

# Case Histories

## Case History – PCOS & PMT improve rapidly with NT!

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	Mrs S. T. Is a 33 year old living in London, who runs her own business. She is 5ft 3 ins and weighs 10 stone 6 lbs (160 cm, 65 kg).
<b>Presenting complaint – list and duration</b>	<p>Mrs S.T. presented with more than bad PMT a diagnosis of PCOS. She suffered with poor mood, anxiety, fatigue and frequent urinary tract infections for which she had been prescribed many courses of antibiotics in recent years.</p> <p>She had been infertile for 10 years, as far as she knew, had excessive hair growth and difficulty losing weight for the past decade. Accompanying the female hormone imbalances which included an irregular cycle, were exhaustion, anxiety and depression which the prescribed medicine Citalopram did little to alleviate. She also has had dyspareunia (painful sex) for the past two years.</p> <p>In addition, S.T. had muscle pains which had gradually worsened over the past 10 years.</p> <p>Apart from improving all of the above, S.T. really wanted to be able to have a baby.</p> <p>There was much to improve, and she had many goals (all related to the above).</p> <p>Mrs S.T. had not been aware that there was anything that her food intake could do for any of her conditions or symptoms, and had not heard of Nutritional Therapy, until a friend told her about an experience she had with a therapist for an unrelated condition. Due to her desire to have a baby, she was now open to anything that could help.</p>
<b>Any Investigations</b>	<p>10 years previously blood tests and ultrasound had confirmed PCOS, and the doctors had told her that her other symptoms were all part and parcel of the condition and that she would simply have to learn to live with them. S.T. had indeed been very philosophical about things and had put up with the array of signs and symptoms and suffered mostly in silence. She is generally a very upbeat woman.</p> <p>Her husband, however, was acutely aware of the discomfort she experienced every month, with barely 3 to 4 days of feeling reasonably 'ok'. Most days of every month brought discomfort either through pronounced PMT or period pains or post period depression.</p> <p>Her muscle pains were present every single day, and they were not relieved by physical therapy of any kind, nor exercise.</p> <p>No recent tests had been conducted.</p>
<b>Strategy</b>	The primary focus was to ensure that S.T. ate a diet that balanced insulin and cortisol and that was anti-inflammatory in content. I suspected that in addition to PCOS & PMT that S.T. also had a degree of fibromyalgia.

## Diet & Supplements: name and dose

In conjunction with the dietary changes, a supplement programme was also recommended, which was designed to improve insulin sensitivity & balance blood sugar, counter act the muscle aches and pains, support the pancreas, support her skin and address the UTI frequency.

I recommended S.T. to eat regular meals, to balance her macro-nutrients at each meal and minimise potential culprit foods such as sugar, dairy and wheat. I prepared meal suggestions for her to help give her an idea about what to eat.

It was also emphasised that she needed to drink more water and have less juice, coffee, tea and wine. Although her diet was a typical one for a busy person in London, her fluid intake was definitely less than ideal with coffee x 3, tea x 4, juice x 2, wine x 2-3.

The supplements recommended were:

<b>AR – NAC Enhanced Antioxidant Formula</b>	<b>1 mid a.m. &amp; 1 mid p.m.</b>
<b>AR – Co Q Gamma E</b>	<b>1 with breakfast &amp; dinner</b>
<b>AR – Sugar Balance Formula</b>	<b>2 at each meal</b>
<b>AR – Pancreas (pork)</b>	<b>3 with lunch, 3 with dinner</b>
<b>AR – Arthred powder</b>	<b>1 scoop before lunch</b>
<b>Bio-Tech – D-Mannose powder</b>	<b>½ tspn in water 3 X per day for the first few days, then once daily thereafter</b>

**NAC Enhanced Antioxidant Formula** – this is one of the 6 products in the Marty Pall PhD Chronic Fatigue / Fibromyalgia protocol. Provides NAC, Lipoic Acid, Trimethylglycine, RNA, which not only provides anti-inflammatory support, but also helps raise glutathione and improve methylation which is one of the pathways by which the body eliminates female hormones.

**Co Q Gamma E** – this is one of the 6 products in the Marty Pall PhD Chronic Fatigue / Fibromyalgia protocol. Provides all the fat soluble antioxidants including CoQ10, all 8 members of the Vit E family (4 x tocotrienols, 4 x tocopherols) with emphasis on the gamma tocopherol, lycopene, lutein, and alpha lipoic acid, Vitamin A & fat-soluble Vit C.

**Sugar Balance Formula** – a combination of vitamins and chromium with carnitine and a proprietary blend of plant extracts to support blood glucose balance.

