

Extreme Chronic Fatigue & Fibromyalgia

An endocrinologist told this patient she was a candidate for malnutrition, starvation hospitalization and death. Patient - "I was actually dying. I knew I was... the best I could hope for was disability.

In just 3 months-

- ✓ Returned To Work
- ✓ Down To Just 6 Medications
- ✓ Liver Enzymes Within Normal Ranges
- ✓ Exercising 2x Per Week
- ✓ Thyroid Steadily Improving
- ✓ Allergies Improved

Initial Symptoms-

- ✓ Chronic Fatigue
- ✓ Fibromyalgia
- ✓ Difficulty Walking
- ✓ Osteoporosis
- ✓ Allergies
- ✓ Hypothyroidism
- ✓ Low Energy
- ✓ Sleeping 16 Hours Daily
- ✓ Dull Dark Eyes
- ✓ Taking 10 Medications

As of 2009-

- ✓ Takes Hiking Trips - 6-8 Miles
- ✓ Dismissed By Neurologist
- ✓ Down To Just 1 Medication
- ✓ Thyroid Nodule Disappeared
- ✓ Dismissed By Thyroid Specialist

"It is not a medical doctor's job to get you well, it is a MD's job to keep you alive. This patient was referred to several different specialists and all they did was add more drugs to relieve her symptoms. They didn't stop anything and they didn't fix anything, but technically they did their job."

-Dr. Van D. Merkle

Patient Profile:

07-03-03 – By the time this 48-year old patient walked through my office door, she had already been told by her Endocrinologist that even on medications she was a candidate for malnutrition, starvation, hospitalization and death. The patient said:

"I was actually dying. I knew I was. Every night I would prepare everything that I could around the house, so that if I died during the night, my mother and sister would not be so devastated about a mess, you know it would be enough just to find me, it was that bad. The best I could hope for was disability."

She presented with a multitude of symptoms including Chronic Fatigue, Fibromyalgia, Osteoporosis and Hypothyroid. For the past five years she worked an extremely stressful job in a disability classroom 5-6 days a week for 12+ hours a day. Her symptoms now made this work impossible and she was unable to finish the school year, leaving 5 ½ weeks before summer break. She said, "Every cell of my body hurt except for my eyes." Most of the pain from Fibromyalgia was centered in her upper back and left arm severely disturbing her sleep forcing her awake nearly every ½ hour. Each night she "collapsed" into bed for 16 hours and was barely able to do simple house chores the next day. Her skin tone was peaked and her eyes sullen and dull with dark circles. Friends say she looked like "a zombie or a concentration camp candidate". At the time of the initial visit, she weighed 115 lbs at 5'4" and her blood pressure was 102/68. Doctors placed the patient on Prozac 1 ½ year ago after she lost 25 lbs (1 lb every 3 weeks) due to adrenaline overload and her weight has since stabilized. When we first saw her she was taking several vitamins along with nine other medications (for sinus, low bone density, obsessive compulsive disorder, low Ferritin levels, progesterone and a bacterial infection) and had just been prescribed another for sleep. She was very discouraged and depressed by her situation and was filling out the paperwork to file for disability.

Patient's tests results:

08-01-03 – The initial blood test showed a low functioning thyroid, high liver markers (AST, ALT), and some problems in the cholesterol panel. The LDH was also high indicating cell breakdown and destruction.

