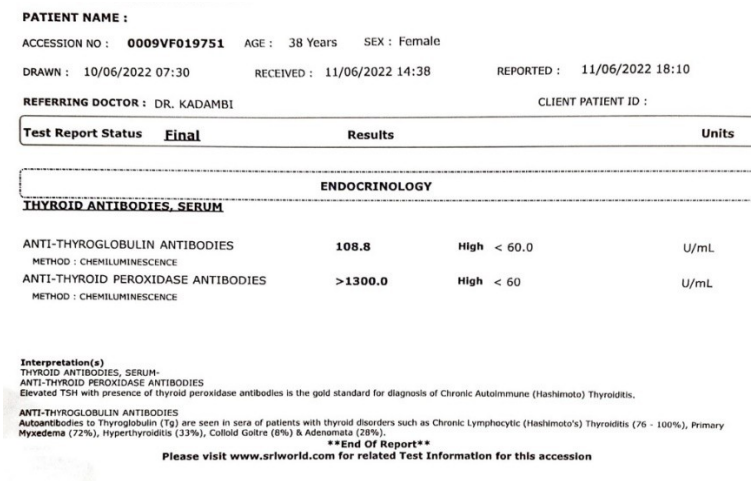
A Healing journey of a women from Hashimoto's thyroiditis with IBS & extreme chronic fatigue

A women age 37 years approached us with complaints of imbalanced thyroid hormone, infertility, migraines, multiple gut disorders- chronic constipation, slow digestion, brain fog, anxiety, hair fall, abnormal vaginal discharge, joint aches. On the basis of her detailed description of signs and symptoms and consultation with our functional medicine doctor she was advised the following tests:

INVESTIGATIONS

- Complete blood work
- Hormone test- free T3, freeT4 and TSH
- Comprehensive reverse thyroid
- Latent infection tests
- Complete iodine thyroid w/ elements & adrenal stress
- Stool Comprehensive
- Food Intolerances

Her reports revealed imbalanced hormones- high TSH and low T3 T4, high thyroid antibodies, high anti TPO & TG. She was also found positive for Epstein Barr virus and also had candida antibodies. Her blood work showed Low vitamin D levels.



PATIENT NAME :

ACCESSION NO : **0009VF019751** AGE : 38 Years SEX : Female

DRAWN : 10/06/2022 07:30 RECEIVED : 11/06/2022 14:38 REPORTED : 11/06/2022 18:10

REFERRING DOCTOR : DR. KADAMBI CLIENT PATIENT ID :

Test Report Status **Final**	Results		Units
ENDOCRINOLOGY			
THYROID ANTIBODIES, SERUM			
ANTI-THYROGLOBULIN ANTIBODIES METHOD : CHEMILUMINESCENCE	**108.8**	**High** < 60.0	U/mL
ANTI-THYROID PEROXIDASE ANTIBODIES METHOD : CHEMILUMINESCENCE	**>1300.0**	**High** < 60	U/mL

Interpretation(s)
THYROID ANTIBODIES, SERUM-
ANTI-THYROID PEROXIDASE ANTIBODIES
Elevated TSH with presence of thyroid peroxidase antibodies is the gold standard for diagnosis of Chronic Autoimmune (Hashimoto) Thyroiditis.

