Case History – Delayed Child Development responds rapidly to key supplements.

Gender, Age, Occupation, Nationality, height and weight. Master S.R. is a 6 yr old boy, with one sister who is in full health. He has had very slow physical growth & is small & lightweight. He is 114 cm tall (under 4 ft) and weighs 15.4 kg.

Presenting complaint – list and duration

S.R. was attentive and very friendly. In the course of the next hour, I learned from his mother that for the previous 2 years he had not grown or gained any weight. For a 6 year old he had the build of a 4 year old, but he conversed as if he was a 10 year old on occasion during the consultation.

S.R. also had tics: he shrugged his shoulders and blinked his eyes rapidly. He did this most of the time. He also lost his temper very quickly.

His nails were too thin and did not grow properly, and the same with his hair.

Despite his sociability, he had very poor concentration and focus and it was a daily fight to get him to complete any homework. He had a delayed development in his language and speech, although this was not evident in the conversations I had with him, and was more related to school work than social interaction.

Life at home was extremely hard and his mother, in particular, felt overwhelmed by her sons diminished physicality and concentration but felt unable to do anything about it.

I was contacted following a referral as a last resort.

Any Investigations

S.R.'s mother had taken him to doctors and paediatricians who had undertaken physical and blood & urine tests. These were negative for any disease, and appeared to just confirm that he was too light and too short for his age.

They were unable to identify why he had experienced the sudden stop in his growth and development.

His diet was quite sound, and he ate a reasonable amount too, and this had been analysed on many occasions in the previous two years. He had a very typical young boy's diet which included cereal and milk for breakfast or porridge oats, for lunch he ate chicken with rice and vegetables, or fish with potato and vegetables. He enjoyed his evening meals of chicken curry with rice and veg or shepherd's pie. He ate yogurts and fruits for snacks, and a few biscuits.

No tests for food intolerances or allergies had been conducted. His bowels and stools were described as completely normal.

Growth hormone levels had been checked 18 months previously and were normal, but it was recommended to verify this with another test as soon as could be arranged.

The mother was particularly frustrated because there was something so evidently not

right about what was happening (or NOT happening) with her son's growth and simply because no test came back positive, she received no help, advice or even counsel as to what might be going on. She was urged to feed him well. She got the sense that the Dr's simply did not believe her when she told them he ate the same as the rest of the family, two members of whom were a little overweight.

Strategy

I suspected a reduced output of growth hormone and lack of usable protein given the markers of slow or no growth, together with particular signs and symptoms such as poor hair and nail growth.

I recommended a repeat GH test to be done by the same lab as before, if possible. I also recommended a protein supplement, containing free form amino acids as well as high biological value polypeptides (i.e. whey).

I also wanted to ensure that S.R. could extract maximal nutritional value from the food he was eating, particularly the protein, and therefore recommended a pancreatic enzyme to be taken with each meal.

His poor focus, concentration, language and cognitive development brought the need for fatty acids to mind. He had been taking fatty acids of both omega 3 and 6 families for 18 months, however, and there had been no difference whatsoever. Whilst sometimes, the brand and the dose need changing, in this instance, it appeared that fatty acids were not the answer. I was also very aware that appearances may very well be deceptive in this case.

In addition to really focusing on chewing his food, I recommended a limited number of supplements in order to support his digestion and amino acid status. A urine amino acid test was also recommended to S.R. before embarking on the supplements. However, it transpired that the test was not done and he commenced the supplements 2 days after meeting with me.

Diet & Supplements: name and dose

There were very few changes to be made to S.R.'s diet. He did commit, with his mother's help, to chew his food very well to ensure that he helped to get the best nutrient output from it.

Here are the two supplements I recommended to S.R., in addition to the multi vit & min and fatty acid supplement he already took.

Product & Brand	Dose
Amino Sport (BR)	4 on empty stomach, twice daily
Pancreas (pork) (AR)	1 with each meal

Amino Sport (BR) – provides 1,800 mg in 3caps of whey protein with added amino acids: L-phenylalanine, L-ornithine, L-arginine, L-methionine, L-asparagine, L-citrulline and lactase. 4 caps provides 2,400 mg, twice daily. This supplement has already proven itself to be of great value in a number of different conditions other than helping athletes maintain lean muscle mass; it had helped a number of patients with liver detox imbalances; with temperature control problems; with skin problems.

 Pancreas (Pork) (AR) – is animal derived enzymes including proteolytic enzymes.

Duration

S.R. followed the recommendations for 3 weeks before his mother provided feedback, and then we met 6 weeks after the first appointment.

We then met 4 weeks after that.

Outcome

After 21 days I learned (in an email followed by a phone call) that S.R. had made some significant progress. He had gained weight from 15.4 kg to 16.9 kg. This was the first jump in his weight that his mother could remember in 2 years. He had also grown 1 cm in height. This is a significant change in just 3 weeks.

His concentration improved, and his memory was notably better ("what a difference!" she told me). His eye and shoulder tics had reduced. His anger about studying and doing homework was much less, and for the first time ever he had willingly undertaken doing some work.

"What an improvement in the quality of our lives, as we were breaking apart" she told me.

Interestingly, in spite of these marked changes, there were no changes in his motor skills, nor hair and nor his nails.

At the 6 week mark, S.R. had made further improvements in his weight (17.2 kg), another 1cm in height, improved concentration & memory, and his hair was looking stronger, although his nails had yet to show signs of improvement.

The supplement programme was altered to replace his fatty acid formula with Body Bio's Body Balance Oil – at 1 tbspn per day to ensure that he had the essential fats as well as the higher carbon-chain fatty acids.

After a further 4 weeks, S.R. had really consolidated the improvements, and was now willing to engage in work, wanting to test his new-found physical strength, and he had gained weight, although the scales had not been used to judge this. His teachers all commented on how well he had done, and what a different boy he was now. Despite asking about what had been done, none seemed particularly interested when S.R.'s mother told them it was a nutritional programme that had helped him to achieve these changes.

Needless to say, he continues with his programme.

Comments

Yes, I would have preferred he had undertaken the urine amino acid test before he started his programme, because then we could have a before and after results to confirm the changes and match the test results with the physical and cognitive changes in S.R. However, we do not have this, but we do have some truly significant changes within this lad that everyone has seen and commented on.

For some reason I do not know, S.R. had a lack of ability to digest proteins but one that did not lead to evident digestive signs or symptoms. The rapid change in his physical being and cognitive function reflects the degree of deficiency that probably existed before taking the amino acids.

Perhaps the lack of nail growth is due to triage need within the body for the protein /

	amino acids – which had more important things to do? The triage theory has been proposed and evidenced by Dr Bruce Ames - http://tinyurl.com/6jrhjwh.
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