

# Case Histories

## Athlete finally gains weight with nutritional therapy

Gender, Age, Occupation, Nationality, height and weight.

Mr. P.B. is a 29 year old athlete, competing in the decathlon. He is 6ft 1 ins and weighs just 11 stone 5 lbs. (185 cm, 70.66kg).

Presenting complaint – list and duration

P.B. was clearly too thin. He presented with an inability to gain weight, muscle in particular, and as a consequence had missed out on the opportunity to compete at the representative level he aspired to.

Whilst he was suited to some events such as the high jump and was very fast in the sprints, he was relatively poor at the throwing events which let him down time and again, and made it extremely challenging for him to compete.

In addition, I was informed that P.B. suffered from the winter blues particularly this year (2011-12) had begun to feel quite depressed. He did not have anything in particular to be depressed about, he told me, yet he just felt black, and had black thoughts. He had been a very outgoing person but was now more shy and retiring and he did not recognise himself. He had seen the doctor who had recommended anti-depressants but he chose not to, and to concentrate on more natural ways to correct things.

He had always been lean and fit, yet in the previous two years he had been trying to gain weight in order to gain strength and be in a position to reach his potential. He had now given up hope of competing in the Olympics. He had given up work in order to commit himself to his sport two years previously, and was financially inpecunious, relying on support from his parents.

Additionally, he had been suffering from poor sleep, waking at 2 or in the morning 5 nights out of 7. The disrupted sleep had coincided with his poor mood. His energy however remained pretty good and he trained hard 4 to 5 times a week, with a mixture of resistance exercise and weights and explosive cardiovascular orientated work.

His coach regularly told P.B. how talented he was, but that if he was unable to gain more weight and muscle then he likely would not progress. He needed to gain at least 2 stone in weight, over time.

Any Investigations

His GP had run a standard haematology, biochemistry and full blood count, but all the results were normal. However, on closer examination, I noticed that the MCV (mean cell volume) and MCH (mean cell haematocrit) levels whilst within the reference range were at the very high point of normal, giving an indication of a lack of B12 or folic acid.

His creatine kinase (CK) had not been measured; - I suspected that it would be elevated due to intense training. Nor had his ESR & CRP been assessed. He could not afford much but he did agree to have his CK measured. The result showed a very high level of CK of 855 (range is 38-204). I have, just for interest, seen other athletes with score in the thousands.

On closer examination of his questionnaires, and prompted by the possible lack of B12 / folic acid there was evidence of low HCl acid. This included these signs and symptoms: burping soon after eating, bloating shortly after eating, bad breath sometimes, feeling full (which was one of the reasons he could not eat larger meals despite wanting to), weak and chipping fingernails, and poorly formed stools which he put down to being so physically active, which

## Strategy

could well be true. Based on this, and recognising the value in undertaking as many tests as was reasonably possible with an athlete, he did the [Gastro-Test](#) with me in the clinic. The cotton string was green throughout, indicating a high pH and consequently too low a level of stomach acidity.

We discussed the connections between over-training and raised levels of CK, of the potential impact of low HCl acid on minerals such as zinc which is vital for growth and gaining lean muscle weight, but also of protein.

P.B. kept a food diary anyway, and was diligent about what he ate, and certainly consumed enough protein and calories on the face of it, he achieved this by eating 5 times a day. He ate very well and consumed plenty of fresh veg and a variety of carbs in the form of rice, as well as wheat products (pasta / bread). He did not trust supplements, he told me, and therefore did not take any at all, not even protein powder or maltodextrin before or after his training.

We then also discussed the connection with inflammation and poor mood as well as disrupted sleep, and how these could readily be connected to his inability to gain weight. We also discussed the importance of zinc.

Therefore, the strategy was to restore his HCl acid, reduce his suspected low grade inflammation with both a reduction of training and nutritional means, and optimise his nutrient status and protein digestion and absorption. (He would have liked to have tested his minerals, but could not afford to do so.)

## Diet & Supplements: name and dose

P.B. agreed to reduce the frequency and the duration of his training. He agreed to chew his food much more thoroughly than he had been doing. He also agreed to take supplements (which his parents were going to fund) for a trial period and to repeat the CK test after 6 weeks.

Since the quality of his existing food intake was very high, this meant that there were relatively few variables in the programme in which he engaged himself. However, in order to see if it would help in any way, he did agree to avoid all wheat, and this was made possible because he loved rice and oats.

We had the CK result, his weight and his mood and sleep and some other general signs and symptoms to monitor his progress.

