

Case Histories

Injury Heals Faster with NT

Gender, Age, Occupation, Nationality, height and weight.	<p>Mrs M.P. is a 38 year old ex professional marathon runner, with two children, who lives north of London.</p> <p>She is 5 foot 6 tall, and weighs 8 stone 7 lbs (168 cm, 52.88 kg).</p>
Presenting complaint – list and duration	<p>M.P. presented with a fractured ankle, injured in a non-running related activity involving the trailer they use to carry apples in their orchard. The full weight of the laden trailer landed on her boot-clad shin, ankle and foot. Without the boot, M.P. would be looking at a much more serious injury. The accident had occurred 12 days before the appointment.</p> <p>Over her running career, M.P. had suffered a few injuries but they had been induced by training or running, but generally she had been blessed with a solid constitution and had rarely been ill or injured.</p> <p>She had stopped running professionally 3 years previously, had 2 young children, but still kept fit and did Pilates and yoga as well as some running. She had gained weight since her pro running days and was much stronger in her upper body since, as a family, they had taken on the running of a large orchard as a business.</p> <p>M.P. was fully aware of the benefits of nutrition and was an advocate of optimal nutrition but she recognised that she did not know it all and wanted the best advice to help heal her injury, which was still very painful. She realised that she had many decades left on her feet and wanted to return to full function & fitness.</p> <p>Her ankle and foot were in a cast and had been since two days after the accident, after X-ray. The orthopaedic specialist had identified some potential issues with the fractured bones and had indicated there may need to be surgery depending on how the healing went. There was also tendon damage. She was told that the cast would be on her foot for at least 4 weeks, probably more like 6 weeks.</p> <p>M.P. also declared that she was only just about coming out of the shock of it; this had been the single biggest accident of her life, and she had imagined that her whole foot might have been crushed and become useless and change her life forever.</p> <p>Her goals were to resolve the pain as soon as possible and to recover fully.</p>
Any Investigations	<p>Whilst the x-ray had confirmed the bone damage, and the doctors had confirmed the other tissue damage, I recommended an ASI test in order</p>

to rule out an elevated cortisol, in particular, due to its possible negative effect on tissue healing. Otherwise no other investigations were conducted.

Strategy

The whole strategy in this case was straight forward. Reduce the inflammation and pain in the first instance, whilst nourishing the skeletal system and the connective tissue. As we also discussed, we needed to ensure optimal micro-circulation to deliver this nourishment.

As part of the aim to reduce the inflammation, M.P.'s diet was to be carefully assessed to rule out any possible contributory factors to any inflammation.

Diet & Supplements: name and dose

M.P.'s diet did need some improvement. In order to help maintain an improved blood glucose balance she needed to eat more regularly, and she also needed to consume more protein which would also serve her well during the healing phase. Her diet was carbohydrate dominant and she ate a high Biological Value (BV) protein once or twice a day and only had a carbohydrate breakfast. More protein was recommended, in the place, often, of the carbohydrates she had been eating.

I also recommended a gluten-free diet but this was not on the basis of any evidence against it, but because M.P. pressed me to have her consume the very best diet for her optimal recovery. She had heard of GF diets for athletes and was now prepared to give it a go, when interestingly she had not considered this for her athletic performance in the past. Mind you, times had changed and she had too.

The emotive flash before her eyes when the accident happened was one of her being disabled in some way and she was completely set against this possibility, she was now more determined than she had ever been about anything else. I witnessed the steeliness she must have displayed as a long distance runner, but applied to her healing. I impressed on her the need to ensure adequate and recuperative rest as part of the overall approach.

The ASI test revealed that her cortisol levels were all normal, but the first three were in the upper end of normal, which is not usual in my experience. Usually, the cortisol levels tend to be in the lower part of the range in the patients I meet. Her DHEA was normal, and therefore in ratio with the cortisol; a little low. She slept well, so there were no apparent negative effects of stress, especially since the accident, on this aspect of her health. Along with the anti-inflammatory supplements, I specifically included Dr Wilson's Super Adrenal Stress Formula which can help optimise cortisol levels.

