case reports
THE CARE GUIDELINES

CASE REPORT

To encourage other practitioners to consider submitting a case report for the E – News, we have restructured the format in line with recommendations from July 2014 and have left in the key guides – should you be interested just e mail info@nutri-linkltd.co. We will send you the word doc.

Case reports are profesional narratives that outline the diagnosis, treatment, and outcomes of the medical problems of one or more patients. Information from case reports can be shared for medical, scientific, or educational purposes. They provide a framework for early signals of effectiveness adverse events, and cost. Case reports and the systematically collected data from which they are written also provide feedback on clinical practice guidelines.

Case Report of a 38 year old lady whose 8 years of extreme fatigue, brain fog, complete lack of libido, & digestive symptoms resolve within a week with targeted Nutritional Therapy.

Abstract. *Summarise the following information if relevant: (1) Rationale for this case report, (2) Presenting concerns (eg, chief complaints or symptoms, diagnoses), (3) Interventions (eg, diagnostic, preventive, prognostic, therapeutic exchange), (3) Outcomes, and (4) Main lesson(s) from this case report.*

This case explores a nutritional focused approach to the resolution of an array of symptoms presented by a 38-year-old Austrian, Miss A.P., who now resides in London.

A.P. believed that she had reached a 'burn out' stage before the bicycle accident when she incurred a head injury that required surgery. However, since the 2007 accident, A.P. had felt extreme fatigue, brain fog and fibromyalgia type symptoms including aches and pains and mood fluctuations (which were mostly low rather than high), loss of her libido, wind, bloating, pain and constipation.

In spite of a self-confessed obsession with food, and mostly health foods, A.P. had been unable to resolve the gut symptoms nor find her way out of the fatigue and dense brain. She simply worked harder to achieve what she needed to and only those close to her had an idea she felt under par every single day.

She had been diagnosed with Post Traumatic Stress Disorder (PTSD) following the traumatic accident and was seeing a counsellor every two weeks, and had been for over two years. She understood that this was a chronic condition, and was not expecting rapid results. She herself suspected she had Chronic Fatigue Syndrome (CFS) and Fibromyalgia (FM) because she had the hallmark signs and symptoms, which had been confirmed by her osteopath but not formally by her GP.

A.P. had taken anti-depressants in the past but they had no effect. She had taken no linked medication for at least 4 years.

In addition to all of this, A.P. also had uncontrollable eating binges which occurred every 2 to 4 weeks. This mostly involved sugar and in spite of her best efforts she could not stop herself. Her body weight was normal in spite of what she knew was an unhealthy habit. This was a strong reason for her remaining in therapy for her PTSD in the hope that it would help address this disordered eating pattern.

Every day was a tough day to be inside the body and brain of A.P.

Remarkably, when A.P. followed the first phase of what was intended to be a multi-phased nutritional approach to address the variety of imbalances within her body, all of her signs and symptoms improved with alacrity. The degree of improvement and the speed of change is a rare thing to have witnessed. The case report below describes what A.P. did and what happened very shortly after she did.

Key Words. *Provide 3 to 8 key words that will help potential readers search for and find this case report.*

Fatigue, exhaustion, brain fog, libido, PTSD, bloating, wind, constipation, muscle pain, Fibromyalgia (FM), Chronic Fatigue Syndrome (CFS), over-eating, binge eating.

Introduction. *Briefly summarise the background and context of this case report.*

A.P. had been working hard, with commitment, all of her adult life, since age 21, and before that working hard at university and before that working hard at school to get the grades to get to the university course of her choice. She was clearly driven, and had a higher purpose combining finance with her dedication to a charity in Africa.

At university A.P.'s over eating and sugar binges had been a relative rarity but came in clusters usually at the times of greatest stress, at exam time. Aside from this, A.P., was what she called obsessed with food and could no longer distinguish whether it was a healthy interest or a food obsession that was bad for her.

