

# Case Histories

## Teenage Girl with Crohn's sees Gut Pain Improve Rapidly

Gender, Age, Occupation, Nationality, height and weight.

Miss D.L. is a 17 year old girl, and a day girl at 6 form college. She is 5ft 1½ inches tall and weighed 6 stone 1½ lbs (156 cm, 38 kg, 85 ½ lbs).

Presenting complaint – list and duration

Miss D.L. presented with stomach aches/pains that were sometimes unbearable. She had suffered for over 4 years, and had been assigned a diagnosis of Crohn's. and during that time there had not been a moment when she had not been aware of discomfort in her upper or lower abdomen. The pain used to be isolated to just above the belly button but now it appears anywhere in her stomach or upper or lower abdomen.

D.L. was very slim at just over 6 stone - a low body weight which was directly attributable to her gut pains, as these significantly reduced her appetite, and eating often made them worse.

Over the previous two years, she had been prescribed and taken the immune-suppressant [Azathioprine](#) and the immune-suppressing, anti-metabolite drug [Methotrexate](#). However, after using these on two occasions for a period of a month each time, she reported simply feeling worse, they were stopped by her consultant. Since stopping the medications, D.L. reported feeling better in terms of her energy and in herself. The stomach had become worse when on the medications.

In stopping the drugs, her skin condition also improved. It had become very dry and eczema-like with some rashes.

Her bowel movements were generally fine, but occasionally there was blood in the stools and sometimes she became constipated. She had a poor appetite and difficulty putting on weight. Two years previously her periods had stopped, most likely due to her low bodyweight.

She also had developed a lip swelling and occasional rash on left side of face, suggesting an allergy, but it was not known what caused this.

Recently, over a period of four weeks, D.L. had experienced vomiting once a week, preceded by stomach pain with 'squelching, pulling, twisting, punching' symptoms all over her stomach (almost unbearable). If she was sick it was always after the dinner in the evening. Sometimes she was kept awake with stomach aches.

D.L. had needed to take time off school as a result of feeling really unwell. She was very bright and whilst she had managed to obtain top marks at school, she found it tougher and tougher to maintain the high standards she had always attained.

Interestingly, acupuncture used to make her symptoms worse, so she stopped this after three appointments.

Also very recently, D.L. noticed that after having the probiotic drink actimel, she was sick some time later that same day.

D.L. was tired all the time, and sometimes her left eye twitched.

## Any Investigations

During exams, D.L.'s condition worsened due to stress.

She knew that citrus foods, spicy foods and heavy foods needed to be avoided because they irritated her gut. She also avoided fizzy drinks. Vegetables also did not suit her. She had also identified that gluten containing foods such as bread, pasta & oatcakes were a problem, at least sometimes, so she did her best to avoid them, but not all the time.

In terms of supplements, D.L. tried to take these every day: iron tablets, multi-vitamins, cod liver oil with primrose, zinc tablets and rutin. These did not appear to have had any noticeable effect.

The doctors had run blood tests and an endoscopy in order to make the diagnosis 4 years previously. She had also had the blood tests repeated. H. pylori was ruled out.

The consultant noted in a letter that her condition appeared to be food related but made no comment, gave no advice or recommendations. He did suggest considering IV iron, because the haemoglobin was borderline low & serum iron was too low but also stated that he did not know if this would help her feel better.

CRP was found to be elevated at 20 – with a reference range of less than 10 mg / L with the lower the level the better. This is not a surprising finding since D.L. had suffered significantly with pain over time.

Antibodies were all normal and the coeliac screen was normal too. However, we know that this does not rule out gluten sensitivity.

D.L. did not score particularly highly in the questionnaires, although the small intestine did have the highest score of all the systems in the body. In this case, from the forms alone, it would not have been possible to describe how D.L. felt which became much more apparent when speaking to her mother or herself.

This was her first visit to a nutritional therapist, and she comes from a family of medics and scientists who are generally very sceptical of anything non-medical. However, due to the very disappointing and painful experience with the medications so far and complete lack of sympathy and understanding about her condition, her mother and herself have felt somewhat removed from this belief system. In spite of the fact that D.L.'s condition was well known within the family circle, that foods were recognised as being triggers, at least, but no one suggested pursuing this line of thought and they were actually put off testing for food intolerances and seeking help in this arena (ie from a nutritional therapist).

## Strategy

The approach was a straightforward one after listening carefully to D.L. and we made a list of all the foods she knew caused her problems and pain and agreed that she would avoid these items completely for at least a trial period. This included all gluten and dairy products along with the citrus fruit, spicy foods, and red meat and any rich sauce.

We prepared together a list of suitable alternative meals, most of which she knew she could eat and NOT trigger symptoms.

In addition, and especially because she mostly avoided these foods anyway, a gut healing supplement programme was recommended. Her existing supplements were put on hold.

