

Nutritional Silver Bullet Treatment Options

"The body wants to spring back to health once fed the nutrients it needs to repair and here are some "silver bullets" to add to your treatment options."

I'd like to pass on some "silver bullets" for menstrual cycle symptoms, restless leg syndrome, ulcerative colitis, and hidden causes for low calcium. My thanks to Dr. Harry Eidenier for these treatments from his CD series "Nutritional Silver Bullets and Clinical Pearls."

With menstrual cycle symptoms, we are all familiar with the use of calcium, magnesium, B complex, iodine and other products such as Bio-Pause AM and PM, Gamma-nol Forte with FRAC along with GLA to ameliorate the symptoms such as pain, mood changes, concentration and behavior issues associated with menses. However, when females were supplemented with manganese at 10 mg per day irrespective of other support, their symptoms improved dramatically.

Manganese is a component of PMT and Equi-Fem, two multiple vitamin mineral formulas for women from Biotics Research. There's also



Mn-Zyme which contains 10 milligrams of manganese, the suggested dose. Manganese is a critical component of superoxide dismutase which is the major free radical scavenger in the mitochondria. Manganese is necessary for normal thyroid function as well as being a synergistic mineral for potassium, zinc, magnesium, iron and phosphorous.

Now that there's a side effect ridden pharmaceutical approach to restless leg syndrome, your patients will start asking you for alternatives. Vitamin B12, as B12-2000 Lozenges at four a day,

Folate-5 Plus which is a 5 mg folate tablet at four a day, Mg-Zyme or Mg-Orotate 500 at bedtime to bowel tolerance is a good place to begin. Iodine as Liquid Iodine Forte or Iodizyme-HP and vitamin E as Bio-E Mulsion Forte are also helpful in many cases.

Don't continue treatment for 6 months; if improvement is going to happen, it will begin in 21 days or less. Remind your patients not to chew the B-12 2000 Lozenge. It tastes so good, the natural tendency is to chew it; however, this reduces its effectiveness. Tell patients to let it

dissolve in their mouth and swallow the liquid as it dissolves. Also check to insure they are getting a good source of raw oil in their diet.

The literature suggests iron as a consideration, although it generally only occurs with patients over 50. Dr. Eidenier always looks for dehydration, a need for iron, iodine, chloride (as in Celtic Seas Salt) with cases of leg cramps.

He states that his clinicians don't solve all restless leg syndrome problems. However, it's such a nasty problem and pharmaceutical treatments are so unfriendly, the supplemental program is worth a try.

With ulcerative colitis, the first reports indicating that parathyroid tissue and calcium had a positive effect in the treatment of ulcerative colitis came from Dr. W.F. Koch and Dr. William Henry Harrower. Dr. Harrower wrote the book "Practical Endocrinology." Since both doctors indicated that parathyroid tissue was efficacious for ulcerative colitis; several doctors agreed to add parathyroid tissue as Ca/Mg-Plus at 3 tablets, twice a day to unresponsive patients with ulcerative colitis. These were patients who made dietary changes, supported the gut and addressed dysbiosis yet still had little or no success. Dr. Eidenier shared, more than 50% of the doctors that were asked to consider the addition of Ca/Mg-Plus found a complete resolution for patients with ulcerative colitis.

Remember, these were patients who had been through all of the normal alternative therapy such as diet, improved gut health, etc. with little or no success; they were not patients who were given Ca/Mg-Plus alone.

Also in these tough cases always rule out a sub-acute thyroid hypofunction, either primary or secondary to the anterior pituitary. The in-

formation on thyroid hypofunction and bowel disease is right out of the American Journal of Medicine and has worked time and time again when other more common treatment modalities have failed.

Let's look at low serum calcium. The relationship between serum calcium and serum albumin is fairly simple. A good deal of the calcium in your blood is bound to albumin. For the most part when you see decreased serum calcium it is generally not a calcium need. Rather, either a decrease in albumin or an inability to digest the calcium which would suggest a need for hydrochloric acid. Medical societies and many of the hospitals in this country are now indicating if you go into the hospital with an illness and albumin is low, the probability of you coming out of that hospital alive is reduced significantly.

Two ways to increase serum albumin is to have the patient wash their hands with pure soap not less than 6 times a day and supplement with Cytozyme-THY at 3-4 tablets, three times a day.

Dr. Eidenier comments that when he first saw the information on washing hands and serum albumin he felt it was probably more hype than fact, but through the years he has found the hand washing to be an excellent means for raising serum albumin and there by strengthening the patient's immune system.

The four conditions mentioned here may not be seen every day, but it's helpful to be reminded, as natural practitioners, we have "silver bullets" available in our treatment options. And thankfully, the body really does want to spring back to health once fed the nutrients it needs to repair.

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