The first supplement programme for 5 weeks contained 6 products with which M.P. was willing to take:

Product & Brand	Dose
Intenzyme Forte (BRC)	6 on empty stomach two or three times a day
KappArest (BRC)	2 with each meal
EFA-Sirt-Supreme (BRC)	2 with breakfast & dinner
Bio-D-Mulsion Forte (BRC)	4 drops with dinner for 2 weeks, then 2 drops with dinner thereafter
Super Adrenal Stress Formula (Dr Wilson)	2 with each meal
Zn-Zyme (BRC)	1 with dinner

After 5 weeks, we spoke on the phone only, because the cast was going to come off in a further five days, so we postponed the follow up to 6 weeks from the first appointment.

At the follow up after 6 weeks, and with news of how her recovery was going, and the cast being off, the programme was changed somewhat. The KappArest (BRC) was stopped, but there was still anti-inflammatory support being given in food supplement form. The extra zinc was stopped, and she was still ingesting 18 mg from the Super Adrenal Stress Formula (Dr W). Vitamin K was added for bone health and strength. Given the poor micro-circulation to tendons, I recommended to continue the proteolytic enzymes.

Product & Brand	Dose
Intenzyme Forte (BRC)	6 on empty stomach once a day
Arthred Collagen Powder (ARG)	1 scoop before two meals a day
Bio-D-Mulsion Forte (BRC)	2 drops with dinner
Super Adrenal Stress Formula (Dr Wilson)	2 with each meal
Full Spectrum K (ARG)	1 with dinner
Gluten-Gest (ARG)	1 with breakfast, 2 with lunch and 2 with dinner

After a further 6 weeks, we met again and the third supplement programme was a revision of the second. The Arthred (ARG), Bio-D-Mulsion Forte (BRC) & Gluten-Gest (ARG) were all reduced, and colostrum was introduced. I have found this to be consistently useful for all healing processes within the body.

Product & Brand	Dose
Intenzyme Forte (BRC)	6 on empty stomach once a day
Arthred Collagen Powder (ARG)	1 scoop before one meal a day
Bio-D-Mulsion Forte (BRC)	1 drop with dinner
Super Adrenal Stress Formula (Dr Wilson)	2 with each meal
Full Spectrum K (ARG)	1 with dinner
Gluten-Gest (ARG)	2 with lunch and 2 with dinner
Immuno-gG (BRC)	2 with breakfast & 2 at night-time

M.P. returned after another 6 weeks and was fully mobile, and persisted with the best programme she could consume. The fourth supplement programme was more than I would have perhaps normally recommended, but MP was seeking all additional assistance she could. As it was summer time and she was out and about with exposed skin to sunlight, the vitamin D was stopped.

Product & Brand	Dose
Intenzyme Forte (BRC)	6 on empty stomach once a day
Arthred Collagen Powder (ARG)	1 scoop before one meals a day
BioMusculo-Skeletal Pack (BRC)	1 sachet with breakfast & dinner
Gluten-Gest (ARG)	2 with lunch and 2 with dinner
Immuno-gG (BRC)	2 with breakfast & 2 at night-time

M.P. followed this programme for 6 weeks and then we exchanged emails and have not met face to face since. She wanted to continue to take supplements, after feeling that they played such a key role in her healing, to support her active lifestyle and physical work.

This is the maintenance programme she now follows. She felt that when she combined protein with dense carbohydrates that she definitely felt better with the digestive enzymes.

Product & Brand	Dose
Arthred Collagen Powder (ARG)	1 scoop before one meals a day
BioMusculo-Skeletal Pack (BRC)	1 sachet with breakfast & dinner
Gluten-Gest (ARG)	1-2 with a meal as needed

Supplement Information

[Intenzyme Forte \(BRC\)](#) - proteolytic enzyme formula that contains trypsin and chymotrypsin which support natural reductions in systemic inflammation & tissue damage, and improve micro-circulation.

[KappArest \(BRC\)](#) - Provides a blend of clinically researched anti-inflammatory plant extracts and antioxidants with BioPerine which enhances the efficacy and absorption of these ingredients. The formula was developed to inhibit NF-kB (nuclear transcription factor kappa B) which promotes an inflammatory cascade and pro-inflammatory cytokines.

