

Case Histories

Gut Distress & Poor Mood Resolved with Nutritional Intervention

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs. M.K. is a 50 year old lady, who works all week in a busy job, and lives with her husband. She is 5' 7" tall and weighs 13 stone 1 lbs (170 cm, 81.33 kg).</p>
Presenting complaint – list and duration	<p>Mrs. M.K. was referred by another patient who had experienced a definite and significant improvement in her mood by implementing nutritional changes and taking nutritional supplements under my direction.</p> <p>Mrs. M.K. told me that she had depressed, suicidal feelings about 3 – 4 times a day for 10-20 minutes at a time and felt engulfed by these feelings over the past year. She had seen her GP and had been taking anti-depressants but they had not really been effective. She had also gained some weight since taking them (c 10 lbs). The GP was aware that M.K. was also going to seek nutritional help, and I wrote to the GP after the first appointment to recount brief details of the consultation and what I had recommended M.K. to do nutritionally.</p> <p>M.K. also had some digestive symptoms which troubled her every day, and were made worse by the depression. She experienced heart burn, abdominal bloating and discomfort, constipation and some wind which was painful as it often felt trapped.</p> <p>She knew she had a dairy intolerance so avoided all cow's products so she was wondering if there was something else she might be intolerant to. She did not mean to apply any pressure, but she is one of the patients who said I was her last resort. If this occurs, then I become more wary than I might be and ensure that the patient's GP is aware of this, and I reiterated the scope of my NT practice.</p>
Any Investigations	<p>M.K. had not undergone any lab tests, simply a symptomatic assessment which had led to the prescription of anti-depressants, fluoxetine (SSRI).</p> <p>M.K. reported that not only did this contribute to her feeling more hungry and she ate more, but she gained weight more quickly than usual if she overate a little. She also noticed that her digestive symptoms were a little worse, if anything. However, on her GP's and her husband's insistence, she continued to take it, and was now on her 5th month on the medication.</p> <p>We discussed an ASI test for her cortisol and DHEA, but she wanted to embark on something right away, because she did not want another week of feeling overwhelmed with suicidal thoughts. She had 2 adult children and she felt all the more guilty and worse when she considered taking her own life, she told me.</p> <p>We agreed that if there were no changes in 2 weeks, that she would consider doing an ASI test. Due to the urgency of her needs, we also pencilled in a follow up appointment for 2 weeks' time.</p>
Strategy	<p>The NT strategy was to support her blood glucose with dietary means, to ensure variety in her diet, to ensure adequate protein was consumed, and to avoid dairy as before but also to avoid gluten grains for a trial period. She ate something glutinous daily (i.e. wheat, oats, rye) and whilst it was not possible to pin down any particular food intake with any</p>

Diet & Supplements: name and dose

immediate symptom, gluten stood out as the most regularly consumed food group that could have an impact on her mood and her GI health.

Hydration was also a focus of attention, and she used the alarm function on her mobile phone to beep hourly as a reminder for her to drink water, which she often neglected.

Lastly, I 'prescribed' a regular bed time to her and not to watch any TV after 9 pm, as she described that sometimes images from what she had been watching flashed through her mind when she was in her blackest moments.

M.K. could not afford much, she told me, but as with all patients, the minimum supplements to achieve benefits were recommended. The supplements also needed to be suitable given her medications, so no 5HTP, for example, could be included.

Product & Brand	Dose
Stabilium (AR)	4 first thing every day
L-Tyrosine (AR)	2 mid morning, 1 mid afternoon
NAC Enhanced Antiox Formula (AR)	1 with each meal

[Stabilium® 200](#) (AR)

An extract of Garum Armoricum used by the ancient Celts (third century BC) of Armorica, Ireland as a food supplement to improve resilience to physical and emotional stress. It was also used for the same purpose by the Roman Empire, for women, children, elderly people and to prepare the Legionnaires for long marches into battle. It is an extract of a large blue fish found exclusively in the deep ocean waters (depths from 1,000 to 1,500 feet) off the coast of the Armorican Peninsula of France.

Because of the oxygen deficiency and the great hyperbaric pressure at those depths, the fish developed a special metabolism and physiology, endowed with body chemistry to handle the stress of those conditions. It is thought that ingesting the extract in Stabilium® 200 complex supports the body during modern stressful conditions, both mental and physical, just as it did in ancient times.

