

CASE REPORT

Chronic Inflammation: A Case Report

Gloria Hettige, PhD

Abstract

Faced with chronic inflammation for number of years, unable to work and mostly bed bound, this fifty-two year old woman decided to look elsewhere for answers after exhausting all allopathic medical support. As symptoms cascaded, medications increased. She felt herself at a point of no return as she started to question herself what may be propelling her inflammatory pathway.

Systematic case taking, historical blood tests provided substantial information on the extent of organ stress that can result in problems such as hers.

The client presented with chronic fatigue and

extreme body pain. She had been diagnosed with a granulosa cell tumour in 2011. Subsequent to that she developed various ongoing health issues which were not eliminated by regular treatments. Inflammation was rampant.

The client believed in herself and was committed to making extensive behavioural, dietary and lifestyle changes to improve her health. Regular monitoring of blood parameters and vital signs, by both her primary health providers and by us, gave her confidence to adhere strongly to the customised protocol we created for her, which enabled her to return to wellness.

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Introduction

Toxicity - Inflammation evolves acute to chronic pain followed by cascades of variant inflammatory responses. Precisely, this client was facing a continual quantum of unresolved inflammatory responses that she was subjected to. A broad range of inflammatory chemicals can directly activate pain-sensing nerve fibres, including bradykinins, prostaglandins, histamine and cytokines like interleukins and TNF. The amplifying nature of these chemicals drives inflammation to rage out of control, generating chronic pain.

Patient Information

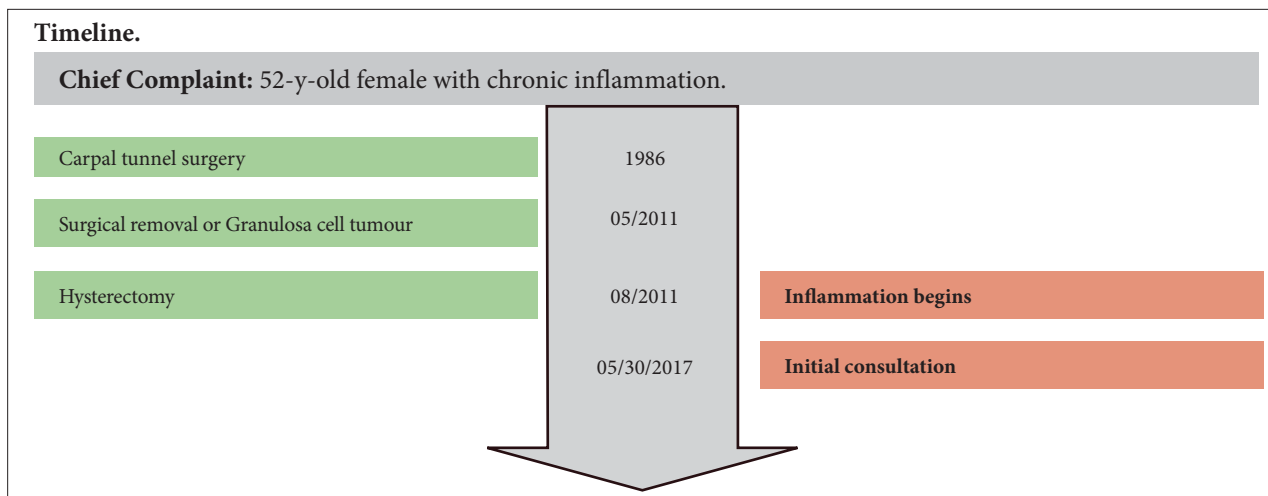
A 52 year old Caucasian female presented with chronic inflammation. Additionally, she had been medically diagnosed with the following conditions:

- Chronic Fatigue
- Granulosa cell tumour
- Eczema
- Glandular fever
- Bursitis in shoulder and arm
- Elevated Blood pressure

Furthermore she noted the following additional challenges:

- Weight gain
- Chronic constipation.

Upon examination of her lab results she was also found to have a deficiency in iron.



Past interventions

- Carpal tunnel surgery in 1986
- Surgical removal of Granulosa cell tumour in May 2011
- Hysterectomy in August 2011
- Hernia surgery in September 2016

Following the hysterectomy, inflammation was rampant. She was on the following anticonvulsant, antidepressant and analgesic medications, targeting chronic pain:

- Gabapentin Ca 300 mg
- Amitriptyline 10 mg
- Amlodipine 2.5 mg
- Paracetamol

However she wasn't getting the relief that she needed.

