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.

Lost sense of smell returns promptly with 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 approach designed to support a lady who had been suffering for the past 20 years from a seasonal loss of sense of smell (anosmia), hayfever and symptoms of asthma that were all becoming more permanent. She experienced rhinitis, which was assumed to be allergic rhinitis, and a blocked nose almost all of the time. The loss of her sense of smell significantly diminished her quality of life.

Hay fever is an allergic disorder characterised by an exaggerated immune response to pollen, and other substances. Hay fever is also known as allergic rhinitis, of which there are two types: seasonal, which occurs only during the time of year in which certain plants pollinate, and perennial, which occurs all year round.

Typically, hay fever is experienced in the spring, then the allergy is likely to be to tree pollens. Grass and weed pollens may be causing the allergic reaction during the summer. In autumn, weeds may be the cause, and fungus spores cause problems primarily from late March through November but can be present year round.

People with year-round (perennial) hay fever are usually allergic to one or more allergens found indoors. These include house dust mites, feathers, and animal dander, all of which may be found in pillows, and bedding, heavy draperies, upholstery, and carpeting. Another common allergen; mould, is usually found in damp areas such as bathrooms and basements.

The swelling of the nasal membranes may also close the sinus drainage openings, causing sinusitis.

Hay fever is often an inherited trait (genetically determined). The majority of patients with hay fever have a parent or sibling who also has allergies. People with asthma or eczema (allergic dermatitis) are more likely than others to develop hay fever; and about one-third of those with allergic rhinitis also have at least mild, intermittent, allergic asthma.

According to NHS statistics, there are more than 10 million people in the UK who suffer from hay fever, but this does not include those with rhinitis that is not diagnosed as hay fever.

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

Sense of smell, hay fever, sinusitis, allergic rhinitis, asthma, blocked nose.

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

L.G. is a 45 year old lady who had suffered from seasonal hay fever for 30 years, a streaming or blocked nose for 20 years on and off but only in the past 2 years had been permanently affected by allergic rhinitis (what she previously called hay fever) and for 6 months had experienced asthmatic wheezing. Her sense of smell was always affected when she had hay fever symptoms and for 2 years had been unable to small anything due to the permanent nature of the blocked or streaming nose.

L.G. had tried various inhalers and nasal sprays but they had been ineffective beyond the very short term, and she felt that they made her overall sense of well-being diminish after a few weeks of taking them.

L.G. found that when she travelled abroad, that sometimes, in various locations, her blocked nose would resolve, but even then it did not last for long.

L.G. longed to have her sense of smell back, since she could not enjoy the pleasure of the food she ate, nor any drink that she had. She loved wine (in moderation) but had been unable to appreciate it in the past 24 months in particular.

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.*

Mrs. L.G. is a mother of two children aged 14 and 11, is Caucasian and lives in London and travels to the Pyrenees in the south of France every year for months at a time. She spends the whole of the school summer holidays in France with her family. L.G. is 5'8" and weighs 9 ½ stone.

L.G. had experienced hay fever since the age of 15 years. Up until 2 years ago, her symptoms had been seasonal only. Whilst that was still an inconvenience, the symptoms of streaming nose and blocked upper nasal passages now persisted all year round. Along with her sense of smell (anosmia), her sense of taste had also been lost (ageusia). One of the pleasures of life had been taken from L.G. She told me that she really loved wine, and she was very knowledgeable about wines from all over the world, and although she did not drink a lot, now she could no longer enjoy it, and therefore did not drink any wine at all.

Previously, the hay fever or allergic rhinitis only affected her in England and even if she visited France in spring time then the symptoms were not present. They only manifest in England in spring time. She had spent some time trying to figure out what the differences were but could not pin it down to anything other than the specific trees and plants growing in the vicinity of where she lived. Previously, she used to avoid wine in London when she had the lack of smell and taste and still drank, but was quite able to appreciate some wine when in France. Now she had to avoid all wine in both locations, or anywhere else in the world to which she travelled.

She had visited her GP who had prescribed anti-histamines and steroid nasal sprays, which provided temporary relief at best. She felt generally worse overall from taking both of these medications, and being a person who wishes to avoid drugs where possible, L.G. stopped them less than 2 weeks after starting them. She was aware that a longer trial may have been of benefit but she also understood that the underlying cause was not being addressed, and nor were the symptoms being corrected by a naturally supportive mechanism, which is why she sought professional nutritional support.

