

CASE REPORT

To encourage other practitioners to consider submitting a case report for the E – News, we have restructured the format in line with recommendations from July 2014 and have left in the key guides – should you be interested just e mail info@nutri-linkltd.co. We will send you the word doc.

Case reports are professional narratives that outline the diagnosis, treatment, and outcomes of the medical problems of one or more patients. Information from case reports can be shared for medical, scientific, or educational purposes. They provide a framework for early signals of effectiveness adverse events, and cost. Case reports and the systematically collected data from which they are written also provide feedback on clinical practice guidelines.

Case Report of a 60 year old lady in whom a yeast infection manifests in many signs & symptoms which resolve with targeted NT.

Abstract. Summarise the following information if relevant: (1) Rationale for this case report, (2) Presenting concerns (eg, chief complaints or symptoms, diagnoses), (3) Interventions (eg, diagnostic, preventive, prognostic, therapeutic exchange), (3) Outcomes, and (4) Main lesson(s) from this case report.

This case explores a nutritional focused approach to the resolution or part resolution of a number of conditions, signs and symptoms in a 60 year old grandmother, whose health had deteriorated after an accident some 7 years previously.

Specifically, Mrs. F.R. was considerably overweight, breathless on any exertion, suffered from painful boils on her legs and buttocks, experienced episodic labyrinthitis which completely incapacitated her, and had painful leg cramps too. She had developed lymphedema, had poor cognitive function, and a permanently bloated abdomen. Her cholesterol was elevated; at 7.5 mmol/L.

Whilst she had the descriptive diagnoses of labyrinthitis & lymphedema and a blood test that confirmed her increase risk of heart disease (i.e. the raised cholesterol) alongside her >30 BMI value , she had no diagnosis which explained any of this. In this way, it is not possible to summarise scientific research papers which adequately offer an insight into this case, nor that helps to put this individual case into any context. This is not a case about labyrinthitis and nor is it one about lymphedema, it is not about focusing on cholesterol lowering, it is not about how to achieve weight loss. There is no typical medical treatment for F.R.'s state of poor health. It requires an understanding of underlying causes, which in this case revolve around a chronic yeast condition. This case report is a prime example of how an individualised approach which appreciates the case history & the time line of the patient and in so doing offers a way forward, that resulted in a positive outcome.

As will become clear and as this case report moves forward, the aetiology of this woman's poor health lies in an imbalanced microbiome and compromised mucosal immune health, part of which involves a candida species yeast overgrowth.

Key Words. Provide 3 to 8 key words that will help potential readers search for and find this case report.

Yeast, candida, antibiotics, immunity, mucosal immunity, weight, accident.

Introduction. Briefly summarise the background and context of this case report.

8 years previously, Mrs F.R. had been in good form. She had been married for 27 years and had two children who were now grown up. She was a little overweight but only by 10 lbs, and she enjoyed an active life, and was her usual positive self. She enjoyed walks with her husband and friends and the occasional game of badminton and yoga class at her local club.

7 years ago, however, Mrs F.R. had suffered a fall which required foot surgery. The lack of recovery from the surgery resulted in a decline in health that was as sharp and unexpected as the fall itself. Mrs F.R.'s health and life changed for the worse in every way possible resulting in challenging physical conditions, dulled brain function, distressed emotional state and a lack of 'faith' on a spiritual level at the very time she needed that most.

She had been referred by a friend who so wanted to see F.R. get better. Prior to this, F.R. had not considered seeking advice from a nutritional perspective because she ate so well, and "cleanly" as she described it. I was to learn more about this later into the consultation.

Presenting Concerns. *Describe the patient characteristics (eg, relevant demographics—age, gender, ethnicity, occupation) and their presenting concern(s) with relevant details of related past interventions.*

Mrs. F.R. is a white, Caucasian lady aged 60. She had not worked since before she was married, some 27 years before. She had been a mother and house wife and had not needed to work, being supported by her husband. However, she led a full life and was very sociable, and maintained almost daily contact with her two daughters, who were themselves married. Her eldest daughter now had two young children aged 3 and 1 and her youngest daughter had a 1 year old.