She worked long hours for many years. As the years passed, and by the age of 30, A.P. had noticed that the seasons affected her more than most, and her mood wold change and she would have the sugar cravings or desire to over-eat when Autumn and Winter arrived.

A.P. had always exercised hard and enjoyed cycling. In 2007, she was knocked off her bike in London and was unconscious for some time; she subsequently needed head surgery. From this time, the extreme fatigue not resolved by rest. manifested almost every day. She also experienced what she described as fibromyalgic pains and had a persistent low mood. Typically, A.P. would talk herself out of the low moods, and told me that she had never seen herself as depressed.

Some gut symptoms had emerged after the accident; bloating, wind, discomfort, irregular bowels. However, they had been made much worse since she had food poisoning from eating a fish at a restaurant in Bali in October 2015.

For over 8 years, A.P. had managed to somehow live her life in spite of the fatigue, the poor brain function and the relatively low grade gut symptoms, and then she had to cope with a marked worsening of the gut symptoms since the fish food poisoning. She found that a no grain diet helped her to reduce the GI symptoms.

She had extensive medical insurance, which was partly because of her job in finance and partly because of her travels to Africa. She had therefore sought medical advice for every single complaint, but repeated attempts to identify and treat the problems had resulted in no progress. She continued to see a professional counsellor who specialised in PTSD.

Presenting Concerns. *Describe the patient characteristics (eg, relevant demographics—age, gender, ethnicity, occupation) and their presenting concern(s) with relevant details of related past interventions.*

A.P. would wake up unrefreshed, and she would need to drive herself to press on with her day, to go to work. She could barely exercise because she simply did not have the energy for it, in spite of her steelly will and determination. She spent much of her time away from work, committed to the charity work in Africa, for which she also travelled each month at least to that continent.

She lived with her partner in London.

The goals that A.P. had help to express her current concerns:

1. To have a healthy functioning gut
2. To be free of bloating & gas
3. To have normal blood sugar balance
4. To be free of exhaustion & have great energy & vitality
5. To get my sex drive back
6. To be free of seasonal episodes

Clinical Findings. *Describe: (1) the medical, family, and psychosocial history including lifestyle and genetic information; (2) pertinent co-morbidities and relevant interventions (eg, self-care, other therapies); and (3) the physical examination (PE) focused on the pertinent findings including results from testing.*

A.P.'s family history revealed that her older sister had nothing wrong with her, but she led a very different lifestyle, ate poorly and did not engage in regular exercise. Her father had been well for the whole of his life, but now suffered somewhat from anxiety and nervousness. Her mother now had some arthritis in older age, and had been a little overweight for some years. Her sister and her parents still lived in Austria where she had grown up, and A.P. remained in weekly contact with them.

The head injury and surgery marked a date in history after which she had never felt or been the same particularly on the outside; she had given the impression to the world that she was the same woman as she had been before, but in reality this was far from the truth. Since she left the hospital in 2007 she had had regular check-ups, physical examinations from consultants including a neurologist and a rheumatologist, blood tests and for a short time had tried anti-depressants but they had no effect whatsoever. There was nothing that could be found wrong with her on medical examination.

When I asked A.P. to tell me how many doctors or appointments she had had since 2007 she told me that it must have been at least 20 separate appointments with at least 12 different doctors, which also included gastroenterologists.

The greatest improvement that A.P. had experienced was avoiding grains which helped her to feel more stable and produced less wind than other foods, but this was far from feeling well.

The plan was for A.P. to conduct a short trial with some dietary changes and some supplements after which I would decide what functional tests may be most appropriate for her. The intention was to gain evidence about what may be most useful to explore with lab testing, rather than have her engage in all of the tests which could have been of value which included a comprehensive digestive stool analysis with parasitology, an adrenal stress profile test, a female hormone test, an organic acid test, an amino acid test and a vitamin and mineral screen, and a food reactivity test, and a thyroid function test too.

