

Case Histories

Weight Unstuck with Lipid Replacement Therapy (LRT)

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs F.C. is 51 years old, married and works full time, and lives in the West of England.</p> <p>She is 5 foot 5 tall, and weighs 12 stone 7 lbs (165 cm, 77.8 kg).</p>
Presenting complaint – list and duration	<p>Mrs F.C. has struggled with weight all of her adult life. She has at times exceeded 100 kg and has managed in the past to lose many kgs on various different diets and has engaged in many different types of exercise programmes, although most have involved extensive cardio work.</p> <p>She has yo-yo-ed with her weight over the past 30 years, but she has never been able to get below eleven and a half stone. She told me that she always got stuck at that weight. She agreed it may be psychological, but she was seeking my help to break that barrier. She repeated the word “stuck” a number of times.</p> <p>Along with the excess weight, she felt fatigued, had poor concentration, felt cold a lot of the time, and urinated very frequently. These had been present for over a decade but were all worsening.</p> <p>Her family history revealed that her whole family (mother, father, sister and brother) were all overweight, but not to her level. Her mother may have had a thyroid problem but she was not sure. Her father had died of cardiovascular disease (his 2nd M.I. aged 69).</p> <p>She was very positive about most things in her life, except her weight. She had heard that a friend had seen very positive results after following my recommendations which prompted her to visit my clinic which was some distance from her home, so she was clearly committed.</p>
Any Investigations	<p>The only medical tests that had been conducted by the GP were standard haematology and blood chemistry tests including TSH conducted once every 4 to 5 years over the past 20 years. They were all normal with the exception that her total and LDL cholesterol were a little too high in each of the tests at an average of about 6.0 and 3.5 respectively.</p> <p>Although the TSH had been in the normal range it was as high as 3.3, with its lowest value being 2.6. This is suggestive of mild, sub-clinical hypothyroidism which had been present for some years.</p> <p>The only physical test or scan she had had was for gallstones after what she described as a gallbladder attack about 8 years previously. None were identified, however. She had not suffered with anything resembling this since that time.</p> <p>As has been the case with a number of patients, for a number of different reasons including financial, we agreed not to pursue any specific lab testing</p>

Strategy

unless there was no progress made in 6 weeks' time.

We agreed that F.C. would follow a clinical experiment in terms of her food and supplements to support her hormonal balance and especially her thyroid. A plan to focus on her portion control and timing of eating was also made.

With regard to exercise, the plan was for F.C. to remain active during the day with 3 or 4 five minute walks as well as 20-30 minute workouts 2-3 times a week for 'muscle training' (as opposed to weight training), but not cardio work because this 'taxes' the adrenals.

Diet & Supplements: name and dose

The dietary recommendations were as follows:

- Eat 3 meals a day, but not snacks at all (which was a real difference).
- Eat a protein at each meal (which she did not always do).
- Reduce her carbs to a small portion to minimise insulin. (I explained to her the blood sugar, insulin and cortisol relationship).
- Drink water throughout the day.
- Relax before eating and afterwards.
- Avoid all gluten for now.
- Reduce the coffee intake from 3 to 1, slowly.

There were four different supplement programmes over the 5 months, with the first 4 being similar and the last and 5th one being distinctly different. It is this last one which ultimately helped to budge her stubborn barrier of eleven and a half stone.

These programmes are shown below, with information about the products shown underneath that, with more detailed information about the NT Factor (NTI) product and Porphyra-Zyme (BR).

Each programme lasted either 4 or 5 weeks.

Programme One	
Product	Dose
Thyrostim (BR)	2 with breakfast & lunch
TG 100 (AR)	2 with breakfast & 1 with lunch
Liquid Iodine Forte (BR)	6 drops per day a.m.
Meda-Stim (BR)	1 with breakfast & lunch
Flow-Less (AR)	3 with breakfast & dinner

Programme Two	
Product	Dose
GTA Forte II (BR)	2 with breakfast & lunch
Liquid Iodine Forte (BR)	6 drops per day a.m.
Meda-Stim (BR)	2 with breakfast & lunch
BioGlycozyme Forte (BR)	2 mid morning, 2 mid afternoon
Flow-Less (AR)	3 with breakfast & dinner

Programme Three	
Product	Dose
GTA Forte II (BR)	1 with breakfast & lunch
TG 100 (AR)	1 with breakfast & 1 with lunch
Liquid Iodine Forte (BR)	6 drops per day a.m.
BioGlycozyme Forte (BR)	2 mid a.m. & 2 mid p.m.
Flow-Less (AR)	3 with breakfast & dinner

Programme Four	
Product	Dose
Thyrostim (BR)	1 with breakfast & lunch
TG 100 (AR)	1 with breakfast & 1 with lunch
Meda-Stim (BR)	1 with breakfast & lunch
BioGlycozyme Forte (BR)	1 with breakfast, 1 mid a.m., 1 with lunch, 1 mid p.m.
Flow-Less (AR)	3 with breakfast & dinner