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.*

L.G.'s mother has hay fever which was seasonal only. One of her maternal aunts also suffers from environmental allergies. Her father, who is in now in his late seventies, has recent onset arthritis but no other evident allergies. L.G.'s brother and sister are free of allergies and are fit and well, with their own children who are also well, and do not suffer with any known condition. L.G.'s two children are free of hay fever and allergies which she puts down to a varied wholesome diet, playing outdoors wherever possible and exposure to different environments both in England and in the Pyrenees from a young age.

L.G. described to me that her "life was close to perfect" in all ways she could imagine. She is extremely happy in her marriage, and her children are very well, and doing very well in their school lives and with their friends, and she gets to do the work that she loves. She also gets to spend time with her parents and her sister and brother too. She keeps fit and strong with hikes, climbing and long walks, and yoga more so in England. Therefore, the only aspect of her life which stands out for her is the rhinitis and lack of ability to smell anything, which affects her taste for food.

When we met, L.G. could not breathe through her nose properly. In all other regards, she said that she felt fine. She is lean and strong due to her physical activities.

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

Aged about 15 years of age, in 1985, L.G. first experienced hay fever for which no medications were taken. Since then, each year she has experienced hay fever and sometimes she has taken anti-histamine medications which helped alleviate the symptoms, but never completely.

Separately from the experience of hay fever, L.G. became health conscious and engaged in climbing from a young age and naturally chose a very healthy diet. However, in spite of her healthy eating she still experienced hay fever every year, and although it varied from year to year in terms of severity she still struggled with the symptoms of rhinitis and congested sinuses.

L.G. had two children, now aged 11 and 14 years of age. The hay fever was less noticeable when she was pregnant and breast feeding, she told me, but she was not sure if this was due to her not paying so much attention to it. However, the symptoms resumed after stopping breast feeding.

L.G. had no history of any health condition or health challenge other than some injuries sustained in her favoured pastime of climbing. However, in the past 2 years, she had experienced some wheezing which was diagnosed as asthma and for which she now used puffers. She was told that she had had asthma for many years according to the scans of her lungs and her lung function tests, even though she reported that she had been fit and not had a single symptom whilst exercising or climbing; if she had had asthma it had clearly not affected her life until recently. The wheezing only occurred in England and did not occur when she returned to the Pyrenees.

L.G. had no knowledge about what to do about her hay fever, rhinitis and sinusitis, but did know that she did not want to be become reliant on medications. She did, however, continue to take her puffers which she knew

were required. A friend had referred her to seek nutritional advice and she was very prepared to make the necessary changes to help resolve her unpleasant nasal allergy symptoms.

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*.

L.G. reported that she had received the medical diagnosis of asthma two years before, and her case history revealed the long-term hay fever, rhinitis and sinusitis. She explained to me her lack of sense of smell and taste and what it meant to her. Without the length of time in sitting and listening to her, and prompting with questions it would not have been possible to determine anything had been 'wrong' with her; L.G. was a fit and strong individual with no evident sign of any health condition. She pointed out that she did breathe through her mouth most of the time, but this was not easily observable.

Examination of her diet revealed that she did not consume any dairy products in the UK since they made the rhinitis and sinusitis worse, but in France she was able to eat them without any change to her condition. Previously, before the past 2 years, she had eaten cheese and yogurt in France and been free of any of her current symptoms. She ate minimal wheat and gluten containing grains along with an apparently low allergenic diet (i.e. she avoided the foods which are most commonly those that elicit adverse reactions: gluten, dairy, soy products, tomatoes).

I made no recommendation for L.G. to conduct any tests.

However, I asked L.G. to carefully recount what had occurred in her health, both physically and emotionally, in the preceding year to the onset of her permanent rhinitis. At first she said that nothing out of the ordinary had happened. So, I asked her to go back to the 12 months prior to the onset of the non-stop symptoms and revisit in her mind's eye each month. I asked her to recall where she had been and what she had been doing, and how her 2 boys had been and so on. This process helped to uncover that she had experienced some strange lip tingling after she had been working hard on a project at the same time as planning the family holidays and had a lack of sleep. About 10 times over those next few weeks, she told me, L.G. had experienced lip tingling and some numbness and a few mouth ulcers. This occurred about 4 months before the onset of the hay fever, as usual in the spring. It was in November of 2012 that she had these apparently neurological and oral symptoms.

