

Case #1505: A Case Study Evaluating the Effects of a Medical Food Program for Liver Detoxification and Nutritional Supplements in a Patient with Fibromyalgia, Peripheral Neuropathy, and Insomnia

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PURPOSE

The purpose of this study was to assess the effectiveness of a medical food designed for liver detoxification function support and chronic fatigue syndrome—along with an elimination dietary plan—in a patient with fibromyalgia (FM).

PATIENT'S PRESENTATION AND HISTORY

A 64-year-old Caucasian female presented with a history of FM diagnosed approximately 20 years earlier. There was no significant history prior to the onset of the FM. The patient had experienced no specific benefit to therapeutics in the interim.

Other current complaints included irritable bowel syndrome (IBS, bloating and gas after meals); a history of sciatica; a history of insomnia; osteoarthritis (OA) in first metacarpal-phalangeal joints (bilaterally in elbows and knees); hypercholesterolemia (stable with total cholesterol around 240 mg/dL); tingling in hands and feet previously diagnosed as idiopathic peripheral neuropathy.

The patient's medical history included osteoporosis, fibrocystic breasts, and migraine headaches, which occurred rarely. Past surgeries included a hysterectomy. Her family history included colon cancer, hysterectomy, chronic obstructive pulmonary disease and heart disease, diabetes, and hypertension.

Patient's Objective/Subjective Information

- HT: 65.5"; WT: 130.8 lb; BP: 125/80
- Subjective symptoms: Compromised physical functioning and presence of pain as indicated by clinical questionnaires.
- Lifestyle: The patient was lactose intolerant, avoided refined sugars, had no other dietary restrictions.
- Allergies/intolerances: None noted.
- Prescriptive medications: Gabapentin (primarily for pain), 200 mg at bedtime; clonazepam (primarily for anxiety and sleep), 0.5-1 mg at bedtime; estriol and estradiol combination (for hormone replacement therapy), 20 drops daily; progesterone cream, 1 ml daily.
- Non-prescriptive medications/supplements: DHEA, joint supplement (MSM, glucosamine, chondroitin); women's multivitamin; women's detoxification complex, including alpha-lipoic acid; daily detoxification complex (N-acetyl

cysteine, calcium D-glucarate, milk thistle); women's cardiovascular health supplement.

ASSESSMENT AND PLAN

Initial assessment indicated FM by history and physical exam.

The patient was instructed to:

- Discontinue detoxification supplements
- Begin an elimination diet
- Begin rice protein-based medical food for liver detoxification support and chronic fatigue syndrome on a slow ramp-up: ½ scoop twice daily for 3 days, then 1 scoop twice daily for 3 days, and 2 scoops twice daily thereafter.

RESULTS

2, 3 and 5 Weeks After Starting Program

At the 2-week visit, the patient reported doing well with her diet. She enjoyed the medical food shakes and was not a bit hungry. She noted a significant reduction in her FM symptoms and increased energy. Her GI symptoms had improved markedly, especially gas. After 3 weeks, she continued doing well and noted amelioration of both her myalgias as well as OA symptoms overall, although she still had some stiffness. Five weeks after starting the program, the patient had started reintroducing foods. Despite significant improvements, her thumbs were still troubling her and her sleep was not optimal.

The patient was instructed to:

- Continue medical food, 2 scoops twice daily
- Titrate off the gabapentin and clonazepam
- Begin a supplement featuring melatonin and passionflower to aid sleep, 1 tablet before bed

8 Weeks After Starting Program

The patient reported an overall dramatic improvement in GI symptomatology since starting the program 8 weeks earlier. Her arthritic symptoms, however, had not improved further since the 5-week visit. She reported no significant improvement in sleep with the melatonin supplement.

The patient was instructed to:

- Decrease medical food, 2 scoops once daily
- Replace melatonin supplement with a supplement featuring L-5-hydroxytryptophan, theanine, B vitamins, and body-ready folate, 1 tablet at bedtime (without tapering nighttime pain medications).

10 Weeks After Starting Program

The patient reported the resolution of the annoying tingling in her hands and feet. This had been present for so long and was such a part of her existence that she initially had not noted its resolution. Quality of sleep was significantly improved by the new supplement to relieve insomnia. GI symptoms and myalgias were generally absent.

61% Decrease in MSQ Score

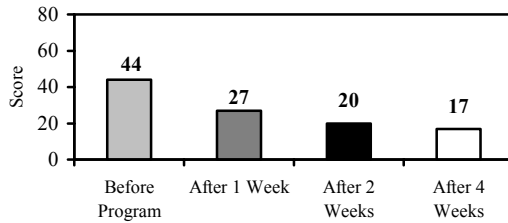


Figure 1. After 4 weeks, the patient's MSQ[†] score decreased from 44 to 17, suggesting a substantial improvement in general well-being.

SUMMARY

This case study suggests that a targeted nutritional support program that incorporates a medical food to support detoxification, along with an elimination diet, can improve symptoms of FM, IBS, and peripheral neuropathy. Sleep quality was also improved with this protocol that included a supplement featuring L-5-hydroxytryptophan, theanine, B vitamins, and body-ready folate.

NOTE

The information provided in this case study describes the results of one patient under the care of a licensed healthcare practitioner and may not be a typical response. The medical food discussed in this study is to be used under the supervision of a physician or other licensed healthcare practitioner.

Financial support for this study was provided by Metagenics, Inc. This study was conducted at the Functional Medicine Research Center (FMRC), the clinical research arm of Metagenics, Inc.

[†]The Medical Symptoms Questionnaire (MSQ) is a clinical tool for the evaluation of general physical symptoms. Total scores above 75 are generally associated with substantial symptomatology and disability; scores below 30 generally indicate few or low-intensity symptoms.

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MET1505 5/07