

Ankylosing Spondylitis

Testing found more than six times the expected amount of Lead in the patient's body along with other harmful toxic metals that carry a long list of side effects and slow the healing process!

In just 3 months-

- ✓ Right Knee Completely Healed
- ✓ Increased Energy
- ✓ Off All Prescriptions Including Valtrax, Prednisone, Voltaren, Cipro, z-pak, Relafen and Flagyl
- ✓ No Joint Pain Or Stiffness
- ✓ Starter For JV Basketball
- ✓ Grew 2 inches and gained 10 lbs

Initial Symptoms-

- ✓ Severely Inflamed Right Knee
- ✓ Swollen Arthritic Ankles
- ✓ Increasing Joint Pain/Stiffness
- ✓ Frequent Loose Stools
- ✓ Canker Sores/Fever Blisters
- ✓ G/I Problems

“When diagnosed with a long-term possibly debilitating condition like this, it's important to note that pharmaceutical drugs are not the only option. By pinpointing exactly what essential elements were missing and locating stores of toxins, we were able to correct the problem and allow this 14-year old patient to live pain free!”

-Dr. Van D. Merkle

Patient Profile:

10-14-05 -The 14-year old patient presented with swollen ankles, an inflamed right knee, some weight loss, noticeable fatigue and a problem with loose stools (2-3 times per day). At the time of the initial visit, he weighed 118 lbs at 5'4" and his blood pressure was 99/64. About five months before, the patient started having gastro/intestinal problems followed by a gradual increase in joint swelling specifically around the knees and ankles. He bounced between several experts who did extensive testing for arthritis and bacterial infections along with x-rays. They began prescribing medication to inhibit the swelling and loose stool movements in September, but none helped and the patient was forced to quit playing JV basketball due to the daily pain.

By the time he arrived in our office a month later, he had already tried Valtrax, Prednisone, Voltaren, Cipro, and z-pak, and was still taking Relafen and Flagyl on a daily basis. When we first saw him, the patient also suffered from frequent canker sores and fever blisters, inflamed gums around his braces, warts, and skin tags on his arm.

Patient's tests results:

10-24-05 – A few days before his initial visit, the patient had a series of blood tests done at a local hospital so I used these as a base for our analysis and did a comparison to earlier blood work he had done at the same hospital in June. Looking at the chart below, 11 blood values became worse in a little less than 4 months indicating that whatever the problem was, it was getting worse despite or perhaps due to the medications his doctors recommended. The most significant findings were the low AST and Polys/Neutrophils and the high Monocytes and ALT.

Results of Initial Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	10/24/2005			06/28/2005			
Glucose		82.00	Opt	80.00	☺	80.00 - 95.00	65.00 - 99.00
BUN (Blood Urea Nitrogen)		17.00	Opt	16.00		13.10 - 18.00	5.00 - 26.00
Creatinine		0.60	lo	0.80	☹	0.61 - 0.90	0.50 - 1.50
BUN / Creatinine Ratio		28.30	Hi	20.00	☹	13.10 - 20.00	8.00 - 27.00
Sodium		138.00	lo	145.00	☹	140.10 - 144.00	135.00 - 148.00
Potassium		4.60	hi	4.50	☹	3.91 - 4.60	3.50 - 5.50
Chloride		100.00	lo	109.00	☺	100.10 - 106.00	96.00 - 109.00
Calcium		9.60	lo	10.10	☹	9.71 - 10.10	8.50 - 10.60
Calcium/Albumin Ratio		2.34	Opt	2.24		2.10 - 2.50	2.03 - 2.71
Total Protein		7.80	hi	7.70	☹	7.11 - 7.61	6.00 - 8.50
Albumin		4.10	Opt	4.50		4.10 - 4.51	3.50 - 5.50
Globulin		3.70	hi	3.20	☹	2.81 - 3.51	1.50 - 4.50
A/G Ratio		1.10	LO	1.40	☹	1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.40	Opt	0.40		0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 70-480		260.00	Opt	318.00		210.00 - 350.00	70.00 - 480.00
SGOT (AST) (AST)		14.00	lo	22.00	☹	18.10 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		34.00	hi	28.00	☹	18.10 - 26.10	6.00 - 40.00
Polys/Neutrophils (SEGS-PMNS)		53.10	lo	51.80	☺	55.10 - 65.00	40.00 - 74.00
Lymphocytes		34.20	Opt	31.90		25.10 - 40.00	14.00 - 46.00
Monocytes		9.00	hi	7.50	☹	5.10 - 7.10	4.90 - 13.00
Eosinophils		2.80	Opt	3.80		0.00 - 4.10	0.00 - 7.00
Basophils		0.90	hi	5.00	☺	0.00 - 0.00	0.00 - 3.00
ESR-Erythrocyte Sed Rate, Westerg		5.00	Opt			0.00 - 8.00	0.00 - 30.00

