

Case Histories

Weight Fatigue Diabetes All Improve with Nutritional Therapy

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

Mrs E.F. is a 56 yr old woman, who lives with her husband & two grown children. She is 5 foot 6 inches tall, & weighs 13 stone (167.64 cm, 80.89 kg).

Presenting complaint – list and duration

Mrs E.F. presented with numerous health issues. She was overweight, tired, had a rash that had become very itchy, disturbed sleep, low libido, raised blood glucose and was a diagnosed diabetic. What affected her most of all, physically, was both the itching at night and the stiffness she experienced in the morning time. On a psychological level, E.F.'s fear of uncontrolled diabetes and its unpleasant consequences was a substantive stressor.

From the age of 6, E.F. was put on her first diet, she recalls, even though she really was not very overweight. Sadly, and this does not affect E.F. alone of course, her weight has been an issue ever since, and has resulted in reduced emotional well-being and confidence.

When E.F. was 21 she had recognised in hindsight becoming 'addicted' to carbohydrates and has struggled with this for 35 years.

When E.F. was 23 she suffered from glandular fever and experienced fatigue for over 6 months which almost changed her wedding plans, but she recovered in time.

E.F.'s two children were born when she was 27 and 29. She explained that she struggled with her weight, and the food cravings perpetually!

As recently as 2007, the only real concern in her health was her weight. But then she experienced a year of an arthritic related knee problem. The inflammation has persisted to this day, and whilst her knees are no longer the focal point of the condition, she feels stiff and inflamed all over. She puts this down to the same arthritic condition, but as we can see from her case, there are other potential causes of her systemic inflammation.

In 2008, her GP conducted some standard tests and discovered an elevated blood glucose, and on re-testing she was diagnosed with Type II diabetes and recommended dietary change and exercise before metformin was prescribed some months later.

In 2011, as part of the routine repeat tests, E.F.'s bilirubin was discovered to be very elevated and she was diagnosed with Gilbert's Syndrome, although she did not feel appreciably different for having the

diagnosis.

In 2012 the rash had appeared on Elizabeth's entire body, except her face. It was not itchy for many months, but it did become very itchy 5 months prior. E.F.'s sleep became interrupted and disturbed since the itching started.

To summarise at our first appointment E.F. was faced with daily itching and that all-over-body rash, excess weight, poor glucose management and fatigue, disturbed sleep, zero libido & daily feeling of stiffness and inflammation.

Key objectives: E.F. wanted to achieve these goals: to lose body fat, to feel fit, strong & energetic, to have optimal blood glucose balance, to sleep well though the night, to improve her libido, to be free of stiffness & inflammation, to be free of the itchy rash and to eat less chocolate. She had cravings, she told me, which she could not resist. In fact, her cravings largely explained why she could not lose weight.

Any Investigations

E.F. had been monitored in terms of blood tests, including glucose, since she had been diagnosed with diabetes in 2008. She also used home finger-prick testing each morning and recorded her levels and recorded the average level on a weekly basis.

It was in the regular testing that the bilirubin has been identified, and the diagnosis of Gilbert's, which only seems to be a diagnosis that reflects the sole marker, but more importantly, it highlights the potential need to focus on the gall bladder, liver and its metabolic functional efficacy.

It was this information that prompted me to view E.F.'s history through different lenses. That she had had glandular fever in the past, and given my clinical experience with chronic viral infections, I recommended a viral antibody test. The viruses assessed were CMV, EBV & HHV-6.

The results identified positive antibodies to EBV, at the highest level from this specific lab (Genova – although this test has been stopped now) and positive to HHV-6, but negative to CMV.

Strategy

The strategy was to directly address the viral burden as the underlying cause of many of her symptoms. We did not know exactly how many of them were related to the immune reactivity to these viruses but we were to find out over the coming months.

At the outset, and from what transpired, throughout the nutritional programme there was no intention to focus on blood glucose support or an anti-inflammatory programme and this was not required either.

Diet & Supplements: name and dose

In addition to the specific therapeutic intervention, dietary changes were recommended to help stabilise her blood glucose.

In terms of diet, a wholefood diet with limited carbs was recommended, and emphasis was made on consuming protein at breakfast to stabilise blood glucose. I also recommended E.F. eat only 3 times per day with no snacks at all.

