Case History – Cluster of Female Hormone Symptoms Resolved

Gender, Age, Occupation, Nationality, height and weight.	**Example: Miss T.M. is a 23 yr old, Indian lady living & working in London. She is 5ft 3 tall and weighs 8 stone 3 lbs (160 cm, 52 kg).**
Presenting complaint – list and duration	Miss T.M. developed an irregular cycle, painful periods, acne and scalp hair loss at the age of 17 when under stress of exams. She was put on a single course of Roacutane and then the pill and this controlled the symptoms for about five years. Then, the hair loss began again and she was advised to stop the pill, and all the symptoms returned within 3 months. Miss T.M. was distressed with her state of health, facing pain, uncertainty and facial spots and it was lowering her confidence fast. Her goals were to have perfect skin again, have a regular and pain-free cycle and improve scalp hair growth. T.M. had experienced worsening symptoms for approximately 12 months.
Any Investigations	T.M.'s GP had referred her to a gynaecologist who diagnosed PCOS from symptoms but no scans or blood tests were undertaken. She did have a family history, however. Importantly, T.M.'s mother and her aunt and her older sister all struggled with poor skin and hair loss and infertility, and whilst not particularly overweight, did have a higher percentage body fat. Metformin was recommended by her GP but was stopped after 1 week because T.M. felt very nauseous on it. With the history of Roacutane, the Dr did not feel it was appropriate for another course. T.M. had read about insulin resistance and had a basic test done elsewhere privately but it showed no abnormalities at all. Whilst this does not rule out insulin resistance, which commonly underpins PCOS, it is suggestive that other mechanisms were involved. Also, her physique suggested that she did not have insulin resistance; she is very slim and importantly does have muscle tone (thanks to her gym work). Some ladies who are slim can indeed have insulin resistance and they often have a distinct lack of muscle tone.
Strategy	The Nutritional Therapy strategy was to support T.M.'s overall female hormone balance by nourishing her liver as well as possible to help the detoxification pathways of methylation & glucuronidation which predominantly handle female hormones. In addition, nutritional supplements designed to support T.M.'s androgen and dihydrotestosterone levels were recommended. Lastly, some rest time for herself was strongly recommended.
Diet & Supplements: name and dose	T.M.'s diet was very sound and she already avoided all refined carbs, processed fats, heavy animal meats, and dairy products. She did not drink adequate water so this was recommended to her, along with more regular meals and to make time for herself at mealtimes, which were almost always rushed. She did not always consume protein with meals, sometimes just at dinner, so her protein intake was increased during the day. Eggs and fish were the main additions to this aspect of her diet. We also focused on the vegetables that have been traditionally used to support liver health such as Broccoli, Brussels Sprouts (she was prepared to do anything to help her skin!), onions, garlic, radishes, watercress and so on.

A relatively extensive supplement programme was recommended, given the urgent nature for change for the patient, T.M., and the existing sound diet. The supplements recommended were:

- Allergy Research – Palmetto II Complex 1 at breakfast & 1 at dinner
- Allergy Research – DIM Vitex – 1 at breakfast & 1 at dinner
- Biotics Research – Livotrit Plus – 1 at each meal
- Biotics Research – Beta TCP – 1 at each meal
- Biotics Research – Ca-D-Glucarate – 1 at each meal
- Biotics Research – B12 Folate Plus – 1 at each meal
- Palmetto II Complex contains 320 mg of Saw Palmetto extract, zinc, pumpkin seed oil, beta-sitosterol & lycopene.
- DIM Vitex contains 300 mg of enhanced absorption DIM along with Vitex and Green Tea extract.
- Livotrit Plus contains Ayurvedic herbs for the liver including Eclipta alba, and milk thistle extract.
- Beta TCP provides beet concentrate and taurine to improve bile flow.
- Ca-d-Glucarate provides the substrate for glucuronidation.
- B12 Folate Plus contains well absorbed and used B12 and folic acid to support Methylation.

Duration

T.M. followed the recommendations for 5 weeks and then met for a follow up. Then T.M. continued with the programme for another 5 weeks and had her 2nd follow up, and then a further 4 weeks before the 3rd follow up. A telephone follow up was made 4 weeks after that, making the total duration of the programme 18 weeks.

Outcome

After the first 5 weeks, T.M. reported benefits to her overall skin quality, somewhat reduced spots and less pain at her period, but no change in her head hair which she was still losing. She then continued with the programme as above for a further 5 weeks. At the 2nd follow up T.M. reported NO pain at all at her previous period, with no PMS either, and her skin was almost back to good normal with which she was thrilled. She was frightened that she would become addicted to the supplements, due to the costs, but in the same breath she declared that she would take them if needed given the results. The goal in clinic is to achieve the best results with the fewest changes and this includes nutritional supplements too. A reduced programme was then recommended for the next month, which included reducing the Livotrit, Beta TCP, Ca-D-Glucarate & B12 Folate Plus by one third.

At the 3rd follow up T.M. showed me how fine her skin was and was very happy with overall very good improvement in symptoms. Her head hair had stopped falling too much, and her cycle was regular, and there was no PMS or period pain.

To maintain the benefits, it was recommended that she take her supplements on alternate days but none was stopped.

T.M. was very excited about the benefits of the nutritional programme and particularly because she thought she would be burdened by spots and hair loss and period pains (this was her lesser concern) for many years, like members of her immediate family. Due to her fears that her signs and symptoms would return, it required a gradual reduction in the supplements in order to determine their ongoing need.

She was now going to bring her sister in to see me to see if similar benefits could be

	achieved with her. N.B. We had at least one brief telephone contact in between appointments.
Comments	T.M.'s signs and symptoms may have been related to insulin resistance but the signs and symptoms also pointed to a less than ideal detoxification of female hormones and an excess level of androgens, which is common with hair loss and acne. In addition to her own self esteem issues, her family history had pressed her into action after fighting the symptoms for some months and in this way T.M. was a determined patient. In this case, the nutritional support for inhibiting dihydrotestosterone (with saw palmetto extract in particular), and encouraging the detoxification of female hormones and androgens by providing the key nutrients for glucuronidation and methylation along with a supported liver and bile flow, led to a very satisfactory outcome. Although there were a number of supplements involved, clinical experience suggests that this is often the level of support required initially to achieve best results, before a reduction can be implemented without negative consequence. Other patients may require a substantial upgrade in their eating habits before commencing such a remedial supplement programme.
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