

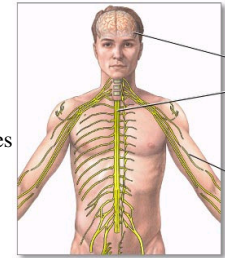
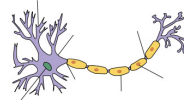
Pathology and Nutrition

Nervous System disorders
Respiratory Disorders

Nervous System: Control and Communication

Functions:

- intelligence
- sensation (5 senses)
- emotional response
- activation of muscles and glands



Central nervous system
Brain
Spinal cord
Peripheral nervous system
Peripheral nerve

ADAM

Parkinson's Disease

= etiology: insufficient dopamine production

Clinical Aspect:

- Tremors
- Rigidity
- Akinesia
- Postural instability

progressive, degenerative condition

Suspect etiologies

- Toxins: mercury, manganese, iron overexposures
- pesticides, PCBs
- head trauma

Recommendations

- dysbiosis protocol
- l-tyrosine (if *not* taking Levodopa)
- folic acid (if taking Levodopa)
- anti-oxidants: ACES



Mucuna pod

- interesting fact: the herb *mucuna pruriens* contains dopamine-like phytochemicals.

Multiple Sclerosis

= Degenerative or relapsing inflammatory condition of the central nervous system

Pathogenesis:

- inflammatory, auto-immune process
- attack of CNS myelin by T cells
- scars form (sclerosis) on white matter areas
- does not harm peripheral NS myelin
- loss of communication between brain, organs, limbs
- women affected 2x as often

Signs and Symptoms

- co-ordination/balance difficulties (ataxia)
- telegraphic speech
- changes in sensation
- muscle weakness/spasms
- visual disturbances (involuntary eye movements, neuritis)
- dysphagia = difficulty swallowing
- fatigue
- acute or chronic pain
- bladder and/or bowel difficulties

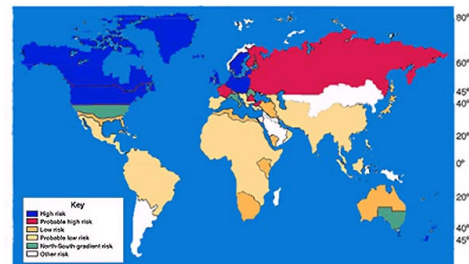


http://osocio.org/images/uploads/multiplesklerosegesellschaftschweiz2_thumb.jpg

Recommendations for MS

- get tested for Epstein-Barr virus
- safely remove mercury amalgams
- treat any dysbiosis
- anti-inflammatory diet (overactive immune protocol)
- Vitamin D 4000 I.u. daily

MS: Geographic distribution of risk



Source: www.wikipedia.org

Myasthenia Gravis

- etiology: AI
- Pathogenesis: antibodies formed against the acetylcholine (ACH) receptors of neurons, lead to intermittent loss of muscle strength, progressing to total muscle fatigue

Support: anti-inflammatory diet

Headaches

1.Common: Non-vascular (tension)

2.Vascular (Migraine)

- affects one side of the head
- often preceded by visual disturbances
- often accompanied by nausea, vomiting
- unresponsive to OTC analgesics

Migraine Triggers

- emotional stress
- sleep deprivation
- drug withdrawal (ie.caffeine)
- hormonal shifts (women)
- weather extremes, rapid changes in barometric pressure
- nutrient deficiencies (Mg, B-2, B-6)
- problem FOODS...

Food triggers

Foods High in Tyramine

- pickled foods (incl. olives)
 - beer and wine
 - cheese
 - avocados
 - bananas
 - cashews, peanuts
 - cured, smoked meats
 - dried fruits
 - tuna
 - fermented soy products
- tyramine is a natural peptide that may cause cerebrovascular spasms in susceptible people

Other triggers (food cont'd)

- histamines (red wine, tomatoes)
- chocolate, sugar, milk
- any of the top 5 allergenic foods
- mould, yeast
- food additives: aspartame, MSG, sulfites, nitrites, etc.

Recommendations

Increase serotonin:

- exercise
- 5-HTP: 50 mg 3x daily, p.m.
- take B complex with 50 mg B-6
- meditation

Reduce inflammation:

- EFAs, olive oil
- Feverfew herb (standardized; as directed)

Headaches (cont'd)

- elimination diet
- dysbiosis protocol
- hydration
- keep headache journal, food diary

Chronic Fatigue Syndrome and Fibromyalgia

- both idiopathic
- both diagnosed by exclusion of all other causes
- possibly most difficult cases to work with!
- physical and mental disturbances:
sleep disturbances, digestive, cognitive probs,
multiple sensitivities (MCS, EI)

Clinical Aspect

- | | |
|--|---|
| <p>Chronic Fatigue Syndrome</p> <p>= fatigue not relieved by bed rest</p> <ul style="list-style-type: none"> • excess sleeping • sore lymph nodes • joint and/or muscle pain • headaches • poor concentration • “pins and needles” | <p>Fibromyalgia</p> <p>= pain or tenderness in at least 11/18 specific muscle points</p> <ul style="list-style-type: none"> • insomnia • IBS • fatigue |
|--|---|

