

# Case Histories

## Case History – Weight Loss from Improved Thyroid Function

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	<p>Miss C.K. is a 62 year old woman with her own business. She lives in London and has a full social life.</p> <p>She is 5 foot 5 tall, and weighs 15 stone 5 lbs (165 cm, 95.5 kg).</p>
<b>Presenting complaint – list and duration</b>	<p>Miss C.K. presented with excess weight and medication-controlled hypertension.</p> <p>She stated she had been overweight for about 50 years and had been on blood pressure pills for about 30 years.</p> <p>She had been prompted to come and visit me by a good friend of hers who had achieved success in her own health goals. She also identified that she did want to be fit and well in her later years.</p> <p>C.K. had tried many different diets before, perhaps like the majority of people who are carrying up to 5 stone more weight than “they should”. However, she had never sought professional help before.</p> <p>In her dietary experiments, she had discovered that gluten grains definitely made her more bloated, so she told me she knew she felt better when she ate gluten free (GF), so she generally did but not always.</p>
<b>Any Investigations</b>	<p>C.K. was taking relatively small doses of lisinopril (5 mg) which is a drug of the angiotensin-converting enzyme (ACE) inhibitor class and amlodipine (5 mg) which is a long-acting calcium channel blocker. These medications prevented her BP from going above 130 / 80, which is normally tested every 6 months. Ideally, her BP would be a little lower than this, at least 120 / 80 if not 120 / 75.</p> <p>C.K. had not had anything other than health insurance blood tests over recent years in which “everything” was normal, except that her cholesterol had been elevated (total cholesterol of 7.2 mmol/L, with LDL being 4.0 mmol/L) for many years but she refused to take statins since they gave her muscle pains – a well understood side effect.</p> <p>C.K. did not want to do any more testing, she wanted to know what to eat to lose some weight. I had in mind to run a <a href="#">Metabolic Syndrome Profile</a> test and an <a href="#">Adrenal Stress Profile</a> test, and in spite of the potential for false negatives a <a href="#">Total Thyroid Screen</a>, especially given the length of time she had been overweight and the raised cholesterol, and the potential connection with gluten too.</p> <p>In terms of the investigations, although C.K. did not state this in her questionnaires, she did tell me that when, or rather <b>IF</b>, she stopped, she would simply stop in her tracks. This was partly the reason she kept so busy.</p> <p>Of interest C.K. to completed a thyroid questionnaire to reflect how she was before we met and then since. The score on the 27 sign / symptom questionnaire was 14 before and then 6 after 3 months.</p>
<b>Strategy</b>	<p>We agreed that she would follow a clinical trial (watch and proceed) and if there were no results, she agreed, reluctantly, to pursue some functional tests.</p> <p>I had details on her questionnaire of the typical food she ate, and she tended to eat late at night and also drank 2-3 glasses of wine every night. When I enquired about</p>

## Diet & Supplements: name and dose

this she became a little defensive, so I was aware not to simply recommend avoiding all alcohol in order to get the swiftest results.

C.K. was advised to eat a little less food overall than before but this was mainly less carbs than before, along with less cheese in the evening time. It was not as if she was on the “diets” she had embarked on before which were very restrictive and certainly not sustainable. I was reminded of how short-term, crash diets are so unlikely to achieve longer term results, and at the same time, in many people, deepen a sense of inability to do something meaningful about weight.

The dietary recommendations were as follows:

- Eat 3 meals a day, as usual.
- Eat a protein at breakfast (which she did not), as well as lunch and dinner (which she normally did).
- Reduce her carbs to minimise insulin. (I explained to her the blood sugar, insulin and cortisol relationship. This meant less of the gluten free (GF) options she normally ate such as rice, quinoa or GF crackers with which she accompanied the cheese.)
- Drink water throughout the day (she tended to neglect water).
- Relax before eating and afterwards (she tended to eat in a rush and was very busy after eating as well).
- Avoid all cheese for now (she tended to eat too much cheese at night).
- Avoid all gluten for now, completely (she did not always avoid is 100%).
- 2 nights of the week, no alcohol, 3 nights of the week one glass max, and 2 nights of the week two glasses max – we negotiated!

Just two nutritional supplements were recommended for this initial phase, for two reasons. Firstly, C.K. did not want to take any at all, and secondly if there was any change in health and weight then it would be straightforward to know what variables had been used.

Product	Dose
<b>Thyrostim (BRC)</b>	2 with breakfast & lunch
<b>TG 100 (ARG)</b>	2 with breakfast & 1 with lunch

[Thyrostim \(BRC\)](#) – 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 one of the most effective products to support thyroid hormone levels. GTA Forte II (BRC) (thyroid glandular with accessory nutrients) and Meda Stim (BRC) (vegetarian formula to support conversion of T4 to T3) complete the trio of typical thyroid-support products I so frequently see results from.

