



Clinical Repertory

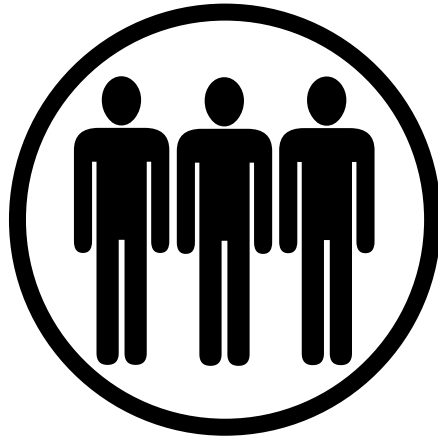
At a recent medical conference, three doctors were having a conversation about clinical protocols and products. The trio consisted of a retired medical doctor (who also holds DC, ND, and PhD degrees), a naturopathic physician specializing in environmental medicine, and a naturopathic physician in general practice.

They each had used Thorne Research products almost exclusively in their respective practices, and felt there was a need for someone to produce a clinical repertory that would help other doctors use these unique, hypo-allergenic, well-researched products. After many further conversations, e-mails, and drafts, they came up with this CD-ROM.

Stated the docs, “This CD-ROM is designed to assist the practitioner in choosing the most efficacious therapeutic regimen for various health conditions. Most of the products listed are from Thorne Research, as they are the products we have used the most in our practices, and have found to be of great quality and value. They are formulated with the utmost respect for the patient and the practitioner, with special emphasis on hypo-allergenicity, absorption, and providing therapeutic amounts of well-researched nutrients and botanicals. We are also aware that Thorne provides excellent technical literature, including many informative product sheets, and the peer-reviewed, MEDLINE-indexed *Alternative Medicine Review*. However, we are also aware that they cannot legally tell you explicitly which of their products are useful in treating specific health problems. But we can.”

The Clinical Repertory is laid out alphabetically by health conditions. You can click on the index link in the left window for a specific condition, which will take you directly to that section. If you have Adobe Acrobat version 4.05 or higher, you can search the repertory for specific words, and the program will take you to the areas of the Repertory where those words appear. If you do not currently have Adobe Acrobat 4.05, it is provided for you on this CD-ROM. There are links in many of the health condition sections which will take you to patient handouts, diets, vendor or laboratory listings, as well as other health conditions which may be applicable. You can also print the Repertory, if you would rather have it on paper.

Enjoy.



Who are the 3 docs?

Allen N. Tyler, DC, ND, MD, MS, PhD –

Dr. Tyler holds doctorate degrees in every major medical discipline, as well as a PhD in physical medicine. Since graduating from medical school in 1943, he practiced medicine for over 50 years, until his recent retirement. Dr. Tyler has a vast wealth of experience and knowledge, and is a respected writer and lecturer. He is Professor Emeritus for the Canadian College of Naturopathic Medicine, and is a member of the Editorial Review Board of *Alternative Medicine Review*.

Walter J. Crinnion, ND –

Dr Crinnion graduated from Bastyr University in 1982, and immediately began a private family practice with specialties in allergies and environmental toxicity. In 1987 he opened the most comprehensive cleansing center in North America, helping chronically ill persons clear toxins that initiate illness or prevent healing. He has written numerous articles for periodicals, medical journals, and books, and frequently lectures to physician groups across the nation. He has had a weekly radio show in Western Washington since 1996 (Healing Naturally – Saturday 12:00 noon on KGNW- AM 820) and has a weekly health segment on Northwest Cable News. He has been an associate professor on the adjunct faculty at Bastyr University, where he has taught Geriatrics, Allergies, and Environmental Medicine. He is also on the adjunct faculty at Southwest College of Naturopathic Medicine and National College of Naturopathic Medicine, teaching environmental medicine. He has served on the board of the American Association of Naturopathic Physicians (AANP) as Speaker of the House of Delegates. In 1998 he received the first AANP award for the best in-office research for Naturopathic Physicians.

Gregory S. Kelly, ND –

Dr. Kelly is a naturopathic physician licensed in the state of Connecticut. As a naturopathic physician, Dr. Kelly has worked with individuals with a wide range of medical/health challenges. He has practiced with Peter D'Adamo, N.D. (author of *Eat Right 4 Your Type*, *Cook Right 4 Your Type*, and *Live Right 4 Your Type*) at the D'Adamo Clinic in Stamford, CT. He currently teaches Advanced Clinical Nutrition at the University of Bridgeport, College of Naturopathic Medicine and has taught Sports Nutrition as a visiting faculty member at Southwest College of Naturopathic Medicine and Health Sciences. He has been a consultant to the nutritional supplement industry for the past 5 years. He is an Associate Editor for *Alternative Medicine Review*, and has more than 15 published articles (indexed on Medline) on various aspects of natural medicine and nutrition. Dr. Kelly contributed three chapters to the *Textbook of Natural Medicine, 2nd edition*, by Murray and Pizzorno. He was also involved in the information gathering and writing of *Live Right 4 Your Type*.

Getting Started or How to use the Clinical Repertory:

Conditions which may respond to nutritional or botanical intervention are listed in alphabetical order. Find the recommended therapeutics by clicking on the condition in the left hand column. A brief description of the condition will appear, followed by a list of potential supplements. Those which are listed first and in bold are the ones we consider to be the most important. If a condition does not have any therapeutics in bold that is because we feel they are all important or we have otherwise indicated how to differentiate when to use a particular supplement. Recommended dosage and mechanisms of action are listed next to each therapeutic option.

Other clinical considerations and potential laboratory tests are listed after many of the conditions. All products are from Thorne Research unless otherwise specified. Appendix E lists the sources for non-Thorne products.

Another note: We all agree that every patient protocol must include a multiple-vitamin-mineral supplement such as one of the Basic Nutrients products. With this factor in mind we did not include the redundant line in every indication listed. In certain cases we have noted specific multiples that should replace Basic Nutrients in the therapeutic regimen.



ACHLORHYDRIA / HYPOCHLORHYDRIA

Diagnosis: Gastric pH using Heidelberg gastric analysis or gastric aspirate analysis is preferable. A cautious therapeutic trial with hydrochloric acid may also be undertaken, with care to avoid excess gastric acidity by discontinuing HCl if heartburn occurs.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Betaine HCL & Pepsin or	1-2 caps/meal	To maintain adequate HCl
Bio-Gest or	1-2 caps/meal	Correct a deficiency
B.P.P.	1-2 caps/meal	Correct a deficiency
Basic B Complex	1 cap tid	Correct a deficiency
Ascorbate	1 gram bid	Correct a deficiency associated with low HCl

CLINICAL CONSIDERATION:

1. Achlorhydria will usually result in disruption of gut microflora, pathogenic overgrowth (i.e. Candida) and a range of vitamin and mineral deficiencies (including folic acid, B6, B12, calcium, and iron).
2. If positive for Candida see "[Candidiasis](#)" for protocol suggestions

LABORATORY CONSIDERATIONS:

Consider Comprehensive Digestive Stool Analysis ([see Laboratory Listings](#))

NOTES: _____

ACNE ROSACEA

Diagnosis: A chronic disease of the skin, involving the flush areas of the face (nose, cheeks, chin, and lower central forehead) usually in mid-life, and characterized by varying degrees of erythema, telangiectasis, erythematous papules and pustules, plus slight desquamation.

THERAPEUTICS:	DOSAGE:	MECHANISM:
SF 734	2 caps qid between meals for 8 weeks	Helicobacter pylori implicated as a cause
Betaine HCl/pepsin	1-2 caps/meal	Correct a deficiency
Basic B complex	1-2 caps daily	Correct a deficiency
Lactobacillus sporogenes	1 cap bid	Decrease gut derived endotoxins

CLINICAL CONSIDERATIONS:

Caffeine-containing foods should be avoided.

NOTES:

ACNE VULGARIS

Diagnosis: Clinical diagnosis based on presentation of an inflammatory cutaneous condition characterized by comedones, pustules, and cysts. Key mechanisms: 1) Androgen Excess 2) possible insulin insensitivity in skin

THERAPEUTICS:	DOSAGE:	MECHANISM:
Vitamin A*(25,000 IU)	2 caps bid	Decrease sebum production
Zinc picolinate (double strength)	1 cap tid	Correct a deficiency
Copper picolinate	1 cap daily	Balance the zinc
E-500 or Ultimate E	1 cap bid	Decrease lipid peroxidation
Pantethine	1-2 caps bid	Regression of lesions, improves lipid metabolism
Black currant oil	2 caps bid -tid	Correct a deficiency
Ultrachrome 500	1 cap daily	Improve insulin sensitivity
Selenium picolinate or citrate	1 cap daily	Improve GSH peroxidase activity (decrease lipid peroxidation)
Lactobacillus sporogenes	1 cap bid	Decrease gut derived endotoxins

** Use of high doses may be toxic if used for prolonged periods; monitor liver enzymes. Use of greater than 10,000 IU daily should be avoided in any female with possibility of pregnancy*

CLINICAL CONSIDERATIONS:

High protein diet (44% protein, 35% carb, 21% fat) decreases 5-alpha reductase, (decreases androgen production), and enhances p450 clearance of estriol.

LABORATORY CONSIDERATIONS:

CBC/SMAC for fasting glucose ([see optimal reference ranges for CBC/SMAC](#))

NOTES:

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) / HIV INFECTION

Diagnosis: Prominent systemic complaints such as sweats, diarrhea, weight loss, and wasting, followed by aggressive cancer, particularly Kaposi's sarcoma, Pnuemocystis carinii pneumonia, and extra-nodal lymphoma. Progression to neurological manifestations including dementia, aseptic meningitis, and neuropathy.

*Risk factors: Sexual contact with an infected person; parenteral exposure to infected blood by transfusion, needle sharing or perinatal exposure.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Basic Immune Nutrients	4 caps tid	Basic high-potency multiple with additional nutrients specifically known to benefit people with HIV
Moducare	1 cap tid 1 hr. apart from meals (after initial loading dose of 2 caps t.i.d for one week)	Stabilize CD4 counts; decreased viral load
Maitake Gold	2 caps bid	Enhance immune function: increase NK cell activity; normalize T-helpers (animals); decrease secondary infections (human HIV study)
MAY CHOOSE TO ADD ADDITIONAL:		
Cystepplus	1-2 caps tid	Inhibit HIV replication; prevent cytokine-mediated cachexia; correct cysteine and glutathione deficiency
L-Carnitine	2 caps tid	Improve immune function and lipid metabolism; prevent AZT-induced side effects
CoQ 100	1 cap bid	Improve T-helper/suppressor ratios; correct a deficiency
Selenium (picolinate or citrate)	1 cap bid	Correct a deficiency; slows decline of CD4 cells; reduces AIDS drug toxicity
Beta-carotene	2 caps bid -tid	Increase CD4 levels; correct a deficiency
Ascorbic acid powder	1 tsp. tid (or to bowel tolerance)	Interferes with HIV-dependent enzymes decreasing viral replication
Quercenase	2 caps tid	Quercetin inhibits HIV integrase enzyme; bromelain is a natural protease inhibitor
Glycgel	1/4 tsp. tid	Stabilizes CD4 levels

CLINICAL CONSIDERATIONS:

1. Weight/Resistance Training can help maintain muscle mass and promote enhanced immune system function
2. Massage: Massage can enhance aspects of immune system function
3. Supplementing diet with a whey protein powder shake 1-2 times daily (20-40 grams of whey protein powder) can assist with maintaining muscle mass and glutathione levels
4. Consider blood type appropriate diets (available at darkwing.uoregon.edu/~sshapiro/ER4YT/cgi-bin/password.cgi or in [Live Right 4 Your Type](#))
5. Consider testing for the presence of environmental chemicals and initiating cleansing therapy to mobilize them from the body. Most of the persistent ubiquitous environmental toxins are immunosuppressive, clearing them will help the immune system to recover.

LABORATORY CONSIDERATIONS:

1. CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))
2. CD4 count (values below 200/mm³ indicate an increased susceptibility to opportunistic infections) should be monitored every 3 months
3. Consider Comprehensive Digestive Stool Analysis for ova, parasites, and probiotic bacteria ([see Laboratory Listings](#))

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ADRENAL INSUFFICIENCY

Diagnosis: Clinical diagnosis confirmed by presence of postural hypotension; and general lethargy. Confirm with laboratory diagnosis with blood or saliva when possible.

Therapeutics:	Dosage:	Mechanism:
Phytisone or Cortrex	1-2 caps bid-tid	Nourish adrenals; normalize cortisol
Cortine or Adrenal Cortex (alone or in conjunction with Phytisone)	1-2 caps bid	Nourish adrenals
Rhodiola	1 cap bid	Adaptogenic
B Complex #5	1-3 caps daily	Support adrenals, correct a deficiency
Buffered C Powder	1/2-1 tsp. daily	Normalize cortisol levels
Pantethine	1-2 caps bid	Nourish adrenals; normalize cortisol
Glycgel	1/4 teaspoon bid	If cortisol is definitely low

CLINICAL CONSIDERATIONS:

Consider diet modification (see patient handouts on ["High Energy Low Stress Diet"](#) or [Hypoglycemia Diet"](#))

LABORATORY CONSIDERATIONS:

Salivary Cortisol/DHEA ([see Laboratory Listings](#))

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ALCOHOLISM

Diagnosis: Physiologic changes are manifested by signs of withdrawal when alcohol intake is interrupted. Evidence of alcohol-associated illnesses, such as alcoholic liver disease, cerebellar degeneration, depression, blackouts, continued drinking despite strong medical and social contraindications. Positive serum diagnosis includes hypokalemia, hypomagnesemia, and blood alcohol levels. 100 mg/dl.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Phosphatidyl Choline	2 caps tid	Correct a deficiency associated with alcoholic liver disease; protects liver from damage
B Complex #1	1 cap tid	Correct a deficiency; thiamin especially deficient in alcoholics
Basic Detox Nutrients	4 caps tid	Promote detox, prevent deficiency. (in lue of other multi)
Formaldehyde Relief	1 cap tid	Promotes detox
T.A.P.S. or S.A.T.	2 caps tid	Liver support; Milk thistle decreases fatty degeneration, insulin resistance, and improves immunity in cirrhosis
Lipotrepein	1-2 caps tid	Liver support; improve bile flow
Methyl-Guard	1-2 caps tid	Homocysteine often elevated in chronic alcoholics
Niasafe-600 or Niacinamide	1 cap bid - tid	Oxidizes ethanol, reducing acetaldehyde levels
Pantethine or Taurine	1 cap bid - tid	Increases activity of alcohol dehydrogenase necessary for metabolizing acetaldehyde
GlycoTone	2 caps with meals	Alcohol craving may be related to reactive hypoglycemia and/or insulin resistance
Anti-Oxidant	2 caps tid	Reduces alcohol toxicity; enhance Phase II liver Detoxification
Carnityl	2 caps bid	Protect liver from, or reverse alcohol-related cognitive decline
Lactobacillus sporogenes	1 cap bid	Gut microflora is severely damaged in alcoholics resulting in malabsorption of nutrients and endotoxin production
Omega Plus	2 caps daily	Alcohol can interfere with delta-5 desaturase and cause symptoms of EFA deficiency
Vitamin A	1 cap daily	Correct deficiency of Vitamin A
Zinc Picolinate Dbl.Str.	1 cap bid	Correct deficiency; deficiency of vitamin A works synergistically with def. of zinc to produce complications of alcoholism

CLINICAL CONSIDERATIONS:

1. Ensure patient has appropriate sleep-wake cycles and gets adequate quality sleep.
2. Consider counseling, hypnosis, and biofeedback.
3. Ensure patient consumes a balanced, calorie adequate diet.
4. Testing for and elimination of "allergic" or "sensitive" foods. Consumption of such reactive foods helps to trigger cravings.
5. Craniosacral therapy for compression of sphenoid and basilar bones.
6. Consider full detox program as outlined in Dr. Walter Crinnion's "Detox " brochure - provided by Thorne Research

LABORATORY CONSIDERATIONS:

CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))

Utilize [Zinc Sulfate taste test](#) for zinc deficiency.

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ALLERGY - GENERAL

Diagnosis: Immunologically mediated reaction to foreign antigens (allergens) causing tissue inflammation and organ dysfunction. Can be either A) Delayed hypersensitivity, a T-cell mediated allergy or B) Immediate hypersensitivity, an IgE-mediated allergy.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Moducare	1 cap tid (away from meals)	Increase the immune cytokines and decrease IgE antibody formation.
Ascorbic acid	1-2 grams tid	Antihistamine; mast cell stabilization
Cal-Mag Citramate or	2 caps bid	Calcium inhibits swelling of mucosal membranes; magnesium deficiency associated with atopic allergic reactions
Buffered C Powder (in place of Ascorbic Acid & Cal-Mag Citramate)		1-2 teaspoons daily Antihistamine; mast cell stabilization
Planti-Oxidants	2 caps bid	Antioxidant; antihistamine; anti-inflammatory
Lactobacillus sporogenes	1 cap bid	Decrease gut derived IgE
Omega Plus	2 caps bid	Correct faulty metabolism (especially in case of atopic dermatitis)
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)

CLINICAL CONSIDERATIONS:

Consider Hypo-Allergenic Diet ([see "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. ELISA allergy testing ([see Laboratory Listings](#))
2. RAST allergy testing ([see Laboratory Listings](#))
3. Skin Testing

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ALLERGY - INHALANT (ALLERGIC RHINITIS / HAYFEVER)

Diagnosis: Watery rhinorrhea, sneezing and a scratchy throat with accompanied eye irritation and excessive tearing.

THERAPEUTICS:	DOSAGE:	MECHANISM:
QC nasal spray	1-2 sprays as needed	Antihistamine
Quercetone or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Quercenase or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
HMC Hesperidin or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Hesperinase	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Shea butter	as needed topically to inside of nostrils	Antihistamine/decongestant
Moducare	1-2 caps tid	Decrease overactive immune response
Pantethine or	1-2 caps bid	Formaldehyde sensitivity; cofactor for
Molybdenum picolinate	1-2 caps tid	aldehyde dehydrogenase
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)

CLINICAL CONSIDERATION:

Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. ELISA allergy testing ([see Laboratory Listings](#))
2. RAST allergy testing ([see Laboratory Listings](#))

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ALLERGY - FOOD

THERAPEUTICS:	DOSAGE:	MECHANISM:
Perma-Clear	3 caps bid	Decrease gut permeability to allergens
Betaine HCl/pepsin or Biogest	2 caps tid	Increases food digestion (especially proteins) prior to absorption
Moducare	1-2 caps tid	Decrease overactive immune response
Pyridoxal 5' Phosphate	1 cap bid	MSG sensitivity
Molybdenum picolinate	1-2 caps tid	Sulfite sensitivity; cofactor in sulfite oxidase
Hydrolyzed lactalbumin	2 scoops daily - bid	Hypoallergenic meal replacement; elimination diet
Lactobacillus sporogenes	1 cap bid	decrease gut derived IgE
Quercetone or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Quercenase or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
HMC Hesperidin or	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Hesperinase	1-2 caps tid	Mast cell stabilization; anti-inflammatory
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)

CLINICAL CONSIDERATION:

Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. ELISA allergy testing ([see Laboratory Listings](#))
2. RAST allergy testing ([see Laboratory Listings](#))

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ALZHEIMER'S DISEASE / SENILE DEMENTIA (see also MEMORY IMPAIRMENT)

Diagnosis: Clinical diagnosis of degenerative dementia usually beginning in the 5th or 6th decade of life, with memory loss one of the earliest symptoms. Reduced ability to maintain attention to external stimuli, i.e. question must be repeated, disorganized thinking, disorientation to time, place, and person. Depression, somatic complaints, memory deficits, and stepwise deterioration are all part of the pattern.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Memoractiv or Individual Components (listed below)	1-2 caps tid	Improve cognitive function (see individual components)
Idebenone	1 cap bid-tid	Improves mitochondrial function, ATP production, oxygen utilization, stimulates nerve growth factor
Phosphatidyl Choline	2 caps tid	Correct an age-related decline in cholinergic activity in the brain (Alzheimer's associated with decline in acetylcholine (Antioxidant) supplementation delays need for medication if given after onset of disease.
Antioxidant	1 bid	
Individual Components of Memoractiv:		
GB 24 or GB 250	1 cap tid	Improved circulation to the brain; slows deterioration in early Alzheimer's; antioxidant effects; decreases platelet aggregation.
IsoPhos	1-2 caps tid	A major component of nerve cell membranes; enhances regeneration of damaged nerve network; enhances dopamine and acetylcholine release
Carnityl	1-2 caps tid	Cofactor in conversion of fatty acids to energy in mitochondria of nerve cells; provides "acetyl" groups for production of acetylcholine; antioxidant
Vinpocetine	1 cap tid	Improves oxygen delivery to the brain as a vasodilator; decreases platelet aggregation; prevents hypoxic damage to the brain; reduces cerebral edema; anticonvulsant
Methyl-Guard	2 caps tid	High homocysteine levels associated with Alzheimer's
Folacal	1 cap daily	Low folate may cause dementia
B complex #12, Bio B12, Methylcobalamin, or Cobamide	1-3 caps daily	Correct a deficiency due to poor absorption
Betaine HCl/Pepsin	2 caps tid with meals	Enhance absorption of folate and B12
Zinc Picolinate (dbl str)	1 daily	Correct deficiency
Vitamin C	3 grams daily	High dose vit C and E delays need for medication
E-50 or Ultimate E	2 caps tid	High dose vit C and E delays need for medication
Moducare	1 tid	Decrease cortisol (decreasing cortisol associated with improved memory)
Dehydrone-5 or 15	25-50 mg/day males 15-25 mg/day females	Test for DHEA levels and supplement accordingly
Taurine	500 - 1500 mg. tid	Correct deficiency

CLINICAL CONSIDERATIONS:

1. Consider testing for heavy metals including aluminum and detoxify accordingly
2. Ensure balanced, adequate calorie diet
3. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))
4. Ensure adequate quantity and quality of sleep
5. Rule out heavy metal toxicity as a cause. (See [Heavy Metal Toxicity](#) for therapeutics)
6. Test for DHEA and supplement 25-50mg 1 daily (males), 15-25mg 1 daily (females) if deficient
7. Test for heavy metal exposure (aluminum associated with Alzheimer's) and follow Detox protocol if indicated.

