

Methicillin Resistant Staphylococcus Aureus (MRSA)

A nationwide study in 2005 found that patient's who develop staph infections stay in the hospital 3 times longer, pay 3 times as high a bill and experience 5 times the risk of in-hospital death.

Initial Symptoms-

- ✓ MRSA Infections On Face & Feet
- ✓ Boils & Pus-Like Discharges
- ✓ Painful Infections For Past Year
- ✓ Taking 5 Prescriptions Including: Sulfamethoxazole/TMP, Rifampin, IC Ibuprofen, Oxycodone w/ APAP, & Hydrocodone

In just 2 months-

- ✓ Off All Prescriptions!
- ✓ Infections Cleared
- ✓ No Pus- Like Discharges
- ✓ No Boils

“None of the immune system markers were out of balance, yet this patient had battled serious infections for a year. This is an alert that the problem lies elsewhere.”

-Dr. Andrew Dyer

Patient Profile:

05-02-07 – The 55-year old patient presented with Methicillin-resistant Staphylococcus-aureus (MRSA); possibly contracted in February at a local hospital. A year long history of painful infections (including mouth blisters, infections of the eye, abdomen, nose and finger) started shortly after moving into a new office at the nickel plating shop where he works. These infections escalated after he busted a pustule on his finger with a knife then dug a piece of glass from his foot with the same device. Doctors preformed surgery to clear the infectious cells from his feet, yet the antibiotic-resistant MRSA continued creating boils and pus-like discharges on his feet, heels, right jaw and face. Doctors prescribed strong antibiotics and painkillers, but the patient was left unable to work and suffered debilitating pain head to toe when he tried to stand. At the time of the initial visit, he weighed 185 lbs at 5'8" and his blood pressure was 117/72.

Patient's tests results:

05-06-07 – Several problems appeared in the patient's blood work including high total cholesterol, elevated liver and pancreatic enzymes, high platelets and diabetic factors; however none of his immune system markers were abnormal.

Results of Initial Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Glucose	05/03/2007	105.00	HI			80.00 - 95.00	65.00 - 99.00
Hemoglobin A1C (Gly-Hgh)		6.20	HI			4.61 - 5.40	4.80 - 5.90
SGOT (AST) (AST)		30.00	hi			15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		76.00	HI			15.00 - 26.10	6.00 - 55.00
GGT		45.00	hi			22.00 - 39.00	6.00 - 65.00
Total Cholesterol		293.00	HI			140.10 - 170.00	100.00 - 199.00
Triglyceride		236.00	HI			80.10 - 115.00	10.00 - 149.00
HDL Cholesterol		54.00	Opt			50.00 - 55.00	40.00 - 59.00
VLDL Cholesterol		47.00	HI			5.10 - 20.10	4.10 - 40.10
LDL Cholesterol		192.00	HI			50.10 - 75.10	6.00 - 99.10
Total Cholesterol / HDL Ratio		5.40	HI			0.00 - 4.00	0.00 - 5.00
Triglyceride/HDL Ratio		4.37	HI			1.00 - 2.20	0.50 - 4.00
T4 Thyroxine		6.90	lo			7.10 - 9.00	4.50 - 12.00
T3 Uptake		32.00	Opt			29.10 - 35.10	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.20	lo			2.61 - 3.60	1.20 - 4.90
White Blood Count		6.40	Opt			5.10 - 8.00	4.00 - 10.50
Red Blood Count		5.24	Opt			4.51 - 5.50	4.10 - 5.60
Hemoglobin		14.90	Opt			13.30 - 15.20	11.50 - 17.00
Hematocrit		44.90	Opt			39.51 - 47.00	34.00 - 50.00
MCV		86.00	Opt			85.10 - 97.00	80.00 - 98.00
MCH		28.50	Opt			28.10 - 32.00	27.00 - 34.00
MCHC		33.30	Opt			33.10 - 34.99	32.00 - 36.00
Platelets		396.00	hi			175.10 - 250.00	140.00 - 415.00

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.

The patient works in a metal plating shop where he's exposed to increased levels of external contamination, so it's not surprising several toxic elements showed high elimination in the hair. If it's in your environment, it's in you; therefore reducing exposure would be an optimal goal. Many essential elements were also too high or low likely due to the levels of toxins in the body.

