarotene conversion).
- We besides identify suboptimal DIO2 genotype 'TA': you have inherited the weak copy of the gene from one parent, which reduces your capacity to convert thyroid prohormones T4 into active hormones T3. It makes sense to further support thyroid function, but with strictly natural and non-prescriptive means.
- We use MV4PN glandulars (twice a day given short T3 life) and numerous thyroid cofactors: iodine and selenium (SKNOV), zinc (ZNIPY), vitamin A (XA4SJ), and vitamin B2 (VB2TR). In fact, considering how thyroid and adrenal glands work in close synergy, I see your adrenal function as even more problematic.
- All adrenal prohormones (pregnenolone and DHEA) and hormones (testosterone and cortisol expressed by urinary metabolites as 17-OH-steroids), plus sexual hormone progesterone (from adrenal origin after menopause) show either low or severely deficient. We support them naturally with two prohormones, pregnenolone/DHEA that are seen as food supplements in the US, and cofactor coenzyme Q10 (CR25PY).
- Your low bone density deserves support from more vitamin D (D5LPY) and vitamin K (VL2PY) that will fix more calcium and magnesium (CMOSJ twice a day). Let me underline how low thyroid function can show deleterious for bones, as much as excessive thyroid activity, because T3 is a critical bone growth factor.
- I now have to stress some issues with your food supplement program. We must significantly reduce all that omega 3 support, which send those beneficial fatty acids in severe overdrive, itself detrimental to omega 6 fatty acids. These cannot be seen as "bad": only in excess, but too much omega 3s creates big omega 6 deficiency, a mirror image, given that all these fatty acids share the same enzymatic effectors.
- You have also triggered an excess of certain B vitamins, especially B12 that deserves a break. Boron and strontium show helpful, but they cannot be taken permanently due to the fact that we cannot check their biological levels. Balance remains the goal, which of course applies to foods with good reputation.
- For instance, I notice that your frequent intake of **vegetable juices**, intrinsically beneficial, triggers an exaggerated insulin response, which may also have been worsened by **sugary fruits** such as **apples** and **bananas**. You adequately exclude **gluten grains**, but replacing them with large amounts of **rice**, a **grain** that can show upsetting for the immune system and the gut wall, is not recommended. **Grains** usually do not fit patients with E3/E3 apoE genotype who thrive on high-**fat** / low **carb** diet. We can easily spot that your diet does not provide enough good **fats** and shows a bit short in **proteins** (see low creatinine).

Georges MOUTON MD