

Wilson's Temperature Syndrome

BASIC GUIDELINES FOR DOCTORS USING THE WT3 PROTOCOL

The basic guidelines below include typical patient workup, common patient management issues, practice tips, frequently asked questions, and common misconceptions regarding the protocol.

These guidelines do not completely explain the WT3 protocol and are intended for doctors who have already read the Doctor's Manual for Wilson's Temperature Syndrome. The Doctor's Manual details how to maximize the benefits while minimizing the risks of T3 therapy. It is imperative that doctors read the manual before trying to treat Wilson's Temperature Syndrome with T3.

A general overview of the WT3 protocol for Wilson's Temperature Syndrome is presented in the "Patient Orientation to the WT3 protocol," which is recommended as a handout to all patients starting the T3 protocol.

PATIENT WORK-UP

Diagnosis of Exclusion

Wilson's Temperature Syndrome is a diagnosis of exclusion and is confirmed by a therapeutic trial of the WT3 protocol. Thyroid blood tests have no role in diagnosing this condition other than to rule out decreased thyroid gland function. History, physical exam and laboratory tests can help identify other possible causes of fatigue including: anemia, chronic infections, blood sugar abnormalities, lifestyle factors, side effects of prescription drugs, toxicity, and other endocrine disorders. If no more likely explanation can be identified for the patient's complaints, the WT3 protocol should be considered.

Tests

Laboratory tests can include CBC, Multi-chemistry panel, T4, TSH, ANA, and EKG. Special care should be taken to rule out conditions that can be intensified by thyroid treatment, such as cardiac arrhythmias and Addison's disease.

HIGHLIGHTS OF PATIENT MANAGEMENT

WT3 Protocol

Wilson's Temperature Syndrome can often be reversed with a specific protocol that uses T3 compounded with a sustained release agent. We call this approach Wilson's T3 protocol, or WT3 protocol for short, to distinguish it from other methods of using T3. Not all pharmacists compound the T3 consistently well, based on the fact that quite a few doctors and patients have noticed better results with fewer side effects when they switched to T3 compounded by Medaus Pharmacy in Alabama (800-526-9183). Medaus accepts insurance from over 200 companies for T3. It's important to work with an experienced pharmacy that has the right equipment, such as a V-blender that mixes the T3 compound thoroughly and consistently.

Management of Complaints due to the WT3 Protocol

T4 Test Dose (see Chapter 10 of the Doctor's Manual) T3 is 4 times **stronger** and **breaks down 3**

times faster than T4. The short half-life of T3 can contribute to unsteady T3 levels. Complaints due to unsteady T3 levels include: fluid retention, muscle aches, anxiety, irritability, increased heart rate, and increased awareness of heartbeat.

Being weaker and longer-lived than T3, T4 can act as an antidote to unsteady T3 levels. When released into the bloodstream, T4 occupies some of the thyroid hormone receptors and provides a predictable dampening effect within 45 minutes.

The Patient Orientation handout points out that .0125 mg of T4 can be an effective treatment for side effects of T3 therapy and that the dose can be repeated after 45 minutes if necessary. Usually, the dose of T4 needed is proportional to the dose of T3 a patient is taking. Therefore, if the patients need to repeat the .0125 mg test dose of T4, then they can take .025 mg every time they need a dose of T4 for side effects in the future when they are on the same or higher dose of T3.

People who are not taking thyroid medicine can easily have pulse rates over 140 when they exercise. If a patient has a resting pulse of over 100 it is not an emergency, but it is important to start trying to bring the pulse rate down with T4. If the resting pulse rate rises above 150 consistently (though we haven't ever heard of this occurring with doctors using the WT3 protocol correctly) you should consider sending the patient to the emergency room.

Reducing the Chances of Cardiac Complaints

Patients should avoid stimulants such as caffeine, nicotine, decongestants, etc. during the protocol. Patients may exercise as long as they don't experience palpitations or excessively rapid heart rates.

