THE FATIGUE SUPER CONFERENCE

Case study: Working with trauma and mitochondrial function

Guest: Helen Lynam, Lesley McLauchlan, Denise Stillie

Helen: Hello, and welcome to the Fatigue Super Conference. This is one of five nutrition case studies and today is another one where we have nutrition and psychology combined. With these case studies we aim to discuss the clinical practicalities and the realities of the therapeutic consultation process. We hope that both clients and practitioners alike are going to benefit from these and find them helpful.

We'll share a functional matrix. We'll share some test results and we'll start to discuss some of the realities with regards to the time scales, some of the challenges along the way and some of the sensitivities of clients as well. These kinds of things are rarely touched on in text books or online course so it's quite novel. Very pleased to say that three of the team have actually been involved in writing a case study book. It's an international book edited by one of the team coming out at the end of the year called Case Studies In Personalized Nutrition.

For the discussion now, I'm joined by Lesley from the nutrition team and Denise from the psychology team to share a client's case where once they did both sides of the clinic they didn't do them together. They actually did them as we would say in series. They started out with psychology. Once that was stable and embedded moved to nutrition and then after a while moved back to psychology. And this is something we often offer if perhaps there's just not enough head space, not enough energy or perhaps not enough finances to do both together.

So, we'd normally start off with the functional matrix, but actually, Lesley, I'm going to start off with you just to talk us through the very initial process which was the 15-minute chat, something we offer to clients long before they even start an initial consultation don't they? Can you talk a little bit about that?

Lesley: Yes, absolutely. As you say, this patient had 15-minute chats on both sides of the clinic. She'd come after an initial crash that prompted her to

come to the clinic in the first place. She'd tried numerous other therapies over the years to get well. She had a chat with myself on the nutrition side and she also had a chat with the psychology side.

On balance because of the amount of stress and trauma that she had had in her life, we decided that the best thing for her to do was to start with psychology, get her onto a more even keel perhaps as far as the maladaptive stress response is concerned she was quite wired and having difficulty calming down. In those circumstances perhaps starting nutrition at that point wouldn't have been the right thing. She may not have got the full benefit from changing her diet or being able to get onto a suitable supplement regime to start with.

Helen: We often find don't we with people who are in that state sometimes they can be super sensitive to supplements for instance, aren't they?

Lesley: Yes, absolutely.

Helen: And even-

Lesley: We have some patients who can only tolerate minute amounts of supplements even after you've been working with them for a while. So, we do have to be very careful.

Helen: So, calming the system as much as possible is often really helpful for those with nutrition isn't it if we can have a more stable base to work with it's great.

Lesley: Yes, absolutely.

Helen: So, Denise, she started with you actually then didn't she?

Denise: Yeah.

Helen: Now, we have a couple of different psychology programs available. What was it that this lady started off with.

Denise: She started off with the individual psychology program which is exactly the same content as the 90-day program. They're just offered in different ways. So, with the 90-day program people would come to clinic. It's a group experience which lots of people get so much out of because they haven't met anyone else who's got the same shared experience. I just ran one last week and everyone said how they'd had fun each day.

Helen: There's nothing better than that because there's not fun in people's lives when they've got chronic fatigue.

Denise: Exactly. That was what they were feeding back. It was like, "This is the first time I've had three consecutive days of having a laugh each day." There's great benefits to doing program as part of a group. Obviously for other people it depends on which stage of recovery. If they are traveling to London when you're not well or you've got family commitments can be quite overwhelming. There's additional finances, travel, accommodation.

Helen: And energy.

Denise: Sorry and?

Helen: And energy.

Denise: And energy, yeah. And sometimes for people just being in a group environment can be super overstimulating.

Helen: Of course, we're very gentle on those courses. We've got fatigue. We know what it's like don't we so? So, people are allowed to just lie horizontal throughout the course, but even so, yeah you sort of have to have a level of wellness to be able to attend.

Denise: Exactly.

Helen: Being able to work individually is helpful isn't it? So, is that face to face or …

Denise: Yeah, people can either come to the clinic and do face-to-face sessions. Or, even via telephone or Skype, whichever they're most comfortable with.

Helen: So to start off with this lady just had the standard personalized program.

Denise: Yeah, she did the four hours of the individual psychology program and through that we're teaching people first of all to notice when they've gone into stress. So, looking at different types of thought patterns, really using lots of different techniques as Lesley was saying, work on that maladaptive stress response. So, with lots of education around what that is, what the triggers are and teaching lots of techniques to help them spot it and move from a stress state to a healing state.

Helen: Excellent. And at the end of that we offer the option to carry on and do more [bespoke 00:06:45] don't we but not everyone does that. What happened in this case?

