Nutrition Collaboration

A collective of health practitioners mentoring one another in topics related to nutrition.
Who, When, Why

• Anyone who wishes to join –
  You select yourself

• Second Monday each Month 1 - 2pm

• To share and build understanding of the common and uncommon knowledge of the practice of nutrition in the care and treatment of ourselves and the patients under our care.
Rules

- Share your knowledge with each other.
- Competition and knowledge hording only supports lost knowledge. This group endeavors to share knowledge and clinical experience to serve not only ourselves, but all people.
It is asked that we as a group consider:

“If you want to learn something read about it. If you want to understand something, write about it. If you want to Master something, teach it.”

Yogi Bhajan
At some point we ask you to present a topic for presentation to the group. This presentation need only be 30-35 minutes in length with a power point or notes available in Word for the group. You should be able to do a Q&A with the group to follow.

Everyone will be encouraged to participate in the Q&A and it is asked that this become a roundtable type Q&A.

If you chose not to present, that is your decision and you will not be ousted from the group.
Please Help This Run Smoothly

✔ Push * now to mute your line

☞ When the speaker is finished, if you have a question or wish to add to the discussion, press * to be put in the queue.
The Therapeutic Food Manual and its application.

Stephen Y. Dobelbower, DC DACBN
Park County Chiropractic
Livingston, MT
“Tropho-therapy is the science of healing by applied nutrition. It involves the field of deficiency disease, and the specific reactions to the lack of specific essential food factors.

Definition of ESSENTIAL food – a substance normally found in food that is necessary for life or health. Without such a component a specific reaction of specialized starvation occurs in the way of some disease syndrome.”
Preface to the therapeutic food manual

“In preparing this guide for the use of essential foods/herbs we have been aware of the difficulties which will be encountered by the reviewer, particularly insofar as the number of foods (products) recommended in each condition is concerned. Naturally in many conditions the recommendations will exceed the number of products which will actually be used in practice. This is expected.

However, our effort has been made in the direction of supplying the most complete information received from any reliable clinical source with information which would help the doctor qualify the selection of a particular program in any specific case.”
Preface to the therapeutic food manual

“It is not for the compiler of such information to leave out any information which would prove helpful to the doctor in making such a selection. We simply state that in each case, these are the essential food supplements, as reflected by clinical situations most recently reported to us, with which we suggest that you work. It rests upon the individual doctor to judge for himself the accuracy and reliability of such observations.”
Preface to the therapeutic food manual

“This presentation of the book is in NO sense a treatise of the last word in nutrition, and must not be considered or judged as such. It is a compilation of the most accurate and reliable information of clinical suggestions that we have been able to obtain from “frontline” sources, doctors who are using our products in the field in practices which are successful from a practical viewpoint.

It will fulfill its purpose if it serves as a useful aid to the general practitioners."
Preface to the therapeutic food manual

“We are indebted to the large number of doctors who have generously contributed their experience in the use of these factors by reporting case histories to us... **Your continued** cooperation in reporting case histories regarding use of nutritional entities will enable us to improve our recommendations and be widespread benefit.”
General Recommendation: Catalyn 3
Specific Recommendations: Utrophin PMG 3
Cataplex E 3-12
Wheat Germ Oil 6
Calcium Lactate (pwr) 6-12 (1 tsp)

*Cataplex E in Shock Dosages of 12/day, is very specific in acute situations.

Physiological Consideration: Wheat Germ Oil should be considered as an effective prophylaxis only if used at least 3 months before gestation and if history shows no signs of threatened abortion; otherwise, complete physiological support is required.

Additional Reading:
- Malnutrition and Heredity – (Unfitting the Unborn) - Lectures of Royal Lee Volume 1. p. 89-93
  - "In fact it has been observed that in E deficiency the chromosomes of the cell disintegrate. No wonder vitamin E is necessary to promote either cell growth, cell division or tissue repair. Without the Vitamin E there are no determinants to guide the job of reconstruction."

Synergistic Products:
- Chlorophyll Perles 3 Sex hormone precursors; prothrombin factor(particularly indicated in hemorrhage / Vitamin K action)
- CardioPlus 6-9 Promotes muscle tone; enzymatic tranquilizer; reduces tissue oxidation rate

SUMMARY
A definite decision regarding the therapeutic value of vitamin E must be reserved pending the results of further clinical observations. From the information at hand, however, it would appear that the factor does play a part in the promotion of gestation in women. On the grounds of circumstantial evidence, it may be inferred that vitamin E, as it occurs in wheat germ oil, offers promise of being beneficial in the prevention of habitual abortion and, probably, in the treatment of some cases of threatened abortion.
Vogt-Moller in 1931 first used Wheat Germ Oil in the treatment of habitual abortion. He only reported two cases: treatment was successful in both though one woman had previously had four successive abortions and the other five. In the next five years he treated seventy two women with no demonstrable reason for their recurrent abortions with 3 grams of wheat germ oil daily. Fifty five living children were born, all of whom were well developed. In 1939 he summed up his own experiences and reports in twelve other papers. “Since 1936 my evidence from such cases has increased considerably. Taken as a whole, favorable results were obtained in about eighty percent of cases. Many investigations have confirmed my observations. The records of treated cases of habitual abortion now amount to some hundreds with a mean value of seventy-five to eighty percent favorable results.”

