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Dr. Paul G. Varnas & WholeHealthAmerica.com present

THE BETTER HEALTH NEWS

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# WE CREATE OUR HEALTH PROBLEMS

WELLNESS

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WHAT IF ONE THING CAUSED A CANCER THAT NEVER EXISTED BEFORE, CREATED A NEW SKIN DISEASE, AND QUADRUPLED CARDIOVASCULAR DISEASE IN MEN OVER 40?

It would be the lead story on all of the news networks, it would be on the cover of several magazines and it would be the subject on many talk shows. The funny thing is that this has actually happened. The cause of all of these health problems already exists—and it happened within a single generation! It happened to Eskimos living in Northern Canada. Prior to 1940 these people ate the traditional foods of their ancestors—their diet had been the same for centuries. After 1940 military bases began to appear and many began to eat at base cafeterias, abandoning their traditional diet. This sudden increase in disease was caused by the American Diet. Eating the type of diet we take for granted causes disease. Some women developed breast cancer, which was unheard of before 1940. Teenagers began to have acne, another condition which didn't exist before they began eating a more "civilized" diet. Diabetes, heart disease, high blood pressure, obesity and gross obesity all became more common. This result happens pretty consistently when a population abandons its traditional diet and begins eating a Western diet. Weston Price documented this in his book, *Nutrition and Physical Degeneration*.

According to a National Cancer Institute survey, only 9% of those asked consumed three or more servings of vegetables or two or more servings of fruit on the previous day. One in nine surveyed had no servings of fruits or vegetables on the previous day.

Americans each consume 48 pounds of high fructose corn syrup annually, along with their body weight in sweeteners and salt. Four percent of the energy use in the United States goes to packing food, which is about the same amount as the energy used to grow food. Small changes in our habits can decrease the number of doctor visits, reduce health costs and dramatically increase your energy.

# PICK THE LOW-HANGING FRUIT

Many practitioners feel intimidated and may be reluctant to offer nutrition to their patients. It is not uncommon to feel that one needs to have a vast knowledge of nutrition and biochemistry to be able to help chronically ill patients with supplements and dietary advice.

Nutritional seminars, while offering good information, may serve to further intimidate the practitioner who is not entirely comfortable recommending nutritional advice to his or her patients. People who offer these seminars are often at the top of their field. Doctors teaching seminars seek to stand out by offering information that is unique or that addresses problem patients. Doctors who are not used to offering nutritional advice may feel like a fourth grader in a calculus class. They see the information as valuable, but often think it is too complex to be useful on a daily basis.

The truth of the matter is that 10% of what anyone knows about nutrition can effectively address 90% of the patients. Most disease is due to inflammation, and inflammation is compounded by nutrient deficiency. By simply advising your patients to eat in a non-inflammatory manner (no additives, refined food, or sugar and make sure that more than half of the diet is fresh produce) and some basic supplementation (like ***Bio Multi-Plus*** (without copper or iron), ***Optimal EFAs***, ***Bio D Mulsion***) and a probiotic, like ***BioDoph 7 Plus***, will improve the health of most of your chronically ill patients. You don't even need to say that you are treating their disease. Instead you are improving the body's infrastructure and enabling it to reduce inflammation and heal.

We hate to talk about financial well-being and health care, but it is worth a mention here. Of course you would offer basic nutritional advice and supplementation because it WILL improve the health of your patients, The patients' well-being should be your priority, but there is a financial benefit to you. About 60% of all Americans take at least one supplement. Do your patients get their supplements from you? If 60% of your patients spent $60/month on supplements, what would that do to your bottom line?

Have you looked at the supplements your patients are taking? You can help them by making sure they are of good quality. You can also save them money by making sure that they are not taking anything that is unnecessary. Also, if they are eating a nutrient-deficient, pro-inflammatory diet, you can show them a better way. Many people take supplements as drug substitutes, but you can show them a better way. It is profitable, but more importantly it will greatly improve the health and quality of life of your patients.

If you give EVERY patient basic supplementation and dietary advice, you will have a credible treatment for virtually every chronic condition. Allergies, ADHD, asthma, fatigue, pain, eczema, digestive distress or any of a myriad of symptoms will improve under your care. You are not treating the disease—you are treating the patient who has the disease.

From there, you can hone your approach and develop more creative

**Contact your Biotics Research representative for help in putting together EFFECTIVE nutritional protocols for your patients**

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and aggressive protocols. For example, about 40% of Americans are insulin insensitive. They will have a tendency to develop metabolic syndrome, pre-diabetes and diabetes. By simply giving ***Glucobalance*** instead of ***Bio Multi Plus***, and adding ***Lipoic Acid*** to the treatment, you greatly improve the chance for success. You may find that adding ***MG-Zyme*** to the regimen of your asthmatic patients and addressing common food allergies may greatly improve these patients' results.

Even if the protocol you start with is less than perfect, it will still be beneficial. One of the great advantages of working with a company like Biotics Research is that all of their reps have a nutritional background and can help you with your patients. They can also provide you with protocol manuals and other educational materials that will help both your practice and your patients. If you have a patient with asthma and start by giving them ***Bio Multi Plus, Optimal EFAs, Bio D Mulsion*** and ***BioDoph 7 Plus*** and recommend an anti-inflammatory diet. You can call to get help fine tuning your program. You will find, however, that if you start with the basics, you will be surprised at how seldom you need to go further.

