Case Histories

Anxiety and Infertility Resolved with Nutritional Therapy

Gender, Age, Occupation, Nationality, height and weight.	Mrs. C.L. is a 34 yr old woman who works 5 to 6 days a week as a beauty therapist. She is 5ft 5 tall and weighs 13 stone 12 (165 cm & 86.2 kg).
Presenting complaint – list and duration	Mrs. C.L. had been suffering from anxiety and panic attacks for two years and had been trying to conceive for the same period of time.
	She has also had a number of other health issues including asthma & mild eczema for 34 years (her whole life), excess weight for 10 years, and excess adverse stress in her work for 10 years. She is happily married.
	These were not her reasons for coming to see me, with her goals being very specifically to conceive and feel less anxious. She identified that these two health aims were linked and recognised that it may not be helpful to be so anxious about conceiving.
	C.L. had visited a nutritionist some 8 years previously in order to lose weight but it had not really helped, although she admitted she had not been able to comply with the recommendations made to her then. She had also consumed various supplements to help reduce her anxiety in the form of calming herbs such as valerian and hops and minerals such as magnesium and calcium as well as L-theanine. They did not help her and her sleep was less refreshing as a result of taking them.
	Medically, she had been through the perfunctory scans and blood tests with regard to fertility and there was no organic disease. Her GP had recommended an anti-anxiety (anxiolytic) drug but she declined, preferring to use a an alternative.
	Her blood tests had revealed mild iron anaemia and she had taken some supplemental iron to correct this but this made her constipated. She identified an iron supplement that did not cause digestive problems and repeat testing confirmed that her iron and haemoglobin had returned to normal. Her ferritin had not been tested.
	She suspected food intolerances, especially wheat, but had not undergone any tests.
	From a review of 3 typical days' food intake, it was clear she had an 'addiction' to carbohydrates and that this was exaggerated when she was anxious, she recognised this as 'emotional eating'. She told me she had lost her sense of feeling hungry, and she ate only to dissipate her anxiety. As a result, she missed meals and overate later in the day.
	A review of her thyroid signs and symptoms suggested that she had a low

	thyroid function even though her blood	tests of TSH and T4 were normal.
	C.L. had been taking inhalers for asthma declaration of unresolved stress and he adrenal stress test. The results revealed night.	r cortisone intake I recommended an
	From time to time, she also suffered fro that her sugar intake and menses contri	-
Strategy	The approach decided on was to suppor sugar balance, as well as to reduce her a what to do to control blood glucose bala her anxiety over-rode any control she h sugar.	anxiety. She had already been advised ance but this had been unsuccessful as ad about eating carbs / chocolate /
	Therefore, I felt that assisting her to ma changing her eating behaviour.	nage her anxiety way a key driver of
	Having attended the International Semi Board Certified Neurologist, and learned balance, and reviewing the signs and sy supplements to help correct these imba supplements for C.L. in addition to addi with every patient, my intention is to us possible to achieve their desired benefit determine the effects / benefits of each removed.	d more about neurotransmitter mptoms of imbalances and the specific ilances I chose two specific tional thyroid & adrenal support. As se the least number of supplements ts. In this way, it is usually easier to
	The programme is shown below, but the her nervous system and calm her anxiet selected.	
Diet & Supplements: name and dose	Very specific instructions were given to C.L. about what & when to eat. Essentially, this is a rather typical approach involving 3 meals including protein, with low GI and lower GL carbs, avoiding wheat entirely, with 2-3 very with lunch and dinner in some shape or form according to her likes. Good hydration was also emphasised.	
	Although C.L. is a candidate for numero patients are, I limited her programme to	
	Supplement Programme designed to reduce anxiety, support blood glucose and adrenals and thyroid hormonal balance	
	Product	Dosage
	Natural NMDA modulator	
	NAC Enhanced Antiox Formula (AR)	1 mid morning, 1 mid afternoon, and 1 at bedtime (on empty stomach)

Active B vits for support of the	
nervous system	
Bio-3B-G (BR)	2 every waking hour until 6 pm
Thyroid hormone conversion s	upport
Meda-Stim (BR)	1 with each meal (3 p.d.)
Adrenal Support	
Adrenal Rebuilder (AR)	2 with breakfast & lunch (4 p.d.)
	NAC with TMG, ALA and RNA. NAC helps to the CNS helping to achieve balance of ngers.

provision of a high dose B complex which can sometimes result in an upregulated Phase One liver enzyme, and / or nausea in the patient. This product has proven successful in helping fatigue conditions as well as insomnia. It was the lack of success with calming nutrients and herbs in the past which prompted me to consider something more energetic. The formula is also designed to support the nervous system.

Meda-Stim (BRC) – a vegetarian formula designed to support the conversion of T4 to T3. It is something I have found effective clinically in weight loss and also helps with energy levels. If the thyroid hormones are too low then it has been of great support and can then help with mood as well, without being too stimulatory or excitatory.

Adrenal Rebuilder (Dr W) – is Dr Jim Wilson's favoured adrenal support for those with adrenal fatigue, something C.L. had demonstrated in the saliva test results. On its own, without the Bio-3B-G and the NAC Antiox Formula, it may not have been suitable however.

Duration

C.L. followed this programme for 4 weeks and then we met again. We revised the programme and she followed this for another month, but for reasons shown below, this was then revised again. She then followed a different programme for a period of time and continues with nutritional supplements over one year later.

Outcome

C.L. found that the supplements made a difference on the first day she took them. She was able to follow the dietary recommendations as a result and felt so much better almost at once.

Her anxiety levels were markedly less and the triggering processes and thoughts, particularly about having a baby, whilst present present did not cascade into anxiety as they had before.

	We met after 4 weeks, and C.L. was very happy with what had happened; she had lost 7 lbs in weight and been 'panic attack' (her description) free and overall had been feeling much more positive. Everyone who knew her could tell something had happened and many thought she must be pregnant (those who knew her well and knew she had been trying without success). Although this provoked questions, some of which had been powerful triggers for her anxiety in the past, C.L. explained that she had handled this very well.
	Due to some muscle cramps and a periodic tic on her face under her eye, I added an additional magnesium supplement to her programme, and reduced the Bio-3B-G to 1 every waking hour until 6 pm. This resolved the cramps and the tic and she felt her energy was improved by taking it (Mg-Zyme (BR)).
	A few weeks after this, C.L. conceived and I was one very first to know (she used a urine test or two and called me at once), - I am sure I am not the only NT to have been in this situation. She wanted to make sure that the supplements were ok for her to take and what else should she be doing.
	So, a revised programme was put together including the Pre-Natal Pack (BR) and C.L. reduced the dose of the NAC Enhanced Antiox Formula (AR) and the Bio-3B-G (BR) to an 'as needed' dose. During her pregnancy, she needed additional iron based on blood tests and the supplement she used before worked again.
Comments	As I write this today, C.L. now has a very healthy 6 month old baby. She was able to breast feed for 12 weeks. She told me last week (October 2011) very kindly that if it had not been for the nutritional programme that she would most likely not have conceived.
	She reminded me of the powerful effects of the Bio-3B-G (BR) which prompted this case history.
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