Therefore in cases of threatened abortion with premature partial separation of the placenta and a high antiproteolytic factor in the blood vitamin E should be of value in treatment. Shute has treated a considerable number of such cases with wheat germ oil, and claims in one series success in sixty eight percent of one hundred and eighteen cases. Young also found wheat germ oil of value in cases of threatened abortion, and so have others using synthetic vitamin E. Again, it will be noticed that wheat germ oil with its possible endocrine activity and not pure vitamin E has been mainly used in treatment.
CATAPLEX E

GENERAL CONSIDERATIONS

The following nutritional effects are to be considered:

a. Promotes tissue repair rate
b. Acts to increase cellular activity.
c. Increases tissue response to stress.
d. Acts as nerve relaxant.

The non-specificity of symptoms of Vitamin E deficiency make it difficult to outline a clinical situation which fits these effects, however, it is believed that a much wider application of use exists than has been outlined.

Administration

Dosage: Usual dosage, 3 per day in viral infections, hernia, skin conditions, initial dosage for day or two should be increased from 6 to 12.

Effect: Effect in hernia may be dramatic if in early stages and obturation has not occurred; often effective in viral and skin involvements.

Side-Effects None known.

Label: Concentrates of Vitamin Factors from the juice of green peas (whole plant) and natural mixed tocopherols (Vitamin E) obtained from vegetable oils, 1 mg. Chlorophyll, and 35 mg. of Ribonucleic acid. Carrier Material: liver powder, wheat germ, and lettuce. The daily requirement of Vitamin E and its necessity for human nutrition have not been agreed upon by the consensus of medical opinion. 1 to 4 tablets per day, or as directed.

Symptoms

1. Connective Tissue Disorders (Muscular weakness and atrophy, weakness of tendons, ligaments and fascia).
2. Intracellular Effects (Reported beneficial in virus infections such as herpes simplex, herpes zoster, colds, and others).
3. Skin Conditions (Oil dermatitis, eczema, acne and others)
4. Neurological Involvements (Hyperirritability, Neuromuscular disorders)

Possible Etiological Background

- By promoting tissue repair rate, increases tissue response to stress requirements.
- Intracellular metabolism, probably concerned with oxidative mechanisms.
- Increase of cellular activity, probably influencing epithelial proliferation rate. Probably oxidative mechanisms.

Symptom Characteristics: Generally involve the skin, muscles, ligaments and tendons, less frequently viral and neurological manifestations.

Clinical Tests  | a. Stretch Tests  | Motility of parts (tendons, fascia)  
 b. Palpation  | Hernia, muscular atrophy, etc.  
 c. Reflex Tests  | Hyperirritability  

Product Bulletin
GENERAL CONSIDERATIONS

Acts as anti-abortive factor and is concerned with oxygen metabolism.

Administration

Dosage: 6 per day for a week or two produces adequate results in most cases.

Effect: Fatigue and skin lesions, as described above, usually clear up within a week or two and there is usually a marked increase in stamina.

Side-Effects: None known. Where oils or fats are not tolerated however, bile salts or some other liver stimulating factors (Disodium-Phosphate) may be necessary to promote absorption.

Synergists

- Sodium Citrate
- Betacol
- Ferrofood
- Sesame Seed Perles

Activity Contributed:

- Anti-acidosis factor
- Promotes liver function
- Anti-anemia factors
- Platelet Activation (Vit. T)

Label: Cold processed wheat germ oil. A good source of the fat soluble vitamins of the wheat berry, principally Vitamin E. The daily requirement of Vitamin E and its necessity for human nutrition has not been established by the consensus of medical opinion – 1 to 2 Perles per day or as directed.

Symptoms

1. Capillary Engorgement
   (Bruising easily, “black and blue spots”, purpura)
2. Lowered Metabolism
   (Chronic fatigue, loss of vigor)
3. Anoxia-type Symptoms
   (Frequent sighing and yawning, tachycardia, hyperirritability)
4. Tissue Integrity
   (Bleeding gums, tendency to pyorrhea, other gum symptoms)
5. Cramps
   (Types brought on by exertion, “charley-horse” varieties)

Possible Etiological Background

Apparently two factors are concerned: first, the well-known effects of Vitamin E as an anti-oxidant, and, second, the interrelationship between unsaturated fatty acids and iodine metabolism applying here to the hypothyroid state. The combined effects may account for many of the beneficial effects reported from the use of wheat germ oil.

