

Case Histories

Case History – Distinct Body Shape Reveals Thyroid Need

Gender, Age, Occupation, Nationality, height and weight.	Mrs. R.T. is a busy 41 yr old mother of 3 children aged 16, 12 and 9. She is 5ft 4 tall and weighs 9 stone 10 (163 cm, 60.44 kg).
Presenting complaint – list and duration	<p>Mrs. R.T. has never been significantly overweight, but she has always struggled to maintain a slim figure, ever since she was a small child.</p> <p>Although her weight is not evidently a big concern for her overall health, since her waist hip ratio is not out of the normal range However, she has a very distinctive difference between her upper body and her legs. She has a slim upper body, with minimal abdominal fat, she has relatively slim hips, but her legs are distinctly and noticeably wide and solid from her upper thigh down to her ankles. 'It is as if her legs belong to someone else.'</p> <p>She told me that this has always been the case, since before puberty.</p> <p>She also wanted to have improved mood and more energy both of which had been worse over the past few years.</p>
Any Investigations	<p>On the rare visits to the doctor, she had undergone blood tests from time to time over the past 8 years, and was told everything was "normal", and this included her thyroid, but she did not remember the details. This was most likely to indicate a normal TSH. She had been offered anti-depressants more recently, when her mood had begun to drop, for no particular reason.</p> <p>Thus, like many women between the ages of 30 and 45 who struggle with their energy, weight and mood, Mrs. R.T. was frustrated by the lack of answers. If she ever dieted she simply lost weight on her upper body and reduced her breast size and her collar bones showed more and she had skinnier arms. The weight on her solid legs remained.</p> <p>We conducted the Achilles reflex test, and both feet responded quite swiftly upwards, but returned very slowly. Watch Video Here This is an indication of underactive thyroid function, as described by Dr David Brownstein, a pioneer in the wholistic treatment of underactive thyroid conditions. Dr Brownstein presented his material at a Nutri-Link International Seminar in January 2010 at the RSM (http://tinyurl.com/3xqagj7).</p> <p>I also recommended a Urine Halides post iodine challenge test to assess her iodine status. This involves taking 50 mg of iodine (4 tablets of Iodizyme-HP - http://tinyurl.com/3aywhwz) and a 24 hour urine collection. Also see the Dr's Data site: http://tinyurl.com/397sr6y. However, Mrs R.T. did not get around to doing the test.</p> <p>Her family history revealed that only her paternal grandmother had had this same body shape, but no one else. Her sister and brother were quite different. She did recall that her grandmother had been taking thyroxine, but no other details than this.</p> <p>The questionnaire scores on the Nutritional Assessment Questionnaire (NAQ) revealed Sugar Handling as the highest score, followed by the adrenals and then followed by the thyroid section.</p> <p>Lastly, R.T. has undergone circulatory investigations including doppler flow assessment over the years which have all been "normal".</p>

Strategy

Mrs. R.T. ate very well, with a protein food at each meal, and fresh vegetables at lunch & dinner, with one snack during the day. She did not always eat carbs with each meal, however. Her “bad” days included snacking on Haribos sweets but only small packs, she told me. So, on the face of it, it was as if she had already taken advice about her diet to support her fat metabolism and energy. She had been following this way of eating for the past 5 years or so, and had reduced her abdominal fat but not her leg size.

In no way could her body shape be described as one that reflected insulin resistance or excess cortisol. With her proportionate sized hips, neither was there an indication of excessive oestrogen or androgen levels.

Historically, R.T. had not always eaten this way, and she had for most of her life tended to have a more carb dominant diet.

The strategy that I decided to take was to support R.T. in a number of ways, focusing on 3 different aspects of her health: thyroid support, with monitoring of her under-arm temperature and the iodine test (although this was not done, in the end), blood sugar support (in spite of her sound diet) and mood support, even though this was likely to be a function of her suspected sub-clinical hypo-thyroid and hypo-cortisol states.

This was a case where the signs and symptoms pointed towards a need for thyroid support, along with the distinct body shape (reflecting a possible thyroid connection), but without the lab test evidence.

Diet & Supplements: name and dose

Since carbohydrates are important to ensure that levels of T3 do not drop, I directed Mrs R.T. to ensure that she did eat at least a small portion of carbs at each meal in the form of oats, brown rice, quinoa or pulses.

Whilst still awaiting the evidence about her iodine status, I recommended these supplements (only later did it transpire that the iodine test was not done).

These were the recommended supplements:

Biotics Research – Thyrostim™ –	2 with breakfast, 1 at lunch.
Biotics Research – GTA Forte –	1 at breakfast, 1 at lunch
Allergy Research – Sugar Balance Formula –	1 capsule with each meal
Allergy Research – PEANRich –	2 capsules mid a.m. & p.m. with glass of water.

