Tuesday Minute Transcript

This Week's Topic

Using Bloodwork To Fine Tune The Immune System

"What I like about Dr. Schmidt's approach is that he discusses the use of common nutrients first before we get to the high tech approaches."

One of the fun parts for me about the Tuesday Minute is finding a way to simplify complex applications and present them in a practical, user friendly way. With some of the information, you may experience an "I forgot about that" moment; and once reminded, you will use it right away. Other information will be unfamiliar so you may have to get more details. You can use the links we provide to get a greater understanding.

The data I will be summarizing here comes from the work of Dr. Walter Schmidt, a chiropractic physician, who also holds diplomats in neurology and applied kinesiology. You can see the link below to hear an in depth audio webinar as he presents part one of a two part series on Simplifying Complex Concepts Of The Immune System.

Our immune system is like a finely tuned machine and when it has the right fuel, it runs smooth and efficient. If we provide the wrong fuels, we may get no reaction or an over compensatory reaction. What I like about Dr. Schmidt's approach is that he discusses the use of common nutrients first before we get to the high tech approaches.

There are two distinct parts of the immune system. The first is the innate or non specific part. The second is the adaptive or acquired part. The adaptive or acquired aspect can be split further into the cellular or phagocytosis fraction what some people term TH1. I think of it as hand to hand combat. The other part or TH2 is the adaptive arm and contains the humoral /antibodies fraction. I think of smart bombs when I describe that part of the immune system. The antigen is tagged and the antibodies seek and destroy it.

But regardless of the fraction the body decides to employ, we need the right amount and the right type soldiers to do the fighting. That's right, we're talking about the white blood cells. Let's start with a simple CBC to see what we can glean.

What a lot of people forget is that we need folic acid and B-12 for white blood cell production just as much as they are needed for the red blood cells. So when white blood cell

counts are low, ask yourself if there are any other clues that would lead you think folic acid deficiency.

Lab values have changed over the years as our society gets sicker. If we look to the lab values in the early 80's, we have a better picture of optimal health. Dr. Schmidt and others have gone back to these earlier lab values and found them consistent with a healthy immune system. Many doctors discuss what they feel are optimal lab ranges but the numbers I will discuss are based on Dr. Schmidt's clinical experience.

The lab optimal range for white blood cell counts is 5,000-10,500. Numbers over 10,500 reflect active infection. But if we see white blood cell counts less than 5,000, we want to know why? Let's look at the type of white blood cells present as well.

90% of the white blood cells are either neutrophils or lymphocytes. We should see neutrophils in the 56-75% range, lymphocytes in the 26-40% range. Here's another clue. If you see a low or normal white blood cell count and neutrophils less than 56 %, a "piece" to a folic acid deficiency puzzle is staring at you.

Now let's tie that information to red blood cell maturation levels. Let's look at MCV, Mean Corpuscular Volume. As red blood cells mature, they get smaller. So if we see larger MCVs, that is an indirect correlation that the major nutrients folic acid and B12 which are needed for maturation are not available. So if MCVs are 91 or greater, the probability is strong there is a need for folic acid and B12.

I mention folic acid and B12 because they should always be supplemented together. Serum values for these nutrients are not reliable but the functional evaluation of what the cells need is a better indicator. Folic acid is needed for rapid cell growth and division.

Another functional indicator of folic acid and B12 is MCH, Mean Corpuscular Hemoglobin. If the level is 32 or higher, this is a further indicator. So here's the complete picture. If we see a low or normal white blood cell count, neutrophils below 56%, an elevated MCV over 91, and a MCH over 32, we can be pretty sure a need for folic acid and/or B12 deficiency exists.

The lymphocytes mature in the thymus. So if the lymphocytes are low, Dr. Schmidt has found thymus tissue and spleen tissue to a lesser extent to be extremely valuable in increasing low lymphocytes. 80% of the time he finds thymus tissue to be effective. 20% of the time he uses spleen tissue. With high or elevated lymphocytes, Dr. Harry Eidenier and his group have found them to be consistent with a chronic virus which can also be treated using thymus tissue.

Speaking of thymus tissue, Dr. Schmidt goes on to say that from his clinical experience, chronic or lingering coughs which occur or persist after an infection has passed will often respond to thymus and spleen support, again in that 80/20 ratio thymus to spleen.

For supplementation of B12 and folic acid, Biotics Research makes a B12-2000 lozenge that contains 2000 mcg of B12 and 800 mcg of folic acid, as well as 2 mg of pyridoxal-5-phosphate in a tasty cherry flavor. It's important to have the patient allow the tablet to dissolve in the mouth for maximum absorption. They also make a 5 mg folic acid tablet, Folate-5 Plus with B12.

In terms of thymus tissue, Biotics uses bovine neonatal glands from 1-3 day old animals called Cytozyme-THY. Neonatal tissue is anabolic by nature whereas older adult thymus tissue is declining in activity. If you have never looked into Biotics line of neonatal glands, please do yourself and patients a favor and investigate the depth, purity, and activity of the line.

Thanks for reading this week. Remember you can click below for more information and Dr. Schmidts' presentation. I'll see you next Tuesday.