Results of Initial Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
LDH	07/03/2003	207.00	hi			120.10 - 160.00	100.00 - 250.00
SGOT (AST)		75.00	HI			18.10 - 26.00	6.00 - 40.00
SGPT (ALT)		113.00	HI			18.10 - 26.10	6.00 - 40.00
GGT		21.00	Opt			22.00 - 39.00	6.00 - 55.00
Serum Iron		95.00	Opt			85.10 - 120.00	35.00 - 155.00
Ferritin		24.00	lo			30.10 - 218.30	10.00 - 291.00
Total Cholesterol		234.00	HI			140.10 - 170.00	100.00 - 199.00
Triglyceride		61.00	lo			80.10 - 115.00	10.00 - 199.00
HDL Cholesterol		87.00	Opt			55.10 - 120.00	40.00 - 150.00
VLDL Cholesterol		12.00	Opt			5.10 - 20.10	4.10 - 40.10
LDL Cholesterol		134.00	HI			50.10 - 75.10	6.00 - 99.10
Total Cholesterol / HDL Ratio		2.69	Opt			0.00 - 4.00	0.00 - 5.00
T4 Thyroxine		9.50	hi			7.10 - 9.00	4.50 - 12.00
T3 Uptake		30.00	lo			29.10 - 35.10	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.80	Opt			2.61 - 3.60	1.20 - 4.90

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

Virtually no toxic elements appeared in the hair test which is odd because they are present in the environment. The essential elements showed several imbalances which may indicate she's not properly utilizing nutrients consumed.

Results of Initial Tissue Mineral Analysis:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Essential Elements							
Calcium	08/01/2003	1440.00	HI			663.00- 753.00	300.00- 1200.00
Magnesium		310.00	HI			53.00- 62.00	35.00- 140.00
Sodium		40.00	lo			72.00- 126.00	18.00- 180.00
Potassium		5.00	LO			30.00- 53.00	8.00- 75.00
Copper		22.00	Opt			18.00- 29.00	11.00- 37.00
Zinc		180.00	hi			150.00- 170.00	140.00- 220.00
Manganese		0.26	lo			0.28- 0.40	0.08- 0.60
Chromium		0.25	LO			0.48- 0.57	0.40- 0.65
Vanadium		0.02	lo			0.04- 0.05	0.02- 0.06
Molybdenum		0.04	Opt			0.03- 0.04	0.02- 0.05
Boron		0.25	LO			0.65- 1.10	0.25- 1.50
Iodine		14.00	HI			0.76- 1.30	0.25- 1.80
Lithium		0.00	LO			0.01- 0.01	0.01- 0.02
Phosphorus		229.00	HI			173.00- 197.00	150.00- 220.00
Selenium		1.20	HI			0.62- 1.03	0.55- 1.10
Strontium		12.00	HI			2.00- 2.90	0.50- 7.60
Sulfur		51500.00	HI			46000.00- 48000.00	44000.00- 50000.00
Cobalt		0.02	Opt			0.02- 0.03	0.00- 0.04
Iron		7.80	lo			9.00- 13.00	7.00- 16.00
Germanium		0.06	HI			0.03- 0.04	0.03- 0.04
Rubidium		0.00	LO			0.02- 0.03	0.01- 0.10
Zirconium		0.04	lo			0.07- 0.25	0.02- 0.42

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Doctor analysis:

08-26-03 – We are exposed to lead, mercury, copper, nickel, arsenic, etc. on a daily basis, yet very little was expelled from her body hinting at a possible congestion of toxic elements in the body. Many of her chief complaints could be caused by this problem including hormonal imbalances (like the thyroid), fatigue, pain, and high cholesterol. Her low functioning thyroid indicates the body is not adequately converting T4 into T3. This means slower digestion/metabolism and a lowered immune system. The inflammation in her liver may be caused or contributed to by the combination of prescriptions taken which are processed by the liver. Reducing the AST and ALT will be our #1 priority.

The total cholesterol/HDL cholesterol ratio (which assesses coronary risk) was optimal however her triglycerides were low and the LDL (bad) cholesterol was high. Correcting the thyroid and improving the diet will most likely help these numbers improve.

We also conducted a metabolic urinalysis and discovered many problem areas. She had mild adrenal stress which indicates the patient is unable to slow down and relax going "pedal to the metal". Doctors were attempting to regulate this with the use of Prozac but testing indicated it was still a problem. We also found abnormal levels of anaerobic bacteria in the small and large intestines reflecting weak digestion or malabsorption (especially of protein). Digestive aids will help with this.