Timeline. *Create a timeline that includes specific dates and times (table, figure, or graphic).*

A.P. worked hard at school in Austria and graduated in 1995. She then studied at the London School of Economics for her degree, graduating in 1998. She then undertook an MBA at The London Business School, and graduated in 2000. She had already commenced work with a charity in Africa and travelled there about once a month over that two year time period. In 1999 she started an apprenticeship at an investment bank, who partly sponsored her MBA.

A.P. had worked solidly for many years and continued to travel to Africa. Her health had been pretty good at least for five years, but looking back A.P. admitted that she had experienced sharp drops of energy and succumbed to sugar binges which had also occurred when she had been at university. She had always maintained a passion for healthy eating and food.

By the time 2007 arrived, when looking back at any rate, A.P. had less energy, felt less refreshed from sleep, could not exercise as hard as she had done and her gut symptoms were more noticeable. In the Summer of 2007 she got knocked off her bike and spent two weeks in hospital and then a further two weeks at home, and her parents looked after her in her flat.

Since the accident, A.P.'s energy was much worse, and she had muscle aches and pains which were later identified to be very consistent if not synonymous with fibromyalgia (FM). The osteopath's opinion was that she had CFS and FM, and also discussed the possibility of PTSD. She sought medical advice on that and was formally diagnosed by the psychologist with PTSD and then provided with professional counselling.

From the outside, nothing had changed since she still went to work but it was incredibly hard she told me. She passed up on a few promotions and used her commitment to the African charity as the reason but in reality it was because she knew she could not handle any further responsibilities with the reduced brain function she had.

Each day of each year was a struggle, she told me. Somehow, she got through each day.

As has been described above, since the accident, A.P. had been investigated medically on numerous occasions and was found to be completely normal. She felt far from normal. She looked 'ok', we both agreed. She told me that after our meeting she would undoubtedly need to go and lie down.

She had met her current partner after the bike accident and therefore he had never known A.P. to be any other way than she had been. Namely, she was always tired, in pain, with niggling gut symptoms and no sex drive at all. She did, however, put a brave face on it, so that other than those who knew her very well, would not cotton on to just how she really felt on the inside.

In October 2015, she was enjoying a rare holiday for R&R on Bali and she ate some fish and experienced the classic signs of food poisoning. She had taken a week's course of antibiotics and needed electrolytes to restore hydration. This was very ironic since she had not had such a bad experience in all of her trips to Africa, when she had been working and not on holiday. "So much for holidays!" she exclaimed.

Her gut symptoms had become an estimated six times worse after the food poisoning. When this was investigated and she was scoped nothing wrong could be found, except some minor inflammation. It was put down to ongoing stress and the PTSD that was written in all of her medical notes.

Then she happened to have a conversation with one of her friends who was seeing me as a client, so she made an appointment to see me in January 2016.

Diagnostic Focus and Assessment. *Provide an assessment of the (1) diagnostic methods (eg, PE, laboratory testing, imaging, questionnaires, referral); (2) diagnostic challenges (eg, financial, patient availability, cultural); (3) diagnostic reasoning including other diagnoses considered, and (4) prognostic characteristics (eg, staging) where applicable*.

The detailed questionnaires and bullet point history of A.P.'s health were provided in advance of the first consultation. They were very thorough and frank.

When we met in mid-January it was possible to summarise her health history and current health state readily thanks to the written information received in advance.

She and I discussed the variety of tests that might give some clarity about what to do and where to start and how to monitor her progress. We discussed the details of her current food intake, which as a very good and nutritious diet and one which already excluded grains (for the most part), dairy products, & alcohol. Except on the days she over-ate refined sugar she ate none. She found that fruit caused such bad wind & bloating that she rarely ate any. She did eat some legumes and GF foods which did contain other grains, including corn. She did not eat sufficient protein in my professional opinion, and from a calculation of her typical daily intake consumed less than 30 gms of high biological value protein sources. This had been the case for some time, which made the fish poisoning perhaps even more ironic, since she did not eat fish or animal products that much.