Denise: In this case she really took to the technique. She was implementing them in her daily life. It was something that she really enjoyed and kind of had taken to quite naturally. So, she felt she was at a place where she just wanted to see what would happen if she continued doing the techniques in that way. And also she had some specific traumas that she wanted to work with a practitioner face to face.

So, often we'll encourage people to go off and do different specific techniques with other practitioners. Perhaps she felt there would be a massive benefit of being able to speak to someone face to face which we agreed with.

Helen: And, of course, that enables it to be much more local.

Denise: Exactly, yeah.

Helen: But, during her session, her time with you I think she settled down sufficiently or she got enough of the psychology under her belt, you thought it was appropriate just before you finished that she was ready perhaps to start nutrition.

Denise: Yeah, definitely. She'd made great leaps and bounds and finding that much calmer place in life.

Helen: I think it was a couple of months in before she came across to you, **Lesley**.

Lesley: A couple months in is right, yes.

Helen: Let's share with everyone the functional matrix which sort of expresses, shows how she was presenting to you when she started. I'm just going to pull that up now and you can perhaps talk us through how she presented to you a couple of months into her time with us as a clinic but just starting off with you on the nutrition side. Can you see that?

Lesley: Do you want to say again about sharing the matrix for me to go through and then ...

Helen: Yeah, I'll start that and then you can come in and they'll hopefully be able to cut it accordingly. Sometimes I think it helps to be able to cut. I think it's that screen, okay. So, here we have the matrix in front of us. Lesley, perhaps you would like to start talking us through.

Lesley: Yes. We'll start with the antecedents for this patient. She'd had a lot of family trauma. An unsupportive family. She hadn't really had any support from her parents at all so there was quite a bit of neglect growing up and anxiety around this certainly from when she had enough memory to remember this. She doesn't really recall much before the age of five but certainly from the age of five onwards she has had quite a lot of anxiety.

Helen: We're going to get to that quite a lot more with Denise later on.

Lesley: Yes. So, as far as triggering events are concerned, it was a gradual onset. There wasn't any one thing particularly that sparked off the chronic fatigue. Terrible thing to say but she hadn't really ever, she couldn't remember a time when she actually really ever felt well, so, sort of always feeling ill.

The birth of her first child was really quite an important trigger I think because I think it bought back a lot of trauma from her own childhood and now she had a child to look after. That was obviously a big event. She'd also had some family bereavement around that time. Again, as I said, no support from her parents at this really important time when you want a parent or your mother to be helping you and looking after you when you have a new baby yourself. That just wasn't really there.

And coupled with that she was actually around the time of her pregnancy, doing teacher training. Had an awful lot on and was pushing herself to achieve and do well and obviously was very keen on the career in teaching and didn't want the fact that she was about to have a family really just to stop her from doing that.

Helen: Knowing all that there isn't one specific tipping point.

Lesley: No. There were a lot of loads in her boat.

Helen: You can see.

Lesley: There were a lot of loads on the boat as we've said in the candidates before … I'm referred to loads on the boat. How much can your body actually take before it actually tips up and you can't carry on the way you are and something has to change. So, as I said, there were achiever tendencies with this lady. But, also helper … well, most teachers are helper types of people in any case and we do have a lot of teachers that do have chronic fatigue that we work with and anxiety. Those were the subtypes really.

Helen: Alex is doing a talk on our subtypes quite specifically so people can get some more detail, but there are three subtypes. She ticked all three boxes quite strongly, didn't she?

Lesley: Yes, very much so. And when she completed the questionnaire, virtually all the boxes at each category were … well, she certainly had symptoms in every category.

Helen: And simply put in case people don't get a chance to watch Alex. These three things basically they're characteristics that sort of get in the way of people listening to their body and slowing down, stopping, taking care of themselves. They're too busy pushing to achieve or putting other people before themselves or get anxious and worrying that it sort of supersedes any of their own self-care, isn't it?

Lesley: Yes, absolutely. That's a very good way of describing it. So, there was a lot of unresolved emotional trauma. Not a great surprise but this patient wasn't sleeping very well. I'll come on to the possible reasons for that as we talk through the case and diet as well as in that respect we'll talk through in a little bit more detail as we go through.

But, there were imbalances in various body systems. As far as our communication is concerned which is linked really to the hormone and neurotransmitter pathways predominantly, I suspected that there would be poor adrenal function. There had been a lot of background stress that went back as far as childhood so we're talking about in this case … certainly 35, 38 years' worth of stress of some description going on. She did feel very wired and not able to settle herself. Despite the fact that she had started with psychology, there was a still a feeling especially when she woke up in the morning of that fight/flight response feeling that she couldn't really settle herself down completely.

