

Case Histories

Chronic Viral Infections resolved with Nutritional therapy

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs. G.E. is a 46 yr old mother & wife who works part-time.</p> <p>She is 5 ft 5 in tall and weighs 11 stone 5 lbs (70.6 kg & 165 cm).</p>
Presenting complaint – list and duration	<p>Mrs. G.E. has been suffering from recurrent viral infections for over a decade, since the birth of her first child 13 years (1998) ago. She has three children aged 13, 11, and 8.</p> <p>The major symptoms of her 'being ill' are bone-weary fatigue, pressure headaches which are sometimes severe, most often with a stiff neck, and her digestive system comes to a standstill, leading to bloating and constipation and reduced appetite. She does not, however, lose weight when she is feeling ill due to reduced food consumption.</p> <p>She succumbs to this 'virus' every 3 to 6 months, and whilst stress is an apparently obvious contributory factor, she claims she does not have a lot to be stressed about and she eats well and sleeps well.</p> <p>The infections have made a significant impact on the family and their lifestyle and she has needed to call on the help of friends, family and employ a nanny in order to cope. These infections represent the single most disruptive aspect in their lives, and in addition to the pain, taxed her emotionally too.</p>
Any Investigations	<p>G.E. has visited her doctor, and with her husband, over 20 times in the past 13 years. Blood tests revealed no apparent abnormality, and she has taken 5 courses of antibiotics in the early years but it was soon discovered that they simply made her digestive system symptoms worse so she has not taken any for 10 years or more.</p> <p>She had taken Zovirax ten years ago, and this had been ineffective and it had resulted in her pressure headaches being intolerable and increased their severity ever since. She was not willing to try this again.</p> <p>She is not anaemic, and her liver function enzymes are normal, as is her cholesterol, and there are no other abnormalities in the blood test results, which she has had repeated 4 times, usually when feeling ill over time, but no tests have been conducted for at least 7 years.</p> <p>After recognising quite early into her bouts of illness that the medical route offered very little hope of resolution, she had visited many</p>

complementary practitioners: osteopaths, acupuncturists, herbalists, reflexologists, and reiki practitioners, and a nutritional therapist in the late 1990's which partly explains why she eats so well now.

She told me she felt benefits from all of the therapies but nothing stopped the recurrence of the viral episodes which could lay her low for 2-4 weeks at a time.

She had never given up trying to resolve the issue of her repeated viral infection, and her visit to me was another attempt to make some progress.

In the first instance, she did a salivary SIgA test which came back at 310 which is normal, and higher than most patients' levels. At the same time, she did a candida antibody test which came back negative.

I then recommended her to conduct a toxic metal challenge test but this was not done by the time we had early indications of progress and now, some months later, has yet to be completed as I prepare this case history. The thinking here was to rule out the potential for mercury or lead to have compromised her immunity.

We did not conduct a food intolerance test nor any other investigations about whether something she regularly ate was a burden on her immunity. It appeared most unlikely as she enjoyed good health in between the viral bouts.

Strategy

As we agreed, there was little to address in terms of her diet. She ate very well with a wide variety of foods, organic where possible. She ate few grains and chose other sources of carbohydrates. She was even aware of the arginine and lysine in foods (seeds & chocolate being relatively richer in arginine than lysine).

The strategy therefore was to look to boost her innate immunity and strengthen her immune system against viruses, which also involved in aiming to strengthen her cell membranes to help prevent viral spread.

Her SIgA being normal did not mean that some support would not be inappropriate, but this was a minor component of her programme.

Diet & Supplements: name and dose

There was no change made to her diet, but she kept a prospective diet diary in order to confirm that she was eating as well as possible.

In order to achieve the goals of supporting her innate immunity and strengthen her ability to handle viruses (we did not know the specific virus in question), the following supplements were recommended:

Supplement Programme designed to counter viruses, support innate immunity & strengthen cell membrane integrity

Product	Dosage
<i>SlgA support</i>	
S. Boulardii (AR)	1 with each meal for 1 pot, then reduced to 1 with breakfast & dinner
<i>Cell membrane support</i>	
Body Bio Oil (BB)	1 tablespoon a day
<i>Cell membrane support</i>	
Bio-FCTS (BR)	2 with each meal
<i>Colostrum, GI & Systemic Immune support (fridge)</i>	
Immuno-gG (BR)	2 with breakfast, 1 with lunch, 2 at bedtime
<i>Broad-spectrum anti-viral amino acid</i>	
L-Lysine 500 mg (AR)	2 mid morning, 2 mid afternoon
<i>Natural anti-viral, immune support</i>	
ProLive (AR)	Gradually build up to 1 with each meal, then review before increasing

- **S. Boulardii** (AR) – this probiotic yeast supports SlgA and innate immunity, and is a primary choice of supplement of any programme focusing on this aspect of health.
- **Body Bio Oil** (BB) – provides a ratio of 4:1 omega 6 to omega 3 of the EFAs, LA : ALA. This is believed to be the optimal ratio for cell membrane composition. Even though G.E. ate healthy sources of fats, this was to help ensure that she was obtaining the correct balance of fatty acids.
- **Bio-FCTS** (BR) –this is a formula specifically designed to support cell membrane health and immunity. Each capsule contains 100 mg of quercetin, 75 mg of vitamin C, & 440 mg of a proprietary blend of buckwheat culture, green tea extract (40% catechins), citrus bioflavonoids, neonatal thymus (bovine), and neonatal spleen (bovine).

