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.

Sarcoid Condition Improves Significantly with NT

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 nutritionally focused approach to the resolution of a case of a patient who had been diagnosed with sarcoidosis.

Sarcoidosis, or simply referred to as sarcoid, is a systemic disease of unknown cause that is characterised by the formation of immune granulomas in various organs, mainly the lungs and the lymphatic system. More recently, there has been greater recognition of the unexplained persistent disabling symptoms, fatigue, small-fibre neurological impairment, cognitive failure, and changes to health state and quality of life that can occur as part of sarcoidosis.

It is a ubiquitous disease with incidence (varying according to age, sex, race and geographic origin) estimated at around 16.5 men and 19 women, per 100,000. The lung and the lymphatic system are predominantly affected but virtually every organ may be involved. Other, potentially severe, manifestations result from cardiac, neurological, ocular, kidney or laryngeal localisations.

In most cases, sarcoidosis is revealed by persistent dry cough, eye or skin manifestations, peripheral lymph nodes, fatigue, weight loss, fever or night sweats, and erythema nodosum. Abnormal metabolism of vitamin D3 within granulomatous lesions and hypercalcaemia are possible.

The aetiology remains unknown but the prevailing hypothesis is that various unidentified, likely poorly degradable antigens of either infectious or environmental origin could trigger an exaggerated immune reaction in genetically susceptible hosts.

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

Sarcoid, sarcoidosis, granulomas, lungs, lymph, swollen legs, leg pain, fatigue, steroids.

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

A.F. is a 45 year old man who had led a typical lifestyle for a London resident. He then contracted a bout of pneumonia in 2011. At the time, he was very unwell and became very fatigued. His digestion no longer worked properly and he took months to recover. The symptoms moved beyond his respiratory system and affected not only his energy but his legs, which became painful and swollen. He had many investigative tests conducted and the levels of his blood oxygen were too low and in conjunction with his symptoms he was diagnosed with sarcoidosis.

A.F. was prescribed oral steroids (prednisolone)which really worked well, and helped A.F. to feel much better. However, within two weeks of stopping the steroids, he felt a return of the symptoms, the ones unrelated to his lungs or respiratory system. His lungs are not particularly affected. He has resisted taking steroids too often because he is aware of their adverse side effects.

A.F. now takes a short course of steroids every 9 months or so, but when he is not taking the anti-inflammatory cortico-steroid medication he still suffers with the symptoms complained about at our first appointment: fatigue, pain in his legs & swollen legs, very poor memory.

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.F. is a 45 year old Caucasian man born in London, and A.F. continues to live in London. He is 6’ 1” (1.85m)and weighs nearly 14 stone(89kg) but 6 months ago he was nearly 15 stone (92kg).

A.F. had been a remarkably strong man in his teens and twenties and thirties and was known for being able to life objects that no one else could. He did not train for this, it appeared that he was gifted with strength for his size of 6’ 1” and only slightly larger than average frame – which now carried too much fat, he admitted. He had never trained or put his strength to any purpose other than be called upon by friends if they were moving house, for example, when he would single-handedly lift pianos or other heavy pieces of furniture into or out of vans.

A.F. has worked in the retail industry all of his life and was a director in a large retail company until 2010 when he left to become an independent consultant and at the same time set up his own business. This was very stressful and yet rewarding at the same time. A.F. still holds the position of being the owner of a niche-market retail company as well as a market consultant and has several ongoing consultancy contracts.

A.F. has two children aged 8 and 6 yrs, and they are in fine health.

The pneumonia in 2011 was the first time that A.F. had needed to visit hospital and the subsequent diagnosis of sarcoid is the first medical illness diagnosis of any kind that he has had. He was shocked to discover this, and is still, some three years on coming to terms with it. He is very prepared to fight the condition and be free of it. A.F. does not present with the typical lung-related symptoms, he did have some nodularity but not enough for evident symptoms, although his oxygen levels and lung function were compromised. It was stated that this is what made him so tired. A.F. is aware of his atypical presentation of sarcoid, and has had the diagnosis confirmed. He was told that the same pathological hallmarks of sarcoid are present within his lungs, and other tissues which explained his leg pain, which he understood were due to neurological aggravation.

