PCOS, Anxiety, Depression & Fatigue improve with NT

Gender, Age, Occupation, Nationality, height and weight.	**Mrs. K.B. is a 43 yr old lady, married with no children, who resides in the country. She has been struggling with hormonal and neurological symptoms for many years. She is 5ft 4 ins and weighs 7 stone 13 lbs (162 cm, 49.3 kg).**
Presenting complaint – list and duration	Mrs K.B. presented with distinct cyclical signs and symptoms. After ovulation her health transformed for the worse, and she felt very anxious, depressed, more emotionally sensitive, her skin became dry and spotty, noticeably worse fatigue, and her cognitive state was so poor that she said she could not work or apply herself usefully to anything at all. After two weeks or so of feeling this way, she then had very bad period pains for two days and then experienced a reprieve for the following two weeks, time enough to just about recover before going through the process again. This had been going on for well over a decade and she had tried a variety of medical and non-medical interventions. She had tried 4 different contraceptive pills but none had helped, and two had made her feel worse. She was taking a variety of herbs and supplements every day and had done so for years, but she was not certain they made a real difference. The anxiety and depression had been present for 20 years. She had also tried various anti-depressants but they did not work and did not suit her (i.e. induced side effects). She had recently been helped with her agoraphobia by a combination of homeopathy and herbs. The agoraphobia had led to her being more than a recluse than she was anyway.
Any Investigations	K.B. had visited her GP many times in the past 20 years and had received the diagnoses of depression and then 10 years ago with PCOS as cysts on her ovaries were apparently very evident. She believed that she had oestrogen dominance, but when tested, the levels of progesterone and 17-beta-oestradiol were completely normal. This result made her feel confused and more depressed. Although K.B. had resigned herself to being unwell over the years, still she persevered with remedies and by now, she was very well read on the subject of female hormones and mood disorders. She had focused almost exclusively on the female hormones and on her anxiety. K.B. could not afford to spend any money on tests, and whatever money she had available she already spent on herbs and supplements. K.B. had been mostly vegetarian for over fifteen years.
Strategy	The first thing I decided to do was to very carefully assess her detailed questionnaires which revealed significant scores in these areas: liver / gallbladder, mineral needs, vitamin needs, female hormones, thyroid, adrenal and blood glucose tolerance, and neurological signs and symptoms. A Mind Map was prepared and it highlighted the fact that it was not only the female hormones that were prominent. As we were taught by Patrick Hanaway MD at the AFMCP™-UK Course in October 2011, the female hormones are most often reliant on the optimal

function of the adrenals and the thyroid.

The next AFMCP course is to be held from April 30th to May 4th in Central London: http://www.afmcp-uk.org/.

In spite of her relatively deep reading on the subject, K.B. had not suspected her thyroid hormone involvement, yet her score in terms of thyroid related symptoms was second only to the adrenals, and both were higher than her female hormone scores.

Therefore, the focus of the nutritional intervention was to be re-directed to supporting her adrenals and thyroid.

Diet & Supplements: name and dose

I recommended K.B. to increase the protein in her diet, since it was very low – she had been consuming a high biological value protein only once every 3 or 4 days. Whilst she said she felt better physically and cognitively when she ate more protein she wanted to be a vegetarian. We agreed that she would include more protein in the form of eggs and fish in her diet, plus a rice protein powder, over the next month and review matters then. The intention was to consume protein 3 times a day.

She did insist, however, that she would not consume any glandular extracts in the supplements, although she would be ok with any other animal-derived ingredients such as gelatine.

She also agreed to eating regular meals and to making her breakfast within 1 hour of getting up; sometimes she left it hours until she ate something in the morning.

She already avoided all wheat and refined sugar.

K.B. already ate a variety of vegetables and non-wheat wholegrains.

The supplements recommended are shown below:

Supplement Programme for adrenal & thyroid support (glandular free)	
Product	**Dosage**
Adrenal Support – vits & mins	
Super Adrenal Stress Formula (Dr W)	2 with breakfast & lunch & 1 at 5 pm
Adrenal Support – resilience remedy	(multi pack needed)
Stabilium (AR)	4 caps first thing
Additional iodine in form of kelp	
Aller Aid II (AR)	1 with breakfast & 1 with dinner
Thyroid hormone support – designed to support the conversion of T4 to T3	
Meda Stim (BR)	2 with breakfast & 2 with lunch
To support female hormone metabolism	
DIM (AR)	2 with breakfast & 2 with dinner

Super Adrenal Stress Formula (Dr W)
This is a multi vit & min designed by Dr Jim Wilson to provide the adrenals with the nutrients

required for producing its hormones, as well as to support the person facing on-going stress.