I decided to have A.P. follow a short nutrition trial before choosing the test or tests to undertake that could help provide a platform from which to proceed.

Therapeutic Focus and Assessment. *Describe: (1) the type(s) of intervention (eg, preventive, pharmacologic, surgical, lifestyle, self-care) and (2) the administration and intensity of the intervention (eg, dosage, strength, duration, frequency).*

I recommended that A.P. eat an animal source protein or a protein powder (pea protein with no-sugar soy yogurt) with each meal. I recommended that she break a habit of a lifetime, and eat slowly after relaxing before she ate. For her digestion, I also recommended that she no longer eat any raw veg but only cooked veg. I recommended that A.P. omit all grains completely and rely on non-cereal, non-grain carbs such as buckwheat, quinoa and sweet potatoes and butternut squash.

I also recommended these four supplements to her.

First Supplement Programme – Jan 2016	
ADP Oregano (BRC)	3 with each meal
Free Aminos (ARG)	4 with each meal
Li-Zyme Forte (BRC) (150 mcg)	1 with each meal
GlucoFit (ARG)	1 softgel 30 mins before breakfast & dinner

I had no conception that A.P.'s case would feature as one of Nutri-Link's Case Reports but weeks later.

We met four weeks later as agreed with the intention of confirming which tests would be most suitable to proceed with, with hopefully less than the multitude of imbalances that may have been present when we first met.

However, a day before the first follow up, A.P. summarised what had happened since the day we first met in January.

Due to the extraordinary nature of the changes that occurred, I am choosing to use her exact words.

"All gut issues disappeared literally overnight, all energy and blood sugar issues, brain fog, slight negativity also vanished. For the first time in 8 years I feel a desire to partake in life.

My hair is now thicker, I have much smoother bowel movements.

I still cannot believe how well, more positive and energetic I generally feel with the supplements, all the brain fog and inertia of the past 7 years is just blown away which is very noticeable when working."

A.P. told me verbally that her sex drive was also very much back and she described how her boyfriend could hardly recognize her in all ways, including the libido side of things. He had naturally witnessed and reflected back to A.P. the changes that had occurred. He had originally thought that the visit to the nutritionist would yield as much benefit as her appointments with all of the doctors and had questioned the taking of the supplements when he had seen them lined up on the kitchen table. His mind was to change as quickly as his girlfriend's health did, however.

A.P.'s hormonal cycle had always remained quite constant, in spite of everything but this month her periods were over a week late. She wanted to ensure that this was supported if possible. I identified a natural supplement that could be of help to her and recommended this for her second month.

A.P.'s muscle aches and pains vanished. She was like a new woman. She expressed her utter gratitude for the amazing and wonderful change in her health. She had told her parents and her sister about the change and all of her colleagues caught the drift of their newly energized co-worker.

As one might imagine, we discussed what might have happened, and what each of the functions of the supplements was. A.P. had lots of questions. The answer to one of them was a firm "no!" from me. The question was "were you expecting such as result?"

I described to A.P. that the ADP Oregano was a sustained release, fully emulsified oregano extract providing 50 mg of carvacrol per tablet and that it had a patent for eradicating the amoeba parasite B. hominis more effectively than certain antibiotics. It was also a potent anti-microbial for a wide range of bacteria and some yeasts. Therefore, I surmised that there was likely to have been an unwanted bacteria (*pathobionts*) in her gut that may well have been contributing to her historical low-grade and more recent worse gut symptoms and possibly her exhaustion and possibly her FM-like symptoms. Furthermore, I suggested that the bacteria that was inhibited in its expression by the oregano extract may also have contributed directly or indirectly to systemic inflammation (*via induction of the inflammasomes and NFkB*) which resulted in A.P.'s brain fog and fatigue and low libido.