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.F.'s parents and grandparents were all from the south of England. He has one older brother and one older sister who are both well and have no health problems. His father died of a heart attack aged 82, two years ago. His mother is 80 and is in 'pretty good' health. He has an uncle and aunt and cousins. There is no history of anything other than age related conditions such as arthritis or heart disease, but this has only appeared in much later life. A.F. is the only family member with sarcoid. A.F. told me that he felt that all of his family tended to be a little overweight but did not appear to suffer any condition related to weight issues during their lives.

A.F. appeared to be robust in his build and he reported that the once very strong man that he was, was no longer the case. His older brother had been and was still stronger than he looked, and there did seem to be a familial trait related to strength compared to body size or appearances, and without weight training.

His legs hurt most days, he did not walk up the stairs when there was a lift or an escalator since this did leave him puffed, but he was fine walking on the flat. Sometimes at night his sleep was disturbed from the leg pain, and he found that most days he was tired. He felt fed up with this but did not know what to do about it.

He had embarked on a variety of different dietary strategies at least in part because he had gained weight since his health had been in decline. He ate what might be considered a pretty good diet, and had limited all alcohol to a rare weekend event, stopped all take-away food, never ate at fast food outlets, and had ditched all fizzy drinks. He just drank water and tea now. He had also stopped all chocolate (which had been dairy milk chocolate) and as a result of these changes he had lost a stone in weight, but still needed to lose two stone more. His wife prepared more healthy food since he had been unwell and was also motivated to feed their children well, so this was all helping. He ate freshly prepared whole food at home, and rarely ate out.

A.F. showed me some of the consultant's letters which confirmed the diagnosis of sarcoid and some standard blood tests which had not shown anything out of the ordinary; his FBC, haematology, ESR, HbA1C were all normal.

Due to my clinical experience with patients with sarcoid, and the medical understanding that there may be an antigenic immunological reaction involved as well as peer-reviewed medical papers confirming such an association, and because A.F. had suffered from pneumonia as an initiating process before the sarcoid was diagnosed, a blood test to rule out the presence of Chlamydia pneumoniae (CP) & Mycoplasma pneumonia (M.P.) was recommended at the first visit. The results revealed the presence of antibodies to both, via ELISA technology.

There were raised IgG levels to C.P. (1.82 in a range of <0.80), raised IgA levels to C.P. (2.07 in a range of <0.80), a raised lymphocyte reactivity to C.P. (+5 in a range of <2), and raised IgA antibodies to M.P. (2.83 in a range of <0.80).

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

Born in 1970. Fit and well and played sports at school. At 18, 1988, A.F. found a job and did very well.

1992-1994 – A.F. experienced food poisoning from eating eggs, and was told it was salmonella poisoning. He then proceeded to suffer from the same food poisoning 7 further times over the next few years, requiring antibiotics and electrolyte replacement. He could only consume eggs if they had been thoroughly cooked, and had learned to avoid eggs eaten out and could only consume them if they were hard boiled eggs or a well cooked omelette, which was rare. A.F. has had normal GI health since that time.

2000 – A.F. is married and is in good health, and faring well in business.

2006-2008 – two children are born and life changes and A.F. continues to be well in his health, but engages in less exercise.

2010 - A.F. leaves his big company to set out on his own and has big stress as well as big rewards. He spends more time working than before and in hindsight recognised that this was the most stressful experience in his life.

2011 – A.F. succumbs to pneumonia and hospitalisation for the first time in his life. Antibiotics orally and IV, together with investigations and blood tests and then steroids. The diagnosis of sarcoid was made shortly after he returned from his two week stay in hospital.

2011 – 2013 – A.F.'s leg pains, swollen legs, fatigue, and declining memory all persist, and he resorts to oral steroids every 9-10 months or so. Each time, he feels better and his pains go away, although his brain power does not change much. The steroids are simply palliative, he knows that, but he is reminded of his morbidity pretty swiftly after stopping the prednisolone. A.F. refuses to believe that he will have this condition for life, which is what is intimated by the doctors whom he has consulted. His hopes are raised each time he has taken the steroids and have been dashed rapidly when the leg pains return within a week of stopping them.