Helen: In fact she was only two months into the psychology.

Lesley: She was.

Helen: Has she had any …

Lesley: Yes, she had only just …

Helen: Yeah, goodness sake what it would have been like before.

Lesley: But, she did also have other hormonal symptoms. She had PMS which can be linked to imbalances within the female hormone pathway and some mood swings around that time as well. She had had a coil fitted some years previously. That also may have been playing a part in hormone imbalance. So, that was for me I thought one of the most important areas to look at first. There was a history of a lot of pain as well. Going back quite a long way and she had had a couple of broken arms in childhood, carpal

tunnel syndrome in her 20s and then a whiplash injury with a car crash age 30.

It's interesting as far as the adrenals are concerned I'll come onto that again when perhaps we're looking at adrenal testing. There were some digestive symptoms as well, IBS. She was experiencing undigested food in stools and foul-smelling stools, wind, bloating, cramps generally. And she also bloating as well but other sort of immune system. She'd worked in a school. She had ...

Helen: So renowned for ... you just get everything.

Lesley: Yes, renowned for picking up lots of infections in the past and history of thrush. History of general infections. Colds, coughs sometimes leading to actually infections that needed courses of antibiotics, things like that. As well as feeling wired and tired at the same time she was also experiencing post-exertional fatigue so really anything that she was trying to do physically she was having a repercussion from that as far as her energy was concerned and was having to ... she wasn't really stopping at that point from doing anything. She was still pushing through. But, she was certainly still having energy issues around that which might have been linked to, well definitely linked to doing too much and not pulling back and taking time out.

Helen: I love that you've got a question mark after poor pacing so I'm sure most people having just heard so far are thinking there wasn't really much pacing going on was there?

Lesley: I don't think there was any pacing going on.

Helen: It was stopping when she had to which is often the case, isn't it? When you're absolutely on your knees, exhausted in a crash and, of course, you stop because you've got no choice. And often what happens and what goes into the boom/bust cycle is people as soon as they feel that they've recovered, which they probably have done after ... or, not probably but possibly have done after three or four days resting. They just go back to try and catch up with what they've missed out on over the previous days.

Lesley: Yes. Well, I think this patient had following this last crash that had led her to come to the clinic in the first place, I think she did realize at that point that she couldn't carry on. Something had to give really.

Helen: Boom/bust cycle.

Lesley: Yes. And then well, things that were possible other contributing factors, only drinking tap water, as far as from a toxicity point of view. She had some amalgam fillings and was eating mostly a non-organic diet. And in

the first instance I was going to look at diet and tidying that up perhaps before looking at some more of these other things that had been apparent from the questionnaire.

Helen: Yeah, because if we look at her nutrition here, we've got a session that's been recorded all about sort of the basics of the dietary stuff that we do so you can look at the diet recording we've got. But, this looks fairly typical. Probably she might have thought it was well balanced and healthy. I don't know, do you think she did?

Lesley: I think she knew there were things that she was eating that weren't right. I think the trouble is that when you're a full-time teacher and you're ... you have three young children at home as well and a husband to also look after, that there wasn't much time to think about what she was eating and when she was eating it as long as it gave her a bit of a boost and energy. It's when we're tired like that and we haven't got time to think about what we're eating, that we'll tend to go for something that's going to give us a quick fix and it doesn't really matter what it is.

Actually, certainly for some of the meals, this lady was eating well but there were certainly some meals of the day, some breakfasts especially where perhaps she was eating just a bowl of fruit and not having any protein, not having anything that was going to sustain her through a class full of children all morning. So, that was really where we started getting that, the balance right. Making sure she was having some good quality protein with every meal and snacks that she had.

She was in fact doing some juicing herself when she came to me but sort of the balance of, again, too much fruit to green, good quality vegetables.

Helen: Because we particularly love smoothies and juicing as well.

Lesley: Yes.

Helen: Just think that juicing often takes up way too much effort is the cleaning of machine afterwards. But, when we talk about juice or when we talk about smoothies we're talking about vegetable based with a teensy-weensy bit of fruit.

Lesley: Yes.

Helen: Not the other way around. Yeah. An easy mistake for other people to make though to do more fruit based.

Lesley: Yes, yeah. So, are we ...

Helen: The diet you started off with and then you did an adrenal test, didn't you?

Lesley: I did do an adrenal test.

Helen: Tell people about it.

Lesley: I worked on tidying up her diet really that initial consultation, as I said. She did have some gut symptoms as you saw from that matrix that we were talking about just now. She hadn't been following ... she was eating gluten and dairy so I did make a suggestion that perhaps she might like to try cutting the gluten out to see if that made any difference to her digestion. See if there was any improvement in the gut symptoms as well as the diet, yes, we sort of tried that.

