

# A Tired, Achy, Depressed High School Senior

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The patient is an 18-year-old female who first came to The Center, August 9, 2005. Her complaints were “body aches, severe fatigue, spleen and liver enlargement and barely able to get out of bed.” Her history revealed that she was a senior in high school and the previous April contracted infectious mononucleosis. The symptoms resolved in early May but soon returned by the end of June. She then complained of flu-like symptoms, was tired and achy, had throbbing pain in her arms, and itchy all over with a rash around the ankles. A repeat “mono” test was negative.

Other complaints were migraine headaches for over a year, excessive thirst, depression, anxiety during the menstrual cycle and insomnia for the past month. She had taken many antibiotics and steroid medications in the past for recurrent allergies and sinus infections. Her yeast symptom questionnaire had a high (positive) score. She was involved in many high school activities. The family history showed that the father had hypertension, high cholesterol and depression. Both the mother and father had allergies.

In a past appointment with her father’s doctor, she was diagnosed with depression and given a selective serotonin reuptake inhibitor (SSRI). She also took Zoloft® for depression during menses. Her current medicines included Allegra®, Flonase®, Advair®, Cymbalta for moods and Topomax® for migraine headaches.

Her past laboratory tests for EBV, CRP, TSH, glucose, RA and ANA were all normal. Her supplement intake included calcium/magnesium, a multivitamin, B-complex, L-lysine, olive leaf, a “herbal sleep formula” and 3-LAC anti-Candida formula.

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Her physical examination showed a tired, young female with white spots on her fingernails. Numerous laboratory tests were ordered based on her symptoms. These included hair minerals, amino acids, RBC fatty acids, vitamins A, C, E, B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>5</sub>, folate, adrenal stress indicators (ASI) in a.m. (cortisol 4 times: morning, noon, afternoon, midnight, DHEA and sIgA), tryptophan, iodine loading test (thyroid function), progesterone and a cytotoxic food sensitivity test.

Laboratory findings were decreased GLA fatty acid, iodine loading test, a.m. cortisol, DHEA, sIgA, and hair iron and manganese. Suboptimal levels of vitamins A, E, B<sub>5</sub>, magnesium, calcium, tryptophan, EPA fatty acid and progesterone were also detected. She had high antibody levels to CMV (IgG) and Candida (IgM). Her midnight cortisol was elevated. She was started on various nutrients and hormones to bring these back to normal.

She was found to be sensitive to thirty different food or food additive antigens.<sup>1,2</sup> Nineteen of these were 2+ and 3+. Food allergies are known to cause fatigue, headaches, joint and muscle pain and depression.<sup>3,4,5</sup> She also was started on Meyer’s Cocktail (with 15 grams of vitamin C) for three infusions. During the first follow-up visit, she still complained of fatigue, aching and problem with menses.

She left to go to college out of state. She was having continued problems with menses and fatigue. After several weeks in school, a letter was written to the college requesting a refund. She returned home with complaints of migraines and dysmennorrhea. An OB/GYN physician prescribed progesterone. During the next several visits she had more Meyer’s cocktails with 25 grams of I.V. vitamin C. The vitamin C dose was increased to 50 grams

and she was placed on pregnenolone (hormone precursors), tryptophan (to help sleep and mood) increased vitamin B<sub>5</sub> and BioK+. She was very concerned about returning to college.

Three months later at her third follow-up she reported "50 percent good days and 50 percent bad days," as opposed to 100 percent bad days. Her menstrual cycle had improved and her sleep was better. She still had migraine headaches. Before her next visit she received four 50 grams of I.V. vitamin C.

Five months after her first visit she said she had "75 percent good days." She was back at college but reported "being depressed and isolated." She was enrolled in only nine hours and taking it slow. The bad days occurred only if she stayed up late. There were several phone visits with the patient and various medications were adjusted. She was started on 0.5 grain of thyroid medication.

Ten months after her first visit she was off all her migraine headache medications.

She had "no aches, no pain and good energy and good mood." All of these symptoms can be related to food allergies. She started to reduce the amounts of supplements she was taking.

In ten months, this young lady, who obviously was under a tremendous amount of physical and psychological stress with little nutrient reserves, went from a person who could hardly get out of bed to a productive sorority member working at a summer job and has increased her college credit load.

Ironically, in the middle of her treatment, her father complained to the doctor about the "expensive nature of her treatment" (especially the I.V. vitamin C) which is not covered by insurance. He was reminded that she had seen several other doctors and "could hardly get out of bed" when first seen at The Center. He agreed to continue the treatment

## References

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