Historically, F.R. had not had any history of medical conditions, except that she had needed an inhaler for a time when she was under 10 years of age for what was believed to be asthma. Since then, she had been quite well. She had experienced some premenstrual symptoms, she told me when I asked for further information about her health history, and some heavy periods. This was now long in the past, she told me, as she was now menopausal for > 10 years.

7 years ago, F.R. suffered a fall and hurt her foot which required surgery. However, since this time, she has had daily foot pain which affected her physical movement and over time a cascade of signs and symptoms followed. Not only did she gain 4 stone in weight, she developed oedematous legs and then boils on her legs and buttocks, but she became breathless on any exertion further limiting physical movement. She suffered reduced cognitive function, lost her hitherto-ever-present sense optimism and positivity, and then developed episodic labyrinthitis which left her needing to lie down and remain motionless. She suffered from leg cramps every day, a worsening memory, and an inability to play with her new grandchildren whom she had only known in her current state of health which reduced her to tears on a regular basis. That her cholesterol was high was a minor thing in her eyes. She had taken to drinking far more alcohol than she ever had prior to the accident, and she knew this was not a good thing but could not help herself.

Clinical Findings. *Describe: (1) the medical, family, and psychosocial history including lifestyle and genetic information; (2) pertinent co-morbidities and relevant interventions (eg, self-care, other therapies); and (3) the physical examination (PE) focused on the pertinent findings including results from testing.*

Mrs. F.R.'s parents had both smoked for decades and died relatively young, in their late 60's and early 70's. Her uncles and aunts had passed away from 'natural causes' that turned out to be heart attacks and strokes in their

late 70's. Her sister and brother were still alive and relatively well aged 62 and 65. Her brother had arthritis that had affected him for at least 5 years, and her sister had IBS but they did not talk about this often.

Mrs F.R. was fortunate to live in a lovely home, afforded by her husband who had earned a good living and was now in semi-retirement, and therefore did not want for anything on a material level. She did, however, desperately desire for improvements in her health, which are well reflected by the health goals we established at the outset.

1. To be able to walk without pain
2. To be able to walk without breathlessness and do yoga again
3. To be able to play with my grandchildren
4. To lose body fat – a lot!
5. To be free of swollen legs and boils
6. To feel good again
7. To have a good memory again
8. To be able to think clearly and be free of the 'dullness'
9. To be free of leg cramps
10. To never have labyrinthitis again
11. To get my joy back
12. To stop drinking alcohol

We discussed more closely what had occurred at the time of the surgery, which are detailed in the next section as part of the time line.

We also discussed the amount of wine that F.R. had been drinking. She drank 3 to 4 glasses a night and despite trying to stop she found that she simply could not. She and her husband were actively doing what they could to address the matter. The wine helped F.R. to feel better and feel vaguely human, and perhaps somewhat contradictorily helped her to sleep. For some reason, she needed at least 3 glasses to derive what she perceived to be its beneficial effects. This was clearly a vital thing to change. The consequences of so much alcohol are numerous: likely compromised gut lining, inflamed & fatty liver, compromised nutritional status, systemic inflammation, adrenal insufficiency, fatigue and more besides.

Timeline. *Create a timeline that includes specific dates and times (table, figure, or graphic).*

Born in 1955, F.R. had been brought up in relatively modest surroundings in Hertfordshire, and like the rest of the population with the food supply at that time, ate simply, and for the most part the food was fresh and unprocessed.

Aged 9, in 1964, she had been prescribed an inhaler for about 6 months in order to help with a breathing difficulty which was believed to be asthma. This seemed to work and she no longer needed it. This is from the best recollection of that time, and it is not known if it was a steroid inhaler or a bronchodilator.

F.R. enjoyed good health in her teens and twenties. She had always been lean, and had engaged in physical activities and being the youngest of three, she participated in sports and events in which her elder brother and sister were involved in.

