

Patient:

Date:

Saturday 13th April 2019

Comments:

- You have wished to see me regarding your *autoimmune thyroid disease*, which is treated with 125 mcg of L-thyroxine, because you still present numerous symptoms suggesting a low thyroid function, e.g. “*big constipation trend*”, “*always cold*”, no libido, anal fissure and haemorrhoids, mild depression, lack of memory and concentration, plus above all weight gain. Your main query is: “*I just want to lose 20 lbs*”!
- You have also brought a carotid US scan showing an “*anecdotal obstruction never higher than 15%*” that I find pretty normal for your age, now 64. I presume that is why you take red rice yeast to lower your cholesterol, but of course the statin-like natural molecule also lowers good HDL cholesterol. Good news is that you do not show any significant LDL cholesterol oxidation. Annoyingly, red rice yeast also blocks endogenous coenzyme Q10 production, excellent for the heart, which I therefore supplement (CQ25PY).
- In fact, atherosclerosis and excessive cholesterol levels can also be blamed on *hypothyroidism*. I fully endorse your L-thyroxine (T4) dosage but, as expected, the issue comes from active thyroid hormones T3 that were not measured in any of the blood or urine tests you have brought with you. It appears low in blood (plus excessive reverse T3 that works against T3) and very low in urine. We easily understand why you suffer from such poor conversion from prohormones (inactive) T4 into active T3: blockage by stress (also responsible for very high reverse T3) together with heterozygous variant DIO2 genotype ‘TA’.
- Patients with this genotype receiving T4 treatment usually need some complement of T3, which in this case could consist in non-prescriptive glandulars: GTA-FORTE when you wake-up (with L-thyroxine) and GTA with dinner. We besides boost conversion with specific Ayurvedic herb *Commiphora mukul* (CMNPY) as well as three indispensable cofactors, i.e. selenium (SEOSJ), zinc (ZNIPY), plus magnesium (MGCPY).
- Interestingly, guggul possesses hypocholesterolemic activity, as well as berberine (BBTPY) that we use to fight *intestinal dysbiosis* and ‘*leaky gut*’. These show up through excessive level of bacterial endotoxins (lipopolysaccharides/LPS) that trigger an increase of intestinal permeability directly responsible for the thyroid autoimmune attack. From dietary point of view, you must immediately eradicate **gluten grains** given that **gliadin**, major sub-protein belonging to **gluten** complex, opens tight junctions in the gut wall.
- Besides, you complain about weight but your eat loads of **bread** (**wholemeal** to make it sound healthy). You also consume lots of **ice cream** and more generally **dairy products**, for sure the most potent source of cholesterol you can find! It appears that you suffer from primary **lactose** intolerance, from genetic origin: no way you can consume **lactose** (**lactose-free** stuff: no thanks!), but you can have **hard cheese**.
- We can conclude that two critical changes to your diet, i.e. moving **gluten-free** and **lactose-free**, shall help reducing cholesterol, losing weight, and above all improve intestinal health critical for *thyroiditis*. Your apoE genotype ‘E3/E3’ implies that you should follow a high-**fat**/low-**carb** diet, which is not at all the case for now. I know it will sound counter-intuitive, but you put on fat because of **carbs**, not due to **fats**! Also, the OGG1 genotype ‘SC’ imposes to follow **intermittent fasting**, which you are almost doing.
- To help you manage such changes, I suggest you see my nutritionist who will provide a nice **eating-plan**.

Georges MOUTON MD