

THE TOP FIVE

RECOMMENDED BRC PRODUCTS

by Ronald L. Myers, CNC

The products covered in this issue are the BRC products I recommend the most based on patient data analysis.

HYDROZYME

This is a general digestive supplement designed to aid both the upper and lower G.I. tract. Three forms of hydrochloric acid (betaine hydrochloride, glutamic acid and ammonium chloride) are provided to bolster the formation of additional hydrochloric by the stomach. Pepsin and pancreatin provide protein, fat and carbohydrate digesting enzymes and vitamin B6 is present to enhance decarboxylation, transamination and deamination of amino acids as well as to facilitate fatty acid metabolism. **Hydrozyme** is well tolerated by most patients.

Gastrointestinal problems are rampant in new millennium America. Pharmaceutical companies sell barrels of antacids to people who have too little hydrochloric acid already. These products provide relief (or they would not sell), but do not resolve the cause, they make it worse. I have said before that if there were only three products available to me to use to help people, I would want **Hydrozyme** would be one of them. It should not be amazing how much better people feel and the impact it has on their overall health if we do nothing more than treat their G. I. dysfunction. As I have said before, ALWAYS treat G. I. dysfunction from **north** to **south**. We know the G. I. system is pH regulated and that regulation begins in the stomach with the production of HCl. **Hydrozyme** will provide your patients an immediate source of hydrochloric acid for G. I. support. Dose: 2 to 5 tablets with each meal.

BETA TCP

According to the BRC catalog, this product contains an organically grown "Beet concentrate", generally known as **beta**'-ine (commonly referred to in this country as betaine). The Century Edition of the Merck Index says betaine is also known as trimethylglycine. The 27th Edition of Dorland's Illustrated Medical Dictionary says betaine is a known "lipotropic" agent that has been used successfully to treat "fatty infiltration of the liver". Clinically, **Beta TCP** is effective in thinning the bile in biliary stasis and in lowering serum cholesterol. The cholesterol lowering properties are due to the (TCP) Taurine, vitamin C (from beets) and the Pancrealipase, all known to assist in the conversion of cholesterol to bile salts. (NOTE: This product does NOT contain bile salts; they are available in **Beta Plus**.)

Have you ever noticed...hypochlorhydria and gallbladder problems seem to travel together? 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 5.0 or less (Johnson, L.R.,

Gastrointestinal Hormones and their functions; Ann Rev Physiol; 39; 135, 177). This is a perfect example of why I advise treating G. I. problems from north to south. Treating gallbladder problems without addressing a probable cause (hypochlorhydria), may lead to perennial treatment without resolution. ALWAYS evaluate gallbladder patients for hypochlorhydria! Dose: 2 to 4 tablets right before each meal.

(NOTE: For patients who have acholic stools or no gallbladder use **Beta Plus**, which provides purified bile salts.)

Based on the clinical data I review for doctors and other health care practitioners, over 90% of the people coming into your office would benefit greatly from the above two products! (Hydrozyme and Beta TCP) Documenting their need for these products is easy. You can use subjective indicators (Health Assessment Form) or clinical indicators such as total globulin, serum phosphorus, total protein, GGT, SGOT, etc. from their blood chemistry or both. Based on research conducted by the Balancing Body Chemistry group, subjective indicators are as good or better than clinical data in documenting need for G. I. support.

BIOGLYCOZYME FORTE

This is a product that I have recommended to patients personally when I was in private practice, as well as to practitioners for their patients. As a practitioner, I used a number of different glycemic products before coming across this one. Once I started using this product, I kept on using it and only it based on patient results. In my opinion, based on results, this is the BEST broad-spectrum glycemic product available to you today from anyone; there's nothing that even comes close to it! If you have never recommended **Bioglycozyme Forte**, try it, you (and your patients) will like it. Here is some insider information. Based on patient results, this has been the product that has caused doctors to look at other supplements produced by BRC.

I recommend using this product in reactive hypoglycemia; B complex need; adrenal insufficiency; general fatigue; stress; highly refined diets and carbohydrate sensitivity. If indicated, it can be used with **Bio 3B-G**, to provide more food-grade thiamine, and **Cytozyme AD** for the severely adrenal insufficient.

