

# Best Cases in Biological Medicine

## Series #2

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*Biological medicine works. The purpose of this series is to present illustrative cases from different practitioners that demonstrate the principles of Biologic Medicine. By doing so doctors can learn from each other, and can see that through application of this technology, patients can recover from seemingly unrecoverable conditions. Please send your contributions to Dr. David I. Minkoff M.D. at [drminkoff@bodyhealth.com](mailto:drminkoff@bodyhealth.com) and they will be presented each month as part of the Best Cases in Biological Medicine series.*

### Case History:

J.B. was a 51 year old white male who presented to Lifeworks Wellness Center in January 1999 with a chief complain of severe chronic low back pain of three and half years duration.

History dates back to June 1995 when while working as a brick-layer he bent over to tie his shoe and experienced severe pain in his lumbar spine area. The pain did not abate after several days and he sought chiropractic care. He was given adjustments and nutritional supplements without improvement. Because of the severity of pain he was unable to return to work. During the course of the three and half years the pain persisted, walking was near impossible and he would literally crawl from place to place. He received hundreds of chiropractic adjustments, over 75 Vax D treatments and had no real improvement. Neurology and Orthopedic consultants recommended surgery because of the persistent pain and a positive MRI showing a broad based midline disc herniation at L4-5. He declined surgery or prescription pain medicine.

When he presented to my office he was seeking prolotherapy to solve his problem. He denied any prior surgery, prescription medicine use, foreign travel, animal exposures, tick bites, trauma or prior illnesses. He did not eat any wild game, nor any uncooked fish or meat.

He ate mostly organic food, got colonics monthly, and took numerous dietary supplements. His mercury fillings had been removed.

His physical exam showed a healthy appearing male who appeared younger than his stated age. His vital signs were normal. HEENT, Chest, Abdomen, Skin, were negative.



He had tenderness over the L4-5 vertebrae with mild spasm and reduced range of motion due to pain. SI joints were non-tender. Lower extremity reflexes were equal but diminished at KJ and AJ, sensation to pin prick and light touch were normal. Standing caused the pain to exacerbate (he had crawled into the office). He had symmetrical weakness of his muscle groups in the lower extremities with mild atrophy. Babinski reflexes were down-going bilaterally. There were no tremors or clonus.

Autonomic Reflex Testing showed blocked regulation due to Root canal toxin and localized to the #3 tooth. When this finding was observed, I was surprised because no history of a root canal had been given.

When I questioned him about a root canal, he thought for a moment and said that yes, he did have one and had forgotten to mention it. He then remembered that he had gotten it done only several weeks before the onset of his back pain. He told me that he had gone in for the root canal because of a tooth ache, had gotten a temporary cap and was supposed to come back a week later for the permanent crown. Because he had felt that while he was in the chair that the dentist had made some error on him, he never went back to get the permanent crown, and was still with the temporary crown three and half years later. He had no tooth or facial pain.

On further muscle testing the root canal tooth (#3) two pointed with the lumbar area. My hunch from the testing was that the two were associated. At this point 2cc of 1% procaine was injected around the tooth to block it. (I had learned this trick from Dr. Robert Rowen M.D.), that a tooth that was a focus and causing a symptom in another part of the body could be taken out of the autonomic-pain circuit by local anesthesia. After doing this, I had the patient stand, bend over, touch his toes, and twist back and forth – all with no pain!

I sent him to one of our Biological Dentists, Dr. Ray Behm D.D.S., who confirmed the following: Infected root canal tooth #3.

See Panorex and close up xray of tooth #3 showing the root canal. Dr Behm performed a surgical extraction of tooth #3. The area had large amounts of necrotic bone and copious pus was evident at the surgical site. (Thanks to Dr. Behm for providing the xrays and dental details.)

The post removal course of treatment was complicated because of the chronic infection and osteomyelitis, requiring numerous UVBI and Hydrogen peroxide treatments, with I.V. and local Sanum remedies including Pleo Not, Pef, Art A, and DMSO and antibiotics.

To our wonderment, his back pain resolved within three days of surgery!

Once the infection was healed he came to me and said he needed a job. He began doing very physical work for us without the slightest problem with his back. In fact,

we moved offices and he carried more heavy boxes than anyone. He has recovered to the point that he and his wife climbed Mt Kilimanjaro in the summer of 2003, a grueling 14 day hike up one of the world's tallest mountains!

This case illustrates one of the cardinal points in Biological Medicine:

1. A chronic focus, in this case, of infection, can cause a distant symptom. For the symptom to be corrected one must find the chronic focus and handle it. This case was complicated by the fact that his positive MRI showing local pathology was a red herring and had nothing to do with his back pain. The patient must be commended for holding true to his own wisdom of not allowing any back surgery. It would have been unsuccessful. We know that surgery for disc disease has a very poor (less than 30% in most studies) success rate. This case would have been one of those failures.
2. One must have a diagnostic method for finding the focus. Whether one uses EAV, muscle testing, thermography, or other means, cases can only be solved when the focus is found and corrected.
3. The beauty of Biological Medicine is that such cases can be diagnosed and handled, with full restoration of the organism. I am sure that in the hands of even the best well-meaning traditional doctor, that this case would never have been diagnosed properly.
4. When we do our jobs well, patient miracles can occur. 🌸

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