Patient assessment:

10-04-03 - After just *three months* under our care, the patient's liver markers AST and ALT were within optimal ranges. The LDH also dropped 59 points indicating less cell breakdown and destruction. This is a very good first step. Her cholesterol also improved because the HDL (good cholesterol) rose 21 points and the LDL (bad cholesterol) dropped 16 points. The Triglycerides which were low, also improved climbing to 80.

Results of Blood Test 10-04-03:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
LDH	10/04/2003	148.00	Opt	207.00	😊	120.10 - 160.00	100.00 - 250.00
SGOT (AST)		24.00	Opt	75.00	😊	18.10 - 26.00	6.00 - 40.00
SGPT (ALT)		20.00	Opt	113.00	😊	18.10 - 26.10	6.00 - 40.00
GGT		10.00	lo	21.00	😞	22.00 - 39.00	6.00 - 55.00
Serum Iron		99.00	Opt	95.00		85.10 - 120.00	35.00 - 155.00
Ferritin		10.00	LO	24.00	😞	30.10 - 218.30	10.00 - 291.00
Total Cholesterol		242.00	HI	234.00	😞	140.10 - 170.00	100.00 - 199.00
Triglyceride		80.00	lo	61.00	😊	80.10 - 115.00	10.00 - 199.00
HDL Cholesterol		108.00	Opt	87.00		55.10 - 120.00	40.00 - 150.00
VLDL Cholesterol		16.00	Opt	12.00		5.10 - 20.10	4.10 - 40.10
LDL Cholesterol		118.00	HI	134.00	😊	50.10 - 75.10	6.00 - 99.10
Total Cholesterol / HDL Ratio		2.20	Opt	2.69		0.00 - 4.00	0.00 - 5.00
T4 Thyroxine		10.70	hi	9.50	😞	7.10 - 9.00	4.50 - 12.00
T3 Uptake		28.00	lo	30.00	😞	29.10 - 35.10	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.90	Opt	2.80		2.61 - 3.60	1.20 - 4.90

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The patient returned to work but is still struggling with the fibromyalgia and chronic fatigue. She didn't reach this point of poor health overnight and it won't be a quick fix, but with work she will continue to improve.

05-10-04 – At a consultation the patient stated her Fibromyalgia symptoms were 90% better. Her fatigue and sinusitis also greatly improved and she rarely took her allergy medications. She was down to just one Synthroid per week and rarely needed a sleep aide. She was very pleased at how well she felt. She decided she was ready to stop more of her medications and alerted me that she would be doing this soon. Five days later she was off

all medications except Synthroid which she took .1 mg, twice weekly. She is also planning on going on a hiking expedition in June.

We retested the hair but found few changes. She is still hoarding toxic elements in her body. Hopefully this will change as she continues to improve.

Taking a broad look at her blood test, we can see that she is doing quite well with a few areas that need improvement like digestion (total protein, albumin and globulin). It's fantastic that she continues to make progress even off nearly all her medications and most importantly, the liver enzymes (AST and ALT) have stayed in the optimal zone for almost two years.