Clinical Findings

Detailed case taking did provide the following information on the patient's timeline. furthermore blood pressure, body size measurements, weight, was taken. The findings are discussed below.

Diagnostic Assessment

- Case taking
- Past Blood tests examined
- Blood tests ordered
- Live Blood Screening
- Bio Energy Screening

Therapeutic Intervention

The client was committed to a period of holistic wellness plan, including a customised protocol developed to target the acidity of the matrix, which dictates organ wellness. She visited the clinic twice a week for regular monitoring of her vital signs (weight, size, blood pressure, pH, temperature) and pain management treatment.

Nutritional Intervention

A dietary plan was introduced, specifically eliminating inflammatory foods such as sugar, wheat, gluten and dairy. The plan focused on low glycemic food and an elemental fat loss program. A number of high strength nutritional supplements were included, as was a comprehensive detox program to support the organs of elimination; lymph nodes, liver and kidneys. Complimentary supplements were recommended to support cardiac system, reduce inflammation, and support the immune, bowel, digestive and hormonal systems.

Pain Management

The SCENAR (Self Controlled Energo Neuro Adaptive Regulator) therapy was administered bi-weekly to manage the client's pain during the course of the protocol.

Changes in Intervention

Over the course of treatment, improvements were noticed in the client's clinical biomarkers. She also experienced noticeable physical improvements. Pain levels reduced to negligible amounts. She "felt like her normal self again". As this happened most of the supplements were scaled down. Only some core supplements that supported her ongoing wellness were maintained at the same levels, as follows:

- Lactobacillus plantarum 299v
- Optimal Gastrointestinal, Hepatic & Inflammatory support formula
- High Purity, Low Reflux, Concentrated Fish Oil
- Glyconutrients
- Cow Colostrum and Egg Yolk Peptide Extracts
- High Potency Vegetarian Iron with 5-MTHF

Table 2. Supplements

Nutritional Supplement	Dosage	Purpose
Homeotoxicology Detox System	30 drops daily	Excretion and detoxification support for the lymphatic, hepatic and renal systems
Lactobacillus plantarum 299v	1/3 tsp BD	To reduce inflammation in the gut
Optimal Gastrointestinal, Hepatic & Inflammatory support formula	2 scoops daily	To inhibit phase 1 detoxification, up-regulate and support phase 2 pathways, and provide antioxidant support
High Purity, Low Reflux, Concentrated Fish Oil	2 caps BD	High potency EPA/DHA to assist with multiple anti-inflammatory mechanisms
Enhanced Bioavailability Coenzyme Q ₁₀ 150 mg	1 cap daily	To reduce oxidation and support heart health and cellular energy production
Glyconutrients	1 tsp BD	To support cellular integrity
Vitamin D3	2 drops daily	Vitamin D support
High Potency Anti-inflammatory Herbs	3 caps BD	For the management of pain and mild inflammation
Cow Colostrum and Egg Yolk Peptide Extracts	3 caps BD	Immune modulation
Lycium Hypothyroid Support	2 tablets BD	Maintenance of normal healthy thyroid function and metabolism
Digestive Enzymes	2 caps TD before food	To support digestion
High Potency Vegetarian Iron with 5-MTHF	1 cap daily	Enhanced bioavailability, high potency iron with active B12 and 5-MTHF
Liposomal Antioxidants	2 tsp daily	Antioxidant support

Follow-up and Outcomes

Patient-Assessed Outcomes

The client now reports that she is:

- Able to hold down her regular job without much sick leave;
- Able to dream again;
- Feeling confident with the increase of energy;
- Walking daily and exercising for 30 minutes, which she wasn't able to do before;
- Having regular bowel motions; and
- Able to sleep and awaken without chronic body pain.

Diagnostic Test Results

Blood markers were measured during the course of treatment and compared against historical results taken before the start of treatment. Notable results include the normalisation of ALP, ALT, AST and GGT, along with changes to Triglycerides and Total Cholesterol which were brought much closer to recommended levels. Finally the Total Body Weight and Waist Diameter were reduced.

Intervention Adherence and Tolerability

The client didn't notice any negative effects as a consequence of the protocol. This, along with her steadily improving markers ensured her adherence to the protocol. She continued to experience great well being and began to feel her normal self.

Adverse and Unanticipated Events

The client responded positively to the customised protocol without any adverse reactions.

