

Thyro  Base™

# The Foundation Protocol

*A practical guide to ThyroBase, your thyroid medication, and the rhythm of life with a thyroid condition.*

SCIENCE BACKED INGREDIENTS · CO-FORMULATED BY EXPERTS · FSANZ APPROVED

FOR PEOPLE LIVING WITH THYROID CONDITIONS IN AUSTRALIA AND NEW ZEALAND

A NOTE FROM JILDA

# Welcome.

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I'm Jilda. I had a full thyroidectomy, and the months that followed taught me something I wasn't expecting: that the day surgery ends is not the day recovery ends. It's the day a different kind of work begins.

If you're reading this, you're probably somewhere in the middle of that work. Maybe you've just had surgery. Maybe you've been on thyroid medication for years. Maybe you've been told your labs are fine while your body keeps telling you otherwise.

I want this guide to be useful to you. Not a brochure. Not a marketing document. A practical, honest companion for the day-to-day of taking ThyroBase, managing your thyroid medication, and noticing the small changes that add up.

A few things up front.

This guide is not medical advice. ThyroBase is a nutritional supplement, not a substitute for your prescribed thyroid medication. Nothing in here replaces a conversation with your GP or endocrinologist.

What this guide *is*, is the manual I wish someone had handed me after my surgery. The timing rules. The week-by-week expectations. The questions worth asking your doctor. The reasons certain ingredients are in your pouches and others are deliberately not.

Read it once now. Come back to it when something specific comes up. **Pages 19 to 20** are the ones I'd most like you to share with your GP at your next visit. They're the questions that matter most.

If something doesn't sit right at any point, my email is [jilda@thyrobase.com](mailto:jilda@thyrobase.com). I read every one and answer every one personally.

Welcome.

Jilda

## HOW TO USE THIS GUIDE

# What's inside, and where to find it.

This guide is organised into three parts. Read it once now if you can. Come back to it when something specific comes up.

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*ThyroBase is a nutritional supplement and is not intended to diagnose, treat, cure, or prevent any disease. It is not a substitute for prescribed thyroid hormone replacement therapy. Always consult your healthcare professional before starting any supplement. This guide is written for adults with hypothyroidism, Hashimoto's, or post-thyroidectomy; if you have hyperthyroidism, are pregnant, or breastfeeding, please speak with your healthcare professional first.*

WHY YOU FEEL THE WAY YOU DO

# "In range" doesn't always mean "in balance".

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*If your labs say you're fine and your body says you're not, you're not imagining it. There are three things going on under the hood that "in range" doesn't measure.*

For most people on thyroid hormone replacement, the standard test is TSH. Thyroid Stimulating Hormone. When TSH is "in range", a doctor knows your replacement dose isn't dangerous. That is the question TSH answers, and it's an important one.

What TSH does *not* answer is whether you feel like yourself. That's a different question, with different inputs. Three of them matter most.

## 1. Free T3. The active hormone.

T4 (which is what thyroid medication provides) is the storage form of thyroid hormone. Your body has to convert it into T3 to actually use it. Around 30% of people on thyroid replacement sit at the bottom of normal for Free T3, even when their TSH looks textbook (Gullo et al., PLOS One, 2011, post-thyroidectomy cohort). Similar shortfalls show up across Hashimoto's and treated hypothyroidism in the broader literature. Most standard panels don't measure Free T3 at all unless you specifically ask.

## 2. Cellular cofactors. The conversion ingredients.

The conversion of T4 to T3, and the cellular use of T3 once it's converted, depends on a small set of nutrients: selenium, B12, iron, zinc, magnesium, and vitamin D. After thyroid surgery, deficiencies in these are documented in **27 to 30%** of people (Benites-Zapata et al., 2023). Your GP doesn't routinely test for them.

### 3. Gut conversion. The silent piece.

Roughly 20% of T4-to-T3 conversion happens in your gut, mediated by gut bacteria and the integrity of your gut lining. Surgery, illness, chronic stress, and autoimmune conditions like Hashimoto's can all disrupt that environment (Knezevic et al., *Nutrients*, 2020). When gut function takes a hit, conversion takes a hit, and the hormone you need at the cellular level becomes harder to access, even when your blood test looks correct.

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*"You can be 'in range' on paper and still genuinely, physiologically, not feel okay."*

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This is the gap ThyroBase was built for. Not to replace your thyroid medication. To support the conversion, the cofactors, and the gut environment your body needs to actually use the hormone you're already taking.

The next pages explain how.