Symptom Characteristics:
The pattern follows the characteristic clinical picture of lowered metabolism, where, for example, in obesity insufficient oxygen or thyroid hormone would be available to metabolize fats. This situation is almost invariably accompanied by loss of integrity of the vascular network showing lack of capillary tone, as evidenced by the most common clinical sign of capillary engorgement, “black and blue spots” or bruising easily.

Clinical Test: Breath Holding Test

Lowered oxygen reserves may be roughly indicated by breath-holding test, an ability to hold the breath for at least 20 seconds.

Laboratory Tests:

- CO2 Combining Power
  Need shown by
  A screen-test for acidosis, common in anoxia.
UTROPHIN PMG

GENERAL CONSIDERATIONS

The hyperplastic activity of menstruation, as well as the traumatic possibilities of childbirth, even under normal conditions, show the uterus to be particularly vulnerable to stress situations and the female lacking the ability to meet these requirements, and lacking symptomatic evidence to be concerned accounts for the long-standing causes of subacute endocervicitis which stand as a cancer producing hazard. Therefore, for this, if for no other reason Utrophin may be indicated in most women for prophylaxis alone. By the same line of reasoning, we may find an organ which is highly sensitized (by standards of the protomorphogen reaction), and the administration of Utrophin under these circumstances may produce a preponderance of antibody formation with marked reactions, increased nervousness, for example. This is a histamine reaction, Antronex and Calcium Lactate are indicated and shows the definite need of the patient for the product. These reactions are not serious and subsequent progress of the patient is accelerated after this initial phase.

Administration

Dosage: See “General Considerations” for rationalization of why low initial dosage should be given. Where reactions occur, Calcium Lactate is beneficial, and, in these cases, dosage should be reduced to ¼ tablet every six hours, gradually increased as tolerance is noted by the patient.

Effect: Effect in threatened abortions has been very satisfactory. In other conditions, effect may depend upon supportive therapy as described under “Synergists” below.

Side-Effects: See “General Considerations” for explanation, Calcium Lactate mitigates these reactions in the majority of cases.

Synergists:

a. Pituitrophin PMG
b. Ovex (P)
c. Ovatrophin PMG
d. Betacol/Livaplex
e. Thyrophin PMG
f. Cataplex A-C-P

Activity Contributed:

Trophic Effects of Pituitary Gland
Ovarian Extract (aqueous)
Local Tissue Nutritional Environment
Liver Detoxification Effect (estrogens)
Metabolic Activity Factor
Epithelial and Connective Tissue Integrity

Symptoms

1. History of Abortion (also threatened abortion)
2. Endocervicitis (Leukorrhea, vaginitis from this cause)
3. Uterine cysts (Chocolate cysts, fibroids, etc.)
4. Uterine displacement (Bearing down sensation, back pain when from this cause)
5. Menstruation symptoms (Excessive or scanty menses)
6. Sterility (Some types)
7. Uterine congestion (menstruation cramps, when from this cause)

Possible Etiological Background

The effect of Utrophin PMG must be considered largely from its effects on the local environment of the uterus itself. Dysfunction of uterine tissue usually involves the trophic effects of estrogens, which are governed by pituitary and liver influences, though produced by the ovaries. Thus the etiological background of uterine problems may be quite complex and all predisposing possibilities need to be considered, not the least of these may be the thyroid. However, regardless of the inciting factor or factors, Utrophin PMG serves to relieve the stress of faulty nutritional environment at the site of the difficulty and should therefore be employed in all situations involving this organ.

Clinical Test:

Pelvic Examination  Evidence of inflammation, erosions, leukorrhea, etc.

Laboratory Tests:

Test  Need shown by
Pap Smear  Pus cells, Papanicolaou findings, etc.

Label: Cytotrophic Extract of Beef Uterus—A tissue extract intended to supply the specific determinant factors of the above mentioned organ and to aid in improving the local nutritional environment for that organ. For experimental use in cooperation with conventional Therapeutic methods. Mfg. under U.S. Patent No. 2,374,219. One to three tablets per day, or as directed. (One per day should be maximum dosage for first week).
GENERAL These follow the same general pattern as the vital processes listed above, some of the more important of which are:

a. Tetany and other spasmodic states.
b. Acid-base disorders (indicated in both)
c. Hemorrhage
d. Hyperirritability
e. Infection, fever and toxemia
f. Increased metabolic demands associated with elevated blood phosphorus levels (See Note below).

NOTE: Elevated blood phosphorus levels are associated with increased metabolism, which may be brought about by such conditions as the following:

1. Glandular hyperactivity (particularly thyroid)
2. Toxic conditions, such as fevers and infections
3. Hypertension
4. Pregnancy (particularly the last trimester)
5. Neurasthenia

When the thyroid is overactive experimental animals are known to loose up to 250% more than normal amounts of calcium. The classical symptoms of hyperthyroidism are related to calcium deficiency states, as follows:

a. Tachycardia
b. Tremors
c. Instability

Symptom Characteristics: Usually associated with increased metabolism.

