

Case Histories

Case History – Addiction Case Improves Fast with NT

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs. G.H. is a 31 year old woman who works in a demanding job in London. She is married and now wishes to start a family.</p> <p>She is 5 foot 9 tall and 9 stone (175 cm, 56 kg).</p>
Presenting complaint – list and duration	<p>G.H. had been suffering from bloating and abdominal pain for 10 years, painful cramps in her calves and feet for about 8 years, and worsening fatigue for 10 years to the extent that she feared she would not be able to meet the needs of her job. She also told me that her general stress tolerance had significantly deteriorated.</p> <p>She also wanted to stop smoking, mainly because she wanted to start a family quite soon, but not immediately. She realised that she needed to make some changes first. A friend of hers recommended she come and see me, and G.H. had taken up the suggestion.</p>
Any Investigations	<p>No testing had been done via the doctor or other practitioner.</p> <p>Her case history was interesting, and told the story of her addiction. G.H. started to smoke when she was 13 years old, and progressed to regular alcohol intake by the age of 17. At university she used to go out almost every night and drink too much alcohol. She also engaged in other recreational drugs at Uni. At weekends she would always drink heavily, and smoke more, and she did this for the full 3 years.</p> <p>When she started to work in London, she quickly discovered she could not maintain the frequency of her drinking bouts with drug use and do her job, so these became confined to the weekends – virtually every one. Every Friday and Saturday night she would drink heavily so that she became drunk and for a number of years took recreational drugs too. The drug use had virtually stopped now, though.</p> <p>She had been drinking 3-5 cups of coffee a day for over a decade. She ate chocolate every day. She currently smoked about 10 a day but up to 25-30 on Fridays and Saturdays, mostly all at night.</p> <p>Her current job was one hectic deadline after another and also involved significant sums of money. She had been feeling the pressure for years. In this way, the number of stressors was high, and the number of stimulants and ‘addictants’ was numerous. Excluding daily stresses, we calculated that on a week day she ingested 15 stimulants which included cigarettes, coffee and chocolate. She also ate sweet fruits two to three times a day, but we excluded this from the count. On the weekend, the number rose to 30.</p> <p>I also learned that both her parents had been smokers, but her mother had given up when diagnosed with breast cancer a few years before.</p> <p>She had suffered from abdominal bloating for about a decade, which correlated with her life at Uni when she ate very poorly and over-indulged. The stress of work made it worse. She suspected wheat was a problem, but she did not get a reaction every time, so she was not sure.</p> <p>As we talked, she shared with me that she had incessant thrush and or urinary tract</p>

infections, although it was low grade and whilst she had not taken multiple courses of antibiotics, she did take them once or twice a year and had done so for a decade.

She told me she rarely got enough sleep and that she was exhausted all the time.

G.H. also told me her mother had hypothyroidism and Raynaud's Syndrome, as did she which helped to explain the painful calf and foot cramps every week. The pain also woke her in the night sometimes.

G.H.'s diet consisted of a latte and muffin for breakfast, a tuna or chicken sandwich for lunch and meat with 2 veg and a small portion of carbs for dinner. She also drank water throughout the day – along with the 4 coffees.

She drank 15 glasses of wine a week (including the weekend) or G & T's of similar number.

G.H. told me that from time to time she went on a "health kick", gave everything up, felt a lot better but then felt restricted and reverted back to her default setting.

Lastly, she told me her husband was similar (they had spent the past 6 years together) and was much less health conscious than her, and drank and smoke more than her.

Strategy

Given the extreme fatigue that G.H. was suffering from, and the number of things to which she may be 'addicted', it meant that I did not consider any drastic change in her stimulants. They all appeared to be keeping her propped up and functioning. Also, given her history of periodically induce healthy diets and giving up the 'booze and fags' for a month or more sometimes, I did not want to follow suit but rather create a sustainable nutritional programme with a progressive reduction in the cigarettes, alcohol and coffee.

We agreed to reduce the number of daily addictants, gradually, to a maximum number of 10 per day, on any given day. This was going to be challenging on the weekends.

G.H. was relieved when we discussed the way forward because it was practical and not too much for her to cope with. We discussed all the meal suggestions before writing them down so that she could imagine putting them into her life. The high motivation of wanting to be healthy for pregnancy was the key driver for her.

The nutrition programme was designed to balance her blood glucose levels, reduce her addictions, provide a wider array of foods and inhibit the candida too.

Diet & Supplements: name and dose

The dietary recommendations consisted of improving almost every aspect of G.H.'s diet, but particularly breakfast & lunch.

We focused on improving breakfast and ensuring there was a good source of protein. She liked omelettes and ham, and was quite prepared to make this at home before she left for work. She also already had gluten free bread at home, which meant she could reduce her wheat and gluten.

We discussed the need to have fresh vegetables with protein and a smaller portion of carbs (such as rice) at lunch, and she figured out how and where to get this. This also meant that she would not be eating wheat bread at lunch.

Dinner needed to be a little smaller in volume for improved blood glucose balance purposes more than anything else; larger meals result in greater post-prandial insulin production.

The coffee was to be reduced gradually, as were the cigarettes and the alcohol, starting with the weekday evenings. I also suggested snacking on almonds (which she loved) instead of sweet fruit.

Since she never did, it was emphasised that she needed to relax before eating and chew her food well, and relax for at least 5 minutes after eating as well.

Supplement Programme

The supplements recommended were designed to inhibit the yeast, support her gut lining and gut immunity, support her energy with support for mitochondrial energy (Stamina Caps) and thyroid support (GTA Forte II). In this instance, due to her mother's thyroid condition and her very poor circulation I chose to use a thyroid support over and above an adrenal support, which I planned to introduce after the first month.

