

# SILVER BULLETS

## PART FOUR

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In this issue I will present a few of the moldy oldie silver bullets that have become oldies because they have stood the test of time; they worked years ago and they still work now. I will also present more recent versions of these treatment options that often times provide results when nothing else has.

### **THE OLDIES** (But goodies)

Chlorophyll as a pain killer? Tissue injury will often result in the formation of pyruvic acid and guanidine. These tissue toxins can cause pain. Years ago, chlorophyll was found to be a natural antagonist to guanidine and able to neutralize it providing an expected reduction in pain. Consider **ChloroCaps** in this application. In more recent times, parathyroid hormones have been found to have a marked influence on neutralizing these poisons. In cases that do not respond as hoped to **ChloroCaps** alone, consider adding **Bio-D Mulsion Forte** and **CA/MG Plus** to the patient's regimen. Years ago, some dentists used to use chlorophyll to prevent pain after dental work, they would pack the socket with chlorophyll immediately after extracting the tooth. It worked as a natural, no possibility of toxicity pain killer.

**Liquid Iodine Forte** (iodine) will thin secretions and will increase secretions (dry mouth, vagina, caustic stool).

Bile salts (**Beta Plus**) and iron (**FE-Zyme**) will help to thicken secretions.

Sore throat and hoarseness (not due to infection) will frequently respond to Vitamin D (**Bio-D Mulsion Forte**) and parathyroid tissue (**CA/MG Plus**).

Children with low I.Q., rule out iron deficiency with or without anemia. Clinical and peer-reviewed evidence indicates iron need is common with lower than normal I.Q. Consider **FE-Zyme** at 1 to 2 tablets daily.

With children who do not grow as expected, consider possible zinc need (**ZN-Zyme**) and possible anterior pituitary hypofunction (**Cytozyme Pt/Hpt** and **Gammanol Forte**). These children should NOT be on a low or no fat or low or no cholesterol diet!

Body odor and bad breath are usual signs of hypochlorhydria; consider **Hydrozyme** or **Betaine Plus HP** (and **Beta TCP** for run-you-out of the room bad breath).

## **TODAYS SILVER BULLETS**

Short term memory loss—consider rubidium (**RB-Zyme**) and **Phosphatidylserine**. In geriatrics consider adding **Nuclezyme Forte** to their program for the additional RNA/DNA, zinc, magnesium and B vitamins it provides.

After dehydration, the need for calcium or magnesium and iron anemia have been ruled out as the cause of nocturnal muscle cramps, consider sodium deficiency (Celtic Sea Salt).

Avoid vanadium-containing supplements with bipolar or manic depression, vanadium blocks lithium uptake.

Foot odor indicates probable magnesium need. Consider **MG-Zyme** beginning dose of 4 tablets at bedtime and increasing by 1 every third day to bowel tolerance.

If the addition of fiber and increased pure water consumption along with liver, biliary and thyroid support (if indicated) have not resolved a difficult case of constipation, consider probable magnesium need. Beginning dose 4 tablets at bedtime of **MG-Zyme** increasing by 1 tablet every third day until loose stool occurs. Magnesium is best taken on an empty stomach, if taken with meals, especially fatty meals it turns to soap and is not absorbed. Patients who are severely magnesium deficient may require 15 or more tablets of **MG-Zyme** before loose stools occur.

Vitamin A (**Bio AE Mulsion Forte**) and thymus tissue (**Cytozyme THY**) are often helpful in treating hyper thyroid function. For cases that do not respond to the aforementioned nutrients consider adding lithium to the patient's regimen as **LI-Zyme Forte** 1 to 2 tablets t.i.d.

With the exception of vegetarians, Vitamin B12 deficiency is almost always secondary to hypochlorhydria with resulting inability to produce the intrinsic factor. With vegetarians, need for B12 is usually dietary. Non-vegetarians consider supplementing with **Hydrozyme** or **Betaine Plus HP**. With vegetarians consider supplementing with **B12 2000**.

Frequent night urination (without daytime frequency), indicates a need for thiamine (**Bio-3B-G**).

Lactic acidosis (inc. Anion Gap, dec CO<sub>2</sub>) that does not respond to dietary changes, thiamine and magnesium supplementation—suspect parathyroid hypofunction. **CA/MG Plus** 2 tablets t.i.d.

When I was in private practice, I had a new patient come in that I was sure, by her appearance, probably had a “sweet tooth”. So I asked her if she ever craved sweets, much to my surprise she said “no”. A week or so later when I received her diet survey back I understood her answer. She ate sweets ALL DAY LONG and in my opinion never had time for a craving to begin. She beat it to the punch every time. For your patients who crave sweets consider this, it works more times than not. Many times I think a “fat tooth” is mistaken for a sweet tooth, since it is the fat that carries the flavor. Consider **Beta Plus** (bile salts) to help the patient overcome their biliary insufficiency and their “fat” tooth or “sweet” tooth, whichever you prefer, will soon be a thing of the past.

Consider probable riboflavin need for your patient with burning feet, especially if the skin also peels off their feet. (**Bio GGG-B**)

Consider **CA/MG Plus** at 3 tablets b.i.d. on an empty stomach for patients with chronic, recurring hiccups. They will love you for it; especially after all the “sure thing” folk remedies have been tried and not worked!

Migraine headaches can be a nightmare for the patient and also for the health care professional attempting to develop an effective treatment regimen to resolve them. After you have tried everything else; structural corrections, dietary changes, supplementation, without success consider adding **Phosphatidylcholine** to their program. Some years ago, a colleague of mine came across an article raising the possibility of a choline deficiency in a percentage of migraine sufferers. They supported their case with red cell choline values that were decreased and with successful resolution of the headaches using, of all things, choline supplementation. So after you have tried everything else without the success you and the patient were hoping for, consider this; a bottle or two of **Phosphatidylcholine** will be far less expensive to the patient than a red cell choline study to resolve their migraines.

Frontal headaches (forehead, over the eyes) are usually due to G.I. dysfunction (**Hydrozyme** or **Betaine Plus HP**); if they are just over the *right* eye, consider biliary involvement (**Beta TCP**).

To resolve chronic pituitary hypothalamus hypofunction consider the following: Clinical evidence strongly suggests that short-term high doses of **Cytozyme PT/HPT** may be required to successfully address long standing dysfunction with these endocrines. Begin at 2 tablets t.i.d. and increase by 1 tablet every three days until the patient begins to experience symptoms of nausea, bowel changes and symptoms similar to motion sickness. I recommend advising the patient in advance to expect the onset of these symptoms, and that developing these symptoms after beginning this therapy is a good sign that it is working. As the symptoms occur, begin to reduce the dose until the symptoms abate and remain at that dose until the symptoms reoccur or the patient is completely asymptomatic.

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