Tissue or Function Supported: Source of diffusible calcium for maintenance of ionized calcium levels in calcium deficiency states involving such vital processes as: Muscle contraction, Blood coagulation, Nerve transmission, Membrane permeability.

CLINICAL CONSIDERATIONS

Symptoms
1. Tachycardia
2. Cramps (intestinal, muscular, or menstrual)
3. Coughing (Worse at night, also insomnia)
4. Hemorrhage (Nosebleed, excessive menses, bleeding gums, etc.)
5. Increased secretions (Saliva, urine, tears, sweating, sinus drainage)
6. Fever (Infections)

Possible Etiological Background
- Glandular hyperactivity, toxemia, acidosis, or fever.
- Lowered threshold of irritability involving neuromuscular system.
- Apparently diffusible calcium level is lowered along with decrease in metabolism occurring at night.
- Blood coagulation.
- Nervous control of autonomic nervous system; membrane permeability.
- Toxemia

Clinical Test: Test:
- Phonocardiograph: Diminished height of second sound/pulse rate
- Temperature: Increase Respiration rate
- Postural Blood Pressure: Failure to show rise when standing
- Sulkowitch Reagent Test: Increased or decreased excretion
- Reflex Tests: Hyperirritability

Need Shown By:
- Diminished height of second sound/pulse rate
- Increase Respiration rate
- Failure to show rise when standing
- Increased or decreased excretion
- Hyperirritability

Laboratory Tests: As much as 50% of the blood calcium may be in the ionized state. Ionized calcium is not measurable by usual laboratory methods used to determine calcium-phosphorus ratios. Therefore, the broad calcium may appear to be “normal” by these methods, yet the patient may be deficient in the ionized calcium form. (The ionized calcium is thought to more closely approximate the blood protein level.)
CALCIUM LACTATE

**Label:** Each tablet contains 5 grains Calcium Lactate, 1 grain Calcium-Magnesium Phytate. Carrier Material: Milk Powder. To supply Calcium and Magnesium in approximate balance required in human nutrition. Dose: 1 to 4 tablets per day, best assimilated on an empty stomach. Take 15 minutes before breakfast, or as directed.

**Administration**
Dosage: The amount required is regulated by the acuteness of the situation. As high as 18 per day may be required in the initial stages, later reduced to symptomatic levels.

Effect: Usually rapid, often within 20 minutes where specific symptoms are being observed. Muscular or menstrual cramps usually respond immediately on sufficient dosage when from this cause.

Side Effects: Few known and these are usually absent. Phosphorus deficiency may be suspected when they do occur. Joint stiffness, constipation, vertigo, and headaches have been reported in this category, common also to hypothyroidism.

**Synergists:**
1. Cataplex F
2. Cataplex D
3. Nutrimere

**Activity Contributed:**
1. Calcium diffusing influence
2. Absorption promoting influence.
3. Raises blood calcium levels.

**CLINICALLY ASSOCIATED CONDITIONS**

<table>
<thead>
<tr>
<th>GASTROINTESTINAL-URINARY</th>
<th>Intermediate Processes</th>
<th>Toxic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver and Gallbladder</td>
<td>Calcium Metabolism</td>
<td>Burns, Systemic Effects</td>
</tr>
<tr>
<td>Biliary Stasis</td>
<td>Cramps</td>
<td>Eclampsia</td>
</tr>
<tr>
<td>Gallbladder Disease</td>
<td>Protein Metabolism</td>
<td>Poison Ivy and Oak</td>
</tr>
<tr>
<td>Kidney and Bladder</td>
<td>Drowsiness</td>
<td></td>
</tr>
<tr>
<td>Albuminuria</td>
<td>Acid-Base Disorders</td>
<td></td>
</tr>
<tr>
<td>Cystitis</td>
<td>Acids, Craving for</td>
<td></td>
</tr>
<tr>
<td>Urinary Incompetence</td>
<td>Acidosis</td>
<td></td>
</tr>
</tbody>
</table>

**NERVOUS AND PSYCHOGENIC**

<table>
<thead>
<tr>
<th>Functional Disorders</th>
<th>Blood</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthenia</td>
<td>Epistaxis</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Autonomic Unbalance</td>
<td>Leukopenia</td>
<td>Emphysema</td>
</tr>
<tr>
<td>Chorea</td>
<td></td>
<td>Coughs, Chronic</td>
</tr>
<tr>
<td>Dysphagia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperirritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous strain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweat Gland Activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metabolic Disorders</th>
<th>Metabolic</th>
<th>Vascular Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legs, weakness of</td>
<td>Blood</td>
<td>Circulatory Diseases</td>
</tr>
<tr>
<td>Tremors, Muscular</td>
<td>Pressure Changes</td>
<td>Bed Sores</td>
</tr>
<tr>
<td>Vasomotor</td>
<td>Heat Prostration</td>
<td>Leg Ulcers</td>
</tr>
<tr>
<td>Blood Pressure Changes</td>
<td>Hypotension</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>Shock</td>
<td></td>
</tr>
</tbody>
</table>

