

Case Histories

Lifelong Fatigue and Muscle Aches Resolve with Liver & Kidney Support

Gender, Age, Occupation, Nationality, height and weight.	Mr. S.J. is a 39 year old professional athletics coach. He is 6ft 3 ins and weighs 14 stone 4 lbs (191 cm, 88.9 kg).
Presenting complaint – list and duration	<p>Mr S.J. presented with general fatigue and aching muscles, especially in the morning. These had been present for as long as he could remember. He stated he was unable to recall a single morning when he had woken up and felt good, free from stiffness and aches, or 'limbered' as he put it (like his athletes). The pattern was; that this would gradually disappear when he moved around and most afternoons he became free from any discomfort. His energy was never great, however.</p> <p>Sometimes the aches affected him less and sometimes more, so that he went to bed still achy but this was rare. If he walked or performed gentle exercise then it may hasten the disappearance of the aches and stiffness, but not always.</p> <p>His energy pattern mirrored his physical state on the whole, but he never felt it was great. He had never been an energetic person not even as a boy, and his parents had taken him to about 5 different doctors and specialists when he was younger but nothing wrong could be found and it was left.</p> <p>He had played many sports including athletics track and field events and whenever he overdid it his aches would prevent any activity the following day. In this sense, his profile resembled someone with low grade Chronic Fatigue Syndrome and Fibromyalgia (CFS / FM).</p> <p>With an aptitude to a number of different events, and having competed in the decathlon, he had started to coach when he was 20 and had been earning his living from it since 22 years of age. He was however, simply not able to sustain the rigours of physical training himself. He now looks after leading international athletes.</p> <p>More recently, S.J. had struggled with anxiety and he feared that he would no longer be able to keep his commitments in his work so he was seeking help to address the anxiety.</p> <p>S.J. is a tall man who is only a little overweight, and comes across as a calm, self-assured man. He told me that this was the only way to be in his work when he was dealing with a wide array of characters and egos and sensitivities.</p>
Any Investigations	<p>His GP had run a standard haematology and biochemistry and full blood count. The only imbalances were that his liver enzymes ALT & GGT were a little raised. The results were:</p> <p>Alanine Transferase (ALT) – 47 (0-45)</p> <p>Gamma Glutamyl Transferase (GGT) – 88 (0-70)</p> <p>Alanine Transferase is the enzyme that catalyses the conversion of the amino acid L-alanine and α keto glutarate into pyruvate and L-glutamate.</p>

Gamma Glutamyl Transferase is present in the liver mainly, but also the kidneys, prostate and pancreas. It is involved in amino acid and protein metabolism by transferring the C-terminal glutamic acid from a peptide to other peptides or amino acids. GGTP is liberated into the bloodstream after cell damage or biliary obstruction. This enzyme is a more sensitive marker of liver problems than ALT.

His Creatine Kinase had not been measured, and nor had his ESR nor CRP. I explained how useful this might be for himself and his athletes.

Upon learning this, I then conducted a more complete review of his overall history and family history, as part of the initial consultation. I learned that his mother had smoked and drunk alcohol before, during the pregnancy and after his birth, and his father was also a smoker and drinker. This alerted me to a possible enzymatic insufficiency due to the exposure of these toxins during his development in the womb and as a baby and young child.

His elder brother was also someone who was NOT energetic, was also a big man but more overweight than S.J.

The elevated liver enzymes reflected tissue breakdown and increased oxidative stress, which could also be a factor involved with his anxiety. Quite why this has occurred more recently and not in the past is not known, however.

S.J. drank alcohol very moderately but could not tolerate much so he rarely had more than 3 beers on any given night. If he did he would feel more tired and achy, thus confirming the focus on his liver. He nonetheless drank a beer a night as he found that this reduced his anxiety.

His overall diet was quite sound, and he had done quite a bit of reading on the subject mainly for his work with athletes. He did not, however, eat enough protein; none at breakfast, and not enough in my opinion to support hepatic detox pathways.

Strategy

We discussed the possible connection with an environmentally-induced imbalance in his liver enzymes, and potentially other enzymes too. The aim of the nutrition programme was to support S.J.'s liver & kidneys and bile flow.

