

Clinical Research

by

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DIFFERENTIAL DIAGNOSIS:

PARKINSON'S DISEASE, CHRONIC LYME'S DISEASE, POTASSIUM DEFICIENCY

PATIENT PROFILE

The patient was a retired chiropractor. The 75-year-old male of Caucasian descent stood six feet tall and weighed 235 pounds. He was prescribed two medications-- Insulin for diabetes and Linopril for high blood pressure. The patient's chief complaint was a tremor in his right hand (at rest) that he said started 6 months ago. In his history, he had been bitten by a tick several years ago and was diagnosed with Lyme's disease. He said antibiotics were prescribed that eliminated the skin rash associated with Lyme's.

NDIS (Nutritional Deficiency Identification System)

The NDIS test was performed. Out of 68 nutrients that were tested, the top 15 were prescribed (see supplements).

DISCUSSION

One the most important nutritional needs we found was his essential requirement for potassium. This was unexpected since his blood tests showed his potassium levels were normal.

Researchers have known for at least 50 years that insulin lowers potassium blood levels. However, this is not often reflected in blood tests, which can often not show a deficiency because those test report blood potassium levels to be in normal range. In other words, blood potassium tests may be of little help to show a body's need.

The need for potassium can cause muscle weaknesses, ticks, spasms and tremors (neuromuscular-synapse problems). Too much potassium can be as detrimental as not enough-- a double edge sword. Thus, I would not presume to prescribe potassium before taking a NDIS test.

CONCLUSION

Using NDIS, I have tested three other patients with neurological symptoms and their tests were similar--a nutritional need for potassium. I would not presume to prescribe potassium without first identifying the need with NDIS. Although foods are generally rich in potassium, the body's need for potassium may also come from hereditary deficiencies, poor absorption as well as kidney issues.