A.F. has been on the lookout for anything that might help his condition and uses internet search engines regularly to see what might be available. He read about functional medicine and found my contact details as a result of that.

The recommendations and progress made are described below.

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*.

In September 2013, A.F. attends his first appointment and brings the questionnaires, his health history and a diet diary. There were just over 600 pieces of health data contained within these informative pieces of paper, which were read prior to the appointment itself. At the first meeting, I established the main goals, which were:

1. To manage / resolve the sarcoid.
2. To be free of leg discomfort and pain.
3. To sleep well through the night.
4. To have great energy all day.
5. To have a memory again.
6. To become more fit and active.

7. To go cycling again.
8. To lose two stone of body fat.

Based on the case history and his condition a test to rule out the presence of Chlamydia and Mycoplasma pneumoniae was recommended.

Some common sense recommendations regarding his diet were made, and more focused on A.F.'s desire to lose body fat, but otherwise all key therapeutic interventions were made once the test results came back.

I introduced the subject of vitamin D and agreed that we would consider testing his levels in due course, but that he should not take any until this had been done. There was no belief on my part, however, that taking vitamin D or correcting a low level of vitamin D would by itself resolve the presence of the bacteria that had been identified.

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).*

November 2013
A.F. was travelling very soon after the first appointment in September 2013 and therefore could only get the blood tests done some weeks after that first meeting. We met again in November to discuss the results and for me to make recommendations.

A.F. was very savvy when it came to the use of search engines and finding out about medical papers and now that he had a point of focus regarding the two bacteria he had uncovered quite a number of papers on the subject, and their association with sarcoid and a number of other conditions. He asked me, as many patients ultimately do, about why these things (the bacteria) had not been tested by the doctors and at the hospital. I acknowledged that this information was in the public domain, and that I was aware of it too, hence the recommendation to test for them, but that this information may not have entered the realm of the standard of medical care or treatment or assessment for this specific condition. I also suggested he ask the doctors the same question because I did not know the precise reason why this was not more commonly known, although I did admit that it did not surprise me.

I explained that there was a theory that the body's immune system could be making antibodies to the bacteria (the antigens) and this immune attack was causing the symptoms associated with sarcoid.

I recommended A.F. to take specific supplements designed to rid his body of the two bacteria, as well as to help reduce inflammation and support his gut lining. The collagen powder, Arthred (ARG) serves the purpose of supporting the gut lining, in addition to musculo-skeletal tissues.

Programme One Supplement Name & Brand	Dose
A.D.P. Oregano (BRC)	3 with each meal
Paramicrocidin 250 mg (ARG)	1 with each meal
Arthred Powder (ARG)	1 scoop before breakfast & dinner
KappArest (BRC)	2 with each meal

In addition, there was a strong emphasis that every single thing he ate needed to be fresh and from wholefood, with no refined sugar, no heated oil and I decided that he should consume as little wheat, gluten containing grains and dairy products as possible, but without the evidence to prove it, I did not ask him to avoid these entirely. What this did mean, I pointed out, was that he was going to consume a greater variety of foods and avoid processed foods which he had consumed in relatively significant amounts in the past.

Follow-up and Outcomes. *Please describe the clinical course of this case including all follow-up visits as well as (1) intervention modification, interruption, or discontinuation, and the reasons; (2) adherence to the intervention and how this was assessed; and (3) adverse effects or unanticipated events. Please describe (1) patient-reported outcomes, (2) clinician-assessed and -reported outcomes, and (3) important positive and negative test results.*

January 2014

A.F. and I met for the third time in mid January, after A.F. had been taking the supplements described above. He reported that some of his minor gut issues which he had no told me about before in spite of the questionnaires and our conversation had resolved within a matter of weeks.