In the first instance, we agreed that he would not take any palliative support for his anxiety because we were both interested to see if the liver imbalances were the underlying cause. Also, having been shown a model of his health and the connections between the liver and the mind / brain, he felt more confident in being able to handle it anyway.

We also discussed CFS / FM and I acknowledged that his profile was consistent in some ways with this condition but the key difference was that with more movement in the day, his aches and pains reduced which is not something that typically occurs in those with CFS / FM. In S.J. it appeared that the levels of excessive oxidative stress were dissipated by increased movement, such as walking or relatively gentle elliptical trainer work involving both arms and legs. This would also support his lymph system.

Diet & Supplements: name and dose

S.J. agreed to stop all alcohol for one month, to eat protein at each meal for both liver detox support and for energy and adrenal balance. There was a one caveat with this, interestingly, and that was that he told me he felt nauseous if he ate protein at breakfast and therefore we agreed that no supplements would be taken at the same time, lest this exacerbate this sensation. The nausea may well be a sign that his liver

was sluggish from the lack of physical movement in the night.

More water was also on the list to do – and he aimed to consume 2.5 litres a day minimum, plus any water consumed during exercise which was going to be gentle.

The supplements recommended to S.J. were as follows:

Product (brand)	Dose
Phosphatidyl Choline (AR)	3 softgels with lunch & dinner
Cytozyme LV (BR)	2 tabs with lunch & dinner
Cytozyme KD (BR)	2 tabs with lunch & dinner
ButryEn (AR)	2 tabs with lunch & dinner

Phosphatidyl Choline (AR)

This is the straightforward type of PC from ARG and not the more concentrated form from Body Bio. It acts as a fat emulsifier, and offers some liver protection as well. For some years, I have found that Phosphatidyl Choline (this specific one) has helped to reduce the burden on the liver in patients with identified liver imbalances and to good effect.

Cytozyme LV (BR)

This is a liver glandular offering global liver support as opposed to specific detox pathway support. Each tablet provides 300 mg of raw neonatal bovine liver concentrate. (This is the product used to help support the growth of a patient's liver who had more than half removed due to cancer, and it helped the liver to grow back successfully.)

Cytozyme KD (BR)

This is a kidney glandular providing 250 mg per tablet. If the liver is unable to handle the burden of detoxification or oxidative stress then the kidneys may bear the burden.

ButyrEn (AR)

This provides 100 mg of butyric acid in enteric coated form per tablet, in the form of calcium and magnesium butyrates. Butyrate may support the gut lining and colonocytes and helps reduce ammonia in the GI tract and supports bile flow.

After 5 weeks, S.J. returned for a follow up consultation and the programme was changed a little, to include some more antioxidant support for his liver. One product was reduced as well, as shown here:

Product (brand)	Dose
Phosphatidyl Choline (AR)	3 softgels with lunch & dinner
Cytozyme LV (BR)	2 tabs with lunch & dinner
Cytozyme KD (BR)	1 tab with lunch & dinner
ButryEn (AR)	2 tabs with lunch & dinner
NAC Enhanced Antiox Formula (AR)	1 tab with each meal

NAC Enhanced Antiox Formula (AR)

This is one of my favoured hepatic supports and is part of Marty Pall PhD's CFS / FM protocol. It is one of the best value antioxidants we supply. It provides these nutrients per tablet:

N-Acetyl-L-Cysteine - 200 mg
Trimethylglycine - 300 mg
Ribonucleic Acid - 120 mg
Alpha-Lipoic Acid - 100 mg

S.J. returned after 4 weeks for a 3rd visit.

Duration

S.J. followed the programme for 5 weeks and then came in for a follow up. He then followed a revised programme days and then we met for a third time after a further 4 weeks. He therefore followed a nutrition programme for 9 weeks with 3 consultations during that time, but he now continues the programme on an on-going basis.

Outcome

S.J. kept a diary note next to his bed of how he felt in the mornings. He almost always slowly hauled himself to an upright position and sat on his bed for a few minutes before getting up. Either at that time or shortly after he would make a score out of 10 to describe how he felt with a 10 representing optimal health. He told me that his typical morning score was 4.