#### **A NOTE ON THE SCIENCE**

The studies cited above are real and peer-reviewed. References for every claim in this guide are available at [thyrobase.com/pages/the-science](https://thyrobase.com/pages/the-science). ThyroBase is FSANZ-approved and has been co-formulated with dietitians, formulators, naturopaths, oncology pharmacists and food scientists. We make no claims that ThyroBase treats, cures, or reverses any thyroid condition. It is a nutritional supplement designed to provide the foundational nutrients people living with thyroid conditions are most often missing.

## WHAT THYROBASE IS

# AM and a PM. Every month, in one box.

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*ThyroBase is a two-pouch daily nutrition system, formulated specifically for people living with thyroid conditions. One pouch for the morning. One for the evening. Both designed to sit alongside your thyroid medication, not interfere with it.*

## AM

Your morning pouch. 14 serves per pouch, two pouches per box, a full month of mornings. AM is built around the nutrients your body needs to convert and use thyroid hormone effectively across the day: **selenium** (selenomethionine, 200mcg), **vitamin B12** (methylcobalamin, 1,000mcg), **iron** (bisglycinate), **zinc** (bisglycinate, 15mg), **vitamin D3**, **vitamin C** from acerola cherry, and **24.9g of organic plant protein**.

It's flavoured with pineapple and cardamom. It's not a multivitamin and it's not a protein shake. It's a foundational morning system built specifically for people on thyroid medication.

## PM

Your evening pouch. 14 serves per pouch, two pouches per box, a full month of evenings. PM is built around the nutrients your body needs to settle, repair, and recover overnight: **magnesium citrate** (300mg), **glycine** (1,500mg), **chamomile extract**, **passionflower extract**, **prebiotic fibre**, **five strains of probiotics**, and the same plant-protein matrix.

It's flavoured with chocolate and cinnamon, with real cocoa and vanilla bean. There is no caffeine. There is no melatonin. It is designed to support a calmer nervous system as you wind down, not to sedate you.

## What we deliberately left out

What's missing matters as much as what's in the pouch. None of these are in ThyroBase, and there's a reason for each.

Excluded ingredient	Why
Iodine	Unnecessary if you're on thyroid hormone medication and can interfere with treatment
Kelp	High iodine content, contraindicated for most people on thyroid medication
Soy isoflavones	Impair thyroid medication absorption
Goitrogens	Counterproductive for thyroid function
Glandular extracts	Unregulated hormone content
Artificial stimulants	Caffeine, guarana, synthetic energy compounds. Not in either pouch.
Synthetic fillers, gums	Xanthan, guar, carrageenan. None of them earn their place.

## The protein matrix

Both pouches contain a four-source organic plant protein blend: **yellow pea**, **brown rice**, **faba bean**, and **pumpkin seed**. We chose four sources because each one fills the gaps in the others. Together they deliver a complete amino acid profile without soy. The pumpkin seed protein also contributes naturally-occurring zinc and magnesium.

### CERTIFICATIONS AND QUALITY

ThyroBase is **FSANZ approved**, **vegan**, **gluten free**, **lactose free**, **soy free**, and **made in Australia**. Co-formulated with dietitian's, formulators, naturopaths, food scientists, and a FSANZ-compliance specialist.

## THE MONTHLY RHYTHM

# Why fourteen days.

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*Each pouch has 14 serves. Each box has four pouches: two for mornings, two for evenings. A full month of AM and a full month of PM. When you reach the end of one box, the next one is on its way.*

The month isn't an accident. It's the cadence the body actually responds to.

Thyroid medication takes weeks to titrate. Selenium, B12, iron, and zinc levels rebuild over months. Sleep patterns settle, then deepen, then settle again. The body keeps time in monthly arcs, not weekly ones.

A month is also long enough for the rhythm to become automatic, and short enough to notice when something shifts. By Day 7 you've stopped thinking about the timing. By Day 14 the rhythm is yours. By Day 28, the new box arrives the day you finish your last pouch. No gap, no scramble, no "oh I forgot to reorder" moment, and no day where you fall out of routine.

## How the subscription works

- Your box ships every 28 days from your first order date.
- You can **skip a delivery** any time from your account portal.
- You can **pause for 30 days** any time, with a single click.
- You can **change your delivery frequency** (to every 21 days, every 28 days, or longer) if your usage rhythm is different.
- You'll receive a **3-day-before-charge email** for every upcoming delivery, so nothing is ever a surprise.

### IF YOU TAKE LESS THAN THE FULL SYSTEM

Some people take AM daily and PM only a few nights a week. That's fine. If you find your box is lasting longer than 28 days, just extend your delivery frequency from your account. We'd rather you set the cadence to match how you actually use it than waste pouches.

If you'd like to change anything, log in at [thyrobase.com/account](https://thyrobase.com/account) or email [support@thyrobase.com](mailto:support@thyrobase.com).