Bioflavonoids are a class of plant secondary metabolites commonly used for their wide variety of biological properties. They impact allergic and inflammatory responses, possess anti-microbial properties, and function as antioxidants to protect against free radical damage. Components of **Bio-FCTS™** are known to support immune function and protect against capillary

fragility.

- **Immuno-gG (BR)** – colostrum. Helps to reduce intestinal inflammation, heal the gut lining and promote a stronger immune system.
- **ProLive (AR)** – olive leaf extract combined with antioxidants makes what is probably one of the finest anti-viral supplements I have ever used in clinical practice. Each tablet contains 500 mg of olive leaf extract.
- **L-Lysine (AR)** – this amino acid has been nick-named ‘herpes killer’, but in fact whilst it does not kill the herpes virus it helps to starve it, thereby being used for the past 20+ years as a means of controlling outbreaks of cold sores and other herpes related infections. I have used this with many patients over that time and found consistently good results with inhibiting herpes virus outbreaks.

Duration

G. E. followed the programme for one month, when we met again for a review.

She then continued with a revised programme for a further two months. We then revised the programme again and she followed this for another two months, making 5 months in all.

As she suffered no bouts at all during this time, she continues with the latest programme.

Outcome

G.E. started the programme whilst she was feeling well. Her last bout had ended 2 weeks prior to our meeting, and therefore, potentially she would not suffer again for another two and a half months or more anyway. She told me that she could tell the early warning signs, but we agreed for her to embark on the full programme now anyway.

After one month, G.E. reported that she had been fundamentally well. However, on the introduction of ProLive (AR) she had suffered from a headache. As instructed, she maintained the dose at 1 and only when the headache had gone for 2 days did she increase the dose to 2 per day. After a day on this dose she also suffered from another headache. They were much less severe than they could be, so she felt in control of the process, and we had discussed the nature of how this supplement could work. She managed to get to 3 per day and had been taking that for 2 weeks prior to the follow up. She had suffered headaches after the increase to 3 tabs per day too.

Due to the absence of any immediate symptoms, no bout of viral infection and confidence for both of us that the headaches suggested the olive leaf extract was being effective, we agreed that she should continue with a very similar programme. I recommended G.E. to finish the S. Boulardii and move onto a probiotic, [Bio-Doph-7 Plus](#) (BR).

G.E. followed this programme for 2 months, and we had a brief telephone conversation after half that time.

Revised Supplement Programme 1	
Product	Dosage
<i>Probiotic immune support</i>	
BioDoph-7 Plus (BR)	1 with each meal
<i>Cell membrane support</i>	
Body Bio Oil (BB)	1 tablespoon a day
<i>Cell membrane support</i>	
Bio-FCTS (BR)	2 with each meal
<i>Colostrum, GI & Systemic Immune support (fridge)</i>	
Immuno-gG (BR)	2 with breakfast, 1 with lunch, 2 at bedtime
<i>Broad-spectrum anti-viral amino acid</i>	
L-Lysine 500 mg (AR)	2 mid morning, 2 mid afternoon
<i>Natural anti-viral, immune support</i>	
ProLive (AR)	1 with each meal, & gradually build up to 2 with each meal.

[BioDoph-7 Plus](#) (BR) – a combination of prebiotics and probiotics that have documented success in improving gastrointestinal health.

After 4 weeks on this programme, she had managed to reach a dose of 4 ProLive per day (with the headache coming on and then receding and resolving) but had not managed to stay on 5. The headache was too bad, and she dropped back to 4 per day.

She felt well otherwise. She continued for another month, and we met again. She had not suffered from any viral bout, and had felt well. By now, she was very confident that we had managed to be successful in at least preventing the viral infection. She felt disappointed that she could not move onto 6 ProLive per day, and I advised that each person has their own threshold; it did not mean it was being any less effective than it could be.

I reduced her programme, based on her continued freedom from the viral bouts.

Revised Supplement Programme 2

Product	Dosage
<i>Cell membrane support</i>	
Body Bio Oil (BB)	1 tablespoon a day
<i>Cell membrane support</i>	
Bio-FCTS (BR)	2 with breakfast
<i>Colostrum, GI & Systemic Immune support (fridge)</i>	
Immuno-gG (BR)	2 at bedtime
<i>Broad-spectrum anti-viral amino acid</i>	
L-Lysine 500 mg (AR)	2 mid morning
<i>Natural anti-viral, immune support</i>	
ProLive (AR)	2 with breakfast, 1 with lunch & dinner.

A month later, G.E. spoke to me and told me that this was now the longest time in 13 years that she had been free from a viral bout, and she and her husband were convinced that this course has made a key difference. She was more than willing to continue with the programme, but we did make a follow up appointment for two months after that.

Comments

I have written about the benefits of ProLive (AR) in previous case histories. In this case, as with others, it appears to have played a vital role in altering the course of this woman's long-term viral infections. There were other supplements taken, as has been described and which I would deem to be of importance to work in synergy with the ProLive (AR), but my belief is that this one plays the most important role by inhibiting viruses.

We may never know the name of the virus that caused so much discomfort and fatigue and interruption in this woman's life, and I hope that she has experienced her last bout.

It is also worth pointing out that this woman had spent extensive effort and resources in helping her health, and eating an outstanding diet, which undoubtedly meant that the 'terrain' in which we worked was better primed than it might have been.

Practitioner

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