Fast Compensators

As soon as patients are given oral T3 their bodies begin to produce less endogenous T3. It should not be a surprise when a patient's temperature goes up to normal on a certain dose, and then drops back down again after some time on that same dose. This hormonal compensation to a 7.5 mcg BID increment of T3 can take from a few hours to 3 weeks to occur. On average, compensation will take 4 days. However, it's important to realize that compensation can be taking place even when the body temperature is not yet increasing. Around 10% of patients are fast compensators that compensate in less than a day. They can compensate so fast that they can overcompensate. For fast compensators it is typical for their temperatures to go down instead of up during the first day or two of T3 therapy. Understandably, these more volatile patients are often more difficult to treat.

Points of Emphasis for Treating 'Fast Compensators'

1. Stress that it's extremely important for them to take their medicine on time, to the exact minute.
2. T4 should be taken as needed. Some fast compensators will need to take a small T4 dose as described above every day (it's important for the patient to feel comfortable and to be safe).
3. Some people will also benefit from adrenal support. Low body temperature and low blood pressure due to decreased endogenous thyroid production can often lead to adrenal compensation which is the secretion of adrenal stress hormones that increase the pulse rate and blood pressure and blood sugar levels.

Although fast compensators can be very challenging to manage, they can also be very appreciative when they succeed. They are often very willing to support and encourage other patients once they finish the protocol.

When the Temperature Doesn't Go Up

Some patients following the WT3 protocol still have difficulty getting their temperatures up to 98.6. For them,

1. Cycling up by an increment (3.75 mcg or 7.5 mcg) every 12 hours instead of each day can often help. Patients cycling up every 12 hours should be especially vigilant in taking their medicine precisely on time.
2. Some patients will have other issues that need to be addressed such as heavy metals, toxicity, chronic infections, or chronic illnesses that continually cause a decrease in temperature.
3. The use of the WT3 protocol is often done as a therapeutic trial. Occasionally if a patient has seen no increase in temperature after three rounds, it might mean that it does not work for them. These patients can be helped in other ways that might take much longer, but are still effective. (For example there was one patient who had a temperature of 96.0 F and was not able to increase his temperature with T3. A hair test analysis indicated severe heavy metal toxicity, and a 9-month detoxification program eliminated most of his low temperature complaints.)

WT3 Protocol in Primary Hypothyroidism (see Chapter 12 of the Doctor's Manual)

Patients can be suffering from primary hypothyroidism and Wilson's Temperature Syndrome simultaneously. Treating hypothyroidism with the WT3 protocol can clear up the patient's WTS, presumably by clearing up the peripheral pathways of thyroid metabolism. Hypothyroid patients can be weaned off the T4 medicine they're taking, put on T3 for a time, and then put back on their T4 medicine after the WT3 protocol is finished. By so doing, hypothyroid patients are often able to maintain better temperatures and feel better on less T4-containing medicine, after transitioning

back and forth on the WT3 protocol, than they did when they were taking more T4-containing medicine before using the WT3 protocol.

Chapter 12 of the Doctor's Manual explains how to apply the protocol for hypothyroid patients. Hypothyroid patients can be shifted off of medicines containing T4 and started on T3 therapy. If necessary, patients can be transferred back onto small doses of T4 while weaning off of T3 in preparation for the next cycle. There are different ways in which this weaning can be accomplished. The Doctor's Manual describes the process of weaning the patient completely off the T4 in 10 days. In this case T3 should only be taken when necessary to prevent worsening of complaints.

Another option is to cycle the hypothyroid patient up on the T3 at the same time as they wean off the T4. This method is easier to explain to the patient and often provides satisfactory results. For example, patients can wean off their T4 doses over 3 or 4 days while starting up on the T3 therapy. A patient on .15 mg of T4 might take .1 mg of T4 and 7.5 mcg BID of T3 on the 1st day, .05 mg T4 and 15 mcg BID of T3 the second day, and 0 T4 and 22.5 mcg BID of T3 the third day.