She had not associated these symptoms with anything and certainly not with her current lack of sense of smell due to the rhinitis, but in recounting it back to me, she realised, before I said anything, that it may have been an expression of the cold sore virus, herpes simplex virus 1 (HSV-1). As a teenager, she had experienced cold sores she proceeded to tell me, especially when exposed to sunlight and more so when climbing in the mountains. However, she had not experienced cold sores as an adult in spite of frequenting that environment regularly.

It was possible, therefore, that the perennial rhinitis may have involved a shift in her immune system which also involved the expression of one of the most common viral infections, HSV-1.

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).*

It was agreed that she would embark on a therapeutic nutrition programme to support her immune system, inhibit viral infections as well as entirely avoid the most common allergenic-containing foods of dairy products and gluten. She also agreed to stop snacking on nuts and seeds due to their arginine content which can provide an unintended enhancement for viral infections and to choose other foods should she need them.

Here is the specific supplement programme that was taken by L.G.

First Supplement Programme – May 2015	
S. Boulardii (ARG)	1 with each meal & powder inserted into each nostril for 20 mins at night-time
Gluten-Gest (ARG)	5 caps on empty stomach mid a.m., and 6 caps mid p.m.
Humic Acid (ARG)	1 caps with breakfast & dinner

I instructed L.G. how to administer the S. Boulardii into each nostril, and recommended the second best use of an egg cup for the purpose. Put a tablespoon of warm drinking water into an egg cup. Empty a capsule of S. Boulardii powder into the egg cup and then insert some cotton wool. The cotton wool soaks up the liquid and the powder sticks to the cotton wool. Shape the cotton wool to fit into one nostril and leave for 20 minutes. Then repeat the process with the other nostril. L.G. was committed to resolving her loss of sense of smell, and therefore was prepared to engage in this process.

L.G. reported back after three weeks on the programme. She told me that she had experienced a remarkable change and improvement in her symptoms. Within 24 hours she regained her sense of smell and then taste. She described this as quite extraordinary and literally for the first time in many years she could smell the spring time in England. No amount of nasal steroids had ever had that effect so swiftly! She had held back from telling me sooner because she wanted to make sure it would last.

L.G.'s nose was still running but less so than previously, and she could still smell everything, including food, which she could now also taste! L.G. was very excited.

L.G. continued with her asthma puffers and she continued with the above supplements and adhered strictly to the change in diet, since she did not want the improvements to disappear.

L.G. reported back to me by email again after 6 weeks on the programme, without coming in for a follow up. Having had a marked improvement originally in 24 hours in her sense of smell, and then a gradual improvement in her rhinitis and sinusitis over the next few weeks, the 4th to 6th week brought about a marked reduction in her asthmatic wheezing. She effectively became free of the wheezing as well. She wanted to stop the puffers, but I advised her to continue with them because she needed to consult her Dr about this first. She was also about to change her environment and travel abroad, and even though she was better off in France, this still involved an air flight and potential challenges to her respiratory system. She agreed that she would not stop the puffers. (I emphasised the difference between voluntary use of medications such as anti-histamines and nasal sprays compared to prescribed asthma medication which needed daily adherence).

In addition to the wheezing being markedly less, L.G. also experienced a virtual cessation of rhinitis (runny nose).

L.G. had effectively achieved one of her main goals within one day of starting the supplements, and this included the somewhat fiddly insertion of the S. Boulardii powder into each nostril, one after the other, and keeping the moist cotton wool in each nostril for 20 mins for each one. Over the first 6 weeks, she managed to become free of all signs of asthma and rhinitis.

She had not changed her environment during this time, and she had not changed her medications. What she had done was to take specific supplements designed to modulate mucosal immunity and been 100% strict in the avoidance of potentially allergenic foods of gluten and dairy products. Whatever each individual contribution, the sum of the parts of these changes led to a virtual resolution of a health issue which had recently plagued L.G.'s life for 2 years, and which had been present seasonally for a full 28 years before that. L.G.'s immune tolerance threshold was raised sufficiently to produce a marked improvement in outcome.

