

# Case Histories

## Case History – A CFS FM & depressed patient benefits from the work of Prof Martin Pall

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	<p>Miss F.B. is a 23 yr old single woman, working as an accountant in London.</p> <p>She is 5 foot 4 tall, and weighs 9 stone 7 lbs (163 cm, 59.1 kg).</p>
<b>Presenting complaint – list and duration</b>	<p>F.B. presented with formally diagnosed chronic fatigue (CFS) with fibromyalgia (FM) of 3 months, but told me she had the symptoms for a total of 1 year previously.</p> <p>She had continual pain in her trapezius, her arms, her legs, and she walked with a slight limp. She had painful cramps in her calves most days. As is typical of the condition, any physical activity or exercise made these symptoms worse.</p> <p>F.B. also had poor sleep, was tired all the time and felt depressed, and was much less tolerant of any stress than a year before. She had struggled along for about 9 months prior to visiting a Dr who diagnosed her and told her that she would have the condition forever. This last piece of information was making her feel more depressed than she might have been. Her whole family were also in shock from the news and interestingly believed the prognosis that this is the way their daughter and sister would be for the rest of her life.</p> <p>Miss F.B. had been eating more healthily than ever before over the past year, since she had been unwell.</p> <p>She had qualified 1 year previously at a young age as an accountant, and even though she protested that she was not very bright she appeared to be a high achiever and certainly had worked and studied very hard for years. She also tended to over-exercise but this had not been possible in recent months, so she was now a little overweight.</p>
<b>Any Investigations</b>	<p>The diagnosis of CFS / FM was made on the basis of physical symptoms. The Dr did run CBC &amp; Haematology but this revealed nothing out of the reference ranges (F.B. did not have a copy of these results). No other forms of assessment were made. The Dr gave F.B. the details of the ME Society and suggested she seek their advice, but F.B. told me that all they seemed to be concerned with is managing to live with the condition rather than improve it. She found this all the more depressing.</p>
<b>Strategy</b>	<p>The strategy for F.B. was to focus on the Dr Marty Pall proven theory for CFS / FM, using the specific antioxidants he recommends, which have already proven themselves many times in my clinical practice. These are described in his book <a href="#">‘explaining unexplained illness’</a></p> <p>There was little to change in F.B.’s diet except her fruit only breakfast was changed to a more sustaining mix of complex carbohydrates and some protein.</p> <p>The introduction of the supplements was to be gradual, as is shown below, in order not to elicit any untoward symptoms. As Dr Pall suggests, and I have found to be the case with most CFS / FM patients too, the products should be introduced separately and the dose titrated. Sometimes, the patient can experience a nervous kind of energy, or some detox symptoms such as headache, fatigue and sometimes some</p>

## Diet & Supplements: name and dose

nausea. Other symptoms may be different for each individual.

Given the fact that she was told there is nothing you can do for her condition, she was more than pleased to hear that there was evidence of improvement, even if it was palliative, from the scientific - even if this was not the medical - community.

Four of the six Dr Pall products were recommended to F.B. plus an additional support for her serotonin levels. She was to introduce one by one, with 3 days in between each, and then a gradual titration to the full dose. In this way, it took 2 weeks before F.B. was taking all of the products, and a further week before she was taking the full dose.

The full supplement programme recommended was as follows:

Allergy Research – <b>FibroBoost</b>	2 caps before lunch & dinner by 20-30 mins
Allergy Research – <b>NAC Enhanced Antioxidant Formula</b>	1 tab mid a.m. & mid p.m.
Allergy Research – <b>Super EPA</b> –	1 softgel with breakfast & dinner
Allergy Research – <b>FlaviNOx</b>	2 caps with each meal
Allergy Research – <b>Seratonin</b>	1 mid a.m. & pm.

**FibroBoost** – Ecklonia Cava extract is a potent antioxidant and has been clinically trialled in FM patients and found to be effective for energy, pain reduction and sleep improvement. It has been very effective for reducing my FM patients' pain.