His energy was somewhat better, and he had lost some weight, but his leg pains were still present. He had a very bad weekend in December when he felt much worse but put it down to possibly eating the wrong food when out at a Christmas party. I wondered if this was an inflammatory response to the elimination of the bacteria via an increased lipopolysaccharide (LPS) release hypothesis.

He described how he had waves of feverish symptoms every 10-12 days and this further made me wonder about an inflammatory response to the elimination of the bacteria. A.F. told me that he was on the lookout for lung / respiratory symptoms but nothing had manifested.

After each bout of feverish symptoms which lasted for two days, he generally felt better, so had had not contacted me in between appointments.

He had done pretty well at abiding by the dietary recommendations and the weight loss helped to confirm that it was a good thing for him to do. He missed chips with vinegar which he used to eat, and he missed a pasty which he used to have every Friday. However, the whole family were eating well and he did really want to get better and so was motivated most of the time, he reported, to do as he was told.

Sometimes, patients who embark on an anti-microbial programme experience quite significant inflammatory episodes which may well be linked to the burden placed on the biotransformation pathways. A.F. had not suffered badly, and this may be because the KappArest (BRC) and Arthred (ARG) had offered some anti-inflammatory support.

The supplement programme was changed to include some support for the elimination and detoxification / biotransformation of the ‘dead’ C.P. and M.P., and I recommended he stop the Paramicrocidin 250 mg (ARG) so as not to exacerbate the inflammatory episodes.

Programme Two Supplement Name & Brand	Dose
A.D.P. Oregano (BRC)	3 with each meal
Arthred Powder (ARG)	1 scoop before breakfast & dinner

KappArest (BRC)	2 with each meal
Thiodox (ARG)	1 with each meal
ChloroCaps (BRC)	2 caps 30 mins after each meal

March 2014
We met for the fourth time in March 2014, and A.F. reported that in addition to weight loss (9 lbs in total), which he put down to more sensible and restricted eating, he had felt more energetic. His legs were less swollen and less painful and his wife had definitely noticed a difference in him, in how he was, how he was looking better and generally felt better.

He told me that he thought it would be a quicker process to deal with these bacteria, and what about a week's course of antibiotics instead of the supplements. I acknowledged that it was possible that antibiotics could be effective but that I did not have experience in anything other than nutritional supplements to combat such bacteria, and noted that they brought with them the risk of compromising mucosal immunity and disturbing the gut flora and possibly compromising intestinal permeability. We had discussed the impact of stress on his mucosal immunity as a likely risk factor for his catching pneumonia in the first instance.

We also discussed the value of repeating the antibody tests compared to observation about how well he felt.

A.F. had been experiencing fewer and fewer feverish days and I concluded that his body was either more effective at handling the increased inflammation, which was thanks to the addition of the glutathione supportive Thiodox (ARG) and the toxin binding chlorophyll concentrate in the ChloroCaps (BRC) or that there was less LPS volume from the bacteria.

The leg pains were so much less and as A.F.'s gut symptoms were also non-existent, I decided to stop the collagen powder. A new product designed to support the removal of 'toxins' from the gut, called Colon Cleanze (ARG) replaced the ChloroCaps (BRC). The third programme included these supplements:

Programme Three Supplement Name & Brand	Dose
A.D.P. Oregano (BRC)	3 with each meal
KappArest (BRC)	2 with each meal
Thiodox (ARG)	1 with breakfast & dinner
Colon Cleanze (BRC)	2 caps 30 mins after each meal

May 2014
We met for the fifth time in May 2014. We noticed that A.F.'s leg pains and swelling were markedly less and he had not had the desire to take steroids for their temporary benefits which was something that had occurred often since 2011 and the onset of the sarcoid, and even though he resisted the idea he had still asked his Dr for a one or two week course of prednisolone every 9-10 months.

He had been able to get on his bike again and cycle with his kids as well as go on 10-20 mile rides, something that equated to a landmark in his quest for a return to wellness. A.F. had no preconception about the condition and was confident before he met with me that he could be free from the condition. I certainly did not want to dissuade him of this belief but realised that it was a tall order and did not offer any guarantee or solid expectation of what may occur by engaging in this approach.