Stabilium (AR)
Stabilium is an ancient supplement derived from the fish Garum Armoricum. It can confer improved energy and resilience and reduce anxiety. For more information about Stabilium (AR) do view a recent Linked In discussion. If you are not registered with Clinical Education LinkedIn call 08450 760 402 to learn how to join.

Aller Aid II (AR)
This simple formula provides kelp which supplies selenium and iodine, for thyroid support.

Meda-Stim (BR)
This is a vegetarian formula designed to provide the nutrients to support a healthy conversion of T4 to T3. In my experience with this product over the years, it has successfully improved T3 conversion from T4 when patients have had re-tests, as well as in their symptoms.

DIM (AR)
Di-indolyl-methane combines 2 molecules of indole-3-carbinol, and influences the metabolism of oestrogens, improving the production of 2-hydroxy-estrone and reducing 16-hydroxy-estrone. It may also improve the healthy metabolism of testosterone too. This product is clearly focused on K.B.'s female hormone metabolism.

Duration

The first phase was for one month, and then K.B. continued with the programme for a further month. We met again after a further 4 weeks and then had a telephone appointment after another 4 weeks. We met 3 times and had one formal telephone appointment, with a number of planned email contacts in between.

K.B. continues with her nutritional programme.

Outcome

Within 7 days, K.B. noticed that her perception of her blood glucose balance had improved and as a result a number of her emotional and anxiety-related symptoms diminished. This helped to convince her to continue with the increased protein intake.

In her first full month on the programme, she had more energy and felt more stable emotionally than she had done for years. This also helped to convince her to persist with the programme for a second month. She also gained a little weight which was welcome.

Overall, her sensitivity to "everything" was noticeably, and thankfully, less than it had been, and she felt like "her nerves had a coating on" them now. She was more productive and cognitively more with it. She still had a long, long way to go but it was an encouraging start.

Her period pains remained as debilitating as usual.

During her next cycle, there was a step-wise improvement in virtually all of her symptoms, and although there was still a very distinctive switch during ovulation, the impact was noticeably less. She was not sure if it was optimism about the potential for getting better or whether it was because she was actually getting better, but K.B. definitely felt happier than she had in a long time.

She took her supplements diligently and ensured that she followed every recommendation made.

After 3 months on the programme we spoke on the phone, and she reported improvements in her nervous state, energy, and most symptoms which she had previously attributed to her female hormone imbalances. Whilst the DIM (AR) may well have been helping improve the female hormone balance, she was convinced that the adrenal and thyroid support was filling

	the missing components that had been missing for many years. Since her period pain was significant, we added Bio-CMP (BR) (calcium, magnesium potassium) after the first month and it definitely helped reduce the pain, she said by 50%. Altogether, K.B. reported that almost every aspect of her health had improved by 50-60% over the 3 month time period and she was confident that it would continue to improve in time. Her husband, who travelled away with work every month, reported a definite difference in his wife and was more than supportive of her continued expenditure on the supplements, whereas previously he had been questioning of why she took supplements. The intention is for K.B. to continue with the thyroid and adrenal focused programme and she is now even willing to consider the use of glandulars such as the GTA Forte II (BR) and the Adrenal Rebuilder (Dr W) which may have a vital role to play in helping her attain the next level of improved health. If these are introduced then the Meda-Stim (BR) and Aller Aid (AR) will be reduced or stopped. K.B. believes the protein intake has made a big difference and finds it hard to believe she chose to eat so little for so many years and this almost certainly contributed to her decline. I encouraged her to let this go, lest it become a source of unwanted stress.
Comments	This is an excellent example of how the adrenals and thyroid influence the female hormones. It also confirms the benefits of balancing blood glucose levels and the impact that can have on alleviating the burden on the adrenals, and possibly thyroid function too. K.B. is not taking any more supplements than she was before we met but there is a very clear therapeutic target now. This case has also been a reinforcement of how important it is to prioritise appropriately, in this case within the endocrine system, which is one of the many lessons derived from the AFMCP™-UK attended in October 2011.
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