**NAC Enhanced Antioxidant Formula** – contains NAC with TMG, RNA and Lipoic Acid.

**Super EPA** – fish oil from sardine, anchovy & mackerel providing 360 mg EPA & 240 mg DHA per softgel (molecularly distilled).

**FlaviNOx** – contains 7 antioxidant plant extracts from Milk Thistle, Bilberry, Gingko, Grape Seed, Green Tea, Cranberry & Hawthorn.

**Seratonin** – provides key support for neurotransmitters, containing 5HTP with select vitamins and minerals and additional lipoic acid and TMG (also in the NAC product above). <http://tinyurl.com/35q9n4j>

## Duration

F.B. followed the programme for 6 weeks, which meant she had been on the full programme for 3 weeks. We had weekly email mini reviews, however, in the meantime. She attended a follow up after 6 weeks and then continued with the supplements and I write this report 4 months after having first met her.

## Outcome

Within 7 days of taking the new supplements, F.B. noticed improvements in her energy and pain. After 14 days, she noticed continued improvements and her mood improved too. After 21 days she was pretty much the same, but after 5 weeks she had some really significant improvements in all aspects of her health.

F.B. was able to tolerate all of the supplements, so it is not known how she would have fared on the full dose from the outset. Most patients with CFS / FM do not tolerate all of the Pall supplements at once, and having learned this early on, some 3 years ago, I do not as a rule introduce more than 1 or 2 at a time. The two Pall products not taken were CoQ Gamma E and MVM-A (the multi vit & min).

At the follow up (6 weeks in) F.B. told me that there had been an 80% or greater response in all of the goals we established at the outset which related to her having good levels of energy, no cramps, no pain, good sleep and mood. Whilst it did appear that the change in breakfast (she ate porridge with protein powder or 2 eggs on toast) had definitely contributed to better energy levels, the overall improvements were so far beyond her expectations which had been set extremely low by the Dr. that F.B. and her family were utterly delighted. In fact, she said on some days that she was almost 100% better.

I also had the pleasure of receiving a call from her mother, Mrs. B., to tell me what a difference she had seen in her daughter and she expressed her heartfelt gratitude. She asked why the Dr had not known about the Dr Pall work, and why more people did not know about this and ... she went on a little. It was gratifying to have such a call, and to hear the sheer delight of a parent who child has had a turnaround in their health, but I did emphasise that the Dr had no training in the specific condition other than knowing how to identify it by symptoms. Also, I said, CFS / FM is not a disease, as such, and therefore there is little likelihood of any medical treatment. The intention was to inform and educate Mrs B. and diffuse what I sensed was a potentially antagonistic situation. I hoped that she was able to take something away from our chat to help make a distinction between impaired function and pathology.

F.B. had gently embarked on light exercise (a stretch class) and was more uncomfortable after it, but had no cramps. The intention was to gradually increase this to determine what level she could reasonably expect to tolerate.

I explained to F.B. that there may well be a need to continue with the supplements, and we established a very gradual reduction programme for her to figure out what the lowest dose was of the supplements for her to feel very well.

## Comments

F.B. is another example of the efficacy of Dr Pall's protocol, and how less than the six products can bring significant health benefits.

Due to the very poor prognosis by the Dr and the consequent "rock bottom" expectations from F.B. and her family, this led to a very much happier, and pleasantly surprised, patient than might have been the case, even acknowledging that the results were very positive. As a result, they all hold the practitioner in very high esteem, and I am hoping that NT practitioners reading this can achieve similar results and testimonials by using Dr Pall's recommendations.

Lastly, the Serotonin may well have been effective in conjunction with the other supplements because it provided some nutrients already shown to help quell the Nitric Oxide / Peroxynitrite (NO / ONOO) cycle, but also because the serotonin pathway has been shown to be impaired in FM: <http://tinyurl.com/29pknoz> & <http://tinyurl.com/2b2tkm3>. I shall definitely use Serotonin with other FM patients, especially where pain persists in spite of the Pall Protocol.

## Practitioner

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