

Case Study

83 year old female with FATIGUE



This patient also suffered from EBV, Candidiasis, Immune Deficiency, Menopausal Syndrome and Hypothyroidism. She had been experiencing a decreased appetite and lower extremity weakness. She was taking Estrone (4 mg/gm 1/8 tsp QD), Progesterone (18mg SL QD), Testosterone (2 mg/gm 1/16 tsp QD), Genotropin (0.6 mg SQ 4 X week). In November 2007, SpectraCell's micronutrient testing revealed deficiencies in vitamin B12, vitamin D, vitamin E, calcium, zinc, oleic acid, glucose-insulin interaction, total antioxidant function and lymphocyte proliferation index. **Based upon her deficiencies found with SpectraCell's micronutrient testing, she was administered supplements, but the patient had difficulty swallowing pills. Therefore, the patient had intravenous infusions (3 times per week) of:**

- 1) Amino acids
- 2) Vitamins B & C
- 3) Minerals

Follow Up – May 2008:

The patient made improvements in all areas except Lymphocyte Proliferation Index (which remained about the same). Many deficiencies were completely resolved – vitamin B12, vitamin E, zinc and glucose-insulin interaction. Many other deficiencies made improvements – vitamin D, calcium and total antioxidant function. There were three new deficiencies – glutamine, serine and selenium.

Clinical Outcome:

The patient has been able continue her current supplement regimen with confidence knowing she is not only making progress but helping to more accurately prescribe items specifically needed for her condition. This removes much of the guesswork that is often inherent in nutritional prescribing. Further, the patient continues to remain relatively well and in good health without having to take any pharmaceutical prescriptions other than bio-identical hormones from the compound pharmacy.