

Case Histories

Hashimoto's & Adrenal Issues improve with Nutritional Therapy

Gender, Age, Occupation, Nationality, height and weight.	Mrs. R.M. is a 34 year old mother of 2 children, aged 8 and 10. She is just over 5' 5" tall and weighs 9 stone 4 lbs (167 cm, 58 kg).
Presenting complaint – list and duration	<p>Mrs. R.M. had been struggling with energy and maintaining her weight. She had medical tests and was diagnosed 7 years prior (2007) with Hashimoto's for which she was prescribed ¼ of a tablet of T3, since it was determined T3 that was too low, not T4.</p> <p>She was already then a mother of two young children. As the years passed she had found that in spite of the blood tests showing normal levels of T3 that the thyroid antibodies were still present and she was becoming more tired, especially towards the end of the day.</p> <p>She was also feeling that she had gained some weight, although she had the appearance in the consultation of being strong and athletic and not overweight.</p> <p>A year prior, she had some irregular vaginal bleeding and a cyst had been identified on one of her ovaries. Her cycle was still somewhat erratic, but that was the extent of her female hormone imbalance in terms of signs and symptoms.</p> <p>R.M. is very health aware and therefore was puzzled by her lack of progress especially in terms of energy.</p> <p>Her health goals were as follows: (these are as defined by her)</p> <ol style="list-style-type: none">1. To have great energy all day2. To have balanced hormones3. To be free of Hashimoto's4. To get my body back into balance5. To lose some body fat
Any Investigations	The most recent comprehensive thyroid tests of March 2014 revealed a low level of T4 which had not been identified previously. Both the total and free T4 levels were markedly below the lower end of the reference range, whilst her T3 levels were normal. Her TSH levels are low normal, and therefore did not appear to be as stable as they should; one would have expected a high TSH in the face of low T4. There was a high level of thyroid antibodies, which was consistent with all tests over the prior 7 years.

The low T4 could explain the fatigue, and her need to sleep at 8 pm whilst sitting on the sofa (or any other chair!).

The nutritional related questionnaires that R.M. completed revealed signs and symptoms more prevalent for her 'thyroid and adrenals' than any other section (which included stomach, small intestine, large intestine, vitamin need, mineral need, pituitary, female hormones, immunity, liver & gallbladder, blood sugar balance, cardiovascular & kidney & bladder).

We discussed the possible benefits of an adrenal stress test and agreed that this would be something to consider depending on how she fared.

R.M. was due to meet with her gynaecologist in a few months to review the status of the cyst identified a year before.

Strategy

The nutritional strategy was first focused on R.M.'s auto-immune thyroid condition in particular as opposed to attempting to support a healthy increase in her T4 levels, for example.

It was hoped that once some progress had been made in this regard, which would likely be determined by subjective outcomes rather than on a blood test level, that more attention could be directed to her T4 and adrenals.

Diet & Supplements: name and dose

R.M. ate well and was well known in her circle of friends for eating the healthiest food. However, she did consume some wheat, gluten and dairy products. She also described a craving for sugar in the evening when she was most tired but resisted eating any most of the time.

The dietary recommendations for R.M. were for her to be 100% gluten and wheat free. Her dairy product consumption remained unchanged; however, as I did not feel this was a factor in her overall health, although I am aware that dairy products can be a cross-reactive food with gluten sensitivity.

This was the most significant dietary change (and as we know is challenging for the person involved).

In terms of exercise, I also recommended that she reduce her daily high-intensity classes because I felt that she was inappropriately using her energy reserves and then having nothing left at the end of the day. She was resistant to this change, but reluctantly agreed.

The following supplements were specifically recommended to R.M. for 6 weeks.

Product name & brand	Dose
Vitamin D3 Complete (ARG)	1 with breakfast & dinner
Gluten-Gest (ARG)	6 caps mid afternoon
Pancreas (pork) (ARG)	6 caps mid morning
NT Factor Advanced Physician's Formula (NT)	2 with breakfast, 2 with lunch, 1 with dinner

After 6 weeks, R.M. attended a follow up and this programme was recommended:

Product name & brand	Dose
Gluten-Gest (ARG)	6 caps mid morning
Pancreas (pork) (ARG)	5 caps mid afternoon
NT Factor Advanced Physician's Formula (NT)	2 with breakfast, 2 with lunch, 1 with dinner
Adrenal Rebuilder (Dr W)	1 with breakfast & 1 with lunch

