

Case Histories

Digestive support resolves chronic blood glucose issues

Gender, Age, Occupation, Nationality, height and weight.	<p>Miss H.R. is a 36 yr old woman, currently unemployed due to ill health.</p> <p>She is 5 ft 6 in tall and weighs 7 stone 10 (167 cm, 48 kg).</p>
Presenting complaint – list and duration	<p>H.R. sent me, in advance of the consultation, a one inch thick wad of papers describing her consultations with doctors and nutritionists over the past 25 years, and copies of test results.</p> <p>She presented with many different signs and symptoms affecting many different body systems. The only formal diagnosis that had been made in the multitude of visits to the Drs was ‘reactive hypoglycaemia’ following a 2.5 hour glucose tolerance test (GTT). However, in an identical test 8 months later, the result was completely normal. She described feeling just the same during both tests. The failure to obtain a diagnosis that explained her crashing fatigue after meals had hindered much medical intervention, which she now understood may well have been a mixed blessing.</p> <p>H.R. is tired most of the time, with significant depletions in energy and mood, and at this time she becomes angry and irritable. She has self diagnosed food intolerances and reacts to a wide variety of foods, and she suspects she has a small intestine bowel overgrowth (SIBO) for which an investigative test showed a mild positive. She believes that she has a histamine intolerance and a fructose intolerance as well since whenever she eats foods containing either the intestinal reactions in her gut worsen.</p> <p>She experiences bloating, variable bowels, wind and discomfort in her gut daily. She has also many signs and symptoms of adrenal fatigue and some of thyroid hypofunction too. She told me that “my brain just won’t work properly!”.</p> <p>She had been diagnosed with having had Epstein Barr Virus (EBV) and glandular fever in her late teens, but she had been experiencing most of her symptoms from before the age of 10.</p> <p>She was also now infertile and had been trying to conceive for the past year without success. Laparoscopies had identified low grade endometriosis which was given as the reason for the infertility. She also believed she also had candida but had never had a test for it.</p> <p>In spite of the duration of her complaints and the severity of her symptoms, she was nonetheless determined to be well and uncover the</p>

source of why she had such fragile health.

Health Goals

H.R.'s overall goals were to have great energy all day, to have good cognitive function and mood, to conceive and have a healthy baby, to know what to eat that would nourish her, to improve mucosal immunity (digestive tract), to reverse the multiple imbalances within her body, and to understand why she had not been well for so many years.

H.R. had taken many, many different supplements over the years, and found that she was moderately sensitive to them. She reacted to S. Boulardii which she had tried a few times in the past. I considered that this may be due to the impact it might be having on existing candida within her. However, I decided not to re-introduce this supplement, even though it was indicated by the low SIgA level.

Any Investigations

H.R. showed me over 15 different test results including three oral glucose tolerance tests, one of which was positive. There were other blood tests, liver function and adrenal function tests (the Synacthen test) and thyroid tests and anaemia tests - but all were normal. She had had allergy tests and although she had elevated IgE there were no specific allergens identified.

Her MCV and MCH were both very high in the range, however, I noted, reflecting a lack of B12 and or folic acid.

Two years ago, she had had an ASI saliva cortisol test done and it was completely normal, which surprised me. Although she had many signs and symptoms of adrenal fatigue, she did not have it, at least not 2 years previously. I decided that pursuing another test was not the correct direction, since it did not offer an explanation of her multiple symptoms.

However, the SIgA aspect of the test revealed a level of 22 which is significantly low, reflecting compromised mucosal immunity.

Strategy

The strategy was to conduct several tests to rule out gluten sensitivity. (Whilst she avoided wheat she did not avoid gluten entirely.) The next test was to rule out an insufficiency of vitamin B12 with a urine methylmalonic acid (MMA) test, and the third test was to rule out the presence of the viruses HHV-6, EBV (as a current issue), & CMV.

Once these results were back, the focus would remain on her mucosal immunity as well as account for the tests' findings.

The results showed a positive Anti-Gliadin IgA and IgG with scores of 35

Diet & Supplements: name and dose

and 31 respectively (ref range up to 20 for both), and her MMA was elevated reflecting low B12 and she had active EBV and HHV-6.

This strategy was focused on her mucosal immunity & to correct the low B12 status in order to reduce inflammation and thereby promote improved hormone and insulin sensitivity and improve energy and brain function.

The single most important dietary change was for H.R. to avoid all gluten, and alternative suggestions were made.

H.R. had tried many blood glucose supportive supplements, but they simply had not worked, or they had inconsistent effects. Therefore, rather than repeat ineffective therapeutic interventions, I decided to address a deeper imbalance, namely her gut lining & mucosal immunity. The specific supplements recommended were as follows:

<i>Supplement Programme</i>	
Product	Dosage
<i>Sub-lingual vitamin B12 with folic acid</i>	
B12 2000 Lozenge (BR)	Suck 1 lozenge twice daily
<i>Mucosal immune support (colostrum)</i>	
Immuno-gG (BR)	4 with breakfast, 2 with lunch, 4 at bedtime
<i>Probiotic, with anti-inflammatory role</i>	
Lactobacillus GG (AR)	1 at breakfast & dinner
<i>Gut healing, anti-inflammatory protein powder</i>	
Arthred (AR) (collagen)	1 scoop before each meal daily, in water
<i>Gut healing SCFA</i>	
ButyrEn (AR)	3 with lunch & 3 with dinner

B12 2000 Lozenge (BR)

A well absorbed form of B12 accompanied by folic acid. The lozenge takes 20 mins or more to dissolve in the mouth. It may not address the cause of the low levels of B12 but the 2 loz dosage should correct it.

