



Health Matters

Great Smokies Medical Center of Asheville

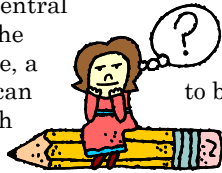
A small, occasional publication

Volume 3, Issue 6

Answers to GSMC Patients' Most FAQ's

What is the best substitute for sugar?

We recommend Stevia. It's a *natural* sweetener, derived from the Stevia plant that is native to South and Central America. Stevia Plus™ has the benefit of added fiber. Glycine, a naturally sweet amino acid, can also be used, though too much can be sedating.



Is Splenda™ (sucralose) okay to use? I love it and it tastes just like sugar!

Claims that Splenda is made from sugar (sucrose) are true, but they do not ensure safety. Splenda is made by chlorinating sugar, putting it in the same chlorocarbon chemical family as trichloroethylene, DDT, and dioxin. Animal testing of Splenda revealed liver toxicity and brain tumors. Chlorocarbons can adversely affect your liver and kidneys and can suppress iodine, in addition to their adverse effects on the nervous, immune, and reproductive systems. Jonathan V. Wright, M. D. recommends that anyone experiencing kidney pain or cramps or bladder symptoms while using Splenda stop its use immediately. We recommend you just say no to this sugar imposter.

What's the best calcium supplement?

Most patients ask this question in regard to osteoporosis prevention and treatment. Supplemental calcium varies in absorption, assimilation, and toxicity, depending on the type. Dolomite and bone meal, both of which are derived from bone, may contain toxic levels of lead and are thus not recommended. Calcium carbonate, most often taken as Tums™, is poorly absorbed. We prefer calcium citrate, microcrystalline calcium hydroxyapatite (MCHA), or calcium D-glucarate. Studies reveal that MCHA is assimilated into bone tissue more readily than other calcium sources. GSMC's MCHA is made by Douglas Labs. Though MCHA is derived from bone, modern,

refined extraction techniques "get the lead out," making it compliant even with California's extremely stringent guidelines on lead intake set at 1.5 mcg/day. Taking calcium by itself does not improve bone density. It needs to be taken with other trace minerals (e.g. strontium and boron) to support bone and also vitamins D and K, B vitamin complex, and, for some, hydrochloric acid to enhance mineral absorption.

Do you recommend a certain ratio of calcium to magnesium?

Because calcium and magnesium complement each other in biochemistry, problems can result if they are out of balance. These problems include diarrhea, constipation, cardiac arrhythmias, kidney stones, and muscle spasms or weakness. Most formulas that combine calcium and magnesium have between a two-to-one and a four-to-one ratio of calcium to magnesium. Since approximately 85 percent of the population is deficient in magnesium, we recommend that you dose your magnesium (it has a natural laxative effect) to an amount less than that which causes loose stools.

My friend's doctor gives her a shot of Vitamin B12 once a month or so. Why do I take vitamin B12 that is special ordered, taken so often, and taken by injection? I would rather take a pill.

Your friend's doctor is probably like many physicians who use vitamin B12 to treat pernicious anemia and is likely unaware of the many other indications for which physicians trained in nutritional medicine use it. Less than two percent of vitamin B12 that is taken by mouth is absorbed and utilized. Even so, taking 100 to 250 mcg/day would be sufficient to *address a deficiency or to treat pernicious anemia* by supplying the

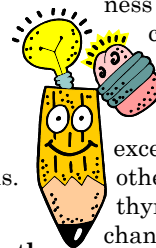
required daily allowance of 2 mcg/day. The amount of vitamin B12 used in *pharmacological dosing* is much greater. These higher doses used to treat autism, dementia, fatigue, asthma, Bell's palsy, diabetic neuropathy, etc., are usually attained by injection, though new data suggest that oral liposomal B12 may be sufficient to replace injections for some individuals. Commercially available injectable vitamin B12 contains a small amount of cyanide. We recommend a preservative-free, cyanide-free form of B12 that needs to be ordered from a custom compounding pharmacy.

I feel fine. Why do I need to see my doctor once a year to get my thyroid prescription refilled?

This minimum requirement is a common sense practice that is necessary to ensure that you are optimally monitored and treated. Your physician needs to observe you, not just get blood tests to monitor the effectiveness of your treatment. The thyroid gland can regain previously lost function while you are taking thyroid hormone, turning your once optimal thyroid prescription into an excessive dose. Aging and stress, on the other hand, can increase your need for thyroid hormone. Blood tests can show changes even before you feel symptoms. Additionally, symptoms of excess and deficient thyroid hormone are present in many other medical conditions.

Why doesn't GSMC participate with my health insurance plan?

Though GSMC does not participate with insurance providers, you will receive a superbill at checkout that you can file with your provider. Part of your doctor visit and some lab tests may be covered. All insurers have a list of tests that they approve for reimbursement when linked to specific diagnoses. Insurance providers deem tests and procedures (cont. p. 2)



FAQ's cont.

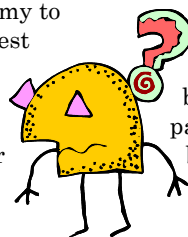
that are not on this list to be *medically unnecessary* and do so without any investigation into their merit. GSMC practitioners value their autonomy to make medical decisions in the best interest of their patients and to do so freely, unencumbered by restrictive policies of third party payers who are unfamiliar with the principles and practice of nutritional and metabolic medicine. Contact your health insurance provider should you have questions about your contract coverage for specific healthcare services.

