

The Patient with a Harmful Hobby and the Depressed Teen-Age Patient

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The Patient with a Harmful Hobby

A 46-year-old white male came to The Center with a three year history of severe fatigue, "body achiness", sweating spells, progressive memory loss or "forgetfulness" and depression. His regular physician had diagnosed chronic fatigue syndrome secondary to Epstein-Barr virus infection, hypertension and chronic sleep apnea (he was overweight). The patient stated that his career and family life has suffered greatly as a result of his conditions.

He was taking several medications for pain which made his fatigue worse. A significant finding from his history was that one of his hobbies is shooting, and he had cast his own lead bullets for many years. A "serum" lead level performed two years ago was normal. Laboratory examination included a serum chemistry profile, complete urinalysis, urine porphobilinogen and complete blood count. All were normal except for a high urine specific gravity (perhaps indicating dehydration). Red blood cell fatty acids, magnesium and zinc, urine pyrroles, urine potassium/sodium ratio, vitamin B complex saturation and vitamins A, C, and E were also normal. The buffy coat vitamin C and AM cortisol were low. Interesting findings included a very low RBC chromium while a diagnostic chelation revealed an extremely high post chelation lead excretion. High lead levels were also present in his hair sample.

Treatment consisted of a series of EDTA chelations to remove the high tissue lead burden. He was placed on 600 mcg of

chromium picolinate daily and high dose oral vitamin C to raise these levels. Cardiorite™, a multi-nutrient for the vascular system was also started.

Initially, and as expected, the patient felt worse as large amounts of lead were mobilized and excreted from his system. He was also placed on a walking program and his diet was modified to include eating fresh fruits and vegetables with an increase in fluid intake. While on this program, the patient began to note weight reduction and improved energy levels.

Ten weeks later on his return visit the patient had lost 28 pounds, reduced his blood pressure medication and stopped taking Effexor™. He discontinued the sleeping medications and has stopped most of his pain medications. He had already increased his oral vitamin C dose to 20 grams daily. Other positive results reported were his depression was almost completely gone, "his mind was much clearer," and he no longer sweated profusely during the day. Equally important was that he modified his bullet casting procedures to reduce future lead exposure.

This case shows the importance of doing a careful history and listening to the patient as well as ordering appropriate diagnostic tests. Many of this patient's symptoms were most likely caused by the high lead burden in his tissues: hypertension, depression, sleeplessness and pain. The high lead burden most likely resulted from his long time hobby of casting his own lead bullets. If his traditional physician had ordered a diagnostic chelation or hair tissue analysis, his lead burden would have been discovered much sooner and the three years of suffering would have been alleviated.

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The Depressed Teen-Age Patient

A 16-year-old white male was brought to The Center by his family with a six month history of severe depression, debilitating fatigue, and frequent headaches.

Other symptoms included irritability, anxiety, poor concentration, irritable bowel, dry skin and hair, day time drowsiness, insomnia, joint aches, cold intolerance with cold extremities, "ears ringing," easy bruising, acne and irritable bowel. Additional questioning revealed that during the past two years he had dealt with several personal losses including the death of his grandfather and his best friend, and a major move for the family.

Significant laboratory results showed the patient to be low in GLA (gamma linoleic acid), an omega-6 essential fatty acid, and borderline low in his red blood cell magnesium and zinc. He had no detectable vitamin C in his urine and a low urine potassium to sodium ratio. He also had below average B vitamin saturation and an elevation of three liver enzymes (suggestive of chemical toxicity or viral infection). Thyroid function testing showed his total T-4 level in the bottom tenth percentile and he had over 30 reactive foods on the cytotoxic food sensitivity panel of 90 foods.

He was already taking Zoloft™, an anti-depressant medication, when first seen at The Center. His mother, who was very well-read in the area of complementary medicine, had recently started the patient on colloidal minerals, grape seed extract, and Una de Gato (cat's claw).

Treatment consisted of evening primrose oil, slow release T-3 to enhance thyroid functioning, increasing whole food intake in his diet and avoiding the reactive foods identified on his cytotoxic test.

At his last appointment, his mother remarked that he was so much better. His headaches were gone and he was sleeping much better. She was particularly pleased that he is now making friends at school where he was very shy before. He is on the

school cross-country track team and running three miles a day. The mother, instead of putting the son on a special diet alone, started making whole foods diet for the whole family. She said all are benefiting from it. The mother states that "he is a different kid and his old self again." The patient is optimistic.

This case illustrates several points. Many of the patient's symptoms could be explained by the food allergies (chronic headache, joint pain, fatigue, and irritable bowel). The other symptoms, dry skin, hair, poor concentration, cold intolerance, cold extremities and depression, could be explained by his low thyroid function. The depression could also have resulted from the rather significant personal problems that this young man had recently experienced (major move of family, death of his grandfather and best friend). This case also illustrates The Center's concept of treating the patient and family as co-learners, instead of just patients. The attending physician did not get upset or discourage the patient's mother from reading about her son's symptoms, or even giving him some herbal medications. As long as the physician is made aware of the home treatment, most of the time there is no problem. The Center staff is open minded and listens very closely to what the patients are saying. The co-learners may be able to teach us something new about their disease or condition; we are always willing to learn.