

Three Patients, Three Medical Conditions, Three Successful Outcomes

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Introduction

The Center physicians and health care workers see patients with chronic illnesses who have not been helped, or have not been treated to their satisfaction. Many of our patients (or as we prefer to call them, co-learners) have seen three or more physicians and spent thousands of dollars without resolution to their problem. Our approach is not just to treat a patient's symptoms but to find the cause of their disease and to cure them. To accomplish this, the co-learner will spend a day (some times two) visiting with a physician, nurse, psychologist, and laboratory personnel having very comprehensive physical, history, psychological and laboratory examinations.

Only after the various nutritional and clinical tests have been completed is a definitive diagnosis and treatment plan designed with the patient/co-learner. Usually no nutrient or treatment plan is decided until the physician receives the results of the comprehensive laboratory testing. Whole blood, RBC, serum, urine, plasma or hair specimens may be tested. The physician can then tell which nutrients are low, normal, high or out of balance. We use the analogy of the body to that of the automobile. One would not go out to their car, raise the hood and put two quarts of oil in the motor with out first checking the dipstick. The same holds true for nutrients. We need to know level of the dipstick (low, normal, optimal or high range) before adding anything to the body.

Case 1. Overweight, Undernourished, Depressed

The patient is a 28 year-old female with complaints of allergies, depression, gastritis,

irritable bowel syndrome, hypothyroidism, herpes and sinusitis. Her weight had been slowly increasing despite several attempts and "different things" to get it under control.

Her laboratory tests showed the following: elevated urine pyrroles (indicating a serious psychological or physiological stress),¹⁻⁴ an imbalance in her omega-3 to omega-6 RBC fatty acids,⁵ low level of vitamins B₁, B₆, B₁₂, and low RBC chromium. Thyroid function tests indicated a hypofunctioning thyroid gland. Her treatment included intramuscular injections of B vitamins followed by B₁ by mouth. She was also instructed to take chromium picolinate, fatty acids supplements and Amour thyroid with slow release T3.

As she began to improve, her nutrients and thyroid medications were adjusted during the first year of treatment. Her depression began to lift and she had no herpes symptoms, which continues today. She joined Weight Watchers and found that the pounds started to "slip away, instead of accumulating." She said the meetings were a great motivator for her. She continued on her supplement regimen and thyroid treatments. We did not see her for over a year after her last appointment.

She returned one day and told Dr. Hunninghake that she was not having any symptoms of her prior problems and "she was elated, everything was wonderful." She was still losing weight, and had no colds, flu, or sinus problems for the past year. This is why she did not come back for a year—she didn't need us anymore! We were just as elated as she was.

Case 2. PMS, Allergies, Headache

The patient is a 54 year-old female who came to The Center with complaints of PMS, headaches, sinusitis, allergies and

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elevated blood cholesterol. She also complained of “facial muscle twitches” and nighttime fluid retention. She was most concerned about the hot flashes and other menopausal symptoms and wanted to control them without taking prescription estrogen.

Her laboratory results showed several areas of concern: blood cholesterol was 241 mg/dL, red blood cell zinc and magnesium were very low, urine pyrroles were very high, estrogen and progesterone were approaching the post-menopausal levels, and her plasma vitamin C level was in the “low scurvy range.” Her urine vitamin C was 0 mg/dL. A bone density scan was normal.

The findings of low red blood cell zinc and elevated urine pyrroles would support the theory that urinary pyrroles tend to bind zinc and excrete it in the urine.¹⁻⁴

To increase her plasma and tissue levels of vitamin C, two grams of vitamin C (Gram-Ascorbs, Alacer Corp.) and two Proanthro-C tablets were taken daily. Each Proanthro-C tablet contains grape seed extract (pycnogenol) 25 mg with 250 mg of vitamin C. Progesterone cream was given to relieve her “hot flashes” and high doses of folic acid prescribed to stimulate her adrenal estrogen production. Magnesium and zinc were also given to raise these levels in her blood and to treat the facial twitches and nighttime fluid retention. Osteoprime, a multi-vitamin for bone metabolism was also given.

During the following year her treatment program was adjusted as needed. After one year many of her symptoms have disappeared or decreased significantly. She is headache free and her PMS symptoms are gone. The “hot flashes” have almost disappeared. Additional folic acid and boron has been prescribed to completely eliminate all hot flash symptoms. She was given additional magnesium to take at night to prevent the facial muscle twitches and fluid retention. The patient was very happy with her results. We were just as happy as she was.

Case 3. Chest Pain, Neck Pain, Fatigue, Depression

The patient is a 49-year old female who came to The Center because of recurrent chest pains. In the year before her decision to come to The Center, she had been air lifted four times to a hospital for “unstable angina.” These trips and prolonged stays in the hospital coronary care unit had cost her insurance company over \$150,000.

At the time of her initial evaluation, in addition to her chest pain, she complained of severe fatigue, depression, weight gain, arthritic neck pain, severe constipation, hiatal hernia with acid reflux, fluid retention, poor night vision, poor concentration and “sugar cravings.” At the time of her initial evaluation, she was taking nine different medications. In our experience, we have found that “sugar craving” can be a clue that the patient may be deficient in vitamin C or may have an allergy to sugar.

Laboratory findings showed the patient to be markedly deficient in vitamins C and E. She was also low in vitamin A (poor night vision was one of her complaints) and folic acid. Antibody titers were elevated for *Candida albicans* and *Helicobacter pylori* organisms. Her serum IgE level (the allergic antibody) was very high. She was positive to 35 of the 90 food antigens and additives on the cytotoxic food sensitivity test.^{6,7} Her omega-3 fatty acid levels were low and her red blood cell chromium was also markedly low. Because of her angina, an EDTA diagnostic chelation challenge was done. The post-chelation urine sample demonstrated markedly high levels of aluminum, cadmium and lead in her system.^{8,9}

She was started on CoQ₁₀ (50 mg four times a day) and Cardi-Rite (a supplement for heart and vascular disease) for her angina. Intravenous vitamin C (15 g) and zinc infusions were given at weekly intervals along with B vitamin injections. Aloe capsules were taken at bedtime to relieve con-

stipation. EicoPro was taken to replenish the Omega-3 fatty acids.

All sensitive foods were eliminated from her diet. Pregnenalone, chromium and very low doses of natural thyroid were started. Based on the findings of the diagnostic chelation, a series of therapeutic chelations were started. After nine months of therapy, the patient reported dramatic improvement, including a reduced need for medication. Her local cardiologist commented on her remarkable progress and acknowledged that "some selective patients are being helped by chelations." This statement by a conventional cardiologist is remarkable in its own right, however, it is interesting to note that he never offered this option to this patient—she went out and got it on her own! Ongoing therapy and lifestyle modifications continue. We were just as pleased as she was!

These three cases are a sample of the thousands of patients treated successfully at The Center with complementary/alternative therapies. Many of these patients have been suffering for years with their conditions. They have been treated for their symptoms, not cured of their disease. The underlying treatment philosophy of The Center is to work with the co-learner/patient and cure their disease. When this happens, no one is happier than the health care workers at The Center!

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