From Wheelchair to Soccer

A Case Study of Functional Improvement in a Patient With CIDP

Using a Personalized AI-Assisted Supplement Protocol

Patient: Steven T.

Diagnosis: Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Protocol Duration: 7+ Months (May – December 2025)

Platform: Nexus Health

Disclosure: Steven Taylor is a Co-Founder of Nexus Health. This report documents a single-patient observational case study and does not represent typical outcomes.

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Executive Summary

This case study documents the experience of Steven T., a patient with advanced Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), who transitioned from a $20,000-per-month immunoglobulin therapy to a personalized supplement protocol developed through the Nexus Health clinical reasoning engine and reviewed by licensed clinicians. Over a seven-month period, Steven demonstrated measurable improvement across inflammatory, neuroimmune, and methylation biomarkers, validated through serial laboratory testing, alongside significant functional recovery, including regaining independent mobility after prolonged wheelchair dependence.

This is a single-patient observational case study. It is not a controlled clinical trial. All protocols were generated by the Nexus Health platform and reviewed by licensed clinicians. Results are individual and should not be interpreted as guaranteed outcomes for other patients.

1. Patient Background

Steven T. is an adult male with a two-decade history of progressive neurological symptoms. His journey with what would eventually be diagnosed as CIDP began approximately twenty years ago, when he first noticed deteriorating strength in his lower extremities and increasing difficulty with balance.

His initial presentation was treated as Guillain-Barré Syndrome (GBS), a one-time autoimmune event affecting peripheral nerves. He responded to high-dose steroids and was discharged after five days. When symptoms recurred several years later, it became clear that the diagnosis was incomplete, as Guillain-Barré does not typically recur. The reappearance of neurological decline triggered years of diagnostic investigation.

CBC differentials, metabolic panels, and allergy testing all came back normal. Nerve conduction studies and evoked potential tests were unremarkable. The only early indicator was elevated cerebrospinal fluid protein found through spinal tap. Even full-body MRIs returned normal for years.

Approximately ten years ago, imaging finally revealed lesions in the brain and gray matter artifacts on MRI. A neurologist formally diagnosed Steven with CIDP, a chronic autoimmune condition in which the immune system attacks the myelin sheath surrounding peripheral nerves, leading to progressive weakness, numbness, and impaired motor function.

By the time of his formal diagnosis, Steven had already been treated for over a decade based on clinical assessment alone, without a confirmed condition. His symptoms had expanded from lower extremity weakness to include his arms, severe neuropathy in his hands and feet, and progressively diminishing ability to walk, work, and care for himself.

2. Life at the Lowest Point

At its worst, CIDP took nearly everything from Steven that defined his independence. He was fully dependent on a power wheelchair, not a manual chair he could propel himself, but a motorized one, because he lacked the upper body coordination and strength to operate anything else.

He could not dress or undress himself and required assistance from his wife to carry out daily tasks like transitioning from his bed to his wheelchair. He could not hold his newborn grandchild because the tremors and weakness made him afraid he would drop the baby.

> ***"Take away a person's ability to care for themselves and you take away a lot of their seeming value. I couldn't hold my grandbaby. I was afraid of dropping him because I didn't have the control over my arms. How messed up is that?"***

Steven's tremors were particularly severe at night, destroying his sleep cycle. He relied on heavy muscle relaxers just to stop his body from shaking long enough to rest. At one point, the tremors were so uncontrollable that he questioned whether he had been misdiagnosed entirely, wondering if it might actually be Parkinson's disease.

He continued to work, but only in a non-physical capacity. Yard work, cooking dinner, playing with his children: all of it was gone. His physical body could not keep pace with the life he wanted to live.

3. The Medication Journey

Over the course of his treatment history, Steven cycled through multiple immunomodulatory therapies, each carrying its own risk profile and limitations.

Privigen (IVIG): An intravenous immunoglobulin therapy that ultimately caused Steven to develop aseptic meningitis, a serious inflammatory reaction of the membranes surrounding the brain and spinal cord. This led to its discontinuation.

Vyvgart Hytrulo: A newer therapy targeting neonatal Fc receptors. In Steven's case, it proved entirely ineffective. He saw no clinical benefit and continued to decline.

Hizentra (Subcutaneous Immunoglobulin): The most recent and most stabilizing treatment. Hizentra is a subcutaneous immunoglobulin derived from human donors, administered at 32 grams per week via a two-hour infusion. It managed to arrest Steven's decline and offered modest improvement in mobility and strength.

