

Case Study #1

- Start:

- **64 year old female**
- **5'5"**
- **213 pounds**
- **52% bodyfat**

- One year later:

- **Lost 51 pounds**
- **35% bodyfat, with more muscle**

NOTE: Individual results vary depending on underlying health or medical issues, program compliance and history.

Patient JM

Chief complaint/HPI: The patient is a 64-year-old former physique competitor who presented with a chief complaint of post-menopausal weight gain compounded by the recent death of her mother. She was diagnosed with polymyalgia rheumatica for which she recently had been placed on cortico-steroids. These she believed had also contributed to her weight gain, but nevertheless has helped alleviate her bodily pain.

JM had “gotten into a rut” and no longer exercised. She simply lacked the desire to do so. She had dramatic carbohydrate cravings and a poor diet, despite her years in the fitness industry. In fact, during her initial visit with Dr. Osborn, she glowingly boasted about her competition days and brought pictures as proof. Depressed, she knew of nowhere to turn and felt helpless. She lacked self-confidence. Her libido was non-existent.

To the office, JM brought a 2-page list of supplements and odd regimens she had trialed to remedy her symptoms.

ANTHROPOMETRY:

InBody scale data

Height: 5’ 5”

Bodyweight: 213.5

Body fat%: 52%

Skeletal Muscle: 49 lbs

Visceral fat score:

FAMILY HISTORY:

Father: deceased. Coronary disease.

Mother: deceased. Breast cancer.

No siblings.

DIETARY STATUS AND HISTORY:

JM had no structure to her eating. She had tried to limit carbohydrates although tended to “fall off the wagon” quickly due to cravings, particularly at night. She attributed her cravings to chronic steroid usage. She drank a glass of wine or two nightly.

NUTRITIONAL SUPPLEMENT USAGE:

JM had a list of at least 60 supplements and pamphlets touting their merits. None had reportedly proven efficacious in the context of her goals. She expressed her discontent repetitively during the initial office visit and similarly appeared both puzzled and desperate.

EXERCISE STATUS AND HISTORY:

The patient had no structured exercise regimen. She made no effort to even walk regularly. She had not strength trained in years and was of the notion that exercising would worsen her pain.

LABORATORY FINDINGS:

HbA1c: 5.7 (High)
Glucose: 104 (High)

LOW INSULIN SENSITIVITY

Progesterone: <0.5 (Low)
Estradiol: <15 (Low)
Testosterone: 2 (Low)
Free testosterone: 0.4 (Low)
T3 (total): 69 (Low)

HORMONE IMBALANCE

Sed rate: 43 (High)
CRP: 2.66 (High)
Uric acid: 7.9 (High)

HIGH BODILY INFLAMMATION

PROGRAM GOALS TO SUPPORT WEIGHT/FAT LOSS:

1. Temper bodily inflammation *without* corticosteroids.
2. Modify diet to facilitate weight loss and evoke an anti-inflammatory effect.
3. Address essential nutrient deficiencies and include supplements to enhance insulin sensitivity.
4. Introduce a strength-training protocol to increase basal metabolic rate and increase skeletal muscle mass.
5. Improve self-confidence and re-establish drive/libido.
6. Provide patient education. Enable her to make better lifestyle decisions moving forward.

TREATMENT STRATEGY AND PLAN:

Nutritional Modifications:

A macronutrient-based, anti-inflammatory diet was proposed based upon the acquired data. In conjunction with the oral steroid taper over approximately 6 months, the nutritional regimen was geared towards fat loss and maintenance of skeletal muscle mass. Concomitantly, insulin sensitivity would be augmented and visceral fat reduced.

Nutritional Supplements:

Supplements were recommended to reduce systemic inflammation, provide anti-oxidant support and improve insulin sensitivity. These include high-dose omega-3 fatty acids, green tea, vitamin C and resveratrol. Oral ketone shakes were included to reduce nighttime carbohydrate cravings and further accelerate the body's metabolism of fat stores.

Exercise Plan:

A strength training program was introduced to this experienced individual, albeit gradually, that outlined in the pages of Dr. Osborn's book *Get Serious* was followed after a brief induction phase. This included basic movements that generate a robust hormonal response, improving muscle mass, insulin sensitivity and driving fat loss. Safety was stressed.

[Prior to the program's initiation, the patient underwent a DEXA study given the potential osteoporotic effects of chronic steroids.]

Bioidentical Hormonal Optimization and Medications:

Bio-identical hormones were prescribed to augment bone mass (in the wake of chronic steroid usage) and treat the patient's other post-menopausal symptoms (depression, vaginal dryness, poor libido and altered sleep habits). Alternate medications were utilized to optimize insulin sensitivity and metabolism *in parallel with* the aforementioned modalities. This gave JM the much-needed weight loss "jump-start."

Stress Reduction:

Integrated into Dr. Osborn's protocol is REST. On Tuesdays and Thursdays, the patient engaged in slow, steady-state exercise (light walk/jog for 30 minutes, for example). This allowed for both mental and physical relaxation/recovery, as did the weekend hiatus from exercise. JM was encouraged to read, participate in yoga or meditate during her downtime. She was encouraged to come to grips with her recent loss, as it was only further compromising her health. Sleep hygiene was emphasized.

RESULTS:

-Weight-loss:

First 30 days: 21 lbs

First 90 days: 36 lbs total

First 6 months: 47 pounds total

One-year anniversary: 51 pounds total

-Body Composition changes: Fat composition fell from 52% to 35.2%; Skeletal muscle mass increased, as did her strength. She is meeting her benchmarks in the gym.

-Pain: The patient's current pain is minimal. She has been off corticosteroids and uses no pain medications.

-Visceral fat score: 13

-Energy level: Greatly improved.

-Libido: Re-engaged in sexual activity. Newly-acquired boyfriend.

-Mental state: "New lease on life." She is happy. Mindset is positive. She wakes up excited to meet the days' challenges. She is now working as a health advisor to the aged.

-Lab Tests: Inflammatory markers have normalized without the use of oral steroids. Insulin sensitivity has dramatically improved as manifested by lowered HbA1c levels and fasting glucose. Hormones are balanced.

SUMMARY:

The patient follows-up semi-annually with clinical and laboratory evaluations. She is ecstatic about her progress and “screams it from the rooftops,” knowing very well that she is better destined for longevity and less likely to succumb early to age-related diseases as did her parents.

Click the link below to watch this case studies video now (if you haven't already...)

<https://susancar.leadpages.co/vsl-video-quiz/>



For more information on healthy, sustainable weight-loss programs, contact Dr. Osborn's office at 561-935-9233