

Case Histories

Case History – Fatigue & Muscle Pain Resolves with NT

Gender, Age, Occupation, Nationality, height and weight.	Mrs B.N. is a 41 yrs old full time mother of three (two boys and a girl). She is 5ft 4 ins and weighs 9 stone 10 lbs (162 cm, 60.5 kg).
Presenting complaint – list and duration	<p>Mrs B.N. presented with fatigue and sore muscles. She had been suffering since her first child was born 11 years earlier, but she believed it was a normal consequence of carrying babies around, and lack of sleep. Her sleep was no longer a problem, but her energy was 'rock bottom' and her arms and legs ached badly every day, and especially if she undertook any physical activity that involved her arms in the day.</p> <p>B.N.'s children were 11 yrs old (boy), 8 yrs old (girl), 6 yrs old (boy).</p> <p>Her symptoms were so consistent that it had only really been driven home that this was not a normal case of young mother's tiredness and aches & pains when her youngest child went to school, aged 5. She still had loads to do, of course. When she had a lot less carrying to do, and finally had a moment to sit and rest, albeit for just 20 minutes or so, she discovered this did not make a difference. Instead of recovering her previous pre-motherhood well-being, she felt worse. Her stoicism had by now given way to a pressing need to resolve her fatigue and pain.</p> <p>She had visited her GP and tried a variety of medications including NSAIDs and anti-depressants, but neither resulted in any improvement, and they had some side effects, so she stopped them.</p> <p>The GP did not know what was wrong with her, but about a year ago proposed that she had chronic fatigue syndrome (CFS) and fibromyalgia (FM), whilst acknowledging that there was no definitive test for the condition. He also suggested counselling. Nothing was recommended for her to do, except to learn to live with it.</p> <p>Over, 11 years, B.N. had gained a stone in weight, this had made very little impact on how she felt physically, but emotionally she was even more fed up.</p> <p>She had tried a number of different supplements, from fish oil to magnesium citrate and had sought the help of an acupuncturist, which helped slightly. After 12 weeks of weekly acupuncture appointments, B.N. told me that she only felt a bit better and this was a for a day or so maximum, so it was not something she could afford to continue with.</p> <p>As with many patients, she had become quite knowledgeable about food and its effects and felt better when she avoided alcohol, desserts, grains and dairy products. She had mostly made changes to help nourish her family in the best way, and only in the past year had made keener observations about the relationship between what she ate and how she felt.</p> <p>She was becoming less and less able to engage in full family life, and was extremely frustrated by this, and was quite depressed that there was no obvious way out of her state of health.</p>

Any Investigations

No tests had been conducted and she had only used medications in the very short term, based on her symptom profile.

Whilst, she did have indications of adrenal fatigue, and possibly sub-clinical hypothyroidism, no testing was recommended. Rather, a personal clinical trial was suggested, with a view to undertake testing if no improvements were made after 6 weeks.

Strategy

The aim was to support her immune system and energy with natural remedies (supplements) that have been shown to help counter the symptoms of CFS / FM along with some adrenal and anti-inflammatory support.

The trial using nutritional therapy involved relatively minor changes in how she ate, including ensuring approx [1.5 -2 litres of water](#) per day were consumed, and four nutritional supplements.

I combined products that have proven time and again to help reduce inflammation and improve resilience with a product recommended by [Marty Pall PhD in his work with CFS / FM.](#)

Diet & Supplements: name and dose

The supplements recommended to B.N. were as follows:

Product (brand)	Dose
Fibroboost (AR)	2 caps 30 mins before breakfast & lunch
Intenzyme Forte (BR)	2 tabs with lunch & dinner & 6 tabs on empty stomach, twice daily
Bio D Mulsion Forte (BR)	2 drops with breakfast & dinner
Stabilium (AR)	4 caps on rising for 2 weeks, then 2 caps thereafter

Fibroboost (AR)

A formula containing a mix of amino acids, vitamins and minerals which may have a calming effect

Intenzyme Forte (BR)

A proteolytic enzyme formula combining plant enzymes (bromelain & papain) with pancreatic extracts of chymotrypsin and trypsin, that can help the digestive processes, and when taken on an empty stomach, and when taken away from food helps to reduce inflammation and improve circulation.