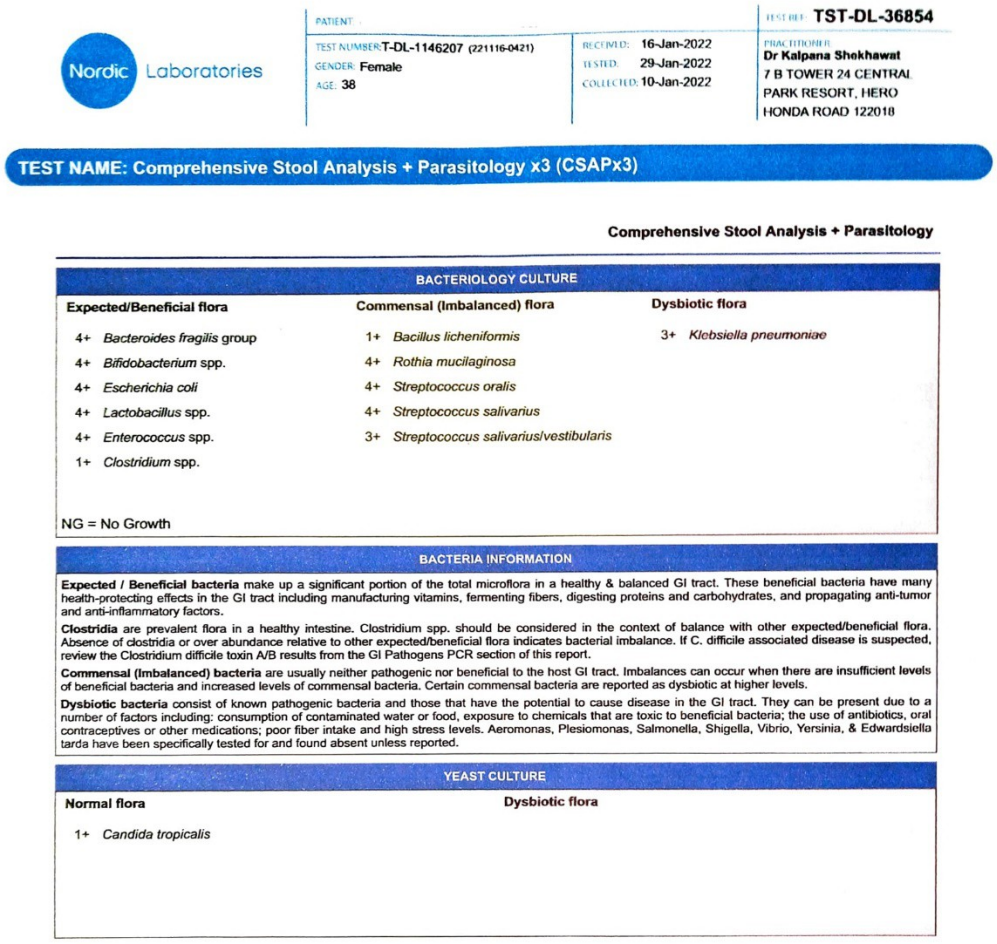
ANTI-THYROGLOBULIN ANTIBODIES
Autoantibodies to Thyroglobulin (Tg) are seen in sera of patients with thyroid disorders such as Chronic Lymphocytic (Hashimoto's) Thyroiditis (76 - 100%), Primary Myxedema (72%), Hyperthyroiditis (33%), Colloid Goitre (8%) & Adenomata (28%).

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

Thyroid antibodies report

Her stool comprehensive reports depicted gut dysbiosis- *Klebsiella pneumoniae3*+, multiple imbalanced gut commensals. She was also found intolerant to food items she was consuming on regular basis.



Nordic Laboratories

PATIENT:
TEST NUMBER: T-DL-1146207 (221116-0421)
GENDER: Female
AGE: 38

RECEIVED: 16-Jan-2022
TESTED: 29-Jan-2022
COLLECTED: 10-Jan-2022

TEST REF: TST-DL-36854
PRACTITIONER:
Dr Kalpana Shekhawat
7 B TOWER 24 CENTRAL
PARK RESORT, HERO
HONDA ROAD 122018

TEST NAME: Comprehensive Stool Analysis + Parasitology x3 (CSAPx3)

Comprehensive Stool Analysis + Parasitology

BACTERIOLOGY CULTURE

Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ *Bacteroides fragilis* group	1+ *Bacillus licheniformis*	3+ *Klebsiella pneumoniae*
4+ *Bifidobacterium* spp.	4+ *Rothia mucilaginosa*	
4+ *Escherichia coli*	4+ *Streptococcus oralis*	
4+ *Lactobacillus* spp.	4+ *Streptococcus salivarius*	
4+ *Enterococcus* spp.	3+ *Streptococcus salivarius/vestibularis*	
1+ *Clostridium* spp.		

NG = No Growth

BACTERIA INFORMATION

Expected / Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.

Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If C. difficile associated disease is suspected, review the Clostridium difficile toxin A/B results from the GI Pathogens PCR section of this report.

Commensal (Imbalanced) bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.

