Best Cases in Biological Medicine #4

By Dr. David Minkoff

Forward: 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 which have teaching 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.

CR is a 56 year old College Professor who came to us with a 15 year history of microadenoma of the pituitary, depression, dizziness, fatigue, obesity, digestive problems, asthma, severe joint pain with inability to walk up stairs, and bleeding gums. Her past medical history included HSV, migraines, bunionectomy, fundal placation, appendectomy, and cholecystectomy. Her current meds included Parlodel, Allegra, Astelin nasal spray, Guafenisin, Premarin, Synthroid, Ventolin, and Zoloft. She was also taking multivits, Calcium, L lysine, and vitamin C.

Pertinent physical exam findings showed a chronically ill appearing obese female who appeared much older than her stated age, with pale color and prominent facial acne. Oral temperature 94 F. BP 110/60.

Her abdominal area was quite cold to the touch and damp with mild distention. She had 10 amalgam fillings, root canals at 8,9,10 and extracted teeth at 1,2,16,17,32. Upper and lower gums showed extensive mercury tattooing and easy bleeding. She had prominent facial acne on her cheeks and forehead.

ART exam showed regulation blocked by root canal toxin and she was switched. She localized to her pituitary with high mercury concentrations by direct resonance.

My working diagnosis was that her pituitary adenoma, digestive problems, and generalized autonomic disregulation were due to the root canals and
mercury.

We treated her switching with procaine, traumeel and pleo nig to ten scars. She was sent to a Biological Dentist and she had all three Root canals extracted along with 3 other dead teeth (7,12,31). This was followed by IV DMSO and procaine and segmental treatments of DMSO and procaine over her liver and pancreas. All of her mercury fillings were replaced.

Urinary levels of growth hormone, cortisol, T3 and T4, DHEA, Testosterone, estriol and estradiol were all very low. Serum TSH was less than 0.01. Serum amino acids, RBC minerals, and essential fatty acids showed major deficiencies.

Her treatment plan included substituting Armour Thyroid for Synthroid, a full mercury detox program was done using Metal Free and supplements, and she was placed on an organic Zone type diet. Hormone replacements were given with hydrocortisone 5 mg am and noon, Biest cream with testosterone and DHEA, and Trans d tropin cream.

She was given three times a week IV therapy with Meyers cocktail with pleo muc, pleo nig, coenzyme comp, ubiquinone, cerebrum comp, hypothalamus D6 for 3 months. She received UVBI weekly for 6 weeks. A full gut restoration program was done including weekly colon hydrotherapy. Mineral, fatty acid and amino acid supplements were given to correct deficiencies. Papimi treatments were given daily to her pituitary, thyroid, adrenals and all painful joint areas. Over the first few weeks, she was weaned off all of her prior prescription medicines.

Within 2 months she was “so much better.” Facial blemishes reduced by 50%. Joint pain gone. Able to walk up stairs without pain and rapidly.” Body temp had gone from 94 to 97.6. Weight down from 191 to 174.

Six months later, she completed her mercury detox program. Her weight was now 151 pounds. She looked like she had shed 20 years. She felt and
looked terrific. Her facial blemishes were gone. Sleep and energy were excellent. Brain MRI showed normal pituitary with no signs of adenoma. Her allergic and asthmatic symptoms were gone. Her fatigue was gone. Her digestion was normal and she had easy daily bowel movements.

Her only medication was Armour 3 grains per day and supplements. She continues on an organic diet.

This is not a miracle case. This is Biological Medicine in action.

Pituitary microadenomas are generally intrasellar, intrapituitary benign tumours of less than 10 mm in diameter. They usually secrete prolactin, but may also be ACTH secreting resulting in Cushings Disease or GH secreting resulting in acromegaly. Clinically, these tumors usually present as endocrine syndromes based on which hormones are being secreted. The diagnosis is made by MRI where the microadenoma is best seen after gadolinium injection since the pituitary tissue enhances, due to the absence of a bloodbrain barrier, while the adenoma remains hypodense. Etiology according to the textbooks is uncertain or genetic.

We know better.

I believe that this is a case of pituitary and systemic disease primarily due to dental related toxicity. Root canal teeth, with infectious toxins, in the upper midline (8,9,10), and dead teeth (7,12,31), in addition to mercury leakage out the upper molars as seen by gum tattoos, could have easily penetrated the pituitary gland and caused toxic adenomatous changes. For the 15 years prior to seeing us, her tumor and hyper-prolactinemia had been treated “successfully” with Parlodel, a dopamine receptor agonist, that also blocks prolactin secretion. Unfortunately, the cause of her pituitary problem was considered idiopathic and nothing was done to correct it. It appears that the continued toxic effects of the combination of high levels of mercury, root canal toxins, and foci from dead teeth, and perhaps the toxic effects of her subsequent pharmacologic therapies, progressed to a significant pituitary insufficiency manifested by low levels of TSH and GH and adrenal insufficiency.

Due to her increasing arthritic pain, weakness, asthma, and depression,
her physicians required the addition of more and more drugs to alleviate her symptoms. When we saw her at age 56, she was close to being completely debilitated. I have no doubt that without proper diagnosis and intervention, she would have succumbed completely in a short period of time.

Once valid diagnoses were made and her root canals, dead teeth and mercury were corrected by the Biological Dentist, then nutrition, hormone replacement and detoxification could allow healing of the rest of her body.

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.

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

David I. Minkoff MD
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