## HOW TO TAKE AM

# Your morning, in five minutes.

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*AM is designed to slot into the existing morning you already have. It is not meant to replace breakfast. It's meant to make breakfast functional.*

## The simple version

- 1 Take your thyroid medication first thing, with water, on an empty stomach, exactly as your GP or endocrinologist prescribed. Nothing about ThyroBase changes this.
- 2 Wait **at least 4 hours**. This is the gold standard window between thyroid medication and AM.
- 3 Mix one scoop of AM into **250 to 300ml** of cold or room-temperature water (or oat milk if you prefer). Shake or stir until smooth.
- 4 Drink it within 5 to 10 minutes. The protein and fibre are most pleasant fresh. AM can sit on its own or with a later breakfast, brunch, or lunch – whichever meal lands after the 4-hour window has cleared.

## What it tastes like

Honestly: bright pineapple and warm cardamom, with a soft natural sweetness from the acerola cherry. We don't sweeten heavily. There's no metallic aftertaste and no artificial flavour bloom. It tastes like a real food product, because it is one.

If you find the texture slightly thicker than what you might be used to from watered-down protein powders, that's because there's actual nutrient density in the pouch. A blender bottle, a milk frother, or simply an extra 50ml of liquid will smooth it out. By Day 4 or 5, most people stop noticing.

## What to mix it in

Cold or room-temperature water is the simplest. Oat milk is the next-best. It adds creaminess without interfering with absorption. Cold almond milk, coconut milk, or rice milk all work well too.

Avoid mixing AM with **cow's milk, calcium-fortified plant milks, or any milk consumed within 4 hours of your thyroid medication**. (Calcium can interfere with thyroid medication absorption. See page 13.)

## When to take AM Golden Morning

The window that works for most people is **4 to 5 hours after your thyroid medication**. So if you take your medication at 6 a.m., AM lands at 10 a.m. or later. If you take medication at 7 a.m., AM is from 11 a.m. The non-negotiable is the 4-hour gap between thyroid medication and AM (page 13). Whether AM happens with breakfast, brunch, or a mid-morning shake is your call as long as you are 4 hours away from any thyroid medication..

If your morning starts later (shift workers, late risers, parents of small children), that's fine. AM is "the first proper meal of the day" rather than "before 9 a.m. specifically". Take it with whichever meal becomes your morning anchor.

## If you forget

If you forget AM in the morning, you have two choices.

- **If it's still before mid-afternoon** (around 3 p.m.), take it with a late breakfast or early lunch. Skipping a day occasionally is fine, but consistency builds the rhythm.
- **If it's later than that**, skip it for the day. Don't take AM in the evening. The B12 and vitamin D content can be mildly stimulating for some people.

One missed morning won't undo two weeks of consistency. What matters is the pattern, not perfection.

## Common adjustments

By the end of the first week, most people land on a small set of personal tweaks. Some examples:

- Adding 50ml more water for a thinner texture
- Splitting one scoop across breakfast and a mid-morning snack
- Pairing with a tablespoon of nut butter for added staying power

### IF ANYTHING FEELS OFF

If the texture, taste, or timing isn't sitting right, reply to any email I send you. Most adjustments take 30 seconds to suggest and 30 seconds to test. Don't push through something uncomfortable when a small change usually fixes it.

## HOW TO TAKE PM

# Your evening, signposted.

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*PM is the wind-down half of the system. Magnesium citrate, glycine, chamomile, and passionflower for nervous-system support. Probiotics and prebiotic fibre for gut recovery. Plant protein for overnight repair.*

## The simple version

- 1 Around **45 minutes before bed**, mix one scoop of PM into **250ml of warm water or warm oat milk** (avoid hot liquids as they will substantially affect the probiotics).
- 2 Stir until smooth. Sip slowly over 5 to 10 minutes.
- 3 If you take it earlier in the evening (after dinner, while reading), that's fine too. The 45-minutes-before-bed window is the optimal one, but earlier still works.

## What it tastes like

Chocolate and cinnamon, with real cocoa and vanilla bean for body, deeper warmth than AM. It's lightly sweet from the natural cocoa, not from added sugar or stevia. Most people find it tastes like a warm cocoa drink without the sweetness. Warm oat milk is the closest match for a creamy version.

## Why warm

The chamomile and passionflower extracts release their flavour and feel more soothing in warm liquid. You can take it cold if you prefer (the actives still work), but warm is the recommended preparation, particularly in cooler months.

## The first week vs the long run

Some people sleep more deeply within the first three or four nights. Others take a couple of weeks. Both are normal. The magnesium and glycine in PM support a calmer nervous system, but they're not a sedative. You may notice falling asleep is easier and waking through the night is less frequent, rather than feeling drowsy after drinking it.

