

Case Histories

Auto-Immune Thyroid Symptoms Improve with NT

Gender, Age, Occupation, Nationality, height and weight.	<p>Mr. J.D. is a 60 year old teacher. He is 5ft 9 tall and weighs 12 stone 5 lbs (175 cm, 76.88 kg).</p>
Presenting complaint – list and duration	<p>Mr J.D. presented with palpitations and a sense of ‘welling up’ or rising internal pressure in his chest. He had been to his GP and been thoroughly examined by a cardiologist who diagnosed heart palpitations and prescribed beta blockers. However, they did not resolve the palpitations nor the missed heart beats.</p> <p>One of Mr J.D.’s colleagues had found NT helpful and this prompted him to seek help, otherwise it would not have crossed his mind. As his normal medical channels had failed to resolve his symptoms, he was seeking a different approach.</p> <p>This case was one of the best examples I can recall of a patient presenting with one thing and saying it was the only thing ‘wrong’ only to discover a significant list of other issues, which certainly helped me to understand the main presenting complaint. It was the ability to put into context his current presenting complaint that led to what was a relatively simple intervention and resolution. This would not have happened if the focus had remained solely on the palpitations and welling sensation.</p> <p>The typical appointment with a patient is one hour. This one took 90 minutes due to the revelations about his health history which were not disclosed in the questionnaires, and nor in the initial conversation. I do not believe there was any intention to mislead, but rather a lack of belief that his other health issues were in any way related. J.D. was very friendly, good humoured and interested in his health and the process of the consultation.</p> <p>The very recent health history information was this. J.D. had suffered from a virus in the summer of 2011. This triggered / caused a welling sensation and palpitations. They came and went and then returned. He had thorough medical examinations using all of the modern technological devices available to his local health authority. The investigations revealed no atrial fibrillation, no valve issues, no scarred tissue, but some minor arterial thickening. The symptoms persisted despite the beta blockers, and they were present all the time, day and night. The welling sensation occurred up to 20 times in a day, and was uncomfortable but not too painful.</p> <p>The next section, the “Investigation Section”, reveals the key historical information.</p> <p>J.D.’s goals were to be free of palpitations and the welling sensation. More were added, as you will read.</p>
Any Investigations	<p>The detail of J.D.’s health since the Summer of 2011, were carefully and thoroughly presented, and listened to. The virus appeared to have been the trigger and more than 1 glass of wine at the evening meal definitely resulted in the welling feeling and palpitations disturbing his sleep.</p> <p>Although he was given the assurance from the doctors that he was “medically all clear” he was not content because his daily symptoms persisted. He told me that he had NOT been looking forward to retirement because he liked his teaching job so much, but</p>

recently he was looking forward to not working primarily due to his health issues. J.D. found this somewhat depressing, even though he is a man with an optimistic outlook.

As with all patients, a chronological review of health was undertaken. J.D. gave me the impression that he had been fine in his health all of his life until the Summer. However, this was not the case.

In the preparation of the Functional Medicine Matrix, in front of J.D., he mentioned that he had had high cholesterol. This started a series of questions that led to me learning what had really been going on inside of J.D.'s body. I learned that he had been suffering from psoriasis for over 30 years, that he had been diagnosed 4 years ago with diabetes and had lost over 2 stone of weight and normalised his blood glucose and HbA1c and now controlled it with diet and some exercise. He had high cholesterol and was on statins which had normalised the level, for the past 3 years. He also took a mini aspirin every day (75 mg).

He also had ever-worsening stiff hands, especially in the morning that were relieved by consistent use (i.e. opening and closing of the fingers many times). He then shared with me that he used to eat a lot of cheese and chocolate, but not now. He had a bad foot which was due to an injury when he was 20 something. He was definitely more tired than he had been. He also had found that for years he was warmer than everyone else but now he was running cold. Then, after what was a circuitous and back-tracking conversation that increased the length of the consultation, he told me another thing. He had been needing to clear his throat all day long, but there was no mucus. There was no post-nasal drip that we could identify either. He also had cracked skin on his heels, but this was only confirmed when I asked him.

The picture suddenly became more clear, and in spite of some major stresses in his life, and continual deadlines with teaching, marking and exams and so on, his thyroid and thyroid hormones rose to the top of the list of possible causes of his existing symptoms, and helped to explain the elevated cholesterol. Although he had felt warmer than others, which is suggestive of an elevated thyroid hormone level, he had an array of signs and symptoms associated with underactive thyroid hormones. Given his psoriasis, I postulated that the virus may have triggered another auto-immune response, this time to his thyroid and therefore recommended a comprehensive thyroid test which included total thyroxine, TSH, FT4, FT3, and thyroid antibodies. The results came back 10 days later:

Thyroid Marker & Result	Optimal Range	Comment
TSH – 2.9	0.4 – 4.0 mIU/L	A little too high compared with optimal desirable level.
Total Thyroxine – 82	77 – 150 nmol/L	Close to the low end of the optimal range, tallying with the slightly too high TSH.
FT4 – 13.8	12 – 20 pmol/L	Close to the low end of the optimal range.
FT3 – 2.1	3.4 – 6.0 pmol/L	Low levels of Free T3.
Thyroglobulin - 85	0 – 40 IU/ml	High levels of antibodies.
Peroxidase - 223	0 – 35 IU/ml	High levels of antibodies

Please read the Strategy to learn what was recommended.