Programme Five	
Product	Dose
NT Factor Advanced Physician's Formula (NTI)	Gradually build up to 3 with breakfast & 2 with lunch
Porphyrazyme (BR)	Build up to 3 tabs mid a.m. and mid p.m. on empty stomach
NAC Enhanced Antiox Formula (AR)	1 with breakfast & dinner
Flow-Less (AR)	3 with breakfast & dinner

Product information

Thyrostim (BR) - this combination formula of vitamin and mineral co-factors for the thyroid gland's production of its hormones, combined with pituitary and hypothalamus glandular is an effective product to support thyroid hormone levels. GTA Forte II (BR) (thyroid glandular with accessory nutrients) and Meda Stim (BR) (vegetarian formula to support conversion of T4 to T3) complete the trio of typical thyroid-support products I frequently see results from.

TG 100 (AR) – this multi glandular from AR contains these extracts:

Thyroid tissue (bovine) – 40 mg
Adrenal Tissue (bovine) – 5 mg
Pancreas Tissue (porcine) – 5 mg
Thymus Tissue (Ovine) – 5 mg
Spleen Tissue (Bovine) 5 mg
Vitamin C (ascorbic acid) – 120 mg

Liquid Iodine Forte (BR) - 150 mcg of iodine (potassium iodide) per drop. Supports thyroid function.

Meda-Stim (BR) - veg formula designed to convert T4 into T3. Useful in many weight loss programmes and does not alter TSH levels, typically.

Flow-Less (AR) - is a proprietary blend combining a special pumpkin seed extract with soy isoflavones for support of bladder health in aging men and women, with extremely consistent results in reducing frequency of peeing, as well as healing the tissues.

GTA Forte II (BR) – thyroid glandular formula with accessory nutrients.

BioGlycozyme Forte (BR) - multi vit & min formula with glandular support for the adrenals, supportive of low blood glucose levels, low energy, low BP, low cortisol. It can also reduce inappropriate hunger & cravings.

NT Factor Advanced Physician's Formula (NTI) - is a patent-pending proprietary vitamin, mineral and nutrient multi-supplement specifically designed for physicians/practitioners treating patients with fatigue issues due to adverse stress, chronic illnesses, damaging internal and external toxins, and the natural effects of aging. NT Factor® contains encapsulated or protected membrane lipids and is taken as a daily oral supplement. The membrane lipids are protected from oxidation and can be absorbed and transported intact into tissues. This dietary supplement contains a variety of components, including a membrane-matching blend of phospholipids and glycopospholipids along with other lipids, nutrients, probiotics, vitamins, minerals and plant extracts. This product contains the highest dosage of NT Factor® designed specifically for physicians/practitioners.

Porphyra-Zyme™ (BR) - A Concentrated Prophyrin Product
Unlike traditional chlorophyll products, Porphyra-Zyme is a concentrated

porphyrin supplement. By increasing the porphyrin content, the heavy metal binding capability is also increased, providing clinicians with a natural, effective “chelating” tool.

Porphyrins have the ability to bind divalent metal ions due to the nitrogen atoms of the tetrapyrrole nucleus. The central ion in chlorophyll is magnesium, which is freed from chlorophyll under acidic conditions, permitting other metals to bind in its place. Toxic metals, such as mercury, lead and arsenic, are complexed first. Then excess amounts of other divalent metals, such as calcium, can be complexed by porphyrins.

Scientists at Biotics Research Corporation studied the ability of Porphyra-Zyme to bind heavy metals in vitro. Porphyra-Zyme was dialyzed against aqueous solutions of heavy metal ions. Afterward, the concentration of heavy metal ion remaining in the dialysis medium was determined. As can be seen by the chart at the bottom, Porphyra-Zyme proved to be very effective in binding heavy metals.

Biotics Research’s Porphyra-Zyme has been used to complex with toxic metals. Using dialysis, the following exchange range for toxic metals was established. Measurements were made using atomic absorption techniques (flame, furnace and hydride methods), using a Perkin-Elmer 603 spectrophotometer.

Against a solution complexed with Porphyra-Zyme

Metal	Initial Concentration	After Dialysis – Amount	Percent
Lead	20 ppm	4.8 ppm	76%
Mercury	10 ppm	0.8 ppm	95%
Cobalt	30 ppm	3.4 ppm	88%
Cadmium	15 ppm	3.6 ppm	76%
Arsenic	10 ppm	1.4 ppm	86%
Aluminum	20 ppm	7.0 ppm	65%
Nickel	10 ppm	3.3 ppm	67%

NAC Enhanced Antiox Formula (AR) – a combination of NAC, TMG, lipoic acid and RNA. One of the products recommended by Marty Pall PhD in the support of patients with CFS / FM.

Duration

F.C. followed the programme for 6 months, which brings us to the current day, and she still continues with the last programme described above.

We have met after each month, hence the slight changes in the first four programmes and then before the 5th programme. The last meeting we had was after one month on the 5th programme and emails since have confirmed that the benefits, described below persist.