Immuno-gG (BR)

Colostrum has proven its worth in countless patients. Helps to maintain a healthy intestinal inflammation, heal the gut lining and promote a stronger immune system.

Lactobacillus GG (AR)

The world's most-researched probiotic with proven benefits for a host of conditions not just within the gut.

Arthred (AR)

This collagen powder is well tolerated and helps to repair altered junction integrity and epithelial damage and reduce systemic inflammation which impairs cell signalling and thereby blood glucose control.

ButryEn (AR)

An enteric coated butyric acid supplement that not only provides the epithelial cells with a source for regeneration, and protective benefits to the colonic cells, it also helps to neutralise ammonia which can lead to brain fog.

H.R. was a candidate for anti-viral and possibly anti-candida support too, but these five supplements were the most important and I prioritised her host terrain in this first phase.

Duration

H.R. followed the programme for six weeks, when we met again for a review.

She then continued to follow a similar programme and after two months we had another follow up appointment.

She reported much more consistency in her health and remains on a slightly reduced programme some 3 months later. We have yet to introduce a specific anti-viral or anti-candida supplement or blood glucose supportive supplement.

Outcome

H.R. noticed benefits in her digestive symptoms and energy levels after just over 3 weeks on the programme.

Despite making the change to GF, and taking these supplements, she did not notice any benefits for 3 weeks, and she was frustrated by that.

Given the longevity of her condition, I strongly recommended that she persist when we had a check-in call after 21 days. At the follow up 6 weeks later, she then reported what had begun to change for the better.

Her GI complaints had become less and her energy was much more consistent. The crash of blood glucose (or at least this is what we thought it was) was less and less marked and it became more delayed, so instead of 30 mins after eating, a low hit her after 45-55 mins. Her brain function picked up most of all and she said she could think clearly now which she had not experienced for years.

She had had some minor skin eruptions but she felt it might have been some kind of 'detox' so she did not particularly mind, especially as she had firm benefits to remain encouraged by.

I recommended that she continue with the same programme and definitely continue with the gluten free diet. I explained that it was likely she would need to avoid gluten forever, at this stage, but I did emphasise that she would most likely be able to make that decision when she had improved her health sufficiently. I described how the inadvertent consumption of gluten on one day could lead to up to 3 months of subsequent inflammation, according to Dr Tom O'Bryan, who specialises in gluten sensitivity.

H.R. followed the programme for 9 more weeks, and we had two telephone conversations in between.

On our third meeting, she reported that she had not felt so 'solid' in her health for many years, and was now planning to go back to work. She had gained 4 lbs of weight, a positive outcome, and her brain function was 'on' most of the day; it dropped with the low sensation 45-55 mins after a meal.

Her gut complaints were much less, but not gone.

She wanted to know what had happened and why she felt so much better on this programme than the others she had followed, and I explained the target of the changes and the supplements, namely her mucosal immunity and the healing of her gut and the need to avoid a culprit protein (i.e. gluten) and restore her B12 levels which no other programme had yet managed to do.

Some months on from this, and H.R. is so much better, that all her family and friends have enquired as to what has happened, and she gladly explains. The supplement programme remains very similar to the one she started with a slightly lower dose of ButryEn (AR) and now she takes 1 x B12 2000 Loz per day.

She is now actively trying for a baby and feels much more confident that she will have a family, but she is also working 4 days a week.

Her diet is relatively restricted and she has not managed to expand the choice of foods that much, but she is so enjoying getting her life back that for her this is not so important as it once was.

We are considering introducing a natural viral inhibiting agent such as [ProLive](#) (AR) – but she is doing so well, neither of us want to challenge the gains made so far. She now recognises that her innate immunity – most of which is in the gastrointestinal tract is of utmost importance, and less important are the named viruses in her test results. She now believes that she has no problems with her previously suspected candida overgrowth.

Comments

This case emphasises the importance of completing the FM Matrix and identifying the root causes of systemic imbalances, and of listening to what has and has not worked, and to then ruling out the presence of potential imbalances with lab tests. Without the B12 and gluten confirmation, H.R. may well never have made such positive progress in her health.

What this case also teaches us, is the far-reaching effects that an imbalanced mucosal lining and related immunity can lead to. She and her whole family were convinced she had a blood glucose problem whereas in fact she had a compromised gut lining, low SIgA and inappropriate inflammation which led to poor hormonal control and balance including glucose tolerance.

We have yet to receive the news that she is pregnant, and a multi vit & min support is also planned. However, H.R.'s lifetime of less than good health – without a diagnosis – is now over, because she is markedly improved.

Her husband has never known her to be so well and is delighted but questions what doctors are taught because he visited over 10 doctors with his wife without any indication of the imbalances that have been shown to be relevant in her health. I explained the difference between the pathology model and the FM model and gave him some links to view so he could understand this better.

The efficacy of the supplements should also not be overlooked in this case, albeit that the contribution to H.R.'s health by each component (i.e. the avoidance of gluten, the B12 supplement, the anti-inflammatory and healing supplements) is hard to quantify.

Practitioner

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