



LRA by ELISA/ACT® Case Study of a 69-Year-Old Female with Temporal Arteritis

Clinician: Norman Schwartz, MD - Milwaukee, WI

Prepared by Russell Jaffe, MD, Ph.D. and Jayashree Mani, MS, CCN

HISTORY: Temporal arteritis (also called cranial or giant cell arteritis) is an inflammation of the temporal artery (which runs over the temple, beside the eye). Symptoms of this disorder may include stiffness, muscle pain, fever, severe headaches, pain when chewing, and tenderness in the temple area. Other symptoms may include anemia, fatigue, weight loss, shaking, vision loss, and sweats. It usually affects those over 60 years of age, and women are approximately 4 times more likely to suffer from this disease than men.*

Our case report discusses Marilyn, a 69-year-old woman with long-standing rheumatoid arthritis who sought consultation for symptoms of increasing fatigue, temporal headaches, blurred vision, anorexia, weight loss, and night sweats of several months' duration.

Note: Since inflammation is cumulative repair deficit, it is appropriate to stimulate immune functions to shift away from defense work and toward repair functions using the LRA by ELISA/ACT® tests and treatment guides.

MEDICAL HISTORY: Evaluation by Marilyn's family doctor in 1996 showed an increased erythrocyte sedimentation rate (ESR) of 121 with persistent microcytic anemia and low serum iron despite iron therapy. Gastrointestinal evaluation for neoplasm was negative. Arthroplasty of

the right shoulder and fusion of the left wrist was noted.

Rheumatology evaluation was obtained due to patient's symptoms, and the patient was referred for a temporal artery biopsy that was positive for giant cell arteritis (temporal arteritis). Her ESR was initially monitored every 3-4 weeks and then with decreasing frequency (Figure 1).

PRIMARY PROBLEMS: Temporal arteritis

PRIMARY THERAPEUTIC INTERVENTIONS: High-dose steroid therapy was strongly suggested but Marilyn refused due to concerns about side effects. She requested more conservative management. She was then given the option of a comprehensive program that included the LRA by ELISA/ACT testing. Additional therapy included anabolic replacement (DHEA), quercetin with OPC bioflavonoids, and buffered ascorbate to stimulate connective tissue repair.

The LRA by ELISA/ACT test was taken in April 1996. Out of a total of 343 items tested, Marilyn had 7 strong reactions and 7 moderate reactions.

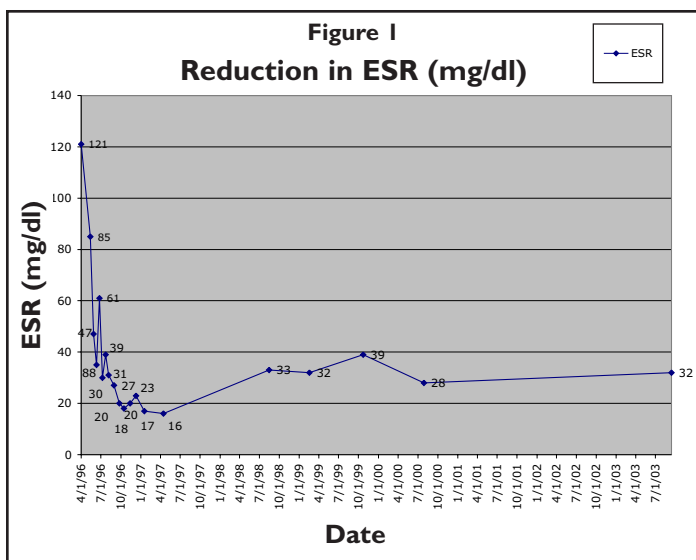
STRONG REACTIONS: Nickel (Ni), Diacetyl, Mango, Grapeseed oil, Corn sugar, Phenol, and Siberian ginseng

MODERATE REACTIONS: Turbo/ Whitefish, Red Grape, Buckwheat/ Kasha, Bayleaf, Psyllium seed, Spearmint, and Garlic

INITIAL CLINICAL OUTCOME: Marilyn responded to this course of treatment with complete resolution of visual symptoms, gradually increasing energy and well-being that correlated with lower ESR (except for an intercurrent increase in ESR during an acute viral episode on 6/24/96). By April 1997, microcytic anemia had resolved, and RBC indices had normalized (Figure 1).

SIX YEARS LATER: Regular annual blood work was checked and monitoring of especially ESR was continued. When tested in September 2003, Marilyn still maintained a satisfactory ESR and for the most part was symptom free.

*National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD 20892



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