Outcome

First Month

The first thing that happened was that F.C. stopped peeing so often during the day and night, and consequently slept better and more refreshingly.

She found that her concentration gradually improved over the first few weeks.

Her energy also improved from the first week, which she was surprised about. She had found it hard to go without any food between meals and on some occasions had felt that she needed to eat something.

Her weight reduced from 12 stone 7 lbs to 12 stone 3 lbs in the first month, which felt disappointing given her application to the programme. She knew that she would persist and had developed a sense of perseverance over the years.

Second Month

F.C. continued to follow the slightly revised supplement programme and maintained the same way of eating.

Her cravings diminished, her energy improved some more and she found decision making more straightforward. Her concentration for her work also made a difference to her productivity.

The Flow-Less (AR) was still helping her pee less, and when she had not taken any for 2-3 days the frequency recurred, and as soon as she re-started it, the frequency diminished again. Over time, it is hoped that the tissue support and the overall programme itself and weight loss will result in improved bladder control.

The crucial issue of her weight: she lost 5 lbs in the 2nd month, meaning she weighed 11 stone 12 lbs. Remember that the historical sticking point was 12 stone 7 lbs.

Third Month

F.C. did very well to abide by the recommended changes. The benefits to her overall health continued and she managed to lose another 5 lbs and reach the significant weight of 12 stone and 7 lbs.

We both had relatively realistic and high hopes that the pattern of weight loss would result in more weight loss in the following month.

Fourth Month

F.C. continued as before, but she did not lose weight. True, she had gone to 12 stone 5 lbs but this was only for one day and then she reverted back to her nemesis weight of twelve and a half stone.

We discussed the psychological aspects of her weight and the potential for unconscious eating, as a potential factor. However, she had been very certain that this had not happened, and that she had not over-eaten.

This resulted in a review of her history, of her previous dieting, of the chronological flow of her health and weight. I remember that we both sat there after that, thinking, being quiet for what was probably one of the longest pauses in my clinic room ever. It occurred to me that F.C. had used the word "stuck" many times. We then reviewed the exact time that F.C. had gained the

weight and it had coincided with her leaving school at 18 and taking a year out and having some challenges on an emotional level and she started comfort eating.

However, by 18 she had had 9 amalgam fillings, most of them by the age of 14, with the last being when she was 18. Whether or not mercury had anything to do with her gaining the weight in the first instance did prompt us to consider the possibility of a detox programme to help budge the weight from 12 stone 7 lbs.

And so it was, that we decided for F.C. to embark on a detoxification programme, one that aimed at replacing her cell membrane phospholipids and thereby help to clear toxic metals and volatile organic compounds (VOCs) and persistent organic pollutants (POPs).

To help achieve this effect, and hopefully the benefits, I decided to use one of the two the newly available products containing a special phosphoglycolipid mix, called NT Factor.

We did not dismiss the benefits or effects of the previous 4 months' nutritional programme and effort but recognised that this was the time and weight for her to change something.

Fifth Month

F.C. followed the supplement programme number 5 and after just two days she experienced some detox type symptoms whilst taking just 2 of the NT Factor tablets and 2 of the Porphyra-Zyme.

She reduced to 1 of each and the detox symptoms (headaches, dry skin, feeling a bit spacey) diminished. She was able to slowly increase the dose and did experience the detox symptoms again, but she was informed enough to know what they were and that this was a positive sign of progress.

She managed to attain the dose of 3 + 2 tabs of the NT Factor and 3 tabs of the Porphyra-Zyme twice daily after 2 weeks. The weight was already coming off.

She persisted and managed to tolerate the full dose for a further 2 weeks, during which time she lost 6 lbs. She was 12 stone 1 lb. Goodness, was she happy.

She had also noticed some changes to her bowels and peeing, in spite of the Flow-Less but she felt that this was all part of the process of detoxification.

She is now very willingly continuing with the programme and has reached a weight lower than 12 stone for the first time in a long, long time. She is convinced about the toxicity within her, although we have not had it tested in a lab. She has now set her sights on 11 stone and a whole new wardrobe which she will work hard to earn.

Comments

This case is an example of someone whose weight reached a plateau, repeatedly. It does not necessarily matter what the weight was, except that it

was too much for the individual.

In spite of achieving solid results with a logical programme that supported blood glucose and the hormones insulin, cortisol and T4 & T3 the plateau persisted. That this work over months had been done was also very likely to have helped the NT Factor and Porphyra-Zyme to work as effectively as they have and are.

With a little bit of teamwork and the repetition of the word “stuck” it was decided to undertake a cellular detoxication (not detoxification) programme. The newly available product NT Factor Advanced Physician’s Formula has had 15 years of research, and helps to replace the lipids in the cell membrane, hence the term Lipid Replacement Therapy (LRT).

I believe that LRT will prove time and again to help patients make strides forward in achieving better energy and health, and that we will be reading more about this in the months and years to come.

Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, NTCC is a Nutritional Therapist working in W1, London.