Results of Blood Test 06-10-05:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Glucose	06/10/2005	80.00	lo	79.00	😊	80.00 - 95.00	65.00 - 99.00
Hemoglobin A1C (Gly-Hgh)		5.20	Opt	4.90		4.60 - 5.40	4.80 - 5.90
Uric Acid		3.90	lo	4.30	😞	4.10 - 6.00	2.40 - 8.20
BUN (Blood Urea Nitrogen)		12.00	lo	13.00	😞	13.00 - 18.00	5.00 - 26.00
Creatinine		0.70	Opt	0.60	😊	0.70 - 0.87	0.57 - 1.00
BUN / Creatinine Ratio		17.00	Opt	21.00	😊	13.00 - 20.00	8.00 - 27.00
Sodium		140.00	Opt	137.00	😊	139.00 - 143.00	135.00 - 145.00
Potassium		4.10	Opt	3.90	😊	3.80 - 4.50	3.50 - 5.20
Chloride		102.00	lo	98.00	😊	102.00 - 106.00	97.00 - 108.00
Magnesium		2.20	lo	2.00	😊	2.21 - 2.51	1.60 - 2.60
Calcium		9.10	lo	9.50	😞	9.70 - 10.00	8.50 - 10.60
Phosphorus		3.50	Opt	3.30	😊	3.40 - 4.00	2.50 - 4.50
Calcium/Albumin Ratio		2.22	Opt	2.26		2.10 - 2.50	2.03 - 2.71
Total Protein		6.90	lo	7.30	😞	7.11 - 7.61	6.00 - 8.50
Albumin		4.10	lo	4.20	😞	4.10 - 4.50	3.60 - 4.80
Globulin		2.80	lo	3.10	😞	2.81 - 3.51	1.50 - 4.50
A/G Ratio		1.50	Opt	1.40		1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.60	Opt	0.50		0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150		56.00	lo	54.00	😊	65.00 - 108.00	25.00 - 160.00
Creatine Kinase		70.00	Opt	86.00		64.00 - 133.00	24.00 - 173.00
LDH		143.00	Opt	148.00		120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		25.00	Opt	24.00		15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		16.00	Opt	20.00		15.00 - 26.00	6.00 - 40.00
GGT		9.00	lo	10.00	😞	22.00 - 39.00	6.00 - 65.00
Serum Iron		142.00	hi	99.00	😞	85.00 - 120.00	40.00 - 155.00
Ferritin		24.00	lo	10.00	😊	30.00 - 218.00	22.00 - 322.00
Total Cholesterol		210.00	HI	242.00	😊	140.00 - 170.00	100.00 - 199.00
Triglyceride		99.00	Opt	80.00	😊	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		77.00	Opt	108.00		39.00 - 120.00	36.00 - 140.00
LDL Cholesterol		20.00	Opt	16.00		5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		113.00	HI	118.00	😊	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		2.70	Opt	2.20		0.00 - 4.00	0.00 - 5.00
T4 Thyroxine		10.00	hi	10.70	😊	7.10 - 9.00	4.50 - 12.00
T3 Uptake		29.00	lo	28.00	😊	29.00 - 35.00	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.90	Opt	2.90		2.61 - 3.60	1.20 - 4.90
CRP C-Reactive Protein		4.80	hi	5.20	😊	0.00 - 1.50	0.00 - 4.90

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02-29-08 – We retested the patient at periodic intervals over the past few years and she has had a few ups and downs in regards to her test results, however, her progress now seems to have plateaued. I suspect this may be due to toxic elements which are not being eliminated from her body.

Her hair tests still show minimal amounts of toxin excretion so I suggested a urine toxic element challenge which will test the levels of things like Lead, Arsenic and Mercury that her body is able to eliminate on its own (“pre” challenge) and the levels disposed of with the help of a chelating agent (“post” challenge).

Her body was eliminating no Lead and virtually no Mercury on its own, but with the help of a chelating agent, those numbers skyrocketed. Lead and Mercury will be expelled first because they are the heaviest and the chelating elements eliminate items based on molecular weight.

We will use the chelators to help eliminate hidden toxins from her body and as stores of Lead and Mercury drop, I expect lighter toxins like Nickel and Aluminum to show higher levels.

Results of Toxic Urine Challenge 02-24-08:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
Agent		DMSA		Pre-Chall					
Dose		1250mg							
Interval		6		6					
Toxic Elements									
Aluminum (UA)		0.00	Opt	0.00		0-	13.00	13.01-	35.00
Antimony (UA)		0.00	Opt	0.00		0-	0.50	0.51-	1.00
Arsenic (UA)		9.70	Opt	13.00		0-	70.00	70.01-	130.00
Lead (UA)		26.00	HI	0.00	⊗	0-	4.00	4.01-	5.00
Mercury (UA)		4.20	HI	1.30	⊗	0-	2.00	2.01-	4.00
Nickel (UA)		3.50	Opt	4.90		0-	6.00	6.01-	12.00

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05-26-08 – As I suspected, levels of other toxic elements rose in the next urinary challenge with Nickel climbing a full 4 points. These metals and toxins come from all over our environment including canned food, pesticides, emissions from factories and industrial buildings, paint, leaching from water pipes and other sources. We will continue with chelation therapy and retest in a few months.

