

Dr. Paul G. Varnas & WholeHealthAmerica.com present

THE BETTER HEALTH NEWS

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An article appearing in *International Clinical and Nutrition Review* (Jan. 1990;10(1):253-258) looked at the role zinc may play in chemical sensitivity. The article notes that zinc is a cofactor in over 90 enzymes and it is possible that a zinc deficiency may adversely affect the body's ability to metabolize xenobiotics. In 200 randomly chosen patients complaining of chemical sensitivities, 54% had low RBC zinc levels.

Central nervous system toxicity may produce mental confusion, dizziness, inability to concentrate and depression. Chronic chemical exposure may lead to these symptoms, which may be misinterpreted as psychological problems. The aforementioned article presents a case history of a 53 year old female with persistent headaches who had worked in a factory where she shaped wax forms. She had a complete evaluation, including a CAT scan without any findings. She also received allergy injections without relief. She was told by a family doctor to see a psychiatrist. Her headaches were provoked by trichloroethylene testing. Blood levels of trichloroethylene were documented after work at 26.1. Two weeks at home brought the level down to 18.3. The headaches were less

severe at home than at work. RBC zinc levels were found to be low at 870 mcg/dl. She was placed on 105 mg of zinc gluconate daily in divided doses with vitamins and minerals. Within two months zinc levels were corrected to 1060 mcg/dl and she reported symptomatic improvement in her headaches which totally cleared at home. Also improved were leg aches, insomnia, periorbital edema, shakes and jitters. Her serum tetrachloroethylene had dropped to 1.3 mg/dl. On double-blind challenge with the trichloroethylene she had no reaction to two saline challenges. She then reported a headache with an intradermal dose of trichloroethylene which was not cleared with the normal saline and cleared with a neutralizing dose of trichloroethylene. The author reports this case, of presumed chemical sensitivities do to zinc deficiency, as an example of how the correction of a micronutrient can stimulate xenobiotic metabolism of a toxic substance such as trichloroethylene.

Aqueous Zinc™ is zinc sulfate heptahydrate in a base of distilled water. It can be used to determine zinc deficiency (Zinc Taste Test). **ZN-Zyme™** and **ZN-Zyme Forte™**, are sources of organically combined zinc and can be used for supplementation.

SOD AND CATALASE

If you read the labels of products from Biotics Research, you will see two words appear in just about every product: Superoxide Dismutase (SOD) and Catalase. You probably do not think much about it. These two products make every supplement sold by Biotics Research have activity that both helps remove toxins and to help protect cells from oxidative stress.

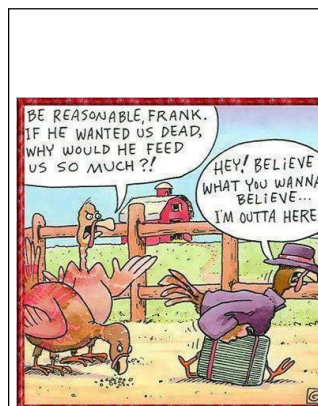
SOD is an enzyme that alternately catalyzes the dismutation (or partitioning) of the superoxide (O_2^-) radical into either ordinary molecular oxygen (O_2) or hydrogen peroxide (H_2O_2). Superoxide is produced as a by-product of oxygen metabolism and, if not regulated, may cause many types of cell damage. Hydrogen peroxide is also damaging, but less so, and is degraded by other enzymes such as catalase. Thus, SOD is an important antioxidant defense in nearly all living cells exposed to oxygen.

If you want SOD in a high dose, it is available from Biotics Research as **Dismuzyne Plus Granules™** and **Dismuzyne Plus Capsules™**. It is a vegetable culture source of SOD and catalase. You can use it for chronic

pain, sunburn, free radical problems, viral or bacterial infections, rheumatoid arthritis, systemic inflammation and immune insufficiency.

An article appearing in *Pharmacology and Therapeutics* (1989;44(2):285-95), had this to say about SOD: "Since the discovery of superoxide dismutase in 1969, the role of this enzyme in modulating cellular toxicity of superoxide has been well established. Experimentally, cellular damage from compounds or exposures which produce superoxide extracellularly can be prevented or modified by pretreating a cell or organ system with SOD."

Catalase is one of the most potent catalysts known. The reactions it catalyses are crucial to life. Catalase catalyses conversion of Hydrogen Peroxide, a powerful and potentially harmful oxidizing agent, to water and molecular oxygen. Catalase also uses Hydrogen Peroxide to oxidize toxins including phenols, formic acid, formaldehyde and alcohols. The same issue of *Pharmacology and Therapeutics* (1989;44(2):297-307) also notes the value of catalase: "Catalase activity is found primarily in



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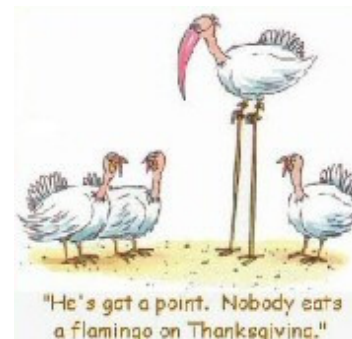
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peroxisomes although in some species and in some organ systems, cytosolic catalase also may be involved in intracellular oxidant stress protection. Toxicology studies with repeat exposures to xenobiotics producing hydrogen peroxide either directly or indirectly generally indicate that the organisms develop resistance to the toxin (adaptation)."