After 5 weeks, R.M. attended the second follow up and the supplements were slightly amended to this programme:

Product name & brand	Dose
Gluten-Gest (ARG)	5 caps mid afternoon
Pancreas (pork) (ARG)	5 caps mid morning
NT Factor Advanced Physician's Formula (NT)	2 with breakfast, 2 with lunch, 1 with dinner
Adrenal Rebuilder (Dr W)	1 with breakfast & 1 with lunch
Immuno-gG (BRC) (colostrum)	4 with breakfast & 4 caps 30 mins before bedtime

The fourth programme was recommended at the 4th appointment, 8 weeks later.

Product name & brand	Dose
Gluten-Gest (ARG)	5 caps mid afternoon
NT Factor Advanced Physician's Formula (NT)	2 with breakfast, 2 with lunch, 1 with dinner
Adrenal Rebuilder (Dr W)	1 with breakfast & 1 with lunch
Immuno-gG (BRC) (colostrum)	4 with breakfast & 4 caps 30 mins before bedtime

Vitamin D3 Complete (ARG) provides the four fat soluble vitamins of A, D, E, & K in a balance that could be disturbed if taking a higher dose of just one of these nutrients over time. The product is preservative free and chemical free and comes in fish gelatine caps. These nutrients are vital for a balanced immune response, and are often required in those individuals with auto-immune conditions.

Gluten-Gest (ARG) (vegicaps)

A formula of veg enzymes designed to support the breakdown of both proteins of gluten and non-gluten grains as well as a range of amylases too. Somewhat ironically, this enzyme formula is particularly useful for those who are gluten free but have a need for improved digestion. On an empty stomach, it is a useful support for immunity and helping to support a healthy response to inflammation.

Pancreas (pork) (ARG)

This is a potent pancreatic enzyme product, providing 425 mg of lyophilised pancreas tissue that can assist in the breakdown of protein (incl antibodies) which is important systemically with auto-immune conditions.

NT Factor Advanced Physician's Formula (NTI) combines NT Factor® membrane specific fatty acids with B vitamins and other nutrients. NT Factor® supports the structural integrity & vitality of the membranes in the body's cells and mitochondria, including normal membrane permeability and ATP energy production.

[More information about Lipid Replacement Therapy can be found on our education website.](#)

Adrenal Rebuilder (Dr W)

Dr Jim Wilson's glandular formula with extracts of the adrenal cortex, gonads, pituitary and hypothalamus.

Immuno-gG (BR)

Colostrum has proven its benefit in countless patients. Helps to reduce intestinal inflammation, heal the gut lining and promote a stronger immune system. Colostrum is of importance in the majority of those patients seen with auto-immune conditions.

Duration

R.M. followed the nutrition programme, alongside her already very nourishing diet for 25 weeks, and continues with the fourth supplement programme.

Outcome

R.M. met me 6 weeks after the first meeting and reported that she had not really noticed much difference in how she had been feeling and that her energy still fell off sharply when it reached 8 pm.

She had visited her GP who told her that as long as the TSH was normal that her T4 must be fine, in spite of the fact that the test clearly showed low levels of total and free T4.

R.M. had continued with her intense exercise, and had not been able to stop this. She admitted that she had not wanted to change this, but now that she had not felt any better, she was considering it more seriously now. She did feel exhausted after some of the classes and needed to find a way to get away from the kids since she did not have the energy to deal with them.

R.M. had successfully avoided all wheat and gluten 100%, and so had her family as far as she was concerned, certainly at home. The issue of withdrawal and symptoms of detoxification were discussed, but R.M. had not experienced any. During this conversation, she admitted that she had fewer cravings for sugar since she had stopped the gluten.

R.M.'s cycle was a few days out in terms of regularity, but she had not experienced any changes.

I amended the supplements a little, and since it was sunnier, I stopped the Vitamin D3 Complete (ARG) and introduced some adrenal support in the form of Adrenal Rebuilder (Dr W).

The NT Factor Advanced Physician's Formula (NT) was continued. It provides the NT lipids which help with a process referred to as Lipid Replacement Therapy – see link below to more information on this topic. This is important when addressing auto-immune conditions, as well as toxic and viral burdens.

R.M. persisted with the GF diet and changed the supplements to accommodate the small changes. She returned after another 6 weeks and gave me an update about her health. Since she was highly motivated, it was possible to keep the appointments with this time interval, otherwise it would have been necessary to see the patient every 4 weeks.