If you're someone whose sleep difficulty is largely circadian (meaning you can't get to sleep before 1 a.m. no matter what), PM will help less than if your difficulty is sleep *quality* (you fall asleep but wake at 2 or 3 a.m.).

## If you forget

If you forget PM before bed, skip it for the night. Don't take it in the morning. The magnesium and glycine are designed for evening, and the cocoa flavour pairs better there too.

If you find yourself frequently forgetting the evening dose, set a phone alarm for 45 minutes before your usual bedtime. Most people find this is the single most effective trick for building the PM habit.

## What to expect with the probiotics

PM contains five strains of live probiotic bacteria, plus prebiotic fibre. The first 3 to 5 days, some people notice mild changes in digestion as the gut population adjusts: slightly more frequent bowel movements, a small amount of bloating, or occasional gas. This is normal and typically settles by the end of the first week.

If digestive discomfort is significant or persists past Day 7, reduce to half a scoop for a few nights and build back up. The five strains we use were selected specifically because they're well-tolerated, but every gut is different.

## If you don't normally drink anything before bed

Some people are wary of fluids close to bedtime. PM is 250ml, about a small mug. If overnight bathroom trips are a concern, try taking it 90 minutes before bed instead of 45 minutes. Most people find this is enough lead time.

### **IF YOU'RE ON SLEEP MEDICATION OR SEDATIVES**

Magnesium and glycine are gentle nervous-system supports, but if you are taking prescribed sleep medication, anti-anxiety medication, or sedatives, please speak to your GP or pharmacist before adding PM. They are unlikely to interact, but the conversation is worth having.

## THE FOUR-HOUR RULE

# The single most important page in this guide.

*Keep at least four hours between your thyroid medication and AM. This is the one timing rule that matters more than any other.*

## Why

Thyroid medication absorption is sensitive to a small list of nutrients in the same window: **iron**, **calcium**, **magnesium**, and **fibre** are the most well-documented. AM contains iron (bisglycinate), so taking the two too close together can reduce how much of your prescribed thyroid hormone your body absorbs.

Four hours apart is the spacing that the published evidence supports as safe. The simplest pattern: thyroid medication first thing on an empty stomach, the standard 30 to 60 minutes wait before any food, then a normal morning routine, and AM lands as a mid-to-late morning shake or with a later breakfast once the 4-hour window has cleared.

## The simple version

Time	What to take
6:30 to 7:00 a.m.	Your thyroid medication, on an empty stomach, with water only
7:30 a.m. onwards	Black coffee or tea is fine (no milk yet). Light routine. No food in this window if you can.
10:30 to 11:00 a.m.	4-hour window has cleared. AM Golden Morning with a later breakfast, a brunch, or as a stand-alone shake.
9:00 to 10:00 p.m.	PM (no interaction window with morning thyroid medication)

*Note:* AM contains bisglycinate iron and calcium-binding nutrients. Even though bisglycinate is far gentler on absorption than older iron sulfate forms, the conservative window is still 4 hours. The standard 30 to 60 minute "no food after thyroid medication" rule still applies for breakfast generally, but AM is held back to 4 hours.

**The single highest-value version:** if you take your thyroid medication at 6 a.m., have AM with a later breakfast or brunch around 10 to 11 a.m. That's the rhythm we recommend.

### IF YOU'RE ON T3 (LIOTHYRONINE) OR NDT (NATURAL DESICCATED THYROID)

The same 4-hour spacing rule applies. T3 (Liothyronine) and NDT have similar absorption sensitivities, and the same nutrients in AM can interfere. If your medication regime is more complex than a single daily dose, please discuss the timing with your GP.

## FOOD AND THE MORNING ROUTINE

# What to eat (and what to leave alone) around your thyroid medication.

The morning window matters more than most people realise. The hour after you take your thyroid medication is when absorption happens. A few small adjustments to what you eat and drink in that window can make your prescribed dose work meaningfully better.

## What to eat with AM

AM is designed to be a late breakfast, a brunch, or a stand-alone mid-morning shake, whichever lands at the 4-hour mark or later from your thyroid medication. The protein, fibre, and micronutrients in it pair well with:

- A bowl of oats or porridge (oat milk also works as the mixing liquid)
- Wholegrain toast with avocado or nut butter
- A small handful of nuts and seeds
- Berries or any low-sugar fruit
- Eggs, if you eat them

## What to leave alone in the thyroid medication window

For the first 45 to 60 minutes after taking your thyroid medication (and ideally for the full 4 hours), keep these out of the picture:

- **Coffee.** Caffeine can reduce thyroid medication absorption by 25 to 50%. Wait at least 60 minutes after your dose before your first coffee.
- **Calcium-rich foods.** Dairy milk, fortified plant milks, calcium supplements. Calcium binds to thyroid medication in the gut.
- **High-fibre supplements.** Psyllium husk, fibre powders, seed-based supplements taken on their own. (Naturally fibrous foods like oats are fine. They're slow-release rather than concentrated.)
- **Iron supplements taken on their own.** If your GP has prescribed iron tablets separately, take them in the afternoon, not within 4 hours of your thyroid medication.
- **Antacids.** Magnesium and calcium-based antacids.
- **Soy products.** Especially soy milk and soy protein.