I also included a glutathione support in the form of Gluta-Ascorbs (AR) which contains Vitamin C 200 mg, and L-Glutathione (reduced) 200 mg per caps) for liver support.

Brand & Product Name	Dose
S. Boulardii (AR)	2 with breakfast & dinner
Immuno-gG (BR)	2 with breakfast, 2 at bedtime
Gluta-Ascorbs (AR)	2 at dinner
GTA Forte II (BR)	2 with breakfast & 1 with lunch
Stamina Caps (BR)	1 with breakfast & lunch & 1 at 3 pm

- S. Boulardii (AR) – a well known probiotic yeast that supports SIgA and inhibits unwelcome candida and other microbes.
- Immuno-gG (BR) – colostrum formula for healing the gut lining and reducing inflammation. Very effective remedy and Dr O'Bryan's favoured product for this purpose.
- Gluta-Ascorbs (AR) – one of a number of supplements to support glutathione levels but this one contains reduced glutathione rather than providing NAC as its precursor. Other formula do not all contain vitamin C which was desirable given her smoking, whilst at the same time aiming to recommend the fewest supplements. Originally I had suggested taking this product on an empty stomach, but this was simply not possible in her busy day, so it transpired she could take them with dinner.
- GTA Forte II (BR) – thyroid glandular (hormone free) with accessory nutrients to support the thyroid gland and thyroid hormone levels.
- Stamina Caps™ (BR) - is a specifically formulated B-complex to support physical stamina and mitochondrial energy conversion. The combination of nutrients contained in the formula includes Thiamin, Pantothenic Acid, L-Carnitine, Octacasanol, Coenzyme Q10 and OOrganik-15™ (a natural methyl-donor). I find this very useful for patients who flag in the afternoon.

G.H. was a candidate for many, many different supplements and as with most very

Duration

busy and stressed patients, it would have been impractical to consider more than five separate products.

G.H. followed the programme for 5 weeks and then met me again for a follow up. We had a number of emails and one telephone call during the 5 weeks.

She then followed the revised programme for 4 weeks and we had another meeting.

We then spoke on the phone 3 weeks after that and then after 4 weeks after that.

Outcome

G.H. did manage to implement the programme. The time spent going through her typical day paid off and she said that this was the most important reason she stuck to the recommendations for 5 weeks, in the first instance.

She took the supplements at least 80% of the time. She also took time out to eat, and relaxed more around food.

She succeeded in reducing the number of 'addictants' to 10 within a matter of days, and felt that the lack of pressure to stop something completely also helped.

The supplements appeared to help her to improve her energy and reduce the cravings that she had previously experienced. I do not know if this was the inhibition of the yeast or the reduced stimulants intake.

After 10 days of following the programme G.H. began to notice improvements in her energy. Sleep improved too after about 3 weeks. Her bloating did not change much in the first 5 weeks, but the abdominal pain did reduce and then disappear after about 3 weeks.

Her thrush and discomfort / irritation disappeared except when she drank more than 3 glasses at one time, which was a salient lesson.

Although the weather has become warmer over the time I have seen G.H. she tells me that her circulation has improved and she has had much fewer cramps.

There was no evidence that G.H. would revert to her 'old ways'.

I recommend she continue with her improved diet and we agreed that she could now reduce the number of addictive substances from 10 to 6 in the next (second) period of time.

The revised supplement programme was this

Brand & Product Name	Dose
S. Boulardii (AR)	1 with breakfast & dinner
Immuno-gG (BR)	2 at bedtime when alcohol had been consumed
Gluta-Ascorbs (AR)	2 at dinner
GTA Forte II (BR)	1 with breakfast
Adrenal Rebuilder (Dr W)	2 with breakfast & 1 with lunch
Stamina Caps (BR)	When needed in the afternoon

- Adrenal Rebuilder (Dr W) is a glandular product that contains adrenal (cortex) and pituitary and hypothalamus and gonad extracts. Dr Wilson favours this as his most effective healing product for the adrenals.

G.H. continued to improve her energy and in the second phase her bloating began to be less troublesome. Wheat was identified as definitely being a trigger, and so she avoided wheat. The weekdays were alcohol free and she smoked a maximum of 2 cigarettes a day. At the weekends, there was a more dramatic improvement but she still drank and smoked. She reduced her coffee to 1 in the morning only.

3 months on, and G.H. can hardly believe she has come so far. Her energy is so much better, and her stress tolerance has risen to match. She sleeps well and feels so much better all round.

Abdominal bloating still troubles her but she notices the triggers are much more evident now (i.e. wheat and alcohol).

She is confident in the next 4 to 8 weeks that she will be able to completely stop smoking and cut down on her alcohol even more.

We have reduced the supplements so that they match her needs and she is control of them. This means she takes more if she is more tired, or has a drink or has a cigarette or craves a coffee more.

Comments

This is not the typical patient who does not smoke or drink much and who already eats very well.

However, she had so much ground to make up there was almost too much to do. In this way, making it practical for G.H. was so important, and it was very helpful of her to say at the first meeting that she had never stuck to a programme for more than a few months. This warning proved helpful in shaping what has turned out to be a very successful graduated programme of improvements, which has put her in charge of the process as well.

She has since recommended at least 10 of her friends to see me she tells me, but none, as yet, have booked an appointment. Perhaps none of them are as motivated as she has been. Nonetheless, G.H. should be credited for stepping outside of her normal world existence and feels proud of what she has achieved.

Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, NTCC is a Nutritional Therapist working in W1, London.