If you are already comfortable recommending nutrition to your patients, you may find that taking a turnkey, basic approach saves you time. Most Americans benefit from taking away junk food and taking basic supplementation. You may be surprised at how seldom you have to sit and figure out what to do if you simply start with the basics. It is a great time saver.

Wellness care is the next trillion dollar industry, and you should market wellness to your patients. It will improve their health and your bottom line. You can go to Facebook.com/WholeHealthAmerica and download a free ebook to teach you about marketing wellness. Also, it is important that your patients understand the value of quality supplements. There is another free ebook "Is it a Good Supplement", also available at Facebook.com/WholeHealthAmerica; print it and put it in your reception area.

# INFLAMMATION & VITAMIN D

Testing for vitamin D in the serum is a very inexpensive test. If you have been labeled with fibromyalgia it may be worth having someone check your vitamin D. Research appearing in the July 19, 2006 issue of *Clinical Rheumatology*, linked anxiety and depression experienced by fibromyalgia patients to low vitamin D levels. The subjects of the study were 75 patients with fibromyalgia who filled out a Fibromyalgia Impact Questionnaire and Hospital Anxiety and Depression Score. Blood samples were taken to measure vitamin D levels. Twenty-three of the patients had normal levels of vitamin D. Ten of the patients were deficient in vitamin D and 42 had insufficient levels. Patients who were deficient in vitamin D placed higher on the Hospital Anxiety and Depression Score than those with normal or insufficient levels of vitamin D. The researchers concluded that low vitamin D levels were associated with fibromyalgia and that the anxiety and depression associated with the disease may be linked to low vitamin D levels.

According to the *Mayo Clinic Proceedings* (December 9, 2003), vitamin D deficiency is one possible cause of persistent and vague musculoskeltal pain. A study of 150 children and adults suffering from vague musculoskeletal pain performed at the University of Minnesota found that 93% of the subjects were vitamin D deficient. Of the subjects involved with the study, all of the African, African-American, Hispanic and Native Americans were vitamin D deficient, as well as all of the subjects under the age of 30. The worst vitamin D deficiencies were found in women of child-bearing age.

According to the Nov. 12, 2003 edition of *Pain Management*, an issue of the *Journal of the American Medical Association*, the cost of treating pain unsuccessfully is $61.2 billion per year. This study shows that there may be, at least in some patients, a very simple answer for this common problem.

Additionally vitamin D deficiency is associated with a risk for osteoporosis, diabetes, high blood pressure, cancer, and auto-immune diseases such as multiple sclerosis. Inadequate vitamin D is also harmful for developing fetuses and is the cause rickets of in children.

In separate study, conducted in Saudi Arabia, a vitamin D deficiency was found in a group of patients with chronic back pain. All the patients were given cholecalciferol for three months, which improved the chronic pain. The subjects were given doses that are considered toxic (5,000 to 10,000 IU, which is between two and three times the toxic dose). After receiving the cholecalciferol , all the patients had normal levels.

Research appearing in the *Journal of the American Geriatrics Society* (Volume 56 Issue 5, Pages 785 – 791) examined whether the association between pain and vitamin D status differed by sex. The subjects of the study were 958 men and women over the age of 65. Of the group, 58% of the women and 27% of the men had at least moderate pain in either the low back or lower extremity. Serum vitamin D levels were measured in the subjects. Low vitamin D levels were associated with low back pain in the women; in fact, low vitamin D levels represented a 96% increase in the risk of back pain. The low levels were not associated with accompanying lower extremity pain and this relationship was not present in the men participating in the study. **(see "Inflammation" on page 6)**

**Contact your Biotics Research representative for more information about nutrition protocols**

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## INFLAMMATION (CONTINUED FROM PAGE 4)

A study that was published in *Allergy, Asthma & Immunology Research* (2013 Sept; 5(5): 283-8) looked at the relationship between vitamin D levels and asthma severity. Researchers analyzed 25-hydroxyvitamin D levels in serum collected from 121 asthmatic adults from Costa Rica to investigate the association between vitamin D levels and the severity of their disease. Vitamin D levels below 30 ng/mL, were defined as insufficient. Asthma severity was determined by forced expiratory volume in 1 second (FEV1), and forced vital capacity (FVC). When the population was stratified by vitamin D status, 91% of asthmatic patients with vitamin D levels below 20 ng/mL (n=36) and 74% of patients with vitamin D levels between 20 and 30 ng/mL (n=73) had severe asthma versus 50% of those with vitamin D sufficiency (n=12; P=0.02). Vitamin D insufficiency was associated with a higher risk of severe asthma. High vitamin D levels were associated with a lower risk of hospitalization or emergency department visit during the past year.

Research appearing in the *Journal of Crohns and Colitis* (2012 May; 6(4):405-11) looked at four studies exploring the effect of vitamin D supplementation on patients with colitis. All studies showed improvement in the disease, with no major adverse effects from vitamin D supplementation.

A study appearing in *Photodermatology, Photoimmunology and Photomedicine* (2008; 24 (5): 260-7) found that patients with cutaneous lupus erythematosus (CLE) tended to be deficient in vitamin D, possibly because of restriction to sun exposure. Low vitamin D levels were found in 65% of the 52 patients involved in the study. Another study appearing in the *American Journal of Medical Science* (2008; 335(2): 99-104) looked at 37 female patients with systemic lupus erythematosus (SLE). The study found that lower vitamin D status was associated with higher disease activity.

Consider using ***Bio D Mulsion*** or ***Bio D Musion Forte*** for your patients who need vitamin D. It is in an emulsified form, well absorbed by the body.