

Case Study #2

- Start:

- **41 year old male**
- **6'5"**
- **296 pounds**
- **28% bodyfat**

- One year later:

- **Lost 34.6 pounds**
- **19% bodyfat, with more muscle**

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

Patient AE

CHIEF COMPLAINT/HPI: The patient is a 6'5", 41-year-old obese male who presented with an inability to lose weight in a sustainable manner, having tried multiple "diet plans" over the course of 10 years. He was depressed, lacked energy, suffered from "brain fog," and his libido had waned significantly. He stated that he was in the "worst shape of his life." He had recently fathered a child and was seeking to better his health not only in the short-term but also in the long-term.

In the past, the patient had "worked out" in stints during which he felt motivated. His efforts were short-lived however. He fell off the regimen quickly. His eating habits were erratic. Diets had proven unsustainable. The patient was "fed up" and concerned about his lack of results in the context of his waning health.

The patient denied contraindications to hormone replacement therapy. He denied medical problems of significance (aside from the normal childhood diseases). He denied history of hormone-sensitive cancers.

ANTHROPOMETRY:

InBody scale data

Bodyweight: 296 lbs.

Body fat%: 28%

Skeletal muscle mass: 102.5 lbs

Visceral fat score: 19

FAMILY HISTORY:

Father: Alive. Parkinson's disease.

Mother: Alive. Afflicted with cancer in the past.

Brother: Alive. Unwell. Obese.

DIETARY STATUS AND HISTORY:

The patient's diet had always been erratic. He worked a high-stress job and had found pleasure in eating with disregard for his health. His diet was predominantly composed of simple carbohydrates and lacked adequate amounts of both protein and "good fats." Carbohydrate cravings particularly at night were rampant. He drank alcohol on an occasional basis.

NUTRITIONAL SUPPLEMENT USAGE:

None currently.

EXERCISE STATUS AND HISTORY:

No formal training regimen. He had read *Get Serious* at time of presentation to the office.

LABORATORY FINDINGS:

HBA1c: 5.4
Glucose: 87

INSULIN SENSITIVITY

Estradiol: 34
Testosterone: 258 (**Low**)
Free testosterone: 82.3
Free T₃: 3.3

HORMONE BALANCE

CRP: 0.10
Homocysteine: 11.6 (**High**)

BODILY INFLAMMATION

Triglycerides: 182 (**High**)
Vitamin D₃: 19 (**Low**)

NUTRITIONAL FACTORS

PROGRAM GOALS TO SUPPORT FAT LOSS:

1. Modify diet to facilitate weight loss and concomitantly spare muscle. Reduce carbohydrate cravings by inducing satiety with higher daily consumption of “good fats” with secondary reduction of triglyceride levels.
2. Introduce a strength-training protocol to increase basal metabolic rate and increase skeletal muscle mass.
3. Enhance insulin sensitivity further with supplements and medications if necessary with the hopes of reducing visceral fat score.
4. Address vitamin deficiencies and reduce oxidative stress through supplementation.
5. Hormone replacement program to augment fat loss, maintain skeletal muscle mass & bolster libido and energy levels.
6. Provide patient education.

TREATMENT STRATEGY AND PLAN:

Nutritional modifications:

A macronutrient-based, anti-inflammatory diet was proposed based upon the acquired InBody data. The nutritional regimen was geared towards fat loss and maintenance of skeletal muscle mass. Diet was geared to ultimately increase NOT decrease the patient’s metabolism, allowing him to become a more efficient “fat burner.”

Nutritional Supplements:

Supplements were recommended to minimize systemic inflammation, provide anti-oxidant support, improve insulin sensitivity and address vitamin deficiencies. These included

high-dose omega-3 fatty acids, resveratrol and B-complex vitamins and vitamin D₃.

Exercise Plan:

A Strength-training program was reinstated following the outline in the pages of Dr. Osborn's book “Get Serious”.

Bioidentical Hormonal optimization and Medications:

Bio-identical hormones were prescribed including testosterone and a low-dose aromatase inhibitor (to prevent excessive conversion of testosterone to estradiol).

Medications were utilized to optimize insulin sensitivity and metabolism *in parallel with* the aforementioned modalities.

RESULTS:

- **Weight-loss:**
 - 60 days: **-23 lbs**
 - One-year: **-34.6 lbs**

- **Body Composition (InBody scale)**
 - Visceral fat score: 11 (**Improved**)
 - Body fat %: 19.6 (**Improved**)
 - Skeletal muscle mass: 119 (**Increased**)

- **Energy level: Improved.**

- **Libido: Improved** (has approached levels akin to his “teenage years.”)

SUMMARY:

AE has made a dramatic turnaround, with improved lab results. In addition to losing a significant amount of body fat (manifested in his waistline and in the anthropometric data), he has gained a significant amount of protective muscle. Energy levels have improved, as has his libido. He is enjoying time with his daughter and “loving life.” He works out several times weekly and has no carbohydrate cravings whatsoever. He states that the current regimen is “easy to follow.”

AE continues to be followed with labs twice yearly and an annual physical examination. He has had no side effects from the regimen whatsoever. Best of all, he was never placed on a “diet,” but simply instructed as to how to eat properly.

**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.