LABORATORY CONSIDERATIONS:

1. Heavy Metal Testing ([see Laboratory Listings](#))
2. Salivary Cortisol/DHEA ([see Laboratory Listings](#))

AMENORRHEA

Diagnosis: Rule out pregnancy with urine or serum tests. Evaluate hormone function: FSH, LH, estrogen, prolactin, 17-OH steroids. With galactorrhea, rule out prolactin-secreting pituitary adenoma & rule out protein-calorie-malnutrition and anorexia nervosa.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Bio-Gyn	2 caps bid	Nourish and stimulate the pituitary and ovaries
Black Currant Oil or Omega Plus	2 caps bid	Correct a deficiency
Meta-Balance	2 caps bid	Amenorrhea due to hypo-ovarianism; phytoestrogenic; phytoprogestrogenic
Glycgel	1/4 tsp. tid	Phytoestrogen
Phytisone or Cortrex	2 caps bid-tid	Amenorrhea due to hypo-adrenalism
Iodine-Tyrosine	1 cap bid - tid	Amennorrhea due to low thyroid
Hydrolyzed lactalbumin	2 scoops bid	Amenorrhea due to protein malnutrition
Serenoa gelcaps	1-2 gelcaps bid	Amenorrhea due to androgen excess/polycystic ovarian disease

Progesterone Cream : Apply small amounts to the skin daily on days 16-25 of cycle (See Appendix E for Vendor Sources)

Note: If relying exclusively on the nutritional and herbal formulas listed, long-term treatment is often needed (allow 12-18 months for normalization of cycle).

CLINICAL CONSIDERATIONS:

1. Nightly exposure to the waxing and waning of the moon throughout the month is a powerful environmental cue. Exposure to the light of the full moon can often times completely normalize a woman's cycle. This can be simulated by the following: On the four nights when the moon would be at its brightest leave a bright lamp with a 100 watt light bulb on in the bedroom all night to simulate the light of the moon. The lamp should be placed about 3 feet from the head. Allow 4 months of exposure to full moon or lamp to assist with reestablishment of the rhythm of the cycle.
2. Castor Oil Pack applied externally over area of liver ([see patient handout on castor oil packs](#))

LABORATORY CONSIDERATIONS:

1. Pregnancy Test (rule out pregnancy)
2. Hypothalamic/Pituitary Testing to include GnRH, LH, FSH, and TSH
3. Hormone Testing to include estrogen, progesterone, testosterone, prolactin, and thyroid hormone levels
4. Consider functional testing of liver detoxification capability ([see Laboratory Listings](#))

NOTES: _____

ANEMIA, IRON DEFICIENCY (MICROCYTIC)

Diagnosis: Microcytic hypochromic anemia. Rule out blood loss and protein deficiency.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Nutrients II, IV, or Nutri-Fem Ferrasorb or	2 caps tid 4 caps bid 2 caps bid	Multivitamins with Iron Multivitamins with Iron Correct deficiencies (Fe deficiency responds quicker when B12, Folate included) Correct a deficiency
Iron Picolinate Ascorbic Acid Caps 500 mg caps 1000 mg caps Betaine HCl/Pepsin or Biogest Lactobacillus Sporogenes	1 cap tid 2 caps bid 1 caps bid 2 caps tid 1 cap bid	Enhance Iron absorption Enhance Iron absorption Enhance Iron absorption proper gut bacteria increases absorption of iron & B vit

CLINICAL CONSIDERATIONS:

Advocate frequent consumption of cultured foods (miso, yogurt, etc.) and iron-rich foods (molasses and red meat).

LABORATORY CONSIDERATIONS:

1. CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))
2. Stool for occult blood (available through most commercial labs)
3. Serum Iron Studies (available through most commercial labs)

NOTES: _____

ANEMIA, MEGALOBLASTIC

Diagnosis: Macrocytic anemia (MCV > 100). Determine serum B-12 & folate levels. If low B-12, run Schilling test to evaluate intrinsic factor production.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
B Complex #12, Bio-B12, Methylcobalamin, or Cobamamide Folacal Ferrasorb Betaine HCl/Pepsin, or Biogest Lactobacillus sporogenes	1 cap bid 1 cap bid 1 cap bid 2 caps tid 1 cap bid	Correct a deficiency Correct a deficiency Correct a deficiency Enhance absorption of B12 and folate Enhance absorption of B vitamins

LABORATORY CONSIDERATIONS:

1. CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))
2. Serum B12 and Folic Acid levels (available through most commercial labs)
3. Homocysteine levels (elevated homocysteine levels can indicate a functional impairment in B12 and folic acid metabolism) ([see Laboratory Listings](#))

NOTES: _____

ANEMIA, PERNICIOUS (see ANEMIA, MEGALOBLASTIC)

ANGINA PECTORIS

Diagnosis: Precordial pain or pressure precipitated by exertion and relieved by rest.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Neo-Cardio	1-2 caps tid	Vasodilatory; Decrease BP, increase cardiac output
Q-10 Plus	1-2 caps tid	Improve oxygenation of heart; decrease BP
E-500 or Ultimate E	1 cap bid	Vasodilatory antioxidant; aids ventricular perfusion
Co Q 100	1-2/day	Correct deficiency and improve energy production
L-Carnitine	2 caps bid	Improve cardiac energy efficiency
Potassium-Magnesium Aspartate or Citrate	2 caps bid	Smooth muscle relaxation
Super EPA	1 cap tid	Decreases platelet aggregation, lowers LDL, raises HDL
Pantethine	1 cap bid	Correct deficiency
Co Q 100	1-2/day	Correct deficiency and improve energy production

CLINICAL CONSIDERATIONS:

Lifestyle interventions to include stress management, dietary modifications, and appropriate physical exercise.

LABORATORY TESTING:

1. Consider Cardiovascular Panel ([see Laboratory Listings](#)) and treat as appropriate
2. Consider 24-hour Holter monitor for Heart Rate/Rhythm Variability ([see Laboratory Listings](#))
3. Monitor blood sugar, CBC, and thyroid function and treat if needed.

NOTES:

ANKYLOSING SPONDYLITIS

Diagnosis: Reduced range of motion of the spine with pain. Symptoms worsening with rest and improving with activity. X-ray diagnosis is conclusive evidence.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Perma-Clear	3 caps bid	Reduces gut permeability
Glucosamine Sulfate	2 caps bid	Aids in maintaining the cartilaginous viability against the osteoblast's invasion and slows down osseous fusion
Moducare	1 tid	Balance TH1/TH2 cytokines, decrease inflammation/ autoimmune process
E-500 or Ultimate E	1 cap bid	Studies indicate as effective as NSAIDs at reducing pain in AS
Bromelain	2 caps qid	Reduce inflammation
or Phytoprofen	2 caps tid	Reduce inflammation

CLINICAL CONSIDERATION:

1. Consider liver support and detoxification (see "Detoxification")
2. Consider low temperature sauna (see Appendix B for patient handout)

LABORATORY CONSIDERATIONS:

1. Consider testing for heavy metals, pesticides, and liver functional detoxification capability and detoxify if indicated ([see Laboratory Listings](#))
2. Consider gut permeability and dysbiosis studies. Increased dysbiosis and permeability seen in many cases of AS. Klebsiella pneumoniae overgrowth and immune cross-reactivity implicated in AS.
3. Consider testing for chemical antibodies and detoxify if indicated ([see Laboratory Listings](#))
4. Consider autoimmune screen ([see Laboratory Listings](#))

NOTES:

ANXIETY

Diagnosis: Patient has a subjective sense of terror, and may exhibit physical symptoms including heart palpitations, pericardial pain, nausea and hyperventilation.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Kava Kava Sedaplus	1-2 caps tid 2-4 caps as needed at bedtime	GABA-receptor binding; muscle relaxant, anxiolytic Sedative botanicals
Rhodiola	1 cap bid-tid	Adaptogenic; increases ability to withstand emotional and physical stress by normalizing serotonin, norepinephrine, and dopamine levels
Niacinamide	1 cap tid	Decrease middle of night wakefulness
Buffered C Powder	1 tsp. tid	Nourish adrenals; Cal-Mag relaxing
Inositol	up to 10g daily	Improve neurotransmitter release

CLINICAL CONSIDERATIONS:

1. Have patient complete diet diary to assess sugar in diet (see Appendix B for patient handouts).
2. Ensure patient receives adequate quantity and quality of sleep.
3. Ensure patient consumes a balanced, calorie adequate diet (carbohydrate, fat, and protein are all required in the diet to properly nourish the CNS).

LABORATORY CONSIDERATIONS:

1. Perform salivary adrenal function tests and check for cortisol peaks and appropriate rhythm ([see Laboratory Listings](#))
2. Consider glucose tolerance test or check for hyper-insulinemia
3. Perform thyroid tests to ensure proper thyroid function (available through most commercial labs)

NOTES: _____

APHTHOUS STOMATITIS (CANKER SORES)

Diagnosis: Small white circular lesions occurring singly or in small clusters on the inside of the mouth or lips. May be quite painful in proportion to size.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Lysine*	1 cap daily to prevent; 4 caps daily to treat	If herpes-related, prevent viral replication
Glycgel GI-Encap	topically as needed 1 cap dissolved in water as a tea qid	Heal and soothe the lesion For acute lesions; symptom relief
Basic B Complex	1-2 caps daily	Correct a deficiency
Iron Picolinate or Ferrasorb	1-3 caps daily	Correct a deficiency
Zinc Picolinate	1-2 caps daily	Correct a deficiency
Quercetin Chalcone	1 cap bit-tid	Stabilize mast cells
Moducare	1 cap tid	Normalize cortisol; decrease antibodies

**Monitor cholesterol, which can become elevated with high-dose lysine.*

CLINICAL CONSIDERATIONS:

1. Food and chemical allergies often contribute (especially sensitivity to glutens).
2. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

NOTES: _____

ARTHRITIS, OSTEO

Diagnosis: Degenerative loss of cartilage of the joint surface, with osteophyte formation at joint margins.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
AR-Encap	2 caps bid - tid	Anti-inflammatory; collagen protective
Phytoprofen	2 caps bid-tid	Anti-inflammatory, pain relief
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Glucosamine sulfate or	1 cap tid (increase	Building blocks of larger glycosaminoglycans
Glucosamine-Chondroitin	dose if overweight)	of cartilage
Collag-en	1 cap tid	Nutrients necessary for collagen formation
SB 313 or HMC Plus	1-2 caps tid	Collagen stabilizing flavonoids
Niacinamide		
or B Complex #3	1 cap tid	Inhibit PARP-induced apoptosis which contributes to joint degeneration
Ascorbic Acid or	1-4 grams daily	Enhances collagen formation
Buffered C Powder	1-2 tsp. daily	Enhances collagen formation
Copper Picolinate	1 cap daily	Co-factor for SOD, protects joints from destruction
Zinc Picolinate	1 cap bid	Co-factor for SOD, protects joints from destruction
E-500 or Ultimate-E	1 cap bid	Stabilize membranes and antioxidant
Boron	1 cap tid	Needed for glycosaminoglycan optimizations
MSM-850	2 caps tid	Source of sulfur and methyl groups for cartilage synthesis
Lactobacillus sporogenes	1 bid	Decrease gut derived endotoxins

CLINICAL CONSIDERATIONS:

Consider Diet Modification ([see patient handout "Arthritis & Rheumatism Diet"](#))

NOTES:

ARTHRITIS, RHEUMATOID

Diagnosis: Chronic, symmetric inflammation of the peripheral joints.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid (after a loading dose of 2 caps tid for one week)	Decrease in TH2-induced antibody production
AR-Encap	2 caps tid	Anti-inflammatory; collagen protective
Phytoprofen or Double Bromelain	2 caps tid	Anti-inflammatory
Omega Plus	2 caps tid	Anti-inflammatory
Perma-Clear	2 caps tid	Enhance anti-inflammatory prostaglandins
Medi-Clear	3 caps bid	Reduce gut permeability
E-500 or Ultimate-E	Varies	See Medi-Clear Brochure (Thorne Research)
HMCPlus or SB313	1 cap bid	Inhibits pro-inflammatory prostaglandins
Methyl-Guard	1-2 caps tid	Collagen stabilizing; anti-inflammatory
	2 caps tid	Prevent methotrexate or sulfasalazine induced homocysteine elevations
Oscap or Ipriflavone	2 caps tid	Prevent steroid-induced osteoporosis
Buffered C Powder	1 cap tid	Prevent steroid-induced osteoporosis
Pantethine	1 tsp. bid	Enhances collagen formation
Zinc Sulphate	1-2 caps bid-tid	Correct deficiency
	1 oz tid until tastes strongly; then 1 oz. per day	Correct deficiency
Lactobacillus sporogenes	1 cap bid	Decrease gut derived TH2 cytokines (significant change in fecal flora associated with clinical improvement)
Boron picolinate	1 cap qd-bid	Correct deficiency
Selenium picolinate	1 cap daily	Antioxidant, increase GSH peroxidase
Copper	1 cap daily	Balance zinc

CLINICAL CONSIDERATIONS:

1. Consider liver support and detoxification ([see Detoxification](#))
2. Consider low temperature sauna ([see patient handout "Low Temperature Sauna"](#))
3. Consider Diet Modification ([see patient handout "Arthritis & Rheumatism Diet"](#))

LABORATORY CONSIDERATIONS:

1. Rh factor positive in about 80% of cases and ANA positive in about 25% of cases (available through most commercial labs).
2. Consider testing for heavy metals, pesticides, and liver functional detoxification capability and detoxify if indicated ([see Laboratory Listings](#))
3. Consider testing for chemical antibodies and detoxify if indicated ([see Laboratory Listings](#))
4. Consider autoimmune screen ([see Laboratory Listings](#))
5. Consider 24-hour Salivary Cortisol/DHEA and treat as appropriate ([see Laboratory Listings](#))
6. Consider gut dysbiosis/increased permeability testing; treat as necessary.

NOTES: _____

ASTHMA

Diagnosis: A condition marked by recurrent attacks of paroxysmal dyspnea, with wheezing due to spasmodic contraction of the bronchi. Etiology varies, but is most often connected to allergies.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
T- Asthmatica Plus	1-2 caps bid-tid	Bronchodilation; anti-inflammatory; antihistamine (can cause nausea if dosed too high)
Petadolex	1 gelcap bid with meals	Inhibition of pro-inflammatory leukotriene synthesis and promotion of normal smooth muscle tone in respiratory airways
Quercetone or Hesperidin	2 caps qid	Mast cell stabilizer; antihistamine
Moducare	1 cap tid between meals	Decrease inflammatory cytokines
Beta-Carotene	2 caps qid	Enhance lung epithelial cell differentiation.
Vitamin C (Ascorbic Acid 500 or 1000 mg) or Buffered C Powder or Vitamin C w/ Flavonoids	3-5 grams Vitamin C daily	Mast cell stabilizer; antihistamine
Magnesium (citrate or citramate)	1-3 caps daily	Correct deficiency; decrease tissue cytokines responsible for mucus production & bronchial constriction
Betaine/Pepsin or B.P.P.	1-2 caps w/meals	Hypochlorhydria often associated with asthma
Pyridoxal 5' Phosphate	1 cap bid	Correct deficiency and normalize tryptophan metabolism
Selenium (picolinate)	1 cap daily	Correct deficiency; antioxidant
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
ALSO CONSIDER:	DOSAGE:	
Methylcobalamin	1 - 3 caps daily	Correct a deficiency
Cysteplus or Cysteplus II (pediatric)	1 cap bid - tid	Mucolytic - use for "wet" asthma
Super EPA or Omega Plus	1-2 caps tid	Enhance anti-inflammatory prostaglandins
Phytisone or Cortrex	2 caps bid	Adrenal support
GT-Ex	1 cap bid/tid	Antioxidant
Coleus forskohlii	1 cap bid	Bronchodilation

CLINICAL CONSIDERATIONS

1. Consider liver support and detoxification ([see "Detoxification"](#))
2. Consider low temperature sauna ([see patient handout "Low Temperature Sauna"](#))
3. Breathing exercises to include alternate nostril breathing
4. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. Consider testing for heavy metals, pesticides, and liver functional detoxification capability and detoxify if indicated ([see Laboratory Listings](#))
2. Consider testing for chemical antibodies and detoxify if indicated ([see Laboratory Listings](#))
3. Consider 24-hour Salivary Cortisol/DHEA and treat as appropriate ([see Laboratory Listings](#))

NOTES: _____

ATHEROSCLEROSIS

Diagnosis: Hypertension, hypercholesterolemia. May be asymptomatic or may show intermittent claudication, dizziness, angina. Risk factors include cigarette smoking and diabetes.

Therapeutics:	Dosage:	Mechanisms:
E-500 or Ultimate E	1 cap daily - bid	Decrease platelet aggregation
Lipoquinone 100 or CoQ-100 or	1 cap daily	Improve oxygenation of myocardium and decreases fatty liver
Lipoquinone 30 or CoQ-10	1 cap tid	Improve oxygenation of myocardium
Methyl-Guard	2 caps tid	Reduces homocysteine levels; improves liver fat metabolism
Magnesium (aspartate, citrate, or citramate)	1-2 caps bid	Decreases vasospasm associated with angina; raises HDL; lowers total cholesterol
Omega Plus or Super EPA	2 caps tid	Decreases platelet aggregation; lowers LDL, triglycerides; raises HDL; improves fatty liver
Cholest	1 cap tid	Lowers cholesterol
*Niasafe-600	1-2 caps bid	Lowers cholesterol & triglycerides; improve circulation
Pantethine	1-2 caps bid (take at least 3-4 months for maximum benefit)	Lowers cholesterol & triglycerides
Neo-Cardio	1-2 caps tid	Lipid-lowering effects; bromelain Degrades fibrin and prevents platelet aggregation Lowers total & LDL cholesterol; anti-ischemic; improves angina; cardiac tonic; raises HDL; lowers homocysteine
Cystepus	1 cap tid	Reduce oxidative damage during an acute MI
Carnitine	1-2 grams daily	Improve oxygenation of myocardium
Idebenone	1 cap bid-tid	Improve oxygenation of myocardium
Taurine	1-2 caps bid -tid	Improve cardiac function; inhibit platelet aggregation
Q10 Plus	1-2 caps tid	Improve oxygenation to heart; decrease BP
GB24	1 cap bid	Prevents platelet aggregation

** monitor for insulin resistance; use with Methyl-Guard to avoid possible elevation of homocysteine levels*

CLINICAL CONSIDERATIONS:

Consider diet modification (see patient handouts on ["General Diet"](#), ["Triglyceride Lowering Diet"](#), and ["Cholesterol Lowering Diets"](#))

LABORATORY CONSIDERATIONS:

1. Consider Cardiovascular panel ([see Laboratory Listings](#))
2. Monitor blood sugar and insulin levels and monitor for syndrome X/insulin resistance ([see Laboratory Listings](#))

NOTES: _____

ATTENTION DEFICIT DISORDER (ADD/ADHD)

Diagnosis: Childhood disorder characterized by hyperactivity, inattentiveness, and impulsiveness.

THERAPEUTICS:

Nutri-ADD

DOSAGE:

1 cap bid-tid

MECHANISM:

Improves concentration & memory; OPC improves blood brain barrier, Bacopa improves concentration, IsoPhos major component of nerve cell membranes, lactobacillus improves nutrient absorption.