Discussion

This 52 year old female was completely committed to becoming well. When she observed the initial rapid physical changes:

- increase in energy
- increased ability to do her daily chores which she couldn't do for a long time
- ability to get out of bed every morning as a normal person would do

this made her more determined to continue with the therapy and achieve her greatest possible level of wellness.

This wellness approach may not have worked in the client's favour if she had not seen the physical and clinical improvements as soon as she did. Constant moral support and assurance from her practitioners were also a large factor in building her resilience.

It is becoming a well known phenomenon that inflammation is behind chronic disease.¹ But how far we go to resolve the challenge is critical. As discussed, conventional and integrative remedies may attenuate the

i. Metagenics Clinical Seminar, (June-July 2019) Executive Summary. Resolving Chronic Inflammation, p. 4

Figure 1. Weight

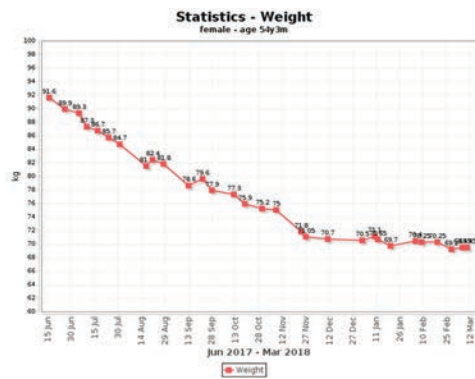


Figure 2. Waist diameter

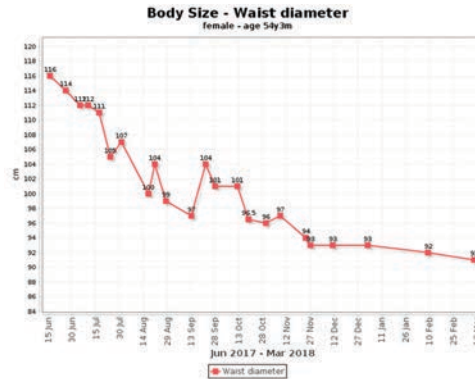


Figure 3. Triglyceride

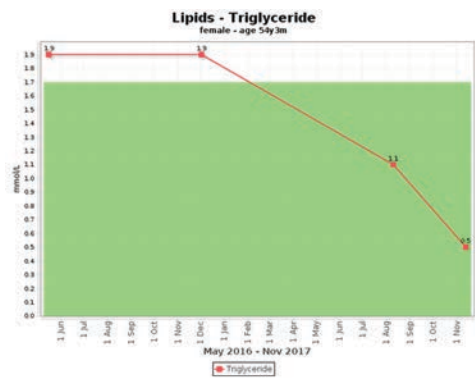


Figure 4. Cholesterol

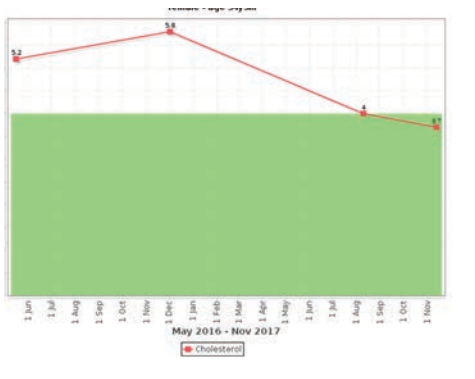


Figure 5. ALT and AST

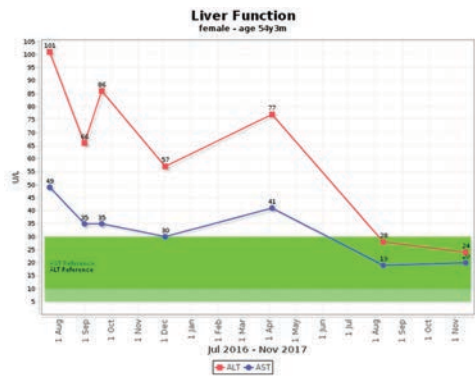


Figure 6. ALP

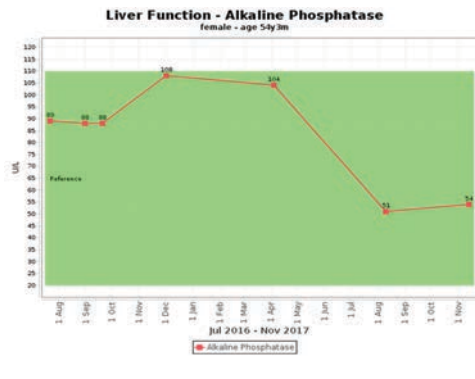


Figure 7. GGT

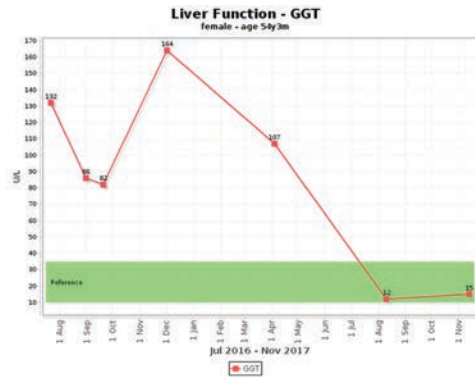
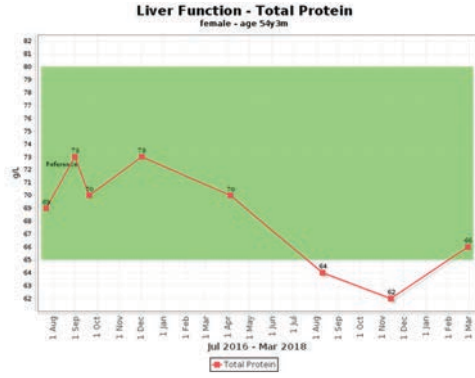


Figure 8. Total Protein



chemical mediators but fall short of actually resolving the condition. Together with an improved clinical approach, holistic care does identify and control the underlying inflammatory drives to bring about a resolution to a system that has gone through years of unmitigated inflammation.

Intrinsically this case study mirrors the above scenario.

