

Best Cases In Biological Medicine

Series #10

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Biological medicine works. The purpose of this series is to present illustrative cases from different practitioners in order to demonstrate the highly effective principles and practice of Biologic Medicine. If you have cases that have educational value for others using Biological Medicine in practice, please email them in Word format to Dr. David I. Minkoff M.D. at drminkoff@bodyhealth.com. They will be presented each month as part of the Best Cases in Biological Medicine series.

CZ is a 51 year old female. She presented with a ten year history of fatigue, muscle aches, mental spaceyness, depression, irritability, joint pain, bloating and difficulty sleeping. She had been to numerous practitioners, had received many medications and had a roller coaster course with progressively lower lows and lower highs.

Her medications included Prozac, Nexium, Relafen, and Ambien.

She had poor tolerance for anything “perfumey.” She did not smoke, did not exercise and ate a typical american diet with fast food at least seven meals a week. She was divorced and worked as secretary.

She had no root canals, had 8 aged amalgam fillings and had regular dental care. Her bowel movements were usually every other day and difficult. She had no overt cardio respiratory symptoms or GU symptoms. She was perimenopausal with her last period 6 months ago. She had regular GYN care annually. There was no significant surgical history. She had not been sexually active for 5 years. She felt satisfaction with her job and social life and had no significant problem areas in these aspects of her life.

Prior to this ten year “illness” she had been treated with a four month course of antibiotics for a “sinus infection.” Prior to that she did not recall having any of the presenting symptoms. Since she felt she was not improving, and was in fact worse than before, she presented to us for evaluation on the recommendation of a friend.

Our exam showed a pale female who appeared older than her stated age. She was pleasant and in no distress. . BP 145/85. T 98.5. She was mildly obese with a protuberant abdomen. Oral mucosa had multiple mercury tattoos and gums had receded several millimeters. Eight amalgams were present. There was no adenopathy or thyromegally.

Chest and heart exam were normal. Abdomen was without organomegally. The skin over her abdomen felt

cold and slightly moist. It was tympanitic and diffusely tender. Large fecal masses were palpable in the ascending and descending colon. Neuro was non focal. There were no rashes. Musculoskeletal exam was negative.

ART Exam opened on candida and localized to descending colon. Direct resonance showed high mercury titers in large intestine.

Pertinent positive labs: large candidal overgrowth on stool culture with absent lactobacillus and diminished bifidus. Serum amino acids were 5th percentile across the boards except for tryptophan which was below 5th percentile. Melatonin levels were flat and did not reach physiologic range. Serum omega 3 fatty acids were low. Serum antioxidant levels were 25% of expected. Hormone evaluation was normal for age. CBC and chemistry 25 was normal. Candida immune complexes were very elevated. Tests for other viruses and lyme were negative. ANA and RF were negative. Metal Free challenge showed stool mercury levels 10x elevated.

We assessed her condition as:

1. Candidal overgrowth syndrome with dysbiosis and leaky gut. Her prolonged antibiotic usage ten years before probably was the cause of this chain of events and compounded her already high total body load of poor diet, nutrient deficiency, and mercury.
2. Mercury toxicity with filling leakage and secondary gingival atrophy
3. Amino acid deficiency secondary to inadequate protein intake, protein maldigestion due to Nexium induced achlorhydria, probably malabsorption from intestinal wall inflammation due to dysbiosis. Low tryptophan and melatonin affected sleep and mood.
4. Fatty acid and antioxidant deficiency.
5. Poly pharmacy
6. Deficient good intestinal flora
7. Constipation and leaky gut further compounded the problem of reabsorbed toxins from the gut and whole proteins which generated immune complex type arthralgias.
8. Arthralgias and sleep disturbance, secondary to #1 and #3.