And then, yes, the initial testing that I recommended that she did diagnostic testing was an adrenal test to check on the long-term stress hormones, cortisone and DHEA and see how the results of that came. I also gave her a stomach acid test to do that measures ... it's home test where you're measuring for a reaction on an empty stomach of you taking in a solution of bicarbonates of soda and seeing whether you have a reaction at all by burping essentially to ...

Helen: Very much it's a challenge test. It's a clinical test. It's not scientifically proven but I'm not sure he would ever do the research for that. But, it gives us a pretty good indication doesn't it?

Lesley: Yes. As to whether somebody's ...

Helen: The bicarb is alkaline ... so, yes, you're looking for a belch, a reaction to the stomach acid.

Lesley: Yes, yes.

Helen: And you did bowel transit time as well, I think.

Lesley: I did a bowel transit time test and that's a test whereby you can use foods like sweet corn or beet root. The sweet corn is good because the fiber on the outer husk of the sweet corn doesn't actually get broken down. When you have a poo you can see the kernel. But, it's a good way of finding out how long that sweet corn has taken to go through your digestive tract. An optimal time is between 18 and 24 hours. Anything longer than that suggests that your digestion is sluggish and you might need some support.

Helen: Was she having daily bowel movements?

Lesley: She was having daily bowel movements.

Helen: Right.

Lesley: But, because of the digestive symptoms I thought it might be worth just looking at that and seeing how long it might take.

Helen: And how long did it take?

Lesley: Well, we'll come on to the results obviously of the other testing, but it actually took four days for the sweet corn to appear.

Helen: That's amazing so daily bowel movements but four days to get through.

Lesley: Yes. So, probably not having or perhaps thinking that you'd been to the loo and didn't need to go again or there wasn't anything else that was there but possibly ... yes, maybe-

Helen: Just really slow. That's quite interesting, Denise, isn't that? I'm going to bring you in here because I, we often see this sort of correlation don't we between people sort of being constipated and hanging on to emotions.

Denise: Yeah, definitely as well I think is the correlation between who really internalize their emotions. It's probably not like a conscious thing where you're noticing that you're holding your emotions in. Yeah, it can be a completely subconscious level where you're not really noticing. It can just be slow processing of emotions or just that slight freeze response not really connecting to what's going on internally.

Helen: I just always think it's fascinating when we get that emotional and physical correlation. So, Leslie, so that-

Lesley: I was just going to say that that was another reason why I thought it would be good to do an adrenal test because stress can impact on digestion and certainly especially when you're in that fight/flight response and feeling wired your body will divert energy to the muscles rather than helping your body with the digestive process. So, it can get slowed up through that mechanism as well.

Helen: And a scenario the practitioners will often debate because it's chicken and egg, isn't it, as to whether or not in cases like this whether you start up with adrenals or whether you start off with the gut and there's really a wrong place to start because they're often both implicated.

Lesley: Yes.

Helen: But, I think that link is really important to understand so it makes absolute sense that adrenals are a place to start.

Lesley: Well, on balance I felt that the adrenals were the right place to start and for other reasons as well because not only the impact that it might have on digestion and the symptoms that this patient was experiencing but also from an inflammatory point of view as far as pain is concerned because cortisol, which is one of the long-term stress hormones controls inflammation, so it would be good to see what levels of cortisol there were. Was she going to have been producing lots of cortisol in response to pain for example.

And also as far as her immune system was concerned because cortisol also controls the production of a substance called Secretory IgA which is our main immunoglobulin in our mucous membranes. That substance helps protect us from viruses and toxins and bacteria from being able to enter the body. So, on balance I thought the adrenals were the best place to start.

Helen: And here we have her first set of test results which are interesting.

Lesley: Well, they were interesting because I'm not quite sure what I was expecting. I think I thought on balance maybe both cortisol and DHEA were going to be low and because of the level of stress and fatigue that she'd had over a long period of time. But, in actual fact there was only one level of cortisol that was raised and that was the sample one which was the sample that's taken just after you wake up in the morning. Now, that should be the sample that is the most prolific amount of cortisol that is being produced. And then it declines over obviously within the reference range until it's being produced very small amounts at night. Melatonin takes over and hopefully you have a good night sleep.

The issue with that cortisol result is that this lady's producing too much cortisol and the numbers between the first sample and the second sample ideally should be about half. So, the first sample is way above the reference range and then it does do quite a big drop down from 26.5 to 6.3.

Helen: So, although it's in the reference range it's that drop that concerns you.