However, the treatment was associated with significant post-infusion fatigue. Steven reported that each infusion required approximately two days of recovery, leading him to schedule treatments on Fridays in order to recover over the weekend before returning to work. Despite stabilizing his condition, Hizentra did not restore neurological reflex activity. Throughout the period in which he received the therapy, reflex responses remained absent during neurological examinations.

Steven was informed that long-term immunoglobulin therapy would likely be required to manage his condition. The estimated cost of Hizentra therapy was approximately $20,000 per month

4. The Insurance Crisis

When a life change resulted in the loss of Steven's insurance coverage, the financial reality of his condition became immediately and devastatingly clear. Hizentra was now priced entirely out of reach.

Steven and his medical team explored every available avenue. He applied directly to Hizentra's manufacturer for compassionate access, but was told he needed Medicaid approval first. He applied for Medicaid, but four months later, no approval had come, and without it, the manufacturer would not release the medication.

His neurologist explored international sourcing through contacts in Mexico, where Hizentra was available at roughly half the U.S. price. This was not a realistic long-term solution. The remaining pharmaceutical alternatives were either medications that had already failed him or long-term high-dose steroids, which would carry catastrophic systemic side effects

> ***"The first thought was: I'm screwed. How am I going to live? How am I ever going to provide for my family?"***

Steven was facing a scenario with no viable path forward through conventional medicine. He had a confirmed progressive disease, a treatment that managed it but did not reverse it, and no way to pay for that treatment.

5. A Different Approach

Steven was introduced to Nexus Health through a trusted personal contact who was familiar with both the platform and Steven's medical history.

He was, by his own admission, deeply skeptical. He had tried alternative and natural medicine approaches multiple times over his twenty-year journey with CIDP, with results ranging from negligible to negative

> ***“I was probably more skeptical than most walking into this because I had seen some terrible situations in the past where it just didn’t do anything.”***

The Nexus Health onboarding process began with a comprehensive fasting blood panel and the upload of Steven's existing ancestry-based DNA data. This information was processed through the Nexus Health clinical reasoning engine, which analyzes laboratory biomarkers alongside genetic data to generate a personalized supplement protocol structured in phases and reviewed by licensed clinicians before delivery.

The platform uses a three-phase sequencing model: Stabilize, Repair, and Optimize. Phase 1 focuses on foundational system stabilization: gut health, methylation priming, circadian rhythm support, and nutrient loading. Phase 2 addresses core dysfunctions identified in the analysis, including inflammation modulation, detoxification support, and hormonal regulation. Phase 3 targets long-term optimization and resilience building.

What struck Steven most was the methodical nature of the approach. Rather than the trial-and-error pattern he had experienced in conventional neurology, which he described as "spray and pray," the protocol presented a sequenced, phased plan with clear rationale for each intervention. He could see what each phase was designed to do, why it was ordered that way, and how it built on the phase before it

6. The Protocol in Action

During the first few weeks on the supplement protocol, Steven did not experience the adverse reactions he had encountered during previous supplement trials. The protocol was tolerated without inflammatory flares or adverse reactions.

Early improvements were subtle but notable in terms of recovery time. Steven reported that symptom flare episodes that previously resulted in a week or longer of functional impairment resolved within approximately 24 hours. This level of recovery speed had not occurred during previous treatment with medications, including Hizentra.

Steven's functional mobility improved gradually over time. His reliance on assistive devices was reduced from a power wheelchair to bilateral support for ambulation and eventually to unilateral support.

> ***"It wasn't like an aha moment. It was like each little win just felt a little bit better each time. It was a methodical process rather than just, you feel all better, you don't feel any better. It was really just small moments."***

Steven was not taking any prescription medications during this period. His protocol consisted entirely of targeted supplements at a monthly cost of approximately $100 to $200, compared to the $20,000 monthly cost of his previous immunoglobulin therapy.

7. The Role of Nexi

Throughout his protocol, Steven had daily access to Nexi, the conversational AI interface integrated into the Nexus Health platform. Nexi operates within the context of each individual patient's report, meaning its guidance is personalized to the patient's specific genetics, lab data, and active protocol rather than generic health advice. All recommendations made through Nexi are logged and subject to clinical oversight. Nexi operates as a decision-support layer, not as an autonomous prescriber.

Steven used Nexi as a daily companion in his health journey. He would report symptoms, ask questions about his condition, and receive contextualized decision support. When he experienced persistent migraines, a common complication of his CIDP, Nexi surfaced contextualized decision support suggesting increased ginger intake in his daily routine. The

structured explanation was reviewed in context and meaningfully reduced the frequency of his migraines.

