

## Tuesday Minute Transcript

This Week's Topic

# A Major Warning Sign For Iron Overload



**"The "% of Transferritin Saturation" is a major warning sign for iron overload and if detected early could save someone's life."**

How often do we need laboratory blood tests? It's a good idea for all of us to have a blood test every few years just to look for silent markers that may have far reaching effects. There are tests that can be essential to predict and prevent disease and are worth the investment.

The tests I would like to see everyone get at least every other year are "a Comprehensive Chemistry Panel," a Fasting Serum Insulin," "25-hydroxy vitamin D," "Complete Thyroid Profile," and "total cholesterol" with all its sub fractions. Other tests which are inexpensive but essential are: a "Complete Blood Count" or CBC with differential, a "serum iron," "Serum Ferritin," and a "Total Iron Binding Capacity" or TIBC.

Not only can we pick out various types of anemia, but



we can predict and prevent many other serious diseases. For example, insulin levels around 6 are optimal; but if the levels rise over 10, patients could be inching towards diabetes. Sure it may be years away but clearly too many sugars in the diet are causing a problem.

Tests for vitamin D levels, which are now one of the most ordered tests even by traditional medical doctors, will help prevent many types of cancer and autoimmune

conditions. Optimally it would be great to have numbers over 50 ng/ml for maximum protection. We have over twenty thousand genes and as many as 3,000 of them need vitamin D to function at their capacity.

Another good test to add, which costs pennies, is the "reticulocyte count." This is a great test that can rule out microscopic bleeding, one of the main side effects from non-steroidal anti-inflammatory drugs (NSAIDs). These

pain medications are the number one selling class of over the counter drugs. So if patients are taking any type of NSAIDs, remember a reticulocyte count.

There is one particular test I would like to focus on called the "% of Transferritin Saturation" which is a major warning sign for iron overload and if detected early could save someone's life. Dr. Harry Eidinier emphatically states "Iron overload is often silent, meaning no symptoms, and can result in liver cirrhosis, bacterial infections, dementia, arteriosclerosis, diabetes, bronzing of the skin, arthritis, and stroke."

I'd like to thank Dr. Eidinier, who continues to inspire my interest and understanding in blood chemistry, for this information. Here's how to perform the calculation. Multiply the total serum iron by 100; and divide the result by the Total Iron Binding Capacity (TIBC). If that number is greater than 50, Iron overload or hemochromatosis should be ruled out. If the serum ferritin, which is the second most abundant iron bearing protein in the body is elevated, the chances of iron overload is increased.

In terms of numbers, if the serum ferritin levels are above 200, an aggressive program should be employed to reduce levels. Think about what is happening when you have excess iron: excess iron means excess free radical production. Remember the four channels of elimination: the bowels, the kidneys, the lungs, and the skin? We want excess iron to leave via the bowel, so we have to make sure we have healthy transit times and a high fiber diet.

Patients should eat foods that inhibit iron absorption, which would be foods high in oxalic acid except spinach and foods that contain phytates except wheat. Obviously we want to avoid cooking with any iron utensils and drink a pure source of water. We also want to avoid any sources of naturally occurring iron such as red meat, organ meats, spinach, soybeans, wheat, corn, and leaf lettuce.

In terms of supplementation, we want to increase the minerals that are antagonistic to iron, especially the ones the patient may be deficient in. So increasing zinc, manganese, molybdenum, and copper is essential. This is one reason why I primarily suggest using a complete vitamin mineral without iron to make sure we have the proper minerals to push out any excess minerals that may be accumulating.

There are many food based natural chelating agents available. One that has performed consistently is Porphyra-Zyme by Biotics Research and can be used at four, 3 times a day. Consider using a homeopathic formula called Heavy Metal Detox by 21st Century. I use ½ capful, twice a day. A good antioxidant like BioProtect should also be employed as well as enough magnesium to cause a loose but formed stool. You can see the notes below for further details.

Recommend periodic blood test for your patients. Lab technology has come a long way. Let's take advantage of it. It's always nice to be able to repair things before they get broken. That goes for our patients as well as ourselves.

Thanks for reading this week's edition. I'll see you next Tuesday.