

MORE

SILVER BULLETS

by Ronald L. Myers, CNC

I presented the information contained in this issue at a seminar in Indianapolis with George Goodheart, D.C. and Harry O. Eidenier, Jr., Ph. D, N.M.D. If you missed that seminar, here is the information for the benefit of you and your patients; if you were at that seminar, here is a little reminder for the benefit of you and your patients.

HOW TO BACK UP PRODUCTS FOR GREATER EFFECTIVENESS

Biliary stasis

Beta TCP—The primary application of this product is to thin the bile in biliary stasis. Most patients presenting with this condition will also have hypochlorhydria. This must be addressed to allow for the hormonal control of biliary function. This being addressed, what if biliary function is still not normalized? Other things to consider:

Oorganik-15—The BRC Catalog says this product provides “Methyl donors and acceptors”. If you read e-Bytes (Issue 14) you already know this product is Trimethylglycine (TMG). The Merck Index says that TMG and betaine are the same substance. Physicians I work with have had good results in these cases by adding **Oorganik-15** to the patient’s regimen.

Phosphatidylcholine—This is a thinning agent and a bit of a detergent for the liver. If needed in addition to the above two products, it will get the job in restoring optimum gallbladder function.

Hypopituitary Function

Cytozyme Pt/Hpt—Use this for pituitary support and balance. If you are using it in a patient presenting with hypopituitary function and the condition is not resolving consider:

Mn Zyme Forte—Manganese is a pituitary precursor and can be valuable in resolving hypofunction.

L-Arginine—The Merck Index classifies Arginine as an aid to pituitary function. Be aware using L-Arginine may cause an increase in growth hormone and Gastrin secretion.

Thiamine Need (Krebs Cycle Dysfunction)

Bio 3B-G—This product provides food grade thiamine and other B complex factors. The thiamine in this product is in the form of cocarboxylase or thiamine pyrophosphate, different names for the same substance. As the name indicates, this form of thiamine is a co enzyme. This product produces RESULTS when used in the correct application. Increased Anion Gap (>12), decreased CO₂ (<26); symptoms of fatigue, depression, irritability before meals, craving for caffeine and sweets (Krebs Cycle impairment, sugar-handling problems) are where this product really shines. In the *compliant* patient who is not getting expected results consider:

Flax Seed Oil—Essential fats are needed to build the substrates for enzymatic activity.

Co Q Zyme 30—Provides 30 mg of emulsified coenzyme Q10 for electron transport through the Electron Transport Chain. If the patient has been taking statin drugs, Co Q supplementation is indicated.

Adrenal Insufficiency

Cytozyme AD—Provides neo-natal adrenal gland tissue. If the patient presents with adrenal insufficiency and decreased cholesterol, consider the following:

Pregnenolone 10mg—Provides 10 mg of Pregnenolone per tablet. We have had good results using a tablet with breakfast and lunch in this application while we are working to increase the patient's cholesterol. We may supplement them with Flax, but we always insure they are NOT following a low or no fat diet, and are avoiding hydrogenated oils and trans fats.

L-Tyrosine—According to Braverman and Pfeiffer, Tyrosine can function as an adrenal precursor. We have found it most helpful in turning around what you might call your “ten-percenters”.

Atherosclerosis/Arteriosclerosis (see e-Bytes Issue 10)

PorphyraZyme—Chelates divalent metals as well as DMPS. Suggested dose is 4 tablets one hour before each meal (3 times daily). To speed the process, consider the following:

Intenzyme Forte—Provides live proteolytic enzymes to facilitate plaque breakdown. Dose at 8 tablets on arising and at bedtime.

Super Phosphozyme—This is a blood thinner and calcium synergist. It can be helpful in removing plaque from the arteries in combination with the above products. Dose at 2 tablets three times a day on an empty stomach for no more than 60 days without re-evaluating.