He had lost more weight and now was one stone lighter than he had been when we met in September 2013, although he only really began his NT programme in November 2013.

However, A.F.'s memory was not really any better and this was in spite of his energy being better. This had become more of an issue and was a priority focal point for A.F. in the coming period of time. He had been sleeping better, and was eating well, was lighter, was free of leg pains and swelling in his legs. With this in mind, I introduced an active B vitamin supplement to his programme.

A.F. had not experienced a single feverish episode since the last appointment and we agreed that this was to be the last month of taking the natural anti-microbial sustained release and emulsified oregano extract. A.F. was given instruction to contact me at once should there be any return of the symptoms that had been associated with sarcoid when he stopped the oregano extract, since we would not be meeting until early September.

Programme Four Supplement Name & Brand	Dose
A.D.P. Oregano (BRC)	3 with each meal (for one more month)
KappArest (BRC)	2 with dinner
Thiodox (ARG)	1 with breakfast & dinner
Colon Cleanze (BRC)	2 caps 30 mins after each meal
Bio-3B-G (BRC)	3 with each meal for a week, then 2 with each meal thereafter.

September 2014

We met for the sixth time over three months since the previous appointment, when A.F. had been mostly symptom free, except for his poor memory.

A.F. had met with his consultant in June and was found to be free of symptoms. There were no signs of sarcoid, no interstitial fibrosis, no abnormalities in his oxygen levels and the blood test taken at that time, which came back some weeks later, also confirmed no abnormalities – although there were none of note in previous tests, it is true to say. The specialist consultant advised A.F. that he was essentially in remission and that he would need to return for monitoring in 6 months time or earlier if the symptoms recurred, when he would prescribe steroids if required.

A.F. had lost some more weight which was helped by being able to have the energy to run around with his kids on their holidays. He was now 12 stone 9 lbs (82kg), so had about 7 lbs (3.1kg) to go before he reached his 'fighting' weight. There was no indication of any health issues over the summer holidays and he and his wife forgot most of the time that he had been diagnosed with sarcoid a year previously. A.F.'s attitude to work had altered, in the realisation that his health was more important than worrying about things, although he still put in the hours, once he had returned from holiday.

We discussed what he should do next, given that he appeared to be all clear, and even when he had received this confirmation from the consultant he had continued with the supplements other than the oregano extract anyway. He asked me what he needed to concentrate on, so I emphasised the quality of his food intake and that of his family to continue support his innate immunity (through multiple gene encoded receptors in the gut and the commensal bacterial populations that respond to correct food selection), and suggested that he take a break from the supplements. However, since his brain and memory had improved since we last met, and he could not honestly tell me why although his wife thought that it was the relief of being told that he did not

have sarcoid any longer, and that he had been on holiday and so on. A.F. said he thought the Bio-3B-G (BRC) may have had a role to play and wanted to continue with these.

So, A.F. continued with just the single supplement and told me he would report to me if there were any untoward symptoms.

Programme Five Supplement Name & Brand	Dose
Bio-3B-G (BRC)	2 with each meal

A.F. continues with his sound nutritional intake along with the single supplement and enjoys good health as this case is written (October 2014).

Supplement Information

A.D.P. Oregano (BRC)
This patented oregano extract is a very effective broad-spectrum anti-microbial, and is a product I have used for many years in clinical practice to support people diagnosed with a variety of auto-immune conditions, with success.

Paramicrocidin 250 (ARG)
This product provides grapefruit seed extract which provides broad-spectrum anti-microbial effects. In this particular case, it was designed to work in synergy with the A.D.P. Oregano extract (BRC).

Arthred Powder (ARG)
A patented, pre-digested collagen powder that has been proven in multi centre human studies to reduce articular joint arthritic pains and reduce the need for pain medications. In addition, it has also been useful to heal the gut lining and support skin health.

KappArest (BRC)
Provides a blend of anti-inflammatory plant extracts and antioxidants with BioPerine which enhances the efficacy and absorption of these ingredients. The formula was developed to inhibit NF-kB (nuclear transcription factor kappa B) which influences an inflammatory cascade and many other pro-inflammatory cytokines.