DHA

Niacinamide

B Complex #1

P-5-P

1 cap qd-tid

1 cap tid

1 cap bid

1 cap tid

Correct deficiency

Positive clinical studies indicate beneficial effects

Positive clinical studies indicate beneficial effects

Co-factor in neurotransmitter synthesis

OTHER CONSIDERATIONS:

Captomer

10 mg/kg body weight in 3 divided doses 3 out of 14 days; repeat cycle until levels normalize

Use if heavy metal toxicity is a factor

Iron Picolinate

Cal-Mag (aspartate, citrate or citramate)

1 cap tid

2 caps bid

Use if iron deficiency is a factor and if B12 levels are questionable.

May help if deficient

CLINICAL CONSIDERATION:

- 1.74% of children with ADD have abnormal glucose tolerance tests. Avoid sugars and refined carbohydrates!
- Avoid food additives including MSG and all artificial colorings, flavorings, and dyes.
- Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. Testing to determine heavy metal burden ([see Laboratory Listings](#)) and treat as appropriate
2. Glucose Tolerance Test to determine sugar/carbohydrate handling capability
3. Food Allergies ([see Laboratory Listings](#)) with elimination of foods as appropriate
4. Iron Panel (available through most commercial labs)

NOTES: _____

AUTISM

Diagnosis: Condition described usually in small children as a self-centered trend, where reasoning and even disciplinary action may fail to change the behavior. It is felt to be initiated by xenobiotic substances, possibly due to liver toxin accumulation.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Lactobacillus sporogenes	1 cap bid	Decreases gut food antibodies and correct intestinal permeability
PermaClear	3 caps/50 lbs body wgt daily	Decreases gut food antibodies and correct intestinal permeability
Methyl-Guard B Complex #1	2 caps bid 1 cap bid	In place of Folic acid, Methylcobalamin, and P5P Positive clinical studies indicate beneficial effects
Pyridoxal 5'Phosphate	10 mg/kg body weight	Correct deficiency; normalize serotonin metabolism
Methylcobalamin or Cobamamide	1 cap daily	Correct deficiency
Magnesium (aspartate citrate, citramate)	30 mg/kg body weight	Correct deficiency
Moducare	1 cap tid	Balance cortisol/DHEA levels
Folacal	1 cap bid	Increase bipterin activity to improve tryptophan/serotonin Metabolism

CLINICAL CONSIDERATIONS:

1. B6 works better clinically when combined with magnesium supplementation.
2. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

LABORATORY CONSIDERATIONS:

1. Consider testing for heavy metals, pesticides, and liver functional detoxification capability and detoxify if indicated ([see Laboratory Listings](#))
2. Consider testing for chemical antibodies and detoxify if indicated ([see Laboratory Listings](#))

NOTES: _____

BACKACHE

Diagnosis: Acute pain in the thoraco-lumbar spinal area. Rule out: 1) acute infection; i.e. renal disease, 2) inflammatory spine disease; i.e. ankylosing spondylitis, 3) dissecting aortic aneurism, 4) rapidly progressing neurological deficit, 5) herniated disc. Upon ruling these out, treat conservatively with the following:

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytoptrofen	2 caps bid-tid	Anti-inflammatory
Myorel	2 caps tid	If caused by muscle spasm
AR-Encap	2 caps tid	If caused by arthritis
Glucosamine Sulfate or Glucosamine-Chondroitin	1 cap tid	Improves joint integrity
Double Bromelain	1-2 caps bid to qid	If needed for acute inflammation
Collag-en	2 caps tid	Improve connective tissue integrity

CLINICAL CONSIDERATIONS:

1. Traumeel or Arnica Oil (if skin is not broken) topically for symptom relief ([see Vendor Listings](#))
2. TEM patches topically for symptom relief ([see Vendor Listings](#))

NOTES: _____

BELL'S PALSY

Diagnosis: An idiopathic facial paresis of lower motor neuron type, caused by inflammatory reaction involving the facial nerve. Can be a sequelae of Lyme disease.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytoprofen	2-3 caps bid	Anti-inflammatory
Methylcobalamin	1 cap tid	Correct deficiency
Methyl-Guard	2 caps bid	Improve mylenation and nerve health
Hyper-Ex	1-2 caps tid	Improve nerve health
Niasafe-600*	2 caps tid	Mechanism unknown (Increase circulation?)

**Check liver enzymes periodically*

CLINICAL CONSIDERATIONS:

Ultrasound therapy biweekly over the facial nerve has proven beneficial in many cases when administered early in the course of the disease.

NOTES: _____

BENIGN HEPATIC STEATOSIS (FATTY LIVER)

Diagnosis: Present in up to 75% of those more than 10% over ideal body weight, and in virtually all markedly obese individuals, including adults and children. Degree of fatty change correlated with degree of obesity. Also caused by excessive ethanol intake, drugs (steroids, tamoxifen) iron overload, solvent exposure, rapid weight loss, total parenteral nutrition. Fatty liver impairs hepatic detoxification mechanisms. Increased risk of insulin insensitivity, hypertension, and hypertriglyceridemia (Syndrome X), type II diabetes mellitus. Ultrasound good diagnostic tool, biopsy is definitive.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Phosphatidyl Choline	2 caps tid	Fat emulsification
Lipotrepein	2 caps tid	Improve liver detox; enhance bile flow
T.A.P.S.	2 caps tid	Anti-inflammatory, improve detoxification
Pantethine	2-3 caps qd	Transfer fat from liver and viscera to subcutaneous tissue
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Glyco-Tone	1 cap tid	Improve blood glucose regulation, adrenal function, lipolysis
Taurine	2 caps tid	Increase bile acid synthesis
GT-Ex	2 caps bid	Support weight loss, lipolysis
Lactobacillus sporogenes	1 cap bid	Normalize gut flora, reduce blood lipids

CLINICAL CONSIDERATIONS:

Weight reduction vital, if obese. Reduce carbohydrate intake. Regular exercise important.

LABORATORY CONSIDERATIONS:

Elevated triglycerides, AST, GGT common.

NOTES: _____

BENIGN PROSTATIC HYPERPLASIA

Diagnosis: Mild to moderate palpable enlargement of the prostate gland with normal or slightly elevated PSA levels. Symptoms include nocturnal and daytime urinary frequency, urgency, and reduced force of stream.

Goal: Decrease estrogens, decrease 5-DHT, inhibit 5-alpha-reductase & aromatase, decrease prolactin. Hormone profile normally includes decreased testosterone elevated 5-dihydrotestosterone, elevated estrogens, prolactin, LH & FSH

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Pygeum or Serenoa Gelcap	2 caps bid 1-2 caps bid	Facilitate normal prostate function Inhibits 5-alpha reductase enzyme which converts testosterone to dihydrotestosterone
Al's Formula	4 caps bid	Basic multiple for men over 40 - includes prostate hyperplasia preventive botanicals & amino acids
Moducare	1 cap tid between meals	Normalize estrogen; decrease inflammation & edema
Double Zinc picolinate	1 cap bid	Zinc lowers prolactin
Copper picolinate	1 cap daily	Balance zinc
Calcium D-glucarate	2 caps bid	Inhibit beta-glucuronidase (enhance estrogen elimination)
Lactobacillus sporogenes	1 cap bid	Lowers cholesterol and lowers beta-glucuronidase
Indole 3-carbinol	1 cap bid	Normalize P450 estrogen metabolism

CLINICAL CONSIDERATION:

1. Flax seeds 10g/day. Flax seed lignin interacts with gut bacteria creates a natural aromatase inhibitor; decreases estrogens.
2. Lowering cholesterol can sometimes have a favorable effect on BPH. Use Lactobacillus sporogenes and Pantethine.
3. Ensure patient receives adequate quantity and quality of sleep (Note: they should be able to awaken rested without an alarm)
4. Diet should be balanced with adequate dietary protein, moderate fat and moderate carbohydrates. Avoid alcohol, especially beer, sugars, refined carbohydrates, and saturated fats.

LABORATORY CONSIDERATIONS:

1. Hypothalamic/Pituitary Testing to include LH, FSH, and TSH
2. Hormone Testing to include estrogen, testosterone, prolactin, and thyroid hormone levels
3. PSA (if elevated further evaluation for prostate cancer should be conducted)
4. SMAC fasting blood sugar and glucose tolerance test if elevated correct carbohydrate metabolism and avoid sugars and refined carbohydrates. ([see patient handout "General Diet"](#))

NOTES: _____

BIPOLAR DISORDER

Diagnosis: Manic and depressive episodes (manic episodes usually occur in teens and early adult life, with depressive episodes occurring later in life).

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phosphatidyl Choline	2 caps q.i.d.	Enhances synthesis of acetylcholine; helps during manic phase; may induce depression in some patients. Discontinue use immediately if this occurs.
Hyper-Ex	1-2 caps tid	Enhance neurotransmitters
5-HTP	1-2 caps tid	Increases serotonin; potentiates the effect of lithium
Buffered C	3 g daily	Reduce vanadate to vanadyl form
Methylcobalamin	3 caps daily	Plus exposure to morning bright light to normalize circadian rhythms.

**Avoid high doses of Glutamine (2 grams or more) - may enhance mania.*

CLINICAL CONSIDERATIONS:

1. Ensure patient receives adequate quantity and quality of sleep (Note: should be able to awaken rested without an alarm)
2. Ensure patient consumes a balanced, calorie adequate diet (carbohydrate, fat, and protein are all required in the diet in appropriate amounts to properly nourish the CNS). Slight calorie or macronutrient deprivation sustained over long periods can induce substantial changes in personality and mood in susceptible individuals.

NOTES: _____

BRONCHITIS

Diagnosis: Acute inflammation of bronchial tree characterized by cough, initially nonproductive, and often fever. Pulmonary sounds may be normal, or rhonchi may be present. Rule out pneumonia with chest x-ray if symptoms are serious or prolonged.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	2-4 caps tid-qid	Anti-microbial; enhance immunity
Cystepus	1 cap tid	Mucolytic
Synergisti-C	2 caps bid	Antiviral; immune boosting
Bromelain	1-2 caps bid to qid (depending upon size of patient)	To enhance effectiveness of antibiotics if used
Lactobacillus sporogenes	1 cap bid	If antibiotics are used.

NOTES: _____

BRUISING

Diagnosis: Superficial injury produced by impact without laceration: a contusion.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Vitamin C w/ Flavonoids	2 caps tid	Decreases capillary fragility
OPC 30 or OPC 100	1 mg/per kg body weight	Decreases capillary fragility
Venocap	1 cap bid	Enhances venous circulation and aids in improving elasticity of small veins
Arnica Oil	Topically PRN (if skin is not broken)	
Traumel	Topically PRN (if skin is not broken)	

NOTES: _____

BURNS

Diagnosis: Thermal injury and scalding of tissues; severity calculated on total burn surface area (TBSA), depth of burn, and patient's age.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Traumogen	3 caps qid	Connective tissue healing
Shea Butter	Apply 3 times daily	Prevent scarring
Vitamin E	500 IU bid or topically	Prevent scarring
Aloe (fresh)	Topically as needed	Moisturizing, anti-inflammatory with some antimicrobial properties

CLINICAL CONSIDERATIONS:

1. For severe burns, selenium status and amino acid status (especially glutamine) can be compromised, so support should be considered.
2. Hydration and electrolyte replacement is critical in managing moderate to severe burns
3. Gotu kola (*Centella asiatica*) topically can speed healing time and limit scar formation. Available through W. Woman ([See Vendor Listings](#))
4. Homeopathic Cantharis 3-5 pellets of 30C every 1-4 hours ([See Vendor Listings](#)).

NOTES: _____

BURSITIS

Diagnosis: Acute or chronic Inflammation of a bursa, characterized by pain, localized tenderness and limitation of motion. Rule out tendinitis, gout, rheumatoid arthritis, cellulitis and other acute or chronic infection.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytoprofen	2 - 4 caps tid	Anti-inflammatory
Buffered C Powder	1/2 tsp tid	Connective tissue healing
AR-Encap	2 caps tid	Provide nutrition for connective tissue
Traumeel or Arnica Oil (if skin is not broken)	topically PRN for symptom relief	(See Vendor Listings)

NOTES: _____

CANCER

Diagnosis: A highly anaplastic cellular tumor unlike benign tumor cells, exhibiting properties of invasion and metastasis, and classified into two main categories: A) Carcinoma and B) Sarcoma.

FOR PRIMARY OR SECONDARY PREVENTION:

COLON CANCER / LUNG CANCER / STOMACH CANCER

THERAPEUTICS	DOSAGE:	MECHANISMS:
Colon-Guard	4 caps tid	Prevent initiation or recurrence of colon cancer
Basic Nutrients III	2 caps tid	Prevent deficiency
Folic acid	5 mg bid	Prevention
Super EPA	1-2 caps tid	Slow abnormal cellular proliferation
Cysteplus	1 cap bid	Protects against adenoma recurrence
Medibulk	1 tsp - 1 tbl bid-tid	Prevention

FOR PRIMARY OR SECONDARY PREVENTION:

BREAST CANCER / CERVICAL CANCER

THERAPEUTICS	DOSAGE:	MECHANISMS:
Breast-Guard	3 caps tid	Prevent initiation or recurrence of breast cancer
Basic Nutrients III	2 caps tid	Prevent deficiency
Folic acid	5 mg bid	Prevent cervical dysplasia and carcinoma; use especially with history of birth control use
Super EPA	1-2 caps tid	Slow abnormal cellular proliferation
Calcium D-glucarate	1-2 caps bid	Decrease beta-glucuronidase (for estrogen-sensitive cancers)
Indole-3-Carbinol	1 cap bid	Increases p450 metabolism of estrogens, decreases carcinogec 4-OH estradiol

FOR PRIMARY OR SECONDARY PREVENTION:

PROSTATE CANCER

THERAPEUTICS	DOSAGE:	MECHANISMS:
Prostate-Guard	3 caps tid	Prevent initiation or recurrence of prostate cancer
Basic Nutrients III	2 caps tid	Prevent deficiency
Super EPA	1-2 caps tid	Slow abnormal cellular proliferation

FOR ESTABLISHED CANCERS & PATIENTS ON CONVENTIONAL CANCER TREATMENT:

THERAPEUTICS	DOSAGE:	MECHANISMS:
Supportive Care	4 caps tid	Complement conventional oncological care
Basic Nutrients III	2 caps tid	Prevent deficiency
Super EPA	1-2 caps tid	Slow abnormal cellular proliferation
Maitake Gold* or Maitake Liquid	1-2 caps bid	NK cell activation; T-cell release of cytokines, tumor inhibition
Melatonin	25 mg/day (in evening)	Antioxidant; tumor shrinkage; prevent metastasis; reduce linoleic acid, a fuel for some cancer cells
Fractionated Pectin	1 tbl tid	Prevent metastasis
Inositol Hexaphosphate	1-2 scoops bid	Antitumor activity, regression in neoplasms
L-Glutamine powder	1-2 tsp. bid	Protects gut from damage during abdominal radiation
CoQ100	400 mg/day	Increase immunity, shrink tumors

NOTES: _____

OTHER CONSIDERATIONS:

Moducare	1 cap tid	Stabilizes CD4 counts and boosts cellular immunity
Arabinex	1 tbl. bid	Prevent metastasis; increase NK activity
Quercetone	2 caps tid	Lymphocyte proliferation, neutrophil free radical scavenging, anti-angiogenesis, down-regulation of the mitotic cycle in tumor cells, gene expression alteration, and induction of apoptosis (quercetin and assume QC); Tumor shrinkage
GT-Ex	2 caps tid	Preventive antioxidant; inhibit tumor initiation and promotion; induce apoptosis
Anti-Oxidants and/or Planti-Oxidants	2 caps tid	Preventive; offset side effects of conventional medicine
Ascorbic Acid	to bowel tolerance	Preventive
Lactobacillus sporogenes	1 cap bid	Increases immunity; increases collagen's ability to wall off tumor; antioxidant
		Decrease ornithine decarboxylase, beta glucuronidase and enhance RBC & WBC during chemo and radiation.

**Mushroom products increase NK cell activity.*

CLINICAL CONSIDERATIONS:

1. Consider diet modifications (either blood type appropriate diet (available at darkwing.uoregon.edu/~sshapiro/ER4YT/cgi-bin/password.cgi or in Live Right 4 Your Type) or patient handout "[Cancer Prevention Diet](#)")
2. Consider environmental toxin and heavy metal testing and treatment. Multiple environmental toxins have been associated with the occurrence of certain cancers.

LABORATORY CONSIDERATION:

Immune system performance to include NK Cell Activity ([see Laboratory Listings](#))

NOTES: _____

CANDIDIASIS

Diagnosis: Severe fatigue, multiple food or environmental sensitivities, impaired mentation and recurrent cutaneous, vaginal or oral yeast infections. Diagnosis by stool culture and sensitivity for yeast organisms.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
SF722 or Undecyn (Undecyn II for pediatrics)	3-5 gelcaps tid 2-3 caps tid	Antifungal Antifungal
Lactobacillus sporogenes	1 cap bid - tid between meals	Beneficial gut flora
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Biotin-8	1 cap daily	Prevent conversion of yeast from budding to hyphal form
Herbal Bulk	1-2 tsp in water or dilute juice tid	Promote bowel regularity; Prevent reabsorption of toxic Candida metabolites
Tea tree oil suppositories	insert one in vagina nightly until resolved	Anti-fungal for vaginal candidiasis

CLINICAL CONSIDERATION:

1. Determine HCL levels and correct if needed.
2. Consider diet modification ([see patient handout "Candida Control Diet Program"](#))
3. In chronic recurrent candida consider testing for low secretory IgA levels and the presence of helicobacter and giardia, all of which will predispose to candida.

NOTES: _____

CARDIAC ARRHYTHMIA

Diagnosis: Disturbed rate of heart rhythm. Classified as A) sinus arrhythmia B) atrial premature beats C) paroxysmal supraventricular tachycardia D) atrial fibrillation E) atrial flutter or F) ventricular arrhythmias.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Neo-Cardio	1-2 caps tid	Decrease arrhythmia
Q10 Plus or Taurine	2 caps tid 2 caps bid	Cardiac tonic Modulates cardiac activity by stabilizing cation transport across cell membranes
CoQ100 - add if using Taurine alone	1 cap tid	Cardiac tonic
Magnesium (aspartate, citrate or citramate)	1 cap tid	Cofactor for Na-K ATPase, which regulates heart rhythm
Rhodiola	1 cap bid	Decrease arrhythmia, secondary to stress
L-Carnitine	3 caps tid	Potentiate effect of anti-arrhythmia

LABORATORY CONSIDERATIONS:

1. Check copper and zinc ratios: PVC's can occur with an imbalance of copper and zinc.
2. Check Heart Rate Variability to determine nervous system balance ([see Laboratory Listings](#))
3. Consider a cardiovascular panel ([see Laboratory Listings](#))

NOTES: _____

CARDIOMYOPATHY

Diagnosis: Heterogeneous group of entities primarily affecting the myocardium. Cause may be idiopathic. Classifications are A) dilation, B) hypertrophic, and C) restrictive.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
CoQ 100	1-2 caps tid	Cardiac tonic
Q10 Plus	1-2 caps tid	Cardiac tonic
Neo-Cardio	2 caps tid	Improve cardiac output; increase ejection fraction; decrease heart size, antioxidant
Selenium picolinate	1 cap daily	Antioxidant
Idebenone*	1 cap bid-tid	Antioxidant, improves oxygen utilization, ATP production

LABORATORY CONSIDERATIONS:

Consider a cardiovascular panel ([see Laboratory Listings](#))

**Has blood-thinning properties*

NOTES: _____

CARPAL TUNNEL SYNDROME

Diagnosis: Paresthesias of the radial and/or palmar aspects of the hand, with pain in the wrist or palm due to compression of the median nerve by the flexor retinaculum. EMG is considered diagnostic. Rule out root compression secondary to cervical osteoarthritis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
B-Complex #6	3 caps daily	Correct deficiencies of B2 & B6 associated with CTS
Pyridoxal -5-Phosphate	2 caps bid	Correct deficiencies of B2 & B6 associated with CTS
Riboflavin -5-Phosphate	1 cap bid	Correct deficiencies of B2 & B6 associated with CTS
Phytoprofen	2 caps tid	Anti-inflammatory

NOTES: _____

CATARACTS

Diagnosis: Opacity of the optic lens. Rule out diabetes mellitus and uveitis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Ocu-Clear	2 caps tid	Combination eye tonic
Anti-oxidant	2 caps tid	Prevent oxidative damage to lens
Glutathione	1 cap daily	Deficient in cataractous lens
IF DIABETIC:		
Quercetone	2 caps tid	Prevent oxidative damage to the lens
HMC or Hesperidin or	2 caps tid	Aldose-reductase inhibiting flavonoid
Narinase	2 caps tid	Aldose-reductase inhibiting flavonoid

NOTES: _____

CELIAC DISEASE

Diagnosis: Malabsorption syndrome precipitated by the ingestion of gluten-containing foods. Loss of villous structure in proximal intestinal mucosa. Diagnosis by bulky, pale, frothy, foul-smelling, greasy stool.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Perma-Clear	3 caps bid-tid	Decrease gut permeability improve gut integrity
GI-Encap	2 caps tid	Improve mucosal lining & decrease irritation of the gut
Dipan-9	2 caps with each meal	Improve fat malabsorption
Lactobacillus sporogenes	1 cap bid	Improve vitamin and mineral metabolism and decrease intestinal permeability.
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)

**Multi-vitamin very important due to malabsorption.*

CLINICAL CONSIDERATIONS:

Follow a gluten-free diet ([see patient handout "Wheat Allergies"](#))

NOTES: _____

CELLULITIS

Diagnosis: A diffuse, acute inflammation within solid tissues, most often cutaneous, with hyperemia, edema and leukocytic infiltration. The skin often exhibits a "peau d' orange" appearance. Strep. pyogenes (Group A, beta-hemolytic) is the most common cause. Serious cases may require penicillin.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	4 caps qid	Anti-microbial
Berbercap*	1 cap qid	Anti-microbial
Venocap	1-2 caps bid	Decreases capillary permeability; anti-inflammatory; decrease edema

**May also soak affected area with berberine removed from the capsule. Caution highly pigmented - will stain.*

NOTES: _____

CEREBROVASCULAR DISEASE

Diagnosis: Episodes of dizziness, weakness, blurred vision, and possible hemiplegia. Transient ischemic attacks (TIA) may be an early manifestation. Postural hypotension and diplopia are also common signs.