Proposed Etiologies

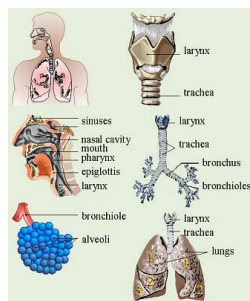
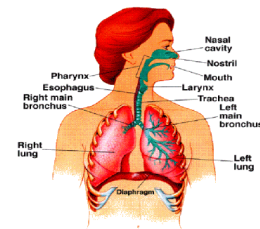
- Epstein-Barr/other earlier infections
- heavy metal poisoning
- immune dysfunction
- hypothyroidism
- depression
- “burned-out” adrenals

Recall allopathic philosophy: if it cannot be detected by science, it does not exist

Nutritional Help

- dysbiosis protocol/identify food sensitivities
- immune-building, NOT boosting
- Vitamin D +2000 I.u.
- FM: magnesium, melatonin, 5-HTP, B complex
- CFS and FM: anti-inflammatory diet, adrenal support

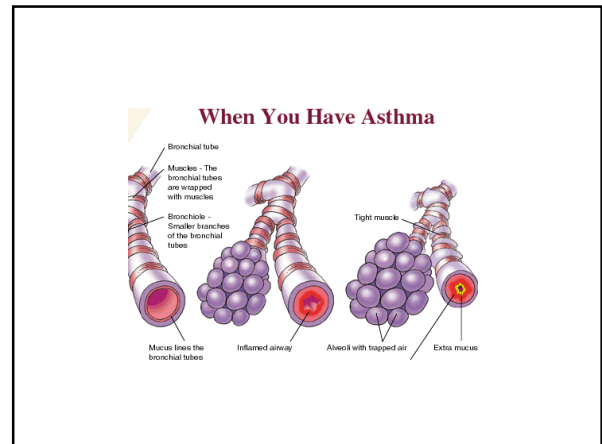
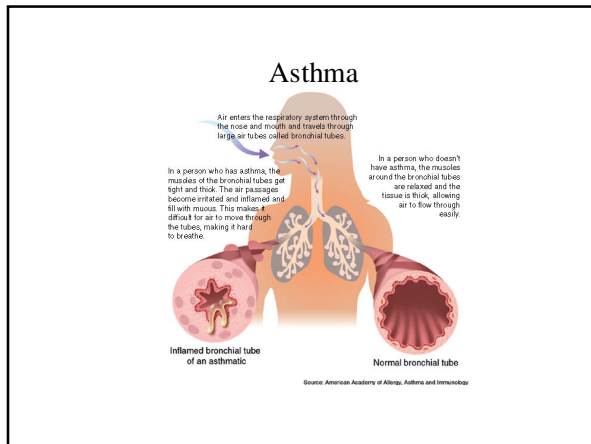
Respiratory System



Chronic Obstructive Pulmonary Disorders (COPDs)

Asthma:

- Acute, intermittent, inflammatory; induced suddenly by a stressor
- stressors: allergen, emotional, extreme temperature change

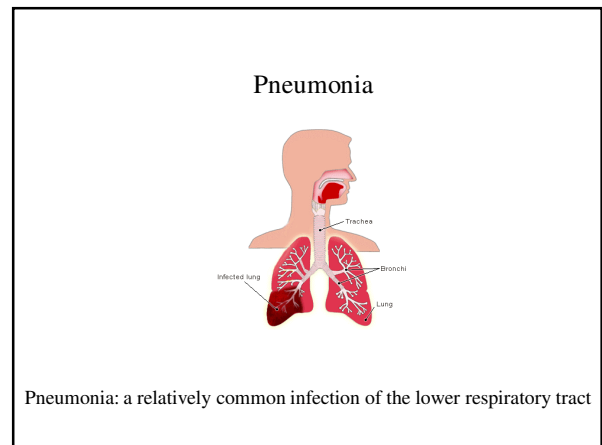


Emphysema (a COPD)

Emphysema

- progressively degenerative
- alveoli (air sacs) become permanently dilated; trapped air
- sufferers termed “blue bloaters”
- supplemental oxygen often required

irritant: long-term cigarette smoke exposure, OR heredity



Nutrition for Respiratory Illness

Build + Boost Immunity: Infections

Anti-inflammatory Diet:

- COPDs
- hayfever
- bronchitis (chronic)

Symptom relief for Respiratory inflammation + congestion

In COPDs:	In hayfever:
N-acetyl-cysteine (NAC)	(pollen allergy)
low sodium diet	quercetin
dairy-free diet	homeopathy:
quercetin	<i>pollens 19 Canada</i>
	<i>poumon histamine</i>

Acute Respiratory Illnesses:
9-1-1

- ARDS (acute respiratory distress syndrome)
- Asthma*
- Cor pulmonale
- Pneumothorax
- Pulmonary embolism
- SARS (severe acute respiratory syndrome)