

# Case Histories

## Case History – Phenylethylamine Improves Mood

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	<p>Miss J.T. is a single, 44 yr old teacher. She is 5ft 8 ins and weighs 7 ½ stone (170 cm, 46.6 kg).</p>
<b>Presenting complaint – list and duration</b>	<p>When we first met in November 2008, Miss J.T. presented with fatigue, poor sleep &amp; mood, irritability, low stress tolerance, cravings, constipation and an irregular cycle. She had been struggling with most of these all of her adult life - likely linked with her drug addiction she had from her teens.</p> <p>At 16, after a “normal” childhood and education, she became involved in soft drugs and then moved on to cocaine and heroin. She also experienced anorexia of a kind. She was highly addicted, became obsessive and could not control her life resulting in many controversies. At 19, she entered rehab and soon afterwards her eating disorder turned into bulimia. She felt guilty, ashamed, hopeless, depressed and turned to alcohol.</p> <p>At 21, she stopped alcohol and has not touched any since nor any illicit drug. However, she reverted to anorexia and struggled in all aspects of her life for years. J.T. had a breakdown at 29 and entered rehab again and followed the 12 step programme within a clinic for 6 months.</p> <p>She sought counselling but was further set back by the death of her elderly parents when she was 32 yrs old. J.T.’s three brothers and sisters were considerably older than her, being 55 to 61. She started anti-depressants and this helped her to change the anorexic habits. After 18 months she decided they were no longer helping her and were causing side effects, so the medication was stopped.</p> <p>J.T. had managed to undertake a teaching degree, during this time, and graduated at 35 yrs, and began to teach from that time, working full-time.</p> <p>She has had a series of dysfunctional relationships, and has been living alone for 3 years.</p> <p>She experiences negative thoughts, anger, irritation and depression almost every day, and has been chronically fatigued. J.T. also has a sense of extreme hopelessness from time to time. J.T. feels overwhelmed by the smallest of stresses. She has constipation and daily bloating, which elicited most of the unwelcome emotions, she told me. (see <a href="#">article on relationship between gut and brain</a>) Cravings are also a part of her daily life, but she has resisted taking drugs again, and uses caffeine instead.</p> <p>After having amenorrhea since she was 19, her menstrual cycle started again at about 32 but had been irregular for the past 12 years.</p> <p>Exercise wise, J.T. did swim regularly which she noted was a definite overall help.</p>
<b>Any Investigations</b>	<p>Just recently, J.T. had been prescribed antibiotics for a chest infection, but this was the first time she could remember taking antibiotics. Other than that, Miss J.T. had</p>

had no medical tests, and the only medication prescribed to her was the anti-depressant based on her symptoms.

Despite the desire to pursue lab testing at least for her adrenal output of cortisol and liver detoxification function, J.T. could not afford any testing. She was only going to be able to afford the consulting fees and some supplements and this was thanks to a friend's loan.

Since neurotransmitters cannot be accurately measured in blood or urine tests at this time, the method of assessment was through symptom analysis. It certainly appeared that there were imbalances in all of her brain messengers: serotonin, dopamine, GABA, acetylcholine, glutamate and noradrenaline. ([see Dr Lombards Chart](#))

## Strategy

There were two prime targets of the Nutritional Therapy, in addition to upgrading her food and fluids. These were to calm J.T.'s gut and improve her bowels and secondly to directly improve her neurotransmitter status and mood. A number of other possibilities presented themselves including adrenal support and a detoxification programme too. However, given the powerful connection between the gut and the brain and the immediate short-term need for J.T. to "feel" more positive, this was the decided course of action.

## Diet & Supplements: name and dose

J.T. ate a relatively sound diet with a typical day being wholemeal toast for breakfast, chicken and veg for lunch, and lentil and veg soup with hummus and fruit for dinner. She did, however, have 4-5 coffees a day. She also drank too little water which combined with the coffee meant she was often dehydrated. This was the only drug she currently consumed. In fact, it transpired that J.T. had not been truly drug free (if we include recreational and prescribed drugs, alcohol and caffeine) since she was 16 yrs old.

She agreed to reduce the coffee and increase her water intake, and to consume a high quality protein at each meal.

The supplements recommended were as follows:

### **Allergy Research – PEANRich® – 2 caps mid a.m. & mid p.m. with water**

PEANRich® contains Phenalmin™, a proprietary extract derived from certified organic blue green algae, *Aphanizomenon flos-aquae*, which contains a significant concentration of phenylethylamine (PEA), a mood adaptogen. It has been used for helping people with depression, eating disorders and addiction for some decades by practitioners in the USA.

