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Blood Testing: THREE EASY STEPS

Using objective, documented blood test results to prescribe dietary and nutritional supplement regimens to your patients.

By Van D. Merkle, DC, CCN, DABCI, DACBN

"Breast cancer." The phrase lay heavy on the tongue of my patient, though she covered it well with a bright smile and seemingly optimistic attitude. Her oncologist had already outlined a difficult road map for treatment, starting with a lumpectomy, six weeks of radiation and several rounds of chemotherapy; and, as medical doctors tend to do, had estimated her remaining lifespan: 8-10 years, not an applaudable prognosis for a 48-year-old woman. Despondent and dissatisfied with the oncologist's recommendations, she had come to me for help.

You may be asking yourself, "As a chiropractor, what could I possibly do for someone with metastatic ductal cell carcinoma?" The answer lies in a series of objective and documented test results I use every day in my practice to prescribe dietary and supplement regimens for patients in their journey toward better health.

It is vital that we take on this challenge because MDs are quick to resort to drugs, neglecting the foundation of basic nutrition. But we have a few hurdles to overcome. For example, a 2006 CNN/*USA Today* Gallup Poll reported that only 36 percent of respondents perceived DCs as honest and ethical. MDs were at 69 percent and nurses 84 percent.[1] So, if we want to put a hand into the nutrition field, there must be valid reasoning for every supplement recommendation.

With just a few simple steps, we can utilize lab results to improve our patient's health. There is no need to even handle the specimen; just decide what tests need to be ordered and send the patient to an outside lab, where the blood will be drawn and analyzed. The test results are then sent directly to your office.

By looking at results that land outside clinical ranges, medical doctors are able to diagnose diseases, prescribe medications and monitor their effectiveness. In my practice, I use the same objective testing (with slightly modified ranges) to determine a supplement regimen and evaluate its progress.

It may seem a bit daunting to take on very ill patients with diseases like cancer, Alzheimer's or Parkinson's, but if we are not there to help them, who will? Blood work is the "gold standard" in testing and in most states (excluding Georgia and Michigan), our degree allows us to order this type of test. I operate a cash-based office and in most cases, insurance companies will not reimburse for the testing I order because they consider it "preventative care"; however, in my experience people have no problem paying out-of-pocket because they don't want to face the harsh effects of drugs or chemotherapy.

If patients prefer, they may take the list of tests to their MD, who is more likely to be covered under their insurance plan; however, many MDs don't like comprehensive testing and may leave off several important tests. Before you begin ordering blood work, I advise you to check with your state board on any specific limitations or regulations regarding blood testing and billing within your state.

Step 1: Establish an "Optimal Range"

There is a cutoff line that separates "healthy" patients from "clinically ill" patients on both the low and high ends of these test results. Why should we wait until patients become sick enough to fall outside the clinical ranges? An efficient way to set up preventive care methodology for your practice is to create a buffered zone between these two clinical markers, known as the "optimal healthy range." The percentage used to calculate this zone is not as important as establishing more rigid boundaries for your patients.

In some instances, such as tumor markers or C-reactive protein (an inflammatory marker), this optimal healthy range is obviously as close to zero as possible because the tests warn of dangerous conditions like cancer and possible inflammation around the heart. In other instances, such as white blood count, it may be a middle percentage such as 33 percent. (**Figure 1, next page**) This new range should be like a goal post for patients and practitioners. By restoring values into this zone, patients reach their optimal health, allowing them to efficiently ward off diseases or repair the body.

Step 2: Analyze The Results

Nearly every person has cancer cells in their body, but most of the time the immune system fights them off. For my breast cancer patient, I needed to determine precisely what imbalances in her body had allowed these cancer cells to spread. Generalized nutrient recommendations and wonder supplement shakes have no place in the care of patients with devastating diseases like cancer, and I never use them. For the patient in question, I ordered a comprehensive blood test (glucose, hemoglobin A1C, chemistries, lipid panel, CBC, vitamin D, thyroid panel, liver panel, etc.), breast cancer tumor marker CA 27.29, and urinary chelation challenge through outside labs, and found that most test values were not within the optimal healthy range.

The patient's tumor marker was very high at 185.7 (**Figure 2**) and the blood test showed signs of high cholesterol, anemia, a lowered immune system, inflammation and a low functioning thyroid. The urinary chelation challenge revealed very high levels of lead and mercury in the body, which slow the immune system and deprive the body of essential nutrients.[2,3]

All of these problems are clues as to why the cancer spread: Her immune system was expended from trying to correct imbalances and flush out toxins, and did not have enough reserves to effectively ward off cancer cells. The body is an amazing, miraculous thing, with all the tools necessary for self-healing and repair; but sometimes other things get in the way. We need to eliminate these imbalances to allow the body to return to its healthiest state.