- **Thyrostim™** - <http://tinyurl.com/36zk4yp> - The manufacture of thyroid hormones requires specific nutritional support, and Thyrostim™’s broad spectrum formula was designed to provide these key nutrients.
- **GTA Forte** contains hormone-free porcine thyroid glandular with key trace minerals for thyroid hormone function (excl iodine).
- **Sugar Balance Formula** is a combination of vitamins, minerals and Ayurvedic herbs & nutrients to support the uptake, transport & metabolism of glucose in the body.
- **PEANRich®** - <http://tinyurl.com/35mgjwc> - is a superior, concentrated blue green algae, *Aphanizomenon flos-aquae* (AFA), that has been found to have very high levels of phenylethylamine (PEA), which may support mood.

Duration

R.T. took the supplements and added some carbs to each meal, whilst not increasing her overall daily intake of calories for the next month, when we reviewed her progress.

We then met again after a further month, had a telephone appointment 3 weeks after that and then met again after a further month, being nearly 4 months after the first

appointment.

The supplements were altered slightly over that time, as described below.

Outcome

R.T. reported to me the sequence of her improvements.

Firstly, her mood improved after about a week, which she ascribed to the PEANRich®, since nothing else changed in the first ten days weeks. Then her cravings noticeably diminished during the second week, and her energy began to rise, but slowly. By the end of the first four weeks, R.T. was feeling better in herself and had more productive energy, and she had lost a few pounds but could not see any difference in her body.

The supplement programme was continued as before and after the next month, the benefits to R.T.s mood and energy persisted and she was very pleased by this. She had also noticed a difference to the shape of her legs, and had lost 5 lbs from her original weight and for the first time she could remember she had not become skinny “on top”. She concluded that this must be due to a reduction in her legs. She acknowledged that it was unlikely to be able to change her shape dramatically, but there was more shape to them now. They were previously a consistent width both above and below her knees. Now there was a tapering at her ankles and a curve around the knee.

After the second appointment, I recommended a 50% reduction in the PEANRich®, and to take the Sugar Balance Formula at breakfast & lunch only, as an attempt to keep the supplements to the minimum and to see how she would fare with a reduced dose.

21 days later, we spoke on the phone, and the reduced supplements had had no negative impact, and she had continued to observe shapeliness to her legs, which must have meant a reduction in their size. She had now lost 6.5 lbs from her original weight. Based on my observations over the past few years about the need to rotate the thyroid products, I recommended stopping the Thyrostim and increased the GTA Forte to 2 & 2, from 1 & 1.

At the third, and last face to face appointment before preparing this case report, and one month after the telephone call, R.T. reported continued success in the shape and size of her legs, albeit that they were still noticeably disproportionate from her upper body. She had lost 8 lbs from her original weight, and most of this appears to have been solely from her legs. Her trousers (she always wore trousers and had not worn a skirt for literally decades – or, if she had, she had worn baggy leggings or trousers along with it) were definitely looser. She held the material tight to her legs and they were no longer a straight line trunk shape as they had been. There was also more loose material, she told me than there had been.

I recommended that she rotate the Thyrostim and GTA Forte products, monthly, and we planned another telephone appointment in 21 days time.

R.T. was very happy to not only have completely resolved her sugar cravings and lower energy and improved her mood but also to have achieved something she never really thought possible, and that was to lose some leg weight. She continues with her eating and supplement programme, and I have also recommended an assessment from a lymph drainage practitioner.

Comments

R.T. probably has the most distinctive disproportionate body shape that I have ever witnessed. It appears to have a genetic component with her grandmother being of similar shape. There may well be an association with her thyroid hormone levels or activity of those hormones which is supported by the leg-specific weight loss and improved leg shape whilst on the supplement programme which has included specific thyroid support. Her thyroid hormones may be partly to blame for her reduced energy and mood, even though they responded to the Sugar Balance Formula and the

PEANRich® respectively.

If there is a connection, it would also appear to be from birth.

With regret, we do not have evidence of her iodine status, and she has not been ingesting anything other than the 150 mcg per 2 tabs of Thyrostim. So, there may be more change possible if her iodine levels are optimised, if we assume that she is low in iodine. Therefore, I am considering adding the Iodizyme-HP x 1 (12.5 mg iodine & iodide) at the next appointment.

The efficacy of these supplements (Thyrostim, GTA Forte, Sugar Balance Formula, PEANRich), has been borne out again by the results that R.T. has experienced.

Practitioner

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