### **Allergy Research – Lactobacillus GG – 1 caps at breakfast**

World's most researched probiotic bacteria, with a potential wide range of digestive and other benefits, including the reduction of inflammatory cytokines that could result in upsetting the balance of neurotransmitters. Contains at least 30 billion viable organisms per capsule. Further indicated by recent antibiotics.

### **Allergy Research – ButyrEn – 1 tablet with each meal**

Enteric-coated butyric acid which supports the intestinal lining reduces inflammation and probiotics adherence and reduces ammonia, another substance which could upset the functioning of the nervous system.

## **Biotics Research – I.P.S. – 2 caps 20 mins before lunch & dinner**

“Intestinal Permeability Support” provides a combination of epithelial supporting nutrients including glutamine, tillandsia and lamb intestine concentrate that contains EGF (epithelial growth factor). Also aimed at reducing inflammation within J.T.’s gut. (see article on [gut permeability](#))

### **Duration**

The first phase was for one month, when J.T. reported back in a telephone appointment. She told me that she felt her life was one long series of ‘pill popping’ but that she was getting used to the fact that these new pills were good for her!

We then had another follow up 4 weeks after that, in January 2009. In June 2009 we had a review of what she was doing and each time J.T. requires the PEANRich she contacts me (i.e. every 3-4 weeks) with a brief update.

Initially, J.T. was not able to implement all the dietary recommendations but did manage to reduce her coffee to 2-3 per day and she drank 3-4 more glasses of water.

She could not afford more lengthy visits for two reasons; her work and lack of funds. So we conducted the follow ups on the phone in the evening.

### **Outcome**

Despite December being a manic time at school, J.T. experienced swift, definite benefits. Instead of becoming even more overwhelmed, she coped much better than she expected. Just within this short time, she told me that she felt more at peace, and “less bored of life”. She was generally less anxious and felt more positive about looking after herself.

She told me that the therapist she had been seeing had died, and she was looking for another. This did not prove to be a set-back for J.T., however.

The PEANRich had arrived one week after the other supplements and as soon as she started to take it, it made a positive difference to her mood. Phenylethylamine is a feel-good neurotransmitter and is the substance found in chocolate that contributes to positive emotional responses, and is also believed to be one of the pleasure-endorphins produced in higher amounts by long distance runners. PEANRich offers 10 times more PEA than a bar of chocolate, but without the sugar.

She discovered that wheat made her bloating worse and more tired, otherwise her energy improved somewhat, so she avoided wheat. Other carbohydrates also appeared to make her more bloated so she was in the process of establishing what she could tolerate. ( see article on [bloating resolution](#))

Her menstrual cycle had also become more regular although not yet normal.

At the first follow up, for financial reasons, she needed to reduce the supplements, and I recommended J.T. to continue with the PEANRich and Lactobacillus GG.

As the months passed, J.T. continued to feel better and felt more stable and balanced. She still needed a coffee in the morning, but was sleeping better and her mood was much better and she felt much less irritable. Her energy was much more balanced and her cravings were “a LOT less!”. Her bowels were improved and continued to be so when she stopped the Lactobacillus GG in early February 2009.

She continued to take the PEANRich and each time she ran out, she felt herself slipping back to the place she had been before which prompted her to re-order it.

## Comments

She found it a financial challenge, but because it made such a profound difference to her she managed to raise the funds to continue to obtain it.

J.T. has been taking PEANRich for nearly 18 months and has found it to be the single most effective intervention or help she has ever had, including counselling. It has, she states: changed her outlook on life.

J.T. has taken drugs of one kind or another, of varying strengths, for nearly 30 years. This means that the biochemical imbalances, habits and addictive disposition are well entrenched. Despite this, the PEANRich has been able to bring about a fundamental shift in the way J.T. thinks and feels.

She may need to continue to take the PEANRich for years in order to maintain her newfound wellness, especially since her job is very stressful and she is hampered from taking the rest she needs through lack of funds. Her continued employment is a powerful component of her recovery and financial independence, so it is not something she will give up in the quest for better health.

There may well be benefits from addressing her adrenal hormone balance and overall nutrient status, which may mean she would not need the PEANRich, (stress hormones deplete calming or inhibitory neurotransmitters). However, for now, J.T. is as well as she has been since she was in her young teens and is not in a position to engage in anything else.

For her, PEANRich has positively helped her change her mood, energy and whole life and she intends to keep it that way.

## Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, NTCC is a Nutritional Therapist with a clinic in London.