The Tuesday Minute

Nutritional information.... one byte at a time

This Week's Topic

Using A Nutritional Software Program With Your Patients

Ever see patients on prescription meds? That's a stupid question, because sadly enough, almost all our patients over 50 are on one form of medication or another. And, as we know all medications will produce side effects if we take them long enough. But one of the reasons that they produce side effects is because they deplete nutrients.

The birth control pill will deplete zinc, B6, and B12. Statin drugs deplete CoQ10. Diuretics deplete thiamine and minerals, especially magnesium and potassium. NSAIDS cause internal bleeding and as a result can reduce the factors that make healthy blood, namely iron, B12, folic acid, B6, copper, zinc, and molybdenum.

Do you have patients who drink tap water? Of course you do. Whether they know it or not they are ingesting a chlorine/ fluorine cocktail that we know depletes iodine.

Since I am mentioning iodine depletors, let's not forget the commercial dough conditioners that now contain bromine which many researchers feel is a major contributor to breast cancer. The halogen cocktails of bromine, chlorine, and fluorine push out what little iodine we get from our food.

I think you are getting my point! How can you possibly take the time to identify all the vitamin mineral depletors that your patients are ingesting every day?

We take supplements to build cell reserves. But our patients are eating and drinking things we sometimes forget 'to compensate for ' that are stealing the very nutrients that we are trying to replenish. That's why using a software program like the health assessment software is so critical with every patient.

The questionnaire has a list of drugs that are commonly taken and if checked off, nutrients are identified to balance the drug depletions. The same identification takes place for dietary habits as well. The beauty of this software, however, is that it also analyzes blood to look for depletions.

Let's take thiamine for example. I need to go back to a point I made earlier... "Medications produce nutrient deficiencies". Thiamine for example is frequently depleted when patients are on diuretics.

Dr. LaVelle has a Ph D in pharmacology and he's the author of several books. He has spoken empathically on a number of occasions about the loss of thiamine and other b vitamins when patients are on diuretics.

What happens when thiamine is not present in the Krebs cycle? There is a lactic acid build up. This lactic acid build up can cause inflammation on nerve roots, fatigue, and severe pain, among other things.

Often Blood sugar is increased because glucose is not burned efficiently. Using Thiamine for elevated glucose when there is a B1 deficiency has been a big factor in several diabetics I have worked with. It is one of those nutrient changes that patients really feel.

Here's the picture for a Thiamine deficiency: first the anion gap is increased above 12. The anion gap can be calculated by adding Sodium and Potassium and subtracting CO2 and Chloride. Often the method of laboratory calculation uses only Sodium and subtracts the CO2 and Chloride, but for our calculations use both Sodium and Potassium and subtract the sum of CO2 and Chloride.

As mentioned earlier, glucose may be elevated with thiamine deficiency. Hematocrit and hemoglobin may also be normal to decreased.

The gold standard for thiamine deficiency, however, is a RBC transketolase, though it is expensive. But when the CO2 is below 25 the probability of systemic acidosis and a thiamine deficiency is very high.

Dr Harry Eidenier in his Blood Chemistry Manual comments that irrespective of the CO2, anion gap, or even RBC transketolase, if one or more of the following subjective indicators are present, supplementation with Thiamine should be considered; cyclic personality, hypoglycemia, low blood pressure, Increased sense of taste, smell, or hearing, unwarranted fear of impending doom, chronic need for HCl (although we want to make sure we have the cofactors zinc and Celtic salt with HCl deficiency), carbohydrate sensitivity, excessive use of alcohol, drugs, or refined foods.

Just as Pyridoxal-5-Phosphate is the preferred form of B6 in many cases, Thiamine in the phosphorolated form called co-carboxylase should be used therapeutically. I have seen several patients who have had elevated anion gaps and took hundreds of mg of B1 but when given co-carboxylase responded therapeutically and clinically on lab tests in 30 days.

Use Bio- 3B-G from Biotics Research at 1-2 tablets per waking hour for 10 days then 4 tablets 3 times per day. 2 tablets of Bio3 B- G gives you 3 mg of B1 so even if the patient is awake for 16 hours they will still only get 48 mg of B1. Add BioGlycozyme at 2 tablets tid to support blood sugar. BioGlycozyme is a premier product for functional low blood sugar.

If the patient's systolic blood pressure is reduced below 105 mm, or drops more than 10 mm from the recumbent to the standing position, add further adrenal support in the form of ADB5 plus, 2 tablets in the am and 2 at noon. ADB5 Plus is an adrenal supplement product primarily used for low cortisol and has been very effective to rebuild tired adrenals. Of course we want to reduce the refined carbohydrates, fruit juices, wheat, and dairy.

Can you see why I mentioned that a good software program would save you time to help assess the nutritional needs and compensate for the use of pharmaceutical agents and dietary factors that your patients consume? Symptoms can yield one piece of the puzzle, and blood another. But to have something in your office that summarizes data for you is really an asset.

Join us for a one-day workshop. See dates below. This user-friendly practical workshop will review the use of the health assessment software and clinical applications of the 3 step detox. Whew! That's going to be a full day! Let us know if you have any questions. Thanks for checking in this week.