Case Histories

Case History – Dense Brain Fog Resolved

Gender, Age, Occupation, Nationality, height and weight.	Example: Mr. B.F. is a 42 yr old father of 2 children aged 5 and 3, with a busy job as a company director. He is 6ft 2 tall and weighs 13 stone 7 (188 cm, 84 kg).
Presenting complaint – list and duration	Mr. B.F. looked just fine physically, and presented himself well as a smart, tall, strong- & young-looking company director. However, he told me that he had now so much difficulty in thinking clearly that he was obliged to take a two week holiday simply to take some pressure off himself at work. He described how he felt was as if his brain were thick treacle, and he would not only lose words but the whole sense of what he was talking about. It had become an embarrassment and he relied heavily on his secretary, but it was beyond a joke. "Help me sort out my brain fog, please!"
	He deliberately dressed as well as he ever did simply to help give the impression that he was with it, and capable of doing his job. He told me candidly, that he spent most of his days writing memory-jogger notes and bluffing it at work, which was hugely stressful.
	To date in his life, B.F. had been able to rely on his quick-thinking and relatively high intelligence. He was a high achiever both at school and at university where he studied business studies to MBA level. This symptom was unlike anything he had ever encountered.
Any Investigations	B.F. had visited his doctor, and he also underwent annual company medicals too, and there was nothing wrong. His blood tests revealed no anaemia, no apparent thyroid problem and everything was well within the normal ranges (he showed me a copy of the results).
	The Dr wondered if it was a virus and if so, it would probably pass. However, the intelligence-diminishing brain fog had started some months before, and had gradually become worse and worse. B.F. felt that he was losing his mind – if he could only find it!
	After an assessment of his detailed questionnaires there were a few clues that there may be a digestive link to his brain fog. It was not so much that he had symptoms in his gut, because he did not, but he did have toe-nail fungus on both feet, and he had suffered from thrush from time to time.
	Adrenal fatigue could have been a factor, since his scores were highest in this section of the questionnaire. However, brain fog is simply not the key symptom associated with adrenal fatigue, even if he did have a degree of under-functioning adrenals.
	Therefore, in an attempt to find something wrong inside of B.F., I recommended a stool test and a saliva antibody test for Candida. Unlike most other patients in whom yeast may be much more evident, this was not a straightforward case of functional assessment, and yet there had to be an explanation for the brain fog. His history of antibiotics was only as a child for a throat infection.
	Other reasons for recommending the stool test, as well as the saliva test, included the connection with butyrate levels and ammonia. Excess ammonia can lead to brain fog and potentially reflect a need for more butyrate; the stool test assesses for SCFAs (short chain fatty acids) including butyrate. Additionally, the test would identify unwelcome bacteria and parasites that may be a potential cause of B.F.'s altered brain function, possibly by altering his intestinal permeability.

Strategy	Before the test results came back, I instructed B.F. culprits in his diet such as the beer he drank 2 to 3 t of which there was little. The most often consumed to be avoided. Alternatives were recommended.	imes a week, and all refined sugar, yeasty food was bread, and this was
	The strategy was to address B.F.'s gut and gut flora with specific nutritional supplements, along with a r yeasty and sugary foods. Interestingly, his diet was wholesome food with virtually no processed food w	minor shake up of his diet to avoid pretty good, and his wife prepared
	The results came back and B.F. was inhabited by 3 s Candida Albicans, Geotrichum species, & Rhodoturu levels of IgA antibodies at a level of 32 (0-10). This w had ever seen in a single patient, and it was odd that symptoms.	ula. The saliva test showed elevated vas as extensive a colony of yeast as I at there were so few yeast-associated
	He also had too few friendly bacteria, and no other	unwelcome bacteria or parasites.
Diet & Supplements: name and dose	The no yeast and no sugar dietary recommendation B.F. on the phone. As has been described in other ca whom the finding of specific biochemical imbalance others, felt so relieved to have found something that the head.	ase histories, B.F. is a patient for is represented a major result. He like
	The supplements recommended were as below, and was suggested that he introduce one supplement at days before introducing the next. Every 3 days he w the existing supplements too. In this way after a litt the 5 supplements.	t the lowest dose and then wait for 3 as instructed to increase the dose of
	Allergy Research – Lactobacillus Plantarum, Rhamnosus, Salivarius –	build up to 1 at each meal http://tinyurl.com/393wuqc
	Allergy Research – S. Boulardii –	build up to 1 at each meal http://tinyurl.com/35392bw
	I.N.P. – Tanalbit – (code 95477)	build up to 2 at each meal
	Allergy Research – Laktoferrin & Colostrum –	2 at night-time
	Biotics Research – Caprin –	build up to 1 with each meal
	 Lactobacillus Plantarum, Rhamnosus, Salix hardy strains of the friendly probiotic bacter contains: L. plantarum 10 Billion, L. salivari The colonise the end of the small intestine S. Boulardii is a well-known probiotic yeast reduces inflammation. Since there was no yeast itself, which is the one occasion I do a product was recommended to support his Tanalbit provides plant tannins that have a cause less die off than caprylic acid. Laktoferrin & Colostrum is one of my favor supplements, and is typically more effectiv Caprin contains caprylic acid, and due to its when combating yeast, this is almost alway time. 	eria lactobacillus. Each capsule us 4 Billion, L. rhamnosus 3 Billion. and the early part of the colon. t that supports SIgA levels and evidence for B.F. having an allergy to not recommend SB to patients, this innate mucosal immunity. In anti-fungal effect but tend to ured immune supportive e when taken at night. s consistent eliciting of "die-off"