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Several deficiencies/imbbalances showed up in the patient's hair test results suggesting a difficulty for the body to heal and repair. High amounts of several toxic elements were also present, most notably arsenic and lead, which may have partially caused the depletion of several essential elements

including Lithium, Phosphorus, Selenium and Strontium. Lead's biggest outlet is actually the urine so we'll conduct a UA mineral test to see how efficiently this toxin is being eliminated. The high levels of Sodium may be due to the patient bathing in soft water.

Results of Initial Hair Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Toxic Elements							
Aluminum	10/22/2005	3.40	hi			- 2.20	- 7.00
Antimony		0.05	hi			- 0.04	- 0.07
Arsenic		0.07	hi			- 0.03	- 0.08
Bismuth		0.10	HI			- 0.03	- 0.06
Cadmium		0.18	HI			- 0.05	- 0.15
Lead		2.40	HI			- 0.20	- 1.50
Thorium		0.00	Opt			- 0.00	- 0.00
Uranium		0.04	hi			- 0.01	- 0.06
Nickel		0.14	Opt			- 0.20	- 0.40
Silver		0.03	Opt			- 0.06	- 0.13
Tin		0.27	hi			- 0.15	- 0.30
Titanium		0.52	hi			- 0.50	- 1.00
Total Toxic Representation		3.00	HI			- 2.00	- 3.00
Essential Elements							
Calcium		363.00	Opt			0- 450.00	450.01- 700.00
Magnesium		30.00	lo			0- 45.00	45.01- 71.00
Sodium		310.00	HI			0- 35.00	35.01- 90.00
Potassium		68.00	HI			0- 25.00	25.01- 40.00
Copper		19.00	hi			0- 18.00	18.01- 30.00
Zinc		160.00	hi			0- 155.00	155.01- 195.00
Manganese		0.39	hi			0- 0.32	0.33- 0.65
Chromium		0.42	HI			0- 0.31	0.32- 0.40
Lithium		0.00	LO			0- 0.01	0.02- 0.04
Phosphorus		146.00	LO			0- 350.00	350.01- 400.00
Selenium		0.82	LO			0- 1.45	1.46- 1.70
Strontium		0.44	lo			0- 1.60	1.61- 3.20
Sulfur		48300.00	lo			0- 49500.00	49500.01- 52000.00

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High levels of toxic elements can be further seen in the results of the UA Mineral test. The column labeled 'Prior Result' represents the body's ability to flush out toxic elements. The column labeled 'Current Result' is the amount of toxins leaving the body with the help of the chelating agent DMSA. These tests show that the patient is unable to efficiently eliminate heavy toxic metals like lead and mercury on his own. The chelating agent was able to pull out more than six times the expected limit of lead and since most lead is excreted in the urine, this shows a very large burden on the body.

