

# Case Histories

## Bloating & UTIs resolved with Nutritional Therapy

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	Miss P.N. is a 20 year old student. She is 5ft 2 ins & weighs 8 stone 2 lbs (157 cm, 114 lbs / 51 kg).
<b>Presenting complaint – list and duration</b>	<p>Miss P.N. complained of extreme bloating and recurrent urinary tract infections (UTIs) which affected her life so much that she needed to take a year out of her university course. This meant she was living at home until the start of the next academic year.</p> <p>She also experienced exhaustion at times, with persistent fatigue, and life-long constipation. Anything treatment she tried for her bowels worked in the short term but then ceased being effective after about 2 weeks. She was less bloated when she had daily bowel movements, she told me.</p> <p>Miss P.N. showed me a headless photo of herself when bloated and told me that only her mother had seen it, no one else. It was as if she were 8 or 9 months pregnant. She was not able to hold the bloating in so she wore clothing that could disguise it. It was uncomfortable viewing, to say the least.</p> <p>She had suffered from UTIs for the whole of her life and had taken many courses of antibiotics in spite of a resistance to them from her mother and latterly herself. She still had burning urination every morning, no matter how much water she had consumed the previous day. As soon as she did not drink enough water the burning would start and this would be experienced whenever she emptied her bladder.</p> <p>She had tried many different health related approaches and had changed her food intake many times. She had undertaken an IgG food intolerance test which highlighted a few foods which she had avoided but with no benefit. These foods were wheat, rye, peanuts and oranges.</p> <p>P.N. had taken probiotics often, but did not tolerate other supplements, which made her more bloated. She wanted a plan to address her condition once and for all.</p>
<b>Any Investigations</b>	The tests that had been conducted were the food intolerance test a few years previously and urine culture tests via her GP. The latter failed to show the presence of e. coli or any other bacteria potentially responsible for the UTIs and yet antibiotics worked to stop the pain,

suggesting there was an underlying infection.

In recent years, P.N. had taken fewer antibiotics and had regularly taken probiotics and consumed copious amounts of water.

I did notice on a brief physical examination that she had many white marks on her nails, which she said had been there for years, which suggested a lack of zinc, which is so important for immunity amongst other things.

## Strategy

The way forward that was chosen for P.N. was going to involve at least 3 phases.

The first was to reduce the pain and burning of the UTI.

The second was to help to heal her gut lining & improve mucosal immunity and repopulate her gut with friendly bacteria and resolve her constipation.

The third was to maintain these achievements & support energy production.

## Diet & Supplements: name and dose

P.N.'s diet was very sound and whilst it may have contained foods to which she may have reacted in some way, but not been detected in the IgG test, this was to be kept the same. She currently ate 3 meals a day plus a snack, and ate good quality proteins, healthy vegetables (which needed to be cooked) and grain-free carbs in moderation. She drank lots of water, no alcohol, no tea and no coffee with the occasional herbal tea.

In the first phase for one month, I recommended just two supplements, at least in part because she did not tolerate supplements well and also because there was a need for the narrow focus.

Product & brand	Dose
<b>D-Mannose powder</b> (Bio-Tech)	1 rounded tspn every 3 hours
<b>Zn-Zyme</b> (BR) (10 mg)	1 with each meal

### **D-Mannose powder** (Bio-Tech)

D-Mannose helps prevent e. coli from adhering to the urinary tract. Although not identified in urine tests but because the antibiotics worked this effective product was recommended.

### Zn-Zyme (BR)

This product is a simple zinc product, helping to correct her zinc status.

The second phase / month of supplements were as follows:

Product & brand	Dose
<b>D-Mannose powder</b> (Bio-Tech)	1 rounded tspn every 5 hours
<b>S. Boulardii</b> (AR)	1 at each meal
<b>Lactobacillus P, R, S</b> (AR)	2 with breakfast & 2 with dinner
<b>BioDoph-7 Plus</b> (BR)	2 with breakfast & 2 with dinner
<b>Bio-Ae-Mulsion Forte</b> (BR)	3 drops with dinner
<b>KristaZyme</b> (PMN)	1 with breakfast, 2 with lunch & 2 with dinner

**S. Boulardii** (AR)

The well-researched probiotic yeast that supports healthy SIgA levels, and favours pathogen exclusion from mucosal tissues.

**Lactobacillus P, R, S** (AR)

3 hardy human probiotic strains.

**BioDoph-7 Plus** (BR)

A mix of 7 strains of probiotics of the lactobacillus & bifido strains. In this case, the introduction of 10 strains of probiotics proved effective over and above the introduction of 1 strain. All of these have the potential to reduce mucosal inflammation.