Patient Perspective

Summarising with her personal words, the client is “getting up one morning and thinking life is worth living again”.

Acknowledgements

Dayandra Hettige, Husband and practitioner who works tirelessly, researching extensively and engaging in constant study to bring about wellness resolution to all clients who seek it.

Julian Wright, our IT specialist, for all his expert advice and developing a software system to monitor and manage clients’ wellness information. Also for his editing skills.

No grant or other financial support was used for this study.

Appendix. Raw Patient Data

Table A1. Body Measurements

Date	Waist diameter (cm)	Weight (kg)
16 Jun 2017	116	91.6
26 Jun 2017	114	89.9
5 Jul 2017	112	89.3
10 Jul 2017	112	87.3
17 Jul 2017	111	86.7
24 Jul 2017	105	85.7
31 Jul 2017	107	84.7
17 Aug 2017	100	81.5
21 Aug 2017	104	82.4
28 Aug 2017	99	81.8
13 Sep 2017	97	78.6
22 Sep 2017	104	79.6
28 Sep 2017	101	77.9
12 Oct 2017	101	77.3
19 Oct 2017	96.5	75.9
30 Oct 2017	96	75.2
8 Nov 2017	97	75
24 Nov 2017	94	71.8
27 Nov 2017	93	71.05
11 Dec 2017	93	70.7
2 Jan 2018	93	70.5
10 Jan 2018		71.1
12 Jan 2018		70.65
20 Jan 2018		69.7
5 Feb 2018		70.4
9 Feb 2018	92	70.25
19 Feb 2018		70.25
28 Feb 2018		69.2
7 Mar 2018		69.45
10 Mar 2018	91	69.45
11 Apr 2018	92	69.25
16 Apr 2018	91	69.25
5 May 2018		68.45
19 May 2018	90	66.75
26 May 2018	90	66.55

Table A2. Cholesterol Markers

Date	Cholesterol mmol/L	LDL mmol/L	Triglyceride mmol/L
16 May 2016	5.2	2.8	1.9
2 Dec 2016	5.8	3.3	1.9
10 Aug 2017	4	1.9	1.1
13 Nov 2017	3.7	1.7	0.5

Table A3. Liver Function Markers

Date	ALT U/L	AST U/L	ALP U/L	Total Protein g/L	GGT U/L
22 Jul 2016	101	49	89	69	132
31 Aug 2016	66	35	88	73	86
20 Sep 2016	86	35	88	70	82
2 Dec 2016	57	30	108	73	164
4 Apr 2017	77	41	104	70	107
10 Aug 2017	28	19	51	64	12
13 Nov 2017	24	20	54	62	15
28 Feb 2018	32	26	69	66	15