Lesley: Yes. That drop concerned me because it certainly wasn't a stable nice decline of cortisol. Things that will raise cortisol levels are things like poor sleep or being in pain so that perhaps said to me if she's not sleeping well and she's been in pain as well most of the time, that potentially could be a reason.

But, also with the DHEA levels being lower than optimal, that puts the ration of cortisol to DHEA as an imbalance anyway.

But, DHEA will normally lower itself before cortisol does. And then sometimes you will see a pattern of higher cortisol being produced because the DHEA is already spent and you're desperately trying to keep some stress hormones going to support you. And so, that was the other scenario that I thought maybe if we supported the DHEA then maybe that would also help to balance out the cortisol ratio. Because with cortisol being high like that you don't want to stimulate the adrenals and cause more cortisol to be produced.

Helen: Exactly, because although it's not a good shape actually those are in range, aren't they?

Lesley: Yes.

Helen: So, yes, absolutely.

Lesley: Yes. I didn't want her cortisol production to suddenly go up a notch. So, what I did was support the DHEA levels. Now, we don't use hormones in our clinic. I recommended that she use something called 7-Keto-Zym which is a metabolite of DHEA but it doesn't cause the hormonal cascade that DHEA would. I don't know whether you want to touch on this at all, Helen, but maybe it is worth talking about DHEA a little bit. Well, the hormone DHEA in comparison to using 7-Keto-Zym which we would use.

Helen: Yeah, well, just obviously as nutritional therapists we can't use hormones anyway. We normally wouldn't recommend it anyway even if we could because they're just that much harsher. I often think when you're using hormones they don't give the body the choice to make the balance. Now, obviously sometimes people have outright deficiencies and if that's the case then obviously they're with a medical practitioner it's very different.

With us we're working very much in gray with imbalances in the system and so we're looking at nudging the body into balance. And so going in with full force hormones are not the right things to do normally in this case. I think it's quite interesting as well because she the Mirena coil with the progesterone possibly that was sparing her cortisol a little bit and so her cortisol levels were a little bit higher than they might have been had it not been the case for that because I think probably her cortisol levels were a little higher than you might have expected with the sustained stress she had had.

But, clearly, her DHEA was being impacted so it was a good thing. It was absolutely the right call to do to look at that DHEA wasn't it?

Lesley: Yes.

Helen: As we'll see when we see her second test results which was about four months later, I think, wasn't it that you retested to see how she was getting on.

Lesley: Yes, three or four months later.

Helen: So, there they are.

Lesley: Yes. Now, this was also interesting. The DHEA levels had improved which was great to see. The patient was experiencing some improvements, had been working on the maladaptive stress response. Was doing lots of calming things as well. That was all helping. But, I think the other thing, lucky me, the lab changed their reference ranges in between my first test and my second test.

Helen: While it looks a lot worse.

Lesley: While the cortisol level does look worse on this, actually it wasn't.

Helen: It's an important point to share, I think, because as much as possible we would use the same lab and then you retest so we can compare one with the other. But, for various reasons it changed a few times actually I think didn't it? In that short period of times it made that more difficult so we just have the relativity from a cortisol point of view is much the same.

Lesley: Yeah. But, from a DHEA perspective, although they were still towards the bottom end of the reference range, there was improvement. The patient was seeing improvements. I had a theory around the continuing raised cortisol levels. There was still stress going on in this case. This lady certainly wasn't sleeping like a baby or anything like that. There was still pain that was apparent a lot of the time. These are all reasons in themselves to see the higher cortisol level.

But, this lady had also had a history of being woken up in the early morning by her father storming into the room to wake her up. This had quite deeply affected her. I do wonder whether this was a more … a natural response for her to be producing more cortisol. A learnt behavior after having years of this happened to her. She often described, when she was describing her symptoms to me, it was, "I wake up and I feel I'm in that fight/flight mode."

Helen: It's fair to say that, excuse me, adrenals aren't the answer to everything.

Lesley: No.

Helen: We're using these as much as anything as guidance to give us ... it's tracking symptoms isn't it-

Lesley: Yes.

Helen: ... as much as anything and it's putting on paper sharing with clients where that picture is and enabling us to go to the next level and the next level. And starting to put some explanations of what's happening physically to the emotional story as well which I think this pretty much does, doesn't it?

Lesley: Yes.

Helen: So, this then moved you on because this sort of got ... by now you've got quite a lot of foundations. What did you do next?

Lesley: Following on from this I ... as I said, there was still quite a number of symptoms going on and certainly while the patient was making lifestyle changes, she was still having to do an awful lot whether it was family based. She had cut down her hours at school but she was still working three days a week. I wanted to look at the mitochondrial side to see whether there was any reason why she might not be making energy efficiently. Or, to see whether in fact she needed to do more work around pacing and not using up her energy faster than she could make it.

