NATUROPATHIC TREATMENT OF OBESITY AND HYPERTENSION – A CASE STUDY

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BACKGROUND INFORMATION
In 2011/12 more than 1 in 4 adult Australians, or approximately 28% of all males and females aged 18 and over, were considered obese.\(^1\) Location of excess weight is an important determinant of health, with central and visceral fat a predisposing factor for the development of type 2 diabetes mellitus, hypertension and cardiovascular disease.\(^2\) Many factors play a role in weight gain, including genetics, concomitant health conditions, toxicity, inflammation and nutritional status, however physical activity and dietary composition are crucial factors to address.\(^2\)

As this case demonstrates naturopathic treatment can help in the management of obesity and its related cardiometabolic dysfunctions.

CASE HISTORY
A 61 year old female presented to the Health World clinic seeking naturopathic support for long-term obesity, severe hypertension and fatigue. The patient arrived at the clinic weighing 115.6 kg. Her food diary showed a diet high in processed food, take-away meals, carbohydrates and soft drink (3-4 cans of diet cola were consumed daily). Energy levels were described as a very poor (rating 1 out of 10).

Treatment
Weekly consultations were conducted to monitor progress, and bioimpedance analysis (BIA) was performed at each consultation to monitor body composition.

Treatment consisted of nutritional supplementation and dietary modification to enhance energy and encourage weight loss and lower blood pressure (see Table One).

### Table One: Prescription.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Dose</th>
<th>Duration of Use</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Bioavailability Co-enzyme Q10 150 mg</td>
<td>1 capsule</td>
<td>12 weeks</td>
<td>Support cardiovascular health and reduce blood pressure</td>
</tr>
<tr>
<td>High Potency Taurine, Glycine and Magnesium for Cardiovascular Health</td>
<td>1 scoop</td>
<td>12 weeks</td>
<td>Support cardiovascular health and reduce blood pressure</td>
</tr>
<tr>
<td>High Potency Ultra Pure EPA/DHA Capsules</td>
<td>1 capsule</td>
<td>12 weeks</td>
<td>Reduce inflammation and CV risk, decrease blood pressure and support fat burning</td>
</tr>
<tr>
<td>Ketogenic Protein for Fat Loss</td>
<td>1 scoop</td>
<td>8 weeks (prescribed from week 4 onwards)</td>
<td>Meal replacement to assist with weight loss</td>
</tr>
</tbody>
</table>

Dietary recommendations were based on a modified Wellness Diet, which included one serve of carbohydrates per day, elimination of all packaged food items, minimum of three handfuls of vegetables and 1-2 pieces of fruit. The patient also wanted to go "cold turkey" with the diet cola.

By week four of treatment, the patient also replaced her breakfast with a Ketogenic Protein for Fat Loss. The Practitioner encouraged regular exercise and by week 12 the patient was walking 30 minutes, 4-5 times per week.

The patient embarked on another 12 weeks of treatment, with 24 weeks of treatment completed in total. With her new-found energy, she continued to achieve her weight loss and blood pressure goals. After 24 weeks of treatment, the patient lost a total of 25 kg and 22 cm off her waist. Her blood pressure came down to 107/64 mmHg.

CONCLUSIONS
This successful case study demonstrates several important aspects of patient care. Clear goals were agreed upon from the outset, and through frequent consultations, smaller weekly goals were achieved, which assisted the patient in maintaining motivation and positivity. Furthermore, compliance was enhanced by keeping the prescription specific with clear justification for the use of each supplement. This case also highlights the interrelationship between obesity and cardiovascular risk factors; consistent weight loss was paired with consistent improvements in blood pressure.

REFERENCES