

## Treatment Plan

**For:** Marita Smith

**Date:** 05/07/25

### Summary of key issues discussed:

#### 1. Blood test results (May 2025) review:

**Vitamin D - 99**, OK, optimal is 120

**Iron Studies - Ferritin - 87**, good

**TSH - 2.35** (optimal 0.5-1.5) suboptimal

**T4 - 12** (optimal is 15-17) suboptimal

*The inactive/storage thyroid hormone, its production is dependent on nutrients such as iodine, selenium, tyrosine, zinc; suboptimal level leads to hypothyroidism symptoms*

**T3 - 4.1** (optimal is 5.5-6) suboptimal

*The biologically active thyroid hormone, this is mostly made from the T4 converting into the T3 (this process also nutrient dependent); suboptimal level leads to ongoing hypothyroidism symptoms*

**Reverse T3 - 316** (optimal 200-250) has improved since last test.

*This is an inactive form of T3 made from T4. When too much of the T4 is being shunted into the Reverse T3 pathway, instead of active T3 pathway. This naturally lessens the amount of active T3 made from T4 for the body to use. Reverse T3 also blocks up the T3 receptor sites so the real/active T3 can't 'dock in' to cells, leading to hypothyroidism symptoms. See prior Treatment Plan for more.*

**Positive TPO antibodies\*** 168 (optimal <6) 'Anti-thyroid' immune factors destroying thyroid cells/tissue, likely contributing to your low thyroid hormone levels

**Positive TG antibodies\*** 49 (optimal <4) 'anti-thyroid' immune factors affecting thyroid function

\*Both these antibodies reflect Hashimotos autoimmune hypothyroidism, and create a lot of oxidative stress and inflammation within the thyroid gland itself. This then interferes with the health of thyroid is and how well it can make optimal levels of T4.

**Oestradiol <85** (follicular phase) LOW (optimal 150-250)

**Low White Cell Count, Neutrophils, Lymphocytes** These can be affected due to chronic immune activity of Hashimotos

## 2. Perimenopause symptoms? Low (follicular level) oestrogen level & lighter periods

Consider consulting a hormone-savvy practitioner (Integrated GP, Nurse Practitioner (NP) for further discussions and potential prescribing (or trial). They may also offer low dose natural thyroid support (as prescription).

- Karen Fawkes NP <https://www.infinitehealthstudio.com.au/> (Shenton Park)
- Dr Lucy Caratti <https://floraliawellness.com.au/pages/dr-lucy-caratti>

## 3. Nervous system support

I've added a favourite supplement\* for nervous system, energy and immune system support, especially during perimenopause below.

### Prescription

Product	Why I've prescribed it	How to take it	How long to take it for
<b>MagTaur XCell*</b>	Supports the health and function of the nervous system.  Supports energy production, and cardiovascular and immune function.  Contains B12 and activated folate.	Mix 1 scoop into water 1 x day.  Take with lunch.	Safe to take long term.
<b>MagCalm</b>	Magnesium, glycine and taurine combined with relaxant herbs to support your stress response.	Mix 2 scoops into water, consume 1-2 hours before bed.	Safe to take long term.
Clinical Lipids	Highly purified & concentrated fish oil for omega 3 essential fatty acids (EPA/DHA).  Helps improve mood, reduce stress and lower inflammation in the body.	Take 1 capsule, 2-3 x day with meals.  REFRIGERATE AFTER OPENING	Safe to take long term.

Your script has been updated in [vital.ly](https://vital.ly)