Helen: This is a test that is no longer available to us. It's a test that Sarah Myhill and John McLaren-Howard have put together which we've enjoyed using for many years and love it. Now, John McLaren-Howard is putting a lot of his time into seeing if he can get this more commercially available so he can cope with larger volumes. So, he's only working with a very small handful of practitioners now.

But, the good news is we've learned a lot from using it haven't we over the years and we've got not the same test but similar suites of tests that we're using to give us information that can combine with the knowledge we've drawn on over the years. So, we thought it was still worth sharing this even though it's not a test that people could have now, but it tells a story doesn't it? It's a test clients have loved over the years.

Lesley: Yes, it is. It is, yes, for sure. With this first test it in a nutshell ... there was low ATP and low ATP-related magnesium. There was no blocking from ... when we do mitochondrial function, there can be blocking from things

like chemicals or metals that get onto the mitochondria and stop us from being able to make energy efficiently in the Krebs cycle.

Now, the conversion of ADP into ATP which is our usable form of energy relies on specific nutrients like magnesium and d-ribose and CoQ10, it was interesting that the magnesium level was low on this test because I had been supporting this lady with a higher magnesium in a multi-nutrient powder and doing Epsom salts baths and it just goes to show how much magnesium we actually use up in both the adrenal glands as well. When we stressed we use huge amounts of magnesium and it's also just about the most important mineral ... well, it is the most important mineral for mitochondrial function. And our-

Helen: We don't know what she looked like initially.

Lesley: Pardon?

Helen: We don't know what it was like initially. She could have been a lot less couldn't she?

Lesley: Yes. Yes, absolutely. And also the comment you'll see at the bottom there rapid depletion of ATP on increased energy demand said to me okay, well, obviously there are nutrients here that we can support in a more therapeutic way to support mitochondrial function on the findings of this test. But, the pacing is also going to be key and important as well as obviously supporting the body generally so that your mitochondria can repair. While you're getting the right nutrients in, obviously you need to make sure that they're getting digested and absorbed well, that you're sleeping so that mitochondria can repair themselves, things like that. And, the pacing side is important too.

Helen: And it's fair to say this is happening over quite a long time isn't it? We've gone four months between those two adrenal tests. You then did the mitochondrial test. How long was it of working before you then did the retest?

Lesley: On the mitochondrial side?

Helen: Mm-hmm (affirmative).

Lesley: I think ... six months.

Helen: I'll share those retests because I think these ... show some amazing improvements.

Lesley: Yes.

Helen: And we've got a slight change in reference ranges on this…

Lesley: Yeah, they started testing in a very different way as well. Slightly different way, yeah.

Helen: But, again, we just were relatively so we can see that this is now well over the minimum so well into the reference ranges and that magnesium level has come up as well.

Lesley: Yeah. Was still on the low side but certainly better than it was.

Helen: In six months that's pretty impressive progress actually from where it was. I would have normally said it would be a year before you'd expect to see that in range. So, actually she's ahead of schedule almost on that basis if this is six months in.

Lesley: Yes.

Helen: And her recycling, again not quite in range but much, much better than it was going up to 62%.

Lesley: Yes.

Helen: And even though you weren't working on the blockages, they had gone down.

Lesley: Had gone down anyway, yes.

Helen: So, I guess it was down to the diet, things like Epson salt baths. There's all sorts of things that we're doing naturally with what we-

Lesley: Yes. That support-

Helen: That supports detox.

Lesley: Detox, yeah.

Helen: So, great progress.

Lesley: It was and actually we were making progress. Things were improving.

Helen: At what point did you think it was probably appropriate for her to have some more sessions with Denise so she was doing well.

Lesley: She was doing well and really continued … there was still family stresses. There were certainly from a lifestyle perspective things were better. She was able to do more. She'd actually been able to do some jogging and fell-walking. But, there was still quite a bit of ongoing family stress and we had a conversation around perhaps it was time for her to revisit psychology again and see what more support we could give her on that side.

Helen: So, here we bring Denise again back in because until now, Denise, you hadn't been in touch. She'd just been in the background but we've heard from what Lesley's shared that she had been still applying a lot of what she'd learned on the individualized psychology program which was great. You were able to just pick up effectively from where you left off on that program.