In the past, she had well known that she should not eat biscuits and chocolate but she could not do so because of lack of will power, or so she thought. Nonetheless, the education about how chocolate fed the very thing that was, at least in her mind, the culprit for the way she felt bad in so many ways achieved just what she needed. In this way, E.F. did not snack at all.

Although I did not know it at the moment I said it, but when I told E.F. in a simplistic analogy that 'chocolate fed viruses' this was what it took for her to stop eating it entirely and immediately. She had taken on board that the viruses were responsible for much of what was going on (which was a working hypothesis) and she was given something on which to focus and not only could it allay her itching but also improve her blood glucose balance and thereby reduce her greatest fear. This was all activated when I told her about chocolate's food contents affinity for certain viruses. I explained that the reason was the level of arginine in chocolate. (this is simplifying a correlation as opposed to a causation, but I have found that in people with a high chocolate intake and viral load increases that excluding chocolate is beneficial).

The first phase involved supplements specifically geared to address the viral burden.

Supplement Programme One	
Humic Acid (ARG)	1 at each meal
Gluten-Gest (ARG)	5 mid morning, 6 mid afternoon

The second phase, a short 3 weeks later, involved similar supplements but varied the proteolytic product and included the anti-inflammatory collagen powder, Arthred.

Supplement Programme Two	
Humic Acid (ARG)	1 at each meal
Pancreas (pork) (ARG)	5 mid morning, 6 mid afternoon
Arthred (ARG)	1 scoop twenty mins before 2 meals a day

Less than two months later, E.F. and I met again and the supplements were similar but again varied in terms of the proteolytic enzymes and

a second viral focussed humic acid supplement.

Supplement Programme Three	
Humic Acid (ARG)	1 at breakfast & dinner
Humic Monolaurin Complex (ARG)	1 with each meal
Gluten-Gest (ARG)	4 mid morning, 5 mid afternoon
Arthred (ARG)	1 scoop twenty mins before 2 meals a day

The fourth and last programme, which is the maintenance programme effectively, is shown here, with a reduced dose schedule.

Supplement Programme Four	
Humic Acid (ARG)	1 at breakfast & dinner
Humic Monolaurin Complex (ARG)	1 with each meal
Gluten-Gest (ARG)	4 mid morning
Arthred (ARG)	1 scoop twenty mins before 2 meals a day

Information about the supplements

Humic Acid (ARG)

2 capsules contain 750 mg of humic acid. Humic acids are the organic components of soil, peats, brown coals, shales, and lake sediments, formed from decomposed plant material. This humic acid can bind to cell surfaces with no adverse effects on the cell itself or on cell growth, and can stimulate normal, healthy resistance and immune response. In clinical terms, this humic acid can bind to viruses and inhibit their replication, which results in anti-viral activity.

Gluten Gest (ARG)

Gluten-Gest contains glutenase powder, which provides specific enzymes that target the more difficult-to-digest peptides found in wheat and other gluten-containing grains. Gluten-Gest may be used by those with frank coeliac disease as a 'second line defence' as they continue to avoid ingestion of gluten. Gluten-Gest may also be beneficial for those with a lesser degree of gluten and wheat sensitivity. This product is a useful all-round digestive enzyme formula.

Arthred Powder (ARG)

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

Pancreas (pork) (ARG)

This is a potent pancreatic enzyme product, providing 425 mg of lyophilised pancreas tissue that can assist in the breakdown of protein which is important in psoriasis.

Humic Monolaurin Complex (ARG)

2 capsules contain 500 mg of monolaurin, 350 mg of olive leaf extract, 250 mg of humic acid, lactobacillus rhamnosus 25 mg. Each of the 3 main ingredients have anti-viral activity. In clinical practice, the use of Humic Acid for the first phase and then this product for the second phase has worked well to resolve viral infections.

Duration

The sequence of dates is as follows. We met in October and then the test results took some weeks to come back and we met again 3 weeks after E.F. had started her programme in December. We then met again in February and once more in March.

E.F. continues with the nutritional programme.

Outcome

Here is the detail of E.F.'s journey towards better health.