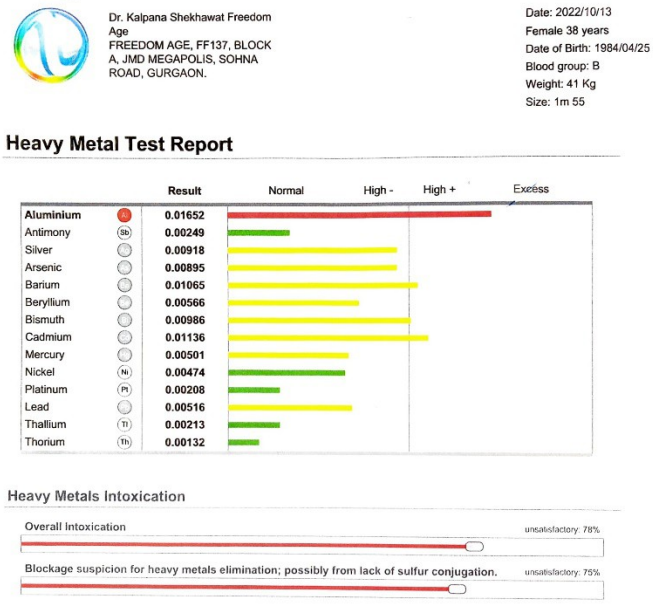
Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels. Aeromonas, Plesiomonas, Salmonella, Shigella, Vibrio, Yersinia, & Edwardsiella tarda have been specifically tested for and found absent unless reported.

YEAST CULTURE

Normal flora	Dysbiotic flora
1+ *Candida tropicalis*	

Stool Comprehensive Report

Heavy metal and mineral test reports showed metal toxicity of aluminium & cadmium, which was extremely high, the mineral report showed deficiency of most crucial minerals.



Dr. Kalpana Shekhawat Freedom
Age
FREEDOM AGE, FF137, BLOCK A, JMD MEGAPOLIS, SOHNA ROAD, GURGAON.

Date: 2022/10/13
Female 38 years
Date of Birth: 1984/04/25
Blood group: B
Weight: 41 Kg
Size: 1m 55

Heavy Metal Test Report

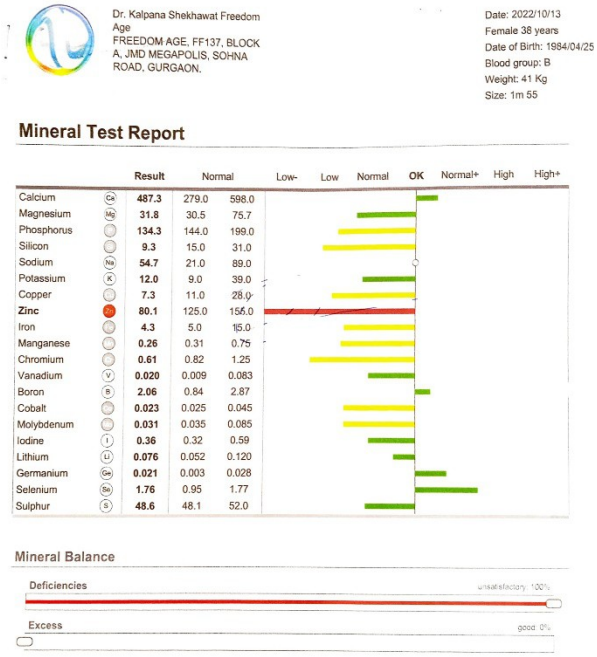
	Result	Normal	High -	High +	Excess
Aluminium	0.01652				
Antimony	0.00249				
Silver	0.00918				
Arsenic	0.00895				
Barium	0.01065				
Beryllium	0.00566				
Bismuth	0.00986				
Cadmium	0.01136				
Mercury	0.00501				
Nickel	0.00474				
Platinum	0.00208				
Lead	0.00516				
Thallium	0.00213				
Thorium	0.00132				

Heavy Metals Intoxication

Overall Intoxication — unsatisfactory: 78%

Blockage suspicion for heavy metals elimination; possibly from lack of sulfur conjugation. — unsatisfactory: 75%

Heavy metal test report



Dr. Kalpana Shekhawat Freedom
Age
FREEDOM AGE, FF137, BLOCK A, JMD MEGAPOLIS, SOHNA ROAD, GURGAON.