Denise: Yes, it wasn't anything about reconnecting with the tools. Some people when they haven't done psychology for a while the tools have kind of fallen into the background. But, with her she was very much on point keeping it very active and in her daily life. And it really just was the kind of family stresses that were a big trigger for her at the time. In particular one of her children being a bit of an adrenalin junkie. It soon became clear her feelings of vulnerability for her child and that very quickly just brought us back onto how is this paralleling how you were feeling when you were growing up? "Yes, very much." She could so connect with what her son was triggering in her was her own feelings of being very vulnerable.

Helen: And is it often the case we get frustrated with other people or we see problems elsewhere but actually all that is doing is reflecting what's happening for us which is what you did. I guess you brought it back to her.

Denise: Yes.

Helen: It wasn't about her son at all it was all about her.

Denise: Completely. We started kind of looking at her inner child and how she could connect to them and resource them. She did some really beautiful work on it because she's a teacher and she's got natural empathy for children. Also, her helper tendency which we'd worked on through the individual programs start with, she very quickly established rapport with her inner child. It's something that she's really skilled at and one of the reasons that she loves being a teacher is because feels she can really connect to children in that way.

So, yeah, we did some-

Helen: What tools did you use having realized it was the inner child you needed to support? What methodology?

Denise: Yeah, we did a little bit of visualization using sort of hypnotic language patterns to really help her find her inner child and connect with it. Also did some tapping around her feelings and emotions. What little her was feeling at the time perhaps.

Helen: And by tapping you mean emotional freedom tapping.

Denise: Freedom technique, yeah.

Helen: A great talk on I know that Alex has done as well.

Denise: Yeah. And that's very much part of the 90-day program and the individual psychology program is what we teach on day three of 90-day program and towards the end of IPP. Also like a great module on secrets to recovery that Emma's done on EFT as well so there's lots of resources to help you know how to work with it.

So, yeah, basically we just kind of made it a daily practice connecting with little her. Connecting in a nice way maybe asking little her what she needed each day and that could be really random things like a hug or an ice cream. Or, you know just anyway that she could help resource little her and make little her know that she was important and cared for.

Helen: In a way that she hadn't been.

Denise: Hadn't been, yeah. And as I say, she really loved it, really connected with it. It was something she was just naturally really good at with others and that's part of the helper some type as well.

Helen: Of course. But, that helper became helping herself.

Denise: Herself.

Helen: Effectively which most helpers don't. They have to know that they're helping everyone else and not themselves. It's like putting a little bit of distance in … with her younger self it was her inner child and gave her permission to help herself.

Denise: Yeah. A lot of framing around you're really good with children and the relationship she has with her own children as well as those she was teaching kind of really helped her see that part of herself in a different way.

Helen: Fantastic. And so then you got onto another area, I guess. Having worked on that, where did you go next?

Denise: Yeah, that was very much where she came in, when she returned to psychology, but she'd started back in work again. Although to begin with she was having a really good experience with her new job it quickly kind of fell into old patterns of subtle bullying from other people in the workplace. Or, not really being appreciated for the amount of work she was putting in.

Again, being a helper subtype she was kind of overdoing. She was delivering a lot more each day than perhaps was required of the job. Then, that became a norm and so people's expectations of what she could do or what she should do became much greater. And then, of course, being at that stage in recovery that started to have a kind of negative effect on her because she was doing more and more being expected of her than she could really do at that stage. Kind of coupled with her achiever pattern where it was a lot of internal pressure to meet everyone's demand, do more work. So, yeah, that-

Helen: Because that's the problem isn't it with chronic fatigue because you don't look ill on the whole.

Denise: No.

Helen: You normally look very well in fact and so people don't realize when you've pulled yourself together, to drag yourself in for that day or you've rested beautifully to be at your best for that day, people then assume, oh, well if you can do one day you can do ...

Denise: Two.

Helen: ... longer days, more days, whatever.

Denise: Yeah. Stretching her hours. Doing more days then I think as well being a helper and achiever she'd taken on something that was quite new at the school and was untested and because it was really so successful, then they wanted to implement more of it and more days a week.

Helen: That's unfortunate. Success not ... having more of a problem for her. And so, how did you work through that though with her. Again, was it through the emotional freedom technique or anything else?

Denise: Yeah, using bits of NLP, emotional freedom technique again and also really helping her establish boundaries with others. Obviously in the home growing up not a lot of good boundaries between the parents and her and her siblings. She was having to take on a lot of jobs that her parents just weren't able to do or didn't kind of notice were needed.

So, really it was helping her kind of establish boundaries with other people and helping her say, "No, actually I can't do that." Again, as you say it was quite difficult because people don't really have the understanding no matter how much she felt she was telling them this is how I feel, they weren't understanding it at a level where it meant they respected her boundaries.

