Best Cases in Biological Medicine

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Biological medicine works. The purpose of this series is to collect illustrative cases from different practitioners to demonstrate the principles of Biologic Medicine so that more doctors can see that through application of this technology, patients can recover from seemingly unrecoverable conditions. Please send you contributions to Dr. David I. Minkoff, M.D. at drminkoff@bodyhealth.com and they will be presented each month as part of the Best Cases in Biological Medicine series.

Case #1

G.W. is a 69-year-old WF twin who was diagnosed with chronic renal failure of unknown etiology. Renal biopsy showed interstitial nephritis. Renal ultrasound showed small kidneys, no hydro, cortical thickness 1 cm bilaterally. She was begun on hemo-dialysis in October 98 and received 3x week treatments. She had a history of childhood measles, chicken pox, whooping cough, and smoked until age 44. She had multiple amalgam fillings placed in 1944.

She was first seen at Lifeworks Wellness Center on 7/28/99. She had been referred by a Biologic Dentist to see if there was anything else that could be done for her.

She stated, "My twin sister and I like to go dancing, Country and Western, and I hate being on the machine and I want to get better."

Our initial workup showed post dialysis labs of BUN of 37 and Creatinine of 4.2.

She was a thin, almost frail appearing, very energetic white female. Vital signs were normal. Physical exam was otherwise unremarkable. Her autonomic reflex testing showed blocked regulation with jaw osteiitis. She localized to her upper incisor teeth and both kidneys. She was switched and had scars injected with procaine and Traumeel.

Teeth 1,3,5,6,11,13 and 15 were found to be dead and were removed by the Biological Dentist. Sanum injections, using **Pleo Not, Pleo Nig,** and **Pleo Muc,** were given multiple times at #3,4,7,8,9,10,12,13,19, and 20, until autonomic reflex testing showed no more focal localization, and the jaw osteiitis no longer was showing. Testing then showed mercury as the next item with localization to kidneys.

We began a program of segmental injections over her kidneys using procaine, Pleo Muc, Pleo Nig, Pleo Ginko,

Heel Solidago, Heel Ubiquinon, procaine, DMPS and DMSO on a weekly basis.

She began getting 3x week injections with Regenesen 13 and Kidney for a month and then monthly after that.

She began colon hydrotherapy and received treatments weekly for 8 weeks.

Computron showed dental priority and multiple custom nosodes were made up to treat this. She had NAET x 15 to basic items, mercury, and kidneys.

Oral supportive treatments were recommended with a variety of kidney support products including Systemic formulas K DIR, K, KS, and Toxic Cleanse, antiaoxidants, Chlorella, Metal Free and others based on autonomic reflex testing to clear her kidneys of Mercury.

After seven months of our treatment, her dialysis treatments were reduced to twice a week. After 10 months (9/6/2000), dialysis was stopped due to increased urine flow and a predialysis BUN and Creatinine of 36 and 2.9 respectively. Her nephrologist was aghast as he had never seen anyone recover after two years on dialysis. One day he questioned her with: "I don't understand how this is happening. Your kidneys are recovering. This doesn't happen!"

She said, "well doc, I was afraid to tell you, but I have been two-timing you for the last nine months. I have an herb doctor in Clearwater who gives me shots and pills and I think that's why I'm better. You know I am dancing every night now for two to three hours and I am feeling great!"

She continues monthly **Regenesen** Kidney injections and takes oral supportive supplements. She is now 3- 1/2 years off dialysis and is energetic as ever. BUN and Creatinine are 37 and 2.7. And yes, she is still dancing! And the nephrologist is still shaking his head in complete disbelief.

I have never seen this before either. But the combination of severe dental foci, mercury toxicity, allergies, blocked autonomic function, switched regulation and poor colon health, caused the renal shutdown and interstitial nephritis. Fortunately she got care before all of her kidney tissue was irreversibly damaged. I am struck by how quickly healing occurred when the correct treatments were done, in the right sequence, in a case that for all intents and purposes had no hope of recovery. How many people are there that could be helped by Biological Medicine, if they only knew where to go? We have our work cut out for us!