TERAPEUTICS:	DOSAGE:	MECHANISMS:
GB-24*or GB-250*	1-2 caps tid	Blood thinner; improve oxygenation to the brain
Vinpocetine*	1 cap tid	Enhances cerebral circulation and oxygen utilization
Idebenone*	1 cap bid-tid	Improves oxygen utilization, Prevent post-stroke ischemia damage
Carnityl	2 caps tid	Improve cerebral blood flow; protect against ischemic damage
CoQ100	1-2 caps daily	Prevent post-stroke ischemia damage

** Have blood thinning properties so not to be used after hemorrhagic stroke (aneurism) or by people on blood thinner medications*

NOTES: _____

CERVICAL DYSPLASIA

Diagnosis: Cervical inflammation as evidenced by abnormal Pap smear.

TERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid between meals	Enhance NK cell activity
Folic Acid Liquid or	5 mg bid (1 teaspoon=5 mg)	Prevent folate deficiency-induced dysplasia; may help reverse dysplasia related to BCP use & folate deficiency
Folacal	5 caps bid	
Indole 3-carbinol	1 cap qd-bid	Normalize P450 estrogen metabolism
Vag-Paks or Vag-Pak		
Suppositories	(check with Wise Woman Herbals for protocol) (See Vendor Listings)	
Vitamin A	1 cap daily or 2 caps daily for one month	Enhances cell differentiation
Selenium picolinate	1 cap daily	Correct a deficiency associated with epithelial cancer
Zinc picolinate	1 cap daily	Correct a deficiency

TO ADDRESS HPV INFECTION:

Thuja-lomatium-vit A supp. (check with Wise Woman Herbals for protocol) [\(See Vendor Listings\)](#)

**Warning: High folate can mask a B12 deficiency: supplement with methylcobalamin or cobamamide @ 2 caps daily.*

NOTES: _____

CHOLELITHIASIS, INTRAHEPATIC

Diagnosis: Increased risk if female, Native American, or obese, and with rapid weight loss. Ultrasound diagnostic.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Phosphatidyl Choline	2 caps tid	Fat emulsification
Lipotrepein	2 caps tid	Enhance bile flow
Lactobacillus sporogenes	1 cap bid	Decrease cholesterol reabsorption from gut
Ascorbic Acid (1 gram)	1-2 caps tid	Increase cholesterol catabolism to bile acids
Taurine	2 caps tid	Increase bile acid synthesis
Castor oil pack	Over liver prn	Relieves spasm, pain in acute exacerbation

THERAPEUTIC CONSIDERATIONS:

Many patients have food intolerances that exacerbate condition. Most common are eggs, onions, and pork.

[\(see patient handout "Egg Allergies"\)](#)

NOTES: _____

CHRONIC FATIGUE SYNDROME

Diagnosis: Chronic immunologically mediated inflammatory process of the CNS. Major criteria for CFS include: A) fatigue for at least 6 months, B) exclusion of other causes of chronic fatigue. Symptomology: prolonged fatigue, myalgia, sleep disturbances, depression, headaches, and painful cervical lymph nodes.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
IF ASSOCIATED WITH FIBROMYALGIA:		
Magnesium citramate	2 caps bid	Magnesium often deficient in CFS; malic acid increases mitochondrial ATP
IF ASSOCIATED WITH HYPOTENSION:		
Glycgel	1/4 tsp. bid	Normalize blood pressure
GT-EX	1-2 caps bid -tid	Normalize blood pressure and increase blood volume
IF ASSOCIATED WITH CHRONIC VIRAL CONDITIONS:		
Moducare	1 cap tid	Modulate immune system; improve cell-mediated immunity
Basic B complex #12 or B complex #5	1 cap bid	Correct a deficiency
Myco-Immune	1 cap bid	Correct a deficiency; enhance adrenal function
	1-2 droppers tid	Modulate immune system; improve cell-mediated immunity
L-Carnitine	2 caps bid	Increase energy metabolism
Cobamamide	2 caps daily	Increase energy metabolism
Methylcobalamin	1 cap tid	Improves sleep cycles

**Note: Always supplement 2 caps Potassium citrate per 1/4 tsp Glycgel*

If associated with adrenal insufficiency: see [Adrenal Insufficiency](#) section. Serotonin levels may be normal or, if associated with fibromyalgia, may be low (see [Fibromyalgia](#) section)

CLINICAL CONSIDERATIONS:

1. Several aspects of circadian rhythm have been found to be disrupted among individuals with CFIDS. Consider lifestyle interventions to provide environmental cues for proper circadian rhythms.
2. Regular Massage can improve aspects of immunity.
3. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))
4. Consider testing for environmental chemicals and heavy metals which are frequent causative factors in unremitting fatigue. Cleansing protocols are effective for recovering energy and cognitive function.

LABORATORY CONSIDERATIONS:

1. Tilt table test: many individuals with chronic fatigue have low blood volume which will be unmasked during a tilt table test (generally only available through local hospitals)
2. Immune Panel to include NK Cell activity (many individuals with CFIDS have low NK cell activity and lower levels are associated with poorer function) ([see Laboratory Listings](#))
3. Salivary Cortisol/DHEA (the amplitude between morning and evening cortisol levels is often decreased in individuals with CFIDS and a lower difference is associated with poorer function). ([see Laboratory Listings](#))

NOTES: _____

CIRRHOSIS, HEPATIC

Diagnosis: Fibrous infiltration of the liver, often secondary to chronic alcohol consumption. An enlarged, firm, smooth liver with a blunt edge is common. Liver enzyme levels are usually elevated, but need not be. Liver scan and biopsy are diagnostic.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
T.A.P.S.	3 caps tid	Stabilize hepatocyte membranes; antioxidant; anti-inflammatory
Lipotrepein	3 caps tid	Improve liver detox mechanisms; enhance bile flow
Phosphatidyl Choline	2 caps tid - q.i.d.	Emulsify fatty deposits
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
L-Carnitine	2 caps bid	Enhance fat metabolism in hepatic cells
Methyl-Guard	2 caps bid-qid	Enhance fat metabolism in hepatic cells
Taurine	2 caps tid	Increase bile acid synthesis

CLINICAL CONSIDERATIONS:

- 1.If secondary to alcoholism, consider replacing multiple nutrient imbalances (See [Alcoholism](#))
- 2.Castor Oil Pack applied externally over area of liver ([see patient handout "castor oil packs"](#))

LABORATORY CONSIDERATIONS:

CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))

NOTES: _____

COLDS, ACUTE – AND INFLUENZA

Diagnosis: Viral rhinitis and upper respiratory infection. Symptoms can include headache, nasal congestion, watery rhinorrhea, sneezing, muscle aches, fever, and coughing.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
IM-Encap or Phytogen	2-4 caps every 4-6 hours	Immune boosting; antiviral
Myclo-Immune	2 dropperfuls qid	Increase immune activity (antiviral)
Zinc lozenges*	1 lozenge q 2 hr	Use lozenges w/o sorbitol, mannitol, or citric acid
Oscillococcinum (Boiron)	1 vial bid-tid at beginning of symptoms	For Flu-like symptoms
Synergisti-C	2 caps bid -tid	Immune boosting; antiviral
QC Nasal Spray	1-2 squirts in each nostril as needed	Antihistamine; antiviral
Isatis	1-2 caps tid	Antiviral

**This high dose of zinc is for short-term use only (3-5 days)*

NOTES: _____

CONGESTIVE HEART FAILURE

Diagnosis: Left ventricular failure as confirmed by exertional dyspnea, cardiac enlargement, pulmonary venous congestion. Later on - dependent edema, basilar rales and lung crackles, possible left ventricular dysfunction.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Neo-Cardio	2 caps tid	Improve cardiac muscle function; decrease edema; vasodilation
Q10 Plus	2 caps tid	Improve cardiac muscle function; decrease edema; antioxidant
L-Carnitine	2 caps tid	Often deficient in CHF
ADDITIONAL CONSIDERATIONS:		
Potassium Magnesium	1-2 caps tid	Correct CHF-induced deficiencies; enhance effects of digitalis and reduce its toxicity
Aspartate		
CoQ 100	1-2 caps daily	Often deficient; improves oxygenation of heart muscle
Taurine	1-2 caps tid	Improves cardiac function
B complex #1	1 cap daily	Correct deficiency
CoQ100 or Lipoquinone	1 cap bid	Improve cardiac function, oxygenation of tissues
Idebenone	1 cap bid-tid	Improve cardiac function, oxygenation of tissues

LABORATORY CONSIDERATIONS:

Consider a Cardiovascular Panel ([see Laboratory Listings](#))

NOTES:

CONSTIPATION

Diagnosis: Unexplained delay of stool for days. Stool is either too dry, unusually large, and difficult to express. May be attributed to dietary factors, physical inactivity, pregnancy, advanced age, lower bowel abnormality, or drugs.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Herbal Lax	1 cap in pm.	Increase secretory activity of the gut
Medi Bulk or Herbal Bulk (with lots of water)	1-2 tsp. with 8 oz of water or juice tid	Bulk fiber
Lactobacillus Sporogenes	2 caps bid for 2 weeks; then reduce to 1 cap bid	Increase beneficial bacteria
Magnesium (aspartate, Citrate or Citramate)		2 caps bid-tid Osmotic laxative
Ascorbic acid	To bowel tolerance	Osmotic laxative

CLINICAL CONSIDERATIONS:

Check for achlorhydria, which can lead to constipation

NOTES:

CROHN'S DISEASE

Diagnosis: Granulomatous colitis = segmental fissures or deep ulcers of the colon. Symptoms include abdominal cramping, diarrhea, weight loss.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research) Meal replacement; rest bowel; reduce exposure to antigens
Perma-Clear	3 caps bid-tid	Decrease gut permeability; anti-inflammatory; increase beneficial flora
Cat-2-0	1 capful bid-tid	Balance gut flora; decrease inflammation
Super EPA	2 caps bid-tid	Balance cytokines, decrease inflammation
Glutamine Powder	1-2 tsp. bid	Provides fuel for small bowel enterocytes; heals the gut
Lactobacillus sporogenes	1 cap bid-tid between meals	Increase beneficial flora
GI Encap	2 caps tid	Improve integrity of the gut mucosa
Sacro-B	1 cap bid with warm water between meals	Increase beneficial flora
Moducare	1 cap tid	Increase NK cell activity, balance TH1 and TH2 activity
Cortrex or Phytisone	2 caps tid	Steroid substitute (especially if coming off steroids)
Myorel	2 caps tid	Antispasmodic

CLINICAL CONSIDERATIONS:

- 1.Replenish all vitamins, minerals & essential fatty acids; those with Crohn's tend to be deficient particularly in vitamins A,D,E, K, folate, B12 & essential fatty acids.
- 2.Consider gluten free (see patient handouts "[Wheat Allergy](#)" and/or "[Dairy Allergy](#)")
- 3.Hypo-Allergenic diets can result in improvement in some individuals ([see patient handout "Hypo-Allergenic Diet"](#))

NOTES: _____

CUSHINGS SYNDROME (see HYPERCORTISOLISM)

CYSTITIS

Diagnosis: Dysuria, urgency and frequency. Urinalysis usually shows increased WBC's and the presence of bacteria. Urine culture will identify the organism, most commonly E. Coli.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Uristatin	3-4 caps tid	Antimicrobial; diuretic
Buffered C Powder	1/2 tsp. bid	Increase immunity; diuretic
Water	12 glasses daily	
Magnesium citrate	1 cap with each meal	Citric acid decreases pain in UTI
Vacimyr	2 caps bid	Prevent bacterial adhesion
Lactobacillus sporogenes	2 caps bid between meals	Re-establish beneficial flora

NOTES: _____

DEMENTIA (see ALZHEIMER'S)

DEPRESSION, MENTAL

Diagnosis: endogenous unipolar disorder with sudden mood changes to involuntal melancholia. Symptomatology: insomnia, anxiety, anorexia, and weight loss are common.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Hyper-Ex 5-HTP	1-2 caps tid 1 cap tid (increase to 2 tid if necessary)	Believed to influence several neurotransmitter systems Increase serotonin levels; improve sleep
Rhodiola Tyrosine	1 cap bid 2 caps bid (am on waking and at lunchtime)	Increase serotonin, norepinephrine, dopamine levels Increase norepinephrine and dopamine levels
DL-Phenylalanine Methyl-Guard	2 caps bid 2 caps bid	Increase norepinephrine and dopamine levels Correct deficiencies of certain B vitamins (B12 & folate deficiencies linked to depression)

CLINICAL CONSIDERATIONS:

1. Ensure patient receives adequate quantity and quality of sleep (inadequate REM sleep associated with depression).
2. Ensure patient consumes a balanced, calorie adequate diet (carbohydrate, fat, and protein are all required in the diet to properly nourish the CNS) (calorie and macronutrient restriction can induce depression in susceptible individuals).
3. Monitor Circadian rhythms (often disrupted in depression) and modify lifestyle to provide appropriate environmental cues.

[\(see patient handout "Circadian Rythms"\)](#)

Note: If circadian rhythms are disrupted then timing of supplements becomes more important. Consider supplementation of all amino acids to coincide with natural rhythms of their metabolic substrates.

4. Craniosacral therapy for compression of sphenoid and basilar bones

LABORATORY CONSIDERATIONS:

1. Consider salivary Cortisol/DHEA (elevated nighttime cortisol or low difference in amplitude between morning and evening cortisol can indicate disruptions in circadian rhythms). [\(see Laboratory Listings\)](#)
2. Test for thyroid function

NOTES: _____

DERMATITIS HERPETIFORMIS

Diagnosis: Rule out Celiac Disease. (see Celiac) Pruritic papules, vesicles, and papulovesicles mainly on the elbows, knees, buttocks and posterior neck and scalp. Diagnosis is with light microscopy. May develop gastrointestinal lymphoma. IgA deposits in papillary skin. Note: Asymptomatic celiac disease present in 75-90% of cases.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Betaine HCl/Pepsin	1-2 caps tid (with meals)	D. herp. often associated with atrophic gastritis
Methylcobalamin or Cobamamide	1-3 caps daily	D. herp. often associated with atrophic gastritis
Moducare Lactobacillus sporogenes	1 cap tid 2 caps bid	Balance Th1/Th2 cytokines to decrease antibody prod. Decrease gut-derived antibodies

CLINICAL CONSIDERATIONS:

Strict gluten-free diet helps to eliminate skin lesions in the majority of cases [\(see patient handout "Wheat Allergy"\)](#)

NOTES: _____

DETOXIFICATION – (General Cleansing Program)

Diagnosis: Generally from patient history, symptoms, and therapeutic goals, including “spring cleaning,” general detoxification, sluggish digestion, alcohol or drug use (prescription or OTC). Also, many disease processes involve an element of toxicity, including acne vulgaris, allergies, arthritis and other inflammatory conditions, asthma, gut dysbiosis, fibrocystic breast disease, premenstrual tension syndrome, psoriasis, etc.

THERAPEUTICS:

Medi-Clear

Medibulk or

Herbal Bulk

Lipotrepain

DOSAGE:

Varies

1/2 tsp/night; slowly

increase to 1 tbl

2 caps tid

MECHANISMS:

See Medi-Clear Doctor’s Guide (Thorne Research)

To bind toxins in the intestines, and speed intestinal transit time & detoxification

Improve liver detoxification, increase bile flow

IF INFLAMMATORY PROCESS INVOLVED:

See [Inflammation](#)

IF INCREASED GUT PERMEABILITY INVOLVED:

See [Intestinal Hyper-Permeability](#)

IF ALLERGIES INVOLVED:

See [Allergies](#)

IF HISTORY OR LAB CONFIRMATION OF PESTICIDE, SOLVENT, FORMALDEHYDE, OR HEAVY METAL TOXICITY:

See [Detoxification- Environmental](#), or [Heavy Metal Toxicity](#)

IF GUT DYSBIOSIS INVOLVED:

See [Gut Dysbiosis](#)

CLINICAL CONSIDERATIONS:

1. For more in-depth information on Medi-Clear and the Medi-Clear detoxification program, please refer to the Medi-Clear Doctor’s Guide, provided by Thorne Research.
2. For information on elimination diets, see Medi-Clear Patient Guide, provided by Thorne Research.
3. For information on labs providing testing for toxicity and hepatic function, ([see Laboratory Listings](#)).

DETOXIFICATION - (Environmental)

Diagnosis: Procedure used in cases of environmental (heavy metal, solvent, pesticide) toxicity.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Detox Nutrients	4 caps tid	A multiple with higher levels of certain nutrients commonly found deficient in chemical overload
Toxic Relief Booster	1 cap tid	Nutrients and herbs for successful cleansing
Hydrolyzed Lactalbumin	2 TBL bid	Boost glutathione levels, reduce brain uptake of toxins
Medibulk	1/2 tsp/night; slowly increase to 1 TBL	Bind toxins in the intestines
Liver Cleanse	1 cap tid	For individuals needing additional assistance in liver detoxification
Calcium d-glucarate	2 caps tid	Promotes hepatic glucuronidation (inhibits beta-glucuronidase)
Ascorbic Acid	3-5 g/day	Antioxidant
IF EXPOSED TO SOLVENTS:		
Solvent Remover	1 cap tid	Nutrients necessary for solvent detoxification
IF EXPOSED TO PESTICIDES:		
Pesticide Protector	1 cap tid	Nutrients necessary for detoxifying chlorinated pesticides, organophosphates & carbamates, and pyrethrins
DHA	1 cap tid	Inhibits brain cell membrane damage
IF EXPOSED TO HEAVY METALS:		
Captomer (DMSA)	10 mg/kg/day In 3 doses between Meals; 3 days on/4-11 days off	Chelates heavy metals (mercury, lead, arsenic, cadmium)
Heavy Metal Support	1 cap tid	Replaces nutrients lost during heavy metal detoxification
IF EXPOSED TO FORMALDEHYDE:		
Formaldehyde Relief	1 cap tid	Nutrients to aid the liver in detoxifying aldehyde compounds

CLINICAL CONSIDERATIONS:

1. Consider low temperature saunas to induce lipolysis and mobilize stored toxins ([see patient handout "Low Temperature Saunas"](#))
2. Consider colonic irrigation.

LABORATORY CONSIDERATIONS:

1. Consider testing for heavy metals, pesticides, and liver functional detoxification capability ([see Laboratory Listings](#))
2. Consider testing for chemical antibodies and residues ([see Laboratory Listings](#))
3. See ["Provocative Testing for Heavy Metals"](#) for protocol.
4. For more information on DMSA (Captomer) and the heavy metal protocol see ["Heavy Metal Protocol"](#)

NOTES: _____

DIABETES MELLITUS

Diagnosis: Polyuria, polydipsia and polyphagia. Diagnosis by Oral Glucose Tolerance Test with the 2-hour value plus one other value exceeding 200 mg/dl.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Diabinil	2 caps tid with meals	Decrease blood sugar; decrease rate of complications
Fenugreek	1 tbl. in water before meals	Slow absorption of carbohydrates, thereby decreasing glycemic index of meal.
IF NEUROPATHY:		
Thiocid	1-2 caps tid	Decrease protein glycosylation; decrease lipid peroxidation
Carnityl	1-2 caps tid	Decrease protein glycosylation; antioxidant
Omega Plus	2 caps tid	Address deficiencies
Pantethine	1 cap bid	Improves vibratory sense; decreases pain
B Complex #6 or #12	1-3 caps daily	Correct deficiency
IF RETINOPATHY:		
Vacimyr and/or	2 caps tid	Anthocyanosides improve retinal integrity; decrease capillary permeability
Ocu-Clear	2 caps tid	Anthocyanosides improve retinal integrity; decrease capillary permeability; antioxidants
IF CARDIOVASCULAR/RENAL INVOLVEMENT:		
E-500 or Ultimate E	1 cap bid	Antioxidant; decrease LDL oxidation; blood thinning
Selenium picolinate	1 cap daily	Antioxidant, works with Vitamin E, glutathione
Super EPA or Omega Plus	2 caps tid	Protect from renal failure

* For specific cardiovascular problems see the indicated section

NOTES: _____

DIARRHEA

Diagnosis: Increase in the frequency, fluidity and volume of bowel movements caused by psychogenic disorders, drugs, intestinal infections (bacterial & viral), parasitic infections, pancreatic disease, food allergy, cholestatic syndromes, etc.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Sacro-B	1 cap bid-tid with warm water between meals	Decreases inflammation; improves gut flora
SF734	2 caps tid for several days; will make stool black	Bismuth binding; DGL decreases inflammation; Berberine antimicrobial; bentonite adsorbs toxins
Entrocap	1 cap bid-tid	Anti-microbial
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Activated Charcoal*	1-2 caps bid-tid	Absorb endotoxins

*Note: Activated Charcoal is available in most pharmacies and health food stores

CLINICAL CONSIDERATIONS:

Ensure adequate hydration and electrolyte replacement.