F.R. married when she was 27, in 1983. She had two daughters, born in 1985 and 1987. She had enjoyed good health through the challenges of bringing up two youngsters, facing the lack of sleep and physical rigours as

had all of her friends. She did confide that she used to suffer some physical signs and symptoms as well as some mood changes before and during her menstrual cycle in her thirties but she was the kind of person who put up with it and looked on the bright side of life, and she did not complain. She had heavy bleeding for a decade in her late thirties and forties but nothing had been done about this, and she had not sought any medical or other advice on the matter.

F.R. told me that she had not really suffered from too much stress and was more often than not supporting her friends who needed support in the face of their own stresses in life.

F.R. had remained active with walking, playing some badminton and doing yoga of various kinds. She assured me there was nothing remarkable in her health history until 2009.

In 2009 she had slipped on a freshly mopped marble corridor in a shopping centre and then fell down a few steps. In the fall she had taken all of her falling weight on her right ankle and foot. X-rays revealed a fracture in a foot bone, and she had a very badly sprained ankle. She was on crutches for some time. It was very painful, and she had almost fainted from the pain.

F.R. told me that she had needed surgery to re-set the bone and this was conducted over 2 weeks after the fall. She had totally stopped all physical activity. She was given doses of NSAIDs & steroids to reduce the swelling, pain and inflammation.

After the surgery she remained on steroids for a short while for the inflammation as well as other pain killers. She was given prophylactic antibiotics. Within weeks of the operation, when she had her foot up, the abdominal bloating started. She had already gained some weight which was noticeable within a month of her fall. F.R. told me that from that moment she had not been the same, and all of her other ailments emerged in time one by one.

There was a great deal of stress involved because of the pain and inconvenience and then the rapid descent into less than good health, as well as the health insurance issues. The accident occurred in the entrance to a shop and F.R. and her husband employed a solicitor to claim medical expenses from the shop's public liability insurance. The legal issues dragged on, and whilst they ultimately received reimbursement it was a very unnecessary source of stress in the household, which she could not tolerate well due to her diminished well-being.

In the meantime, F.R.'s foot still hurt all the time; it was as if it had not healed. In the years to follow, she had further examinations and X-rays which confirmed that the operation had not set the bone properly.

Within the first year, F.R. had gained over 1 ½ stone in weight. In the 7 years since, F.R. gained a grand total of 4 stone, and her legs had swollen so much and her shape was so different that she hardly recognised herself. She was also unable to do anything more than a short walk around the shops, leaning on the trolley before she became breathless and felt exhausted. "Time to do something", she told me. It transpired that many of her friends had done their best to persuade her to seek some help but she had not been ready to do so until recently.

Based on the history of the prescribed drugs in and around the time of the accident and surgery, and her conditions, signs & symptoms combined with the wine intake, I recommend a single test in the first instance – a salivary candida antibody test. The results showed a high level of 67 anti-candida IgA (range = < 10). In the

second meeting with her, I also discovered that she had a coated back-of-the-tongue, and excessive mucus in her throat, which were may be signs of yeast / candida overgrowth.

This positive result helped to confirm a definite way forward, & provided motivation for F.R. to engage in change. After all of her efforts and attempts to instigate change and overcome addiction, it seemed that the time was right for this single test result to act as a catalyst for change.

Diagnostic Focus and Assessment. *Provide an assessment of the (1) diagnostic methods (eg, PE, laboratory testing, imaging, questionnaires, referral); (2) diagnostic challenges (eg, financial, patient availability, cultural); (3) diagnostic reasoning including other diagnoses considered, and (4) prognostic characteristics (eg, staging) where applicable.*

In recent years, Mrs. F.R.'s doctor had recommended statins to her when the blood test revealed high cholesterol, but had advised her that the results were otherwise normal and made no other comment about her weight, her foot or leg pains, bloating or anything else. She did get a physio appointment once a month for her lymphedema.

She was fed up with the lack of interest in her overall health from the GP, and was now determined to correct the consequences of the past seven years and "jolly well got on with it!", she declared.

