

Clinical Research

by

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DIFFERENTIAL DIAGNOSIS: VITAMIN B DEFICIENCY, ANEMIA, OR STAGE-FOUR KIDNEY DISEASE

PATIENT'S PROFILE

A 73-year old female had recently been diagnosed with stage-four kidney disease and a bleeding gastric ulcer. She stood five feet and three inches tall and weighed 240 pounds. She recently spent a week in the hospital where she was treated with Iron Infusion Therapy. Also, because of her extremely high blood pressure, she was put on several blood pressure medications and a No Sodium Diet. The kidney function test revealed only 29% of the function remained. The patient also stated she had been struggling for years with hypertension and that she had one kidney stone years ago.

NDIS (Nutritional Deficiency Identification System)

All 68 nutrients of the NDIS tested and the top 15 nutrients recommended (see supplement chart and notes).

DISCUSSION

Kidney disease is often called the silent killer. At stage four, it has now become a very serious condition. In stage five, it would be time for a kidney transplant or dialysis; typically, patients die of kidney failure or congestive heart failure. I cannot help but think about all the herbs that are listed as having a diuretic effect (about 75%). With her other health issues throughout life, it would certainly have been a better choice of therapy. When the urinary tract (UTI) is infected, often the heart is compromised. It has been suspected that hypertension may be caused by anemia not only kidney conditions.

When reflecting on the results of the NDIS, I often wonder what the root cause or underlying pattern is for the different cases that lead to the medical diagnosis and how the supplements may come into play to support the body. As I interpret her needs, I draw connections between different body systems. The antidiuretic hormone produced by the pituitary gland influences urine concentration. Manganese is to the pituitary gland what iodine is to the thyroid gland. Her history of a kidney stone may account for the parathyroid gland needing nutritional support. Despite being given an intravenous iron infusion in hospital, she still needed iron (anemia); she probably was still bleeding. To stop the bleeding and increase the platelets, three supplements seemed necessary: Vitamin K, Vitamin U, and flaxseed oil. Both of the vitamins improve clotting factors that stop the bleeding. Flaxseed oil and Linum B6 increases platelets and stop bleeding. Vitamin K is in alfalfa, kale, and Brussels sprouts. Vitamin U is in flaxseed oil. Finally, the B-vitamins especially B-6 can be important for the treatment of kidney damage or failure.

CONCLUSION

Our bodies have incredible wisdom that goes beyond comprehension; they also have their priorities and choose their nutritional needs wisely. For this dear lady, the NDIS showed that the support necessary was for her whole body (endocrine system, blood) to address the kidney failure. To get such a complete view it would take a visit to more than one doctor. Finally, she must remember that compliance is key to better health when taking supplements, committing to take the supplements to change her outcome.