

Hormone Disorders: Case Studies



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Patient Information and Issues: S.P., 28 years old. S.P. was diagnosed with Polycystic Ovary Syndrome (PCOS) 4 years ago. At the time of the diagnosis, S.P.'s menstrual cycle was irregular and when it did occur, it was short and scanty. As she and her husband wanted to have a child, she went to see a gynecologist. After diagnosis, S.P. was placed on metformin although no test was done to determine if she had become insulin resistant. The weight gain at the time of diagnosis was moderate and she had no facial hair growth or acne problem. After S.P. started taking metformin, she gained weight and complained of feeling shaky and cold if she did not eat every few hours. Her menstrual irregularities continued. S.P. found it difficult to lose the weight and had no energy to exercise.

Laboratory Findings and Treatment: At XY Clinics, we determined that the use of metformin was wrong. Our advanced metabolism tests did not indicate a cellular dysfunction in glucose uptake. Neither did glucose and insulin tests confirm the need for metformin. By boosting S.P.'s mitochondrial function within her muscle cell, we increased her energy levels naturally. We determined her problem to have more to do with her production of the hormone estrogen and specifically estradiol. The supplements recommended to S.P. were based on both observed symptoms and laboratory tests. One of the essential tests we do indicated abnormally high levels of oxidative stress. This affected the function of adrenal hormones and made losing weight an issue. By treating her with enzymatic antioxidants, we improved her ability to lose weight. Specific mineral supplementation helped the production of estrogen.

Results: S.P. got her period within a month and the duration of the cycle was 5 days. Her complaints of hypoglycemic symptoms were brought under control. Dietary restrictions were explained to her.

Patient Information and Issues: Preeti K., 21 years old. Soon after attaining puberty at the age of 13, Preeti started gaining weight; but it was not until she turned 18 that she and her parents sought a diagnosis. By then her menstrual cycle became irregular and she was nearly 25 kilos overweight. Preeti had developed acne and jawline hair growth, both of which affected her self-esteem. Her energy levels were low and she slept long hours. Her academic performance suffered.

Laboratory Findings: On the hormone side, Preeti showed high levels of the male hormone, androgen, which explained the development of both acne and facial hair. The high androgen levels also contributed to her predominantly upper body weight. Preeti was also determined to be sensitive to carbohydrates and her insulin response was excessive to the presence of glucose after eating. Most of the glucose was being diverted to form fat while starving muscle cells of vital glucose. Two cellular glucose function markers called pyruvate and lactate were elevated. There were also blocks in the crucial energy production cycle indicating the need for specific amino acid support to drive metabolism.

Treatment and Results: The goal was to first improve Preeti's metabolic function and stop the insulin surge, but part of the reason for her excessive insulin response was the inability of her body to convert the male hormone to the female estrogen. So Preeti was recommended a bio-identical hormone therapy for six months with estrogen and estradiol cream and the use of progesterone in a cyclic manner. At the same time, she was given supplements to improve her metabolic function. Dietary changes were made to get her to lose weight. At the end of six months, Preeti had lost 18 kilos and her cycle became regular. Preeti's acne disappeared and the changes in the hormone status helped her lose the upper body weight.

Patient Information and Issues: Caroline M., 44 years old. Caroline was a senior manager in a real estate company. She was hard working and could manage complex projects and teams with ease. About 5 months before she came to XY Clinics, she started feeling that she was not able to focus as much as she could before. She felt her memory was weakening. She felt anxious for no specific reason and for the first time, she started feeling emotionally sensitive. Two months earlier, Caroline started experiencing hot flushes and night sweats. Within a few weeks, her night sweats became so severe that her sleep was affected. By the time Caroline came to XY Clinics she felt she was becoming a wreck. Fitful sleep, diminished energy, the alternating feelings of being unbearably hot and feeling cold following a sweat breakout.

Laboratory Findings: Caroline was experiencing the effects of a rough transition to the early stage of menopause. A saliva hormone test showed decreased estrogen and progesterone levels.

Treatment and Results: Caroline was put on a bio-identical hormone therapy to treat the hot flushes and night sweats. A supplements program was designed to deal with the anxiety, mood and focus issues. Six months later Caroline was happy to report that the complaints disappeared and her cycle was regular.