

Chronic Abdominal Pain

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The patient is a 37 year old single female. She suffered "brain damage" at birth and is mentally retarded. She is unemployed and lives with her mother and father. She has two brothers and one sister who are in good health. She graduated from high school through a special education program.

Her past history showed complaints of chronic (sometimes severe) abdominal pain which began at about age nine. Other complaints included intermittent, severe headaches, diarrhea, constipation, "sweaty palms", "ear pain", nausea and "upset stomach". The medical history showed the following procedures performed on this patient:

pelvic sonogram; esophagogastroduodenoscopy and upper endoscopy (both normal); exploratory laparotomy which included a right ovarian cystectomy (benign) and appendectomy (normal); a "Spectamine brain scan" (normal); Gallium scan (normal); laparotomy with removal of both ovaries, tubes and uterus (a benign cyst on the left ovary and extensive endometriosis was the pathological diagnosis).

Her medication included Pepto-Bismol®, Milk of Magnesia®, Advil®, Tylenol®, licorice root, carafate, antihistamines, Tagamet®, Zantec® and EsTrace®. After the surgery, the abdominal pain disappeared for a period of time. Two years ago, the abdominal pain and headaches returned. When seen at The Center, complaints included constant abdominal pain (severe), headaches, diarrhea, and sweaty palms for a two month period. Her mother said she had lost interest in swimming (her favorite exercise), was more depressed and was not eating regularly. A complete physical, psychological and biochemical evaluation was performed. Significant findings included a small goiter; the H-Scan for Biological Age

(Hoch Company, Corona Del Mar, CA) gave a biological age of 60 years; tests for metabolic calorimetry (taken two days apart) showed low activity; The Heidelberg test suggested a gastrointestinal dysfunction with inadequate stomach acid.

Biochemical evaluation revealed the following significant findings: elevated TSH; cytotoxic allergic test reactions of plus 1 to 15 different food antigens, plus 2 reaction to Aspergillus, GHA, BHT, chocolate, whole egg, honey, MSG, pineapple, saccharin and tomato and a plus 3 reaction to onion, strawberry and vanilla; elevated urine pyrroles; hair tissue analysis showed an elevated copper, low molybdenum while a vitamin profile showed low normal B₃, very low plasma C and zero urine C levels. A rectal swab test for parasites was positive for *Blastocystis hominis* and *Dientamoeba fragilis*.

Treatment included 15 grams vitamin C in 250 mL Ringer's Lactate I.V., oral vitamin C (2 grams per day), whole thyroid (30 mg once per day), folic acid (800 mcg twice per day), 1/2 mL of vitamins, B₁, B₆, B₁₂ intramuscular (for a period of three treatments), treatment for intestinal parasites (*artemesia annua* and citrus seed extract), and restriction of sensitive food antigens.

On her return visit two months later, the rectal swab was negative for parasites, her abdominal pains and headaches were gone, she was happy with herself, eating well and had resumed her exercises.

Based on the patient's long history of abdominal pain, one could be inclined to dismiss her recurring complaints as psychosomatic. However, by discovering the intestinal parasites and food allergies which could have caused many of her problems (headache, abdominal pain, loss of appetite, poor nutrient absorption), hypothyroidism and confirming the low vitamin status of the patient through biochemical methods, treatment quickly returned this patient to a pain-free quality of life she had been denied for many years.

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