**EXOGENIC DISORDERS**

<table>
<thead>
<tr>
<th>Infections</th>
<th>Intermediate Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brucellosis</td>
<td>Calcium Metabolism</td>
</tr>
<tr>
<td>Febrile Diseases</td>
<td>Cramps</td>
</tr>
<tr>
<td>Lymph Node Infections</td>
<td>Protein Metabolism</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td>Acid-Base Disorders</td>
</tr>
<tr>
<td>Vincent's Infection</td>
<td>Acidosis</td>
</tr>
</tbody>
</table>

**VASCULAR DISORDERS**

<table>
<thead>
<tr>
<th>Infections</th>
<th>Intermediate Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>Calcium Metabolism</td>
</tr>
<tr>
<td>Systemic Effects</td>
<td>Cramps</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Protein Metabolism</td>
</tr>
<tr>
<td>Poison Ivy and Oak</td>
<td>Drowsiness</td>
</tr>
<tr>
<td></td>
<td>Acid-Base Disorders</td>
</tr>
</tbody>
</table>

**SKIN DISORDERS**

<table>
<thead>
<tr>
<th>Dermatitis</th>
<th>Intermediate Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpura</td>
<td>Calcium Metabolism</td>
</tr>
<tr>
<td>Skin Irritations</td>
<td>Cramps</td>
</tr>
</tbody>
</table>

**GENETIC DISORDERS**

| Abortion            | Intermediate Processes |
|                    | Calcium Metabolism     |
| Dysmenorrhea        | Cramps                 |
| Endocervicitis      | Protein Metabolism     |
| Menopausal Symptoms | Drowsiness             |
| Menstruation Symptoms| Acid-Base Disorders  |
| Pregnancy Schedule  | Acidosis               |

**SPECIFIC DEFICIENCY**

<table>
<thead>
<tr>
<th>Glandular</th>
<th>Intermediate Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenal Insufficiency</td>
<td>Calcium Metabolism</td>
</tr>
<tr>
<td>Goiter</td>
<td>Cramps</td>
</tr>
</tbody>
</table>

**METABOLIC DISORDERS**

<table>
<thead>
<tr>
<th>Growth and Repair</th>
<th>Metabolic</th>
<th>Vascular Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bones, Healing of Caries</td>
<td>Blood</td>
<td>Circulatory Diseases</td>
</tr>
<tr>
<td>Gums, Receding of Healing</td>
<td>Pressure Changes</td>
<td>Bed Sores</td>
</tr>
<tr>
<td>Promoting of Nails, Integrity of Osteoporosis</td>
<td>Hypotension</td>
<td>Leg Ulcers</td>
</tr>
<tr>
<td>Teething</td>
<td>Shock</td>
<td></td>
</tr>
</tbody>
</table>

**PRODUCT BULLETIN**
<table>
<thead>
<tr>
<th>Daily Dosage</th>
<th>Specific Function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Recommendation:</strong> Catalyn</td>
<td>3</td>
</tr>
<tr>
<td><strong>Specific Recommendations:</strong> Antronex</td>
<td>3-6</td>
</tr>
<tr>
<td>Calcium Lactate (pwdr)</td>
<td>6-12(1tsp)</td>
</tr>
<tr>
<td>Drenamin</td>
<td>6-12</td>
</tr>
<tr>
<td><strong>Secondary Products:</strong> Hepatrophin PMG</td>
<td>1</td>
</tr>
<tr>
<td>Chlorophyll Perles</td>
<td>3</td>
</tr>
<tr>
<td>Renatrophin PMG</td>
<td>1</td>
</tr>
<tr>
<td>Thytrophin PMG</td>
<td>1</td>
</tr>
</tbody>
</table>

### Additional Reading:
“Practical Endocrinology” Henry Harrower, MD., pages 580-584, for importance of Antronex

### Coordination Suggestions:
**Classification Index:** Infectious and Toxic conditions

### Cross Reference:
Detoxification Procedures
Hypertension
Nephritis
Pregnancy Schedule

---

**Food for thought:**

**Vitamin F and Carbamide in Calcium Metabolism**

*BY ROYAL LEE, D.D.S. Journal of the National Medical Society January-February, 1946*

Vitamin F has never been actually isolated and identified. It is an associated factor found in certain unsaturated fatty acids. Its highest potency is found in arachidonic acid of kidney fat, or the fat of other mammalian glandular organs. Some fish oils are 40% arachidonic acid, but they fail to have a vitamin F potency in proportion. It is probably the synergistic association of vitamin F in fish oils that affords the better effect of vitamin D from that source, and it is probably the high sex hormone content of the blood in pregnancy which by its stimulation of carbamide production prevents vitamin D from raising the blood calcium to toxic levels, it being an established fact that in pregnancy, the female is immune to vitamin D toxicosis.