When hypothyroid patients are weaning off T3 therapy, they may find that they can't go below a certain dose of T3 without their temperatures dropping. At that point they can add .025mg/day of T4 and increase it as necessary to support them while they are weaning off the T3. Once they are off the T3 for a few days, the patients can then consider transitioning off the T4 support they're taking and back onto another cycle of T3 as they did on the first cycle.

The goal is to find a maintenance dose of T3 the patients feel good on. Usually this dose will keep their temperature close to normal. You can order antithyroid antibody tests approximately every 3 months. At a certain point the antibody levels may start decreasing. The TSH may also tend to stay normal even while the patient is weaning off the T3.

Thyroidectomy

Patients who have had a thyroidectomy are excellent candidates for the WT3 protocol. In some ways they are easier to treat than other patients because they're not producing any T4.

The treatment approach can be similar to the one described above for primary hypothyroidism, but the goal is simply to help the patient feel better on the thyroid medicine they must take for life (T4 or T3).

Long-term Maintenance Dosing for Thyroidectomy

All total thyroidectomy patients and most hypothyroid patients will need to take some form of thyroid medicine for life. Once it seems the full benefits of the WT3 protocol have been obtained, patients can be transferred back from T3 to a T4-containing medicine such as Synthroid or Armour. These medicines are once a day, ubiquitous, and less expensive. However, some patients don't feel as well on these medicines as they do on the T3 therapy and some doctors don't mind leaving hypothyroid patients and thyroidectomy patients on T3 alone indefinitely. This is usually tolerated well.

In fact, patients tend to tolerate T3 replacement better and better over time, as their bodies become more accustomed to it. Some patients who don't tolerate T3 well the first cycle usually tolerate it much better the next. In fact, some people even get to the point of being able to tolerate a once a day schedule so that it becomes a lot like taking T4 (most patients feel better on a BID schedule). Over time, some patients may also find that they don't have to be as strict about taking their T3 on time.

Patient selection criteria are important when considering patients for long term T3 maintenance. They should be able to take the medicine reliably and correctly. They should be monitored for any cardiac complaints and osteoporosis while on using SR-T3 for an indefinite time. They should make sure

they exercise regularly to diminish the chances of developing osteoporosis. Taking 1000 mg of calcium daily is a good preventive measure as well.

Patients' cholesterol levels may run lower on T3 than on T4. And as long as patients are feeling well, and there are no indications of any problems, some doctors may be comfortable leaving certain patients on T3 for 20 or 30 years, considering how much better their lives can be on T3 than on Synthroid. The case of a boy born without any thyroid function provides an interesting point of reference. His case was reported in the Lancet when he was in his 20's. He was started on T3 at birth instead of T4. He developed completely normally without any endogenous or exogenous T4 in his body.

Migraines

Also, migraines often respond dramatically well to the WT3 protocol.

Muscle Aches

A lot of patients coming in for the WT3 protocol will also have a lot of chronic muscle aches. The WT3 protocol may alleviate the complaints of most people with chronic muscle (fibro) pain. You can expect that the muscle aches may start diminishing once peoples' temperatures are 98.6.

WHAT TO EXPECT ON LABORATORY TESTS

The diagnosis of WTS is not based on any blood tests. It's not based on a T3 deficiency or RT3 excess. Like irregular periods, it's a functional impairment that doesn't show up on blood tests but does respond to treatment (like irregular periods often respond to birth control pills). We don't know exactly how the WT3 protocol resets the body temperature and metabolism- we just know that it often does.

Thyroid Tests

It takes about 4 to 6 weeks to completely suppress TSH with Synthroid. T3 can do that in about a week. There's really no reason to order thyroid tests while patients are on the WT3 protocol because the tests do not change management. However if you do, you may find that the TSH will likely be suppressed, and the T3 count will be high and the T4 will be low. These findings are not problematic and are to be expected. The whole purpose of T3 treatment is to decrease the T4 level. Having low T4 is not a problem as long as patients are being supported directly with T3. It's important to remember that T4 is merely a pro-hormone for the active hormone T3- 80% of which is made from T4 in the peripheral tissues of the body.