Laboratory Considerations:

Comprehensive Digestive Stool Analysis ([see Laboratory Listings](#))

NOTES: _____

DIVERTICULAR DISEASE

Diagnosis: Diverticulosis is usually asymptomatic, diverticulitis usually with pain and tenderness in lower abdomen. Diagnosis by barium enema x-ray. Rule out colon carcinoma.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Herbal Bulk or Medibulk	1-2 tsp in 8 oz. water or juice	Improve integrity of gut wall
Phytoprofen or Double Bromelain	2 caps bid-tid	Anti-inflammatory
GI -Encap	2 caps tid	Heal gut mucosa.
Perma-Clear	3 caps bid-tid	Improve gut integrity

NOTES: _____

DOWN'S SYNDROME (TRISOMY 21)

Diagnosis: Chromosomal aberration caused by failure of chromatid pair to separate in a dividing cell of an embryo. Resulting in various physical deformities and learning disability.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Carnityl	1-2 caps tid	Study: improved memory in Down's Syndrome
Anti-Oxidant	1-2 caps bid	D.S. causes increased oxidative stress
Biogest	2 caps tid w/ meals	D.S. associated with malabsorption
Medipro	1/2-2 TBL. daily	Readily absorbable protein/nutritional supplementation
Zinc picolinate	up to 120 mg daily as needed	Helps normalize T ₃ , GH, Thymulin (use Zinc test to determine need)
Copper picolinate	1 cap daily	To balance zinc

NOTES: _____

DYSMENORRHEA

Diagnosis: Menstrual pain associated with ovular cycles in absence of pathological findings.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Nutri-Fem	4 caps bid	Basic nutrients for menstruating women
Myorel	2-3 caps every 4 hrs.	Antispasmodic
Omega plus or Black Currant Oil	2 caps tid	Decrease PG2 (cause uterine contractions)
CalMag citramate	3 caps tid	Smooth muscle relaxation
Bio-PMT	2 caps bid last two weeks or cycle	Improve hormone metabolism and liver function

NOTES: _____

DYSPEPSIA (INDIGESTION)

Diagnosis: A feeling of fullness, bloating, nausea, or heartburn after a meal, sometimes with accompanied eructations (burping) and/or flatulence. May accompany hypo- or achlorhdyria.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
G.I.-Encap	1-2 caps/meal	Soothes/heals gut mucosa
Betaine HCl/Pepsin	1-2 caps/meal	Increases gastric acidity
Or		
Bio-Gest	1-2 caps/meal & ox bile	Increases gastric acidity, provides
Or		
B.P.P.	1-2 caps/meal pancreatic enzymes	Increases gastric acidity, provides

CLINICAL CONSIDERATION:

Rule out hypo- or achlorhdyria. See [Achlorhdyria](#).

NOTES:

EATING DISORDERS

Diagnosis: Change of dietary patterns leading to physiological changes; i.e., anorexia nervosa, vitamin deficiency causing metabolic changes.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medipro or MediClear	2 scoops daily	Meal replacement in obesity or in addition to a meal if trying to gain weight
ANOREXIA OR BULIMEA:		
Zinc picolinate or citrate	1 cap bid	Deficiency associated with anorexia and bulimia
Oscap Plus	2 caps tid	For anorexia- or bulimia-induced osteoporosis
Basic Nutrients	2 caps tid	Multiple vitamin with minerals to correct deficiencies
5-Hydroxytryptophan	1-2 caps tid	Increase serotonin to decrease CHO craving, addictive behaviour
Cobamamide	3 caps daily	Correct deficiency in anorexia
Cortine	2 caps tid	Promote anabolism in anorexia
OBESITY:		
5-Hydroxytryptophan	1-2 caps tid	Increase serotonin to decrease CHO craving, addictive behaviour
MCT Caps	2 caps bid-tid	Thermogenic; readily available and easily utilized source of calories
GT-Ex	2 caps tid	Thermogenic – increase basal metabolic rate

CLINICAL CONSIDERATION:

1. With eating disorders it is imperative that complete elimination of all "sensitive" or "allergic" foods is accomplished. Consumption of even a "mild" allergen will trigger craving for the main offenders.
2. Craniosacral therapy for compression of sphenoid and basilar bones

NOTES:

ECZEMA (ATOPIC DERMATITIS)

Diagnosis: Pruritic exudative or lichenified eruptions on face, neck, upper trunk, wrists, hands, and in the folds of knees and elbows. Patient frequently has a history of allergies, asthma or allergic rhinitis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Perma-Clear	3 caps bid	Decrease gut permeability (address food allergies)
Omega Plus	2 caps tid	Override defect in delta-6-desaturase enzyme
		Reduce inflammation May also consider P5P, Mg, Zn, and vitamin C needed as cofactors for desaturase enzymes
Moducare	1 cap bid/tid	Balance cytokines; increase cell mediated immunity (normalize prostaglandin synthesis)
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Glycgel	Topically as needed	Topical corticosteroid substitute
Vitamin A	1 cap daily (children 1 cap twice weekly)	Epithelial cell differentiation
Planti-Oxidants	2 caps tid	Decrease phosphodiesterase activity
Liver Cleanse	1 cap bid/tid	Stimulate alternate complement pathway
Selenium picolinate	1 cap daily	Antioxidant
Zinc picolinate (dbl strength)	1-2 caps daily	Enhance T4 to T3 conversion

CLINICAL CONSIDERATION:

Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))

NOTES:

EMPHYSEMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Diagnosis: Abnormal permanent enlargement of air space distal to the terminal bronchioles with destruction of their walls. Diminished breath sounds. Onset of symptoms after age 50. Chest X-ray confirms diagnosis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Anti-Oxidant	1 -2 caps tid	Decrease oxidative damage to lung tissue
Cystepus	1 cap tid	Reduces mucous and corrects viscosity
Nebulized Glutathione*	PRN	Increase local antioxidant defenses
Vitamin A	1 cap daily (more with close supervision)	Protect alveolae from damage
E-500 or Ultimate E	1 cap bid	Decrease oxidative damage
Co-Q-100	1 cap daily to bid	Improve oxygenation of cells
MSM	1-2 caps bid	Anecdotal reports of benefit for emphysema

*Note: ([See Vendor Listings](#))

NOTES:

ENDOMETRIOSIS

Diagnosis: Associated with high estrogen:progesterone ratio.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Bio-PMT	2 caps bid in last two weeks of cycle	Aid in liver metabolism of estrogens
Indole-3-carbinol	1 cap bid	Aid in liver metabolism of estrogens
Calcium-d-glucarate	1-2 caps tid	Aid in liver metabolism of estrogens
Myorel	2 caps tid prn	Antispasmodic for associated uterine cramping
Ferrasorb	1 cap bid-tid	For anemia if endometriosis is associated with heavy menses
Progesterone cream	1/4 tsp applied bid	To offset high estrogen/progesterone ratio
Castor oil pack	On abdomen prn	Relieves spasm, pain

NOTES: _____

EPILEPSY

Diagnosis: A cerebral disorder with attacks of altered consciousness, motor activity, sensory phenomena or inappropriate behavior.

Diagnosis by EEG.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Iso-Phos	1 cap tid	Positive prelim. studies; component of nerve cell membrane
Taurine	100 mg/kg body wt.	Neuroinhibitory amino acid; may help temporal lobe epilepsy
Magnesium (aspartate, citrate or citramate)	1 cap tid to qid	Anticonvulsant activity; correct a deficiency
B-complex # 12 or #1	1 cap daily-tid	B vitamin deficiencies (especially B12) can cause seizures; anticonvulsant meds can cause deficiencies
Pyridoxal 5 Phosphate	1 cap tid- qid	Deficiency of B-6 dependent decarboxylase enzyme can result in seizures.
Anti-Oxidant	1-2 caps daily	Anitoxidant; phase II liver detox

***Warnings: Omega Plus or Black Currant Oil supplementation may exacerbate temporal lobe epilepsy.**
Folic Acid — safe if started at same time as anticonvulsant drug. If added later, can lower serum anticonvulsant drug levels. Monitor levels strictly and adjust dosage accordingly, as breakthrough seizures can occur.

CLINICAL CONSIDERATIONS:

1. Rule out heavy metal toxicity. Heavy metals can induce seizures.
2. Rule out hypoglycemia. Hypoglycemia might be most important metabolic cause of seizures.
3. Perform [zinc sulphate taste test](#) and correct deficiency if observed. Elevated copper/zinc ratio can induce seizures.
4. A ketogenic diet can help control frequency of seizures.
5. Food allergies can trigger seizures in children so Hypo-Allergenic Diet can be useful ([see patient handout "Hypo-Allergenic Diet"](#)).

NOTES: _____

EPSTEIN BARR VIRUS INFECTION (INFECTIOUS MONONUCLEOSIS)

Diagnosis: High Fever, sore throat lymphadenopathy, lymphocytosis. Diagnosis by serologic tests.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid between meals	Increase T-lymphocyte and decrease B-lymphocytic effects;-Increase gamma interferon production
Olive-X	1 cap tid	Antiviral
Myco-Immune	2 dropperfuls tid-qid.	NK stimulating activity.
IM-Encap	2-3 caps tid	Anti-viral; immune stimulating
Arabinex	1 TBL. bid	Immune stimulating
Lipotrepein	2 caps bid-tid	Address associated hepatomegaly
Vitamin C	To bowel tolerance	Anti-viral
Phytogen	2 caps tid	Immune-potentiating activity

CLINICAL CONSIDERATIONS:

Consider testing for environmental toxins and then doing appropriate cleansing protocols. Environmental toxins can suppress the functioning of the cell-mediated immunity resulting in chronic infections.

NOTES: _____

ESTROGEN DEFICIENCY (see HYPOESTROGENISM)

EPISTAXIS (NOSEBLEED)

Diagnosis: Bleeding from vascular plexus on the anterior nasal septum. If recurrent check PT, PTT, platelet count and bleeding time.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
HMC-Plus	1-2 caps tid	Collagen tissue support to improve vascular integrity
Vitamin C w/ Flavonoids	1-2 caps tid	Collagen tissue support to improve vascular integrity

CLINICAL CONSIDERATIONS:

Compress nasal alae firmly for 10 minutes if bleeding is heavy. Gelfoam® compound may also be of great benefit.

NOTES: _____

FIBROCYSTIC BREAST DISEASE (MAMMARY DYSPLASIA)

Diagnosis: Painful, often multiple, bilateral masses in the breast. Frequently increases size of breast and occurs during the premenstrual phase of cycle.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Detox Nutrients E-500	4 caps bid 1 cap bid-tid	Assists estrogen metabolism. Clears toxins. Antioxidant; enhance estrogen metabolism, normalize FSH and LH
Bio-PMT	2 caps bid (last two weeks of cycle)	Enhance hepatic hormone metabolism
Indole-3-carbinol	1 cap tid	Metabolize estrogen
Iodine	1 cap bid	Decrease breast tissue sensitivity to estrogen
Vitamin A	1 cap daily	May prevent proliferative benign breast disease
Selenium picolinate	1 cap daily	Enhances T4 to T3 conversion. (T3 decreases high prolactin found in FBD).
Zinc picolinate	1 cap daily	

CLINICAL CONSIDERATION:

Enhance liver and colon function to ensure elimination of estrogen. (consider Calcium d-glucarate, Indole 3-Carbinol, Lactobacillus sporogenes, Methyl-Guard and Anti-oxidant).

NOTES: _____

FIBROIDS (UTERINE)

Diagnosis: Common cause of menorrhagia, polymenorrhea and dysmenorrhea. Diagnosis by palpation on pelvic exam, ultrasound and occasionally hysteroqram.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Detox Nutrients	4 caps bid	Assists estrogen metabolism. Clears toxins.
Bio-PMT	2 caps bid	Hormone balancing
Soy Isoflavones	1 cap daily	Phytoestrogen (antagonize endogenous estrogen)
Lipotrepein	1 cap tid	Supports hepatic hormone metabolism
Dipan-9	2-3 caps bid-tid between meals	Proteolytic enzymes
Maitake Gold Liquid	4-15 gtt bid	Mechanism unknown
Indole 3-Carbinol	1 cap bid-tid	Normalize estrogen metabolism
Calcium d-Glucarate	1-2 caps tod	Inhibits β -glucuronidase, promotes detoxification of estrogens

NOTES: _____

FIBROMYALGIA

Diagnosis: A multi-faceted disease which may adversely effect the neuroendocrine, immune, and musculoskeletal systems resulting in chemical imbalances. Accepted diagnostic criteria for FM as set by the American College of Rheumatology is persistent body pain in 11 of 18 specific designated points. It may develop post-Influenza type A, post motor vehicle accident, after a prolonged period of sleep deprivation, with RA, Lupus, Lyme disease or HIV. Women are affected more frequently than men. FM may be confused with chronic fatigue syndrome, because of the similar symptomatology, but the causative factor in CFS may be Epstein Barr virus, and there is also no confirming evidence of the specific joint-muscle pains seen in FM. Irritable bowel symptoms or severe mood disturbances are more common in FM. Serotonin levels are usually normal in CFS.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Magnesium citramate	1 cap tid	Magnesium and malic acid both found helpful for fibromyalgia
5-HTP	1 cap tid (increase to 2 caps tid after 3 weeks if necessary)	Increase serotonin levels which are low in some patients, increases pain threshold
Hyper-Ex	1 cap bid	May increase serotonin, dopamine, norepinephrine levels
Quercetone	1 cap tid	Blocks xanthine oxidase formation, reducing inflammation (present in some cases)
Sedaplus	2 caps at bedtime	Restore REM sleep
Bio-B12	1 cap qd	Relieves muscle spasm and enhances muscle physiology by reducing lactose accumulation in the muscles involved
Methylcobalamin	1 cap tid	Can improve sleep patterns
Myorel	2 caps tid	Decreases pain, tender points

CLINICAL CONSIDERATIONS:

1. Efforts to correct sleep disturbances and enhance sleep quality should be a priority (consider a therapeutic trial of methylcobalamin 3 mg per day for 30 days for sleep quality) along with appropriate lifestyle interventions to enhance quality sleep.
2. Consider testing for environmental toxins and then doing appropriate cleansing protocols. Fibromyalgia is common in toxic individuals

NOTES: _____

FLU (see COLDS, ACUTE – & INFLUENZA)

GALLSTONES (see CHOLELITHIASIS)

GASTRITIS

Diagnosis: Rule out Helicobacter pylori infection with ELISA IgG/IgM blood tests

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
GI Encap	2-4 caps tid	Heal gut mucosa
L-Glutamine	1/2-1 tsp bid or 2-4 caps bid	Heal gut mucosa
IF H. PYLORI POSITIVE:		
SF734	2 caps qid between meals for 8 weeks; followed by an 8-week "washout" period	Anti-microbial; gut mucosa healing
IF STRESS CAUSED:		
Moducare	1 cap tid	Normalize cortisol/DHEA if stress is a contributing factor
Sedaplus	1 cap bid	Enhance parasympathetic activity
Rhodiola	1 cap bid	Adaptogenic

CLINICAL CONSIDERATIONS:

Consider Diet Modification ([See patient handout "Bland Diet"](#))

NOTES: _____

GINGIVITIS

Diagnosis: Painful acute gingival inflammation and necrosis, often with bleeding, halitosis, fever, and cervical lymphadenopathy.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Folic Acid Liquid	1/2 cap in 1/2 cup water; rinse by mouth for 5 mins. tid	Enhances cell growth and repair
Vitamin C w/ Flavonoids	2 caps tid	Collagen support; decrease bleeding
CoQ100 or Lipoquinone 100	1 cap bid	Improve oxygenation to cells
Zinc Sulfate	1 capful daily as mouth rinse	

NOTES: _____

GLAUCOMA (CHRONIC OPEN-ANGLE)

(Acute closed-angle is a medical emergency)

Diagnosis: Increased intraocular pressure with progressive loss of peripheral vision, headaches and cupping of optic disk. Differentiate from acute angle closure glaucoma which presents with severe eye pain and loss of vision. Acute glaucoma is a medical emergency – refer patient to ophthalmologist or E.R.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Ocu-Clear	2 caps tid	Osmotic or collagen-stabilizing effects
Ascorbic acid	To bowel tolerance	Increase aqueous humor drainage; decrease viscosity of hyaluronic acid
Thiocid	1 cap bid	Increase glutathione, antioxidant
CoQ100 or Lipoquinone 100	1 cap daily	Decrease cardiac side-effects of drug Timolol
Super EPA	2 caps bid/tid	Increase prostaglandin synthesis
Magnesium Citrate	1 cap bid	Antagonize calcium channels
Moducare	1 cap tid	Normalize cortisol/DHEA levels (high cortisol associated with increased IOP)
Coleus forskohlii	1 cap bid	Increase cAMP, decrease intraocular pressure (topical, may help to take orally)

NOTES: _____

GOITER (see HYPO- & HYPERTHYROIDISM)

GOUT

Diagnosis: Articular pain, usually of a peripheral joint, with signs of inflammation. Serum uric acid levels usually >7mg/dl, but may be lower during acute phase. Rule out coexisting diabetes and /or renal dysfunction.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Quercenase	2 caps tid	Inhibit uric acid production and leukotriene formation;
Vacimyr	2 caps tid	Decrease uric acid levels
Phytoprofen	2 caps tid	Anti-inflammatory
Folic Acid Liquid or Folacal	3 caps or 10 drops tid	Might help although clinical results have been inconsistent; One study found it decreased uric acid by inhibiting xanthine oxidase; two subsequent studies did not find this
Methylcobalamin or Cobamamide	2 caps daily	May become deficient with colchicine; prevent folate from masking a B12 deficiency
Lactobacillus sporogenes	1 cap bid	Enhance fecal elimination of uric acid
Liver Cleanse	1 cap daily to bid	Enhance liver function

**Warning: Supplements to avoid in doses higher than what is in a multiple vitamin: Vitamin A and Niacin*

CLINICAL CONSIDERATIONS:

1. Consider diet modification ([see patient handout "Low Purine Diet"](#))
2. Half pound per day of fresh or frozen cherries (or 8-16 ounces of black cherry juice) can be consumed during gout attack and lower doses can be used consistently to help prevent future attacks)

NOTES: _____

GRAVE'S DISEASE (see HYPERTHYROIDISM)

GUT DYSBIOSIS

An imbalance between beneficial gut micro-organisms and potentially pathogenic bacteria or yeast/fungi.
Diagnosis: Usually via stool culture or comprehensive digestive and stool analysis.

THERAPEUTICS:

Medi-Clear

Medibulk or

Herbal Bulk

Lipotrepain

IF YEAST/FUNGI PRESENT:

SF722 or

Undecyn or

Undecyn II

Lactobacillus

Sporogenes

DOSAGE:

Varies

1/2 tsp/night; slowly

increase to 1 tbl

2 caps tid

3-5 caps tid

2-3 caps tid

2-3 caps tid

1 cap bid

MECHANISMS:

See Medi-Clear Doctor's Guide (Thorne Research)

To bind toxins in the intestines, and speed intestinal transit time & detoxification

Improve liver detoxification, increase bile flow

Antifungal

Antifungal

Antifungal; for children & small adults

Probiotic bacteria

IF BACTERIAL OVERGROWTH PRESENT:

Berbercap or

Citricidin or

Entrocap

1 cap tid

1 cap tid

1 cap tid

Antimicrobial

Antimicrobial

Antimicrobial; combines Berbercap & Citricidin in one product.

CLINICAL CONSIDERATIONS:

1. Consider dietary modifications. ([see patient handout "Candida Diet"](#)).
2. Often intestinal hyper-permeability accompanies gut dysbiosis. (see [Intestinal Hyper-permeability](#).)