What about dosing? Some feel it is best to dose **Bioglycozyme Forte** at 2 tablets between meals. Others dose it with meals. I am often asked which I recommend or which is the better method for dosing this product. My answer is, I have seen this product produce satisfactory results regardless of how it is dosed. To me, the most important issue is compliance. If it is not absolutely necessary that a product be dosed between meals or on an empty stomach, and if dosing it between meals causes the patient to forget to take it or makes it very difficult for the patient to take it, why not dose it with meals. Nutritional therapy is a results driven endeavor, if the patient doesn't take their supplements they are not going to get the RESULTS we are all expecting. Dose: 2 tablets between meals and mid-evening or 2 tablets with each meal.

BIOMEGA 3

This is a marine source of the Omega 3 family of essential fatty acids. It has been processed to remove every thing that could offend, such as mercury, PCB's, etc.

You may be asking the question right now, as to why I am recommending **Biomega 3** instead of **Flax Seed Oil**? Here's why. If you look at current research into essential fats and what is required by the human body as far as the ratio between omega 3 and 6 families of these nutrients, depending on who you read, you find the optimum ratio to be no more than 4 to 1 omega 6 to 3. The real world estimates of what that ratio really is in the standard American diet is 20 to 25 to 1 omega 6 to 3; some put it as high as 50 to 1. In view of this data, why would we want to recommend MORE omega 6 to our patients? Recall that flax is a source of omega 3, 6 and 9 fatty acids.

Here are some other things to consider regarding the above statements. Much of the fats that make up the 20 to 25 to 1 ratio of omega 6 to 3 fatty acids in the American diet are no longer what most of us would classify as EFA's, but are instead the trans fatty acid version of their old selves. In view of this, you may want to consider recommending **Flax Seed Oil** after all. Please don't misunderstand, I am not trying to confuse you, just explore some options with you. DO NOT substitute my judgment for yours in dealing with your patients. And always do what is best for your patients in your judgment.

The bottom line here is, in all probability, your patient NEEDS essential fatty acids, recommend what you feel will meet their needs. You may want to go back and review issue 17 of e-Bytes, which explains how to do the Essential Fatty Acid test. This neuro-lingual test will allow you to determine the best fatty acid source for each individual patient. BRC provides a number of EFA products; this test will allow you to quickly determine individual need. It is an easy test to perform; a staff person could be trained to do it for you. It is an in-office test, so it can be re-done from time to time to determine changes in EFA need on a per patient basis.

THYROSTIM

As Linda and I work with doctors on a daily basis, I find this product to be misunderstood and therefore, misused. To further muddy the water (a little more insider information here), there is some philosophical difference of opinion among those of us associated with BRC regarding the use of **Thyrostim**. But, as I stated at the beginning, this issue is about my top 5 recommendations, based on patient clinical data.

I recommend using **Thyrostim** in secondary hypothyroidism that is secondary to anterior pituitary dysfunction, only. I do not recommend it in PRIMARY hypothyroidism. I have seen it used in the primary forms with undesirable results. These results do not occur in every case, but none-the-less I have seen them occur.

Thyrostim is designed to stimulate the thyroid. Consider this, the Thyroid Stimulating Hormone (TSH) stimulates the thyroid as a function of the anterior pituitary. A review of the **Thyrostim** label indicates no thyroid glandular material is contained in this product, instead it contains

neonatal anterior pituitary and hypothalamus. The product label also shows that it contains nutrients that are nourishing to the thyroid; as well as the pituitary.

How many people in our culture have some type of "thyroid symptom"? Clinical data indicates that a high percentage of these people do not have an actual *thyroid* problem, but instead what we might call a secondary dysfunction that is affecting the thyroid and causing it to express symptoms. Most of the time, the secondary cause of this syndrome is not recognized or treated and it is the thyroid that gets to benefit from Synthroid or Armor Thyroid treatment. At best, this may provide symptomatic relief, but does not address or resolve the problem.

Secondary thyroid problems are easily determined by looking at the TSH on the patient's blood chemistry. If the TSH is decreased below 2, a secondary thyroid problem is indicated. Many times this is secondary to anterior pituitary dysfunction. This is where I recommend **Thyrostim**. You may also want to consider recommending a little extra **Cytozyme Pt/Hpt** and **Flax Seed Oil**.

If the patient is not converting T4 to T3 adequately, indicated by a high optimum or increased T4 with a low optimum or decreased T3, also consider using **Meda-Stim** which will assist with this process. Dose: **Thyrostim**, 2 t.i.d., with meals; **Meda-Stim** 4 to 6 capsules daily; **Flax** 2 t.i.d., with meals; **Cytozyme Pt/Hpt** 1 tablet with breakfast and lunch.

Available from Viotron International, Ltd
(800) 437-1298