He also kept a note on the same page but a different column of his view in retrospect of his anxiety from the day before. Again the scoring was out of 10 and to keep things straightforward, he used the same scoring system with 10 being completely anxiety free. He had been scoring about 3-5 for the month before we met.

His energy was scored in a similar fashion in the 3rd column, with his opinion about the day before. His energy was on average 6.

The ideal scores would be 10 for each of the 3 columns therefore, although he told me that he had never had that with the first two, and the anxiety had been noticeably present for the past year.

This was a similar approach he used with his athletes for monitoring various aspects of their health, so it fit in nicely with a practice with which he was familiar.

This scoring system and his subjective opinion about how he was getting on would inform us of any changes, he told me.

After the first five weeks, S.J. reported that he had gradually noticed an improvement in his aches and pains in that they disappeared earlier in the day than they had, although the early morning situation was the same. He therefore added a column to reflect the score at 2 pm in the afternoon, for the day before, in terms of aches and stiffness. The usual score was about 6 to 7 and it improved to an 8 on average.

S.J. told me that the programme felt right and he believed that the theory of early exposure to toxins may well explain his lifetime experience.

His energy was improved and the average score was 7.5.

His anxiety did not change at all in the first 3 to 4 weeks, but he did notice a subtle change in the 5th week, with the average for those seven days being 5 or 5.5.

He continued to avoid all alcohol, which he said could account for the changes by itself

but he agreed to continue with the process and to take the supplements for another period of time. I added the NAC Enhanced Antiox at this time.

He also reported that after 10-14 days the feeling of slight nausea had disappeared in the morning.

We met again four weeks later and he told me that there had definitely been more improvements and he had tolerated alcohol better than before which he put to the test on one weekend. His scores improved across the board and they are represented in this table, below.

Of most interest to S.J. was the fact that his anxiety had improved week on week from the 5th week by over 75%, and he firmly believed that the liver and kidney support were responsible. He was most pleased by this since it also confirmed the new understanding he had about the causes of the symptoms he had experienced. He wished that he had sought a nutritionist's help many years before.

His early morning experience was also better for the first time in his lifetime, and the aches disappeared much more quickly than previously. He was feeling brighter.

His energy had also improved noticeably and the feedback from his athletes had helped to confirm this, as they reported he was more enthusiastic and positive, which he very much appreciated.

The ideal score for each of the symptoms is 10.

S.J.'s scoring system	Start	After 5 weeks	After 9 weeks
Aches & Pains a.m.	4	4	7
Aches & Pains at 2 pm	6.5	8	9.5
Energy	6	7.5	9
Anxiety	4	5	8.5

Although we have not met to discuss it, S.J. forwarded me the repeat blood test and it showed that this levels were now lower:

Alanine Transferase (ALT) – 47 (0-45) – 2nd test = 29

Gamma Glutamyl Transferase (GGT) – 88 (0-70) – 2nd test = 46

This at least gives us an association of cause and effect. Ideally the enzymes could still be lower, but we now have a scoring system and an objective test for S.J. to monitor

Comments

his 4 concerns.

This was an unusual case because of the lifelong nature of the health concerns, although there have been countless patients in whom hepatic detoxification has been supported with NT in my practice.

We have assumed that the exposure to smoke toxins and alcohol in his parents led to the liver being under par, for what we assume is his whole life thus far, and that it has contributed to S.J.'s anxiety, but only much more recently.

However, S.J. may have an inherited and genetic enzyme abnormality or SNPs and I am considering the [DetoxiGenomic profile](#) in due course. Perhaps the only significant bearing this would have is the longevity of the nutritional programme – i.e. that he would need to continue to take some sort of supplemental support on an ongoing basis.

In this case the use of glandulars was used to support the whole organ (liver & kidneys) alongside the phase 2 support offered by the NAC Enhanced Antiox Formula.

The patient is very happy to have made such improvements and to have the explanation of what was occurring inside of him, and is now motivated to continue to dedicate the resources to maintain his improved health, particularly because it has a benefit on his work, which he values highly (more highly than simply feeling well).

Practitioner

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