Adding AC Carbamide, Arginex and or Cataplex F could be a useful adjunct particularly when kidneys are involved. Cardioplus and in Particular Cataplex G will help with vasodilation and thus decrease hypertension.
• The hypertension of late pregnancy and the serious disorders that may follow it such as eclampsia, undoubtedly are the result of a profound breakdown in detoxication. Although there is frequent evidence of renal involvement, the consensus is that the liver is the principal point of attack and that virtually always the kidneys are affected secondarily. The liver etiology has been confirmed quite definitely in three different ways: (1) The blood creatinine and uric acid are always high: (2) The van den Bergh or Rosenthal liver function test practically always shows poor elimination of the dye; and (3) there is a very high urinary acid index, increased ammonia and low urea.]

• When Anabolin was first made available for the treatment of functional high blood pressure(13), several physicians used it in hypertension occurring in the last months of pregnancy. Early in the course of these clinical trials, the staff chief of seven physicians in the obstetrical department of a certain university tried Anabolin in many cases. His report was that “none of us has found it to fail to reduce prepartum hypertension.” Since then, many hundreds of cases have been controlled in this simple way.
Anabolin in Functional Hypertension

In 1924, two Canadian physicians, Macdonald and James, showed that certain liver extracts were capable of reducing the blood pressure. About the same time, Major was working on a guanidine-neutralizing blood pressure reducing principle extracted from liver. In 1925, the research department of The Harrower Laboratory announced the standardization of a stable depressor liver extract that was believed to be the active principle previously described by Macdonald. Because its effects seemed to be brought about by intensifying the anabolic functions of the liver, it was named Anabolin. Apparently the substance is a true detoxicating hormone.

Some years after the introduction of Anabolin, workers at the Tohoku Imperial University at Sendai, Japan, perfected a liver fraction named Yakriton, which they claimed to be the “detoxicating hormone of the liver.” Yakriton appears to be practically identical with Anabolin and has been shown to inhibit toxic symptoms of heavy doses of ammonium chloride, histamine, or even chloroform. It increases the capacity of the liver to detoxicate protein poisons, phosphorus, and phenol. The survival period of rabbits with artificially induced tuberculosis has been doubled by use of this preparation.

Among the clinical reports, Flipse showed that liver extract was a useful adjuvant in the treatment of hypertension, especially when the pressure is at dangerous level. It was effective in many cases in which nitrites and related vasodilators failed to reduce the tension.

A more recent report by Willis states:

“I have used for many years the Harrower product called Anabolin. One cc. given hypodermically will generally reduce a very high pressure 20 mm., which will be maintained for 10 to 24 hours. It may be desirable to give a second 1 cc. at from six- to ten-hour intervals to bring about a pressure drop compatible with safety. Where this remedy is effective, and it often times is spectacular in its effect, the rate of pressure drop slows as it approaches a high normal reading.”

Dr. Kaslow’s Notes

The actions of the Anabolin are similar if not identical to the Yakriton of the Japanese and Antronex® of Standard Process. The action of these products is to dilate the...
intrahepatic blood vessels and thereby allow a greater surface of blood to come in contact with hepatocytes. Hence, greater detoxication. The results in the appropriate patient are indeed dramatic. It should not be considered a long-term product, not because it will lose its effect, but rather it demonstrates there is an underlying liver dysfunction that needs addressing.

The action of Anabolin is clearly intrahepatic. It does not have a direct action on the arterioles such as is produced by the nitrites. It is entirely protein and histamine-free, and apparently acts by increasing the capacity of the liver to destroy waste products, many of which are undoubtedly pressor substances.

Anabolin is standardized by its effects on the blood pressure of normal animals. The standard solution contains 12 hypotensive units per cubic centimeter, whereas a double strength product known as Anabolin Fortior contains 24 hypotensive units. The various endocrine units are defined in Section 5 of the Appendix.

Organic cardiovascular, renal, and intrahepatic damage obviously will limit the effectiveness of Anabolin. However, in patients without severe structural changes, especially when seen early in the course of hypertension, Anabolin often has a decided hypotensive effect, which can be maintained with suitable continuance of the therapy. It has also been used in other conditions, such as diabetes, rheumatism, gout, allergy, and chronic malnutrition, in which it seems desirable to attempt to step up the hepatic detoxicating function.