Results of Initial UA Mineral Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent		DMSA		Pre-Chall			
Dose		1500mg					
Interval		6		6			
Toxic Elements							
Arsenic (UA)		20.00	Opt	13.00		0- 70.00	70.01- 130.00
Beryllium (UA)		0.00	Opt	0.00		0- 0.40	0.41- 0.50
Bismuth (UA)		0.00	Opt	0.00		0- 10.00	10.01- 15.00
Cadmium (UA)		0.70	Opt	0.60		0- 1.50	1.51- 2.00
Lead (UA)		24.00	HI	0.00	⊗	0- 3.00	3.01- 4.00
Mercury (UA)		4.40	HI	1.80	⊗	0- 3.00	3.01- 4.00
Nickel (UA)		2.60	Opt	0.00		0- 6.00	6.01- 12.00

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In addition to the above tests, we also conducted a urinalysis, saliva test and metabolic urinalysis. These tests showed a slight infection, mild toxicity associated with the liver, gastrointestinal involvement, a low pH, and vitamin C and calcium deficiency. A blood test for the HLA-B27 gene also came back positive leading to the diagnosis of Ankylosing Spondylitis.

Doctor analysis:

10-26-05 – This teenager was suffering from two main problems: His body was clogged with an array of toxic elements which slowed his body’s ability to heal and deprived it of several essential elements; and he suffered from an arthritic disorder and systemic rheumatic disease known as Ankylosing Spondylitis. This condition often appears between a person’s early teens up to their 30’s, typically after some kind of bacterial infection. The body activates its immune system to clear out the infection, but is then unable to turn back off leading to chronic tissue inflammation, pain and stiffness in the joints.

The slightly high Globulin and low A/G ratio in the blood illustrate signs of that inflammation and the low levels of Chloride and Calcium along with the high Monocytes partially account for the patient’s Gastro/Intestinal Dysfunction. Tie that in with a load of toxic chemicals which are know to cause weight loss, fatigue, joint pain, liver and kidney degeneration and it’s no wonder he didn’t feel well!

A high SGPT and a low SGOT in the patient’s blood work indicate possible liver inflammation or dysfunction, but these also could be caused by his medications or high levels of toxins. As the patient improves and his need for medication decreases, we’ll be able to better asses these two values. I recommended

alternating cycles of the chelating agent DMSA along with a series of minerals and supplements which showed as deficient in the patient's test results. As the toxic element burden is eliminated from the body, the patient should notice a reduction in swelling and joint pain and a boost in energy.

Patient assessment:

11-04-05 – The patient had two more partial blood tests done in 2005, the first of which on 11-04 again shows how quickly his condition was progressing. The ESR, which is an indicator of inflammation jumped from 5 to 16 in less than two weeks. This was before the patient started taking vitamins and following the chelation recommendations.

Results of 2nd Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
SGOT (AST) (AST)	11/04/2005	28.00	hi	14.00	⊕	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)				34.00		15.00 - 26.00	6.00 - 55.00
White Blood Count		5.10	Opt	7.90		5.00 - 8.00	4.00 - 10.50
Red Blood Count		4.77	Opt	5.08		4.50 - 5.50	4.10 - 5.60
Hemoglobin		13.40	Opt	14.20		13.30 - 15.20	11.50 - 17.00
Hematocrit		39.40	lo	42.10	⊖	39.50 - 47.00	34.00 - 50.00
MCV		82.50	lo	82.80	⊖	85.00 - 97.00	80.00 - 98.00
MCH		28.20	Opt	28.00	⊕	28.10 - 32.00	27.00 - 34.00
MCHC		34.10	hi	33.80	⊖	33.00 - 34.00	32.00 - 36.00
RDW		14.00	Opt			13.50 - 14.50	13.00 - 15.00
Platelets		325.00	hi	247.00	⊖	175.00 - 250.00	140.00 - 415.00
Polys/Neutrophils (SEGS-PMNS)				53.10		55.00 - 65.00	40.00 - 74.00
Lymphocytes		27.30	Opt	34.20		25.00 - 40.00	14.00 - 46.00
Monocytes		8.30	hi	9.00	⊕	5.00 - 7.00	4.00 - 13.00
Eosinophils		3.70	Opt	2.80		0.00 - 4.10	0.00 - 7.00
Basophils		1.00	hi	0.90	⊖	0.00 - 0.00	0.00 - 3.00
ESR-Erythrocyte Sed Rate, Westerg		16.00	HI	5.00	⊖	0.00 - 6.00	0.00 - 15.00

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12-29-05 –A third blood test was done about two months later as the patient neared the end of his chelation cycle. Many values improved including the ESR rate which came down nine points and the Monocytes and basophils neared their optimal healthy ranges. The SGOT and SGPT both became worse and eosinophils also increased but these were all likely due to the high amounts of toxins being flushed out of the body.