**Bio-Ae-Mulsion Forte** (BR) - <http://tinyurl.com/65chtk6>

Emulsified vitamin A, 13,500 iu per drop. This nutrient is vital for healing the gut lining and urinary tract.

**KristaZyme** (PMN)

Vegetarian digestive enzyme formula.

The third phase / month of supplements were as follows:

Product & brand	Dose
<b>D-Mannose powder</b> (Bio-Tech)	1 rounded tspn every 3-5 hours
<b>Bio-Ae-Mulsion Forte</b> (BR)	1 drop with dinner
<b>Lactobacillus P, R, S</b> (AR)	1 with breakfast & 2 with dinner
<b>Lipid-X</b> (BR) (magnesium)	2-4 at bedtime as needed
<b>Stamina Caps</b> (BR)	1 rounded tspn every 3 hours

### **Lipid-X (BR)**

This contains a special vegetable culture with magnesium oxide which has been very effective for helping to support healthy bowels. Whilst it is palliative it can often serve as an important adjunctive supplement.

### **Stamina Caps (BR)**

This energetic formula provides thiamine, pantothenic acid, octacosanol and CoQ10 and L-Carnitine. It is useful for those with all kinds of fatigue states, and for athletes.

## **Duration**

P.N. followed each phase for one month, and we met at the end of each month to review and to make the next recommendations.

P.N. is currently continuing with the 3<sup>rd</sup> programme of supplements and is maintaining the benefits.

## **Outcome**

### **First Month**

P.N. reported that after the first few days the urination associated burning and pain had subsided during the day, but still persisted each morning. After 2 weeks, she no longer had any discomfort during the days at all. Her estimate was that the day-time discomfort improved by 100% but the first urination of the day was still painful but reduced by 50%.

All of the remaining symptoms as described above were still present, and her bloating was as large and uncomfortable as before.

Interestingly, her nails and hair had grown and the hair was thicker than before. She said that her mood had been noticeably better which we put down to not having so much UTI discomfort and possibly due to improvement in zinc status.

### **Second Month**

P.N. then followed the next programme of supplements and was able to tolerate them all. She reported that her UTI symptoms remained the same and she still had burning, but less, with the first urination of the day.

She was still constipated but she had no cramps, her bloating was definitely improved. She was a little surprised at this because she believed that she needed to have significantly improved bowel motions before the bloating would improve. She told me that the photo she had shown me represented a score of 10 (the max) and that now she was 3 or 4 most of the time. "This was a result!" she said.

Her energy had improved to the extent that she no longer ever felt

exhausted, but she was simply tired all of the time. Her mood was not bad, and her hair and nails were still growing faster and stronger, in spite of the cessation of the zinc.

### Third Month

After the third programme, P.N. returned and reported more improvements. The magnesium formula, Lipid-X (BR) had worked wonders and she had had consistently good bowels for a month, which was the first month she could recall in her life!

Her bloating was now on a level of 1 or 2 with moments of none at all, which delighted her. She could wear different clothes now.

Her energy and concentration had also improved markedly and she felt like she had much more get up and go. She said that she could now actually do things, whereas before she just couldn't get going. She had been going for short swims three times a week.

In short, all of her goals had been accomplished. She asked about how this had been achieved, since she had taken lots of supplements and some of them similar to those she had taken now. We discussed the sequence of her programme and I confirmed that the need to reduce the UTI infection was what I had considered the most important first focus, rather than clearing the constipation. Then we had focused on the gut flora and healing the gut with digestive enzymes and then we had focused on maintaining the benefits but also introducing the magnesium oxide with veg culture (Lipid-X). I advised that she may well need to rotate certain supplements, such as the probiotics, but that we would monitor her progress at another meeting in 8 weeks' time.

I acknowledged P.N. for persevering with the programmes which achieved step-wise progress. She said that she had followed so many things in the years prior to visiting me that this was in fact quite straightforward and she'd had remarkable progress given her inability to improve her state of health previously.

P.N. told me firmly that had she remained within the NHS she was sure she would still be facing the very same health issues.

### Comments

This case demonstrates how a staged approach to long term digestive and urinary tract conditions (mucosal membranes) can bring about effective, and hopefully lasting, benefits. As a result of the improvements in her GI and UT she was then able to experience improved energy, concentration and well-being.

Probiotics can definitely benefit those with abdominal bloating, but not

all probiotics are effective, they need to be strain and species specific, and there may be a need to correct another imbalance prior to the introduction of the probiotics.

In this case, the appropriate sequence of intervention was implemented for this patient, and it the restoration of this patients zinc status may have been important too.

**Practitioner**

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