Low TSH levels and high T4 levels indicate hyperthyroidism if the patient is not taking exogenous thyroid hormones. The presence of Thyroid Stimulating Immunoglobulin generally indicates Grave's Disease.

The thyroid gland is essential for maintaining blood sugar and getting insulin to the receptor sites. The WT3 protocol can often bring high blood sugar and insulin levels down comparably to Glucophage. In cases of hyperinsulinemia, insulin levels may drop significantly with WT3.

Other Hormone Tests

Ordering salivary cortisol levels can be helpful but is not always necessary. Adrenal complaints, such as low blood pressure and orthostatic lightheadedness, often improve with T3 alone. One can often start the WT3 protocol and then see if any adrenal complaints remain. Many patients with Wilson's Temperature Syndrome will have low DHEA levels.

If complaints are severe, DHEA levels should be tested. If the levels are very low, supplementing DHEA can often help patients feel better. It is important to remember that excess levels of DHEA can cause masculinizing effects. However if DHEA levels are low, then fairly large doses of DHEA may serve to fill the deficit rather than to create excess.

Thus, when patients have low DHEA levels and there is little concern for masculinization, their DHEA levels might be brought up to normal within about 6 weeks on 50 to 100 mg/day of DHEA.

Interestingly, AST levels may be low in some candidates for the WT3 protocol. Patients with low AST levels often complain of Carpal Tunnel Syndrome (CTS). Low AST levels can be caused by pyridoxine deficiency. Many holistic and naturopathic doctors treat CTS with pyridoxine (Vitamin B6). It appears that pyridoxine metabolism may be affected by thyroid physiology, which might be why a lot of thyroid patients have Carpal Tunnel Syndrome, and why CTS often resolves with the WT3 protocol.

Low progesterone levels and low testosterone levels can also cause low temperatures.

COMMON MISCONCEPTIONS ABOUT THE WT3 PROTOCOL

Misconception #1: WTS can be diagnosed with laboratory tests.

The most common misconception is how the diagnosis of WTS is reached. The basis for suspected WTS is quite simple: Low body temperature and any of the WTS complaints. The diagnosis is confirmed by a therapeutic trial. TSH, T3 and RT3 blood tests have no impact on the diagnosis and treatment of WTS. A thyroid panel is recommended, but only to rule out hypothyroidism and other causes of low temperature.

Misconception #2: WTS patients must have all of the symptoms on the checklist.

WTS patients do not have to have all the symptoms on the checklist. They could just have fatigue. They may have weight gain or they may be very thin. People may respond well to treatment even if they have just one of the complaints on the checklist. For example, someone might have only low blood sugar complaints and T3 may help the person recover. A

high cholesterol level is enough of an indication for T3 therapy because often when the temperature is raised to normal the cholesterol will normalize. When the T3 is stopped, the cholesterol often stays normal.

Misconception #3: Patients who aren't tolerating the treatment well should increase their T3 doses more slowly.

That's usually not the case. Most patients who don't tolerate the treatment well are fast compensators. Fast compensators require decisive action. It's like crossing a river with a strong current. If people wade across slowly it's easy for the current to knock them down. But if they jump quickly from rock to rock, they can get to the other side more efficiently and comfortably. Slower is not better when it comes to cycling up on T3 therapy. Going up in incremental doses on time every day is often crucial.

Misconception #4: Patients should be weaned off T3 more quickly than they increased their dose.

Many times patients are weaned off the T3 too quickly. Thus, doctors often have patients go up too slowly and come down too quickly, but it should be the reverse. Patients should always try going down slowly enough that their temperatures hold without slipping. Some people can wean down an increment every two days, whereas some people need to go down every four or six days.

FREQUENTLY ASKED QUESTIONS

Question #1: "Should I use Armour thyroid, should I use T3, or should I use Synthroid?"

Because Armour thyroid has T3 in addition to T4 it's probably one step closer to proper treatment for WTS than Synthroid. But, patients treated with Armour usually don't feel 100% better and they will

almost never be able to get off the medicine without feeling poorly again. On the other hand, when treated properly with the WT3 protocol, many people that respond well will get to feeling 100% better and will be able to remain improved even after they wean off the medicine.