TG 100 (ARG) – this multi glandular from ARG 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

## Duration

The reason I chose this product over and above GTA Forte II (BRC) and Meda Stim (BRC) for example, was because I felt C.K. needed at least some all-round support for other organs of her body not just the thyroid. She probably has a degree of adrenal fatigue, but we may not get the evidence to confirm this, and she will not admit to the symptoms in the questionnaires.

C.K. followed the programme closely for 1 month and we met again.

She then followed a slightly amended programme and had a telephone follow up after 5 further weeks, with some email contact in between.

She followed the programme for 6 further weeks and then we met again for a 3<sup>rd</sup> time.

She continues to follow her NT programme.

## Outcome

The first week was a real challenge for C.K. She was full after breakfast & could not eat lunch until 2 pm. Her bowels also became a little sluggish, as I often find when patients eat less carbs and more protein, especially if they tend to 'low thyroid'. However, more veg at the next meals helped her bowels.

Within 2 weeks, C.K. reported that she had lost some weight. She could fit into clothes better which is a common, powerful motivational factor and one which provides strong feedback that the programme is working. She lost 8 lbs in the first month, some of which was bound to be water weight, she told me. There was some way to go, and as yet we had not established a fixed goal in terms of what weight she would like to be, and I gave her the opportunity of identifying for me what that would be.

Interestingly, she found it possible NOT to drink in the evening, which was a revelation for her. She was also eating less in the evenings. Her energy was higher too – even though she had not officially indicated that she had any energy issues as discussed above. She said she was very happy with the "trial" and was going to continue.

Her BP had been measured, upon my request, and was the same at 130 / 80.

### Revised Programme

Given the relative success of the initial phase, no lab tests were pursued. C.K. is a very strong character and the fact that she had made some progress, and had some surprising benefits too, meant that she knew she did not need any test to tell her anything one way or the other.

We reviewed her diet and identified alternatives for the protein foods she ate contained salt.

She agreed to focus more on her state of mind before, during and after she ate.

We changed the supplement programme slightly and I rotated the Thyrostim with the GTA Forte II as I have so often found works best for patients (she told me that she was comfortable with two supplements only).

Product	Dose
GTA Forte II (BRC)	2 with breakfast & lunch
Stabilium (ARG)	4 first thing

We discussed exercise, and she was now ready to go for a daily walk, which I agreed would be the best way to start.

In the coming months, C.K. continued to lose weight and the major means by which we found this out was due to her clothes becoming looser and friends and colleagues giving her compliments about it. We had a telephone follow up over 9 weeks from the first meeting, and I learned she had lost over 1 stone and 5 lbs in total. Her energy was improving and she was looking forward to testing her BP which was a new experience for her (normally, she was resigned to hearing the same thing from the nurse at her GP's surgery).

*"19 lbs weight loss in just over 9 weeks"*

We rotated the GTA Forte II (BRC) with the Thyrostim (BRC) every four weeks and reduced the Stabilium (ARG) to 2 capsules after one month on the 4.

We met for the 3<sup>rd</sup> time some 15 weeks into her NT programme. Her total weight loss was 2 stone on the previous day, and she told me that if she was not going to have met me, then she would in all likelihood have over-indulged and not kept at the 2 stone mark. She was very, very pleased, and particularly in the way her outlook towards eating a larger evening meal and drinking wine was concerned. She also identified that it had not felt like a "diet" for her, but more of a way of "eating right" for her.

*"2 stones lost in 15 weeks"*

She has had positive comments from everyone who knows her.

She had commenced a walking programme and the weather in April made this all the more enjoyable and easy.

C.K. continues with the Stabilium and the rotational use of the Thyrostim & GTA Forte II. She drinks alcohol on 2-3 evenings a week and has a different relationship with food. She also understands what has happened, and is convinced about her thyroid being under par.

## Comments

We do not have any 'hard' evidence that C.K.'s thyroid or other hormones were out of balance. However, the signs and symptoms suggest that their improvements coincided with the thyroid support supplements as well as the weight loss (it being one of the signs). We will repeat the questionnaire again in another 3 months' time.

C.K. is not someone who would have come in to meet a NT unless her very close friend had strongly recommended it. The friend has continued to meet with me for appointments and is doing well, so this has helped. The friend has also been a real support to C.K. too.

Although C.K. has no children and no partner, she is very busy and sociable and has 2 elderly parents as well as a brother and a sister and is an auntie and great-auntie to their children and their children's children. She also runs her own company with over 20 staff. She gives a lot to people and friends and has not looked after her own health

## Practitioner

properly, for many years. So, it is rewarding to see the vital support for C.K. come from a friend and for C.K. to be enjoying her improving health and weight and it being enjoyed by those around her.

We may all get to meet patients like this in our practice, and a lesson to learn here is the nature of the support network in their lives and being able to tap into that when embarking on healthy changes. That, and seeing if we can determine what needs the most support from a nutritional perspective. For some, it will no doubt involve the use of functional lab testing.

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