	The sequence of the supplements was important. The probiotics are aimed at reducing inflammation and helping to crowd out unwelcome yeast and potentially colonise within the small intestine/upper part of colon. They also help to reduce die-off when stronger anti-fungal agents are introduced.
	The S. Boulardii also helps to 'crowd' out Candida and other yeasts as well as increasing the host immune defence. It too helps to minimise die-off in patients.
	The Laktoferrin & Colostrum support innate immunity and the intestinal lining, bearing in mind that it is only the innate immune system – especially anti candida SIgA that can ultimately successfully address a yeast overgrowth.
	The Tanalbit is a natural agent indicated by the laboratory's yeast sensitivity information report sheets and is a supplement I have used successfully for years. It helps to heal the intestinal lining to some degree and causes much less die-off than caprylic acid, for example.
	Caprin is introduced after the other immune supportive or anti-fungal agents when there is a yeast involved. It can also have benefit in those with unwelcome bacteria, in which case it may be less important to consider its place in the sequence of supplements. Whilst it is effective vs yeasts and Candida, it can result in the patient not feeling very well at all.
Duration	B.F. was to follow the programme and contact me once he had managed to introduce all of the supplements (i.e. about 2 weeks into the programme). Then we were going to review how B.F. felt one month in, and amend the programme as needed. It was not known how long the process would take.
	In fact, in total, it took B.F. about 5 months before he felt normal again, and about 6 months before he felt "great" again.
Outcome	Within the first 10 days, B.F. contacted me and told me he had had to go home and lie down in bed. His brain was completely and utterly useless, he told me. I needed to re- explain the die-off process again and to his wife. Even on a lower dose of the anti- fungals, B.F. experienced an exacerbation of his existing symptoms.
	I told B.F. to stop the Caprin for now, and introduce in 10 days time after that, which increasing the doses of the other supplements.
	B.F. had about 2 weeks of feeling worse than before, and despite introducing some Phase 2 liver support in the form of NAC Enhanced Antioxidant Formula (AR) and a general liver support of Phyllanthus Complex (AR) these made no difference.
	After a month, B.F. had managed to tolerate 1 capsule of Caprin, and his health was about the same as when we first met. The follow up was relatively brief and the same programme was recommended. It was disappointing not to have had more improvements, but we did not know exactly how long the yeast had been present, and I was still puzzling this question at that time.
	After the 2 nd month, and now on the full dose of the supplements, B.F. reported some much better days which finally showed us that we were on track. He had a beer one Friday night and was completely done-in by it, in terms of his brain function, and this also highlighted the importance of his diet. Thank goodness he had the weekend to recover.
	Also, from time to time as if in waves, he would experience a crescendo of die-off type brain fog and then it would diminish. He tried taking the two liver supplements but they made no difference. It is possible, a different type of liver remedy could have been used,
	such as Beta-TCP (BR), which helps promote bile flow, but this was not used.

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	Sometimes, a change in the anti-fungals is needed, and in rotation too which I have found to be extremely effective. In this case, B.F. had 3 essentially immune-supportive supplements (SB, Lacto P,R,S & Laktoferrin with Colostrum) and when there is this much innate support, I find there is less need to introduce the rotational anti-fungals. The products that could have been used were ADP (BR) and Tricycline (AR) and Garlic Plus (BR).
	After month 4, we met again, and B.F. reported that he was still sensitive to eating the wrong thing, although he had not had another beer out of fear. We discussed his results, and I was able then to put it into context for him. This was a conversation that we simply would not have been able to have even a month before, so poor was B.F.'s ability to both converse and remember things. Going back over his case history, we still could not figure out where and why he had such a significant yeast condition.
	After month 5, we had a telephone appointment and B.F. was essentially back to his old self, and we reduced the supplements by about 50% across the board. He also began to relax with the taking of some of them, but he was very strict with his diet.
	So it was, after 6 months, that B.F. reported that he felt "great" and he sent me an email telling me that the latest blood tests showed he was still the same as he was 7 months before, and he "still had nothing wrong with him", he joked.
	All of the supplements were reduced to 1 per day for the following month, and then to alternate days the month after that. B.F. contacted me monthly to report that he was back to his cognitively and socially sharp days.
	Throughout the whole process, he looked pretty much the same, and there were no tell tale signs such as dark rings under the eyes, or coated tongue. His nail fungus remained. This has to be treated topically or with more powerful anti-fungals or a drug based product.
	A repeat stool test after 8 months on the programme (he stopped all supplements for 2 weeks prior to the test) showed the all clear on the yeast front!
Comments	B.F.'s brain fog and compromised cognitive function was significant and especially compared to his overall physical functioning. Given the strong connection with the gut and brain function, a Nutritional Therapist would always assess this aspect of health, and the stool testing in particular proved invaluable. An intestinal permeability test is also something to consider.
	To this day, I do not know what caused the yeast condition, and we only have a notion that it was long-term, stress that lowered his innate ability to combat yeast within the gut, and somewhat uniquely it only really affected his brain function.
	He had never had a mercury filling, which ruled out the possibility of mercury-induced immune suppression.
	However, from here on, B.F. will never forget the huge impact of yeast & refined sugars on his health. Unless, of course, he has a beer or two!
Practitioner	Antony Haynes, BA(Hons), Dip ION, mBANT, NTCC is a Nutritional Therapist working in W1, London.