Treatment included:

1. Dietary change to organic vegetables, organic free range meats, legumes, whole grains and avoidance of any refined flours or sugar or artificial sweeteners or colorants.
2. Gut restoration program with betaine HCL, digestive enzymes, fiber supplement and high doses of mixed beneficial flora.
3. Colon hydrotherapy program with implants of good flora twice weekly for 6 weeks then weekly for 6 weeks.
4. Weaning off of all prescription medication
5. Multivitamin mineral supplement, Fish oil supplement and antioxidant supplement.
6. Proteolytic enzymes to assist with the systemic inflammation plus traumeel and zeel 3x daily orally.
7. Amino acid supplementation with BioBuide 10 tablets twice daily containing 8 essential amino acids that are 99% utilized to make body protein and restore amino acid deficiencies.
8. Biological Dentist referral for amalgam removal followed by detox program.
9. Daily infrared sauna for 30 minutes.
10. Walking 30 minutes per day alternating with body weight calisthenics 3 days a week for 30 minutes.
11. CANDIDA PROGRAM: While many are using pharmaceuticals for treatment of systemic candida, I am not in favor of this. These programs with diflucan and others are powerful anti-biological compounds that affect not only yeast but also mammalian cells. We have had extremely good results using a PLEO + HEEL program to handle systemic yeast conditions. The program is:
 - a. Pleo Pef suppositories Monday and Thursdays
 - b. Pleo Not suppositories Tuesday and Fridays
 - c. Pleo Reb suppositories Wednesdays and Saturdays
 - d. Pleo Ut 10 drops on Sundays
 - e. Mucosal Compositum 1 ampule sublingual Monday, Wednesday and Friday

Do this for two weeks.

Then for the second two weeks substitute Pleo Fort for step a and continue all the rest.

For the next two weeks substitute Pleo Alb for step a and continue all the rest.

For the next two weeks substitute Pleo Ex for step a and continue all the rest.

This program rebuilds the intestinal epithelium (mucosa comp) and the peyers patches (pleo reb) and rebuilds the intestinal flora using pef, fort and alb on a nice gradient. That combined with the colon implants and oral flora does a great job on normalizing the gut. Pleo Ut is a nice immune stimulant to top it off.

The “die off” reactions one usually sees with pharmaceutical antifungals are rarely seen because the flora is transformed by the isopathic treatments and not “killed.” That combined with the alkalizing diet, sauna, and exercise will rebuild systemic health.

She progressed very nicely on this program. Her symptoms gradually decreased over a 12 week period. She lost 18 pounds of body weight while gaining 4 pounds of lean body mass. Her bowel movements normalized to twice daily. She was able to sleep without problems and her energy improved greatly. Joint pains disappeared. Her mental spaceyness disappeared. She even started going to night school to advance her career.

After the amalgam removal she continued a mercury detox program using Metal Free. At 6 months all repeat labs were normal and candida immune complexes were negative. She enjoyed drastically improved health and was able to continue her lifestyle changes to continue her progress toward optimum health.

I think this case is very illustrative of the very basic dichotomy between Biological Medicine and Drug based Medicine. The factors of systemic mercury, history of antibiotic usage, and refined carbohydrate diet are many times linked in the causation and prolongation of systemic candidiasis. Candida produces at least 79 metabolic toxins that can affect every cell in the body. They can diffuse from intestinal sites into the rest of the body. If the candida enters a more pathogenic mycelial phase then actual tissue invasion can occur with metastatic sites into other tissues. These toxic effects are thought to be causative of the multiple symptoms that patients complain of. The usage of candida immune complexes are 80% specific and 85% sensitive for candidal overgrowth and are proportional to the antigen load. They can be followed as an index of treatment as the levels fall quite quickly with successful treatment.

When the practitioner embarks on a therapy protocol of drug based treatments to combat symptom complexes he only adds their toxic effects to the existing burden. In this case four powerful prescription drugs added to the multiple load of mercury, candidal toxins and nutrient deficiencies. This put the body in a vise like squeeze of toxicity on one side and deficiency on the other, that combined to suppress her body into illness.

At the core of the Biological Medicine approach is the handling of these two factors of toxicity and deficiency. In doing so a new foundation for health can occur. These actions rehabilitate the terrain and synergize the various pleomorphic life forms into a working harmony of health. This results in a balanced body chemistry and invigorated cellular energy processes. From there, recovery occurs.

Biological Medicine is the science of working with the laws of nature and life to heal the body. When these principles are followed, and the patient is compliant, and providing we are not too late, we can be successful.

The next issue will present a case of renal cell carcinoma secondary to environmental toxics. 🌸

Please send me your illustrative Biological Medicine cases. I would love to share them with others. – D.. Minkoff