Results of 3rd Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
SGOT (AST) (AST)	12/29/2005	52.00	HI	28.00	⊖	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		45.00	hi			15.00 - 26.00	6.00 - 55.00
White Blood Count		5.60	Opt	5.10		5.00 - 8.00	4.00 - 10.50

Results of 3rd Blood Test Cont:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	12/29/2005			11/04/2005			
Red Blood Count		5.06	Opt	4.77		4.50 - 5.50	4.10 - 5.60
Hemoglobin		14.60	Opt	13.40		13.30 - 15.20	11.50 - 17.00
Hematocrit		43.30	Opt	39.40	😊	39.50 - 47.00	34.00 - 50.00
MCV		85.50	Opt	82.50	😊	85.00 - 97.00	80.00 - 98.00
MCH		28.90	Opt	28.20		28.10 - 32.00	27.00 - 34.00
MCHC		33.80	Opt	34.10	😊	33.00 - 34.00	32.00 - 36.00
RDW		13.70	Opt	14.00		13.50 - 14.50	13.00 - 15.00
Platelets		242.00	Opt	325.00	😊	175.00 - 250.00	140.00 - 415.00
Polys/Neutrophils (SEGS-PMNS)		58.00	Opt			55.00 - 65.00	40.00 - 74.00
Lymphocytes		27.00	Opt	27.30		25.00 - 40.00	14.00 - 46.00
Monocytes		8.00	hi	8.30	😊	5.00 - 7.00	4.00 - 13.00
Eosinophils		7.00	hi	3.70	😞	0.00 - 4.10	0.00 - 7.00
Basophils		0.00	Opt	1.00	😊	0.00 - 0.00	0.00 - 3.00
Neutrophils/Polys (Absolute)		3.25	lo			3.80 - 5.80	1.80 - 7.80
Lymphs (Absolute)		1.51	lo			2.00 - 3.20	0.70 - 4.50
Eosinophils (Absolute)		0.39	hi			0.00 - 0.20	0.00 - 0.40
Basophils (Absolute)		0.00	lo			0.00 - 0.10	0.00 - 0.20
ESR-Erythrocyte Sed Rate, Westerrqr		7.00	hi	16.00	😊	0.00 - 6.00	0.00 - 15.00

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Around the time he completed the third blood test, the patient also retested the UA minerals. The chelating agent DMSA pulled out smaller amounts of Lead and Mercury meaning there are less of these toxic elements in the body, but there is still work to be done. As the levels of the heaviest toxic elements are further reduced, the other lighter toxic metals will begin to show increased elimination.

Results of 2nd UA Mineral Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	01/08/2006			10/16/2006			
Agent	DMSA			DMSA			
Dose	1500mg			1500mg			
Interval	6			6			
Toxic Elements							
Arsenic (UA)		22.00	Opt	20.00		0- 70.00	70.01- 130.00
Beryllium (UA)		0.00	Opt	0.00		0- 0.40	0.41- 0.50
Bismuth (UA)		0.00	Opt	0.00		0- 10.00	10.01- 15.00
Cadmium (UA)		0.40	Opt	0.70		0- 1.50	1.51- 2.00
Lead (UA)		11.00	Hi	24.00	😊	0- 3.00	3.01- 4.00
Mercury (UA)		3.30	hi	4.40	😊	0- 3.00	3.01- 4.00
Nickel (UA)		0.00	Opt	2.60		0- 6.00	6.01- 12.00

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01-23-06 – The patient is now off all medications and doing well but did start probiotics to help an inflamed colon. He has grown 2 inches since November which surprised his rheumatologist, who is still urging the patient to take medication. There has been a

reduction in swelling around the ankles and the patient continues to see improvements with joint pain and stiffness. I recommended he give his body a little rest, and then do another chelation cycle to pull out additional levels of toxic elements and retest the UA minerals in about 10 weeks.