When I analysed her diet, I discovered that it was very sound. She ate no processed, refined foods. She ate a boiled egg with a slice of wholegrain toast with her only coffee of the day. For lunch she ate a meat or fish with fresh veg. She typically ate fish with vegetables for dinner. She drank water throughout the day and 1 cup of tea. On the face of it, other than portion size perhaps, there was no way of associating her diet with the way she felt or her weight. When I reviewed the diet sheet against F.R. there was a distinct mismatch.

However, there was then her wine intake to take into account. She drank 3 to 4 glasses a night, and sometimes more at the weekend. Prior to her accident, I learned, she had consumed 1-2 glasses a night, and was known for "having a good time at parties" she told me wistfully. She had seemed to be just fine with that intake, but I wondered if this had set a scene for the candida which had not fully manifest until the accident, antibiotics and stress.

It became clear that as a result of the excess wine it could have been quite possible for this to contribute to her weight gain, overall poor health, lymphedema, boils, & fatigue at the very least.

The combination of the accident, the stress that surrounded it, the medications, the wine and then the decline in health and the bloating and the reduced cognitive function, I was more than suspicious about the presence of candida in F.R. It turned out that this was a very real issue, and this was the focus of the nutritional programme.

My thinking was that the candida had facilitated increased intestinal permeability, increased the body burden of toxins and was therefore contributing to F.R.'s complaints, either directly or indirectly.

Therapeutic Focus and Assessment. *Describe: (1) the type(s) of intervention (eg, preventive, pharmacologic, surgical, lifestyle, self-care) and (2) the administration and intensity of the intervention (eg, dosage, strength, duration, frequency).*

Given that F.R.'s diet was very sound, and was low in carbs & sugars, there was little to change in the way of food. However, the wine had to be stopped, and F.R. agreed given that she could see this was the single most negative thing that passed her lips. I explained how the candida / yeast could also be contributing to her cravings and likely addiction to wine, which I have often seen in other patients. When she understood how this could be a contributory factor in her inability to stop it, she found new strength to commit to avoiding it.

With the positive candida test results she also felt that there was something she could do for herself and was back in the driving seat, after giving up on herself for the past seven years, which she admitted. It seems that she was just waiting for a definitive way forward to which she could commit herself.

I recommended she also seek out a Manual Lymphatic Drainage practitioner for her lymphedema in addition to the NHS practitioner she met every 8 weeks at the local hospital, in order to increase the frequency of support for her swollen legs.

In addition to the alcohol free existence, I recommended supplements to support her through the process. In the first instance, looking to support her innate immunity rather than inhibit it, which would commence in the second phase. F.R. was certainly a candidate for additional supplements, but I chose what I believed to be the most relevant to her immediate needs.

F.R. specifically asked me if she could take something to help stop her cramps which often kept her awake at night. Alcohol can deplete many nutrients including magnesium, and magnesium can help with so many different enzymes, so I included an effective magnesium supplement to her programme.

I deliberately decided NOT to use *S. Boulardii* (AR) which was strongly indicated because of the yeast, on the basis that there was potential that she may react to the yeast - she told me she did have a reaction to mushrooms (worse bloating, loose stools).

I recommended a well-researched probiotic in the form of *Lactobacillus GG*, which supports SIgA levels which are necessary to help defend against and resist candida infections. A colostrum supplement to support innate immunity was also recommended (Immuno-gG). I also recommended a liquid iodine to use locally in her mouth and throat to help inhibit yeast, and lastly, the magnesium.

First Supplement Programme	
Lactobacillus GG (ARG)	1 with breakfast & lunch
Immuno-gG (BRC)	1 with breakfast & lunch
Magnesium Malate Forte (ARG)	1 with each meal
Liquid Iodine Forte (BRC)	1 dropperful twice daily, swished in the mouth, gargled & swallowed.

F.R. followed all the recommendations for 5 weeks, and then returned. F.R. had been diligent. She was the kind of lady that would not be put off her target, now that she had one after so many years of being 'lost' as she described it. She had not touched a drop of wine, and whilst that had been hard, she was now able to follow through. Her husband's support was also very helpful.