The hypertension of late pregnancy and the serious disorders that may follow it, such as eclampsia, apparently are the result of a profound breakdown in detoxication. Although there is frequent evidence of renal involvement, the suggestion is that the liver may be the principal point of attack and that in many cases the kidneys are affected secondarily. Miller and Martinez report on 50 cases of pregnancy toxemia, including seven of eclampsia, that were treated with liver extract with excellent results. More recently these same authors report on 255 cases of pre-eclampsia with good, but not spectacular, effects.

The hepatic factor in such conditions as asthma has recently been stressed by DeBersaques and Berat, who suggest the addition of the liver detoxicating hormone to the other treatment of these conditions.

**Dr. Kaslow's Notes**

The use of Antronex for allergies goes without saying. It also works in many cases of a toxic exposure.
THE POST-GRADUATE MEDICAL JOURNAL
THE OFFICIAL ORGAN OF THE FELLOWSHIP OF MEDICINE

Vol. II., No. 15. December, 1926

Price, 6d. net.
Annual Subscription 6 Shillings, post free.

ANABOLIN
(Tabs. Hepatic Extract Harrower)
an active depressor principle
separated from the liver by fractional solvent methods—reduces
hypertension—per os.
Anabolin Tablets may be
obtained from all leading chemists
or direct from us. Put up in
vials of 15 tablets, the list price
is 4s. 6d. Three tablets t.i.d. for
five days will prove its value.
This statement is backed up by
hundreds of clinical experiences.

Note: Anabolin is obtainable
also in boxes of six 1-cc. ampoules,
for intramuscular injection, at the
list price of 6s. It is an advantage
to start treatment with the solution, later changing to the oral
method. The solution lowers the
blood-pressure rapidly in most
cases, and the tablets may be
relied upon to maintain the
lowered pressure.

Complete details and clinical samples from
ENDOCRINES LIMITED
### General Recommendation:
- **Catalyn**: Balanced whole food nutritional support

### Specific Recommendations: FEMALE:
- **Ovatrophin PMG**: Specific Cell Activator
- **Utrophin PMG**: Specific Cell Activator
- **Wheat Germ Oil**: Anti-Oxidant; Anti-abortion Factor

### MALE:
- **Orchic PMG**: Specific Cell Activator
- **Orchex**: Specific Cell Activator
- **Prostate PMG**: Specific Cell Activator

### Both Sexes:
- **Chlorophyll Perles**: Sex Hormone Precursor
- **For-Til B12**: Sex gland supporting factors
- **Cataplex ACP**: Epithelial and connective tissue factors
- **Pituitrophin PMG**: Trophic control of endocrines
- **Spleen PMG**: Specific cell activators
- **Cataplex G**: Enzyme system precursors

*This schedule is very outstanding in male sterility. It not only increases the sperm count, but normalizes the sperm cells.*

---

**Additional Reading:**
- *An Endocrine Handbook, Henry Harrower, M.D.*

**Coordination Suggestions:**
- **Classification Index:**
  - Glandular disorders

**Cross Reference:**
- Abortion
- Dysmenorrhea
- Endocervicitis
- Menstrual symptoms
- Prostate disease
- Uterine congestion
- Vaginitis
Hogbin mentions reports that the spread of refined foods low in vitamin E has been one of the causes of the falling fertility in some Pacific islands, while Young suggests that racial fertility is connected with diet, and that though the number of abortions due to faulty diet is unknown, “we may, however, safely assume that it constitutes a considerable portion of spontaneous cases.”
approach has profound effects on patients.) I've never tried estrogen therapy for rheumatism associated with the onset of menopause. It would make more sense that the adrenal fatigue that occurs so frequently in menopausal women and andropausal males would work better. The end result may in fact be the same.

**Menorrhagia** — Whatever the degree of ovarian failure, a careful examination of the patient will usually reveal evidence of some endocrine disturbance. The most common offenders are the pituitary, the thyroid, and the ovary ... Functional menorrhagia and metrorrhagia, therefore, are symptoms of an ovarian disturbance, either primary or secondary to diseases of the pituitary or thyroid, or secondary to some constitutional disease affecting one or more components of the endocrine system. — J. C. Burch et al., *J.A.M.A.* , Dec. 4, 1937, cix, 1869.

**Ovarian Epilepsy** — Two cases of severe epilepsy were striking for they reacted promptly to ovarian hormone therapy and the epileptic attacks ceased. In both cases, there was an inevitable association with menstruation that is dysmenorrhea and oligomenorrhea. The therapy instituted in both these instances had very satisfactory effects. — G. Kausch, *Munchen. med. Wehnschr.* , June, 1934, lxxxii, 977.

**Sterility** — These relationships, which the various inclusions bear to the sex function, offer a basis for treatment of quite a large group of women suffering from sterility. Ovarian extracts should be employed in these cases of diminished sex function, but alone will rarely produce satisfactory results. If the relationship of the thyroid and the pituitary to the condition under observation is carefully diagnosed, and the indicated incretion added, then success will very often follow the treatment. — F. M. Pottenger, *Calif. State Jour. Med.* , Nov., 1923, xxi, 465.