04-15-06 – I reduced the DMSA dosage for this chelation cycle after the patient noticed an increase in swelling and joint pain during the first three days. There are still high levels of lead coming out but now other heavy metals are following, showing that the toxic element reserves are being eliminated from the body. I recommended the patient wait six weeks, then do another round of chelation and continue taking all other recommended daily vitamins and supplements.

Results of 3rd UA Mineral Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent	04/15/2006	DMSA		DMSA			
Dose		500mg		1500mg			
Interval		6		6			
Toxic Elements							
Arsenic (UA)		24.00	Opt	22.00		0- 70.00	70.01- 130.00
Beryllium (UA)		0.00	Opt	0.00		0- 0.40	0.41- 0.50
Bismuth (UA)		0.00	Opt	0.00		0- 10.00	10.01- 15.00
Cadmium (UA)		0.40	Opt	0.40		0- 1.50	1.51- 2.00
Lead (UA)		7.90	HI	11.00	😊	0- 3.00	3.01- 4.00
Mercury (UA)		6.80	HI	3.30	☹️	0- 3.00	3.01- 4.00
Nickel (UA)		2.00	Opt	0.00		0- 6.00	6.01- 12.00
Platinum (UA)		0.00	Opt	0.00		0- 0.50	0.51- 1.00
Thallium (UA)		0.30	Opt	0.00		0- 0.40	0.41- 0.70

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06-23-06 – A Rheumatologist called the patient to discuss the results of an MRI done on June 8th saying the patient had marked arthritis and tendonitis in his ankles, increased in the right. He recommended Enbrel to curtail the inflammation process even though the patient has not had any pain or stiffness since mid-February. His right knee has completely healed, his colon is 99% better and he started playing basketball again in school. I recommended the patient have some blood work done, as this is a better indicator of current amounts of inflammation. Effects of previous inflammation and damage from arthritis can be seen in an MRI, but blood tests are better indicators of current inflammation. I ordered a comprehensive panel and asked them to hold off until those results were known before starting Enbrel.

07-17-06 – Creatine Kinase is a measure of muscle breakdown or inflammation in the body and this high number was most likely caused by the Ankylosing Spondylitis. We have not tested this before but because the patient was feeling better, I believe the CK has most likely come down. I would estimate it was well over 1,000 back in September. The liver enzymes (SGOT & SGPT) are still elevated but both have improved since December. The GGT which has not been tested before and is associated with pancreas dysfunction is very low so I modified his nutrient list to help the liver enzymes come down and the GGT go up. The Monocytes also normalized showing G/I improvements. Overall, this patient showed great progress over the past year and as long as he maintains his healthy diet and keeps up with the recommended vitamins, he should continue to see great improvements.

Results of 4th Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Glucose	07/17/2006	79.00	lo	71.00	😊	80.00 - 95.00	65.00 - 99.00
Hemoglobin A1C (Gly-Hgh)		4.70	Opt			4.60 - 5.40	4.80 - 5.90
Uric Acid		5.30	Opt			4.10 - 6.00	2.40 - 8.20
BUN (Blood Urea Nitrogen)		13.00	lo	13.00	😐	13.00 - 18.00	5.00 - 26.00
Creatinine		0.80	Opt	0.80		0.61 - 0.90	0.50 - 1.50
BUN / Creatinine Ratio		16.00	Opt			13.00 - 20.00	8.00 - 27.00
Sodium		139.00	lo			140.00 - 144.00	135.00 - 148.00
Total Protein		7.10	lo			7.11 - 7.61	6.00 - 8.50
Creatine Kinase		704.00	HI			64.00 - 133.00	24.00 - 204.00
LDH		191.00	hi			120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		44.00	HI	52.00	😊	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		42.00	hi	45.00	😊	15.00 - 26.00	6.00 - 55.00
GGT		5.00	LO			22.00 - 39.00	6.00 - 65.00
Polys/Neutrophils (SEGS-PMNS)		63.00	Opt	58.00		55.00 - 65.00	40.00 - 74.00
Lymphocytes		27.00	Opt	27.00		25.00 - 40.00	14.00 - 46.00
Monocytes		7.00	Opt	8.00	😊	5.00 - 7.00	4.00 - 13.00
Eosinophils		3.00	Opt	7.00	😊	0.00 - 4.10	0.00 - 7.00
Basophils		0.00	Opt	0.00		0.00 - 0.00	0.00 - 3.00
Neutrophils/Polys (Absolute)		2.70	lo	3.25	😞	3.80 - 5.80	1.80 - 7.80
Lymphs (Absolute)		1.20	lo	1.51	😞	2.00 - 3.20	0.70 - 4.50
Monocytes (Absolute)		0.30	lo			0.40 - 0.70	0.10 - 1.00
Eosinophils (Absolute)		0.10	Opt	0.39	😊	0.00 - 0.20	0.00 - 0.40
Basophils (Absolute)		0.00	lo	0.00	😐	0.00 - 0.10	0.00 - 0.20
ESR-Erythrocyte Sed Rate, Westerg		2.00	Opt	7.00	😊	0.00 - 6.00	0.00 - 15.00

