

# Anemia, Failure to Grow, Ulcerative Colitis and Weight Loss in a Young Girl

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The patient is a 12-year old female with a history of anemia, colitis, headache, fatigue, failure to grow, *H. pylori* infection, and stomach ache. The failure to grow and weight loss was noticed at age four after a case of infectious mononucleosis (antibody positive to the Epstein Barr virus). Diarrhea started at four years of age and persisted (off and on) to age 10 when the diarrhea became bloody. Her stool was negative for ova and parasites. The sedimentation rate was 45 mm/hour (normal 0 to 20). The sedimentation rate continued to be elevated for several years indicating some type of inflammatory disease. Previous medications included metronidazole, periactin, ibuprofen and predisone.

Her height and weight history compared with normal children of her age is as follows:

Age	Height	Weight
4 years	50th percentile	90th percentile
7 years	40th percentile	50th percentile
9 years	60th percentile	50th percentile
10 years	60th percentile	50th percentile

When seen at The Center she weighed 68 pounds and was slim but not cachectic. A pediatric endocrinologist, a family practice physician, and a gastroenterologist had seen her previously. Tentative diagnoses were Crohn's disease, ulcerative colitis and/or anterior pituitary problems. Diagnostic

tests performed included x-rays of skull and wrist (for bone age and to rule out a pituitary tumor), a colonoscopy, barium enema and upper G. I. series.

A series of laboratory tests done previously before coming to The Center indicated anemia (hemoglobin of 10 g/dL, hematocrit 34%), sedimentation rate of 67 mm/hr (normal 0 to 20 mm/hr) and a serum albumin level of 2.6 g/dL (normal 3.4 to 5.0). The low serum albumin is an indicator of malnutrition. A measure of growth hormone levels in the blood (IGF-1 or Somatomedin C), was low. A test for IGF binding protein (IGF BP-3) was also low. A bone-scan at the chronological age of 15 showed a "bone age" of 13 years.

The endocrinologist eventually ruled out any pituitary problems and decided she was a "slow grower." Her thyroid was normal. Her stool was positive for blood. At one point her hemoglobin dropped to 8.9 g/dL and she was given a blood transfusion. Over the period of her treatment, she received several blood transfusions.

The biggest problem, though, came from another physician who felt the patient was "wasting away" and wanted to start feeding her either through a naso-gastro (NG) tube or through her veins. The family was hesitant to do this. They were warned by the physician that if the patient didn't start to show improvement soon, the physician's office would contact a state agency and have the parents "ordered to have the treatments done!" Soon after this the patient was brought to The Center.

It was interesting to note that except for the serum albumin and an iron level, no other nutrients were ever measured on this patient. The parents were very concerned about their daughter and were wor-

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ried not only about the illness but also the threat of having medical care "forced on her by the State." They were also concerned about her missing many days of school. She had missed 56 days during one school year. During the initial visit, Dr. Riordan ordered various laboratory tests. The important tests and results are shown below.

1. Cytotoxic Food Sensitivity test:<sup>1,2</sup> She was positive to 42 out of 90 different antigens; 11 of these were food additives. She was 2+ to BHA, 3+ to BHT and 3+ to chlorine (all food additives). She also showed 3+ to rice. Results are reported as negative, 1+, 2+, 3+ or 4+.

2. A complete parasitology test was negative for ova and parasites and antigens to *Cryptosporidium* and *Giardia*.<sup>3</sup> Stool occult blood was negative.

3. Antibodies to *H. pylori* were negative, while IgG antibodies to *Candida albicans* and Epstein Barr viral capsid antigen were elevated.<sup>4,5</sup>

4. A complete blood count showed an iron deficiency anemia with a hemoglobin of 9.3 g/dL (low), a hematocrit of 30.4 (low) and a MCV of 66 (low). The WBC was slightly elevated with 15 "band" neutrophils ("shift to the left").

5. Blood tests for vitamins B<sub>1</sub>, B<sub>2</sub>, and A were low. Vitamin C and E were in the low normal range. The omega 6 to omega 3 fatty acid ratio was elevated.

Dr. Riordan's and Dr. Hunninghake's treatment of the patient included restriction of all sensitive foods identified by the food sensitive test. Injections of liver extract and vitamins B<sub>1</sub>, B<sub>2</sub>, and B<sub>12</sub> were given weekly for 15 weeks. She also received three intravenous infusions of 15 grams of vitamin C; one every two months. She was also give three intravenous injections of magnesium chloride 1.0 mL, magnesium sulfate 5.0 mL and 1.0 hydrogen peroxide.

She was instructed to take 2.0 grams of Ester-C® orally each day.

The patient was treated and followed for over a three-year period. She slowly

started to gain weight. In January 1998 she weighed 69 pounds. In February 1999 she weighed 82 pounds.

On a visit in December 2000, she reported that she had gained 12.5 pounds in the last four months. She and her parents reported, "no more diarrhea, no bleeding, no allergies, she eats everything (except milk), plays softball and runs with the track team."

Her WBC returned to normal. Her serum albumin was almost normal at 3.3 g/dL.

She continued with a mild iron deficiency anemia, hemoglobin of 9.7 g/dL and hematocrit of 31 percent. On a return visit in May 2001, she proudly reported that she had only missed 14 days of school for the whole year. The year previous, she had missed 56 days of school. At a follow-up visit three months later when asked how she felt, she replied "Great!" She continues to improve and be followed at The Center. This case shows the value of the holistic approach The Center follows with each patient.

By identifying and treating numerous food antigen sensitivities and nutrition deficiencies, we were able to help this wonderful young lady grow into a normal person. Her parents were very happy with the result, also. As for as the health care professionals at The Center, we all felt "Great!"

#### References

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## The Infec

### Abstract

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