In a more critical instance, Steven's blood pressure became elevated due to external life stressors. Nexi provided structured explanations for clinician review, supporting a temporary adjustment: pulling one supplement from his protocol for four days, substituting another to support blood pressure regulation, and then returning to the standard protocol once levels normalized. The adjustment worked, and Steven's blood pressure returned to a healthy range.

> ***"It feels like you have a knowledgeable resource available around the clock that can answer your questions. Nexi never over-promises and under-delivers. It comes back and gives you real methods of trying to solve the problem with you in mind."***

When Steven communicated his anxiety about coming off Hizentra, Nexi acknowledged his concern and provided context before surfacing clinical guidance. Clinician oversight of all interactions is maintained throughout. Steven described this as feeling like he had an advocate alongside him, not a replacement for his care team.

8. Human in the Loop

One of the concerns most commonly raised about AI-driven health platforms is the question of clinical accountability. Steven addressed this directly: knowing that licensed clinicians were reviewing his protocol, his adjustments, and his progress behind the scenes fundamentally changed his confidence in the process.

> ***"My wellness journey is not being managed by a computer. It's being managed by a human leveraging a computer. That gives a lot more safety, a lot more empathy, and a lot more accuracy."***

Nexus Health operates on a clinician-led model. The platform generates protocols and recommendations, but every output is reviewed by licensed healthcare professionals before reaching the patient. Manual overrides are tracked, clinical reasoning is documented, and the full audit trail is maintained for transparency and compliance.

For Steven, this layer of human oversight provided a critical safety net. It also reinforced the distinction between what Nexus Health offers and what he described as the risk of having healthcare "in the hands of engineers." The technology enables; the clinician validates.

9. Lab-Validated Progress

To track and validate Steven's progress objectively, serial blood draws were conducted at three time points across the protocol period. The goal was to move beyond subjective self-reporting and establish measurable, repeatable biomarker trends that could be independently verified.

Three-Point Lab Comparison

System	Marker	06/18/25	07–08/25	12/22/25	Trend	Notes
Inflammation	ESR	42	36	—	↓ Improved	Reduced systemic inflammatory burden
Inflammation	hsCRP	2.7	1.4	—	↓ Improved	Significant inflammatory regulation
Neuroimmune	TNF-α	0.65	0.44	—	↓ Improved	Cytokine activity in functional range
Methylation	Homocysteine	11.2	8.9	—	↓ Improved	Improved methylation efficiency
Cardiovascular	LDL-C	148	139	—	↓ Mild	Trending downward
Omega-3	Omega-3 Index	1.82%	2.03%	—	↑ Improved	Still below optimal
Omega-3	EPA/AA Ratio	0.04	0.05	—	↑ Improved	Still critically low
Hormonal	TSH	3.94	3.13	—	↓ Improved	Better thyroid signaling
Liver / Detox	ALT	22	18	22	Stable	Normal liver function throughout
Kidney	Creatinine	—	—	1.12	Stable	Healthy kidney filtration
Metabolic	Glucose	—	—	95	Stable	Normal fasting range
CV Risk	Lipoprotein(a)	—	—	30 nmol/L	Optimal	Low genetic CV risk

Across the first seven weeks, Steven demonstrated measurable improvement in inflammatory signaling (ESR, hsCRP), neuroimmune cytokine activity (TNF-α), methylation function (homocysteine), and omega-3 status. His hsCRP dropped nearly 50% and TNF-α moved from elevated to within functional range.

The December follow-up confirmed that the protocol had not introduced metabolic stress. Liver function (ALT), kidney filtration (creatinine), and fasting glucose all remained stable and within normal ranges. Lipoprotein(a), a genetic cardiovascular risk marker, tested at an optimal level.

The clinical significance of these results is amplified by the fact that they were achieved without any concurrent pharmaceutical intervention. Steven was not on immunoglobulin therapy, steroids, or any prescription medication during this period.

10. December 22, 2025: The Follow-Up

On December 22, 2025, approximately seven months into his Nexus Health protocol, Steven visited his neurologist for a routine evaluation.

The follow-up laboratory panel indicated continued improvement across several systemic markers. During the neurological examination, the neurologist performed a reflex assessment, a test that had consistently shown absent response in Steven's prior evaluations. At this visit, a reflex response was observed for the first time in several years.

> ***“For the first time in years, when he hammered on me, I was reflexive. CIDP is a progressive disease. It doesn’t go backwards. Seeing that response after all this time was pretty show-stopping.”***

The return of reflex activity is clinically notable given Steven's long-standing absence of reflex response and the progressive nature of CIDP. By definition, CIDP erodes neurological function over time. The presence of a reflex response after years of absent findings indicated improvement in neurological function rather than simple stabilization.