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From The Patient's Parents:

Dr. Merkle:

I am so sorry for not getting back to you after your thoughtful phone call a couple months ago. As far as we can tell C is doing GREAT!!!!😊😊😊 He went to his family doctor for a sports physical a couple weeks ago and he

said C looked great! We have not done any blood work for a long time, so we should probably follow through with that to see if any thing shows up, but he is back to doing all he has done before. Right now he is participating in the SNAPP program to help him prepare and get stronger for basketball. He played last year for the Junior Varsity team (actually was a starter) and had a great season for not having played the year before. He has gotten quite a bit taller, has gained weight but is still very thin which I contribute to his activities. He has not seen his rheumatologist for over a year, but he really had nothing else to offer him but Enbrel and we chose not to do that. C would like to go see him just to show him how good his ankles look.

Needless to say, we are all very thankful for what has happened to C in the last two years and how far he has come!! He is very good about taking his supplements, and actually gets concerned about what may happen if he doesn't.

We would like to thank you for starting us down the right road to help C recover. We will never know for sure what triggered all of his problems, but we greatly appreciate the caring people who helped in his recovery. You and your staff have been great. Thank you again, and we look forward to continuing to work with you.

-Thanks again and God's Blessings.

Dr. Merkle's Final Thoughts:

Ankylosing Spondylitis is often misdiagnosed in young teens because the symptoms are very similar to athletic injuries and because each individual tends to present with their own unique pattern and activity of the illness. The best tools for early diagnosis include a physical exam to locate any inflammation or decreased range of motion and a blood test for the ESR, CK and HLA-B27 gene. This hereditary gene appears in almost 95% of Ankylosing Spondylitis cases but is only a piece of the puzzle. While about 7% of the U.S. population carries the HLA-B27 gene, only 1% of the population develops Ankylosing Spondylitis. There is emerging evidence that other factors (perhaps environmental) may add to a person's risk for the disease to become expressed. For example, a study done in Northern Scandinavia found 24% of the population carries the HLA-B27 gene yet only 1.8% develops the illness.

This patient's ability to eliminate toxic metals from his body is very low. On the first UA mineral test, we actually saw no lead being eliminated from his system, then with the help of a chelating agent that number spiked to more than six times the expected limit. Those toxins actually bind processes in the body, slowing its ability to heal. Exposure to these kinds of toxins may be one of the triggers that sparked the Ankylosing Spondylitis.

Medical treatment for this condition traditionally starts with a series of non-steroidal anti-inflammatory drugs (NSAIDs) followed by medications like sulfasalazine which suppress the body's immune system. Newer treatments considered to be "more effective" include drugs that actually attack a messenger protein of inflammation called TNF but patients are required to take these drugs for life or face relapse. Image telling a 14-year old boy he has to choose between a crippling arthritic condition or taking a prescription with unknown long-term side effects. Furthermore, neither of those options would help remove the vast levels of toxic elements in his system. Instead of treating just the inflammation, we worked on the whole system, filling the nutritional gaps with essential elements and minerals and working to eliminate toxins from the patient's body. Now he has virtually no pain and can do all the athletic things he enjoys.

-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.