Case Histories

Case History - Painful Indigestion

Gender, Age, Occupation, Nationality, height and weight. Example: Mr. N.D. is a 52 yr old father of 2, with a busy job that involves working in the evenings at least twice a week. He is 5ft 9 tall and weighs 11 stone 7 (174 cm, 71.5 kg).

Presenting complaint — list and duration

Mr. N.D. developed a sore throat in July 2007 the symptoms of which migrated (post medication) and affected his stomach and upper abdomen. Despite medication, pain, wind and pressure within his upper GI tract persisted for 2 ½ years. It resulted in poor sleep and early awakening, with the pain being present sometimes all day. As a result, fatigue and reduced stress tolerance are also features of Mr N.D.'s condition.

Any Investigations

His GP referred Mr N.D. to a specialist who diagnosed the sore throat as Gastro Oesophageal Reflux and prescribed omeprazole (a proton pump inhibitor drug, which blocks production of stomach acid). But this aggravated his symptoms as described above, so it was stopped. There is a strong correlation between his antacid medication and the start of the upper GI discomfort (Functional Dyspepsia) which has plagued him since.

Helicobacter pylori was ruled out.

A Gastro-Test to investigate the level of HCl acid was performed, and the results showed low stomach acid; the cotton string was green throughout, except for the very end (few millimetres) of the string which was yellow. View Info

Strategy

With the unsuccessful use of medicines and the absence of any pathology identified, the strategy was to approach this as a loss of inflammatory control in the stomach and small intestine. Supplements were recommended to help achieve this, and some practical, but simple dietary recommendations were made in order to complement the healing effects of the supplements.

Diet & Supplements: name and dose

I recommended that he follow a trial period of avoiding wheat, reducing tea to 2 cups per day from 7 cups, increasing water intake, chew food thoroughly, reducing the size of his meals and eating 4 smaller meals over the day, and avoiding spices.

The supplements recommended were:

Allergy Research – Perm A Vite powder – 1 tablespoon in water 30 mins before lunch & dinner

Allergy Research – Arthred Powder – 1 scoop in water, with Perm A Vite, before lunch & dinner

Allergy Research – Sano Gatril Lozenges – suck 2 lozenges 20 mins after breakfast & dinner

- Perm a Vite was designed by Dr Leo Galland to nourish the gut lining.
- Arthred is a collagen powder to aid gastric healing and also reduce

inflammation. Sano Gastril is a unique product of fermented soy with probiotics that help to re-educate the parietal cells of the stomach to produce less HCl and has been successfully trialled for heartburn and hiatal hernia. N.D. followed the recommendations for 4 weeks and reported marked benefits and **Duration** now continues with the programme before we review his next course of action in a matter of weeks. After only 4 weeks of treatment N.D. had much less stomach pain and wind, often **Outcome** pain free in the day. The nights were better, but not completely so, and he was getting longer periods of uninterrupted sleep. Energy had also improved. **Comments** N.D.'s sore throat may well have been an indication of reflux and inflammation in the stomach, as well as the throat itself. The use of a proton pump inhibitor exacerbated his symptoms. The condition then remained unabated for 2 years, with no self recovery. This is sometimes called Functional Dyspepsia. N.D. had low stomach acid accompanied by a compromised stomach and gut lining. By targeting these tissues with targeted nutritional powders combined with support for the stomach pH without the use of an alkalising agent (i.e. Sano Gastril), N.D. has to date experienced his best health in the past 24 months, and he continues to improve. It will be interesting to learn whether he can tolerate or benefits from HCl acid supplements in due course. Antony Haynes, BA(Hons), Dip ION, mBANT, NTCC is a Nutritional Therapist working **Practitioner**

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