Steven reported that his neurologist, who had previously expressed skepticism regarding supplement-based interventions, advised him to continue the current protocol based on the observed clinical improvement.

This case study does not make claims about mechanism or generalizability. The biomarker improvements and neurological findings are documented as individual observations within a single-patient observational report.

11. Quality of Life Today

Steven's functional capacity today differs substantially from the baseline established less than a year earlier. He is no longer dependent on a power wheelchair and is able to ambulate with minimal assistive support. He reports engaging in light physical activity and participating in routine daily activities that had previously been difficult or impossible. These improvements include the ability to perform several activities of daily living independently, including dressing, getting out of bed without assistance, and holding his grandchild.

> ***"I worried about being able to walk my daughters down the aisle when that time comes. The freedom and flexibility I have now through using something natural, it just changed my life."***

Steven continues to live with CIDP, a chronic condition without a definitive cure. This case study does not claim disease resolution. He continues to experience symptomatic days; however, he reports reduced frequency and severity of these episodes, shorter recovery periods following flares, and overall improvement in functional mobility compared with his baseline status.

The monthly cost for Steven's supplement protocol is approximately $100 to $200. His previous medication cost approximately $20,000 per month.

12. In Steven's Words

When asked what he would say to other patients facing a chronic diagnosis with limited options, Steven was direct:

> ***"You're not alone. It's not hopeless. There are ways to treat chronic illness that are truly data-backed and science-backed and medically validated by a clinician."***

His message to neurologists and clinicians who treat CIDP:

> ***"Don't feel limited by what the pharmaceutical companies are telling you. Look outside that box. A personalized, data-driven approach offers a necessary perspective alongside conventional care. This isn't pseudoscience. I'm a real patient with a real diagnosis, real labs, and real results. Look at the patient from a full perspective."***

Please note: Steven T. is a co-founder of Nexus Health. His experience as a patient informed his decision to join the company. Patients should always consult with their physician or specialist before making any changes to their treatment plan.

Steven acknowledged that CIDP is often called a "snowflake disease" because it presents differently in every patient. His argument is that this variability is precisely why a personalized, data-driven approach, one that considers the full picture of genetics, biomarkers, and lifestyle, may offer what standardized pharmaceutical protocols cannot.

13. Clinical Timeline

Date	Milestone
~2005	First symptoms present, lower extremity weakness and balance issues
2005–2015	Recurring episodes; treated as Guillain-Barré; years of normal labs except elevated CSF protein
~2015	MRI lesions appear; formal CIDP diagnosis confirmed
2023–2024	Medication progression: Privigen, Vyvgart Hytrulo, Hizentra
Early 2025	Loss of insurance; Hizentra ($20K/month) becomes inaccessible
May 2025	Enrolled in Nexus Health; analysis completed and protocol generated
June 18, 2025	Baseline labs drawn, elevated inflammation, suboptimal methylation
July–Aug 2025	Midpoint labs, measurable improvement across inflammatory and metabolic markers
Fall 2025	Progressive mobility gains; transitioning from power wheelchair to assisted walking
Dec 22, 2025	Follow-up labs confirm continued improvement; neurologist confirms return of reflexes

About Nexus Health

Nexus Health is a clinical intelligence platform that synthesizes laboratory biomarkers and genetic data to generate personalized supplement protocols reviewed by licensed clinicians. The platform includes BaselineONE for results visualization and clinical workflow management, and Nexi, a conversational AI interface for patient and clinician decision support.

Nexus Health operates as clinical decision support technology. It does not diagnose, prescribe, or replace the judgment of licensed healthcare professionals.

Core Principle: *AI will not replace doctors. Doctors using AI will replace doctors who do not.*

Disclaimer

This document presents a single-patient observational case study. It is not a randomized controlled trial, and results should not be generalized to other patients without independent clinical evaluation. The improvements described are specific to this individual and his unique biological profile, medical history, and protocol adherence.

All protocols referenced in this case study were generated by the Nexus Health platform and reviewed by licensed clinicians prior to patient delivery. Nexus Health does not provide medical diagnoses, prescriptions, or treatment recommendations outside the oversight of licensed healthcare professionals.

Steven T. is a co-founder of Nexus Health. His role and personal stake in the company are disclosed in the interest of full transparency. The patient profiled in this study has provided documented consent for the publication of his first name, diagnosis, and laboratory data.

Nexus Health is a clinical decision support platform. Patients should always consult with their primary care physician or specialist before making changes to their treatment plan. Any protocol generated by the Nexus Health platform should be reviewed by a licensed healthcare professional before implementation, particularly for individuals with diagnosed medical conditions or those currently receiving treatment.