So, really helping her kind of set that firm boundary and keep asserting her needs which is-

Helen: Unless she was a very, what I would say, quite an extreme case with regards to those boundaries not being set. Actually so many of us aren't that good at setting boundaries are we? It's a skill that doesn't seem to come naturally to a lot of people.

Denise: No, definitely not. And it can be very hard and that's why things like emotional freedom technique come into the room. It's like well do you think, "Oh, yeah, I can see this boundary there, but I still don't feel confident I can express it or my needs will be met," then we can work with that. All these issues with the EFT and really help that person really connect with that need.

I think when they can really put recovery in front of other people's needs that's when they can state their needs much more clearly and it almost doesn't matter what other people are saying. They're just quite clear and quite firm that this is what I need right now.

Helen: Yeah. And on the whole when it's done for the right reasons and with a positive intent which someone like this lady with all of her helper tendencies she's never going to be rude when she says that. When she puts her boundaries in place the last thing, by the sounds of it, she's ever going to be as rude. People aren't going to take it like that.

But, when you're saying no or you're saying yes but these are the terms on which I am saying yes, you kind of feel quite rude, can't you when you say it for the first time?

Denise: Yeah.

Helen: You feel it's naughty.

Denise: Yeah. And that's all part of the kind of helper subtype as well that feeling guilty or really selfish for stating your needs.

Helen: Yeah. So, great to help her with that. Well, it sounds like you gave her some EFT as sort of homework to do herself, but when you do the EFT

how are you doing it? Are you … because I get the impression you don't do it in sort of quite a standard way.

Denise: Yeah. A lot of what we're teaching with NLP is doing it quite formulaically where there's, you know like I said, tough statement and then a set list of things to say. And really it's just getting her to connect with in a different way where even thinking of phrases to say around the setup statement can be a barrier for other people to go, "Yeah, I could use that tool now."

So, when she was using it on herself, it was really just okay in the moment you're triggered by something, just start tapping. State exactly how you're feeling right now. And then when we're doing sessions together it was using that same technique but then I'm gauging you or asking you questions using NLP and hypnotic language patterns.

Again, if you were watching it might just seem like a normal conversation while you're tapping, but, all these things are just helping her get really specific about what her issues are.

Helen: I guess also literally tapping into the subconscious. A little like we were talking earlier about the sort of the bowel movements and holding on to emotions or not expressing them. But, you're saying that was done at quite a subconscious level when you're doing the EFT and the NLP, you're getting to the subconscious because clearly someone isn't consciously choosing to be anxious.

Denise: Exactly. So, it is kind of like you were talking to the subconscious. Even if the logical mind is not really connecting with it or not really understanding why that's important, the subconscious is getting it. It's a good way to stop people getting in their own way really.

Helen: Yeah, fantastic. You did some amazing work with her by the sounds of it. How is she now? Are you still working with her or are you happy that you've done lots of layers.

Denise: Yeah, we've done lots of layers. We haven't spoken since, I think, October last year. That was when we kind of rounded things off. She was at a time in life where she'd started to get a little bit more space and started having a bit more fun as well.

Helen: Brilliant. Because, Lesley, throughout of this conscious of finances and head space and time because with everything she's trying to fit into her life, you didn't have any more sessions over that time did you? You just sort of kept a close eye on her.

Lesley: Certainly when this patient came back in and started reworking with the psychology side, we had got a lot in place as far as her nutritional, physical support was concerned and we agreed just to keep in touch periodically to go through supplement program etc. and make sure she was staying on the right things or stopping things as she needed to.

Helen: Yeah, because we would never leave someone on supplements unsupervised-

Lesley: No.

Helen: ... because the dosages we're using are therapeutic levels so not safe to take unsupervised for prolonged period of times. It's important to keep those checks in.

Lesley: Yes. So, checking in every three months on that basis. And as Denise just said, she has been having more fun. She's been working as a supply teacher which has enabled her to have a bit more freedom. She's not been so stuck in a routine as far as her teaching career is concerned but she obviously loves her job and wanted to carry on teaching in some capacity.

But, she's been able to take time off, for example, earlier this year she's been away on a month's long trip abroad and had an amazing time. But, unfortunately has come back with a tummy bug that won't go away. In fact, we have started working together again and are looking into the gut this time.

Helen: But, very specifically for that and how great because she's obviously now realizing how important it is to keep a step ahead of her health if she can rather than let it get a head of her.

Lesley: Yes, and she was very good because she got in touch straight away.

Helen: Yeah. Brilliant.

Lesley: Yeah.

Helen: Well, fantastic. Thank you both of you for your amazing work that you've done with this lady and thank you for sharing her story with everyone today.

Lesley: Yeah, it was great. Thank you, Helen.

Helen: Thank you.