Results of Initial Tissue Mineral Analysis:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Toxic Elements							
Aluminum	05/02/2007	25.00	HI			0- 2.20	2.21- 7.00
Antimony		0.05	hi			0- 0.03	0.04- 0.07
Arsenic		0.36	HI			0- 0.05	0.06- 0.08
Lead		0.12	Opt			0- 0.99	1.00- 2.00
Mercury		1.40	HI			0- 0.50	0.51- 1.10
Nickel		0.43	HI			0- 0.20	0.21- 0.40
Silver		0.11	hi			0- 0.06	0.07- 0.12
Tin		0.05	Opt			0- 0.15	0.16- 0.30
Titanium		1.20	HI			0- 0.50	0.51- 1.00
Total Toxic Representation		4.00	HI			0- 2.00	2.01- 3.00
Essential Elements							
Calcium		256.00	lo			400.00- 417.00	200.00- 750.00
Magnesium		33.00	lo			43.00- 48.00	25.00- 75.00
Sodium		120.00	HI			37.00- 45.00	12.00- 90.00
Potassium		45.00	HI			21.00- 22.00	9.00- 40.00
Copper		8.30	LO			12.00- 15.00	10.00- 28.00
Zinc		180.00	hi			150.00- 165.00	130.00- 200.00

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Studying the results of the chelation challenge, I saw high stores of lead and mercury which interfere with the body's ability to heal. The column labeled "Pre Chall" shows toxins eliminated solely by the body, while the column labeled "DMSA" shows toxins removed with the help of a chelating agent.

Results of Initial Chelation Challenge:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent		DMSA		Pre-Chall			
Dose		1500 mg					
Interval		6		6			
Toxic Elements							
Arsenic (UA)		41.00	Opt	29.00		0- 60.00	60.01- 120.00
Beryllium (UA)		0.00	Opt	0.00		0- 0.40	0.41- 0.50
Bismuth (UA)		9.80	Opt	0.90		0- 10.00	10.01- 15.00
Lead (UA)		24.00	HI	0.00	⊖	0- 4.00	4.01- 5.00
Mercury (UA)		16.00	HI	0.00	⊖	0- 2.00	2.01- 3.00
Nickel (UA)		1.00	Opt	3.40		0- 5.00	5.01- 10.00

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The patient also sent photographs of his MRSA infections.



Left Foot



Face



Right Foot

Doctor analysis:

06-01-07 – None of the immune system markers were out of balance, yet this patient had battled serious infections for a year. This is an alert that the problem lies elsewhere. In the first blood test we found high diabetic factors which are particularly important because infectious agents like MRSA can be fueled by sugar. The AST, ALT and GGT, which are liver and pancreatic enzymes, were all elevated likely indicating the Rifampin prescribed to treat his infection was causing a significant amount of liver damage. Instead of fixing the problem, the medication was creating a new one. This was also reflected in high cholesterol levels which show an inflamed/sick liver. We saw some indication of inflammatory or infectious processes going on within the system by the elevated platelet levels.

This patient works in an environment requiring continuous contact with heavy metal solutions, stripping agents and toxic chemicals. If his body is unable to flush these out, they build-up stores in his body, depleting essential elements and nutrients and binding the healing process. How can he fight off an infection if heavy metals are burdening his system? I placed the patient on bi-monthly chelation treatments accompanied by a supplement regimen targeted at improving the deficiencies seen in the blood and hair tests.

Patient assessment:

10-01-07 - Due to a bout of stomach flu, the patient opted to wait until mid-July before starting his supplement regimen. Two months later, we retested his blood work and did another chelation challenge and found the infections he had been battling for an entire year were no longer bothering him. The results were right on target with the AST, ALT and GGT falling into or toward optimal ranges. This along with a healthier diet brought the total cholesterol down 56 points! His thyroid has not responded yet with the T4 and T7 actually dropping slightly. Typically this is expected because thyroid hormone production is very sensitive to toxic heavy metals. Once he has finished the chelation phase, I would expect to see the thyroid improve. The patient is now off all 5 medications, has no boils or pustules, noted phenomenal stamina and lost 21 lbs!