## The morning that works

Most ThyroBase customers settle into a version of this rhythm by the end of week 1:

- 1 Wake. Glass of water.
- 2 Thyroid medication, with water only.
- 3 From 45 to 60 minutes onward, light food is fine if needed, but AM specifically waits until the 4-hour mark.
- 4 Breakfast with AM mixed into it or alongside or as a stand-a-lone (after 4 hours from thyroid medication).
- 5 From mid-morning, anything goes.

## WEEK 1

# The rhythm settles in.

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*The first week is mostly about getting the routine into your day. Most people don't feel like a different person yet, and that's normal. The body changes come a little later. What week 1 is for is making the AM and PM stop feeling like effort.*

## What's likely to happen

- **Day 1 to 2.** The taste and texture are unfamiliar. Your routine has a small new step. You may forget a dose. This is fine.
- **Day 3 to 4.** The texture starts to feel normal. You've found your mixing preference. The morning routine starts to flow.
- **Day 5 to 7.** The PM evening becomes automatic. Some people start noticing they're falling asleep more easily. Others don't yet.

## What you might notice

Sleep is usually the first thing to shift, in either direction. Some people sleep more deeply within the first 3 or 4 nights. Some find they're slightly more wired in the first 2 days as the B12 and selenium levels rise. This typically settles by Day 5.

Energy at the deeper level (the 3 p.m. crash, the morning fog) doesn't typically shift in week 1. That's a week 3 to 4 conversation.

## Common adjustments in Week 1

- If the texture is too thick: 50ml more liquid, or a milk frother instead of a shake.
- If PM feels too sweet: warm water rather than oat milk reduces the perceived sweetness.
- If you're getting mild bloating from PM: half a scoop for a few nights, then back to full.

### TELL YOURSELF THIS

Week 1 is not the week the supplement starts working. It's the week the routine starts working. The supplement effects accumulate over the next 6 to 8 weeks. Your job in week 1 is just to get the AM and PM into the rhythm of your day.

WEEKS 2 TO 4

# The first proper changes.

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*This is the window where most people start noticing. Not everyone, and not always the same things, but if changes are coming, they typically start showing up between Day 14 and Day 28.*

## The most common early changes

Across all of the people I've talked to, the changes that show up first tend to be these three, in roughly this order:

### **Sleep quality**

Often noticed by Day 10 to 14. The deeper sleep, the fewer wakeups, the morning that feels less like climbing out of a cave. Magnesium and glycine in PM do most of this work, alongside the gut-axis support from the probiotics.

### **Afternoon energy**

The 3 p.m. crash usually softens by Day 14 to 21. The energy isn't a stimulant kick. It's the absence of the dip. People describe it as "I just kept going" or "I didn't need a coffee".

### **Morning fog clearing earlier**

The "I don't feel awake until 11 a.m." pattern starts shifting by Day 14 to 28. The fog still happens, but it lifts at 9 a.m. instead of 11.

## What you might not notice yet

Hair changes, skin changes, weight stabilisation, and the deeper cognitive sharpness usually take longer, typically week 6 to 12. If you're not seeing these by Day 28, it's not a sign ThyroBase isn't working. It's a sign the longer-arc nutrient stories haven't fully landed yet.

## Your second bundle

By Day 14 you're halfway through your first box. The rhythm is in. By Day 28, the next box arrives the day you finish your current pouches. No gap. No scramble. No "oh I forgot to reorder." That's the point of the monthly cadence. Routine without friction.

### **THE DAY 14 CHECK-IN**

On Day 14 you'll get an email from me. Just a check-in. Reply if anything's mixed or off. I read every one and answer every one personally, and the suggestions I can make at Day 14 are usually small. The ratio of water, the timing of PM, whether you're taking AM on a too-empty or too-full stomach. Worth a couple of sentences.

WEEKS 5 TO 12

# The deeper stuff.

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*If the first month is about the routine and the early signals, the second and third months are about the cumulative micronutrient story. The body rebuilds slowly. By week 8, the rebuilding starts becoming visible.*

## Weeks 5 to 8. What tends to shift.

This is the window where the deeper changes start to settle in. Not loud, but real if you know what to look for.