An eight week, double blind, placebo controlled study showed Stabilium® 200 to be effective in reducing the discomfort experienced by college students before and during examinations. It was also effective in another double blind, placebo controlled study, concerning cognitive function, memory and fatigue in adults.

Stabilium has similar outcomes to benzodiazepines in that it reduces anxiety and increases sleep and appetite, as well as energy, it does not use the same mechanisms. Do view the article on our nleducation site entitled "[Anxiety & Fatigue Respond to Natural Agent Better Than to Benzodiazepines](#)"

L-Tyrosine (AR)

This amino acid is the precursor to noradrenaline and dopamine, and has been used as a nutritional supplement to improve focus and concentration. In clinical practice over the past 20 years, I have found that it rarely has any impact on supporting cortisol or DHEA levels, but it can improve cognitive function, and the assumption is that this is at least in part due to the impact on dopamine levels.

NAC Enhanced Antiox Formula (AR)

As Dr Jay Lombard taught us, at his brilliant seminar "[A Functional Medicine Approach to Mental Health](#)" in April 2010 - NAC acts to protect nerve cells from harmful excitotoxic effects, and is a precursor to glutathione, a primary antioxidant in the body as well as in the central nervous system. Also, importantly, NAC is a natural NMDA receptor antagonist which helps provide balance within the CNS in terms of neurotransmitters.

Duration

M.K. followed the NT programme for 6 weeks and met with me 3 times during this time and continues to take the supplements and eat as described above, as I prepare this case history.

Outcome

M.K. sent me an email after 10 days to let me know that within a week there had been benefits, so she was carrying on, and she then met me after 2 weeks, as planned. She reported that her black episodes were now 3-4 times a week compared to 3-4 times daily, her digestive symptoms had dramatically reduced and she had lost water weight too. She felt much less overwhelmed.

She did her best to avoid gluten but strayed occasionally, she told me.

M.K. now wanted to know the precise workings of the supplements which had clearly had a marked effect on her. I provided her with some verbal information and then sent her product information sheets the following day, being careful not to make any health claims.

M.K. was recommended to continue with the same programme for another 2 weeks and then re-visit.

M.K. returned after a further 2 weeks, and reported a consolidation of her improvements, with the black patches in her mood being once or twice a week, and she was more aware of the triggers now.

She had lost weight, and her digestive system was remarkably normal, given its recent state of upset. She recognised that none of the supplements were directly for her digestive system so she wanted an explanation of how they had affected her in such a positive way. I explained to her the connection between the sympathetic nervous system and the enteric nervous system and how it is possible to influence each system via the other. The supplements had evidently had a balancing and calming effect and this had an immediate knock-on effect on her digestive system.

She had already told her GP that she was doing so much better, but she thought that the GP did not trust or believe her when she had told him of the benefits and speed of effects, so she was determined to keep well and then go and visit him again in a few months' time.

Comments

This case represents as close to a text-book example of the connection between CNS and the enteric nervous system as I have seen in clinical practice. Whilst she did balance her blood glucose levels better with her diet and she did drink more water and she did get to bed earlier and listen to calming music before bed, and she did reduce her gluten by over 90%, yes, there is little doubt that the specific nutritional intervention to support her nervous system and neurotransmitter balance not only had a significant and swift impact on her depression but also on her digestive health.

I would like to see M.K. being totally free of the black episodes, and then we will consider

a reduction of the supplements.

Had we gone ahead with the adrenal test, it is possible that the cortisol results may have steered the programme somewhat differently, it is not possible to know.

However, it highlights the importance of listening to the patient and with limited resources, focusing on the priority issue within the patient's health, as well as being in a position to know and access appropriate supplements and understand their function. The seminars such as those by Dr Jay Lombard, Dr James Wilson, Dr David Brownstein, Dr Tom O'Bryan, Dr Patricia Kane, and Dr Mark Houston and others - <http://www.nleducation.co.uk/seminars/> - serve to provide that technical knowledge and the confidence to put it into practice. Most of all, it is the bringing together of all this knowledge and clinical experience in the AFMCP – <http://www.afmcp-uk.org/> - that helps to achieve such positive results in patients.

Practitioner

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