[EFA-Sirt Supreme \(BRC\)](#) - Dr Mark Houston's combination fatty acid product with EPA & DHA and GLA in a ratio of 2 parts omega 3 to one part omega 6. This has a more effective anti-inflammatory role to play than fish oil alone.

[Bio-D-Mulsion Forte \(BRC\)](#) - provides 2,000 iu per drop of emulsified vitamin D3. A product that has been clinically proven to raise vitamin D levels. It is essential to ensure adequate and optimal vitamin D levels at times of healing.

Super Adrenal Stress Formula (Dr Wilson) - This is a multi vit & min, designed by Dr Jim Wilson, to provide the adrenals with the nutrients required for manufacturing its hormones, as well as to support the body vs stress. It helps to temper adrenal output via the HP part of the HPAA, due to the inclusion of 5HTP and useful levels of magnesium.

[Zn-Zyme \(BRC\)](#) - each tablet provides 15 mg of elemental zinc in the form of gluconate and citrate. Zinc is essential for optimal wound healing.

[Arthred Powder \(ARG\)](#) - a patented, pre-digested collagen powder that has been clinically proven to reduce articular joint arthritic pains and reduce the need for pain medications. In addition, it has also been useful to heal the gut lining and support skin health. It is also very effective as an adjunctive healing support post injury of any kind.

[Full Spectrum Vitamin K \(ARG\)](#) - Vitamin K, especially in the form of K2, helps calcium to get into the blood and bones, and studies indicate that it potentially supports both bone mineral density and vascular elasticity within normal levels.

[Gluten Gest \(ARG\)](#) - Gluten-Gest contains glutenase powder, which provides specific enzymes that target the more difficult-to-digest

peptides found in wheat and other gluten-containing grains. Gluten-Gest may be used by those with frank coeliac disease as a 'second line defence' as they continue to avoid ingestion of gluten. Gluten-Gest may also be beneficial for those with a lesser degree of gluten and wheat sensitivity. Quite apart from anything else, this product is a useful all-round digestive enzyme formula.

Immuno-gG (BRC) (colostrum)

Colostrum has anti-inflammatory, immune regulatory and healing effects in the GI tract, and systemically.

Bio-Musculoskeletal™ (BRC) – this packet of 6 supplements provides a multi vitamin & mineral with proteolytic enzymes, purified chondroitin sulphates, whey protein plus amino acids, gamma oryzanol and glandulars to support the muscles, tendons, cartilage and bones in the body. This is ideal for both recuperation purposes post-op or post injury but also as maintenance for athletes or those involved in manual work.

Duration

M.P. and I met five times and she followed five different supplement programmes, taking a total of 11 different supplements over that time period, which was for 30 weeks in total. The final contact was by email and she now follows a maintenance programme beyond this 30 week time period.

Outcome

M.P. was very compliant, as you might have guessed from her character traits. She was also quite impatient too. Perhaps the two things go hand in hand for her, and this is not a criticism but rather an observation. This was the longest period of time that M.P. had been formally off exercise in her life.

The first phase went quite slowly for M.P., with the inflammation and pain (a throbbing in the cast) subsiding more slowly than she or I would have anticipated or wanted. However, if there was anything else that was needed for M.P. to prompt her to pull all the stops out it was this, the pain. After 4 weeks, the pain had gone whilst at rest, but it still hurt when she put any weight on the foot.

During this time, when she spoke to the doctors, they wondered if the pain meant that the bone was not setting correctly or if there were other issues that would ultimately need surgery. This was very stressful for M.P., and I was pleased that she was taking the Super Adrenal Stress Formula, at least.

The cast came off and shortly after that we met for our first follow up appointment. The doctors had assessed M.P.'s ankle and foot and

reported a verdict of 'structurally sound' but the X-ray results were not forthcoming and they would confirm this. Even though M.P. was slim there was evident muscle atrophy of her calf muscle on the once-fractured ankle.