**Sterility** — ... the thyroid, which is a very definite factor in the physiology of reproduction. Therefore, in the diagnosis of the causes of infertility, sterility, and abortion, one must investigate the three glands most frequently involved — the pituitary, the ovaries, and the thyroid. — J. C. Litzenberg, *J.A.M.A.* , Dec. 4, 1937, cix, 1871.

**Vaginitis in Children** — From the results obtained it is believed that theelin, or a similar estrogenic substance, is the treatment of choice in gonococcal vaginitis in children. It is apparently safe and effective in both acute and chronic cases. For reasons not clear, the chronic cases respond more promptly to treatment than do the acute infections. — B. Reading, *South. Med. Jour.* , May, 1935, xxviii, 464.

**Vaginitis, Senile** — From the results of treatment of senile vaginitis with these substances (estrogenic), it is evident that the shedding and re-formation of the mucosa eliminate the underlying pathology present in vaginitis. The normal mucosa thus produced is better able to resist those factors, whether of infectious or atrophic character, which cause the vaginitis. In this way a cure is brought about. Even when a cure is not complete, the relief of symptoms justifies the use of estrogenic substances in the
**CHLOROPHYLL COMPLEX**

**GENERAL CONSIDERATIONS**

In the use of Chlorophyll Perles both local and systemic effects must be taken into consideration, as follows:

1. The local effect of chlorophyll on the intestinal mucosa is to combat inflammation and promote healing, as would be indicated by a wide range of gastrointestinal disorders from diarrhea to stomach ulcers, colitis, gastritis, etc.

2. The systemic effect is to act as a detoxifying factor with a tonic effect, useful in most debilitated states associated with chronic disease.

3. Chlorophyll is an antagonist of guanidine.

Clinical Application is from following stages:

- Effect upon endocrine system as sex hormone precursors
- Effect as prothrombin factor, Vitamin K, important in cardiovascular and circulatory problems
- Effect in lowering blood pressure.
- Effect in hemoglobin formation
- Favorable effect in hypercholesterolemia
- Favorable effect in arteriosclerosis
- Source of fat-soluble vitamins (A, E, F and K)

### Administration

**Dosage:** 1 to 6 per day or as directed. Bile Salts (**Cholacol**) may be necessary to promote absorption of fat-soluble factors.

**Effect:** Blood clotting time may be changed in a few hours. The tonic effect and other noticeable changes may require several weeks.

**Side-Effects:** None known.

**Synergists:**
- a. Cataplex G
- b. Cataplex A-C-P
- c. Ferrofood

**Activity Contributed:**
- Cell-proliferating influence.
- Epithelial and connective tissue integrity
- Complements Blood Factors

**Label:** Fat-Soluble Chlorophyll Complex from Alfalfa, Buckwheat, and Soybeans. 385 mg per Perle.

---

<table>
<thead>
<tr>
<th><strong>Symptoms</strong></th>
<th><strong>Possible Etiological Background</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Changes (Telangiectasia, purpura, petechiae, etc.)</td>
<td>Capillary integrity, associated with prothrombin factor (Vitamin K).</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Possible toxemia, also kidney involvement.</td>
</tr>
<tr>
<td>Acne (Associated with menses)</td>
<td>Deficiency of hormone precursors.</td>
</tr>
<tr>
<td>Healing (Ulcers, skin conditions, gastritis, etc.)</td>
<td>Healing action of chlorophyll.</td>
</tr>
<tr>
<td>Kidney Dysfunction (Also bladder irritation)</td>
<td>Protein metabolism, prothrombin factor (Vitamin K).</td>
</tr>
<tr>
<td>Toxemia (Associated with arthritis, arteriosclerosis, coronary sclerosis, etc.)</td>
<td>Probably guanidine-neutralizing effect, its presence being a suspected factor in these diseases.</td>
</tr>
<tr>
<td>Hemorrhage (Excessive menses, nosebleed)</td>
<td>Prothrombin factor (Vitamin K)</td>
</tr>
<tr>
<td>Colitis (Gastritis, stomach ulcers)</td>
<td>Healing action of chlorophyll.</td>
</tr>
</tbody>
</table>

**Symptom Characteristics:** Usually concerned with blood clotting, vascular changes, or toxemia.

**Clinical Test:** Prolongation of the blood clotting time beyond the usual 6 to 8 minute period is indicative of need.
If you would like to contribute to future presentations of Nutritional Collaborations...

Contact:
Dr. Stephen or Kathi Dobelbower
Park County Chiropractic
PCC@bridgeband.com
406-222-9373

THANK YOU FOR JOINING IN TODAY