How can I decide if I should see your nurse practitioner? Let us tell you about "Dr. Pam," Pamela Shuler, D.N.Sc., C.F.N.P. Some medical practices use physician extenders (nurse practitioners and physician assistants) in specific roles to help address heavy work loads, and they may perform such tasks as routine pre-surgical exams or athletic physicals. Dr. Pam uses her 23 years of experience in holistic healthcare to practice with the same full scope of assessment and treatments with which GSMC physicians practice. She has distinguished herself by co-authoring a book on holistic healthcare (issued by the prestigious medical publisher, Mosby and authored a book on diseases of the breast, and has published numerous other articles. Her doctoral thesis is used by nurse practitioners around the world as a model for delivering holistic healthcare. We think Dr. Pam is top shelf and has uniquely qualified herself to provide medical care to GSMC patients.

My friend receives chelation therapy and gets his treatments reimbursed. If I tell you the codes can you use them for me? A week doesn't go by that we don't have a similar request. Your friend's clinic may be using the wrong codes, according to GSMC's billing specialist, Dottie Slaughter. Medicare specifically excludes chelation therapy for vascular disease from reimbursement, and private insurance companies follow Medicare's example. "Creatively stretching" the coding of treatments of diagnoses to favor reimbursement is fraudulent and punishable under the federal law.

Is hair analysis a worthwhile test? Yes, hair analysis is a valuable test for assessing chronic heavy metal toxicity

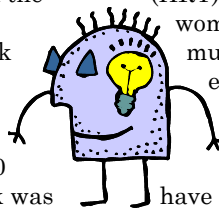
(mercury, arsenic, lead, etc.). In fact, it is *the* definitive test used to diagnose arsenic toxicity in mainstream medicine.



Hair analysis also provides information about essential minerals, including the ratios between them, which can uncover patterns of imbalance that affect behavior and mood in children and adults. Hair analysis can also identify individuals who have high requirements for specific nutrients.

My primary care doctor did a blood test and said I have no lead or mercury toxicity. Why do you now tell me that I do? Blood is not the best tissue to sample to assess heavy metal toxicity. Heavy metals hide out in various outposts of the body, including the brain, bone, liver, kidney, etc. By the time mercury or lead shows up in whole blood, the toxicity is severe. Measuring metals in urine collected for 12 hours after taking a chelating agent (a substance that pulls heavy metals from the body) is the most accurate way to measure *chronic* metal burden. Measuring heavy metals in red blood cells reveals *recent* exposures from food or the environment.

Do you recommend taking an aspirin every day to prevent a heart attack? Though aspirin sounds like a harmless therapy, it is not for everyone. This question is best answered by your physician on an individual basis. The Nurses' Health Study recently released the results of a ten-year study of 40,000 healthy women who took 100 mg of aspirin every other day. No reduction in heart attack incidence or cardiovascular death was found, but a 20 percent reduction of stroke risk was observed. Also, women who took aspirin *for 10 years* had 30 percent less incidence of colorectal cancer. Preventive aspirin therapy is recommended for patients at *high risk* for heart disease only on the advice of their physician and only after weighing risks. Contraindications to taking aspirin include salicylate allergy, asthma, decreased kidney or liver function, asthma, and a *history* of high blood pressure, heavy alcohol use, hemorrhagic stroke, stomach ulcers, blood thinner use, bleeding disorders, and gastrointestinal bleeding. Platelet activation testing can help determine if aspirin is indicated for an individual.



Preventive aspirin use is not recommended for healthy people, since its risks may outweigh the benefits. The most common side-effect is gastro-intestinal bleeding. While the long-term use of aspirin is under scrutiny, its short-term use is not. If not allergic to it, taking two aspirin during a heart attack-in-progress has been shown to improve survival rates. You can take two aspirin for a stroke-in-progress *if* you haven't had a prior hemorrhagic stroke or are not taking blood thinners. Less risky, natural substances that have anti-platelet effects include fish oil, onion, garlic, curcumin, ginger, Vitamins C & E, and bright or dark colored fruits and vegetables.

Why can't my GSMC physician follow me while I am in the hospital? GSMC physicians have chosen not to have hospital privileges because so few of the therapies they utilize are available in hospitals. Hospitals must use tests and treatments that are reimbursed by insurance companies to survive financially. When indicated, we refer patients to medical specialists and other providers for consultations and diagnostic procedures.

I thought hormone replacement therapy for women was shown to be harmful. Why do you want me to take them? We are very familiar with the studies that raised concern about female hormone replacement therapy (HRT). HRT studies were conducted on women who had no risk assessment, much less any initial testing to establish a need for hormone therapy or any follow-up monitoring. In addition, the women were given *synthetic* hormones which have many known adverse effects. We do not recommend synthetic hormone use. Drug studies and research can have little statistical relevance in the life of an individual making healthcare decisions. For example, carefully-monitored HRT may be the only satisfactory treatment for a woman suffering from severe menopausal symptoms. *Bio-identical* hormones and pro-hormones can be prescribed safely to minimize adverse side effects and maximize benefits when taken for a proven hormonal deficiency or imbalance and monitored regularly.

All content in this newsletter is intended to be informational and is not to be taken as medical advice or to replace medical care.