

Patient:

Date:

Sunday 4th November 2018

Comments:

- You have requested an appointment with me to obtain help regarding fertility concerns, with unreliable ovulations and two unsuccessful IVF cycles, but they occurred before you were treated for *Hashimoto's disease* in . You also complain about digestive issues, which we could label "*IBS-D*" given frequent loose stools: as much as 6, up to 8 bowel movements per day manifesting with urgency when after food.
- You have been taking a combination thyroid hormonal treatment with 25 mcg of L-thyroxine (T4) and 10 mcg of L-thyronine (T3), due to your intolerance to higher levels of T4 if not accompanied by T3. Your T4 dosage has recently been increased to 37.5 mcg, which leaves you with suboptimal T4 levels both in blood and urine. I therefore up it to 50 mcg of T4 without altering T3 dosage, still 10 mcg, but I insist about need to split T3 intake due to its short life as instructed by British Thyroid Association guidelines.
- Your decreased capacity to convert thyroid prohormones T4 into active hormones T3 results from faulty DIO2 genotype 'TA', with a weak gene copy inherited from one parent. Conversion will anyhow benefit from optimizing conversion cofactors such as selenium (SEMPE), zinc (ZNRPY), and copper (TRKTR). The latter mix brings a bit of missing iodine (its deficiency may aggravate autoimmunity) plus helpful herbs.
- In fact, I find your existing programme of food supplements very wise and I have only been able to fine-tune it according biological results. Rarely, I had to discontinue something (e.g. iron) and what rather shows is a need for stronger dosages, mostly affecting fat-soluble compounds: fish oil, vitamins D and K.
- This sends us back to your upset bowels, as diarrhoea frequently triggers malabsorption. You planned a visit to gastroenterologist about "*contracted gallbladder*"; he may want to explore possible diagnosis of *bile acid diarrhoea*, raising a possibility of therapeutical trial with bile acid sequestrant cholestyramine.
- Your chronic diarrhoea might as well respond to my suggested management scheduled for 4 months. It relies on special intestinal treatment: *Saccharomyces boulardii* probiotics (BS26SJ) and monthly cleanses based on plant alkaloid berberine (BBSPY). You are aware about compulsory removal of **gluten grains** and **hot & spicy foods**, but I besides identify severe IgG reactions to **bananas**, **beef**, and **dairy products**.
- Interestingly, your apoE genotype harbours an E4 allele, which implies restrictions on high cholesterol foods, namely **dairy products** (the worst), **red meat**, and **coconut oil**. Your fatty acid profile confirms that you must replace most of **meat** by **oily fish**. Please stop indulging on foods high in toxic trans fats! To help you manage such changes, I suggest you see my nutritionist who will provide a nice eating-plan.

Georges MOUTON MD