

Case Histories

Litany of Injuries in Young Man – All Because of Gluten Sensitivity

Gender, Age, Occupation, Nationality, height and weight.	<p>Mr P.N. is a 21 year old professional footballer who lives in the Midland area of the UK.</p> <p>P.N. is 6 foot and weighs 84 kg (183 cm, 189 lbs, 13 stone 5 lbs).</p>
Presenting complaint – list and duration	<p>P.N. came to see me to resolve the series of injuries, and illness, that he had sustained over the previous 6 years, since he had become a professional.</p> <p>The time line case history presented a litany of injuries and some illness, occurring consecutively.</p> <p>The doctors, the tests, the medical appointments, the physiotherapy treatments had appeared never ending. He had seen all the specialists that his football club could direct him to.</p> <p>Six years prior, P.N. had been identified as a potential national team candidate, but his frequent injuries had prevented all but a few months of consistent activity over this entire period of time.</p> <p>He had experience rapid growth at 16 yrs of age and had complained of growing pains which had interfered with his training. He was very talented, trained very hard and had wanted to be a professional footballer, from the age of 8. He was one of the very few who actually made converted desire into outcome.</p> <p>At 17 he had hip problems for 8 weeks each. He then tore an ankle ligament which kept him side-lined another 8 weeks. These two events removed 24 weeks out of his season.</p> <p>At 18 he was playing a non-contact game and in mid-air his anterior cruciate ligament (ACL) snapped, without any abrupt torsional motion. The orthopaedic surgeon told P.N. that he had not seen such an injury before. He also developed a lumbar spine stress fracture which required a year to resolve.</p> <p>At 19 he had a lung infection for 5 months, and was prescribed a number of courses of antibiotics.</p> <p>At 20 he had compartment syndrome diagnosed in both calves and had surgery. Compartment syndrome is a potentially serious condition which may occurs after an injury, and insufficient blood supply reaches the muscles and nerves with associated oxygen and nutrient insufficiency. Because of the raised pressure within the compartment it may lead to</p>

nerve damage and certainly restricts physical activity.

There had been other less significant injuries and muscle strains over this time, but suffice to say that P.N. was an enigma even in his short career as far as the club medics were concerned. He was strong and when he was fit, he was very fit. The frustration he experienced was difficult to summarise.

Now aged 21 yrs old he had already suffered more injuries than most players have over a 20 year career. He was out of contract and looking to get some semblance of health back. His mother had met a patient of mine and the referral was made.

P.N. was tired, did not sleep very well, was irritable (perhaps not surprisingly!), moody and looked pale. He had marked white marks under his finger nails x 5, suggestive of a possible zinc deficiency.

For some years, driven largely because of his injuries he had been eating very well and his mother was very much into health and healthy eating. He did however; consume gluten on one level or another every day.

Any Investigations

P.N had had many investigations.

However, the one test I did recommend in the very first instance was a [gluten sensitivity blood test](#).

The test results analysed for these items:

Anti-Deamidated Gliadin IgA (DGP IgA) – 45 positive (< 19 U/mL)

Anti-Endomysial IgA antibodies - Not detected (Not Detected)

Anti-gliadin IgA antibodies - 97 strong positive (< 20 U/mL)

Anti-gliadin IgG antibodies - 35 strong positive (< 20 U/mL)

Anti-Tissue Transglutaminase IgA antibodies – 1.8 negative (< 4 U/mL)

Total IgA - 112.4 (62.0-343.0 mg/dL)

Strategy

The strategy was to prove what appeared to be a case of extreme musculoskeletal responses to potential gluten sensitivity. The test was positive and this supported my hypothesis that the repeated injuries and illness were due at least in part to gluten sensitivity.

The strategy was to “heal the gut”, reduce inflammation and support his connective tissue and change dietary exposure to triggering foods.

Diet & Supplements: name and dose

P.N. engaged immediately in a gluten free (GF) diet. His diet was very sound already, except for the gluten consumption, which included oats (here there is a risk of cross contamination – although there are some

genes in some oats that also seem to be problematic for coeliac's, little is known for GS). So, GF foods and GF oats were introduced at once.

