

Case Study

Male with CONGESTIVE HEART FAILURE

Secondary diagnosis – Type 2 Diabetes Mellitus, Coronary Artery Disease, Hypertension and Hyperlipidemia



This patient had severe heart failure with an ejection fraction of 25%. The patient was short of breath walking in the room (New York Heart Failure Stage IV) with increased swelling of the legs. The patient elected to pursue Stem Cell Transplant in Thailand which he personally funded. The patient was prescribed Lipitor (20mg/day), Lexapro (10mg/day), Coreg (25mg BID), Flomax (0.4mg/day) and Lanoxin (0.25 mg/day). SpectraCell's micronutrient testing discovered deficiencies in carnitine, vitamin D and calcium. **Based upon his deficiencies, he was administered the following supplements:**

- 1) 200 IU/day of Vitamin D3
- 2) 1 gm/day of Calcium
- 3) 2 gm/day of L-Carnitine, prior to Stem Cell Transplant

Clinical Outcome:

Subjectively, the patient was much less short of breath within one month post Heart Stem Cell Transplant. His ejection fraction improved to 45%. Objectively, the patient had clear lungs and no swelling of the legs and no signs of any heart failure.

Cost Savings and Benefits:

The patient benefitted by L-Carnitine and Lipoic Acid supplementation which could not have been assessed in this patient without SpectraCell's micronutrient testing. A publication in the American Journal of Cardiology from June 2, 2008 detailed how the addition of Amino Acids including L-Carnitine, Leucine, Taurine and Arginine could improve heart failure with or without stem cell transplant. The addition of two supplements capable of enhancing heart function was especially helpful in this patient proven to be deficient. Vitamin D supplementation is also critical of heart failure patients as mortality and morbidity is associated with Vitamin D deficiency. SpectraCell's analysis is widely felt to provide better assessment of the intracellular vitamin D deficiency than conventional serum testing.

The number one DRG for hospital admissions is congestive heart failure. Cost savings from this assessment in cardiovascular disease and non-ischemic heart failure is massive.



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