

Case Study

Patient G. K. is a 28-year-old female who has been treated for chronic fatigue, constipation, nausea, and head pain and pressure, and made slow gradual improvements.

Below is her urine sample post Roling session:

Lyme Panel

The underlined microbes were detected in the submitted sample:

Borrelia burgdorferi F7-NSA

B. burdorferi Osp A

B. burdorferi Osp B-NSA

B. burdorferi Osp C-NSA

Borrelia miyamotoi

Borrelia recurrentis

Anaplasma phagocytophilum

Babesia microti

Babesia divergens

Babesia duncani

Bartonella bacilliformis

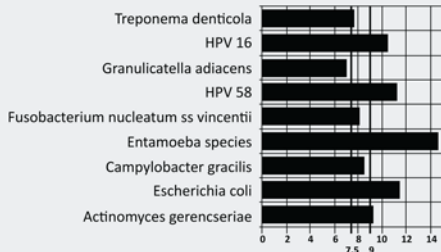
Bartonella henselae-NSA

Bartonella quintana

Ehrlichia chaffeensis-SA

Full View Panel

The following bacteria were detected in the urine sample that was submitted for testing:



Her OligoScan demonstrated high aluminum:

Heavy Metal Test Report

	Result	Normal	High -	High +	Excess
Aluminum (Al)	0.01573				
Antimony (Sb)	0.00220				
Silver (Ag)	0.00984				
Arsenic (As)	0.00439				
Barium (Ba)	0.00629				
Beryllium (Be)	0.00495				
Bismuth (Bi)	0.00778				
Cadmium (Cd)	0.01211				
Mercury (Hg)	0.00321				
Nickel (Ni)	0.00354				
Platinum (Pt)	0.00224				
Lead (Pb)	0.00887				
Thallium (Tl)	0.00152				
Thorium (Th)	0.00094				

Heavy Metals Intoxication

Overall Intoxication



While G.K.'s treatment plan already had strategies to treat chronic infections and support detoxification, these results highlighted some key priorities. We introduced regular injections of artesunate, an antimalarial drug that is a derivative of artemisia, to target *Entamoeba* and her underlying viral load. In addition, we added silica-based supplements to decrease aluminum. She has noticed a decrease in frequency and intensity of her head pain and pressure since the treatment protocol adjustments.