

**2013 American Herbalist Guild Symposium
Case Study Panel**

Presented and Moderated by Howie Brounstein

Date: April 9, 2008 with plan on April 14, 2008

Gender: Female

Age: 30

Weight: n/a (This would make her very uncomfortable, and I wanted to build trust)

Menstrual Cycle: Day 2

Occupation: Owns and runs a plant nursery.

Reason for Visit: ND says she is hypothyroid and it is getting worse. She has been told she needs thyroid replacement therapy but wishes to go another route. ND says she will give us three months to correct her hypothyroidism, and then she will have to go on hormones.

Chief Complaint 1: Cysts in Breasts / Lymph System

Started 2 years ago, mammography shows benign cysts in breasts. She says this is supposedly fine. They used to go up and down with cycles but not now after progesterone cream (started Sept or Oct 07) prescribed by ND#1 and the nurse who did the breast mammography test. Now no more breast tenderness. The cysts are still there and are not related to cycles. Next ultrasound scheduled in August 2008. She doesn't want to do progesterone, but will try it for a while.

Currently monthly lymph massage. Pain in left axillary node, sometimes right, but usually doesn't hurt, 2/10 or 1/10. Menstrual cycle is 26-29 days

Took birth control pills for 10 years because of amenorrhea, from 12 – 22 years old. She was underweight, felt she was anorexic (undiagnosed), had high physical activity, and low intake of fat and protein. Stopped taking them at 22-23 years old. Her cycle became regular in less than a year.

In July 2004, she had a pregnancy and an abortion. Her breasts grew during the 3 week pregnancy. Cysts started at that time (4 years ago).

Chief Complaint 2: Potential fatigue / “Stressed thyroid”

She is groggy in the morning. “I feel good compared to how I felt before.” “Now more tired when I wake than before”. Has trouble deciding if she has fatigue, and ND #1 keeps asking her. When she doesn't eat, she gets fatigued. Hands and feet are cold, at night, hands cold to touch.

At age 14/15 she was a very active long distance runner, with no protein or fat intake. She is sure her adrenals were “very, very depleted.” She felt she had adrenal stress for a long time, but no practitioners agreed. ND #1 finally tested it, and test showed deficiencies.

Her TSH in Oct 07 was 4.8 and in Feb 08, 14.5 (ND #1). ND #1 says, “Even though you feel fine, something is wrong with your thyroid.” (See under lab tests)

ND #1 said to take bladderwrack, when the bottle is gone, she should switch to a thyroid hormone/herb mix. She doesn't want to take thyroid hormone. She is now taking high doses of iodide prescribed by ND #1. Her “intuition” the past few weeks told her that the iodide wasn't good for her.

During her parasite cleanse (see diet section), ND #2 put her on armour thyroid. She agreed to take it but didn't want to. Afterwards, she was getting enemas 1x week, and just stopped taking the armour thyroid without asking ND #2. She felt better or just the same. She figured her thyroid issue went away when her GI tract came back online.

Chief Complaint 3: Sluggish Digestion

She has different diets for different seasons. She doesn't eat much raw food in winter, but eats a lot of raw food in summer. She just had a colonic, “Maybe the sluggish digestion is gone.” “Maybe I need to change.” She has a BM once a day, sometimes less. In her number-graded symptom intake form, the GI tract was her highest concern compared to other systems.

Other complaints discovered during interview:

Osteopenia of the lower spine/ fractures in pelvis: Fractures occurred at age 22, January 1999. Diagnosed with low bone density (osteopenia) and poor nutrition. In October 2007, osteopenia had become borderline. The bones had grown denser.

Headaches: She gets horrible headaches from willow tincture in mouth. Her headaches are worse from aspirin.

Misc.

Her hearing is very sensitive. She has ringing in ears a couple of times a month for 2 seconds.

Her sense of smell very strong by comparison with others.