P.N. ate wholefood, high biological value proteins, complex carbohydrates, lots of vegetables, some fruit and avoided all refined and processed food. He admitted that as far as he was aware he ate the best diet of any footballer he had ever known, and look where it had got him! It was this sound diet that helped lead me to the conclusion that something was unusually wrong, and this something could be gluten sensitivity. If he had been consuming a disadvantageous diet, then perhaps micro nutrient malnutrition could have been a causative factor behind his injury disposition.

P.N. also started taking supplements to help his healing process.

Product & Brand	Dose
Immuno-gG (BRC)	4 with breakfast, 4 with lunch & 4 at bedtime
Zn-Zyme (BRC)	1 with breakfast & dinner
ProMulti Plus (BRC)	2 with each meal
KappArest (BRC)	3 with each meal
Arthred Powder (ARG)	1 scoop in water before breakfast & dinner

We met after 6 weeks and the programme was changed to this:

Product & Brand	Dose
Immuno-gG (BRC)	4 with breakfast & 4 at bedtime
Zn-Zyme (BRC)	1 with dinner
ProMulti Plus (BRC)	2 with each meal
KappArest (BRC)	2 with breakfast & dinner
Amino Sport (BRC)	4 caps with breakfast & dinner, and 4 immediately before and after any training bout.

We met after another 8 weeks and the programme was changed to this:

Product & Brand	Dose
Immuno-gG (BRC)	4 with breakfast & 4 at bedtime
ProMulti Plus (BRC)	2 with each meal

Amino Sport (BRC)	4 caps with breakfast & dinner, and 4 immediately before and after any training bout.
Lactobacillus P, R, S (ARG)	2 with each meal

We then met after 14 weeks, with text contact in between, and the programme was changed to this:

Product & Brand	Dose
ProMulti Plus (BRC)	2 with each meal
Amino Sport (BRC)	4 caps with breakfast & dinner, and 4 immediately before and after any training bout.
BioDoph-7 Plus (BRC)	2 with breakfast & dinner
Gammanol Forte (BRC)	2 with each meal

P.N. continues with this programme.

I recognise that I may well have used proteolytic enzymes but did not in this case, although in hindsight I could have done. At the time, and in the discussions we had, it appeared at the time that he was taking the most important supplements for him, and the intention was always to have him take the fewest required.

Supplement Information

Immuno-gG® (BRC) (colostrum)

Colostrum has anti-inflammatory, immune regulatory and healing effects in the GI tract, and systemically. It is something I would choose automatically when it comes to providing healing nourishment to an individual with gluten sensitivity and who was now avoiding gluten.

[Zn-Zyme \(BRC\)](#)

Each tab provides 15 mg of elemental zinc in the form of gluconate and citrate. Zinc is essential for wound healing.

[ProMulti Plus® \(BRC\)](#)

Formulated by Dr Alex Vasquez, this comprehensive multi provides useful levels of vitamin D, folic acid, zinc, other minerals and vitamin B12 in addition to the other essential vitamins and minerals. An ideal source of replenishment for P.N. after years of potential gluten sensitivity induced malnourishment.

[KappArest™ \(BRC\)](#)

Provides a blend of proven anti-inflammatory botanical extracts and antioxidants with BioPerine which enhances the absorption and efficacy of these ingredients. The formula was developed to inhibit NF-κB (nuclear transcription factor kappa B) which influences an inflammatory cascade and many other pro-inflammatory cytokines.

[Arthred® Powder \(ARG\)](#)

A patented, pre-digested collagen powder that has been 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.

[Amino Sport™ \(BRC\)](#)

Amino Sport™ is a comprehensive amino acid formula and is an excellent choice when increased protein or amino acids are required, as will be the case with gluten sensitivity. It comprises whey protein hydrolysate plus 6 other amino acids.

[Lactobacillus Plantarum, Rhamnosus, Salivarius \(ARG\)](#)

Provides particularly hardy strains of lactobacilli that help to maintain a healthy distal small intestine bacterial balance. They support the structure and functional integrity of the epithelial lining in numerous ways & may support immune response and resistance. They can also aid production of vitamins, enzymes, and organic acids that support normal intestinal pH.

[BioDoph-7 Plus® \(BRC\)](#)

A mix of 7 strains of probiotics of the lactobacillus & bifido strains. In this case, the introduction of 10 strains of probiotics proved effective over and above the introduction of 1 strain. Key bacteria in this product reduce inflammation.