Results of 2nd Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	10/01/2007			05/03/2007			
Glucose		118.00	HI	105.00	⊖	80.00 - 95.00	65.00 - 99.00
Hemoalobin A1C (Glv-Hah)		5.70	hi	6.20	⊕	4.60 - 5.40	4.80 - 5.90
SGOT (AST) (AST)		17.00	Opt	30.00	⊕	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		13.00	lo	76.00	⊕	15.00 - 26.00	6.00 - 55.00
GGT		23.00	Opt	45.00	⊕	22.00 - 39.00	6.00 - 65.00
Total Cholesterol		237.00	HI	293.00	⊕	140.00 - 170.00	100.00 - 199.00
Triglyceride		210.00	HI	236.00	⊕	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		46.00	lo	54.00	⊖	50.00 - 55.00	40.00 - 59.00
VLDL Cholesterol		42.00	HI	47.00	⊕	5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		149.00	HI	192.00	⊕	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		5.20	HI	5.40	⊕	0.00 - 4.00	0.00 - 5.00
Triglyceride/HDL Ratio		4.56	HI	4.37	⊖	1.00 - 2.20	0.50 - 4.00
T4 Thyroxine		5.90	lo	6.90	⊖	7.10 - 9.00	4.50 - 12.00
T3 Uptake		35.00	Opt	32.00		29.00 - 35.00	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.10	lo	2.20	⊖	2.61 - 3.60	1.20 - 4.90
White Blood Count		6.80	Opt	6.40		5.00 - 8.00	4.00 - 10.50
Red Blood Count		5.22	Opt	5.24		4.50 - 5.50	4.10 - 5.60
Hemoglobin		15.50	hi	14.90	⊖	13.30 - 15.20	11.50 - 17.00
Hematocrit		45.30	Opt	44.90		39.50 - 47.00	34.00 - 50.00
MCV		87.00	Opt	86.00		85.00 - 97.00	80.00 - 98.00
MCH		29.60	Opt	28.50		28.10 - 32.00	27.00 - 34.00
MCHC		34.10	hi	33.30	⊖	33.00 - 34.00	32.00 - 36.00
RDW		13.30	lo			13.50 - 14.50	13.00 - 15.00
Platelets		277.00	hi	396.00	⊕	175.00 - 250.00	140.00 - 415.00

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As the heaviest metals are reduced other toxic elements like nickel will show increased elimination. This is good and means that hidden stores of toxins are being drawn out and no longer binding the body's healing process.

Results of 2nd Chelation Challenge:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Toxic Elements							
Arsenic (UA)	09/30/2007	33.00	Opt	41.00		0- 60.00	60.01- 120.00
Beryllium (UA)		0.00	Opt	0.00		0- 0.40	0.41- 0.50
Bismuth (UA)		1.90	Opt	9.80		0- 10.00	10.01- 15.00
Lead (UA)		7.70	HI	24.00	😊	0- 4.00	4.01- 5.00
Mercury (UA)		8.80	HI	16.00	😊	0- 2.00	2.01- 3.00
Nickel (UA)		7.30	hi	1.00	😞	0- 5.00	5.01- 10.00

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Dr. Dyer's Final Thoughts:

Health Care Associated Infections (HAIs) affect one in 20 patients admitted each year with at least 22% of them associated with surgical site infections. The prevalence of HAIs and specifically MRSA diagnosis became media frenzy after a nationwide study published in the Journal of the American Medical Association in October of 2007. This study estimated that 94,340 MRSA infections occurred in 2005 of which 18,650 were potentially fatal. It also claimed MRSA was becoming more common in healthy, non-hospitalized persons being spread through close contact and open wounds. Sometimes the bacteria remain confined to the skin creating painful boils, but it can also burrow deep into the body, causing potentially life-threatening infections in bones, joints, the blood stream or around the heart valve and lungs. This sparked reports in numerous newspapers of individual cases striking school districts including at least two deaths, which in turn forced the sterilization of classes and locker rooms.

What is causing MRSA infections to be more common? Unnecessary antibiotic use may be the main culprit. For decades, antibiotics were prescribed for ailments such as colds and viral infections, which do not respond to these treatments. The use of antibiotics in food is another problem with cattle, chickens and pigs routinely given medications. When a healthy body absorbs antibiotics, bacteria can develop a resistance to the effects of these drugs and similar medicines, thus creating a "super bug".

I did not use any antibiotics to battle this patient's infections, yet within two months, the pustules and boils on his face and feet completely cleared. Keep in mind that his protocol was not a treatment for MRSA, but designed to allow his body to get healthier. If he had gone to a regular physician, they likely would have run only a CBC panel and missed the actual problem. He is currently still under care to continue clearing the toxic load picked up at work from his body and will maintain his vitamin regimen for the

next few months until he reaches the point where we can reduce him to a maintenance load.

-Dr. Andrew Dyer

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. Andrew Dyer 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.