Tight jaw

Nocturia 0-2x sometimes

Recent Symptoms: Sore Throat

Not sore but “closed” “swollen sore” Noticed slower healing than usual (1 week). ND #1 says she has low WBC

Medical History

Anemia (not dx'd)
Anorexia (not dx'd)
Back Problems
Cysts in breasts
Depression (not dx'd)
Excessive fatigue
Low Blood Pressure

Family Medical History

Grandmother was hyperthyroid, had thyroidectomy.
Mother high blood pressure (alcoholic?)

Drug History

No history or current use of recreational drugs, coffee or caffeinated drinks, tobacco, or alcohol.

Current Drugs, Herbs and Supplements

Nettle/Bladderwrack (Herbpharm)
30-50 drops 2x day, Morning and mid-day. Just started

B-12 Cyanocobalamin Sublingual with Folic Acid (Integrative)
2.5 mg day for 5 years

Progest - Progesterone Cream (Emerita)
450 mg (1/4 teaspoon) applied to breasts on day 12-28 of menstrual cycle for 4-5 months

Iodoral (Potassium Iodide)
12.5 mg iodide, 5 mg iodine, 7.5 mg potassium salt. 1x day. Just started

Adrenal Support (Adapt)
B6 25 mg, biotin 1,00, Pantothenic acid 250 mg, zinc 5 mg, copper 500 mcg, proprietary blend extracts of rosemary, ashwaganda, and hesperidin methyl chalcone, 2x day. Just started

Adrenal Support (Pharmax)
Eleutherococcus senticosus 125 mg, B5 50 mg, L-tyrosine 150 mg, Korean Panax ginseng 125 mg, licorice root 2 mg, beta-carotene 10 mg, lycopene 2 mg, 1x day. Just started

Rebuild Osteoporosis Formula

Vit C 60 mg, Vit D 400 IU, Vit K 100mcg, Maganese 2.5, Calium 1000 mg, magnesium 500 mg, copper 5, Boron 2 mg. 1 tab 2x day

Vitex on and off

L-tyrosine 50mg, 1-2 x day. On and off for years

D-3 400IU 2x day for 5 months

Poke root in olive oil

Rubbed into breasts every day at 6 pm for 4 months

Thorne Nutrifem (for women under 40)

2 – 3x day for 5 years. All her naturopaths recommended it.

Vitamin A (as 2500 IU Palmitate and 12,500 IU Mixed Carotenes)	15,000 IU.
Vitamin C (as Ascorbic Acid)	850 mg.
Vitamin D (as Vitamin D3)	1000 IU.
Vitamin E (as d-Alpha Tocopheryl)	400 IU.
Vitamin K (as Vitamin K1)	100 mcg.
Thiamine (from 50 mg Thiamine HCl)	40 mg.
Riboflavin (from 15 mg Riboflavin 5'-Phosphate)	11 mg.
Niacin (from 30 mg Niacin and 130 mg Niacinamide)	160 mg.
Vitamin B6 (from 35 mg Pyridoxal 5'-Phosphate)	23.7 mg.
Folate (500 mcg as Calcium Folate and 500 mcg as 5-Methyl-tetrahydrofolate)	1000 mcg.
Vitamin B12 (225 mcg Adenosylcobalamin and 225 mcg Methylcobalamin)	450 mcg.
Biotin	400 mcg.
Pantothenic Acid (from 450 mg Calcium Pantothenate)	413 mg.
Calcium (as Calcium Citrate-Malate)	400 mg.
Iron (as Iron Picolinate)	15 mg.
Iodine (as Potassium Iodide)	225 mcg.
Magnesium (as Magnesium Citrate-Malate)	285 mg.
Zinc (as Zinc Picolinate)	15 mg.
Selenium (as Selenium Picolinate)	200 mcg.
Copper (as Copper Picolinate)	1.5 mg.
Manganese (as Manganese Picolinate)	6 mg.
Chromium (as UltraChrome®)	200 mcg.
Molybdenum (as Molybdenum Picolinate)	100 mcg.
Potassium (as Potassium Citrate-Malate)	90 mg.
Boron (as Boron Picolinate)	3 mg.
Choline Citrate	100 mg.