LABORATORY CONSIDERATIONS:

Consider testing for dysbiosis and intestinal hyper-permeability. ([see Laboratory Listings](#))

HAYFEVER / ALLERGIC RHINITIS (see ALLERGY— INHALANT)

HEADACHE (see MIGRAINE)

HEAVY METAL TOXICITY

Diagnosis: The presence in the body of environmental pollutants at least 5 times as dense as water, which in excess quantities are poisonous and may cause death to living organisms.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Detox Nutrients	4 caps tid	Provides additional support for individuals with a toxic burden
Captomer	10 mg/kg body weight in 3 divided doses between meals for 3 days; take 4-11 days off and repeat cycle (may take several cycles)	Chelates mercury, lead, cadmium, and arsenic
Hydrolyzed Lactalbumin	1-2 TBL qd-bid	Replenish glutathione levels; branched-chain amino acids block transport sites at blood-brain barrier preventing re-absorption of heavy metals
Heavy Metal Support	2 caps bid	Help mobilize heavy metals & replenish nutrients lost during chelation process
Ascorbic Acid	1-3 grams tid	Antioxidant
Medibulk	1/2 tsp-1 tbl pm	Colon Cleanse
OTHER CONSIDERATIONS:		
Toxic Relief Booster	1 cap tid	Additional detox support
Liver Cleanse	1 cap qd - tid	Liver Cleanse

LABORATORY CONSIDERATIONS:

1. Consider testing to identify heavy metal toxicity ([see Laboratory Listings](#))
2. See "[Provocative Testing for Heavy Metals](#)" for protocol.
3. For more information on DMSA (Captomer) and the heavy metal protocol see "[Heavy Metal Protocol](#)"

NOTES: _____

HEMORRHOIDS

Diagnosis: Varices of the venous hemorrhoidal plexus, with rectal bleeding, protrusion and vague discomfort.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Shea Butter	Apply topically as needed	Soothing astringent
Venocap	1 cap bid	Astringent; tonifying herbs for increased venous integrity
Rectal suppositories #2 (Wise Woman Herbals*)	Insert one nightly until resolved	Astringent herb, vitamin A and E in cocoa butter
IF CONSTIPATED:		
Herbal Bulk or Medi-Bulk (with lots of water)	1-2 tsp. with 8 oz of water or juice tid	Bulk fiber
Herbal Laxative	1 cap at bedtime	Secretory laxative
Lactobacillus Sporogenes	1 cap bid	
IF LIVER OR PORTAL CONGESTION:		
Liver Cleanse	1 cap daily or 1 cap bid	Promote bile flow

*Wise Woman Herbals ([See Vendor Listings](#))

NOTES: _____

HEPATITIS

Diagnosis: Elevated AST (SGOT) and ALT (SGPT) usually > 1000 units. Hepatitis serum typing needed to diagnose specific type of hepatitis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Detox Nutrients	4caps tid	Clear toxins from liver & protect from liver damage & inflammation.
T.A.P.S.	2 caps tid	Antioxidant; decreases liver enzymes
Lipotrepein	2 caps tid	Increase bile flow and fat metabolism in the liver
Moducare	1 cap tid	Increase cell-mediated immunity leading to antiviral effects
Anti-Oxidant	2 caps tid	Antioxidant, cell-mediated immunity
Thiocid	2 caps tid	Antioxidant
Phosphatidyl Choline	2 caps tid-qid	Emulsifies fat
Glycgel*	1/4 tsp in warm water	Antiviral
SB313	1-2 caps tid	Decrease lipid peroxidation damage induced by the virus
IM-Encap or Phytogen	2 caps bid -tid	Enhance cell-mediated immunity
B Complex #12 or Cobamide	1 cap bid	Decrease liver enzymes

CLINICAL CONSIDERATION:

*Supplement 2 caps Potassium Citrate per 1/4 tsp Glycgel to decrease chance of potassium loss from licorice

NOTES: _____

HERPES SIMPLEX

Diagnosis: Vesicular eruption preceded by itching and soreness. Diagnosis by viral culture; serum antibody levels may be used to follow primary infections.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Glycgel*	Topically as needed; Internally: 1/4 tsp. in warm water	Antiviral
Olive-X Moducare	1 cap tid 1 cap tid (after loading dose of 2 caps tid) between meals	Antiviral Increase cell-mediated immunity necessary for chronic viral conditions
Lysine	1-2 caps daily to prevent; 2 caps tid during active disease	Inhibits arginine-dependent viral replication
IM-Encap or Phytogen	1-2 caps tid	Increase immunity; antiviral
Vitamin C w/Flavonoids	2 caps tid	Increase immunity, antiviral
Zinc Picolinate (dbl strength)	1 cap bid	Enhance immunity
Zinc Sulfate	1 oz topically qid	Acute outbreak topical relief

CLINICAL CONSIDERATIONS:

Consider diet modifications ([see patient handout "Anti Herpes Diet"](#))

*Supplement 2 caps Potassium Citrate per 1/4 tsp Glycgel to decrease chance of potassium loss from licorice

LABORATORY CONSIDERATIONS:

Consider Immune panel to include NK Cell Activity ([see Laboratory Listings](#))

HERPES ZOSTER

Diagnosis: Shingles. Vesicular eruptions and neurologic pain in dermatomal patterns. Differentiate pleurisy, trigeminal neuralgia, Bell's palsy, chickenpox (in children). Cultures may be needed to differentiate from herpes simplex.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
(Same as Herpes simplex during active disease)		
POSTHERPETIC NEURLAGIA:		
Methylcobalamin or Cobamamide	1 cap daily	Nerve analgesic
Phytozprfen	2 caps bid-tid	Anti-inflammatory, pain relief
B-Complex #1	1 cap bid-tid	Nerve analgesic
E-500	1 cap daily-bid	Enhances endorphins in PHN
Dipan-9	2 caps tid between meals	Proteolytic enzymes compared favorably with acyclovir
MF Bromelain	1-2 caps tid between meals	Proteolytic enzymes compared favorably with acyclovir

CLINICAL CONSIDERATION:

Appropriate acupuncture can sometimes reduce intensity and duration of outbreak.

Consider diet modifications ([see patient handout "Anti Herpes Diet"](#))

LABORATORY CONSIDERATIONS:

Consider Immune panel to include NK Cell Activity ([see Laboratory Listings](#))

NOTES: _____

HYPERACTIVITY (see ATTENTION DEFICIT DISORDER)

HYPERCORTISOLISM (CUSHING'S SYNDROME)

Diagnosis: Central obesity, muscle wasting, thin skin, easy bruisability, psychological changes, hirsutism, purple striae, osteoporosis, hypertension, elevated serum cortisol, and urinary free cortisol.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid	Normalize cortisol:DHEA ratio
Dehydron-5 or 15	15-30 mg daily	Increase DHEA (low when cortisol is in excess)
Iso-Phos	1 cap tid	Normalize cortisol:DHEA ratio
Carnityl	1-2 caps tid	Normalize cortisol:DHEA ratio
Zinc Picolinate	1 cap daily-bid	Needed for normal adrenal functioning
Phytisone	2 caps bid	Normalize HPA

CLINICAL CONSIDERATION:

1. Chronic elevations (cortisol resistance) or disruptions in the circadian rhythm of cortisol can exist that do not progress to Cushing's syndrome.
2. To reduce the elevated cortisol output:
 - a. Dichromatic green Light (from D.C. Bach 425-391-8087 or 800-235-8087, Fax 425-391-7258). Have it illuminating your immediate area for 60 minutes prior to turning out the light to sleep. You may wish to have it hooked up to an automatic timer so that the light will go out after you have gone to sleep.
 - b. Walk and look at the green color in nature for 20 minutes three times weekly

LABORATORY CONSIDERATIONS:

Salivary Cortisol/DHEA levels ([see Laboratory Listings](#))

NOTES:

HYPERESTROGENISM

Diagnosis: Abnormal results on urine, blood or saliva test. Clinical presentation of PMS, uterine fibroids, endometriosis, ovarian cysts, fibrocystic breast disease, etc.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Bio-PMT	2 caps bid	Improve liver's metabolism of estrogen; enhance progesterone
Soy Isoflavones	1-2 caps qd	phytoestrogenic (decreases estrogen effect in hyper-estrogenic conditions)
Calcium-D-Glucarate	1-2 caps tid	Inhibits fecal beta-glucuronidase, enhances steroid hormone metabolism
Lactobacillus Sporogenes	1 cap bid	Enhances estrogen elimination
Indole 3-Carbinol	1 cap bid-tid	Normalize P450 metabolism of estrogens

CLINICAL CONSIDERATIONS:

1. Consider castor oil pack applied over the liver region ([see patient handout "Castor Oil Pack"](#))
2. Consider Low Temperature Saunas to mobilize and eliminate estrogen-like compounds from adipose tissue ([see patient handout "Low Temperature Sauna"](#))

NOTES:

HYPERHOMOCYSTEINEMIA

Diagnosis: elevation of serum or plasma homocysteine levels.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Methyl-Guard	2 caps tid	Lowers homocysteine levels
Cysteplus	1 cap bid-tid	Decreases homocysteine levels

Warning: Avoid high doses of niacin (vitamin B3) supplementation. Evidence suggests niacin can increase homocysteine levels.

CLINICAL CONSIDERATIONS:

High intake of coffee (>6 cups/d) can increase homocysteine levels. Increased levels found in heart disease, stroke, recurrent miscarriages, peripheral vascular disease, cognitive decline/Alzheimer's Disease, rheumatoid arthritis, diabetes mellitus, depression, and renal failure.

NOTES: _____

HYPERLIPIDEMIA

Diagnosis: Elevation of serum lipid levels as identified by increased total cholesterol, LDL cholesterol, or triglycerides. Serum HDL is frequently reduced.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Cholest	1 cap bid	Reduces the production of HMG-CoA reductase in the liver, which lowers lipids
Pantethine	2 caps bid	Lowers cholesterol and triglycerides by improving lipid metabolism
L. sporogenes	1 cap bid between meals	Lowers cholesterol (binds in the gut)
Niasafe-600	1-2 caps tid	Lowers cholesterol and triglycerides via decreased VLDL synthesis, decreased HDL catabolism decrease free fatty acid mobilization
Neo-Cardio	1-2 caps tid	Lowers cholesterol by inhibition of synthesis and increased catabolism of LDL.
L-Carnitine	2-3 caps tid	Decrease triglycerides (increase transport into mitochondria)
Super-EPA	2 caps tid	Lowers cholesterol and triglycerides (better for TGs)
Ultrachrome-200 or Ultrachrome-500	1 cap daily-tid 1 cap daily-bid	Decreases triglycerides by improving glucose metabolism
Phosphatidyl Choline	2 caps bid-tid	Increases liver metabolism of fats
Fenugreek Fiber or Herbal Bulk	1 tbl with lots of water	Bind cholesterol in gut

CLINICAL CONSIDERATIONS:

1. Avoid use of Niasafe-600 or vitamin B3 supplements in insulin resistant, obese or diabetic subjects.
2. Ensure diet includes fish and monounsaturated fats like olive oil and nuts like walnuts, almonds, macadamia, and pecans.
3. Consider diet modification (see patient handouts ["General Diet"](#), ["Triglyceride Lowering Diet"](#), and ["Cholesterol Lowering Diet"](#))

LABORATORY CONSIDERATIONS:

Consider monitoring thyroid function to rule out hypothyroidism

NOTES: _____

HYPERPARATHYROIDISM

Diagnosis: Increased production of parathyroid hormone, as identified by elevated serum and urine calcium levels. May lead to renal stones, polyuria, hypotension, uremia, and bone pain.

THERAPEUTICS:

Ipriflavone

DOSAGE:

4 caps tid

MECHANISMS:

Inhibits parathyroid-induced bone resorption

NOTES: _____

HYPERTENSION

Diagnosis: Chronic elevation of systolic and diastolic blood pressures.

THERAPEUTICS:

Neo-Cardio

DOSAGE:

1-2 caps tid

Start low and increase dose gradually

MECHANISMS:

Vasodilation; hypolipidemic

Q10 Plus

Coleus forskohlii

CoQ10 or

Lipoquinone 100

Q10 or

Lipoquinone 30

Niasafe-600*

Super EPA

2 caps tid

1 cap bid

1 cap daily

1 cap tid

1 cap bid-tid

2 caps tid

Vasodilation

Antihypertensive

Correct deficiency

Correct deficiency

Vasodilation

Encourages vasodilatory prostaglandins

***WARNING: NIASAFE-600 AT THIS DOSE SHOULD BE AVOIDED IN OBESITY, INSULIN RESISTANCE, AND NIDDM.**

CLINICAL CONSIDERATIONS:

1. Ensure patient receives adequate quantity and quality of sleep (Note: they should be able to awaken rested without an alarm)
2. Consider supplementation with methylcobalamin 1 mg tid, or melatonin 3-5 mg 45 minutes prior to sleep, if any issues with sleep quality or quantity.
3. Hypertension can be secondary to sugar handling problems/insulin resistance. If abdominal obesity is present consider likelihood of insulin resistance to be very high and implement a protocol to enhance insulin sensitivity.

LABORATORY CONSIDERATIONS:

1. Consider testing for nighttime melatonin levels (often disrupted in hypertension) ([see Laboratory Listings](#))
2. Consider testing heart rate variability to determine relative balance between sympathetic/parasympathetic nervous system activity ([see Laboratory Listings](#))
3. Consider testing salivary Cortisol/DHEA and circadian rhythms (often disrupted in individuals with hypertension) ([see Laboratory Listings](#))
4. Consider oral glucose tolerance test to rule out blood glucose metabolism problems.

NOTES: _____

HYPERTHYROIDISM (GRAVE'S DISEASE)

Diagnosis: Autoimmune thyroid disorder with increased formation of autoantibodies that bind to the TSH receptor in thyroid cell membranes and stimulate the gland to hyperfunction.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	2 caps tid between meals for 1 week; 1 cap tid between meals thereafter	Decrease thyroid stimulating antibodies (TSAb)
Vitamin C E 500 or Ultimate E	1-3 qid 1 cap daily	Correct deficiency caused by antithyroid drugs Protect against oxidative damage induced by high thyroid levels

LABORATORY CONSIDERATION:

Test for heavy metal toxicity ([see Laboratory Listings](#)) and detoxify if appropriate.

NOTES: _____

HYPOCHLORHYDRIA (see ACHLORHYDRIA)

HYPOESTROGENISM

Diagnosis: Low estrogen determined by 24 hr. urine collection, saliva test, or serum levels.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Soy Isoflavones	1-2 caps daily	Source of phytoestrogens
Meta-Balance	2 caps bid	Phytoestrogenic botanicals
Bio-Gyn	1-2 caps bid	Enhance pituitary and ovarian function
Pituitary Plus	1-2 caps bid	Enhance pituitary function

NOTES: _____

HYPOGLYCEMIA

Diagnosis: A deficiency of glucose in the blood stream identified by decreased plasma glucose levels. May occur in certain endocrine disorders, such as hypopituitarism, Addison's disease or myxedema, acute alcoholism, or liver failure. May also be a result of insulin overload in diabetics and/or insufficient carbohydrate intake.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
GlycoTone	1-2 caps t.i.d	Improve pancreatic function & glucose uptake by cells (avoiding reactive hypoglycemia caused by hypersecretion of insulin followed by a plunge in glucose); Support adrenal function
Ultrachrome 200 or Ultrachrome 500	1 cap tid 1 cap daily-bid	Improves insulin binding, insulin receptor number
Fenugreek Fiber	1-3 tbl daily w/meals	Improves insulin binding, insulin receptor number Normalize glycemic response to meals

CLINICAL CONSIDERATIONS:

Consider diet modification ([see patient handout "Hypoglycemia Diet"](#))

LABORATORY CONSIDERATIONS:

1. Consider testing salivary Cortisol/DHEA and circadian rhythms (often disrupted in individuals with hypoglycemia) ([see Laboratory Listings](#))
2. Consider oral glucose tolerance test to rule out blood glucose metabolism problems.
3. CBC/SMAC ([see optimal reference ranges for CBC/SMAC](#))

NOTES:

HYPOTENSION

Diagnosis: In adults, a systolic blood pressure of 90 mm Hg or less.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Cortine or Phytisone	2 caps with breakfast & lunch	Normalize adrenal function
Glycgel	1/4 tsp. bid	Increase blood volume
GT-Ex	1 cap bid	Inhibits COMT degradation of norepinephrine

CLINICAL CONSIDERATIONS:

Monitor supine and standing BP. Check adrenal function and also rule out hypoglycemia.
Consider diet modification (see patient handouts on ["High Energy Low Stress Diet"](#) or ["Hypoglycemia Diet"](#))

LABORATORY CONSIDERATIONS:

Salivary Cortisol/DHEA ([see Laboratory Listings](#))

NOTES:

HYPOTHYROIDISM

Diagnosis: Generally both serum T3 and T4 are decreased, with elevated TSH.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Iodine-Tyrosine	1 cap bid	Comprise thyroid hormone
Selenium picolinate	1 cap daily	Necessary for conversion of T4 to T3
Pituitary Plus	1-2 caps bid	Nourish master gland activity
Phytisone	2 caps bid	Improved adrenal function
Zinc picolinate (30 mg)	1 cap bid	Necessary for thyroid hormone synthesis
Copper picolinate or citrate	1 cap daily	Necessary for thyroid hormone synthesis
IF HASHIMOTO'S THYROIDITIS:		
Moducare	1 cap tid	Decrease thyroid antibody levels
IF IMPAIRED PERIPHERAL CONVERSION CONSIDER:		
Moducare	1 cap tid	Normalize cytokines and cortisol/DHEA levels

CLINICAL CONSIDERATION:

Consider need to detoxify liver and evaluate for heavy metal toxicity. Avoid cottonseed oil!

NOTES: _____

ILEITIS, REGIONAL (see CROHN'S DISEASE)

IMMUNODEPRESSION (NON-SPECIFIC)

Diagnosis: Immunologic deficiency including, but not limited to, congenital and acquired disorders of humoral immunity (B-cell function) or cell-mediated immunity (T-cell function).

THERAPEUTICS:	DOSAGE:	MECHANISMS:
IM-Encap	2 caps tid	Immune supportive nutrients, glandulars and botanicals
Arabinex	1-3 TBL daily Pediatric: 1-3 tsp daily	Increase NK cell activity
Myco-Immune	1-2 dropperfuls bid-tid	enhance cell-mediated immune function
Moducare	1 cap tid between meals	Increase direct cell-mediated immunity
Maitake Gold Liquid or Maitake Gold caps	15 gtts/50 lb/day 1-2 caps bid	Beta glucan polysaccharides enhance NK activity, stimulate macrophages and other T-cell release of cytokines
Hydrolyzed Lactalbumin or Medipro	1-2 TBL in water or other liquid tid	Protein and specific amino acids such as glutamine essential for proper immune functioning

CLINICAL CONSIDERATION:

Consider testing for the presence of environmental chemicals and initiating cleansing therapy to mobilize them from the body. Most of the persistent ubiquitous environmental toxins are immunosuppressive, clearing them will help the immune system to recover.

NOTES: _____

INFERTILITY (FEMALE)

Diagnosis: Where pregnancy does not occur after one year of normal sexual activity without contraceptive use.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Pituitary Plus	2 caps bid	Enhance pituitary function
Bio-GYN	2 caps bid	Enhance ovarian & pituitary function
Phosphatidyl Choline	1 cap tid	Softens the ovarian cortex in ovulation
Folacal	1-3 caps daily	Deficiency may cause infertility
Vitamin C	1000 mg bid-tid	Enhances growth of ovarian follicle; may enhance effects of fertility drugs
P5P	2 caps bid	Increase progesterone; enhance pituitary hormone secretion
B-Complex #1	1 cap bid	Boosts ovulatory function and reduces lipid peroxidation
E-500	1 cap bid	Boosts ovulatory function and reduces lipid peroxidation
IF IRON DEFICIENCY IS A CAUSE:		
Ferrasorb	1 cap tid	Iron deficiency may cause infertility

CLINICAL CONSIDERATION:

Consider testing for the presence of environmental chemicals and initiating cleansing therapy to mobilize them from the body. Many of the persistent ubiquitous environmental toxins have been associated with infertility, clearing them will help the endocrine system to recover.

NOTES: _____

INFERTILITY (MALE)

Diagnosis: Inability to produce viable sperm in sufficient quantity.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
L-Carnitine	3 caps bid-tid	Involved in sperm maturation; increase sperm motility
Zinc (citrate or picolinate)	30-90 mg daily	Deficiency associated with decreased testosterone and decreased sperm count
Vitamin C	500-1000 mg daily	Improve sperm quality & number
Copper picolinate	1 cap daily-bid	If using high prolonged doses of zinc
E-500 or Ultimate E	1 cap daily	Increase sperm motility; decrease lipid peroxidation
Phytisone	2 caps bid	Normalize HPA axis
Basic Pygeum Herbal	2 caps bid	Improve quality and quantity of seminal fluid (note: useful if alkaline phosphatase is reduced)
Anti-Oxidant	2 caps bid	Selenium & glutathione important constituents of sperm
Methylcobalamin	1 cap daily	Important for cellular replication
Folacal	1-2 caps daily	Important for cellular replication
Glutathione	150 mg tid	Antioxidant, Increases sperm motility
Phytisone	2 caps bid	Normalize HPA axis
Basic Pygeum Herbal	2 caps bid	Improve quality and quantity of seminal fluid (note: useful if alkaline phosphatase is reduced)
Calcium d-Glucarate and/or Lactobacillus sporogenes	1 cap bid	Enhance excretion of estrogen if estrogen levels are high

CLINICAL CONSIDERATION:

Consider testing for heavy metal exposure. Avoid 100% synthetic or synthetic blend material briefs.