[Gammanol Forte™ \(BRC\)](#)

Gammanol Forte™ supplies gamma oryzanol with FRAC 7, providing free ferulic acid with a complex mixture of polyphenolics, including free sterols and triterpenoids. FRAC 7 possesses significant free-radical scavenging properties. Supplementation may support growth hormone production and IGF-1 levels which may support healing.

Duration

P.N. and I met 4 times over 7 months. He continues with the GF diet and taking a recommended maintenance supplement programme.

I also had contact with his mother and P.N. by text on many occasions as a means of checking in with him.

Outcome

After less than just one week, I received a text for help. P.N. had vomited all night and had diarrhoea. It could have been a virus, we acknowledged. However, what turned out to be a 3 day purge could also have been due to the body's reactivity at having stopped gluten. We do not know and will not know for sure. P.N. thinks that it may have been a combination of both this and a virus, and he and his mother understood that it could well be a sign that gluten was a poison for him, which when stopped elicited this kind of response. Rather than dissuading him from following a GF diet, this was a very solid reinforcement to him.

The blood test results then came back after this incident and no one was surprised by the positive findings.

P.N. felt many things in his body change but most of these were slow, so much slower than the purge symptoms had been at the start. He knew that for the first time in 6 years he likely had the answer behind his injuries. He gave me credit for finding it which was just fine, and I told him that I thought that many hundreds of NT practitioners, if not more, in the country would have identified the likelihood of gluten sensitivity from his history. This led to the conversation about why it has not been spotted before, and I explained that it had to do with the training. His docs had been busy sewing or patching him up, they were not even looking at a differential diagnosis or underlying explanation as to what was going on with his injuries. He was one of the many players with injuries in a long line of others and therefore did not stand out, which his case history clearly does when we view it here.

We met again 6 weeks and 8 weeks and then 14 weeks after the first appointment. P.N. was developing confidence. He was getting fitter. He found it easier to push himself when training, which he was doing with a new club.

What was fascinating, and something I have yet to describe here, is that the stretch marks on his legs from his rapid growth at 16, used to bleed when he trained hard! After each and every training session in the past, he would have to wash the blood that had seeped from the stretch marks on his inside legs. This was one marker by which he knew he was recovering. It was also something that alerted me to the notion of malnutrition, in spite of a sound diet. This bleeding did reduce gradually and the stretch marks became less distinct but are still visible.

P.N. was diligent with his programme and his mother was extremely helpful in this, and the whole household went GF from day one. It is hard to imagine how he could have been GF without this home support. The positive blood test results were vital for his new club too, although there were food boundaries that were crossed regularly with contamination and so on, such as having his GF bread sandwiches on the

same plate as the other sandwiches. P.N. knew the importance of this, and the first week purge experience had drummed this home. At the time, I feared that it would prove to be the end of his enrolment in the GF programme, in spite of whatever the results turned out to be, but the opposite proved to be the case.

The supplements were taken 100% and I realised that P.N. had the determination of a promising young talent that had been nipped in the bud, and he was doing everything he could to attain the standards that he could. The programme was changed each time we met, to focus on a different set of needs and anti-inflammatory supplements.

Over the 7 months, he suffered less and less physical complaints. He was not ill once. By the end of this time, he was playing full matches and was playing well. He no longer met doctors or physiotherapists but the massage therapist who regularly had his hands on P.N. did remark on the dramatic change in the texture and nature of P.N.'s muscle tissues and skin.

Comments

I firmly believe that every NT I know personally, and probably all others as well, would have considered Gluten Sensitivity in this young man. It seems the single most obvious thing that could have been contributing to his injuries and state of less than good health.

It turns out to have been spot on and transformative to this young man's life and career; he may even end up playing in the premier league which would be a huge achievement, and one that he was destined for at the age of 10.

The progress was relatively slow, but perhaps quite swift in someone with gluten sensitivity for so long. He engaged in 7 months of intensive nutrition intervention and strict adherence to a GF diet: he did not eat the sandwich if it had been on the plate with the ordinary bread sandwiches. P.N. no longer bleeds through his much less visible stretch marks after training or a full game. He loves the game and comes off the pitch injury free.

This is a very simple case in some ways, and yet very sophisticated in others. Due to our training, it may appear simple, and yet to the doctors and other health professionals whom P.N. met on many occasions they appeared completely unaware as to what was really going on.

Apart from all else, P.N. is now a healthy young man with a positive outlook and enjoying his passion and looking forward to his promising career getting back on track.

Practitioner

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