The Tuesday Minute

Nutritional information.... one byte at a time

This Week's Topic

Tongue Diagnosis . . . Signs Of Nutrient Deficiencies

Have you ever looked but not seen? It's kind of a play on words, but the reality is "if you don't know what you are looking for, you'll never see it." I believe that happens to all of us every day as our patients are showing us physical clues that determine nutrient deficiencies. Yet because we are not looking for them, we don't see them. For example, if you look at a person's tongue you can see all kinds of things. The Chinese have a whole science of tongue diagnosis. Entire books are written about it.

When I see a patient I always observe their tongue and look for the following things. First, I look for cracks or grooves in the tongue itself. This is a warning sign that the patient is low in B-vitamins, particularly B12 and folic acid. Consider using at least 1000 mcg of each. It could also be a need for zinc, so the zinc taste test would be worthwhile as a follow up.

Another sign of vitamin B deficiency regarding the tongue would be scarring, or a purplish/magenta color. Does the tongue looked scalloped on the edges? That condition is often caused by food allergies or a zinc deficiency. If you see a pink colored tongue instead of the normal color, it is a sign of anemia.

By the way look for another sign to confirm anemia. Pull the lower eyelid down and look for a healthy pinkish red color. However if the eyelid is a pale color, that's another sign of anemia, usually iron anemia. If both of the signs are positive, blood work should be ordered to get a baseline.

Don't forget to order the ferritin as well. Sometimes the patient will have adequate iron but their ferritin is low. Usually adding some form of chlorophyll and addressing gut health will help. The usual causes for iron anemia are lack of iron containing foods, digestive problems, some form of bleeding like heavy menstruation, or excess use of NSAIDS. Everybody is afraid of too much Iron particularly in men, but a deficiency of iron can really take the steam out of life.

A burning sensation in the mouth can be a B6 deficiency. If this is the case, ask the patient if they remember their dreams. Dr. Carl Pheiffer in his book "Mental and Elemental Nutrients" describes how people who can't remember their dreams are often low in B6. A metallic taste in the mouth can be a heavy metal burden and should be followed up.

If there are cracks in the corners of your patient's mouth, again think B complex, but this time with an added emphasis on the G fraction of the B complex, namely riboflavin. I use Bio-GGG-B from Biotics.

Have you ever seen a shiny or smooth tongue? That's another indicator of a need for B12 and folic acid. When I recommend B12 I like to use B12-2000 Lozenge from Biotics. It has a nice

cherry flavor and is best used when it is slowly dissolved in the patient's mouth. The problem is that it tastes so good everybody wants to chew it up.

Remember if someone is low in B12 and folic acid, they could be vegetarian or perhaps have a deficiency of HCL. HCL is necessary to make the intrinsic factors needed to utilize B12. That's why the oral forms of B12 are so effective.

Most of us are familiar with the white or debris coated tongue which usually means gut issues and may involve a yeast called "Candida albicans." When I see this, I always start with digestive support like Hydro-Zyme and liver /gall bladder support using Biotics Beta-TCP.

Many of the bugs in the gut don't like the environment of food properly digested and healthy bile flow in the intestines. Bile is a big factor to change the pH back to normal. In the correct pH, toxic organisms can't survive and multiply as easily. The body's natural defense mechanism takes charge. I also add dietary changes like the ones mentioned on the "Food for Life" CD.

After taking all these measures and I still don't see results after 30 days, I would focus on a more aggressive dysbiosis or yeast reduction program.

How about an enlarged or beefy tongue? Dr. Harry Eidenier has found that this is a need for adrenal support and uses ADB5-Plus with a good phosphoralated form of a B complex.

This may be a good time to remind you that some people don't convert B vitamins properly to the active phosphoralated forms the body requires to use at the cellular level. I remember learning about a blood test called the anion gap. This is a computation that combines the total of sodium and potassium. The total of chloride and CO2 is then subtracted from the sodium /potassium total. If the difference is 13 or higher, chances are pretty good that a thiamine need is present.

I remember seeing an anion gap around 18 and was so excited to tell the patient I could fix her symptoms of weepiness, fatigue, and a general feeling of being spaced out simply by giving her thiamin. She proceeded to tell me that she was already taking between 100 and 200 mg of B1 in a stress formula and had been taking it for several months. I asked her to try Bio-3B-G which is only 1.5 mg per tablet of the phosphoralated form of B1 called "cocarboxylase." I was pleasantly surprised to find out that she was 80% better in 30 days at her next appointment. I had her take 3 Bio-3B-G every hour for 10 days, then 9 tablets a day for the remaining month. This sounds like a lot, but the ten day dose was only about 50 mg of the cocarboxylase form per day and then 20 days of only 13.5 mg.

If you find this particular topic helpful, there are other Tuesday Minutes which cover additional signs to look for with your patients. We can learn so much from the skin, hair, nails, breath, and eyes if we know what to look for. Training your eyes to see those "physical clues" your patients are showing you, can be a useful diagnostic tool.

As long as I'm on the subject of your eyes, thanks again for reading the Tuesday Minute each week. I'll see you next Tuesday.