- **Cognitive sharpness.** The word-finding fog clears. Memory at work or in conversation feels less effortful. The mental processing speed picks up.
- **Steadier mood.** The day-to-day variability flattens. The lows are less low. The reactive snappishness eases.
- **Resting energy baseline.** The "tired all the time" baseline lifts. You stop building your day around when you might crash.
- **The rhythm becomes automatic.** You stop deciding to take ThyroBase. You just take it.

## Weeks 8 to 12. The cumulative story.

This is the window where the micronutrient rebuilding becomes measurable. Selenium, B12, iron, zinc levels in your blood start reflecting two to three months of consistent intake. If your GP runs the right tests (page 19), they'll see numbers shift in directions that matter.

This is also the window where:

- Hair starts looking less thinning at the parting
- Skin texture stops feeling dry-and-dull
- The afternoon crash is largely a memory
- You start forgetting that you used to feel awful at this point in the day

### IF NOTHING HAS CHANGED BY DAY 60

The 60-Day Empty Pouch Promise window starts from your first delivery. If you've taken ThyroBase consistently for two full months and you're not feeling a real shift in your day to day, please reply to any of my emails before the window closes. We'll either find a tweak that helps, or we'll refund both months in full. No return shipping. No hoops to jump through. The Promise is real.

## WHAT TO TRACK

# Five things, five minutes a week.

*Slow change is hard to notice from inside it. The Foundation Tracker is a simple weekly self-rating sheet that catches what your memory misses. Five categories, 1 to 10, once a week.*

The tracker is delivered with your welcome email when you order, alongside this Protocol. Use it from Day 1. Download it again any time at [thyrobase.com/foundation-tracker.pdf](https://thyrobase.com/foundation-tracker.pdf).

## The five things to track

Track	What you're rating
<b>Energy</b>	Average baseline through the day. Not peak, not crash. The middle.
<b>Sleep</b>	Quality, not quantity. Did you wake feeling rested?
<b>Mood</b>	Steady or volatile. The opposite of irritable, fragile, or flat.
<b>Focus</b>	Mental clarity. Word-finding. Concentration on tasks.
<b>Body</b>	How your body feels. Strength, recovery, ease of movement.

## How to rate

Use a simple 1 to 10 scale. 1 is the worst you can imagine. 10 is the best you've ever felt. Be honest. Don't grade on a curve. The point is to capture the actual baseline, not the optimistic version.

## When to do it

Once a week, same day, same time. Sunday evening works for many people. The consistency of when you rate matters more than the precision of the score.

## Why it pays off

When you're in it day-to-day, slow improvement is invisible. When you look at four weeks of ratings on a single page, the shape of the change becomes obvious. For better, or sometimes for worse. Either is useful.

It also gives you something tangible to discuss at your next GP visit. "I scored my energy at 4 to 5 in February, and I've been sitting at 6 to 7 in April" is a more useful sentence than "I think I feel better".

*The Foundation Tracker is a self-monitoring tool. It is not a diagnostic instrument and does not replace medical advice or laboratory testing.*

## QUESTIONS WORTH ASKING YOUR GP

# The page worth printing.

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*If there's one section of this guide I'd like you to share with your GP at your next visit, it's this one and the next. These are the questions most people don't know to ask, and most GPs don't think to volunteer.*

Print these two pages. Take them with you. Or screenshot them and pull them up on your phone. The point is for the appointment to do as much as it can with the time you have.

## Tests worth requesting

"Can we test my Free T3, not just my TSH?"

*TSH tells the doctor your dose isn't dangerous. Free T3 tells them whether you're actually using the hormone. Most standard panels skip it.*

"What's my ferritin level?"

*Ferritin under 70 µg/L is enough to cause hair loss and fatigue in some people, even without anaemia. Routine iron studies sometimes don't include ferritin.*

"Can we check vitamin D, vitamin B12, and zinc?"

*All three are commonly deficient in people on thyroid medication and all three matter for thyroid hormone use. They're cheap to test. Worth asking.*

"Can we test selenium?"

*Less commonly tested but increasingly available. Selenium supports T4-to-T3 conversion. Australian soils are low in selenium.*

"Is my TSH 'in range' or is it 'optimal' for me?"

*"In range" can mean anywhere from 0.4 to 4.0 mIU/L. Many people on replacement feel best between 0.5 and 2.0. Worth asking where in the range your number sits.*

## Questions about your medication

"Has my thyroid medication dose been reviewed in the last six months?"

*Bodies change. Medication doses sometimes need to follow. A review is appropriate at least annually, sooner if symptoms are persisting.*

"Could a Free T3 trial be appropriate for me?"

*Some people with persistent symptoms benefit from a small dose of Liothyronine (T3) added to a T4-only regimen. It's not for everyone, but it's worth the conversation if Free T3 is at the bottom of normal.*

"Is there a thyroid-aware endocrinologist you can refer me to?"

