

SYNDROME X

or is it

METABOLIC SYNDROME?

or is it

DYSINSULINISM??

or is it

PRE-DIABETES???

or is it

.....????

by Ronald L. Myers, CNC

As the old saying goes “a rose by any other name is STILL a rose”, whatever you choose to call it, this is the topic for this issue. Personally, I prefer Metabolic Syndrome as probably the most accurate name for this group of symptoms.

The symptoms of this “syndrome” have been known for decades, but it was Gerald Reaven, a researcher at Stanford University who it seems first observed their destructive tendency to occur simultaneously in patients as a syndrome. His name will forever be connected with this syndrome as he wrote the first book I know of titled **SYNDROME X**. What a mysterious and futuristic ring it has to it. Once this mysterious *syndrome* has a person in its grip is there any escape?? Yes, thanks to Dr. Reaven and other researchers who have revealed the components of this syndrome and the direct link to the person’s diet and life-style, it is relatively easy to treat...with patient compliance. Ah yes, there’s the rub! And I don’t mean to pick on the patient; we are all human and understand how difficult it can be to alter our dietary habits or life-style even when it is for our own good. We need to communicate that we expect compliance with our recommendations (or why are they paying us), but be there to encourage them when they confess to not being *perfectly* compliant. (In January of 2000, **SYNDROME X**, *The Complete Nutritional Program to Prevent and Reverse Insulin Resistance* was published by Challe, Burkson and Smith. It is available for direct sale online.)

DIAGNOSING METABOLIC SYNDROME

I have said on more than one occasion that if you look at enough blood chemistries, you begin to develop the skill of being able to look at a person and have an idea of what their blood chemistry will look like. This is relatively easy with those persons suffering from Metabolic Syndrome. We would likely observe central obesity (weight carried mostly around the middle), red face (due to probable hypertension), appears fatigued or lethargic (especially if after a meal), has necessary gear in hand (Twinkie, donut, “diet” soda, candy bar, etc.).

On a more clinical basis, persons suffering with the Metabolic Syndrome generally present with the following:

- Central obesity
- Increased blood pressure
- Atherogenic Dyslipidemia (triglycerides increased [many times > cholesterol value], HDL decreased)
- Insulin resistance (increased serum glucose, increased serum insulin)
- Pro-inflammatory state (increased ESR or C-Reactive protein)
- General carbohydrate sensitivity (fatigued after meals, especially carbohydrate meals)

Current estimates are that one out of three Americans suffer with Metabolic Syndrome!! Positively, the most effective treatment for this condition is Balancing Body Chemistry with diet and life-style changes and an individualized food supplement program. And, the cool thing about this treatment—NO SIDE EFFECTS—only SIDE BENEFITS!!! With minimum effort, the patient can add years to their life; productive, active, happy years at that.

TOO MUCH SUGAR—TOO MUCH INSULIN: A BAD COMBINATION

The term and condition “insulin resistance” has been known for decades, but it has only been within the last 20 years or so that research has given us a clearer understanding of how it derails our health.

As with most chronic, degenerative conditions, a person doesn’t suddenly wake up one morning with Metabolic Syndrome, it takes years to develop. There are markers along the way, that if addressed can prevent its development. The two clinical findings that I see most often in younger patients (i.e., 25 to 40 years of age), are developing dyslipidemia with increasing blood pressure. Of course this is the time to correct the developing syndrome by consuming fewer refined carbohydrate foods and increasing the amount of daily exercise. Both will work together to reduce glucose and insulin levels and prevent a future at high risk for developing any of a number of chronic diseases from adult onset diabetes to Alzheimer’s disease.

How does this all happen? It all starts with over consumption of refined carbohydrates year after year. This sets the stage for chronically high insulin levels with the cells becoming less responsive to and even resistant to insulin over time. Glucose metabolism becomes less and less efficient with serum levels remaining increased with eventual development of adult onset diabetes.

This person isn’t really in the fire yet, they are just at the gates of hell at this point, it gets worse. As Lester Packer, Ph.D (a cell and molecular biologist at the University of California) pointed out at an American Diabetes Association (ADA) symposium in Orlando FL in November of 1996, a number of researchers have implicated glucose as a major source of free radicals. Glucose is a high energy compound which can spontaneously self oxidize producing large numbers of free radicals. Hence, the link between Metabolic Syndrome and the various free radical pathologies (which cover more than 100 chronic, degenerative conditions, everything from cataracts to cancer).

The rising tide of free radicals from auto-oxidized glucose can oxidize cholesterol and set the stage for heart disease. What happens is this; free radicals generated by the auto-oxidized glucose in turn oxidize the low density lipoprotein (LDL) form of cholesterol in the blood. White blood cells scavenge this oxidized LDL then infiltrate heart tissue and get stuck. This causes the cholesterol deposits characteristic of heart disease. The chronically high levels of insulin create more free radicals leading to “oxidative stress.” A report from Italy’s National Research Council at Pisa states that increased insulin levels increases the demand for vitamin E, which quenches free radicals.

Chronically high levels of glucose can cause other problems as well. Richard Bucala, M.D, Ph.D., of the Picower Institute for Medical Research, Manhasset, NY has reported that glucose can bind to proteins and cross-link them. This glycosylation process is like tying our body’s proteins, including our genes into knots. Protein glycosylation has been linked to aging and disease.

NUTRITIONAL THERAPY FOR METABOLIC SYNDROME

The treatment for Metabolic Syndrome after its development is basically the same as the treatment to prevent it with one difference, the addition of regular food supplementation on an individual basis.

DIETARY—

Reduce consumption of refined carbohydrates and alcohol.

LIFE-STYLE—

Begin a program of regular exercise as directed by you.

SUPPLEMENTATION—

It is not intended that a patient take every product recommended in this protocol. The products included in this protocol are every thing that could possibly be used to correct the Metabolic Syndrome; it is up to you to decide on an individual basis which products apply to each patient. As always, begin by evaluating and treating the G. I. system **first**. (See eBytes issues 44 and 45)

Glucobalance 2 capsules with each meal-reduces glucose and triglyceride levels; increases HDL

ADHS 1 – 2 tablets with breakfast and lunch-balances cortisol and DHEA

Phosphatidylserine 1 capsule with each meal-reduces cortisol levels

BioMega 3 2 capsules with each meal-more insulin sensitive and reduced insulin resistance

Lipoic Acid 2 capsules with each meal-increased insulin sensitivity, increased glucose tolerance
recycles vitamin E, vitamin C and Co-Enzyme Q 10.

Whey Protein Isolate or **Rice Protein Concentrate** 2 servings daily, between meals

Cytozyme PAN 1 – 2 tablets with each meal-direct pancreas balance and support

Cytozyme Pt/Hpt 1 tablet with each meal-use with hypercortical patient only

BioProtect 1 – 2 capsules with each meal-balanced anti-oxidant formula, scavenge free radicals

Bio FCTS 1 – 2 tablets with each meal-if LDL is oxidized, indication is *lipoprotein a* increased

Evaluate the patient for possible primary or secondary thyroid dysfunction. With primary thyroid dysfunction (TSH > 4) consider **GTA** at 1 capsule with each meal; re-evaluate in 21 to 30 days. If the TSH is greater than 10 consider **GTA Forte II**, same dose. With secondary thyroid dysfunction (TSH < 2), consider **Thyrostim** at 2 tablets with each meal. If the T4 is 6ug/dl or less, consider the probable need for iodine. Supplement with **Liquid Iodine Forte** at 30 drops daily. Patient must avoid fluoridated, chlorinated water and fluoridated tooth paste.

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