A.P. was intrigued by the possible influence of each of the supplements. I explained how the Free Aminos provide 17 free form amino acids and were also bound to have provided key building blocks for hormones and

neurotransmitters and all kinds of other tissues in her body. She may not have been able to obtain these from the increased protein that she had been consuming, although this was likely to have contributed to more stable blood glucose support with more balanced cortisol and insulin. Only when individual amino acids are taken do they need to be taken away from food. By taking the relatively small volume of Free Form Aminos (4 caps open up onto a single tablespoon) they could also help make up the biological value of other proteins being consumed over a day, and therefore support nitrogen retention in a positive way, thereby supporting A.P.'s anabolic: catabolic balance.

The trace element lithium is something I have experience with using for patients who had PTSD and hyper-thyroid and gout conditions (not that A.P. had the latter two). The trace mineral has been shown clinically to support brain and cognitive function. In high doses, thousands of times greater than the supplemental dose that A.P. took, lithium has been used for bipolar depression. It is, however, an essential trace nutrient and may play a role in reducing inflammation in the brain. There have been studies showing that when drinking water is richer in lithium there are less behavioural disorders in the population. The doses referred to are 2mg vs the medical dose of 300-500 mg.

The GlucoFit provides a natural Banaba tree leaf extract that is referred to as Lagerstroemia speciose L. which contains Corosolic acid which acts as an insulin mimic. It therefore helps to support glucose disposal into cells to support energy and well-being. Whilst it has been shown to support a healthy blood glucose balance in diabetics, it may also be useful for someone with a lower blood glucose level because of its specific function of supporting cellular glucose.

I explained to A.P. that there was likely to be a honeymoon period in her health due to the eradication or compression of unwanted bacteria's, yeasts or virus (*or pathobionts*) and that her years of 21st Century living and driven existence would likely require a longer time period for her to recover from. Therefore, I asked her to send me an email each week after we met in February in order to provide me with an update.

A.P. told me that she felt, somehow, that the gut problem had been corrected and wanted to try NOT taking the ADP Oregano, so we agreed that this would be reduced and then stopped within 2 weeks. A.P. also asked me to see if she could stop all of the supplements to see how she felt without this support, and I strongly recommended that she continue with them but agreed to a reduction in dose where possible. I told A.P. that it may be folly to stop something that had evidently been so positive for her. It was as if A.P. had felt that she had been 'cured' of something and therefore there was no need for ongoing support. I explained this to her and we agreed on a revised programme, which is shown here.

Second Supplement Programme – Feb 2016	
ADP Oregano (BRC)	3 with each meal – reduce and then stop
Free Aminos (ARG)	4 with breakfast & dinner
Li-Zyme Forte (BRC) (150 mcg)	1 with breakfast & dinner
GlucoFit (ARG)	1 softgel 30 mins before breakfast & dinner
Estro-Prime Plus (ARG)	2 with breakfast & 2 with dinner

In the two weekly emails since A.P. and I last met (which was only our second meeting) she reports that all of the improvements that she experienced almost overnight have remained. She is completely delighted and cannot find the words to express her gratitude.

This may be a scenario that many practitioners have experienced, perhaps not, where a patient makes a dramatic and possibly inexplicable improvement in their health, and is then sustained. This Case Report

provides an opportunity to share this with other NTs, however, it is not a regular occurrence needless to say. It is possible to offer an explanation for the improvements based on the case history and the known functions of the supplements and the impact of more optimal amounts of protein in the diet, but it may not be possible to give precise reasons or to name the bacteria that was inhibited.

I need to share that I do feel blessed to have been the practitioner involved in the improvements in A.P.'s health, and of course I had no idea that everything would get better so fast. She is a woman who dedicates herself to the well-being of Africans in various locations and has done so for over 15 years. Now, she tells me, she can more fully engage in this project as well as her whole life.