Date: 2022/10/13
Female 38 years
Date of Birth: 1984/04/25
Blood group: B
Weight: 41 Kg
Size: 1m 55

Mineral Test Report

	Result	Normal		Low-	Low	Normal	OK	Normal+	High	High+
Calcium	487.3	279.0	598.0							
Magnesium	31.8	30.5	75.7							
Phosphorus	134.3	144.0	199.0							
Silicon	9.3	15.0	31.0							
Sodium	54.7	21.0	89.0							
Potassium	12.0	9.0	39.0							
Copper	7.3	11.0	28.0							
Zinc	80.1	125.0	156.0							
Iron	4.3	5.0	15.0							
Manganese	0.26	0.31	0.75							
Chromium	0.61	0.82	1.25							
Vanadium	0.020	0.009	0.083							
Boron	2.06	0.84	2.87							
Cobalt	0.023	0.025	0.045							
Molybdenum	0.031	0.035	0.085							
Iodine	0.36	0.32	0.59							
Lithium	0.076	0.052	0.120							
Germanium	0.021	0.003	0.028							
Selenium	1.76	0.95	1.77							
Sulphur	48.6	48.1	52.0							

Mineral Balance

Deficiencies — unsatisfactory: 100%

Excess — good: 0%

Mineral test report

TREATMENT:

On the basis of the reports following treatment was advised

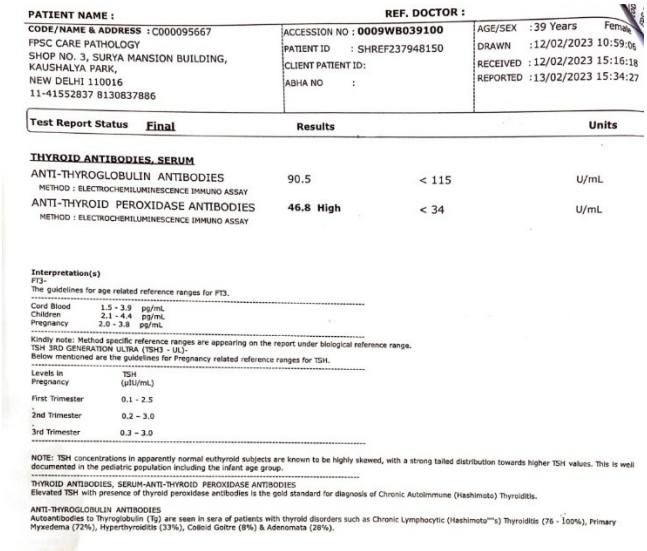
- Bio-identical Hormone Replacement therapy to balance her thyroid hormones

- Intravenous detox and rejuvenation therapy
- Nutraceuticals to fulfil the deficiencies
- Candida & Parasite Cleanse to eliminate parasites and fungal growth
- Diet corrections
- Peptide therapy- BPC 157 & Thyroxine Alfa 1
- Biofilm bursting and heavy metal detox enemas
- Liver cleanse therapy- IV and oral
- Selective healthy gut bacteria strains to balance and heal the gut lining

FOLLOW UP

After almost 5 months of treatment, she again tested for her major issue of thyroid her reports showed that she has balanced thyroid hormones. She feels much better, has more energy levels, improved sex drive.

Her thyroid antibodies dropped, the abnormal vaginal discharge has disappeared, gut feels good, her constipation has improved and she is on her second cycle of peptides and is continuing to follow the treatment.



PATIENT NAME : **REF. DOCTOR :**

CODE/NAME & ADDRESS : C000095667
FPSC CARE PATHOLOGY
SHOP NO. 3, SURYA MANSION BUILDING,
KAUSHALYA PARK,
NEW DELHI 110016
11-41552837 8130837886

ACCESSION NO : **0009WB039100**
PATIENT ID : SHREF237948150
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX :39 Years Female
DRAWN :12/02/2023 10:59:06
RECEIVED :12/02/2023 15:16:18
REPORTED :13/02/2023 15:34:27

Test Report Status **Final**	Results		Units
THYROID ANTIBODIES, SERUM			
ANTI-THYROGLOBULIN ANTIBODIES METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY	90.5	< 115	U/mL
ANTI-THYROID PEROXIDASE ANTIBODIES METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY	**46.8 High**	< 34	U/mL

Interpretation(s)
FT3-
The guidelines for age related reference ranges for FT3.

Cord Blood	1.5 - 3.9	pg/mL
Children	2.1 - 4.4	pg/mL
Pregnancy	2.0 - 3.8	pg/mL

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.
TSH 3RD GENERATION ULTRA (TSH3 - UL)-
Below mentioned are the guidelines for Pregnancy related reference ranges for TSH.

Levels in Pregnancy	TSH (µIU/mL)
First Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

THYROID ANTIBODIES, SERUM-ANTI-THYROID PEROXIDASE ANTIBODIES
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