



FIBROMYALGIA SYNDROME (FMS)

A Clinical Nutrition Syndrome

Dr. Donna F. Smith



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**Do a search for Table, Chapter and Page when finished writing –
Add Chapter # and Table of Contents. Also copy Quick links to
Hair book due to website changes.**

Also the parts in the foreward , introduction and Malnutrition #1 can be referred to lesson plans. Section

Rewrite the Donna to Donna marked section.

FOREWORD (**Must Read First**)

After browsing the pages of this e-book, please return to this Foreword and read this book in the order presented, as each chapter builds on the foundational knowledge of the previous one. To gain a solid foundation of knowledge on the subject of Fibromyalgia, or any subject, requires having the information presented systematically and in a specific order. Otherwise, gaps in the knowledge presented results and challenges in understanding and remembering information results.

The brain works as follows -- what is inputted into the brain first is what is most remembered and if the next piece of information cannot be connected to the first, the next information finds no previous memory cells to connect to and the information can be lost. Then the person has to re-read the information again. Fibromyalgia patients already suffer from mental challenges of poor concentration and short-term memory recall, thus often have to re-read information anyway, so make it easier on yourself and your brain by working with your brain and input this information in the order that it can best remember it.

What You Will Learn

Therefore, each chapter of this book and its subsequent sections are included in a specific order to build a sequential, series of foundational knowledge about Fibromyalgia.

Reviewing the **Table of Contents** will give you an overview of what you will learn in this book. However, the primary purpose for my writing this is to present:

- the importance of clinical nutrition in restoring and maintaining health,
- Fibromyalgia (FMS) - causes and how to correct (heal) them,
- the clinical nutrition specifics as it relates to FMS,
- four clinical nutrition case histories from thousands of my successful clinical records,



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- and share conclusions from my own clinical observations and experiences helping our clients successfully improve their health, which is being overlooked in the treatment of FMS in other therapies and/or is not available anywhere else because it is specific to the science of clinical nutrition and naturopathy.

Research Is 10-30 Years Old Before Known By Public At Large

It is a fact that it takes 10-30 years for any research to become commonly known to the public, i.e. other words, information that everyone knows and accepts as factual. I have been in practice long enough to have observed this as a fact myself. For example, I have observed numerous times when clinical nutrition research presented to me at an **annual IAACN Scientific Conference** did not become publically known until 10 to 25 years later. That is how long it takes for practitioners to educate their patients and for patients to spread the good news, so those they know, can tell others. Decades later, the information returns back to the one who released it. I just smile when a client comes in and tells me some breakthrough news in the field of dietetics, clinical nutrition or natural healing (naturopathy) or about this vitamin or that herb that they just learned because now I know that this research or information I reported to clients decades earlier has finally come full circle. You can speed up this distribution information process by referring people to my website and newsletter, in addition to persevering in sharing your good news about how clinical nutrition and naturopathic therapies helped you restore your health, for those readers who see the wisdom in contacting me for our services as soon as possible.

Stay Current By Subscribing To Dr. Smith's Newsletter

It was because of the fact that it takes 10-30 years for information to become publically known by all, that I opened my newsletter, **Health Quest e-News (HQN)**, to the public at large. Since its origin in 1981, when I started my business, until the early 1990's when I became aware of this fact and realized I needed to do my part in public education, it was exclusive to clients only. Subscribers to my newsletter receive current, state of the art, clinical nutrition research in real time, i.e., "Hot off the press," as they say. My newsletters also present my clinical observations in successfully helping my clients, self-help tips and alerts/announcements when the media is distributing misleading or false information.

For example, at the time of this update, the most recent being physicians diagnosing Vitamin D deficiency by blood test alone and prescribing synthetic or isolated Vitamin D, particularly Vitamin D². The misdiagnosis and dangers of these types of Vitamin D, along with contact information for the only healthy Vitamin D that is safe for the public to use without



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professional “clinical nutrition” testing and dispensing of “therapeutic” Vitamin D can be obtained in the archives of my newsletters. Links to webChapter pages where you may join my emailing list to receive your FREE subscription and access newsletter archives is on Chapter page

The Laws of Cellular/Tissue Regeneration Applies To All Health Concerns

As you read this e-book, there may be times when you may think I am writing about improving health in general, or if I mention some other health concern, that the information applies only to that health concern and not Fibromyalgia. **Everything in this book is about Fibromyalgia, whether I refer to the syndrome by its name “Fibromyalgia” or its abbreviation “FMS,” or not.** The biochemical, bioelectrical and biological laws that govern the processes of repairing, healing and growing of new healthy cells and tissue to restore the healthy function of all organs, glands and body systems is the same for all illnesses, diseases and syndromes adversely affecting them.