Osteoarthritis

Osteo-B-Plus—Premier bone support formula available today. Product contains Vitamin K, which is required for acceptance of calcium into the osteoblasts. Osteocalcin is a protein produced by the osteoblasts, and is utilized within the bone as an integral part of the process of its formation. However, osteocalcin must be carboxylated before it can be effective in bone formation. Vitamin K functions as a cofactor for the enzyme that catalyzes the carboxylation of osteocalcin. Osteo-B-Plus also contains boron. A study by the U.S. Department of Agriculture showed that a test group of postmenopausal women taking 3 mg/day of supplemental boron lost 40% less calcium and 33% less magnesium and phosphorous in the urine. A few years ago BRC added silica from raw cane to the product. If you have not used Osteo-B-Plus try it you and your patients will like it. Dose at 2 tablets with each meal.

BioProtect—This is a broad spectrum anti-oxidant product that is balanced. Dose at 2 capsules with each meal.

Super Phosphozyme—As a calcium synergist it helps break down spurring, lipping, etc present with osteoarthritis. Dose at 2 tablets with each meal for no more than 60 days.

Purified Chondroitin Sulfates—These are amazing! Not only does PCS help rebuild cartilage, it is also anti-inflammatory AND anti-atherogenic! Imagine, taking a supplement to rebuild cartilage and benefiting your cardiovascular system as well. Dose at 2 tablets with each meal.

Hydrozyme—Most arthritics are hypochlorhydric. Dose at 2 to 4 tablets with each meal.

MG Zyme—If the patient is constipated, along with increasing their water consumption, dose magnesium at 4 tablets at bedtime.

Patient should ABSOLUTELY avoid citrus fruits and juices and white sugar!! Patient compliance with this protocol can result in elimination of pain in 30 days or less.

Hiatal Hernia (non-surgical repair)

Purified Chondroitin Sulfates—Dose at 2 tablets with each meal.

Cytozyme H—Dose at 2 tablets with each meal.

Make sure that patient knows how to keep the stomach pulled down out of the diaphragm. Takes about 6 weeks for complete repair.

Strains/Sprains

Intenzyne Forte—Dose at 10 tablets as soon as possible after the injury occurs, and then 5 tablets 4 times daily on an empty stomach until pain and swelling disappear.

Chondroplus—Dose at 2 tablets with each meal.

ALWAYS, ALWAYS, ALWAYS START WITH THE G. I. SYSTEM!

Up to 90% of our population may be hypochlorhydric. The G.I. system is a pH-regulated system and the regulation starts in the stomach with production of HCl. Hydrochloric acid production is dependent on hormonal release (gastrin) and the presence of adequate co-factors such as sodium, chloride, zinc, thiamine and WATER! The human G.I. system needs 7 to 8 liters of water daily to function. Thankfully, we don't have to drink that much water everyday most of it is reabsorbed. But we do have some loss through perspiration, urine and fecal matter, and this must be replaced in the food we eat and by drinking it!

Some common causes of hypochlorhydria are use of NSAID's, antacids and dietary deficiencies.

Common subjective indicators of hypochlorhydria are loss of taste for meat, halitosis, ulcers, belching, gas/bloating shortly after meals, heartburn and body odor. The main laboratory indicators of hypochlorhydria are total globulin greater than 2.8, serum phosphorus less than 2.9 and serum gastrin less than 40.

Since pH regulation begins in the stomach, you are well advised to always treat the G.I. system from **NORTH** to **SOUTH** and then support south as needed. Hypochlorhydria, if not corrected, can lead to dysfunction of other organs of digestion, the pancreas and gallbladder specifically. Peer-reviewed studies have shown that for the hormones of digestion (cholecystokinin and secretin) to operate properly the chyme entering the pylorus must be pH 3.0 or less.

Supporting the G.I. system sounds so basic; and it is. But without a functioning G.I. system the patient's ability to digest and absorb the concentrated nutrients you will be giving them as part of their protocol is at best, impaired. Many people do not produce enough hydrochloric acid to digest their food let alone concentrated nutrients.

If your nutrition programs are not meeting with the success they used to, you have to ask yourself, why not? Could it be you are not addressing the basics first? Remember Vince Lombardi, one of the all time great football coaches. He knew how to win football games and he taught his players how to as well. His secret was NEVER FORGET THE BASICS! The human G.I. system is central (basic) to everything else in the body. If the basics are weak or not able to function the whole structure (your nutrition program) will crash or not meet with the success you and the patient had hoped for.

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