ThioDox (ARG)
Supports healthy liver detoxification, primarily phase II, provides antioxidant protection, supports healthy immune function and production of glutathione, facilitates the production of cellular energy, enhances the effectiveness of other antioxidants. Provides NAC, glutathione, lipoic acid, selenium, riboflavin, thiamin & vitamin C.

ChloroCaps (BRC)
Provides natural chlorophyllins which are designed to bind to toxins in the gut, and has been used clinically to support a healthy ileo-caecal valve function.

Colon Cleanze (ARG)
A specially designed formula with ingredients clinically proven to help reduce symptoms of IBS, but also with traditionally used extracts to support the digestive system accompanied with modified citrus pectin and chlorophyll which bind to toxins.

Bio-3B-G (BRC)
A low dose B vitamin formula with active forms of vitamin B1, B2 and B6. This supports the nervous system and can help with the metabolism of neurotransmitters and sustain normal blood glucose levels for the brain, hence its inclusion for A.F. to support his memory.

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 strengths of this case report lie in the detailed case and health history combined with the length of time for the first appointment, being an hour, which was after I had read the case history information and questionnaires. Rather than treat his condition, based on the name of the condition, it was possible to identify what transpired to be the likely root causes, as far as we can tell in hindsight, prove the presence of the causative bacteria and then successfully address them. This was achieved with the use of natural food supplements. No medications were required by the patient.

No repeat test has been conducted to verify the reduction of positive antibodies to Chlamyudia pneumoniae (C.P.) or Mycoplasma pneumoniae (M.P.). It is possible that the bacteria are simply immunologically quiescent as opposed to eradicated.

Vitamin D levels may or may not be imbalanced, and this is something to be determined in due course.

The literature relevant to this case report

There are peer review papers, some dating back to the 1970s, which describe the association of C.P. and M.P. with sarcoid, as well as other conditions, but this is not the typical method of treating sarcoid.

The rationale for your conclusions

My own clinical experience that a range of conditions, mostly auto-immune conditions, can be triggered, at least, by the presence of a bacterial or viral presence led me to discover in the literature that sarcoidosis could also be caused in the same way. I have also found this to be the case with a previous patient who also recovered almost completely from their condition following a similar approach.

Based on the positive lab tests for C.P. and M.P. it appeared very logical to direct the therapeutic nutrition at these bacteria.

The evidence suggests that this approach has been the reason for the improvements in A.F. and the confirmed absence of his sarcoid condition by his consultant.

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

It is not just auto-immune conditions that can be triggered or contributed to or caused by the presence of potentially pathogenic or pathobiontic bacteria and viruses. This case highlights the value of a thorough review of the literature, and in fact, once A.F. the patient had found studies himself, the enthusiasm and compliance and diligence with the recommendations was all the greater.

Why mainstream medicine does not pay heed to findings found in peer-review literature about the underlying cause of conditions continues to be a frustration, and all the more so when a relatively straightforward nutritional therapy intervention results in what is perceived to be a dramatic success, and not just related to sarcoid cases, but with RA and MS to name but two other chronic degenerative auto-immune conditions that have responded to similar functional medicine approaches.

In due course, the awareness raised by such cases may contribute in a more functional approach being adopted by other health professionals.

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.F. had no pre-conceived notions about his condition, which served him well. He did not have a cultural belief that one needed to be a medical doctor in order to be able to provide the soundest advice. He was very active at finding information on-line, which was part of his work since the internet was created 21 years ago.

As a result, in my opinion, A.F. was more able than most men of 45 years of age, to accept the findings and then adopt the nutritional programme and then to accept the ultimate outcome. For me this highlights the value of an open mind that has not been coloured by the delusion of disease, as Jeff Bland PhD describes it in his new book with the same title. When the underlying causes are identified it is possible to make significant corrections with nutritional therapy.

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

The patient is not aware his case history is being used, and all identifiable data has been removed. A.F. are not his 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*

Antony Haynes BA(Hons) DipION MBANT, Nutritional Therapist has a practice in Harley Street London UK.