Results of Toxic Urine Challenge 05-26-08:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent		DMSA		DMSA			
Dose		1250mg		1250mg			
Interval		6		6			
Toxic Elements							
Aluminum (UA)		0.00	Opt	0.00		0- 13.00	13.01- 35.00
Antimony (UA)		0.00	Opt	0.00		0- 0.50	0.51- 1.00
Arsenic (UA)		9.60	Opt	9.70		0- 70.00	70.01- 130.00
Lead (UA)		15.00	HI	26.00	☺	0- 4.00	4.01- 5.00
Mercury (UA)		4.80	HI	4.20	☹	0- 2.00	2.01- 4.00
Nickel (UA)		7.50	hi	3.50	☹	0- 6.00	6.01- 12.00

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10-12-08 – An interesting thing happen with the next test, the levels of Lead climbed back up to 21. This could be a sign of recent exposure but more likely it is caused by a healthier body that's better able to eliminate the stores of toxic elements which have been hidden in the body for years. This is good and means that we are on the right track.

Results of Toxic Urine Challenge 10-12-08:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent		DMSA		DMSA			
Dose		1250mg		1250mg			
Interval		6		6			
Toxic Elements							
Aluminum (UA)		0.00	Opt	0.00		0- 13.00	13.01- 35.00
Antimony (UA)		0.00	Opt	0.00		0- 0.50	0.51- 1.00
Arsenic (UA)		8.80	Opt	9.60		0- 70.00	70.01- 130.00
Lead (UA)		21.00	HI	15.00	☹	0- 4.00	4.01- 5.00
Mercury (UA)		3.30	hi	4.80	☺	0- 2.00	2.01- 4.00
Nickel (UA)		3.40	Opt	7.50	☺	0- 6.00	6.01- 12.00

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01-19-09 – With high expulsion rates of toxic elements many blood tests like cholesterol or inflammatory markers will often get worse, however in this case, we see fairly steady progress over the past year. In fact her cholesterol markers improved with the total cholesterol dropping 25 points and the LDL (bad cholesterol) dropping 27 points. Her liver enzymes have continued to stay in healthy ranges for the past 5 years. We will retest this patient next year to keep an eye on her state of health.

Results of Blood Test 01-19-09:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	01/19/2009			01/21/2008			
Total Protein	7.30	Opt		7.40		7.11 - 7.61	6.00 - 8.50
Albumin	4.50	Opt		4.60	😊	4.10 - 4.50	3.60 - 4.80
Globulin	2.80	lo		2.80	😞	2.81 - 3.51	1.50 - 4.50
A/G Ratio	1.60	Opt		1.60		1.22 - 1.60	1.10 - 2.50
Total Bilirubin	0.40	Opt		0.50		0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150	71.00	Opt		65.00	😊	65.00 - 108.00	25.00 - 160.00
Creatine Kinase	100.00	Opt		103.00		64.00 - 133.00	24.00 - 173.00
LDH	177.00	hi		178.00	😊	120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)	19.00	Opt		24.00		15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)	17.00	Opt		17.00		15.00 - 26.00	6.00 - 40.00
GGT	12.00	lo		11.00	😊	22.00 - 39.00	6.00 - 65.00
Serum Iron	79.00	lo		105.00	😞	85.00 - 120.00	40.00 - 155.00
Ferritin	28.00	lo		29.00	😞	30.00 - 218.00	22.00 - 322.00
Total Cholesterol	233.00	HI		258.00	😊	140.00 - 170.00	100.00 - 199.00
Triglyceride	62.00	lo		70.00	😞	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol	78.00	Opt		74.00	😊	39.00 - 120.00	36.00 - 140.00
VLDL Cholesterol	12.00	Opt		14.00		5.00 - 20.00	4.00 - 40.00
LDL Cholesterol	143.00	HI		170.00	😊	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio	3.00	Opt		3.50		0.00 - 4.00	0.00 - 5.00
Triglyceride/HDL Ratio				0.94		0.00 - 2.00	0.00 - 4.00
TSH	0.30	LO				1.00 - 2.50	0.35 - 5.50
T4 Thyroxine	11.30	hi		11.20	😞	7.10 - 9.00	4.50 - 12.00
T3 Uptake	32.00	Opt		32.00		29.00 - 35.00	24.00 - 39.00
T7 Free Thyroxine Index (FTI)	3.60	Opt		3.60		2.61 - 3.60	1.20 - 4.90

