

Case Histories

Case History – High Anxiety State Greatly Helped with Nutritional Means

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| Gender, Age, Occupation, Nationality, height and weight. | Mrs. G.J. is a 52 year old lady who works full time and has 2 grown children. She is 5' 8" tall and weighs 13 stone 3 lbs (173 cm, 82 kg). |
| Presenting complaint – list and duration | <p>G.J. had visited me 3 years previously to lose weight and improve her energy. She had successfully lost 3 stone in weight and reached 12 stone 7 lbs (she had been 15 stone 7lbs) and her energy had markedly improved. At that time, her cortisol was low for all 4 readings at the outset (total of 16) and was then at the lower end of the range (total of 23) in the second test when she had been feeling so much better.</p> <p>In the intervening time, life's circumstance had conspired to generate lots of stress at both home and work. Her children both left home and she had moved twice since. She had not been able to stick to the recommendations as she had, and had gained some weight.</p> <p>However, the major reason for seeking help this 3 years later was her anxiety state. She felt like she was on the verge of nervous hysteria the whole time, and felt as if she was going to "explode" at the smallest things. It was intolerable and took most of her energy, such as it was, to keep under control.</p> |
| Any Investigations | <p>G.J. had not sought any other help for her high anxiety.</p> <p>A repeat salivary cortisol test was recommended and the results revealed an even lower level of cortisol than when we first met. The daily score was 14.5 (21-41).</p> <p>It is not possible to assess neurotransmitters with lab testing at this time with any accuracy, so it was through a symptom assessment that it was readily determined that she was likely to be lacking adequate inhibitory, calming neurotransmitters, particularly GABA.</p> <p>Dr Jay Lombard presented an International Seminar for Nutri-Link on the subject of a Functional Medical Approach to Mental Health and it was with his help that a neurotransmitter symptom assessment was prepared and approved by him – see this link to the seminar: http://tinyurl.com/35jaspp</p> |
| Strategy | <p>Before the test results came back, I instructed G.J. to re-arrange her macro-nutrient ratios in order to balance her carbs with more protein, just as we had done 3 years before. This was to help balance the two major hormones of cortisol and insulin. However, whilst it may be possible to have a relatively rapid impact on insulin with dietary means, and indeed an elevated cortisol can be lowered relatively swiftly in most cases, a low cortisol is rarely successfully address with diet alone.</p> <p>We ensured she ate every 4 hours, drank plenty of water (hot & cold) and kept her coffee to the earlier mornings only. I find it is a mistake to simply take patients off</p> |

Diet & Supplements: name and dose

coffee all at once.

The strategy was to provide G.J. with adrenal support and specific neurotransmitter support to balance her GABA levels and reduce her anxiety.

When the cortisol was proven to be so low, I recommended adrenal support as detailed below, but this proved only to make G.J. feel more wound up than before. Therefore, after 10 days on what might have been an excellent programme for someone with adrenal fatigue, I needed to revise the programme to focus less on raising cortisol, and more on balancing neurotransmitters.

The first programme recommended to G.J. was as follows:

Future Formulations (Dr Wilson) – **Adrenal Rebuilder** – 2 with breakfast & 2 with lunch

Future Formulations – **Herbal Adrenal Support Formula** – 1 dropperful mid am & pm

Allergy Research – **Stabilium** – 4 caps first thing

Allergy Research – **Zen** – 1 caps mid am & pm

Biotics Research – **Bioglycozyme Forte** – 2 with breakfast & 2 with lunch

When this made matters worse for G.J., the programme was revised to these products, and I included the anti-inflammatory KappArest to reduce inflammatory cytokines that can increase anxiety states; given her excess body fat, the likelihood of the presence of adipokines was high.

Allergy Research – **Calm Recharge** Powder – 1 tspn at breakfast & dinner (in yogurt)

Allergy Research – **Zen** – 1 caps mid am & pm

Biotics Research – **A.D.H.S.** – 2 first thing, 2 at noon

Allergy Research – **Hypothalamus** (glandular) – 1 with breakfast & 1 with dinner

Biotics Research – **KappArest** – 3 at each meal (with dose to be reduced after first month)

- **Calm Recharge** Powder contains magnesium in 3 forms, L-Theanine, Glycine, GABA, Vit C, calcium, taurine & a proprietary blend of herbs to support the calming effect within the CNS and yet nourish the adrenals.
- **Zen** contains L-Theanine & GABA. The extreme nature of G.J.'s anxiety warranted additional support in the short term to that contained in the **Calm Recharge**.
- **A.D.H.S.** contains vits & min together with adrenal glandular and herbs to support adrenal hormonal balance. <http://tinyurl.com/38j2gej>
- **Hypothalamus** (glandular) contains 500 mg of porcine hypothalamus.
- **KappArest** contains a mixture of 9 herbal extracts that have been shown to inhibit NF-kB. <http://tinyurl.com/3y3af9s>

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| Duration | <p>G.J. gave me feedback in the first week, telling me she felt more anxious and that the supplements had definitely contributed to this, contrary to their intention.</p> <p>G.J. then followed the revised programme and within a day was feeling the benefits. After one month on the programme, she is able to determine whether she needs to take the supplements or not depending on her day, and for the second month, she took them for about 21 days out of 30.</p> <p>After this time, G.J. takes the programme about 50% of the time, but has stopped the KappArest, and only takes Zen when out, away from the Calm Recharge powder.</p> |
| Outcome | <p>After the first 10 days, G.J. experienced a much greater sense of calm, much reduced anxiety and was able to cope considerably better than she had.</p> <p>She now can rely on the supplements having their desired effect, but does still need to take them, and we have a regular monthly telephone appointment. We have not neglected her cortisol levels, but there appears to be much less stimulus of the adrenals thanks to this programme and cortisol is of less importance than her neurotransmitter balance.</p> |
| Comments | <p>In hindsight, having reviewed the case and the initial recommendations, there was no evident mistake in recommending Adrenal Rebuilder and the other supportive supplements to address the low cortisol. Sometimes, one can only know if something will work or not after a patient has put it into practice. There was a good logic and clinical experience to suggest that the first programme would work.</p> <p>The distinct improvements achieved by following the revised supplements really showed the potency of making the correct targeted recommendations. The provision of L-Theanine and GABA on four occasions in the day initially helped G.J. feel a whole lot better within herself.</p> <p>This case highlights that even in cases of proven low cortisol, the focus may need to be on the patient's neurotransmitters and hypothalamus rather than the adrenal glands themselves.</p> |
| Practitioner | <p>Antony Haynes, BA(Hons), Dip ION, mBANT, NTCC is a Nutritional Therapist working in W1, London.</p> |