She had made progress and she was convinced we were on the right track. She had lost 8lbs in weight. In this short time, even the Manual Lymphatic Drainage practitioner had reported that her tissues felt quite different were easier to manipulate. F.R. had lost more water weight after these sessions than before (and urinated a lot more afterwards). Her mucus in her throat was much less. Her energy felt better, but I was not sure if this was

F.R. “on the march”, as it were, or a true improvement. Her leg cramps had all but gone, which resulted in improved sleep.

Her cognitive function had not changed, however. Her bloating was only marginally improved, if at all. The boils were the same. She had not tested her cholesterol.

She felt that her ability to walk further without becoming puffed out was greater. She had not suffered from a bout of labyrinthitis.

I decided now to introduce specific anti-yeast supplements in the form of plant tannins and an emulsified, sustained release oregano extract. We agreed for F.R. to follow the second phase for 4 weeks and then to review her progress then.

Second Supplement Programme	
Lactobacillus GG (ARG)	1 last thing at night with Immuno-gG
Immuno-gG (BRC)	2 with breakfast & 2 at bedtime
Magnesium Malate Forte (ARG)	1 with each meal
Tanalbit (INP)	Build up slowly to a dose of 2 with each meal
ADP Oregano (BRC)	Build up slowly to a dose of 1 with each meal

F.R. had experienced worse cognitive function over this second phase, but more weight had dropped (another 10 lbs = 18 in total thus far) and she felt more comfortable in her abdomen. Her lymphoedema was definitely improving. Her foot pain was less, which was interesting because there was no obvious direct link between the candida and her foot injury, and I explained that it was most likely due to a reduced level of inflammation from her gut which thereby reduced the systemic level of inflammation. Plus, less weight bearing on the joints.

F.R. had a bout of labyrinthitis which disappointed her, but which could have been due to “die-off”, I explained. Her energy was generally better too. She presented herself in the utmost good spirits whenever I met her or spoke with her.

I recommended her to continue with the same supplement programme for another 4 weeks.

After another 4 weeks, F.R. had “soldiered” on and was very pleased to report more weight loss (another 7 lbs = 25 lbs to date) but confessed to rather over-eating on occasion which she thought was something to do with not having alcohol. Her leg girth was still reducing. Her concentration and memory was the same, however. All physical ailments were improving, she reported.

After 12 weeks on the same second phase programme we met again, and she was noticeably lighter than she had been and had lost another 8 lbs, making a total of 33 lbs. The reduction in calories from the wine did not equate to the pounds lost by any means. This further supported the evidence of the candida being involved in disrupting her metabolism.

For the first time, she also told me she had experienced some improvements in her cognitive function and memory. This did not last, but she made the most of it when she was clear headed.

I altered the supplement programme somewhat. I did not want the benefits that had occurred to be reduced. F.R. had managed to follow the programme rigidly and we both had no doubt that it was playing an important role in her improvements. She was eating in a very similar way to when I first met her.

The third supplement programme is shown here.

Third Supplement Programme	
Lactobacillus GG (ARG)	1 last thing at night with Immuno-gG
Immuno-gG (BRC)	2 with breakfast & 2 at bedtime
Magnesium Malate Forte (ARG)	1 with each meal
Tanalbit (INP)	1 with each meal
ADP Oregano (BRC)	2 with each meal

Although we had the intention to meet sooner, the next time I met F.R. was some 4 months later. We had not communicated by email because she was not on-line very often and did not find technology like that easy to get on with. We had a single phone call in between these times which helped us both to understand that she was still very much on track.

So, we met after 7 months of F.R. being on her nutritional programme to support innate immunity & to heal her gut lining & to combat and resolve the yeast issue.

F.R. looked distinctly different to the first time we had met and she had lost another stone in weight – that’s a total of 33 + 14 = 47 lbs. She had some more weight to lose to regain her previously healthy weight (about 10 lbs perhaps) and she was on her way to achieving that. Her lymphedema was significantly better, her boils were a thing of the past as were her leg cramps – and we agreed that taking the magnesium supplement may not be necessary any more but she wanted to maintain it.

