



LRA by ELISA/ACT® Case Study of a 50-Year-Old Male with Thyroiditis

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BACKGROUND: Chronic thyroiditis or Hashimoto's disease is an autoimmune thyroid gland disorder. An immune system action against the thyroid gland is considered to be the cause. The immune attack starts when the blood-thyroid barrier breaks down either because of toxin overload to nutritional deprivations that lead to breakdown of the basement membrane that filters the blood to let the nutrients in and the wastes out of the thyroid gland. Prolonged increased permeability or leaky blood-thyroid barrier can lead to enough destruction of the gland that it becomes underactive or hypothyroid.

Endocrine scientists estimate that between 0.1% and 5% of all adults in Western countries have Hashimoto's thyroiditis. Common symptoms include intolerance to cold, persisting weight gain that is hard to lose, fatigue, constipation, and, in extreme cases, enlarged neck or presence of goiter. It is common to have no initial symptoms. This is also known as silent thyroiditis and was first described in 1972 by Bruce Weintraub. The onset of the disease is usually slow. It may take months or even years for the condition to be properly diagnosed*.

Our case report discusses Dr. B, a 50-year-old medical practitioner diagnosed with Hashimoto's Thyroiditis in June 2002.

MEDICAL HISTORY: Dr. B's major complaint leading to his diagnosis was increasing fatigue. People with thyroiditis often have antibodies to thyroid tissue produced inside the thyroid gland indicating a

permeability of the gland. A thyroid autoantibodies test conducted for Dr. B showed elevated anti thyroid globulin antibodies. On the basis of this test result he was clinically diagnosed with Hashimoto's Thyroiditis.

PRIMARY THERAPEUTIC INTERVENTIONS: Initial treatment consisted of supplementation with colostrum and a thyroid support formulation complex consisting mainly of vitamins A, D and E, zinc, iodine, and selenomethionine. A repeat thyroid autoantibodies test was conducted after about 9 months in March 2003. The anti thyroid globulin antibodies remained elevated.

Hashimoto's thyroiditis involves an attack on the thyroid gland associated with increased cell mediated delayed allergies. Not having tackled this aspect of the condition, Dr B felt it prudent to take the LRA by ELISA/ACT® tests to detect his delayed hypersensitivities.

The LRA by ELISA/ACT tests were performed in April 2003.

Out of a total of 377 items tested, Dr. B had 5 strong reactions, 1 strong food group, 15 moderate reactions and 1 moderate food group.

STRONG REACTIONS: Benzyl acetate, Diacetyl, Green Grape/Raisin, Navy/ninja bean

STRONG FOOD GROUP: Sugars (Maple sugar, Sucanat)

MODERATE REACTIONS: Medical items:

Barium sulfate, Therapeutics: Cellulose/Hemicellulose, Xanthan gum, Peony Flower Parts, Vegetables: Buckwheat/Kasha, Avocado, Snow/Green Pea, Cucumber, Fruits: Plum/prune, Xenobiotics: Petroleum By products & Solvents, Romano (Sheep) cheese

Moderate Food Group: Cow Dairy (Whole butter), Lactalbumin, Raw Milk (Cow)

Dr. B diligently followed the different aspects of the program by avoiding the offending reactants to the best of his ability, maintaining an alkaline diet and supplementing with essential nutrients.

INITIAL CLINICAL OUTCOME: A few months after being on the LRA by ELISA/ACT plan, Dr. B started seeing the difference in his level of energy. He took follow-up LRA by ELISA/ACT tests again a year later in May 2004. This time Dr. B had just 2 strong reactions, 6 moderate reactions, and 1 moderate food group. Note: Items that came up positive again on repeat testing are in italics.

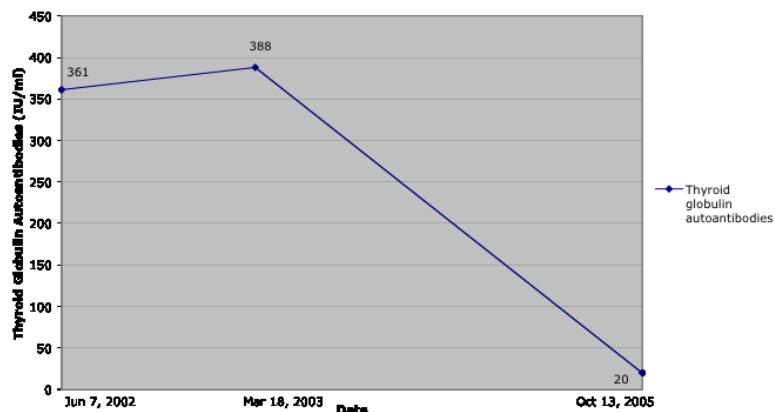
STRONG REACTIONS: *Barium sulfate, Latex*

Moderate Reactions: *Xanthan gum, Lactalbumin, Grape seed oil, Avocado, Red Leaf lettuce, Salicylate*

Moderate Food Group: Cow Dairy

Dr. B continued to adhere to the LRA by ELISA/ACT plan after the new set of results and was heartened by the decrease in the level of fatigue and increase in his overall sense of well being. He had the thyroid autoantibodies test done for the third time in October 2005 and this time the anti thyroid globulin antibodies had fallen to a normal level (Fig. I). Dr. B was pleased with these results.

Fig. I Reduction in Thyroid Antibodies



THREE YEARS AFTER INITIAL TESTING:

Presently, Dr. B is all set to take the LRA by ELISA/ACT tests again soon so that he can keep a close watch on his immune system and keep the thyroiditis in sustained remission.

*U.S. National Library of Medicine, National Institutes of Health

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