Question #2: Am I the only doctor doing this?

No, you're not the only doctor doing this! There are currently more than 150 doctors that have signed a consensus statement on WTS, and there are over 100 doctors on the list of WTS Treating Physicians on our website. There are treating physicians all over the world. It's estimated that well over one thousand doctors have used the protocol for well over 50,000 patients over the last 10 years.

Question #3: Can I be disciplined for prescribing SR-T3?

Sustained release T3 is a compounded medicine that is legal to prescribe. Although Dr. Wilson faced some opposition for using it in the beginning, there is now such a large constituency of doctors using it that it is extremely rare that doctors have any trouble. In fact, the opposition against Dr. Wilson was largely for his use of advertising to spread the word about the treatment. Please call WTS at 800-420-5801 if you would like more detailed information about the legalities of the WT3 protocol.

Question #4: Could my patient go to the emergency room and have a heart attack?

Because the T3 is given with a sustained release agent, it's extremely unlikely that patients will have a high risk of heart attack. However, the risk is there and it's important to order a baseline EKG before starting the WT3 protocol. And T4 test doses are often helpful in managing side effects.

Question #5: What should I look for in an EKG?

You can look for evidence of old heart attacks, frank arrhythmias, and other significant abnormalities. Using calipers, you may want to look for traces of irregular irregularities in the heart rhythm. Such traces may indicate a tendency toward atrial fibrillation, even though at first glance the patients appear to be in normal sinus rhythm.

Question #6: Can I treat someone with T3 if they have an abnormal EKG?

Yes, but you have to be extremely careful. Unsteady T3 levels due to T3 therapy can make cardiac abnormalities more pronounced. For example, small irregular irregularities on the EKG can develop into atrial fibrillation. Patients with abnormal EKG's have been treated successfully with T3 therapy but they require very careful management.

Finding out the patients' physical limitations can often lend perspective to the EKG findings. For example, if patients are able to exercise and run around the block without difficulty the concern is less. On the other hand, if patients already have palpitations and aren't able to walk up stairs because of increased pulse rates then T3 therapy would rarely be advisable.

Patients with increased cardiac risk can be kept on smaller maximum doses of the T3 during the first round, i.e. up to 30mcg BID, and supplemented with .0125mg of T4 each day for at least the first 2 or 3 months. This more conservative treatment can help patients become acclimated to the T3, especially if they are kept on a plateau dose of T3 for three weeks before cycling down. If they tolerate the treatment very well, the maximum dose can be increased to 45 mcg BID. The next round they might go as high as 52.5 mcg. **If patients still have slight arrhythmias or abnormalities on the EKG then it is best for them to become acclimatized to the T3 for at least six months before trying to go as high as 75mcg BID.**

Question #7: What prescription drugs can patients continue when they're on T3?

Candidates for the WT3 protocol are often taking many prescription drugs. Drugs that can go against the WT3 protocol (like steroids) or whose side effects can be additive to the WT3 protocol (like asthma inhalers) should be avoided. Often, normalizing body temperatures with T3 can improve asthma. Since patients are often reluctant to wean off of antidepressants, they can begin the WT3 protocol and then wean their antidepressants when they feel comfortable doing so. Most patients are able to wean off the antidepressants because they feel so well.

PRACTICE TIPS

Patient Education and Support

It's often helpful to stress to the patients the information presented in the handout, "**Patient Orientation to the WT3 protocol**," It is not all repeated here, so **please see the handout**. Specifically, it's helpful for the patient to understand the commitment of time, money, and adherence to the protocol that is required.

It is also very helpful to **collect a list of names and phone numbers of patients** that you have successfully treated with the WT3 protocol that would be willing to discuss their treatment experience with new patients. Successfully treated patients are often happy to provide this assistance. **This is perhaps the best tip in this entire guide.** These patients can often provide invaluable support to other patients. They have the desire, time, and personal experience to help other patients feel more comfortable with the protocol.