NOTES: _____

INFLAMMATION

Diagnosis: Pain, redness, and swelling in response to injury. Increased leukocyte counts with possible fever of unknown origin.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Phytoprofen	1 caps bid-tid	Inhibits pro-inflammatory leukotrienes & prostaglandins
M.F. Bromelain or Double Bromelain	1-2 caps bid-tid	Reduces pro-inflammatory prostaglandin formation
Omega Plus	2 caps bid-tid	Reduces pro-inflammatory prostaglandin formation

NOTES: _____

INFLUENZA (see COLDS, ACUTE & INFLUENZA)

INJURY/TRAUMA

Diagnosis: Bodily injury from various causes including accidents or surgery.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Traumogen	3 caps qid	Support for epithelial & collagen healing; anti-inflammatory
Collag-en	1-2 caps bid	Provides additional support especially if injury is to a ligament or tendon
Phytoprofen	2 caps bid-tid	If significant inflammation is present
Arnica 30c or 200c	2-4 pellets prn	Homeopathic remedy

CLINICAL CONSIDERATIONS:

1. Traumeel or Arnica gel (if skin is not broken) topically for symptom relief ([see Appendix E for Vendor Listings](#))
2. TEM patches topically for symptom relief ([see Appendix E for Vendor Listings](#))

NOTES: _____

INNER EAR DISORDERS (see MENIERE'S SYNDROME)

INSOMNIA

Diagnosis: Sleeplessness of several nights in succession with possible added symptoms of depression.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Sedaplus	2-4 caps 1/2 hr. before bed	Calming, sedative herbs
Melaton-1,3, or 5 —OR— Pineal Plus	1 cap 1/2 hr. before bed 1 cap tid	Chronobiotic; maintains normal circadian rhythms Secretes melatonin and polypeptides in pinealocytes which regulate the endocrine system.
5-HTP*	1 cap 30-60 min before bed	Enhance serotonin which enhances melatonin
Niacinamide	1 cap @ bedtime	For those who wake & can't get back to sleep
Methyl-Guard	1-2 caps daily	Cofactors for melatonin and serotonin synthesis
Methylcobalamin	3 caps daily	Combine with AM bright light to normalize circadian rhythms

**5-HTP will normally help within one week if it is going to be helpful with insomnia.*

See patient handouts ["Circadian Rhythms"](#) and/or ["Sleep"](#)

NOTES: _____

INSULIN RESISTANCE

A common feature and possible contributing factor to several health problems, including: non-insulin dependent diabetes mellitus, polycystic ovary disease, hyperlipidemia, hypertension, cardiovascular disease, sleep apnea, obesity, and some hormone-sensitive cancers.

Diagnosis: Central obesity is a common characteristic. High post-prandial blood glucose. High serum insulin levels.

(see also [BENIGN HEPATIC STEATOSIS](#))

THERAPEUTICS:	DOSAGE:	MECHANISM:
Magnesium Citramate	2 caps bid-tid	Treat deficiency; improve insulin sensitivity
UltraChrome 500	1 cap qd-bid	Improve insulin sensitivity
Vanoxyl 5	1 cap tid	Improve insulin sensitivity
Calcium Citramate	2 caps bid-tid	Improve insulin sensitivity
Potassium Citrate	3 caps bid	Treat deficiency
Zinc picolinate	1 cap bid	Treat deficiency; improve insulin sensitivity
CystePlus	1 cap tid	Increases hepatic glutathione levels

CLINICAL CONSIDERATIONS:

Peripheral insulin resistance is probably related to reduced hepatic function and a decreased ability of the liver to metabolize insulin. Investigate and treat liver, if necessary.

NOTES: _____

INTERMITTENT CLAUDICATION

Diagnosis: Intermittent symptoms of pain, weakness & circulatory impairment in distal lower extremity arteries. Femoral pulses are absent or weak, distal pulses are absent.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Niasafe-600	1-2 caps tid	Vasodilation
E-500	1 cap daily-bid	Blood thinning; decrease clot formation
GB-24 or GB-250	1 cap tid	Antioxidant; vasodilation
Methyl-Guard	2 caps tid	If hyperhomocystemia is present

NOTES: _____

INTESTINAL HYPERPERMEABILITY (Increased Gut Permeability)

Diagnosis: Increased gut permeability diagnosed via varied methods, including ingestion of a lactulose/mannitol solution and assessment of urinary clearance of these molecules, or measurement of antibodies to gut-derived microorganisms.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Perma-Clear	3 caps bid	Provides glutamine, antioxidants, and probiotics to heal gut, correct hyper-permeability
L-Glutamine Powder	1-2 tsp bid	Provides fuel for small intestine mucosal cells- heals gut

CLINICAL CONSIDERATIONS:

Intestinal hyper-permeability is correlated with inflammatory bowel disease, celiac disease, food allergy, HIV/AIDS, ankylosing spondylitis, asthma, atopic dermatitis (eczema), rheumatoid arthritis, urticaria, and alcoholism.

LABORATORY CONSIDERATIONS:

Lab testing for intestinal hyperpermeability can be conducted via a number of specialty labs ([see Laboratory Listings](#))

NOTES: _____

IRRITABLE BOWEL SYNDROME

Diagnosis: Abdominal pain relieved by defecation. Associated with bowel habit change such as altered stool frequency and/or passage of mucous in stool.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
GI-Encap	2 caps with meals	Mucilaginous; support healthy gut mucosa
Perma-Clear or	2 caps tid	Improve gut permeability; enhance gut flora
Lactobacillus Sporogenes	1 cap bid	Normalize GI Flora
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)
Cat 2-0	1 capful qd-bid	Normalize GI Flora

CLINICAL CONSIDERATION:

1. Stress management and sympathetic/parasympathetic nervous system balance can be critical considerations.
2. Appropriate Blood Type Diet diets (available at darkwing.uoregon.edu/~sshapiro/ER4YT/cgi-bin/password.cgi or in Live Right 4 Your Type) and/or ([see patient handout "Hypo-Allergenic Diet"](#)) can improve IBS in many individuals.
3. Elimination of "sensitive" or "allergic" foods which increase bowel inflammation.

LABORATORY CONSIDERATION:

Consider Comprehensive Stool Analysis ([see Laboratory Listings](#))

NOTES: _____

KIDNEY STONES (see RENAL CALCULI) LEAKY GUT SYNDROME (see INTESTINAL HYPERPERMEABILITY)

LEARNING DISORDER

Diagnosis: Inability to comprehend or retain information due to central lesion or a chemical imbalance in the cerebrum.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
DHA	1 cap qd-tid	DHA is a key EFA in brain & retina; dyslexics tend to have low levels in cell membranes
Nutri-ADD	1-2 caps bid-tid	Improve memory and concentration
Phosphatidyl Choline	2 caps tid-qid	Improve memory and speed learning due to enhanced cholinergic activity
CONSIDER:		
L-Tyrosine	(up to 6 grams)	Substrate for neurotransmitters
5-HTP	1 cap tid	Substrate for neurotransmitters
Glutamine	1-3 grams	Substrate for neurotransmitters
Methyl-Guard	2 caps bid	Cofactors for neurotransmitter synthesis

CLINICAL CONSIDERATION:

1. Sugars, refined carbohydrates, food additives including MSG and all artificial colorings, flavorings, and dyes can contribute in susceptible individuals.
2. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#)). This might help identify foods that are triggering behavioral problems.
3. Adequate sleep quantity and quality are critical for learning and behavior.

LABORATORY CONSIDERATIONS:

1. Glucose Tolerance Test to determine sugar/carbohydrate handling capability
2. Food Allergies ([see Laboratory Listings](#)) with elimination of foods as appropriate

NOTES: _____

LEUKOPLAKIA

Diagnosis: White plaque or patch on oral mucosa, usually considered precancerous. Diagnosis by biopsy.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Beta Carotene	2 caps tid	Enhance epithelial cell differentiation (avoid if smoker)
E-500	1 cap daily	Antioxidant; prevent cancer
Vitamin C	1000 mg	Antioxidants; prevent cancer
Glycigel	apply topically	

NOTES: _____

LOW BACK PAIN (see BACKACHE)

MACULAR DEGENERATION

Diagnosis: A gradual progressive bilateral visual loss due to atrophy and degeneration of the outer retina, retinal pigment epithelium, and chorio-capillaries. Age-related condition.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Ocu-Clear	2 caps tid	Strengthen retinal integrity; decrease oxidative stress
Vacimyr	1 cap bid	Decrease capillary permeability; membrane stabilization
OPC-100	1 cap bid	Polyphenols enhance retinal integrity

CLINICAL CONSIDERATION:

Ensure patient consumes luxurious amounts of pigmented fresh fruits and vegetables.

NOTES: _____

MASTITIS (ACUTE INFLAMMATORY POST-PARTUM)

Diagnosis: Inflammation of discrete areas of the breast in a lactating woman, accompanied by fever and chills.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	2 caps tid-qid	Anti-microbial; enhance immunity
Vitamin C	1000 mg tid	Boost immunity

**Hot packs applied to breast and hand expression to keep breast empty. Do NOT discontinue breastfeeding.*

NOTES: _____

MEMORY IMPAIRMENT (see also ALZHEIMER'S DISEASE)

Diagnosis: Acquired persistent forgetfulness (in the absence of depression) and inattentiveness. Age-related condition.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Idebenone	1 cap bid-tid	Increased oxygenation
Memoractiv or	1-2 caps tid	Enhance cognitive function and memory
INDIVIDUAL INGREDIENTS:		
IsoPhos	1 cap tid	Antioxidant; increase neuronal function
Carnityl	1-2 caps tid	Antioxidant; increase neuronal function
Vinpocetine	1 cap tid	Antioxidant; increase circulation
GB-24 or 250	1-2 caps tid	Antioxidant; increase circulation

**See also Alzheimer's for additional considerations*

NOTES: _____

MENIERE'S SYNDROME (Endolymphatic hydrops)

Diagnosis: Vertigo from distention of the endolymphatic compartment of inner ear.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Planti-Oxidants	2 caps bid-tid	Reduce hyperpermeability of vasculature; flavonoids have been found beneficial for Meniere's
Perma-Clear	2 caps tid	Meniere's has been associated with response to antigen challenge (food allergies); Perma-Clear decreases gut permeability to antigens

NOTES: _____

MENOPAUSE

Diagnosis: Cessation of menses due to aging or to bilateral oophorectomy. Hot flushes and night sweats seen in 80% of women in menopause.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Meta-Fem	4 caps bid	Basic multiple for women of menopausal, peri- or post menopausal age
Meta-Balance	2 caps bid	Phytoestrogenic & progesterogenic botanicals & nutrients
HMC-Hesperidin	1-2 caps bid	Vasomotor stabilization (for hot flashes)
Soy Isoflavones	1-2 caps qd	Phytoestrogenic
IF TENDENCY FOR UTI'S ADD:		
Uristatin	1 cap daily (to prevent)	Promote host defense mechanisms
Vacimyr	1 cap daily	Promote host defense mechanisms

FOR VAGINAL DRYNESS

Estriol/progesterone cream or suppositories (follow directions from compounding pharmacy) see vendor list
Vitamin E suppositories (Wise Woman) – one nightly for two weeks followed by one twice/week

LABORATORY CONSIDERATIONS:

Testing for FSH, LH, estrogens, progesterone, and testosterone should be considered (through most commercial labs).

NOTES: _____

MENORRHAGIA

Diagnosis: Excessive uterine bleeding – the period of flow being greater than usual duration and amount. Consider: thyroid abnormality, uterine fibroids or cancer, and treat if needed.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Nutri-Fem	4 caps bid	May be associated with specific nutrient deficiency including iron (either as a cause or effect)
Vitamin C w/ Flavonoids	2 caps bid	Increase capillary integrity
IF EXCESSIVE BLOOD LOSS RESULTS IN ANEMIA ADD:		
Ferrasorb	1-2 caps daily	Nutritional cofactors for RBC formation
Lactobacillus Sporogenes	1 cap daily	Enhance cofactor absorption

NOTES: _____

MIGRAINE

Diagnosis: Periodic, severe, throbbing pain , frequently unilateral and often over the eye. Photophobia may be present and vomiting is not unusual. Visual problems such as flashing lights may be experienced.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Petadolex	1 cap bid	Maintain cerebral smooth muscle tone
Riboflavin-5-phosphate	2-4 caps bid	Mechanism unknown
5-HTP*	1 cap bid	Replenishes serotonin levels and modulates pain
<i>* Use with caution in cases of diabetes.</i>		
Pineal Plus	1 cap tid	Secretes melatonin and polypeptides in pinealocytes which regulate the endocrine system.
Black Currant Oil (women)	1 cap tid	Enhances anti-inflammatory prostaglandin synthesis
Super EPA (men)'	1-4 caps tid	Enhances anti-inflammatory prostaglandin synthesis
B Complex #6	1 cap daily	Inhibit proinflammatory leukotriene synthesis
Rhodiola	1 cap bid	Increase brain sertotonin levels
Medi-Clear	Varies	See Medi-Clear Brochure (Thorne Research)

CLINICAL CONSIDERATIONS:

1. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#)). In some individuals elimination of offending foods can substantially decrease migraines.
2. I.V. magnesium (1 gram) can be helpful in terminating an acute migraine attack.
3. Appropriate exercise can reduce the frequency and severity of migraines among some individuals.
4. Ensure patient is receiving adequate quantity and quality of sleep. (Note: they should be able to awaken rested without alarm)
5. Acupuncture can often times be very helpful with migraines.

NOTES: _____

MISCARRIAGE, HABITUAL

Diagnosis: Repeated loss of the products of conception from the uterus before the fetus is viable.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Basic Prenatal	1 cap tid	Basic nutritional support
Bio-GYN	2 caps tid	Supportive for female reproductive system; Aletris has a long history of use for preventing miscarriage
Methyl-Guard	3 caps bid	Lower homocysteine levels. High levels increase risk of miscarriage

NOTES: _____

MITRAL VALVE PROLAPSE

Diagnosis: Nonspecific chest pain, dyspnea, fatigue or palpitation. Often a mid-systolic click is heard. Echocardiography may confirm diagnosis. Most patients are female, many are thin. Severe cases of regurgitation will require surgery.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Q10 Plus	1-2 caps tid	Cardiac tonic; CoQ10 & magnesium have both been effective in clinical studies
L-Carnitine	2-3 caps tid	Provide energy to the myocardium via fatty acid metabolism
Taurine	2 caps tid	Address fibrillation which might result

NOTES: _____

MONONUCLEOSIS, INFECTIOUS (see EPSTEIN BARR VIRUS INFECTION)

MULTIPLE SCLEROSIS

Diagnosis: Progressive demyelinating CNS disease with remissions and exacerbations of multiple symptoms such as: optic neuritis, diplopia, weakness in leg or hand, paresthesias, gait disturbances, vertigo, etc.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Anti-Oxidant	2 caps bid	Decrease oxidative stress
Omega Plus	2 caps tid	Offset faulty lipid metabolism
Perma-Clear	2 caps tid	Food allergies often associated with attacks on the myelin sheath
IsoPhos	1 cap tid	Important nerve phospholipid
DHA	1 cap tid	Offset faulty lipid metabolism
5-HTP	1-2 caps tid	Has been found to help cerebellar ataxia and improve speech
MF Bromelain	1 cap tid between meals	Proteolytic enzymes may destroy immune complexes
Dipan-9	2 caps tid between meals	Proteolytic enzymes may destroy immune complexes
Methyl-Guard	1 cap daily to bid	Correct deficiency of myelination cofactors
Lactobacillus sporogenes	1 cap bid	Correct GI function and decrease gut derived antibodies
Moducare	2 caps tid for 1 week; then 1 cap tid between meals	Decrease antibody production

CLINICAL CONSIDERATIONS:

- 1.If exacerbation coincides with seasonal allergies apply shea butter topically to nasal passages bid.
- 2.Consider heavy metal testing and treatment as mercury has been associated with this problem.

NOTES: _____

MUSCLE CRAMPS

Diagnosis: Painful spasmodic muscle contractions often initiated by lack of proper circulation to the muscle involved.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Myorel	2 caps tid	Antispasmodic
Cal-Mag (citramate) or Trispartate if potassium deficient	2 caps tid 1 cap tid	Calcium & magnesium deficiencies cause muscle cramping
L-Carnitine	2 caps tid	Muscle pain from over-exertion
P.A.K.	1 cap tid	Prevents pain from over-exertion/lactic acid buildup

NOTES: _____

MUSCULAR DYSTROPHY

Diagnosis: Inheritable diseases with progressive weakness and degeneration of muscle fibers. Elevated CPK and LDH enzymes, muscle biopsy and EMG helpful in diagnosis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
L-Carnitine	2 caps bid-tid	Important nutrient for muscle cells
E-500	1 cap per day	
Bio-B12	1 cap tid	
Dipan-9	1 cap with each meal	

CLINICAL CONSIDERATIONS:

There are potentially several nutritional cofactors that might be of use: PAK, Lipoic Acid, Co-Q-10, B Complex #12, Idebenone.

NOTES: _____

MYOPIA

Diagnosis: Near sightedness where the light entering the eye is brought in focus in front of the retina.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Folacal	1 cap daily-bid	Folate has been associated with improvement in myopia
Calcium citramate	2 caps bid-tid	
Ocu-Clear	2 caps bid-tid	Calcium associated with strengthening of sclera in progressive myopia Enhance integrity of ocular tissue

NOTES: _____

NEURALGIA

Diagnosis: Paroxysmal pain which extends along the course of one or more nerves. Many varieties of neuralgias are distinguished according to the part affected. Rule out heavy metal toxicity. If indicated see [Heavy Metal Toxicity](#).

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytoprophen	2 caps bid-tid	Anti-inflammatory, pain relief
Magnesium (citrate, or citramate)	2 caps bid-tid	
		For chronic nerve-related pain; NMDA receptor antagonist; studies have only been done on IV

NOTES: _____

NEUROPATHY (see DIABETES - NEUROPATHY SECTION)

NIGHT BLINDNESS

Diagnosis: Reduced visual acuity at night.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Ocu-Clear	2 caps tid	Improve function of rods via rhodopsin
Vitamin A	1 cap daily	Correct a deficiency
Vacimyr	1-2 caps tid	Flavonoids have affinity for rods

NOTES: _____

OBESITY (also see EATING DISORDERS and BENIGN HEPATIC STEATOSIS)

THERAPEUTICS:	DOSAGE:	MECHANISMS:
MCT caps	2 caps tid	Thermogenic effects
GT-EX	2 caps tid	Thermogenic effects
5-HTP	1-2 capsules in am	Decrease carbohydrate cravings
Hydrolyzed lactalbumin or Medipro or MediClear	2 scoops	As a meal replacement
Planti-Oxidants	2 caps bid	Decrease phosphodiesterase
CoQ100 or Lipoquinone-100	1 cap daily	Correct a deficiency

CLINICAL CONSIDERATIONS:

Consider Diet Modification (see patient handouts ["General Diet"](#))

NOTES: _____

OSTEOPOROSIS

Diagnosis: a metabolic bone disease producing decrease in bone density and diminished bone strength.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Oscap Plus	2 caps tid	Bone building nutrients including calcium, magnesium, vitamin D, and ipriflavone
Meta-Fem	4 caps bid	Basic nutritional support for women over 40
Lactobacillus sporogenes	1 cap bid	Enhance absorption of calcium and bone growth cofactors
Methylcobalamin	3 caps daily	Normalize 24 hour rhythms of cortisol and bone regeneration
Moducare	1 cap tid	Normalize 24 hour rhythms of cortisol and bone regeneration
Ipriflavone (if not using Oscap Plus)	1 cap tid	Ipriflavone enhances osteoblastic activity and decreases osteoclastic activity

CLINICAL CONSIDERATIONS:

Ensure diet includes adequate quantities of green vegetables and cultured foods (cultured soy and cultured dairy).