## Diet & Supplements: name and dose

These were the variables that changed, with the intention of helping address her gut pain and other symptoms which had been present for over 4 years.

D.L. avoided all the culprit foods, and she took these four supplements, which I recommended.

Product name & brand	Dose
<b>S. Boulardii (AR)</b>	2 with breakfast & 2 with dinner
<b>I.P.S. Caps (BR)</b>	2 with each meal
<b>ButryEn (AR)</b>	1 with each meal
<b>Bio-Ae-Mulsion Forte (BR)</b>	2 drops with breakfast & dinner (12,500 iu per drop)

**S. Boulardii** – a well-documented, probiotic yeast that supports SIgA and the innate immune system, possesses anti-inflammatory activity in the gut, supports gut lining integrity, probiotic adherence, and helps to exclude unwelcome guests.

**IPS Caps** provide key nutrients for the health of the gut lining, including glutamine, glutathione, gamma-oryzanol, Jerusalem artichoke, Tillandsia & extract of lamb intestine.

**ButryEn** – provides enteric coated butyric acid which helps to support gut lining integrity, probiotic adherence, bile flow and colonic cell health.

**Bio-Ae-Mulsion Forte** - provides a key nutrient for epithelial healing (vit A) which is so often required when there is damage to the gut lining. It also plays a key role in immune tolerance. This dose is not for the long term, and is extremely safe. We have written about vitamin A on our website – do click these links to view: <http://tinyurl.com/5v5jev9> & <http://tinyurl.com/2vjseu2>.

## Duration

D.L. followed the recommendations closely and managed to take the supplements almost exactly as advised.

In four weeks after she started the programme her mother reported back to me as arranged.

For the second month, based on its success, with the exception of the dose of Bio-Ae-Mulsion Forte (BR) being halved, the supplement programme remained the same. Although a lower dose may well have maintained the benefits, after four years of discomfort and inflammation it is very likely that a consolidation would be required. The patient and her mother were also very willing to continue with the most-successful-by-far intervention in 4 years.

## Outcome

The benefits to D.L. occurred within days. "She has been and is feeling much better. Her stomach aches have decreased in frequency and in severity of pain. In fact now there are days when she has no pain. She is looking better and happier in herself. Many thanks for your assistance thus far, it has produced excellent results!"

D.L.'s appetite has also started to improve, and she has gained some weight.

With regret, D.L. has suffered from some "acid reflux", and this will be monitored. A repeat blood test was conducted after 6 weeks on the programme, in line with the

## Comments

medical schedule of assessment and not organised via myself, her CRP was 1.5, down from 20. All other results were normal, including serum iron, haemoglobin and liver enzymes. This was a very useful confirmation of changes within D.L.'s body.

After the second full month, D.L. had gained 9 lbs in weight, had experienced momentary pains and discomfort but some 90% less than previously and felt so much more confident about everything in her life. She said that it now felt like a nightmare that was over.

She still avoided the trigger foods and was exploring a greater variety of foods in her daily diet.

She still has a swollen lip from time to time, but this does not trouble her so much now that she is feeling so much better overall. At the appointment after two months we did not even mention the word Crohn's, which appears to be a diagnosis that is being consigned to history.

I am considering the use of Quercetin 300 (AR) and or OralMat (AR) to address potential histamine promotion in due course.

The mother and I discussed what had happened in the short time on the nutrition programme. The mother asked me a question: "why don't the doctors know about these things?" The doctors had dismissed the fact that food could have anything to do with it, and preferred to diagnose her daughter with psychological problems, along the lines of anorexia, rather than a problem with her food or intestinal health.

This was clearly the first time that this lady had stepped into the field of so-called alternative/functional medicine and yet the evidence of what had happened to her daughter was something she definitely recognised as direct cause and effect.

She was, against the background a very conventional belief system, fully converted. She had used nutritional therapy as a last resort for a chronic (& acute) condition and fortunately for all concerned the results have been extremely positive. With this being the case, I did wonder about how effective this kind of approach could have been if implemented 4 years before, and how much suffering and time it would have saved.

She asked for an explanation of what had happened and I gave her as detailed an answer I could, and made distinctions to her between the metabolic effect of essential and non-essential nutrients and the pharmacology of medicines, with their long list of side effects compared to the huge safety of the supplements. I introduced her to the model of functional medicine and referred back to the Mind Map that I had prepared at the first appointment. I also described the two key questions: "What needs to be removed?" and "What needs to be added?" The list of potential side effects for methotrexate alone is long, and commences with "may even cause death". I also offered to communicate with her daughter's doctors.

She wanted to be able to have other parents know of the potential of Nutritional Therapy for their children, whom she had met over the 4 years, but I urged her to focus on her daughter in the first instance and enjoy her well-being. She did, however, book an appointment for herself and her cousin who had colitis (whose husband is a doctor). I look forward to employing the functional medicine model of health in these cases and hopefully helping them both in the same way.

## Practitioner

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