Maintenance Supplement Programme – June 2015	
S. Boulardii (ARG)	1 with breakfast & dinner & powder inserted into each nostril for 20 mins at night-time at least once a week
Gluten-Gest(ARG)	5 caps on empty stomach mid a.m., and some days of the week 6 caps mid p.m.
Humic Acid (ARG)	1 caps with breakfast & dinner

L.G. continues with this maintenance programme, and we have the intention of gradually reducing these items in time if the benefits persist.

Supplement Information

- **S. Boulardii (ARG)** - the well-known probiotic yeast that supports SIgA levels, and can also reduce mucosal inflammation as well as help temper allergic reactivity. Used locally, the S. Boulardii has a more immediate effect than when taken orally.
- **Gluten-Gest (ARG) –** a digestive enzyme formula with systemic anti-inflammatory effects and possible immune-complex lysing effects when taken away from food.
- **Humic Acid (ARG)** - 2 capsules contain 750 mg of humic acid. Humic acids are the organic components of soil, peats, brown coals, shales, and lake sediments, formed from decomposed plant material. Humic acid can bind to cell surfaces with no adverse effects on the cell itself or on cell growth, and can support normal, healthy resistance and immune response. In clinical terms, humic acid can bind to viruses and inhibit their replication, which results in enhancing the body's anti-viral activity. In this case, the Humic Acid may have helped inhibit the expression of HSV-1.

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 detailed case history and in particular the time dedicated to listening to the events that occurred prior to the worsening of L.G.'s rhinitis proved invaluable. Even with an initial request for the information, L.G. skated over that time with no obvious recollection of anything that could be connected to the shift in her condition. On re-examination though, and taking her back to recalling in her mind's eye what had occurred month by month in her life, L.G. was able to remember vital signs and symptoms that now, in hindsight, appear to be very much related to the development of her permanent rhinitis / sinusitis condition which led to her permanent inability to smell or taste.

One major advantage for L.G. was that she was prepared to administer the S. Boulardii into each nostril every night for some weeks. This has not always been the case, and she clearly benefited from it.

The literature relevant to this case report

There is no literature base on which I could draw in order to make the clinical judgements that were made in this case. Rather, it was clinical experience, and the exploration of the details of the case history that led to what transpired to be a very remarkable outcome. L.G.'s case and outcome are not typical in my clinical experience of having met other perennial rhinitis sufferers before. However, now that I am aware of the potential viral burden being a factor, perhaps this may be a way forward as opposed to simply addressing mucosal immunity and avoiding evident allergens which has been the typical approach I have recommended.

The rationale for your conclusions

The history of what appeared to be manifestation of the HSV-1 after a period of some stress or duress, prior to the onset of the perennial hay fever / rhinitis, led me to conclude that not only did L.G. require mucosal immune support but also some inhibition of viral expression. Fortunately for L.G., the therapeutic programme did enough to tip the balance in her favour so that her signs and symptoms were immediately reduced.

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

Rhinitis and hay fever affect millions of people in the UK. I am sure it is true to say that not all will respond as L.G. has, because their cases will be different even if the same triggers exist (i.e. pollens or dust mites). However, it remains a hypothetical question as to what percentage of hay fever sufferers would respond favourably to a much reduced allergenic burden in terms of food eaten, improved mucosal immune tolerance both systemically and locally, and then combined this with viral inhibition.

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.

L.G. could barely believe that her long term allergic signs and symptoms could be resolved so quickly. This is also outside of what I would call 'typical response' in my clinical experience. The sheer speed at which she could be free of blocked nasal passages (we are not sure if the sinuses were involved in this) and could then smell again was and is remarkable.

This provided even more motivation for L.G. to adhere to every single recommendation to the letter, which then led to almost daily improvements until she was virtually sign and symptom free. L.G. is in awe of what has happened to her, and tells me I have made a friend for life!

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

L.G. is not aware of her case history being used, and all identifiable data has been removed. L.G. are not the lady's real initials.

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?*

All patient data has been re-identified

4. Author. *Name of Author and practice*

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