LABORATORY CONSIDERATIONS:

1. Salivary Cortisol/DHEA (elevated nighttime cortisol can be indicative of disrupted circadian rhythms which would influence bone turnover) ([see Laboratory Listings](#))
2. Consider an Osteoporosis risk evaluation ([see Laboratory Listings](#))

NOTES: _____

OTOSCLEROSIS

Diagnosis: a progressive disease which affects the bone surrounding the inner ear causing a conductive hearing loss.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Ipriflavone	2 caps tid	Decreases tinnitus associated with otosclerosis; improves surgical outcomes
Calcium citramate	2 caps bid	Reduces the otosclerotic lesion impingement on the cochlea
Florical®*(1 capsule contains 8.3 mg sodium fluoride)	1 cap daily	Reduces the otosclerotic lesion impingement on the cochlea

*([See Vendor Listings](#))

NOTES: _____

PANCREATITIS

Diagnosis:

Acute: Most commonly associated with alcoholism or biliary disease (often gallstone blocking pancreatic duct). Severe, sudden-onset, epigastric pain. Nausea and vomiting common. Temperature, pulse rate, WBCs are increased. Serum amylase can increase dramatically in 3-6 hours. Serum hyperlipidemia, hypercalcemia common. Homocysteine can be present in urine.

Chronic: Often associated with alcoholism, with histological changes in pancreas from alcohol. Intermittent severe epigastric pain.

THERAPEUTICS:	DOSAGE:	MECHANISM:
Dipan-9	2 caps tid w/food	To decrease need for pancreatic secretion
Anti-Oxidant	3 caps bid	Antioxidants
E-500	1 cap bid	Antioxidant
Planti-Oxidants	2 caps bid	Plant-based antioxidants
Phytoprofen	3 caps bid	Anti-inflammatory
Pyridoxal 5'-Phosphate	1 cap tid	Decreases urinary homocysteine

CLINICAL CONSIDERATIONS:

1. In acute pancreatitis, it is important to rest the bowel; provide liquid-based food. Total parenteral IV nutrition may be necessary.
2. Antacids help prevent pancreatic secretion.

LABORATORY CONSIDERATIONS:

CBC/SMAC- look for increased serum amylase, lipase, hypercalcemia, hyperlipidemia.
Ultrasound/CT/MRI can provide more definitive diagnosis.

NOTES: _____

PARKINSON'S DISEASE

Diagnosis: Symptomatic combinations of tremor, rigidity, bradykinesia, and progressive postural instability. Seborrheic dermatitis of face and scalp is common.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Extra Nutrients	2 caps tid	Correct deficiency, antioxidants
CoQ100 or Lipoquinone-100	1-2 caps tid	Deficiency may be associated with neurodegeneration in Parkinson's; 600 mg/day increases complex I activity
Anti-Oxidant	1 caps bid-tid	Reduce lipid peroxidation; increase glutathione levels, a deficiency of which is associated with oxidative damage in the substantia nigra
Omega Plus	2 caps tid	GLA associated with decreased tremor in Parkinson's; EPA/DHA reduce pro-inflammatory cytokine production
GB24	1 cap bid	Increase cerebral blood flow
Glutathione or intravenous, 600 - 1,000	1 cap qd - bid mg 3 times per week	Perlmutter protocol
Carnityl	1 cap bid-tid	Protect substantia nigra; improve mitochondrial energetics
Iso-Phos	1 cap tid	Component of mitochondrial membranes
Thiocid	1-2 cap tid	Increase glutathione levels
Cystepius	1 cap bid	Increase glutathione levels, antioxidant
NADH**	5 mg bid	Perlmutter Protocol
OTHER CONSIDERATIONS:		
Basic B-complex	1-2 caps daily	A number of the B vitamins become deficient in PD
L-Tyrosine*	100 mg/kg body weight	Increases dopamine; reduce rigidity (Don't take with L-Dopa; competes)
Niasafe-600	1 cap bid	L-Dopa causes niacin deficiency
Taurine	1-3 caps tid	Low levels in brain of Parkinson's patients

**Warning: May counteract the effects of L-dopa when given without a decarboxylase inhibitor*

*** need to locate sources*

CLINICAL CONSIDERATIONS:

Clinicians are having some success with the use of IV Glutathione

LABORATORY CONSIDERATIONS:

1. Consider testing for heavy metals, pesticides, and liver functional detoxification capability and detoxify if indicated ([see Laboratory Listings](#))
2. Consider testing for chemical antibodies and detoxify if indicated ([see Laboratory Listings](#))

NOTES: _____

PERIODONTAL DISEASE (see GINGIVITIS)

PERIPHERAL VASCULAR DISEASE

Diagnosis: Heterogenous group of disorders characterized by pathological features of inflammation and possible necrosis of blood vessels in the periphery of the vascular system.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
GB-24	2 caps tid	Antioxidant; vasodilation; blood thinning
Niasafe-600	1-2 caps tid	Vasodilation - intermittent claudication
E-500 or Ultimate-E	1 cap daily-bid	Blood thinning; Antioxidant
Methyl-Guard	2 caps tid	If hyperhomocysteinemia is present
Planti-Oxidants	1-2 caps bid	Improve venous tone in chronic venous insufficiency
Venocap	1 cap bid	Astringent; for venous insufficiency

NOTES: _____

PHARYNGITIS

Diagnosis: Upper respiratory tract infection with hoarseness, cough, and coryza. Group A β -Hemolytic Streptococci is frequently the etiological agent.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	2-4 caps tid-qid	Antimicrobial
Buffered C Powder	1/2 tsp in warm water and gargle	Antimicrobial, immune boosting.
Zinc lozenges*	1 lozenge q 2 hr at beginning of infection	Use lozenges w/o sorbitol, mannitol, or citric acid

This high dose of zinc is for short-term use only (3-5 days)

CLINICAL CONSIDERATIONS:

If positive for streptococcus infection antibiotic treatment is the standard of care (administer L. sporogenes 2 caps bid and bromelain 1 cap qid in conjunction with antibiotics if they are used).

LABORATORY CONSIDERATIONS:

Ensure a throat culture is obtained and test for streptococcus infection.

NOTES: _____

PNEUMONIA

Diagnosis: Acute infection of the parenchyma of the lung. Diagnosis by physical exam with dyspnea, productive cough and signs of consolidation: confirmation with chest x-ray and sputum culture.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	2-4 caps qid	Antimicrobial
Beta Carotene	2 cap bid	Antioxidant; affinity for lung tissue
Vitamin A	2 caps bid for one week	Immune boosting; affinity for epithelial tissue in lung
IM-Encap	1 cap qid	Immune system enhancing effects

NOTES: _____

PREECLAMPSIA

Diagnosis: Onset of symptoms in third trimester of pregnancy. Symptoms can include hypertension, proteinuria, headaches, generalized edema, visual disturbances, and epigastric pain.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Magnesium (aspartate, citrate, citramate)		1 cap bid-tid Preventive
Calcium citramate	2 caps bid	Preventive
P5P	1 cap daily	Preventive; correct a deficiency
Super EPA	2 caps bid	Preventative

CLINICAL CONSIDERATION:

Ensure a balanced diet with adequate quantity of protein is consumed during pregnancy. Adequate protein intake throughout pregnancy might help prevent preeclampsia.

NOTES: _____

PREMENSTRUAL TENSION SYNDROME (PMS)

Diagnosis: Recurrent, variable cluster of troublesome physical and emotional symptoms which develop 7-14 days before the onset of menses and subside when the menses begins. Note: Check for low thyroid function and correct if needed.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Bio-PMT	2 caps bid last 2 weeks of cycle	Aid in hormone balancing & metabolism
Black Currant Oil	2 caps bid	Decrease inflammatory prostaglandins
Nutri-Fem	4 caps bid	Basic nutritional supplement for women of child-bearing age.
Liver Cleanse	1 cap daily	Promote bile flow and hepatic estrogen elimination
Lactobacillus Sporogenes	1 cap bid	Normalize GI flora; enhance fecal elimination of estrogen
5HTP	1 cap tid pre-menstrually	Reduce anxiety / depression

NOTES: _____

PSORIASIS

Diagnosis: Dry, well-circumscribed silvery, scaly plaques, characteristically on the scalp, extensor surfaces of extremities, back and buttocks.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Omega Plus or Super EPA	2 caps tid	Omega 3 fatty acids enhance beneficial prostaglandins
Coleus forskohlii	1 cap bid-tid	Increases cyclic-AMP, decreases plaque formation
Lactobacillus Sporogenes	1 cap bid	Decrease ODC (lower polyamines)
Folacal	2 caps tid	Inhibit ODC and polyamines
Vitamin C	1000 mg daily	Inhibit xanthine oxidase
Vitamin A*	1-2 caps daily	Decrease polyamines
P5P	1 cap qd-bid	Co-factor for desaturase enzymes
Zinc picolinate or citrate	15-30 mg daily	Co-factor for desaturase enzymes
Magnesium citrate or citramate		1 cap bid Co-factor for desaturase enzymes
SF722	2 caps tid	Aids in establishing healthy gut flora and removes toxins which contribute to the skin disease.
Liver Cleanse	1 cap bid	Promote improved liver function
Moducare **	1 cap tid	Normalize HPA axis
Planti-Oxidants	2 caps bid/tid	Decrease phosphodiesterase to increase cAMP.

**May need to take toxic doses to be effective*

***May open capsule, mix with lotion and apply topically*

CLINICAL CONSIDERATIONS:

1. Consider Hypo-Allergenic Diet ([see patient handout "Hypo-Allergenic Diet"](#))
2. You may also mix Moducare with lotion and apply topically.
3. Consider supplementation with Dipan-9 (2 caps with meals) if any digestive disruption or symptoms of irritable bowel are evident.

NOTES: _____

RENAL CALCULI (CALCIUM OXALATE/URIC ACID)

Diagnosis: Severe flank pain radiating to the anterior lower quadrant if stone is lodged in the ureter. May be asymptomatic if lodged in renal pelvis. Hematuria is common.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Renaplex	2-4 caps tid	Prevent stone formation; relax ureters

CLINICAL CONSIDERATIONS:

1. Correct insulin resistance if patient presents with abdominal obesity.
2. Ensure patient drinks adequate water.
3. Consider Low Purine Diet to reduce uric acid ([see patient handout "Low Purine Diet"](#))

LABORATORY CONSIDERATIONS:

Perform serum/urine tests for hypercalcemia to rule out parathyroid hormone increase, as well as serum uric acid levels to confirm type. X-ray diagnosis to identify size and location of stone.

NOTES: _____

RETINITIS PIGMENTOSA

Diagnosis: Progressive loss of retinal response with retinal atrophy and clumping of the pigment, with contraction of the field of vision. Frequently hereditary.

THERAPEUTICS:

Vitamin A
Taurine

DOSAGE:

1 cap daily
2 caps bid

MECHANISMS:

Overcome disturbed utilization of retinol
Overcome deficiency of cellular uptake

NOTES: _____

RAYNAUD'S PHENOMENON / SYNDROME

Diagnosis: Primary or idiopathic form of paroxysmal digital cyanosis, precipitated by cold or occasionally by emotional upset. The thumb is rarely affected.

THERAPEUTICS:

Niasafe-600
GB-24
E-500

DOSAGE:

1-2 caps bid
1-2 caps bid
1 cap daily

MECHANISMS:

Vasodilation
Enhance circulation
Enhance circulation

CLINICAL CONSIDERATIONS:

If associated with autoimmune processes consider Moducare (1 cap tid) and Omega Plus (2 caps tid)

LABORATORY CONSIDERATIONS:

Consider immune testing for antinuclear antibodies (ANA) and other markers of autoimmune processes.

NOTES: _____

SCHIZOPHRENIA

Diagnosis: Psychotic disorders with syndromes manifested by massive disruption of thinking, moods, and overall behavior. It is considered to be brought on by multifactorial causes.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
*Niasafe-600 or or *Niacinamide	1-2 caps bid	Effective for early & acute schizophrenics
P5P	1 cap bid	Corrects deficiencies in the brain
Ascorbic Acid	To bowel tolerance	Schizophrenics tend to have poor utilization of Vitamin C
Glycine	0.8 mg/kg body wt.	Potentiate NMDA receptor
Inositol	up to 10g a day	Mechanism unknown

**Check liver enzymes periodically*

CLINICAL CONSIDERATIONS:

1. Rule out heavy metal toxicity.
2. Ensure patient consumes a balanced, calorie adequate diet (carbohydrate, fat, and protein are all required in the diet to properly nourish the CNS). Sustained (4-6 months) calorie restriction even by as little as 200-400 calories per day can induce psychotic behavior in susceptible individuals.

NOTES: _____

SCLERODERMA

Diagnosis: Diffuse thickening of skin with telangiectasis and areas of increased pigmentation and depigmentation. Raynaud's phenomenon in 90% of these patients.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid between meals	Decrease antibody production
E-500	1 cap daily-tid	Stabilize lysosomal membranes
Black Currant Oil	2 caps tid	Increase beneficial prostaglandins

NOTES: _____

SINUSITIS (MAXILLARY)

Diagnosis: This largest paranasal sinus is most commonly involved. Pain and pressure over the cheeks are the usual symptoms. Pain may refer to the upper incisor and canine teeth via the 5th cranial nerve. Sinusitis may include a nasal discharge, usually thick, ropy, and yellow, green, or brownish (tinged with blood).

TERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytogen	2-4 caps bid-qid	Antimicrobial (during acute episode)
Arabinex or	1 TBL. daily-bid	Boost immunity
Moducare	1 cap tid between meals	
QC Nasal Spray	1-2 sprays in each nostril as needed	Antihistamine
Quercetone or Hesperidin	2 caps tid	Antihistamine
Shea Butter (topically)	as desired	Shrink inflamed nasal membranes
SF722	4-6 cap qid for 30 days	Chronic sinusitis often concomitant with fungal overgrowth

LABORATORY CONSIDERATIONS:

Culture and biopsy should be conducted for chronic sinusitis to determine whether fungal or bacterial organism is involved.

NOTES:

SPRAINS

Diagnosis: Joint injury where some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact.

TERAPEUTICS:	DOSAGE:	MECHANISMS:
*Collag-en or	2 cap bid	Nutrients for connective tissue repair
*Traumogen	3 caps qid	Nutrients for connective tissue repair
Vitamin C	To bowel tolerance	Connective tissue repair

**Use Traumogen first few weeks; then Collag-en to strengthen the connective tissue for the next several months.*

CLINICAL CONSIDERATIONS:

- 1.Homeopathic Arnica 30 c followed by Ruta 30c after initial shock, swelling, and bruising have subsided.
- 2.Traumeel or Arnica Oil (if skin is not broken) topically for symptom relief ([See Vendor Listings](#))
- 3.TEM patches topically for symptom relief ([See Vendor Listings](#))

NOTES:

STROKE (see CEREBROVASCULAR INSUFFICIENCY)

SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

Diagnosis: Inflammatory auto immune disorder which may inflict multiple organ systems. Its clinical signs are thought to be secondary to the build-up of antigen-antibody complexes in the capillaries of the visceral structures.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Moducare	1 cap tid between meals after loading dose of 2 tid for one week	Decrease antibody production
Omega Plus	2 caps t.i.d	EFA metabolism is altered
E-500	1 cap bid-tid	Antioxidant
Lithospermum 15 (from ITM)	4 tablets bid-tid	Promote balanced immune system

* AVOID: 5-HTP – TRYPTOPHAN METABOLITES MAY PROMOTE AUTO-ANTIBODY PRODUCTION IN THIS POPULATION

*CONSIDER HIGH DOSE DHEA IF NEEDED (STUDIES HAVE USED 100 MG OR MORE DAILY).

CLINICAL CONSIDERATIONS:

1. Consider Detoxification protocol (see [Detoxification](#) and patient handout "[Low Temperature Saunas](#)").
2. Prioritize stress management and counseling as appropriate.
3. Ensure patient is receiving adequate quantity and quality of sleep.
4. The herb Gentianna macrophylla (3 caps bid available from Crane [\(See Vendor Listings\)](#)) can improve efficacy of prednisone for patients using this medication.

NOTES: _____

TENDINITIS

Diagnosis: Inflammation of tendons and tendon-muscle attachments.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Phytoprofen	1-2 caps bid-tid	Anti-inflammatory
Collag-en	2 caps bid	Nutrition for connective tissue

CLINICAL CONSIDERATIONS:

1. Traumeel or Arnica Oil (if skin is not broken) topically for symptom relief [\(See Vendor Listings\)](#)
2. TEM patches topically for symptom relief [\(See Vendor Listings\)](#)

NOTES: _____

THROMBOPHLEBITIS

Diagnosis: Partial or complete occlusion of a vein by a thrombus with secondary inflammatory reaction in the wall of the vein. Thrombus may form as a result of exposure of subendothelial tissues to platelets in the venous blood.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
MF Bromelain	1-2 caps tid between meals	Proteolytic enzymes to dissolve clots
Dipan 9	2 caps tid between meals	Proteolytic enzymes to dissolve clots
E-500	1 cap bid	Decrease platelet aggregation
Glucosamine Sulfate	1 cap tid	Substrate for glycosaminoglycans
Phytoprofen	2 caps bid	Anti-inflammatory
Planti-Oxidants	2 caps bid	Antioxidant; improve collagen integrity
Venocap	1 cap bid	Increase venous integrity

NOTES: _____

TINNITUS

Diagnosis: Perception of sound without any external stimulus. Rule out Meniere's syndrome, hypertension, arteriosclerosis, otitis media, labyrinthitis, salicylate toxicity, anemia and hypothyroidism.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
Zinc picolinate -or-	2 caps bid	To correct a deficiency
Zinc citrate -or-	1 cap bid	To correct a deficiency
DS Zinc picolinate	1 cap bid	To correct a deficiency
GB24	1-2 caps tid	For tinnitus due to vascular insufficiency
Ipriflavone	2 caps tid	For tinnitus due to otosclerosis
E-500	1 cap daily	Increase circulation

NOTES: _____

TONSILITIS (see PHARYNGITIS)

ULCER, PEPTIC

Diagnosis: Recurrent burning pain often relieved by antacids or milk. Endoscopy is diagnostic. Rule out gastric cancer. Confirm or rule out Helicobacter pylori infection using endoscopic biopsy, ELISA IgG/IgM serum tests.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
GI Encap SF734	2 caps tid with meal 2 caps qid before meals for 8 weeks	Heal gut mucosa Address H. pylori infection (if needed)
L-Glutamine Lactobacillus sporogenes Medi-Clear	2 caps or 1/2 tsp tid 1 cap bid Varies	Provides fuel for enterocytes Normal gut flora prevents recurrence of peptic ulcers See Medi-Clear Brochure (Thorne Research)

CLINICAL CONSIDERATIONS:

- 1.If high stress is possibly a contributing factor consider supplementation with Phytisone 2 caps bid
- 2.Consider Diet Modification ([see patient handout "Bland Diet"](#))

LABORATORY CONSIDERATIONS:

Perform testing to confirm or rule out H. pylori infection

NOTES: _____

ULCERATIVE COLITIS (see Crohn's Disease as protocol the same)

VAGINITIS

Diagnosis: Yeast or mycelial forms seen on wet mount/KOH. Perform stool culture for yeast to rule out enteric candidiasis.

THERAPEUTICS:	DOSAGE:	MECHANISMS:
SF722 L. sporogenes	3-5 caps tid 2-3 caps daily between meals (may also be used as vaginal suppository)	Antifungal Increase beneficial flora
Herbal Bulk Vitamin A Biotin	1-2 tsp. with 8 oz of water or juice tid 1 cap daily 1 cap daily to bid	To ensure bowel regularity, prevent reabsorption of fungal toxins Correct deficiency; normalize epithelial cell structure Biotin prevents hyphal form of yeast overgrowth
IF BACTERIAL: Herbal Vaginal Suppository #1 (Wise Woman Herbs)	Insert one nightly until resolved	Anti-microbial; heals inflamed mucous membranes
IF YEAST: Tea tree suppository	Insert one nightly Until resolved	Anti-fungal

CLINICAL CONSIDERATIONS:

If individual has recurrent vaginitis ensure blood sugar metabolism is not a contributing problem.

LABORATORY CONSIDERATIONS:

In individuals with recurrent vaginitis consider glucose tolerance test.

NOTES: _____

VARICOSE VEINS

Diagnosis: Dilated, tortuous, superficial veins in the lower extremities. Frequently with edema, pigmentation, and ulceration of the skin of the distal leg.

THERAPEUTICS:

Venocap
Planti-Oxidants

DOSAGE:

1 cap bid
1-2 caps bid

MECHANISMS:

Astringent; enhance venous function
Collagen-stabilizing

NOTES:

VERTIGO (see INNER EAR DISORDER/MENIERE'S DISEASE)

VITILIGO

Diagnosis: Hypopigmentation of the skin, where the melanocytes are destroyed. The greater the pigment loss, the fewer the number of melanocytes. May be associated with thyroid disturbance (hypo- or hyper), pernicious anemia, or diabetes mellitus.

THERAPEUTICS:

Methyl-Guard

Iodine-Tyrosine

DOSAGE:

2 caps tid

1 cap bid

MECHANISMS:

Homocysteine connection; melanocytes affected by homocysteine

For thyroid stimulation even though T3 and T4 are normal (2 week trial period)

CLINICAL CONSIDERATIONS:

Use UV light therapy locally over affected areas (first apply SPF 25-45 sunscreen)

NOTES:

WOUND HEALING (see INJURY/TRAUMA)