

Clinical Research

by

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DIFFERENTIAL DIAGNOSIS: ALZHEIMER'S DISEASE, ARTERIOSCLEROSIS, TOXIC DEMENTIA AND CHRONIC BLOOD LOSS

PATIENT PROFILE (The Story)

The patient is a 74-year-old retired high school history teacher and football coach. He is 6' 1" and weighs 178 pounds. His wife has stated, "it all started about six years ago and no one knows why." Now in 2018, he suffers from apraxia and aphasia. His symptoms include: lost ability to concentrate, memory loss, inability to focus and unsteady on his feet. His life has been reduced to wearing diapers. His wife is hoping and praying to keep from putting him in a nursing home. Although the patient has had no history of head trauma or known blood loss, he could not remember the name of the first president of the United States.

Recently, he has been taken off his insulin medication. His previous medications were Lisinopril, Metformin and Androgel. His current medications are Liothyronine (T3), Prostatin and lately prescribed Donepezil and Vitamin B12. My physical exam of tongue and nails did not reveal anemia nor did his blood profile show any signs of anemia. The patient has had a few skin cancers removed and few weeks ago had colon polyps excised.

NDIS (Nutritional Deficiency Identification System)

Out of the 68 supplements tested, the top 15 were prescribed.

Also included as comparison are the top 15 Supplement Lists for two other patients, so you can see similarities and differences in the test results for same diagnosis. Both patients have dementia and one labeled with Alzheimer's. Like the original patient, their examinations and blood tests showed no signs of anemia.

DISCUSSION

All three patients were diagnosed with dementia and they too on examination and from their blood profiles showed no signs of anemia. By comparing their NDIS test results, you can see that iron (as yellow dock or Fe-zyme) was needed and in addition anti-anemic factors like folic acid and B-12. To assist with the digestive and absorption issues, there was a need for different minerals and Betaine HCl (in two of the three cases). The differences in the need of Betaine HCl could possibly be related to and be necessary for a synergistic effect in the stomach.

In the profile, I stated that the patient was like he was so tired that he could not think straight. It has been a well-known fact that hardening of the arteries (arteriosclerosis) can cause dementia. Since the patients needed nutrients to treat anemia, I suspect that anemia was side issue of the medication and not from actual blood loss.

Dementia is a broad term and may be caused by different means. According to Dorland's 1959 Medical Dictionary (23rd edition), dementia is defined as a general designation for mental degeneration and the dictionary lists several different types of dementia. The one that caught my eye was Toxic Dementia "that which is due to the excessive use of some poisonous drugs."

In 2016, Center for Disease Control listed dementia (i.e., Alzheimer's Disease) as number six in the top ten causes of death. According to a research study by the Bright Focus Foundation (2005-2014), deaths from cancer have been reduced by 13%, stroke by 17% and heart disease by 23%. But Alzheimer's disease has increased by 41%! With the average senior citizen now being prescribed eight prescription drugs, could their medicines be the possible culprit? My understanding is that drug interactions are no longer included as a cause of death as they were in the past. Perhaps we need a warning?

My opinion is the vast majority of dementia cases are toxic dementia. When on a tour of England a few years ago, I could not believe the number of prescriptions drugs people took out of their purses and suitcases. Perhaps if the seniors know the possible consequences of taking multiple prescriptions they would be less enthusiastic about taking them. Pharmaceutical drugs are like our government. They will not solve our health problems because they frequently are the cause of the problem; meaning, that a large percentage of the nutritional deficits that we see are a direct result of consuming prescription drugs.

We know that as we get older our bodies change; our brains shrink and new research shows that the brains detoxify while sleeping. Furthermore, both calcium and iron are needed for strong bones and we know that the blood will borrow from the bones to maintain serum calcium and iron levels-- that's part of the survival mechanism. Drugs may not only suppress bone marrow function, but can cause vitamin and mineral deficiencies. Folic acid deficiency may be more of a problem than B12. I am sure there are some heredity factors that increase nutritional needs for some people.

CONCLUSION

Thus without the NDIS test it would be difficult to detect anemia, poor digestion and poor absorption in these patients, especially if the blood tests and physical exams do not reveal it. Also, during this critical time of ill health it would be difficult to accurately prescribe combinations of supplements that would help these patients. Finally, because of the NDIS test we can speculate that taking medications over a long period may cause a person to be deficient of key vitamins and minerals, presenting as dementia.