Case Study—Nutritional Deficiency Identification System
ATRIAL FIBRILLATION

By James Henry DC

Patient Profile

The patient a 62 year old male of Caucasian decent; 6' tall; 225 lbs.; Pulse 88;, left brachial blood pressure 115/80; and temperature of 98.6 who is married with 2 children and a television broadcaster . The patient recently had a heart stint procedure, followed by a cardioversion procedure and an electrical catheter ablation procedure, which were all unsuccessful in correcting his atrial fibrillation. The patient also stated he was currently on Warfarin and Crestor. In addition he reported having a minor stroke two years ago, but had no previous cardiovascular incidents except he did suffer from sleep apnea. He said the Atrial Fibrillation had started 6 months ago and that his heart would on occasion become fast and irregular.

Physical Examination

The patient presents as a well-nourished, seemingly healthy, non-smoker, who does not consume alcohol, coffee, or soft drink beverages. His lungs were clear, but an irregular heart murmur was noted at the mitral, pulmonary, aortic and tricuspid valves. Standing Structure Analysis indicated ear high on the left; shoulder high on the left; ilium high on the right; ROM dorsolumbar and cervical extension flexion; left and right lateral flexion and rotation were within normal limits. No pain was elicited on full spine palpation. Upper extremity muscle testing was normal; biceps, triceps, patella, and pupillary reflexes were normal; foramina compression test was negative; Adson's sign and Minors sign negative; Lasegue's, Braggard's and Faber-Patrick's tests were all negative. No abdominal tenderness, rigidity or masses were found. An NDIS test was performed the next day.

NDIS (Nutritional Deficiency Identification System)

An NDIS Test was performed and the results of the report follows with a brief description of each nutrient product recommended. The possible uses for each supplement are provided based on material published by Dr. Royal Lee , Dr. George Goodheart and selected nutritional books. All of the following listed supplements have multiple applications and are provided because of the relevancy to this particular patient and case study:

DONG QUA & WILD YAM (EC) (source of dong Quai root, wild yam root , blue cohosh and chaste tree berry) Possible uses: hormone balancing, genital urinary tract infections, an expectorant for coughs, relieves spasms or cramping of smooth muscles and gallbladder.

ANTRONEX (SP) Possible uses: food and environmental hypersensitivity, drug toxicity (a natural antihistamine for allergies) possibly related to thyroid toxicity, insomnia, toxic liver, and hypertension.

DI-SODIUM PHOSPHATE (SP) Possible uses: constipation, biliary dysfunction, gall stones, adrenal insufficiency, high blood fats.

A-C CARBAMIDE (SP) Possible uses: a strong diuretic for bladder and kidney conditions to improve the osmotic transfer of fluids through the cell wall.

HOPS (EC) Possible uses: gastric spasms due to nervousness, a strong muscle relaxant, sedative for anxiety, promotes restful sleep.

DERMATROPHIN PMG (SP) Possible uses: skin conditions, breast cyst, digestive inflammation, interstitial cystitis, stress.

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SAW PALMETTO (EC) Possible uses: urinary tract infections, benign prostatic hypertrophy, helps break down mucus in the respiratory system, helps balance blood sugar.

SPANIS BLACK RADISH (SP) Possible uses: toxic bowel and liver, parasites, viral, bacterial or fungal infections, auto-toxicity, constipation, diarrhea, and systemic yeast infections.

SUPER PHOSPHOZYME LIQUID (BI) Possible uses: joint and muscle stiffness, kidney stones, muscle cramps, poor circulation, high blood viscosity.

PYCNOGENOL PLUS (AT) (source of from pine bark and grape seed extract) Possible uses: ocular nerve degeneration capillary fragility, gastric inflammation, increased blood viscosity, chemical hypersensitive and allergies.

SUPPLEMENT COMPANIES USED FOR TESTING

(S P) Standard Process Lab. (E C) Eclectic Institute (A T) Atrium (B I) Biotics

TREATMENT

Medical Physician prescribed Warfarin, Crestor, (please note we do not take patients off any medications)

DEFINITION

Atrial Fibrillation is an irregular and rapid heart rate that commonly causes poor blood flow to the body. In a large percentage of AF cases the cause is unknown, but it is believed that 1/3 of all strokes are caused by AF. An attack may occur in episodes that come and go lasting from minutes to days or be permanent in nature.

DISCUSSION

The patient was in no pain, but concerned about the seriousness of his AF and searching for options to restore and more fully normalize his health. He was a new patient to my office referred by a colleague, thinking chiropractic adjustments might help his condition. After my initial examination I determined that chiropractic treatments would not be of any benefit, but advised the patient of our successes with NDIS and that nutritional support might at least help along with his medication regimen. Although the patient had reservations about whether NDIS would be of benefit to help his condition he agreed to undergo testing the very next morning.

When the examination was completed and the report was printed out I was somewhat puzzled by the results as I was expecting to see more nutritional deficiencies related to his circulatory system. As you can see from the patient's report his nutritional deficiencies are related to other organs and health conditions that apparently may be a contributing factor his AF symptoms. During my years of nutritional research I've found that when patients experience diminished function in one area the body tends to seek balance by supporting the weaken body function with other body systems to normalize its health.

After discussing the results of the report with the patient and explaining that other health conditions be a contributing to his AF he reluctantly agreed to proceed with our recommended nutritional support program.

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OUTCOME

After several days on the NDIS recommended nutritional support program the patient began to unexpectedly quickly recover from his AF symptoms and his health condition normalized. However, due to the patient's occupation requiring him to travel frequently I did not hear from him for 6 weeks. At that time he called to tell me that his AF had returned and asked me what he should do now?

On further inquiry I found out he had stopped taking the supplements, so I instructed him to simply go back on them and again his AF condition normalized. Frankly, we sometimes are surprised at how effective clinical nutritional support can be for patients and we don't always understand why it works, but it does. Clinical nutritional support may provide the resources the body needs to allow its natural healing process to take over along with any treatments prescribed by the patient's medical physician.

REFERENCES

Atrial Fibrillation MayoClinic.com

Dr. James D. Henry is a 1965 graduate of the National College of Chiropractic, the inventor of NDIS and President of Wellspring Technology, Inc., a company involved in nutritional research located in Mobile, Alabama. Dr. Henry mentored & worked from-time-to-time with Dr. Goodheart developing a strong interest in the use of nutrition in his still active practice spanning over 44 years. For more information or questions please call Dr. Henry at 205-304-9581 or send an email to: drndis@gmail.com