

A Five-Part Nutritional Wellness Protocol That Produces Consistently Positive Results

By: Alex Vasquez, DC, ND, DO

When I am lecturing here in the U.S., as well as in Europe, doctors often ask if I will share the details of my protocols with them. Thus, in 2004, I published a 486-page textbook for doctors that includes several protocols and important concepts for the promotion of wellness and treatment of musculoskeletal disorders.¹ In this article, I will share with you what I consider a basic protocol for wellness promotion. I've implemented this protocol as part of the treatment plan for a wide range of clinical problems. In my next column, I will provide several case reports of patients from my office to exemplify the effectiveness of this program and show how it can be the foundation upon which additional treatments can be added as necessary.

Nutrients are required in the proper amounts, forms, and approximate ratios for essential physiologic function; if nutrients are lacking, the body cannot function normally, let alone optimally. Impaired function results in subjective and objective manifestations of what is commonly labeled as "disease." Thus, a powerful and effective alternative to treating diseases with drugs is to re-establish normal/optimal physiologic function by replenishing the body with essential nutrients.

Of course, many diseases are multifactorial and therefore require multicomponent treatment plans, and some diseases actually require the use of drugs. However, while only a relatively small portion of patients actually need drugs for their problems, I am sure we all agree that everyone needs a foundational nutrition plan, as outlined and substantiated below.

1. Health-promoting diet: Following an extensive review of the research literature, I developed what I call the "supplemented Paleo-Mediterranean diet," which I have described in greater detail elsewhere.² In essence, this diet plan combines the best of the Mediterranean diet with the best of the Paleolithic diet, the latter of which has been detailed most recently by Dr. Loren Cordain in his book, *The Paleo Diet*, and his numerous scientific articles.³ This diet places emphasis on fruits, vegetables, nuts, seeds, and berries that meet the body's needs for fiber, carbohydrates, and most importantly, the 8,000+ phytonutrients that have additive and synergistic health benefits.⁴

Preferred protein sources are lean meats such as fish and poultry. In contrast to Cordain's Paleo diet, I also advocate soy and whey for their high-quality protein and anticancer,

cardioprotective, and mood-enhancing benefits. Rice and potatoes are discouraged due to their relatively high glycemic indexes and high glycemic loads, and their lack of fiber and phytonutrients (compared to other fruits and vegetables). Generally speaking, grains such as wheat and rye are discouraged due to the high glycemic loads/indexes of most breads and pastries, as well as the allergenicity of gluten, a protein that appears to help trigger disorders such as migraine, celiac disease, psoriasis, epilepsy, and autoimmunity.³ Sources of simple sugars such as high-fructose corn syrup (e.g., cola, soda) and processed foods (e.g., "TV dinners" and other manufactured snacks and convenience foods) are strictly forbidden. Chemical preservatives, colorants, sweeteners and carrageenan are likewise prohibited.

In summary, this diet plan provides plenty of variety, as most dishes comprised of poultry, fish, soy, fruits, vegetables, nuts, berries, and seeds are allowed. The diet also provides plenty of fiber, phytonutrients, carbohydrates, potassium, and protein, while simultaneously being low in fat, sodium, arachidonic acid, and "simple sugars." The diet must be customized with regard to total protein and calorie intake, as determined by the size, status, and activity level of the patient, and individual food allergens should be avoided. Regular consumption of this diet has shown the ability to reduce hypertension, alleviate diabetes, ameliorate migraine headaches, and result in improvement of overall health and a lessening of the severity of many common "diseases." This diet is supplemented with vitamins, minerals, and fatty acids as described below.

2. Multivitamin and multimineral supplementation: Vitamin and mineral supplementation finally received endorsement from "mainstream" medicine when researchers from Harvard Medical School published a review article in *Journal of the American Medical Association* that concluded, "Most people do not consume an optimal amount of all vitamins by diet alone. ...It appears prudent for all adults to take vitamin supplements."⁵ Long-term nutritional insufficiencies experienced by "most people" promote the development of "long-latency deficiency diseases" such as cancer, neuroemotional deterioration, and cardiovascular disease.⁶ Impressively, the benefits of multivitamin/multimineral supplementation have been demonstrated in numerous clinical trials.

Multivitamin/multimineral supplementation has been shown to improve nutritional status and reduce the risk for chronic diseases,⁷ improve mood,⁸ potentiate antidepressant drug treatment,⁹ alleviate migraine headaches (when used with diet improvement and fatty acids¹⁰), improve immune function and infectious disease outcomes in the elderly¹¹ (especially diabetics¹²), reduce morbidity and mortality in patients with HIV infection,^{13,14} alleviate premenstrual syndrome^{15,16} and

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bipolar disorder,¹⁷ reduce violence and antisocial behavior in children¹⁸ and incarcerated young adults (when used with essential fatty acids¹⁹), and improve scores of intelligence in children.²⁰ Vitamin supplementation has anti-inflammatory benefits, as evidenced by significant reduction in C-reactive protein, (CRP) in a double-blind, placebo-controlled trial.²¹ The ability to safely and affordably deliver these benefits makes multimineral-multivitamin supplementation an essential component of any and all health-promoting and disease-prevention strategies.