Step 3: Make the Necessary Supplement Recommendations

When making recommendations, tackle each deficiency or imbalance. If calcium is low, supplement with calcium and vitamin D. If inflammatory markers are high, recommend turmeric – a natural anti-inflammatory. You are working to treat the whole body and make your patients as healthy as possible.

It's very important to clarify that I did not treat my patient's cancer. When recommending vitamins, you cannot be symptom-minded. Instead, I focused her supplement program on correcting the flaws seen in her blood work.

Since she had cancer, the list was fairly extensive. I started with a lot of immune-system boosters: vitamin C, monolaurin, CoQ_{10}, vitamin D, etc. Then I added supplements targeted at fighting or suffocating her cancer cells: cesium, mushroom complex, pancreatic enzymes, and germanium. Next came items focused more toward her less critical problems, such as cholesterol. These nutrients included sublingual B_{12}/folic acid, milk thistle extract, fish oil, magnesium and calcium, B complex and vitamin E. Finally, I added chlorella and another chelating agent to start flushing the body of its stores of toxic metals.

Once her individual test values had re-entered the optimal healthy range, her immune system began to focus its efforts on the cancer and we saw the first signs of improvement. In some cases, recovery takes a little longer, but this patient's compliance was astounding: When she retested her tumor marker a week after the first blood test, it had already dropped 47.5 points without any medical intervention. (**See Figure 2 above**)

This was not the result of a miracle drug or miracle vitamin; it was simply rectifying imbalances that disrupted the body's ability to heal. The patient maintained this supplement regimen and we periodically rechecked her blood work to make sure she continued to improve. Her tumor marker consistently dropped and by Aug. 3, 2007, the CA 27.29 had dropped below the clinical guidelines, hitting 35.50. Since then, her tumor marker has remained below those clinical guidelines and as of Jan. 19, 2009, was 19.2.

Figure 1: The Optimal Healthy Range: Example of a 33 Percent Range

Clinically Low: < 10	Optimal Healthy Range: 23.2 - 36.8	Clinically High: > 50

Figure 2: Results of 2nd Tumor Marker Following One Week of Supplementation

Test Description	Current Result (5/11/2007)	Current Rating	Prior Result (5/4/2007	Healthy	Clinical
CA 27.29	140.00	High	185.70	0.00 - 0.00	0.00 - 38.60

Notes: Current and prior results show the change in CA 27.29 following only one week of supplementation. Obviously the patient's CA 27.29 levels are still well beyond the clinically acceptable range, due to the fact that she has breast cancer, but they have decreased significantly.

CA 27.29: AN IMPORTANT MEASUREMENT FOR BREAST CANCER PATIENTS

- The CA 27.29 test measures an antigen found in the blood of patients with breast cancer.[4]
- Serial measurements can monitor not only the course of the disease, but also a response to treatment.[5]
- Elevated levels in patients without evidence of disease can be early indicators, possibly as far as five months ahead of a clinical diagnosis.[6]
- While the CA 15-3 and CEA can also be used as breast cancer tumor markers, studies show the CA 27.29 is a more accurate indicator.[7] CEA is most widely used as a marker for intestinal cancer.

Medical doctors can have all kinds of reactions to nutritional care. Some are interested, even eager, to see what happens; others are less receptive, and still others will tell patients outright that "supplements are useless" and demand they stop taking them. The best way to deal with this sort of negativity is to let the test results speak for themselves. You have documented evidence for why each nutrient was recommended and by retesting, you can show how it improved the patient's health.

Regardless of the type of MD you encounter, open communication is important. Most of my critically ill patients choose to share their test results and supplement recommendations with their medical doctors and will send any testing done through the doctor or hospital to my office. For my patient, we retested the CA 27.29 every one to two weeks and it consistently dropped. No one could dispute the treatment was working. Likewise, all the CT scans done by the oncologist showed tumor size reduction.

It is important to educate not only other doctors about nutritional treatments, but also your patients, because ultimately, they are the ones who must say, "I do not want to take this drug. I want to find another option." With no chemo and radiation, my patient has eliminated most of the cancer from her body and is medically in remission, without suffering the severe side effects of traditional medical treatment.[8]■

References

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8. To read this patient's full case study, visit **www.sciencebasednutrition.com**.

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