Vanadium (as Vanadium Picoliante) 100 mcg.
 Malic Acid (from mineral citrate-malate) 1000 mg.
 Wild Yam (root) (Dioscorea villosa) 50 mg.
 Gambir concentrate (leaf) (Uncaria gambir) 100 mg.
 Borage Oil (providing 40 mg of GLA) 180 mg.

Lab Reports:

Date	Free T4	TSH
6/12/02	0.60 Low (0.71-1.85 ng/dL)	3.185 (0.5-4.6 uIU/mL)
10/3/02	0.74 (0.71-1.85 ng/dL)	5.693 High (0.5-4.6 uIU/mL)
2/7/03	0.58 Low (0.71-1.85 ng/dL)	3.463 (0.5-4.6 uIU/mL)
10/18/07	0.67 (0.56-1.64 ng/dL)	4.98 High (0.40-4.6 uIU/mL)
2/27/08	N/A	14.5(0.40-4.6 uIU/mL)

Many other lab reports from the past including mammography, bone density, x-rays, stool parasitology, reproductive and adrenal hormones, CBC, comprehensive metabolic panels, Vitamin D, and ADH.

Diet History

She was vegan from age 17 to 21 (3-4 years). Before that, she wasn't really eating (vegetables, grains, and fruits only).

First parasite diagnosis was by ND #2. She had just left a communal living situation, and feels that other people may have had it. She had been overseas, in El Salvador and India. ND #2 prescribed herbs and parasite diet of eggs, greens, and yogurt. She did this diet for one year starting February 2003. She felt good, lost weight, and her cycles stopped. Then she ate primarily fruit in February 2004 and added grains in April 2004. By 2004, she was back to a normal cycle and a normal weight (130 – 135 lbs).

Current Diet

Client mainly eats food from her garden. She is eating fish in the past year, 1x week, and it tastes good. She eats eggs, dairy in foods, and cheese occasionally. She has been eating breakfast for 4 or 5 months.

Best breakfast: 2 egg scramble with veggies and rice, walnuts and tahini.

Worse: scones ("sweetness, grains, fruit") or chocolate.

Intolerance to milk and citrus.

Craves water and sweets.

Drinks "a bit," less in winter, 8-12 cups.

She says she is willing to eat differently for health.

Physical Activity/Exercise

She is extremely physically active with farming type work and other marathon-like exercise.

Lifestyle

She gets 8-9 hours of sleep and feels she needs 8 hrs.

She likes her work because she's the boss, she works outside on diverse tasks, and gets to communicate with people.

She likes plant talks, hiking, and biking. She does all these things regularly.

She believes she should be 90 to 95% happy and healthy and is currently 70%

She considers her most positive attributes to be her work ethic, concern for others, and generosity

Stress Factors

Health is her biggest concern.

Physical Observations

If this is unintelligible gobblety-gook to you, ignore it. It will be described in the panel.

Blood pressure right arm 102/58

Appears clean, trim. Hair brown, feels "sticky" No dandruff. Hands dry w/calluses and healing cuts. Nails short, dirty. Lips very dry and cracked.

EFA Rash. PERRL w/ Mg spasm. EOMI w/no nystagmus. TM pearly grey, bony landmarks and light reflex visualized bilaterally. Gross hearing intact to 5 feet. Voice intact. Tonsils unremarkable. Pharynx non-erythematous, no exudates, uvula midline. Tongue good color, tremor. Crimson crescents. No lymphadenopathy. Kidneys not TTP.

Gait unremarkable except for difficult balancing heel to toe. Stance unremarkable but pronator drift slightly wobbly. Finger-nose unremarkable. No essential or intention tremor. Position sense off first time on both sides. Rapid alternating movements intact. Facial symmetry, facial touch, shoulder shrug intact. DTRs bilaterally symmetric, equal 2+, ankle reflexes delayed first time only, but re-tested normal. Positive vibration sense in toes

Energetic Assessment: Dry, cold, deficient.