Supplement Information

A.D.P. Oregano (BRC)
This patented oregano extract is a very effective broad-spectrum anti-microbial, and is a product used in a variety of auto-immune conditions, in which there has been an infectious agent involved, with successful outcomes reported in the majority of patients.

Free Aminos (ARG)
Provides dairy free, free form amino acids that require no digestion. This product has been found to help support gut lining integrity, as well as supply the essential amino acids to the body. It can also act in synergy with an anti-viral programme due to its balance of lysine & arginine.

Li-Zyme Forte (BRC)
Provides a trace level of lithium, 150 mcg, per tablet. In spite of this low dose it has been shown to help support individuals with hyper thyroid conditions, gout and cognitive issues including PTSD.

GlucoFit (ARG)
Provides a plant extract from the Banaba leaf which contains Corosolic acid, an insulin mimic. It has been trialled in Japan and been shown to lower an elevated glucose level. In my clinical experience, it can also help some patients who have low blood glucose.

EstroPrime Plus™ (ARG)
The EstroPrime Plus™ (ARG) provides a grape seed proanthocyanidin which has been trialled in menopausal women, it provides succinic acid which has shown benefits for menopausal symptoms, it provides a mix called EstroG-100® (*Phlomis umbrosa*, *Cynanchum wilfordii*, *Angelica gigas* Nakai) which has been the subject of the RCT in menopausal women and it also provides a registered Female hops cone extract which possesses phytooestrogenic effects.

Discussion. *Please describe (1) the strengths and limitations of this case report including case management, (2) the literature relevant to this case report (the scientific and clinical context), (3) the rationale for your conclusions (eg, potential causal links and generalizability), and (4) the main findings of this case report: What are the take-away messages?*

Strengths and limitations of this case report including case management
The strength of the case was the detailed case history notes. In this instance, the hesitation to engage in functional medicine lab tests proved to be very positive. I do not know where "we" would be had I recommended a stool test and a salivary cortisol test to A.P.

Clinical experience and intuition and careful listening are what led to my decision to undertake an initial nutrition intervention trial, although I had no inkling that such an outcome was possible.

The literature relevant to this case report

This case is unique and not the subject of peer review trial research. I have not even read anecdotal case reports that are similar. In this way, clinical experience in the model of functional medicine, nutritional therapy and common sense too helped to determine the decisions taken as to what nutritional intervention to recommend.

The rationale for your conclusions

The case history and the sheer complexity and chronic nature of A.P.'s health was what ultimately prompted my decision to have her engage in what I had envisaged as a phase one intervention that might inform what would be best to do next. I remember thinking about the case on the way home at the end of the day, wondering if I had done the right thing, and I remember being self-critical that I should have recommended at least one lab test to her.

The main findings of this case report: What are the take-away messages?

I believe that the combination of a scientific approach and discipline to case history taking and careful listening combined with years of experience as well as listening to intuition, led to the initial recommendations to this determined but exhausted woman. However, I am not certain that I could ever have predicted the outcome.

Patient Perspective. The patient should share his or her experience or perspective of the care in a narrative that accompanies the case report whenever appropriate.

A.P. has expressed her incredible appreciation and utter gratitude for giving her life and health back and is so now looking forward to embracing life that she has felt that she has been viewing from the outside for so many years.

Perhaps you will understand this when I say that A.P. has been inspiring for me to know in the short time that I have known her.

Informed Consent. *Did the patient give the author of this case report informed consent? Provide if requested.*

The patient is not aware her case history is being used, and all identifiable data has been removed. A.P. are not her real initials.

case reports

THE CARE GUIDELINES

Case Report Submission Requirements for Authors

1. Competing interests. *Are there any competing interests?*

None Known

2. Ethics Approval. *Did an ethics committee or Institutional Review Board give approval? If yes, please provide if requested.*

This case was not presented to an ethics committee.

3. De-Identification. *Has all patient related data been de-identified?*

Patient data has been re-identified.

4. Author. *Name of Author and practice*

Antony Haynes practices in London W1.