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Dr. Merkle's Final Thoughts:

As doctors prescribed more and more medications, this patient noticed more and more problems. Coincidence? In 1996 she started taking two medications, by 1998 she was up to four and in 2002, doctors cycled her through 12 additional prescriptions. There is no way for these doctors to know what sort of interactions each of these drugs will have with each other or with the patient – especially during long-term use.

Even with all this “help” from the medial community she was facing disability and potential death before the age of 50. As is the case with many of my patients, I was a last ditch effort for her to get healthy and live a full life. When she first came in she could barely make it through a day even with 16 hours of sleep. Now she takes yearly trips to Maine, hiking 6-8 miles at a time, climbing mountains, teaching and enjoying life.

This patient had been seeing a thyroid specialist for years to monitor a thyroid nodule that kept increasing in size. Amazingly during her ultrasound on 07-24-07, the doctor was unable to see this nodule. They checked and rechecked, but it had disappeared completely! They couldn't give her an explanation but finally admitted that it might be due to her healthy lifestyle.

Another great step has been the progress with her osteoporosis. Take a look at these T-Score findings:

May 10, 2004	-2.01
Dec 23, 2005	-2.23
Dec 15, 2006	-2.34
Dec 14, 2007	-2.26
Dec 19, 2008	-2.12

How fantastic that she was able to strengthen her bones as she ages! All this is on top of the fact that she feels better and is overall a much healthier individual than when she first came here in 2003. She's been dismissed by both her thyroid specialist and neurologist for being healthy and no longer needing their help. You almost never see specialists dismiss a patient! She also told me that when her bone density started to improve in 2007 (for the first time in a decade) her doctor finally backed off from insisting she needed additional medication.

But did any of these doctors ask, "What are you eating? What vitamins are you taking? What are you doing that helped you get this healthy?" Absolutely not. Do they have other patients who would benefit from this? Of course, but a doctor's job is not to get their patients healthier. It is to keep them alive, regardless of their state of health. Regular md's, family physicians, internists, endocrinologists, neurologists – they were all making a lot of money off of testing and drug therapy without seeing life-changing results. Is there a real incentive to change that? The mentality for these professionals remains – add more drugs if things don't get better and for new symptoms, but don't stop anything. Don't fix anything. On average, people may be living longer today than 50 years ago, but they are living with diseases which take a toll on their health and livelihood. It is possible to age and maintain your health provided that you care for your body in the most natural way possible.

-Dr. Van D. Merkle

This case report showcases a real patient's results using the Science Based Nutrition™ system of analysis, which takes into account hundreds of numeric data and their roles, combinations and inter-relationships as related to disease diagnosis. This patient is/was under the care of Dr. Van D. Merkle, creator and founder of Science Based Nutrition™, Inc. and is meant to serve as an example of results achieved using the Science Based Nutrition™ report. Contact your local health professional and ask him/her to provide you with the Science Based Nutrition™ report. Results will vary based on patient ability/willingness to follow the recommended nutritional protocols, among many other factors. Any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical process of the human body.