

Case Study

44 year old female with EPISODES OF MEMORY LOSS



This patient has a long standing history of chronic pain for which she is followed by a local psychiatrist who provides her chronic pain medication. She had reported being unable to think of words during normal conversations. There was no change in her subjective health or increase in headaches or changes in any of her medications. She was taking Citalopram Hydrobromide tablets (40mg, 1 po qd), Duragesic Transdermal system (50mg, one patch q 48 hours), Fentanyl Transdermal system (25MCG/H, one patch q 48 hours), Flonase (generic ok, 1-2 sprays in each nostril bid), Frova tablets (2.5 mg, one at onset of HA), Neurontin, Robaxin (750mg, 1-2 po q 8 hours prn ms spasm), Trazadone (50mg, 1-2 tabs qhs prn sleep) and intermittent vitamin D3 and iron supplements. She had a longstanding use of 1-2 small glasses of wine per night and her neurological exam was normal.

As her lab results returned, she became more distressed because now she had difficulty writing, forgetting how to spell and even how to write out words. She also reported shaking if she didn't eat regularly. SpectraCell's micronutrient testing revealed deficiencies in vitamin B1 (thiamine), vitamin B2 (riboflavin), vitamin B12, serine, insulin and chromium. She had room to improve with selenium, vitamin E and glutathione to help her antioxidant function. **Based upon her deficiencies she was administered the following treatment:**

- 1) Multiple B vitamins from Prothera and an additional Thiamine supplement
- 2) Benfotiamine from Prothera – designed for better fat absorption
- 3) 200 mcg of Chromium Picolinate before two meals
- 4) 200 mcg of Selenium Methionate
- 5) Vitamin E mixed tocopherols
- 6) Reduce alcohol intake

Clinical Outcome:

She has no more memory problems and no further low blood sugar symptoms. There is no need at this point to refer her to a neurologist or perform a brain MRI. The physician believes the memory issues were due to the low thiamine possibly made worse with hypoglycemia. Her symptoms of hypoglycemia were likely due to low chromium levels.

Had her physician not found the correctable nutritional deficiencies to explain her symptoms with SpectraCell's micronutrient testing, she would likely still have symptoms that worsened and be undergoing expensive specialist exams and testing. She is happy with the testing and her improvement to date.

Conclusion:

Overall, her response was dramatic and satisfying. This physician has had a very positive response to SpectraCell's micronutrient testing from patients. Many are at a loss for what they might need nutrient wise often waste money on poorly made, unregulated nutritional products. Doctors should help their patients manage this jungle of nutritional products. Helping patients optimize their diets certainly helps long term health. SpectraCell not only helps show the deficiencies, but also give dietary guidance on how to make improvements. Their LPP™ (Lipoprotein Particle Profile™) has also helped many patients to not go on statin drugs using guided nutritional therapy. This saves the insurance companies money if they offer prescription coverage.

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 recent publication of 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 the conventional serum testing.

Cost savings from this assessment in cardiovascular disease and non-ischemic heart failure is massive. As we all know, the number one DRG for hospital admissions is congestive heart failure.



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