Her physical capacity was much improved and she shared with me some photos of her with her grandchildren. She was delighted with this outcome, and it was easy to tell from the tears in her eyes. Her foot pain was considerably more bearable being at least 75% less painful than before. The urgency to have secondary surgery was much less than it had been.

F.R.’s cognitive function had improved overall by over 50% but this was a focal point of this visit. It was surprising how long it had taken for this to manifest improvements, and it was the health issue that had improved the least.

F.R. was also alcohol free. She had known that this was a very negative thing for her and now never wanted to return to it. I recommended a repeat salivary candida antibody test and she agreed that she would do it. It transpires, however, that as I write this Case Report a few months on, and the test has not yet been done.

I revised the programme of supplements, which had remained remarkably constant for some months, to include natural supplements to support cognitive function. We agreed to have a telephone conversation in 4 weeks’ time to determine their efficacy.

F.R. was very attached to the oregano tablets, so these were maintained,

Fourth Supplement Programme	
Lactobacillus GG (ARG)	1 last thing at night with Immuno-gG
Magnesium Malate Forte (ARG)	1 with each meal
ADP Oregano (BRC)	2 with breakfast & dinner
Cognitive Enhancer (BRC)	2 with breakfast & 2 with dinner

Stamina Caps (BRC)

2 with each meal

We spoke after 4 weeks, and F.R. was feeling as well as when we had last met, and she reported a further loss of 2 lbs of weight. She had felt a brain benefit from the two new supplements, and was keen to maintain them. She told me that she felt that she could engage her brain through a series of gears and after so many years of not getting beyond 2nd gear she could now operate in 4th gear. Still some way to go, but she was very encouraged. We agreed that she would continue with the same programme for another few weeks and then we would review again.

This review did not occur at 8 weeks beyond that phone call and we have had a short call since that previous call. F.R. is doing very well and is a transformed woman. I took her through the health goals that had been established at the outset. I made a note of what she had to say against each of these goals.

1. To be able to walk without pain – “much, much less”
2. To be able to walk without breathlessness and do yoga again – “completely achieved”
3. To be able to play with my grandchildren – “it’s a joy to do so”
4. To lose body fat – a lot! – “virtually all gone”
5. To be free of swollen legs and boils – “gone” (she still has MLD)
6. To feel good again – “oh, so much better”
7. To have a good memory again – “better, and getting there”
8. To be able to think clearly and be free of the ‘dullness’ – “better”
9. To be free of leg cramps – “gone”
10. To never had labyrinthitis again – “not had one for ages”
11. To get my joy back – “it’s back”
12. To stop drinking alcohol – “none”.

F.R. had spent 7 years in the wilderness (in health terms), then she had spent over 7 months on the right nutrition programme and recaptured her good health. By identifying the candida and explaining how this was affecting her health, F.R. was able to fully engage in corrective measures to change the mucosal immune environment within her body and bring about a remarkable change to restore her own well-being. What is worthy of note, is that she had always eaten very well and it was not her food intake that was at fault but rather the alcohol and the prescription drugs and the pain and shock of the accident and its consequential lack of physical movement that had led to compromised innate immunity and its downstream sequelae.

Supplement Information

Liquid Iodine Forte (BRC) - <http://tinyurl.com/l9onw7g>

Provides 150 mcg per drop. It has anti-microbial properties, and also provides a key nutrient for thyroid function, which I felt could only help F.R.’s weight and cholesterol if the thyroid hormones were under-active.

Lactobacillus GG Culturelle (ARG) – <http://tinyurl.com/66yuha6>

The world’s most researched probiotic providing 30 billion live lactobacillus rhamnosus GG cells (even though the packet says 10 billion – which is the minimum present at expiry date). This was particularly recommended because of the antibiotics.

Immuno-gG (BRC)

Colostrum has proven its worth in countless patients. It can help to reduce intestinal inflammation, to heal the gut lining and promote a stronger immune system. Colostrum is of importance in the majority of those patients seen with immune compromise of any kind.

Magnesium Malate Forte (ARG) - <http://tinyurl.com/bnnx25g>

A useful source of magnesium (124 mg) with 50 mg of malic acid, and in this instance designed to resolve her leg cramps as well as help with energy.