The broken skin had completely healed back and the inflammation had all subsided but there was still tenderness and pain if she put too much weight on her ankle, so she was still using crutches.

I recommended collagen powder (one that has been pre-digested by a proprietary and patented 3 step process to make it well absorbed) which I have used with many other patients with healing needs, and a vitamin K formula, as well as a digestive enzyme with food to help improve the likelihood of M.P. getting all the goodness from the food she was eating.

She promised to let me know the X-ray results when she received them, which she did a few days later. They were generally good but there was a portion of the ankle bone which was under question, and was going to be reviewed in 3-4 weeks' time. So, M.P. was not out of the woods in terms of anxiety; about the potential for surgery.

She continued to gradually increase weight on her ankle, but did so more gingerly than she might have due to the background anxiety about a possible misalignment of bone. She was rigorous with her nutrition programme.

We met for the second follow up and she had met the doctors again with another X-ray and this time it was better news since the anomaly had now disappeared.

M.P. was keen to share with me some of the conversations she had had with her physio, and her GP and one of the two orthopaedic doctors. The physio was a lovely woman who was also quite a chatterbox, it seems. She told M.P. that when she was discussing the matter of M.P.'s fracture at the outset with the doctors, there was a high confidence that the cast and healing would not be sufficient and that surgery was highly likely, with a bolt being needed.

When the X-ray identified what looked like an anomaly in the alignment in the ankle bone she and the doctors made notes on M.P.'s file that surgery was probable and the sooner the better.

However, the following X-ray then showed that this was not the case, and the physio said that one of the doctors had commented on how well the fracture had healed and it was as if M.P. was a teenager with growth hormone still in her body. Surgery was not required. However,

the doctor never said this directly to M.P. herself.

It is impossible to know in such cases how much the nutritional intervention really did make a difference, since there is never a control subject. However, I have seen it many times and heard similar such accounts. It is a real shame that optimal nutrition is not a standard of care post operatively. There are studies that do show the cost saving is most certainly worth it in financial terms, but it is simply not in the culture of the medical system and it has not been embraced or incorporated.

M.P. was buoyed by this information from the physio and pressed on with her rehab with a little more vigour, and continued with the nutritional programme as if it were something she had always done (i.e. take quite a number of supplements every day).

I changed her programme and then ultimately reduced it to a maintenance programme to accommodate her physical endeavours which included lifting apples individually and in bulk, driving tractors, doing Pilates and Yoga classes and walking, but no running yet. She told me that she was more into the nutrition side of things now than she ever as a pro runner, at which she laughed. She remained gluten free, although we never established whether this was of value or not. Her family ate with her and they were also gluten free at home, at least.

In time, M.P. did return to running, but not on roads or hard surfaces.

She was so pleased that she had committed herself to the nutrition programme from the outset, since she was convinced it was the early weeks that had made the key difference. She had also not required much medication, even though she had been in pain.

M.P. now anticipates that she will be able to do anything that she could have done before the accident and is back to full fitness.

Comments

Having patients such as M.P. is a real pleasure because they are checking with you, the practitioner that you have covered all bases and asking if there anything else they could be doing.

As has been mentioned, I did get to see the impatient and steely side of M.P., and fortunately this case history story turned out well so that relations were always very good.

Her reports of doctors' conversations about the healing process being unusually good in her case is not the first in my experience, but because notes are not made in the file and then those notes are not shared

anywhere else, the ability for this information to be disseminated is virtually nil. Furthermore, not one person asked her what she was doing to bring about this healthy healing process.

We may know, as NTs, that the cost of a single night in a hospital bed plus all the staff that are required is very high, and significantly higher than the cost of the supplements that could have a significant and predictable impact on the rate and quality of healing. It is also very likely true that there would also be a marked improvement in the quality of life of the patient and their family who may need to care for them.

In my professional opinion, if there was a set standard of nutritional care with simple A, B, C supplementation post injury and surgery, the savings in patient discomfort, NHS or private medical time and costs would probably be immeasurable, over thousands of hours, and in the hundreds of thousands of pounds at least, respectively, on an annual basis.

This is but another example of many where the appropriate NT could bring about such benefits.

Practitioner

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