So if anyone asks you which products from Biotics Research are good for detoxification and cellular protection, you can truthfully say that just about all of them fit the bill.



Partnering with Healthcare Professionals

Biotics Research Corporation, in an effort to further the education of Healthcare Professionals and their patients, is pleased to offer several significant and useful practice building tools, all included in a weekly email, the **Biotics Bulletin**.

- **Tuesday Minute** - weekly video clip, full of nutritional education & clinical pearls
- **Weekly Product Feature** - product specific, informational summary
- **Supplement FAQ** - patient-friendly product descriptions
- **Monthly Newsletter** - filled with research, condition-specific topics, product education, and recommended protocols
- **Upcoming Seminars** - seminar announcements featuring world-renowned speakers
- **Upcoming Events** - nationwide tradeshows & symposiums exhibited by Biotics Research
- **FREE Webinars** - up-to-date topics of interest presented by a variety of knowledgeable professionals having a thorough understanding of the subject matter. Conveniently scheduled and lasting one hour, webinars are recorded and archived on our website at **www.bioticsresearch.com** for easy reference

3-STEP DETOX

The 3-Step Biodetoxification program from Biotics Research is a very useful tool for practitioners. Unlike many detoxification programs, the patient can work and lead a normal life while on the program. It is a useful “reset” button for your patients with allergies, sinusitis, digestive issues and many other chronic health problems.

Step 1-Decreasing Inflammation

There are 2 versions of Step 1. *One is for chronic symptoms* and the other is for *acute symptoms*. This phase of the detoxification lasts for one week. The patient follows a specific diet during this phase (call Biotics Research 800-231-5777 for the manual).

If the patient is in acute pain, the recommended product is **Intenzyme Forte™** (between six and 10 tablets 3x/day on an empty stomach). Also recommended is two **Bio-Allay** capsules per day as well.

If the patient is in chronic pain, recommend **Bormelain Plus CLA™** (four tablets, 3x/day on an empty stomach) and **Beta-TCP™**, (two tablets, 2x/day).

It is advisable that the patient follows the diet and supplement regimen from Step 1 before proceeding to Step 2.

Step 2-Metabolic Cleansing

Step 2 lasts between 10 and 20 days. In this step, the patient makes a drink made with **NutriClear®**, plus **Pea or Whey Protein Isolate**. **NutriClear®** utilizes a pea protein isolate base, and is a

hypoallergenic formula. It is used to support the normal detoxification pathways, for metabolic clearing, as well as for healthy GI function. Both **Pea and Whey Protein Isolate** adds additional protein for satiety. This combination is used as a meal replacement for breakfast and as a snack. The patient also takes **BioDetox Packs™**, one three times each day. Each packet contains 2 tablets of **A.D.P.®**, 2 tablets of **Bromelain Plus CLA™**, 2 capsules of **Optimal EFAs Caps®**, 1 capsule **MCS-2™**, 1 capsule of **Bioprotect™**, 3 tablets **Beta-TCP™**, and 1 tablet of **Livotrit Plus®**. During this phase the diet becomes a little stricter. Call Biotics Research for a booklet detailing the program. They can also provide you with educational CDs and DVDs for your patients.

Step 3-Regeneration and Repair

This phase lasts 30 days or longer. The patient takes basic supplementation to help heal the intestinal tract. This includes **ProMulti-Plus®**, a high potency multiple from Biotics Research, along with **Optimal EFAs Caps®** and **BioDoph-7 Plus®** are also suggested. The patient can also take other supplements as needed. For example, someone with joint pain may take **Chondrosamine-Plus®** and **KappArest™**. If there is a vitamin D deficiency, **Bio-D-Mulsion Forte®** can also be used. The patient also continues to use **NutriClear®** as a snack, or as a meal replacement (usually for breakfast), if desired.

Contact your
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representative for
more information
about
detoxification

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For information about the products mentioned in this newsletter, or to change your address, contact Biotics Research at 800-231-5777 or www.bioticsresearch.com

CAN VIOLENT BEHAVIOR BE LINKED TO CHEMICAL TOXICITY?

Research appearing in the *Journal of Neuropsychiatry* (1992;4:189-94) linked chemical and pesticide exposure to violent behavior. Researchers at the New York University School of Medicine note that environmental exposure to cholinesterase inhibitors can produce aggressive and violent behavior. Serum or red blood cell count cholinesterase levels can be assessed in patients with idiopathic aggression. Four patients, who were exposed to cholinesterase inhibitors, were noted to become uncharacteristically aggressive. Two of these individuals committed murder. Three had come in contact with an organophosphate lawn pesticide while a fourth had

used a carbamate based tick powder, after which the individual began displaying abnormally aggressive and violent behavior. None of these patients had psychiatric or neurologic diagnoses prior to exposure to cholinesterase inhibitors. All had jobs. None had ever been arrested or were prone to fighting or impulsive behavior. All the individuals felt very remorseful after their violent acts. Little or no provocation preceded the acts. All 4 of the patients returned to normal following the termination of exposure to the cholinesterase inhibitor and none committed further violent or aggressive acts.