Strategy

Based on these test results, a key number of supplements were recommended in order to minimise the variables, so that J.D. could really tell what had made a difference, if anything at all.

He was a science teacher and needed to see the evidence of the test results, yet at the same time was more open than he had been due to the inability of the medics to correct his symptoms.

The strategy was to improve his blood glucose regulation by making changes to his meals, water intake and to take short walks after meals to help reduce his need for insulin. However, the prime focus was on correcting the low T3 and addressing his antibodies with specific supplements.

Diet & Supplements: name and dose

Supplement	Dose
Meda-Stim (BR)	2 with breakfast & 2 with lunch
Intenzyme Forte (BR)	8 on empty stomach, twice daily
Stabilium (AR)	4 first thing

[Meda-Stim \(BR\)](#) - is a vegetarian formula designed to improve the conversion of T4 to T3, thereby correcting one of the two thyroid imbalances, which could have been a major contributor to his palpitations and welling sensation.

[Intenzyme Forte \(BR\)](#) - provides proteolytic enzymes from both animal and vegetable sources, and has been in my clinical experience, the most effective enzyme formula for addressing inflammation caused by auto-antibodies.

[Stabilium \(AR\)](#) - is an adrenal tonic, that has also been shown to reduce anxiety in human studies.

None of the supplements are contra-indicated with the aspirin, beta blocker nor statin. I was very much aware of the potential need for COQ10 and its role in the heart muscle, and this was something I decided to postpone in terms of supplementation depending on progress in the first month. Similarly with magnesium.

In addition to these supplements, J.D. also made changes to his existing diet which was NOT ideal in terms of his blood glucose control. He began to eat a protein at breakfast and each meal, limit his fruit intake to 2 pieces a day instead of four or five, reduce his overall carbohydrate intake, and increase his vegetable intake. We agreed, although without the evidence, that these food changes were not likely to have a specific role to play in his palpitations and welling sensations.

Duration

J.D. followed the programme for 4 weeks and then attended a follow up. He then continued with a similar programme for a further 5 weeks and we met again. This case history report reviews his progress after the 9 weeks on NT recommendations.

Outcome

J.D. sent me an email after 10 days, as requested, to advise that he could tolerate the supplements and was implementing the dietary changes. He told me then that he felt that there was a slight improvement in the welling sensations and the palpitations and missed heart beats were less marked.

We met after 4 weeks and J.D. told me that these symptoms were definitely better, by

about 50% although the days varied now, which they had not before.

Interestingly, his need to clear his throat was no longer present, his previously aching and stiff hands were about 80% better, and he felt fitter and had more of his old optimistic self back.

There were no adverse symptoms of any kind, and he was very pleased with the progress, and brought the Matrix sheet back in to comment on how thorough it had been. I told him it would have been less thorough had we not unearthed the key information about his history.

He also told me that his energy was better but tended to slump at about 7 pm now, instead of 3.30 pm.

The only changes I made to J.D.'s programme was to reduce the Meda-Stim at lunch and add one at 6 pm, so that he was still taking 4 per day.

We discussed re-testing and I advised that we needed to wait a month or two before that was done. He was very willing to do so given his improvements but he really wanted to see the evidence of the change in his thyroid profile to match his change in health.

We met 5 weeks after that. J.D. confirmed that it was a rare day that he ever had a welling sensation or a palpitation or a missed heartbeat. He continued with the medications, but was planning to see his Dr in order to come off the beta blocker.

J.D.'s aching and stiff fingers were almost completely better too. His cracked heels were improving, but quite slowly. Of real interest was the fact that his psoriasis which had been in a 'moderate' state for decades, was definitely less red and very gradually diminishing. This had occurred without fatty acids and without additional vitamin D, and his overall benefits had also not required COQ10 and magnesium.

J.D. was now talking about extending his teaching career (he was in the private sector) for 2 more years.

J.D. was very happy to spend a whole hour in this follow up consultation to discuss what had happened, in my opinion, and to get as good an understanding of it as possible.

Comments

J.D.'s case shows how useful a detailed case history can be combined with the Functional Medicine Matrix, which effectively helped to prevent missing vital historical information.

It also shows just how effective a specific and targeted NT approach can be. The repeat blood test has yet to be completed and this would be ideal, however, J.D. is completely willing and engaged in his programme and the evidence speaks for itself, he said. He Meda-Stim (BR) appears to have improved thyroid hormone (T3) levels and reduced the major symptoms, the Stablium (AR) may have improved energy and resilience, and the Intenzyme Forte (BR) has almost certainly reduced excessive inflammation in the way it typically does.

Practitioner

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