It would be especially helpful for you to have a list of patients, who were "**fast compensators**," (see above). Fast compensators are often the most difficult patients to treat and they can benefit from a lot of moral support. That support can be

provided by other patients who have been fast compensators (or other categories of patients) and who eventually did well on the treatment. You can also keep track of those patients who were cured of various symptoms. For example, you could have a new patient that has migraines call a patient who was cured of migraines. You can match up the circumstances of new patients with those patients who have done well with the treatment. This is an excellent way to encourage hope, determination, and compliance.

Doctor confidence

Doctor confidence is extremely important with the WT3 protocol since success depends on patient compliance. And patient compliance largely depends on doctor confidence. If you don't have a lot of confidence yet, we can put you in contact with other treating physicians that do.

Some doctors say all their patients get better and some doctors say none of their patients get better. Many doctors get frustrated because they say they have tried the treatment for 6 months or a year and their patients don't get their temperatures up. But many doctors aren't adequately familiar with the protocol, and consequently, neither are their patients. For example, doctors often don't cycle up (increase the dosage) every day. And many doctors don't know that patients can **wean off T3**. Some doctors think T3 has to be taken indefinitely. So they don't understand why they might want to use T3 as opposed to Armour. Sometimes, doctors will put their patients on T3 along with Armour thyroid. A lot of these patients won't get better as quickly, completely, or permanently as they would with T3 alone. The WT3 protocol is designed to help patients feel **completely well when off the protocol**.*

It's true that some doctors use the protocol correctly and still have a challenging time with it. It's possible that the first ten patients a doctor sees will be fast compensators. If doctors are following the protocol correctly and the temperatures are not going up, then they might try going up by 3.75 or by 7.5 mcg every 12 hours. After three months, if the temperature still hasn't come up, one might consider other issues (such as the patients' progesterone or adrenal levels, diet, toxic exposures, chronic infections, etc). Some patients may need just a few cycles of the therapy. Out of a hundred people, there will be a handful that might respond after 6 or 9 cycles, or even a year of cycles, or more.

Working through options

When patients are willing to do the work and their doctor is willing to give them different options (such as the ones below), almost everybody is very happy with the results.

Occasionally you might have to try something different

Some patients just don't respond in the typical fashion. For example, one of Dr. Friedman's patients was on Synthroid for ten years and never felt well. Then she went to Armour thyroid and never felt well. Then she cycled up and down on T3 for six months and her temperature never went up. She said, "T3 doesn't help me. T4 doesn't help me and my temperature never goes up." So he asked her "When you're cycling up and down, is there a time when you feel good?" And she said, "I feel pretty good at 22.5." She stayed at 22.5 for ten days. She came back and she said she had lost ten pounds and that it was the first time in ten years that she felt well. She was able to go the whole day without complaints. She's going to stay on 22.5 mcg BID of T3 indefinitely.

Plateau for weeks

Another technique to try on patients whose temperatures are not coming up on the WT3 protocol is to leave them on a plateau at the top of a cycle for weeks. Dr. Stephen Leighton feels that this can more fully deplete RT3 and reset the system more effectively than waiting only 3 days between cycles. He feels this often helps patients capture their temperatures on subsequent cycles.

Diet

One patient's temperature went up on the WT3 protocol but she still didn't feel better. It turned out that she literally ate nothing but nutritional bars every day, and only ate about ten cooked meals a year (on holidays). For her, the solution was as basic as diet.

WTS Symptom Checklist

It's very helpful to have the patients fill out the WTS symptom checklist and put a numerical score for every symptom they have. That way they'll be able to evaluate the progress they're making, as their complaints resolve.

Monitoring Temperatures

It's more important for patients to check their temperatures closely while they're weaning off T3 (to make sure the temperature doesn't drop) than it is when they are cycling up. If patients overshoot their temperatures a little, at least they'll have more leeway while they're weaning down.

Monitoring Pulses

Patients should monitor their pulses closely and never increase the T3 if their pulses are over 100 or if they're having palpitations. Patients can run into trouble if they are not diligent about checking their pulse.

