

Case Histories

Case History – Extreme Bowel Disorder Improved

Gender, Age, Occupation, Nationality, height and weight.	Example: Miss B.M. is a 24 year old, single lady who works as a solicitor in London. She is 5ft 6 tall and weighs 7 ½ stone (168 cm, 46.6 kg, 105 lbs).
Presenting complaint – list and duration	Miss B.M. presented with a high frequency of bowel motions (7 to 9 per day), low bodyweight and lack of menstruation. For the past 3 years, B.M. had been struggling with her bowels (diarrhoea), bloating and wind but most of all the number of times she needed to visit the loo. For the past 2 years, she had not had a single period, and her weight was now at its lowest ever at her adult height.
Any Investigations	<p>On the face of it, it was challenging to appreciate how B.M. could have reached this state of poor digestive health without any specific medical plan, and without a sense of urgency from at least one of the many medics who had seen her. If she had not told me that she had visited her doctors on many, many occasions I would have been obliged to send her straight back to the surgery. Of all the patients I have seen in the past few years she was one who required urgent attention. She was painfully thin. She had had about 10 internal investigations in the past 30 months.</p> <p>The questionnaires revealed classic indications of low stomach acid, low pancreatic enzymes, dysbiosis & fermentation with probable increased intestinal permeability but also with malabsorption. She scored highly in the sections related to her liver, blood sugar, adrenals, thyroid and female hormone health.</p> <p>I explained what her signs and symptoms revealed to me, as a Nutritional Therapist and practitioner of Functional Medicine. I recommended the Gastro-test (learn more) to B.M. and we discussed the clinical benefits of her undertaking a comprehensive digestive stool analysis. She told me that the Drs had to date examined her stools on over 5 occasions, finding nothing out of the ordinary.</p> <p>B.M. had been tested for food allergies on at least 2 occasions as well as the more controversial food intolerance tests, measuring the IgG reactivity to over 110 foods. Remarkably, other than a handful of vegetables and a fish, there were no positives. She avoided these specific foods.</p> <p>Going back in time with B.M. it transpired that significant stress related to her final exams and her apprenticeship was the most likely original cause of the digestive problems. B.M.'s weight had dropped from 125 lbs to 105 lbs at this time.</p> <p>Lastly, a caloric count of her typical daily intake over 7 typical days of food was undertaken, using computerised software. This was a laborious process but worthwhile when it was revealed that her daily average caloric intake was a healthy 2,350 Kcal. B.M. told me that no one believed that she ate as much as she said and was told that she was anorexic.</p> <p>As you might expect to learn from reading the above, B.M. had suffered significant depression, self doubt which had resulted in low self esteem. This helped to explain why her health issues had not been more fully addressed. In addition, her parents lived abroad and her elder brother and she rarely spoke or met.</p>

<p>Strategy</p>	<p>The approach recommended to B.M. may appear straightforward for most NTs, but this had not yet even been discussed with B.M. by over 15 different Drs and specialists. The aim was to provide what her body was evidently not making, namely digestive juices and HCl acid, and ensure that she had some therapeutic nutritional healing for her intestinal lining.</p> <p>The Gastro-test revealed a pH of 7; the cotton string was green throughout, reflecting achlorhydria. Chewing her food thoroughly was also recommended.</p> <p>B.M. lacked all confidence but did take heart from the fact that there appeared to be at least one new explanation of which she had been unaware.</p>
<p>Diet & Supplements: name and dose</p>	<p>I recommended that she take the following supplements, and we arranged brief telephone contact once a week for each of the following 4 weeks, and I took details of her Dr so that I could advise him what I was recommending B.M.</p> <p>The supplements recommended were:</p> <p>Biotics Research – Hydro-Zyme – 1 tablet with lunch & dinner</p> <p>Allergy Research – Pancreas (Pork) – 1 capsule with each meal</p> <p>Allergy Research – G I Flora – 2 with each meal</p> <p>Biotics Research – IPS Caps – 2 before lunch & dinner</p> <ul style="list-style-type: none"> • Hydro-Zyme contains HCl acid with pancreatic enzymes. http://tinyurl.com/247o5ut • Pancreas (Pork) – porcine pancreas is the closest to the human pancreas. • G I Flora a well tolerated, dairy free probiotic including 3 strains of lactobacillus & 1 of bifidus. http://tinyurl.com/2dhupew • IPS Caps provide key nutrients for the gut lining, including glutamine, glutathione, gamma-oryzanol, Jerusalem artichoke, Tillandsia & extract of lamb intestine. http://tinyurl.com/2wte73q
<p>Duration</p>	<p>B.M. followed the recommendations, and after one week there were signs that the digestive supplements were working to some degree. Her stools were better formed, though the frequency was the same as before. Her wind was the same, and her bloating was the same, and her weight remained stable.</p> <p>We kept the planned appointments and met after 4 weeks, 2, 3 & 4 months from the commencement of the programme.</p>
<p>Outcome</p>	<p>After the second week, the stools were better formed again, her wind & bloating were marginally less.</p> <p>After the third week, B.M.'s weight had crept up by 2 lbs, with continued improvements in her bowels.</p> <p>After the fourth week, we met again, and B.M. told me that she felt that the approach was the first time in years that she had been on the right track. However, it was early days. I recommended she gradually increase the dose of the Pancreas enzymes, and add S. Boulardii (Allergy Research), 1 with each meal.</p> <p>After 8 weeks, B.M. had gained 5 lbs in weight, and more importantly had a marked improvement in her bowels. She was now having 4 to 5 motions per day as opposed to double that previously. The stools were formed, and her wind and bloating were much less.</p> <p>We met again after 2 months, and her programme remained the same as before.</p> <p>After 3 months, B.M. had gained 8 lbs of weight (now 113 lbs) and was feeling more in</p>

charge of her health and life than she had for years. Her bowels now emptied 3 times per day and she was so much happier. She just wanted to get past the digestive problems that had ruled her life for almost the past 3 years, and she felt was on her way. She had almost no social life whatsoever, and had lived like a recluse and at work had desperately attempted to hide what was going on and she told her colleagues that she had a urinary incontinence condition.

In the 4th month, we attempted a gradual reduction in all of the supplements. She could only reduce by 1 capsule per day otherwise her bowels became more frequent. In the next phase of trial and error, she found that the Pancreas supplement was essential to keep at a dose of 2 with each meal.

Comments

If B.M. had not had very early signs of improvement, she told me, she would have done the stool test, but the kit remains unopened at her home.

We are still engaged in a process with B.M. and aim to have monthly meetings, but we are not “through the woods yet”. The NT has changed her life so that she can have a life, as she put it, and whilst we have discussed it briefly, we have not dwelled too long on why this approach had not been considered before and saved an awful lot of pain, heartache and visits to the loo. In my clinical experience, B.M. has as significant an effect from stress on her digestive capacity as any patient, it would appear.

It seems to me that understanding the function of the digestive tract was sorely missing in many if not all previous medical examinations. Once pathology had been ruled out, it was assumed that B.M.’s problems were more psychological than physical.

Thus far, this story has a relatively happy ending, and I am hoping that B.M.’s female cycle will soon re-engage and she can be vibrant as she was in her late teens, and altogether put her digestive distress in the past.

Practitioner

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