*If your GP has been managing your thyroid for years and you're still feeling poor, a fresh set of eyes from a specialist can make a meaningful difference. Some GPs are excellent. Some refer reluctantly. It's reasonable to ask.*

## Questions about lifestyle and the wider picture

"Could perimenopause be overlapping with my thyroid symptoms?"

*For people in their 40s and 50s navigating perimenopause, the overlap is significant. The symptoms look almost identical. A combined picture often needs combined management.*

"Is my gut health worth assessing?"

*Roughly 20% of T4-to-T3 conversion happens in the gut. Post-surgery digestive issues are common. Worth flagging if your GP doesn't ask.*

"Are there any of my supplements I should mention before adjusting my dose?"

*Be open about what you're taking, including ThyroBase. Tell them about the 4-hour spacing. Ask whether anything in your stack might be affecting your blood test results.*

### WHAT TO BRING TO THE APPOINTMENT

Your most recent lab results. The list of supplements and medications you're currently taking, with doses and timing. Your Foundation Tracker (if you've been using it). Two or three specific symptoms you most want addressed. The questions on these two pages.

## THE 60-DAY EMPTY POUCH PROMISE

# The 60-Day Empty Pouch Promise.

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*Take ThyroBase daily for 60 days. Empty all 8 pouches if you need to. If you don't feel a real shift in your day-to-day, email us and we'll refund both months in full. No return shipping. No awkward questions.*

## How it works, in three lines

- 1 Your guarantee window starts the day your first order is delivered.
- 2 If at the end of 60 days you decide ThyroBase isn't working for you, email [support@thyrobase.com](mailto:support@thyrobase.com) with your order number.
- 3 We'll process your refund within 5 business days, back to your original payment method. No need to return anything.

## What we'd ask you to do first

If you're considering invoking the guarantee, please reply to one of my emails before you do. Especially if you're between Day 14 and Day 30. Most "it's not working" messages I receive at that point are timing or texture issues that take 60 seconds to fix.

If we genuinely can't find a tweak that helps, the refund is yours. Quickly, cleanly, and with no follow-up emails trying to talk you out of it.

## The pause-don't-cancel option

If life has got busy and you need a break rather than the end of it, you can pause your subscription for 30 days from your account. No charges, no shipments, no commitment to come back. The pause-and-resume option is available indefinitely.

Most people who pause come back. Some don't. Both are fine.

### THE FULL GUARANTEE POLICY

The complete written policy, including what's covered and what isn't, is at [thyrobase.com/pages/guarantee](https://thyrobase.com/pages/guarantee). Australian Consumer Law statutory rights apply on top of this guarantee. They're not replaced by it.

We offer this guarantee because we built ThyroBase for people who've been burned before. Burned by labs that say "you're fine" when you're not. Burned by supplements that didn't deliver. Burned by routines that didn't fit. If ThyroBase doesn't help you, we don't want your money. If it does, we want to be part of your routine for the long haul.

## FAQ

# The questions that come up most.

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**Does ThyroBase replace my thyroid medication?**

No. Never. ThyroBase is a nutritional supplement. It is not a hormone replacement. It is not a substitute for your prescribed thyroid medication. Continue taking your thyroid medication exactly as your GP or endocrinologist has directed.

**What if I miss a day?**

Don't double up the next day. Just take the next dose at the next normal time. The benefits accumulate over weeks. One missed day doesn't undo the rhythm.

**Can I take ThyroBase if I'm pregnant or breastfeeding?**

Please speak to your healthcare professional first. ThyroBase is formulated for adults living with thyroid conditions, and pregnancy and breastfeeding change a lot of nutrient requirements. We'd rather you check with your GP or obstetrician than guess.

**Can I take it with my other supplements?**

Most likely yes, but a few exceptions matter. Iron supplements should not be taken within 4 hours of your thyroid medication (you're already getting bisglycinate iron in AM, so taking additional iron isn't usually necessary). High-dose calcium should not be taken within 4 hours of your thyroid medication. Otherwise, vitamin C, omega-3, and additional vitamin D are all generally fine alongside ThyroBase.

**What about caffeine?**

Coffee and caffeinated tea are fine, but wait at least 60 minutes after your thyroid medication before your first cup. Caffeine in the thyroid medication window can reduce absorption by 25 to 50%.

**What about alcohol?**

Moderate alcohol doesn't directly interact with ThyroBase, but it does interfere with sleep quality and B-vitamin levels, which means it can blunt some of what PM is trying to do. If you drink, that's your call. Just know the wine on Friday night is the bit that pushes Saturday morning's energy back.

**How do I travel with ThyroBase?**

The pouches are 560g each and re-sealable. They travel well in checked or carry-on luggage. For shorter trips, you can pre-portion individual scoops into small zip-top bags and leave the main pouch at home. A travel-size frother and a wide-mouth bottle are the only equipment you need.