R.M. told me immediately that her energy was so much better and she was no longer falling asleep at 8 pm and her husband had noticed the difference as did some friends whom she never normally saw in the evenings, especially during the week. She also said that she could now do the intense classes and feel just fine and energised after them, and she no longer had the desire to avoid her children.

She swore to me that the Adrenal Rebuilder (Dr W) was the vital factor that had brought about this change.

Interestingly, a few weeks after seeing me, she had had a repeat test of her T3 levels, which had been normal in the March test, but low when first diagnosed with Hashimoto's 7 years before and on and off since. The T3 level was now high in the range and the level of exogenous T3

had been reduced to ½ tablet of T3 from a dose of ¾ of a tablet.

In addition, she had visited her gynaecologist and the results were very good in that the cyst which had been identified over a year before was “no longer anywhere to be seen” and she received a completely clean bill of health. She was very pleased with this, since she had feared a decline in female hormone related matters as she aged.

She was religiously gluten free, and agreed that perhaps the ongoing GF diet had also helped to support her energy levels.

We discussed the auto-immune antibodies and when a repeat test may be worthwhile. On the basis of offering more support for her immune system, she was more than willing to take an additional supplement of colostrum to help this aspect of her health.

The supplement programme was followed for 5 weeks before we met again.

R.M. continued to feel more energised and there had not been a single day since the improvement came about that her energy had dropped as it had done in the past. She said she felt very well and was also attending the classes as usual. Although she had not tried to, she had shed a few pounds of fat, and now genuinely looked as if she were an athlete in training and was receiving comments along those lines. People (i.e. women in her class) were asking her what other training she was doing and R.M. told them all that it was her diet that had made the difference.

Her female cycle was regular still.

The programme was changed slightly, by omitting one of the proteolytic enzymes, and she continued this for another two months. Auto-immune conditions most often take quite a number of months to diminish in a measurable way, and this almost always requires the removal of an existing burden such as gluten, a toxic metal or a virus, for example, alongside a therapeutic supplement programme.

R.M.'s health was maintained at the new high level over this time, and she now found it incredulous to believe that she had accepted it when she had fallen asleep so early in the evening. She had never felt so good, and she looked extremely well, and fit too. Then she remembered that the reason why she had accepted the way she felt was because she believed that this was what Hashimoto's was supposed to look like.

Her husband had said that she looked younger and stronger and more muscular now than at any time since he had known her – which was 12

years. He had been sceptical about the supplements which had appeared in the kitchen but he could not deny the evidence in front of him in terms of how his wife looked and felt. He recognised that their kids were also benefiting from the improved state of well-being. He was planning to come and see me too, and I insisted that R.M. gently advise him that he be prepared for some change or other in his diet or lifestyle.

R.M. continues with the programme and we have planned for a repeat test of her antibodies to determine if they have dropped. In this way, the case history is not 'complete' or 'over' as they never really are since life goes on.

However, R.M. has responded very well, in my opinion, to the use of proteolytic enzymes together with adrenal support and in conjunction with her existing T3 medication which was reduced part way through the programme. The Adrenal Rebuilder (Dr W) is R.M.'s favourite supplement, although I have given her my opinion that they have all worked in synergy.

R.M. had achieved all but one of her goals; she had great energy, she had balanced hormones, she felt that her body was back in balance and she had lost some body fat. Just one to go – and I explained that it may not be possible but that we would aim for this.

Comments

Just because a diagnosis exists and this coincides with feeling less than well, does not mean that that state of being needs to continue even if the diagnosis remains.

R.M. had accepted her fatigue and daily exhaustion as part of the diagnosis. As long as the antibodies are elevated, the diagnosis will remain, but she now knows that she can have abundant good health in spite of the diagnosis. Hopefully, we are on track for reducing the antibodies and effectively reversing the condition but these remain to be seen and will be determined on the repeat antibody testing.

In her case, R.M. has needed to be gluten free, to take immune supportive supplements (the vit D3, A, E, K and the colostrum) along with daily doses of proteolytic enzymes on an empty stomach, and to take some specific adrenal support. She had taken adrenal supportive multi vits & mins in the past but they had not had any effect. Interestingly, there was no direct supplemental support for her thyroid throughout the 25 weeks of this case.

Practitioner

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