

Case Histories

Case History - Fibromyalgia benefits from Dr Pall & thyroid support

Gender, Age, Occupation, Nationality, height and weight.	<p>Miss G.C. is a 29 year old journalist, in London.</p> <p>She is 5 foot 9 tall, and weighs 9 stone 9 lbs (175 cm, 62 kg).</p>
Presenting complaint – list and duration	<p>G.C. presented with a decade old formally diagnosed fibromyalgia (FM) and its host of symptoms including painful hands, neck, shoulder, back and fatigue and poor cognitive function and 'brain fog'. Weak legs were also part of her FM profile. She also had signs/symptoms of low thyroid function including very thin eyebrows, fatigue, & poor temperature control. She also had a high stress profile, and digestive discomfort with abdominal bloating, nausea and a "hot" stomach. She had visible dark shadows under her eyes too.</p> <p>G.C. also suffered from monthly PMS, particularly breast pain.</p>
Any Investigations	<p>G.C. told me that as a child she took many courses of antibiotics but whilst she thought this may be a problem for her digestive health, there was no association in time with the onset of her current symptoms. The last course was in her mid-teens.</p> <p>G.C. had visited a doctor (who was familiar with fibromyalgia) just over a decade ago, and at the age of 19 she was diagnosed with FM, - she has been struggling with her health ever since. No tests other than assessment of her signs and symptoms were undertaken. The doctor had told G.C. that it was something she needed to learn to live with.</p> <p>Some two years ago a blood test had shown that she was low in iron and this was managed by taking an iron supplement. It did not change the way she felt, though.</p> <p>Since her early twenties, the other symptoms in her digestive system appeared, as did the painful PMS, and she suspected that her thyroid was not working properly. However, the blood test for TSH was reported as normal. She also suspected food intolerance and had experimented herself by removing most wheat and all dairy.</p> <p>G.C. had done much reading on the subject and was eating a very sound diet and taking a host of nutritional supplements including probiotics.</p>
Strategy	<p>The strategy involved incorporating some of the recommendations of Dr Marty Pall for CFS / FM with specific thyroid support because her thyroid symptoms appeared relevant to her overall condition.</p> <p>Since G.C. has been taking many different supplements for some years (she was currently on 6 different ones plus 3 others from time to time), I decided to focus on the narrowest possible formulae to specifically address FM and hypo-thyroidism, in order to determine their benefits, rather than potentially confound matters by recommending too many things.</p> <p>Dr Pall has confirmed that low thyroid contributes to the CFS / FM cycle – see Dr Pall's presentation on 16th April 2010.</p>

Diet & Supplements: name and dose

I recommended G.C. to maintain her current diet but just intervene with four completely new supplements, and asked her to attend a follow up in a month's time.

The supplement programme recommended was as follows:

Allergy Research – **FibroBoost** – 2 caps before breakfast & lunch by 20-30 mins

Allergy Research – **Co Q Gamma-E** – 1 caps at breakfast & dinner

Biotics Research – **Thyrostim** – 1 at breakfast, 2 at lunch

Biotics Research – **Iodizyme-HP** – 1 at breakfast & dinner

FibroBoost – Ecklonia Cava extract is a potent antioxidant and has been clinically trialed in FM patients and found to be improve energy, pain reduction and sleep. It has been very effective for reducing other FM patients' pain.

Co Q Gamma E – is Dr Pall's fat-soluble antioxidant combination used in his protocol for CFS / FM.

Thyrostim – contains nutrients to support the thyroid maintain a healthy output of thyroxine as well as pituitary and hypothalamus glandulars.

Iodizyme-HP – per tablet provides 12.5 mg of iodine (5 mg) and iodide (7.5 mg).

Duration

G.C. followed the programme for one month, attended a follow up and then continued with it for another month. She continues to follow the programme.

Outcome

Within days of taking the new supplements, G.C. noticed improvements. She was surprised but very pleased, and kept her eye on how she was doing in case the improvements were due to a placebo effect that would wear off.

Four weeks later, when we met for the follow up, I asked G.C. to give me an estimate in percentage terms to signify the degree of change that she had experienced. G.C.'s head cleared by 50% and she could think much 'straighter' than for ages, her energy improved by 50% and consistently, and her overall pain score had reduced by 60%. The gut symptoms of bloating, nausea and hot stomach were all equally improved (50%). All of this occurred within a week and was maintained thereafter. Her PMS breast pain was reduced too by 80%.

G.C. told me that she had not felt anxious at all, which was part of her character, and her stress tolerance had improved.

She told me that she had even had the energy to go out for 4 nights in a row, something she could not even have contemplated for the past 10 years. If she ever went out for 1 night her body would be tender the following day, but not so now.

G.C. continued with the same supplements except for one difference. I swapped the **Thyrostim** for the **GTA Forte II** (Biotics), as I tend to with all thyroid patients.

We had a brief review four weeks after the first follow up. The benefits were all still there and mostly exceed the percentage improvements indicated above, except she felt that the **Thyrostim** suited her better, and she was recommended to revert back to this product for the next phase. She feels that she has got her life back and is still amazed at what has happened to her. Of course, I would still be looking for her to have a complete resolution of her complaints and this will be the focus of the next appointment.

Comments

Dr. Pall's theory has borne fruit with the majority of my CFS / FM patients and this case is not an exception. However, having learned more recently from Dr Pall about the connection to the NO / ONOO cycle with low thyroid, as well as low cortisol, levels, this case is an example of the combined approach to support both the NO / ONOO cycle and thyroid directly. [Dr Brownstein's](#) insights into thyroid health and nutritional intervention served this patient well too.

Whilst it is not possible to test for CFS / FM using a single laboratory test, it is possible to assess thyroid function with blood or urine tests. However, even then, the results may not reflect what the patient needs. G.C. had already had her TSH measured but it was "normal". One could have tested FT4, FT3, reverse T3 and antibodies, but in this instance a clinical experiment was undertaken, in agreement with the patient.

Fibroboost ([product info](#)) has proven time and again in my practice to bring about relatively rapid changes in terms of pain reduction and improvement in energy. However, it does not work this way for all patients, since some may require to take this in combination with other formulae for some weeks before changes are experienced. In this case, the **synergy** between the two antioxidant formulae and the thyroid support proved very effective and supported the underlying biochemical imbalances. It may not be a "cure" by any means, and only time will tell us that, but it offers terrific palliative support about which G.C. is very pleased.

Miss G.C. has been engaged in a nutritional programme of one kind or another for the past 8 years and has spent literally thousands of pounds on supplements which have not really had much perceived benefit. Now, with the fewest supplements she has taken in that time, the improvements are marked, and far exceed anything she has ever done.

Practitioner

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