Vitamin A can result in liver damage with chronic consumption of 25,000 IU or more, and intake should generally not exceed 10,000 IU per day in women of childbearing age. Iron should not be supplemented except in patients diagnosed with iron deficiency by a blood test (serum ferritin).¹ Additional vitamin D should be used, as described in the next section.

3. Physiologic doses of vitamin D3: The prevalence of vitamin D deficiency varies from 40 percent (general population) to almost 100 percent (patients with musculoskeletal pain) in the American population. I described the many benefits of vitamin D3 supplementation in the previous issue of *Nutritional Wellness* and in the major monograph published last year.²²

In summary, vitamin D deficiency causes or contributes to depression, hypertension, seizures, migraine, polycystic ovary syndrome, inflammation, autoimmunity, and musculoskeletal pain such as low-back pain. Clinical trials using vitamin D supplementation have proven the cause-and-effect relationship between vitamin D deficiency and these conditions by showing that each of these could be cured or alleviated with vitamin D supplementation. In our review of the literature, we concluded that daily vitamin D doses should be 1,000 IU for infants, 2,000 IU for children, and 4,000 IU for adults. Cautions and contraindications include the use of thiazide diuretics (e.g., hydrochlorothiazide) or any other medications that can promote hypercalcemia, as well as granulomatous diseases such as sarcoidosis, tuberculosis, and certain types of cancer, especially lymphoma. Effectiveness is monitored by measuring serum 25-OH-vitamin D, and safety is monitored by measuring serum calcium.

4. Balanced and complete fatty acid supplementation: A detailed survey of the literature shows there are at least five health-promoting fatty acids commonly found in the human diet.² These are alpha-linolenic acid (ALA; omega-3, from flaxseed oil), eicosapentaenoic acid (EPA; omega-3, from fish oil), docosahexaenoic acid (DHA; omega-3, from fish oil and algae), gamma-linolenic acid (GLA; omega-6, most concentrated in borage oil), and oleic acid (omega-9, from

olive oil, also flaxseed and borage oils). Each of these fatty acids has health benefits that cannot be fully attained from supplementing a different fatty acid. The benefits of GLA (borage oil) are not attained by consumption of EPA and DHA (fish oil); in fact, consumption of fish oil can actually promote a deficiency of GLA.²³ Likewise, consumption of GLA alone can reduce EPA levels while increasing levels of proinflammatory arachidonic acid²³; both of these problems are avoided with co-administration of fish oil any time borage oil is used. Using ALA (flaxseed oil) alone only slightly increases EPA but generally leads to no improvement in DHA status and can lead to a reduction of oleic acid; thus, fish oil, olive oil (and borage oil) should be supplemented when flaxseed oil is used.²⁵

Obviously, the goal here is a balanced intake of all of the health-promoting fatty acids; using only one or two sources of fatty acids is not balanced and results in suboptimal improvement, at best. In clinical practice, I routinely use combination fatty acid therapy comprised of ALA, EPA, DHA, and GLA for essentially all patients. The product also contains a modest amount of oleic acid, and I encourage use of olive oil for salads and cooking. This approach results in complete and balanced fatty acid intake, and the clinical benefits are impressive.

5. Probiotics /gut flora modification: Proper levels of good bacteria promote intestinal health, proper immune function, and support overall health. Excess bacteria or yeast, or the presence of harmful bacteria, yeast, or “parasites” such as amoebas and protozoas, can cause “leaky gut,” systemic inflammation, and a wide range of clinical problems.¹ Intestinal flora can become imbalanced by poor diets, excess stress, immunosuppressive drugs, antibiotics, or exposure to contaminated food or water, all of which are common among American patients.

Thus, as a rule, I reinstate the good bacteria by the use of probiotics (good bacteria and yeast), prebiotics (fiber, arabinogalactan, and inulin), and the use of fermented foods such as kefir (in patients not allergic to milk). Harmful yeast, bacteria, and other “parasites” can be eradicated with the combination of dietary change, drugs, and/or herbal extracts. For example, oregano oil in an emulsified, time-released form has proven safe and effective for the elimination of various parasites encountered in clinical practice.²⁶ Likewise, the herb *Artemisia annua* (sweet wormwood) commonly is used to eradicate specific bacteria and has been used for thousands of years in Asia for the treatment and prevention of infectious diseases, including malaria.²⁷

Conclusion

In this brief review, I have outlined and scientifically substantiated a fundamental protocol that can serve as effective therapy for patients with a wide range of “diseases.” Customizing the Paleo-Mediterranean diet to avoid food allergens, using vitamin-mineral supplements along with physiologic doses of vitamin D and broad-spectrum balanced fatty acid supplementation, and ensuring gastrointestinal health with the skillful use of probiotics, prebiotics, and antimicrobial treatments provides an excellent health-promoting and disease-eliminating foundation and lifestyle for many patients. Often, this simple protocol is all that is needed for the effective treatment of a wide range of clinical problems. For other patients with more complex illnesses, of course, additional interventions and laboratory assessments can be used to customize the treatment plan. However, we must always remember that the attainment and preservation of health requires that we meet the body’s basic nutritional needs. This five-step protocol begins the process of meeting those needs.

In my next article, I’ll give you some examples from my clinical practice and additional references to show how safe and effective this protocol can be.

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