Bio D Mulsion Forte (BR)

This provides 2,000 iu per drop, and the dose recommended was 8,000 iu per day. This vitamin supports immune function, and has been found to be low in patients with CFS / FM.

Berkovitz S, Ambler G, Jenkins M, Thurgood S. Serum 25-hydroxy vitamin D levels in

chronic fatigue syndrome: a retrospective survey. Int J Vitam Nutr Res. 2009 Jul;79(4):250-4. [View Abstract](#)

Stabilium (AR)

Contains a high concentration of small peptides similar to pituitary and hypothalamic stimulating peptides which act as hormone precursors to neurotransmitters such as GABA, enkephalins and endorphins which can all support the nervous system and help to adapt to stressful conditions. [Read NL ed](#)

Duration

B.N. followed the programme for 6 weeks, reporting back in a short phone call after 21 days and then a face to face appointment about 40 days after the first appointment.

She then attended a second follow up appointment 4 weeks after that.

Outcome

B.N. kept a written note, as I suggested, over the weeks during which she engaged in her Nutritional Therapy programme.

She reported that after about 4 days that the pains in her arm and leg muscles were noticeably less.

Her energy was also definitely improved after the first week, mainly noticed by her family, since she was able to do more with them.

She noticed no negative effects from the supplements at any stage.

After two weeks, the muscle pain was in the process of reducing, and her energy was now "off the bottom" and she felt different inside, and was beginning to experience some optimism for the future for the first time in a while.

After 21 days, when we spoke, B.N. was quite excited because the improvements had been rapid and consistent and were increasing. It turned out that writing down the changes had been a wise thing, because she was tempted to disbelieve the positive things that were happening to her.

After 6 weeks, when we met, she told me she was about 50% better in terms of energy and about 65% better in terms of her muscle pain. She did not like taking the supplements because they made her feel like something was wrong, which she had denied at least in part for years. However, she could clearly see the difference they were making.

At this first follow up appointment, the vitamin D dose was reduced from 8,000 iu to 4,000 iu, and the Stabilium (AR) had already been reduced to 2 caps per day, and the Intenzyme Forte (BR) was reduced to 4 tabs twice daily, from 6. The Fibroboost (AR) was maintained at the same dose of 4 per day.

At the second follow up appointment, 10 weeks after she started, B.N. was certainly better, and had lost some weight too and looked much happier, if not healthier. Her muscle pain was about 80% better and her energy was 75% better than it had been. She was learning to pace herself, since she simply did too much and then felt tired anyway.

She felt more robust and more calm, she acknowledged.

I reduced the programme to a maintenance dose of these supplements:

Product (brand)	Dose
Fibroboost (AR)	2 caps 30 mins before breakfast & lunch
Intenzyme Forte (BR)	4 tabs on empty stomach, once daily
Bio D Mulsion Forte (BR)	1 drops with breakfast
Stabilium (AR)	2 caps on rising

B.N. wanted to know more about the supplements and wanted to explain this to her husband, and also wondered why other health professionals she had seen did not know about them, and why she had not seen them on the internet in her frequent searches in the past. She also wanted to be able to tell her Dr about what had happened so he could better advise other patients like her.

I provided her with product information, and did my best to offer a non-judgmental, descriptive explanation as to why others may not be aware of certain information and products, that attending ongoing CPD seminars of a specialised kind was vital, and that since CFS / FM is not a pathology there is no reason a medical doctor should know what to do about this.

B.N. was determined to continue with the programme and make further progress in her energy and be totally free of muscle pain.

Comments

We cannot prove what was wrong with B.N., but her profile strongly resembled Chronic Fatigue Syndrome with Fibromyalgia, with a degree of adrenal fatigue and sub-clinical hypothyroidism.

The positive health outcomes after taking Fibroboost (AR), (the most effective supplement in my clinical experience for CFS & FM), the anti-inflammatory enzymes, additional vitamin D and the almost-always-effective Stabilium (AR) go some way to confirming that the assessment of what was imbalanced within B.N. was correct.

This case represents a combination approach that is so often needed with fatigued patients, when a mix of CFS and adrenal support are required. In this instance no specific thyroid support was used.

Practitioner

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