WHAT RESULTS TO EXPECT FROM THE WT3 PROTOCOL

Up to 20% of patients may find the regimen too demanding and give up. Of those that are willing to do the work and stick with the treatment you can expect that:

- Within 3 months, about 70% of patients will have successfully finished the treatment, and within six months, 90%. 10% of patients will need more time - maybe even a year, or simply might not be good candidates for the WT3 protocol.
- About 20% of patients will feel worse before they'll feel better.
- Eventually, about 90% of patients will be cured of the majority of their complaints.

Remember: People typically feel the best when they're 98.6 and they're OFF the medicine. Only some people will feel extremely well while they're at 98.6 and ON the medicine.

If you would like to talk with a doctor who is experienced with the use of the WT3 protocol you can call 1-800-420-5801 to make an appointment for free physician support via phone or email. We are happy to help!

Wilson's Temperature Syndrome

SYMPTOM CHECKLIST

You can use this sheet to track your progress with your symptoms by rating them before, during and after treatment (marking the dates at the top of each column). You can rate each symptom on a scale of 1 to 10 on how you feel; 10 being how you imagine a normal person to feel, 1 being terrible.

	before	during	after		before	during	after
PUT DATES HERE: _____	_____	_____	_____				
Fatigue () () ()	()	()	()	Abnormal throat sensations () () ()	()	()	()
Headaches () () ()	()	()	()	Sweating abnormalities () () ()	()	()	()
Migraines () () ()	()	()	()	Heat and/or cold intolerance () () ()	()	()	()
PMS () () ()	()	()	()	Low self esteem () () ()	()	()	()
Irritability () () ()	()	()	()	Irregular periods () () ()	()	()	()
Fluid retention () () ()	()	()	()	Sever menstrual cramps () () ()	()	()	()
Anxiety () () ()	()	()	()	Low blood pressure () () ()	()	()	()
Panic attacks () () ()	()	()	()	Frequent colds and sore throats () () ()	()	()	()
Hair loss () () ()	()	()	()	Frequent urinary infections () () ()	()	()	()
Depression () () ()	()	()	()	Light-headedness () () ()	()	()	()
Decreased Memory () () ()	()	()	()	Ringin g in the ears () () ()	()	()	()
Decreased concentration () () ()	()	()	()	Slow wound healing () () ()	()	()	()
Decreased sex drive () () ()	()	()	()	Easy bruising () () ()	()	()	()
Unhealthy nails () () ()	()	()	()	Acid indigestion () () ()	()	()	()
Low motivation () () ()	()	()	()	Flushing () () ()	()	()	()
Constipation () () ()	()	()	()	Frequent yeast infections () () ()	()	()	()
Irritable Bowel Syndrome () () ()	()	()	()	Cold hands/feet, turn blue? () () ()	()	()	()
Inappropriate weight gain () () ()	()	()	()	Poor coordination () () ()	()	()	()
Dry skin () () ()	()	()	()	Increased nicotine/caffeine use () () ()	()	()	()
Dry hair () () ()	()	()	()	Infertility () () ()	()	()	()
Insomnia () () ()	()	()	()	Hypoglycemia () () ()	()	()	()
Needing sleep during the day () () ()	()	()	()	Increased skin infections/Acne () () ()	()	()	()
Arthritis and joint aches () () ()	()	()	()	Abnormal swallowing sensations () () ()	()	()	()
Allergies () () ()	()	()	()	Changes in skin pigmentation () () ()	()	()	()
Asthma () () ()	()	()	()	Prematurely grey/white hair () () ()	()	()	()
Muscular Aches () () ()	()	()	()	Excessively tired after eating () () ()	()	()	()
Itchiness of skin () () ()	()	()	()	Carpal Tunnel Syndrome () () ()	()	()	()
Elevated cholesterol () () ()	()	()	()	Dry eyes/blurred vision () () ()	()	()	()
Ulcers () () ()	()	()	()	Hives () () ()	()	()	()
				Bad breath () () ()	()	()	()

Name: _____ Date: _____

Referred by: _____

Comments: _____

