

# Case Study

## 50 year old white female with CHRONIC FATIGUE



In December 2005, the patient initially complained of fatigue, stating she would often feel tired upon rising and would have to push herself throughout the day and often take naps in the afternoon. She also complained of tinnitus, abdominal bloating and gas, mild constipation, yeast infections, weight gain, aching in her hips and fibrocystic breast disease. Her primary care physician had done minimal testing and attributed her symptoms to depression, recommending antidepressant medications which gave her no benefit. After undergoing standard labs and an ION panel, the patient noted that most of her symptoms still persisted.

The patient underwent SpectraCell's micronutrient testing to determine if any improvements could be observed relative to the initial laboratory tests two years earlier. In December 2007, the results revealed considerable deficiencies in vitamin B12, pantothenate, vitamin D, CoQ10 and Spectrox. Borderline deficiencies were found in vitamins B1, B2, B3 and B6, folate, biotin, serine, choline, inositol, carnitine, chromium, zinc, copper, magnesium, glutathione, selenium and vitamin E. These findings were surprising given the consistency of oral supplementation over the previous two years. Many of the new deficiencies were not considered to be low by the ION panel in 2005. **Based upon her deficiencies found with SpectraCell's micronutrient testing, and a concern that digestive tissues were part of the problem, the patient was administered the following IV infusions (once a week for 6-8 weeks):**

- 1) Vitamin C (25 grams)
- 2) B-complex
- 3) B12
- 4) Pantothenate
- 5) CoQ10
- 6) Folic Acid
- 7) Chromium
- 8) Zinc
- 9) Copper
- 10) Selenium
- 11) Magnesium
- 12) Calcium
- 13) Glutathione

*During this time, oral supplementation was scaled back and directed only towards elimination of GI infection and gut repair.*

### Clinical Outcome:

After 8 weeks of treatment, the patient reported dramatic improvement in energy, noting that she had not experienced anything like this prior to doing the IV replacement infusions. All digestive symptoms were resolved, her mood was better, she had less tinnitus, she had lost weight, body aches were diminished and her breasts were even better than before. Oral supplementation was modified to focus on those nutritional deficiencies identified in the test results.

At her last office visit, in August 2008, the patient reported to be in good health, feeling that many of her chronic problems from the past were no longer an issue. She reported good energy with minimal fatigue, except for mid afternoon, and no more problems with her breasts. The patient was on a simple maintenance regimen of nutritional supplements that included some of the deficient nutrients identified in 2007, though not all.