At the first follow up appointment 3 weeks after she had started the first phase programme, the intention was to ensure that the programme was on track.

She had eaten no chocolate, nuts or seeds and she had changed her diet and taken steps towards all of the positive recommendations I had made to her. She told me that she had craved crunchy foods, and that buckwheat crackers had helped.

There had been relatively little changes in how she had been feeling just a few weeks in. However, she had slept noticeably better, and the skin itchiness had been definitely less. There had also been a shift in her mood for the better which had provided ongoing motivation to keep on with the changes.

The supplement programme was changed slightly, to offer more support for her gut lining integrity and the proteolytic enzymes were changed. As with probiotics, I typically find that this principle is also clinically effective for the use of proteolytic enzymes.

E.F. returned for the 2nd follow up at the start of February. She was delighted with herself at NOT having cravings over Christmas and therefore found it much more straightforward to avoid foods which she would normally have over-consumed: biscuits, chocolate & alcohol. In fact, she emphasised, this was the first Christmas that she had not

gained a significant number of pounds of weight. She had actually lost some weight, which she found to be quite startling. She was relieved and excited at the same time, since now she would not have to starve herself to lose the Christmas weight gain. She was now 12 stone 7 lbs.

E.F.'s weekly average blood glucose dropped from 7.0 nmol/L to 6.0 nmol/L which she was very pleased about as well, since she had a fear about her diabetes.

The itchy skin was still less, and the rash was much better too. Her sleep was overall much better too. The benefits of this cannot be underestimated.

Her sense of stiffness was still the same when she woke up, and this was mattered to her most. The inflammation did taper away as the day went by, I discovered when questioning her. In this way, she had felt more fit and strong than she had.

Her libido was unchanged. This was not something we discussed too much and she acknowledged that there were other aspects of her health that warranted more direct attention.

I increased the variety of ingredients that inhibit viruses, and rotated the proteolytic enzymes.

Five weeks later, we met again. E.F. was finding that the reduction in her cravings was the one thing that was helping her maintain the nutritional programme.

She had lost more weight, and her blood glucose was better again at an average fasting level, first thing, at 5.6 nmol/l. This was very reassuring for her, since this was her main fear, that she would not be able to control her blood glucose and have significant diabetic side effects. Her sleep was consistently good now, and her skin was much less itchy and her rash was 80 per cent better.

What was very pleasing was that she felt better in terms of the inflammation she experienced first thing and during the day since this contributed to how her mood was set for the day ahead.

In the summary below, I detail how E.F. fared in regards to all of her goals.

I recommended that this supplement programme be continued for the next two months, and then to review.

Summary

In a short number of months (November to March), Elizabeth had made

significant progress. Here are her goals and the specific improvements.

Weight – lost one stone from 13 stone to 12 stone.

Energy and strength was much better.

Blood Glucose Balance – went from an average of 7.00 nmol/L to 5.6 nmol/L and dropping.

Sleep improved and E.F. now slept well through the majority of nights.

There was no change at all to her libido. We agreed to discuss this next time we met (no fixed date).

Morning stiffness & inflammation was 80 per cent better.

The Itchy Rash was no longer itchy at all and the rash was considerably less.

E.F. had not eaten chocolate since the virus antibody tests were explained to her.

Comments

The recommendations in terms of therapeutic intervention were guided very much by the viral antibody test. The test was recommended based on the careful listening to this woman's case history, and in an attempt to make sense of the whole picture of her health.

On the face of it, however, the programme could have been quite different and would have consisted of an anti-inflammatory programme of supplements also focusing on blood glucose management.

The positive outcome all round validates the strategy followed, and is another clinical case in which a chronic viral infection (EBV & HHV-6) contributed to a variety long term health issues. All of these (excepting libido) have improved in a remarkably short period of time with a focused supplement programme and improved diet.

E.F. has now stabilised her blood glucose, appetite and cravings which raises the issue of how much these were affected by the virus and the immune system's reactivity to it. Her fears of uncontrollable blood glucose have also hugely reduced.

She has emerged from the process of dietary changes and taking the supplements into a much more solid state of health than that which I first encountered back in October.

Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, NTCC is a Nutritional Therapist working in W1, London.