The supplements recommended to P.B. were as follows:

Product (brand)	Dose
<b>Betaine Plus HP (BR)</b>	1 caps with every meal (5 per day)
<b>Gluten Gest (AR)</b>	2 tabs with lunch & dinner
<b>Free Aminos (AR)</b>	2 caps with each meal and 4 caps before training.
<b>Zn Zyme (BR)</b>	1 tab with breakfast & dinner
<b>ProMulti Plus (BR)</b>	1 caps with each meal (5 p.d.)
<b>Intenzyme Forte (BR)</b>	10 tabs on empty stomach before & after training (3-4 times per week)

### [Betaine Plus HP \(BR\)](#)

Provides a higher level of HCl per caps (700 mg) than most HCl supplements, combined with pepsin.

### Gluten Gest (AR)

Gluten-Gest contains glutenase powder, which provides specific enzymes that target the more difficult-to-digest peptides found in wheat and other gluten-containing grains. Gluten-Gest may be used by those with frank coeliac disease as a 'second line defense' as they continue to avoid ingestion of gluten. Gluten-Gest may also be beneficial for those with gluten and wheat sensitivity.

### **Free Aminos (AR)**

Provides 17 amino acids with 9 essential AAs the exception of tryptophan which is replaced by 5HTP. This was chosen in order to ensure more optimal absorption of amino acids in this young man.

**Zn Zyme (BR)** (15 mg of zinc per tab) – for one month as an addition to the ProMulti Plus which contains 16.6 mg per 5 caps.

### ProMulti Plus (BR)

This advanced multi vit & min was formulated by Dr Alex Vasquez & provides an appreciable level of B12, folic acid and vitamin D.

### Intenzyme Forte (BR)

Proteolytic enzymes from vegetable and animal sources. It has long been used as an effective anti-inflammatory agent for sportsmen and women. The intention was to reduce inflammation and 'demonstrate' this by reducing his elevated CK levels after 6 weeks.

In spite of P.B.'s scepticism about supplements, once he had agreed to take them, he did so diligently. The evidence of the blood tests, the CK level and his low HCl and the explanation of what may be occurring convinced him to make such changes.

## Duration

After 3 weeks, P.B. and I spoke on the phone as arranged and I learned how he was progressing. After 6 weeks, he repeated the CK test privately and we met 3 days afterwards.

P.B. then continued with a very similar programme for another 5 weeks and we met briefly at that time too.

The improvements in his health reflect an 11 week process.

## Outcome

In the telephone call at 3 weeks into his programme, P.B. reported that he had found that his bowels had changed within 1 week, and he felt calmer in his gut and he was also sleeping better. He wondered if it was all psychological.

At the follow up appointment, 6 weeks after he started, P.B. reported that his bowels were significantly better and his stomach and gut symptoms were non-existent. His sleep was improved to the extent that he still woke up 3-5 times a week but was able to go back to sleep within minutes. This had not been possible previously.

P.B. showed me his weight chart and his weight had increased from 11 st 5 lbs to 11 st 10 lbs, something he had not been able to achieve in the past two years of trying. He felt stronger and was stronger, and had stuck with the reduced training programme. He looked 'more solid'.

He told me he also felt better generally, and had not had any dark thoughts for some weeks.

Then we looked at his CK results which had been sent to me by the lab. His level had dropped from the high of 855 to a much lower level of 262, which was still a little above the reference

range.

P.B. agreed to continue with the programme for a further month, and we planned a re-introduction of wheat which he had found more difficult to avoid than he had at first thought. I recommended he stop the additional Zinc (Zn Zyme) at this stage.

We met after another 5 weeks and P.B. reported that he had looser stools when he ate wheat, but not much else and he stopped it again.

P.B.'s more extrovert character was re-emerging, he told me, which he was thrilled about, and he felt more positive and the results in terms of his weight and performance in training greatly helped this. His weight was now 12 stone, meaning a 9 lb gain in 11 weeks. This was not all muscle, by any means, and he had a layer of fat on his body which he had not had in years. He said he felt better and looked better, and the comments from those around him confirmed this.

His sleep was getting better, although not entirely corrected, his bowels were good, and his mood had definitely improved. He could not figure out exactly how much had been psychological.

## Comments

This case highlights that some relatively simple intervention can produce some rapid results in both physical and mental well-being. It is important to note that his diet was already extremely good and with the dedication of an athlete the compliance was virtually 100%. The scene was set, and with the case history information together with the test results, it proved successful.

In this instance, NT (combined with a 20% reduction in training) has helped a very talented athlete to be able to reach for his physical potential as well as uplift his mood and character.

Low stomach acid, food intolerance, likely nutrient insufficiency in terms of both minerals and vitamins and protein had all led to a less than ideal state of function, and P.B. enjoyed a relatively rapid return on his efforts.

## Practitioner

Antony Haynes BA(Hons), Dip ION practices in London, W1.