Tanalbit (INP)

Contains plant tannins which inhibit yeasts and unwanted bacteria. It typically induces less die off, and this is why I favour its use before the use of caprylic acid (i.e. Caprin – BRC).

A.D.P. Oregano (BRC) - <http://tinyurl.com/63f9jam>

This patented oregano extract is a very effective broad-spectrum anti-microbial and anti-yeast agent.

Cognitive Enhancer (BRC)

Supplies acetyl-L-carnitine, GPC-Choline (glycerophosphorylcholine), Ginkgo Biloba extract & Huperzine-A for support of acetylcholine levels for cognitive function and brain support.

Stamina Caps (BRC) - <http://tinyurl.com/4yujwmp>

This formula provides thiamin, pantothenic acid, L-Carnitine, octacosanol, coenzyme Q10 & OOrganik-15™, which may serve to aid in energy production and to increase stamina. In my clinical experience this formula has made a positive contribution to energy and supports nervous system functioning.

Discussion. *Please describe (1) the strengths and limitations of this case report including case management, (2) the literature relevant to this case report (the scientific and clinical context), (3) the rationale for your conclusions (eg, potential causal links and generalizability), and (4) the main findings of this case report: What are the take-away messages?*

Strengths and limitations of this case report including case management

The ability to listen to the whole story of Mrs F.R. rather than focus on her specific conditions was crucial in being able to step back and assess her overall health. The ability to conduct a lab test for a functional imbalance proved to be a key catalyst in the process of this lady's ability to meaningfully engage in change.

There may well have been other functional lab tests that would also have revealed imbalances including those for intestinal permeability, gut dysbiosis (stool test), organic acid testing, and adrenal hormone testing (cortisol & DHEA). It has occurred to me that the iodine could have supported her thyroid hormone levels and her metabolism which may have supported the weight loss, but this has not been tested and therefore cannot be confirmed.

The literature relevant to this case report

There are very few contemporary science papers that I have read that offer support for the approach used in this case. Rather, the historical exposure to the downstream consequences of antibiotics, compromised mucosal immunity and candida conditions supplied me with a familiarity of what may be going on within F.R.'s body and the framework for suitable intervention.

The rationale for your conclusions

A detailed analysis of the sequence of events, especially the antibiotics and steroids, led me to suspect a yeast issue. We do not know if there was a disposition with the historical wine consumption or whether the stress, antibiotics and steroids were the frank cause of the candida problem, but this is now of no matter.

The main findings of this case report: What are the take-away messages?

This case highlights the need to appreciate the possible underlying causes which could manifest in an array of conditions, signs & symptoms. A careful listening to the exact sequence of events clearly reveals the association in time, at the very least, of the antibiotics and steroids with the onset of abdominal bloating and then the range of other health issues that affected F.R.

In my professional opinion, the need to view the individual as a whole rather than as a single or a series of diagnoses is the most important thing.

Patient Perspective. The patient should share his or her experience or perspective of the care in a narrative that accompanies the case report whenever appropriate.

Mrs F.R. is delighted with the improvement in her health, which has reverted herself to the health she enjoyed prior to the accident. She has overcome addiction and years of misery, as she described it, from which she did not know she would ever emerge. She is a stoic and as such accepts her lot now just as she did when she was so unwell. In this way, she does not get overly emotional at her marked transformation but is very aware on an intellectual and emotional level of the life-changing process that has occurred and helped her to achieve all of her health goals.

Informed Consent. *Did the patient give the author of this case report informed consent? Provide if requested.*

The patient is not aware her case history is being used, and all identifiable data has been removed. F.R. are not her real initials.

Case Report Submission Requirements for Authors

1. Competing interests. *Are there any competing interests?*

None Known

2. Ethics Approval. *Did an ethics committee or Institutional Review Board give approval? If yes, please provide if requested.*

This case was not presented to an ethics committee.

3. De-Identification. *Has all patient related data been de-identified?*

All patient data has been re-identified

4. Author. *Name of Author and practice*

Antony Haynes, RNT, practices from his clinic in London W1.