**What if the texture isn't sitting well?**

Page 9 has the full guide, but the short version: more liquid, a frother, or splitting one scoop across two parts of the morning. If none of that helps, reply to one of my emails. I'll have a better suggestion specific to what you're experiencing.

**What if my GP has questions?**

Have them email [support@thyrobase.com](mailto:support@thyrobase.com). We'll happily share the full ingredient list and answer any questions they may have.

## WHEN TO EMAIL JILDA

# The reply path is real.

*Every email I send you comes from a real inbox I check daily. If you reply, it lands with me. Not a support team, not a chatbot. I read every one and answer every one personally.*

## What I'm best at helping with

- **Tweaks to the routine.** Texture, timing, taste, mixing, when to take what. Most adjustments are a 30-second suggestion that saves a lot of frustration.
- **The first-month experience.** "Is this normal?" questions. The answer is usually yes, with a small note on what to expect next.
- **Whether the guarantee covers your situation.** If you're not sure, just ask. Almost always the answer is "yes, and here's the simplest way to use it".
- **Sharing what's working.** Genuinely. If something's shifted for you and you want to tell me, I want to hear it. It tells us what to share with the next person.

## What I'm not the right person for

- **Medical questions.** I'm not a doctor. Anything diagnostic, dose-related, or "should I stop my thyroid medication" needs your GP, not me.
- **Order tracking and billing.** Email [support@thyrobase.com](mailto:support@thyrobase.com) for order issues, payment changes, and shipping questions. They're faster than I am on these.

## The three email addresses

Email	For
<a href="mailto:jilda@thyrobase.com">jilda@thyrobase.com</a>	Personal questions, routine tweaks, sharing how it's going
<a href="mailto:hello@thyrobase.com">hello@thyrobase.com</a>	Manny, cofounder. Operations, partnerships, anything else.
<a href="mailto:support@thyrobase.com">support@thyrobase.com</a>	Orders, billing, shipping, refunds, GP enquiries

## How fast I'll respond

Within 48 hours on weekdays for personal replies. Within 24 hours for support and order issues. The first reply might be a couple of sentences and a follow-up question. The second one usually lands the answer.

### ONE THING I GENUINELY WANT

If you've been quietly thinking about cancelling, please reply to me before you do. Not to talk you out of it. To ask whether there's a tweak we haven't tried, or to confirm that the 60-Day Empty Pouch Promise covers your situation cleanly. The single biggest thing I want to avoid is anyone walking away when a small adjustment would have helped.

## THREE THINGS TO DO THIS WEEK

# If you only do these.

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*Twenty-four pages of detail are compressed into three actions for the next seven days. If you only do these, you've done the most important parts.*

- 1 Lock the four-hour rule.** Thyroid medication first thing on an empty stomach. AM at least 4 hours later, on its own or with a later breakfast or brunch. Page 13 is the page worth re-reading until this is automatic.
- 2 Set a phone alarm for PM.** 45 minutes before your usual bedtime. The PM habit is the one most people drop, and a single alarm fixes 90% of the dropoff.
- 3 Read pages 19 and 20, and book your next GP appointment.** The questions on those two pages are the highest-leverage ones in this whole guide. Most GPs will run the additional tests if asked. Some won't. Either way, having the conversation is the move.

## What's coming from me

Over the next 45 days you'll hear from me at the right moments, not constantly:

- **Day 7.** A soft check-in, no agenda.
- **Day 14.** The proper check-in. Reply if anything's mixed.
- **Day 21.** Three weeks in, look back at your Tracker.
- **Day 30.** The one-month milestone.
- **Day 45.** Mid-cycle, halfway through your guarantee window.

That's it. After Day 45, you'll hear from me much less often unless you reply.

## One last thing

This is going to sound strange given that I'm the co-founder of the company, but: ThyroBase is not the most important part of your thyroid care. Your relationship with your GP or endocrinologist is. The work you do to advocate for yourself in those appointments is. The honest tracking of how you're feeling, week by week, is.

ThyroBase is the foundation. The supportive layer. The thing your body uses to do its work better. It is not the work itself. The work is yours.

I built this for me. I'm honoured you've chosen to try it too. If at any point I can help, my email is at the top of page 23.

## Jilda

*Cofounder, ThyroBase*

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*ThyroBase is a nutritional supplement and is not intended to diagnose, treat, cure, or prevent any disease. It is not a substitute for prescribed thyroid hormone replacement therapy. Always consult your healthcare professional before starting any supplement, especially if you are taking prescription medication. © ThyroBase 2026. Made in Australia. FSANZ approved. thyrobase.com*