**Pancreas (pork)** – derived from animal sources, this glandular extract not only helps with digestion but also supports the pancreas which is so important for blood glucose balance.

**Arthred powder** – this powder has been discussed many times in both the case histories and Nutri-Link seminars. It is a patented collagen powder that has been clinically proven to reduce small joint arthroses and reduce the need for medications. It also helps to heal the intestinal lining and provide overall anti-inflammatory

support, and for the skin.

**D-Mannose** – this natural ‘sugar’ helps prevent e. Coli from adhering to epithelial tissue and has been used successfully for many years to prevent cystitis (about 90% of which is induced by e. Coli). It effectively washes e. Coli out of the urinary tract without any anti-microbial action. D-Mannose does not upset blood sugar levels, does not feed candida, is absorbed into the bloodstream unchanged and does not negatively affect dental health.

## Duration

The first phase was for one month, and then S.T. continued with the programme for a further month. We are due to meet again after what will be 90 days on the programme.

We met after 4 weeks and 9 weeks, with email contact in between times.

## Outcome

I learned what had happened to S.T.’s health by email over the first month and verbally when we met after 4 weeks. We then maintained similar contact over the next month. She experienced some profound and rapid changes to her health.

S.T. told me via email that her UTI was completely resolved (as far as she could tell) after 4 days on the D-Mannose. Along with that, she told me she felt better all over in all regards, which implies that the UTI was contributing to her altered state of health in a more significant way than anyone had appreciated.

After 2 weeks, S.T. reported that she had noticeably more energy, a higher libido, better mood, less reactive to stressful situations, less itchy and she found that within this very short period of time that her facial hair was depilating from her face much more easily than it ever had previously.

After 4 weeks, when we met, she reported all of the above benefits had been maintained and she told me that she had a lot less aches and pains than when we had first met.

Most impressively, S.T. told me that she did NOT have “the usual crippling PMT” and not only she, but her husband too, was absolutely delighted at such a change.

The same programme was recommended for the next month, with a lower dose of D-Mannose, a lower dose of Sugar Balance Formula (1 with each meal instead of 2), and of the Pancreas supplement (2 instead of 3 at 2 meals).

I learned that S.T. had incorporated the vast majority of the dietary recommendations except that she had not reduced her wine intake which was 2-3 glasses a night. Yet she had still made heroic changes to her overall health condition. I did share with her that the improvements matched any previous patient’s I had met, and I wondered what more could be achieved if she had a trial period away from alcohol too.

S.T. continued to eat well in the next month and after 10 days of resistance she did then stop alcohol for about 30 days before we met again.

S.T. had a period during this second month; it was not nearly so painful and the PMT beforehand was minimal too. She lost some weight, further improved her energy and mood and really could hardly believe that the “massive improvements” in her health had really taken such a short time.

The muscle aches and pains were almost all gone, and she now enjoyed exercise so

much more than before.

S.T. continues to apply herself to all of the changes and the supplements, and is now in her 3<sup>rd</sup> month on the programme and loving the changes. Her friends, family, work colleagues and most of all her husband are all acutely aware of how she had changed.

The supplement programme is slightly reduced compared to the previous month (i.e. 1 less tab / caps per day of each), and she is aware that she can revert to the original doses if need be.

We are yet to know the impact on her fertility, which is the prime motivator for her. However, the early success of this intervention holds some hope.

## Comments

The significant improvements S.T. experienced are not often witnessed in such a short time. On reflection, it may be that the low grade UTI was playing a much more significant role in her overall health and contributing to a systemic inflammatory state.

However, she had only really experienced a increasing frequency of UTIs for a few years, so this does not offer a full explanation of the reason behind the changes, unless there was an infection that was not manifesting in obvious signs and symptoms.

Therefore, the improvements in blood sugar management, improved diet, avoidance of potential culprit foods, fluid intake and hormonal balance are likely to account for a fair proportion of the reduction in symptoms and increase in well-being.

In my opinion, S.T. has engaged in a multiple number of changes which has likely resulted in a multitude of different, non-inflammatory molecular messages which are now permitting her body to function well again.

S.T. is living in a 'dream land' she told me, since it is almost impossible for her to describe how she *feels* about the massive changes that have occurred within her body, which she can describe very well.

Without me needing to prompt her, S.T. remarked that she could not understand why she had not been told before about the power of Nutritional Therapy and why she had not considered seeking help before now. However, in her typical upbeat manner, she is not dwelling on what could have been but rather focusing on the now and is looking forward to see if she can be fertile and have a healthy baby. I will certainly report back within this eNews Compelling Case format as and when that happens.

## Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, CNHC, Nutritional Therapist practices in London, W1.