Additionally, because of the complexity of the neuro-muscular system, which is the core dysfunctional system in Fibromyalgia, and this system’s affect on every part of the body from head to foot, the causes and effects related to FMS can also be the same for other health concerns, i.e., other symptoms, syndromes, or diseases. So, again, though at times, it may not appear so, everything in this book relates to Fibromyalgia.

There Is Only One Road To Healing

Whether one is unaware of this or not, the truth is, “there is only one road to healing.” That road is “understanding and adhering to these laws.” Unfortunately, Public Education in the 20th Century has focused only on drugs and surgery (medical treatment) and not how to apply these laws to daily life so this is not yet common knowledge. However, to heal and stay healthy, each of us must come to this realization, get on this road and do what it takes to work with, instead of against, the body’s healing system and integrate these laws into daily lifestyle practices to sustain and maintain health. **Until then, people will continue to create and perpetuate their own diseases (and syndromes) and sabotage their body’s efforts to heal and be healthy.**

Role of Clinical Nutrition/Naturopathic Therapy Is To Apply Laws of Healing

Clinical Nutrition and Naturopathic Therapy is the therapeutic application of the laws of healing (biochemistry, biology, etc.) to nourish and detoxify the cells and tissue of the human body. This is a foundational requirement of every human being to assist their cells in



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the repair and regeneration (growth) of new healthy cells and tissue to restore and maintain the healthy function of organs, glands and body systems.

There are a number of other therapies that can enhance the recovery of the body and health maintenance, such as Physical Therapy, Massage, Chiropractics, Neuro-Biofeedback, Reichi and Acupuncture. However, to use these therapies without clinical nutrition/naturopathic therapy provides only temporary relief. The tissue, organ, gland and body system benefits of these therapies cannot be sustained when applied to a body that has “clinical” nutrient deficiencies and biochemical imbalances.

Clinical Nutrition/Naturopathic Therapy is also required, in addition to, Chiropractics, and/or Physical Therapy, when the structural system (muscles, bones, joints) has been injured or in cases of surgical recovery, to assure that the musculo-skeletal system heals fully, as nutrients are required by the body to build strong muscles, joints and bones in order to sustain the benefits of these other therapies.

Clinical Nutrition/Naturopathy Therapy is also required, in addition to, Acupuncture, Reichi and/or Neuro-biofeedback, when there are restrictions or interferences in energy flow, as nutrient sufficiency is required by the body to produce energy and sustain its proper flow.

Massage Therapy, in addition to Clinical Nutrition/Naturopathic Therapy, is required when muscles and nerves become tense and over-stimulated from mental and emotional stress, or injury, all of which causes nutrient deficiencies.

Unfortunately, in America, the Public has been misled into seeking these other therapies first and often without inclusion of Clinical Nutrition and Naturopathic Therapy or taking a drug to suppress symptoms, until side effects from drug therapy and delays in healing from not putting first things first results in having surgery to remove an organ or gland, in order to save the rest of the body. However, some organs and glands cannot be removed, without causing immediate death, so in these cases, the patient dies prematurely months or a few years later, depending upon the amount of time it takes for the rest of the body to be adverse affected.

This book will help you gain this understanding and assist you in getting on the road to healing Fibromyalgia, once and for all. This information will also provide information on how the body heals any disease, condition, disorder or syndrome and prepare you for understanding how to maintain healing so that you can truly become and stay health.

Preliminary Web Chapter page Reading

To keep this book at the minimum number of Chapter pages as possible, which has allowed me to also keep the price of the book to a minimum, **there is some additional educational information provided “FREE” in my website, which is important to read before you proceed reading past this Foreword.** That is, unless you have already read these Chapter pages. If you have not read them, please do so. Otherwise, you have gaps of



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knowledge that will inhibit your understanding other areas to follow within this e-book. Thank you in advance for honoring this request.

Therefore, below is a list of these web Chapter pages. To locate, find the following titles in the website **Table of Contents**. After clicking on and reading the title web Chapter page, put your mouse cursor over the title Chapter page again to click on and read the sub-web Chapter pages. A link directly to my website has been provided following this list.

1. **Articles by Dr. Smith / Library of Articles** – When the cursor is over **Articles By Dr. Smith**, the **Library of Articles** button pops up. Click on it and scroll down to the bottom of the Chapter page to the Diagram titled, “**The Pathways of the Cells Metabolism**” and the introduction to this diagram. After reading these sections, scroll back up the web Chapter page to the **Document Library** and read my article titled, “**What Is In Our Cells Is Proof Drugs Don’t Heal.**”
2. **Our Services** – these web Chapter pages include foundational dietary, nutrition, and food supplement education, besides information about our services. It is the educational information that is most important, at this time.
3. **Nutrition Education** – these web Chapter pages are available to only our Newsletter subscribers. So to receive the passcodes to open these Chapter pages, you will need to first subscribe to my newsletter, if you have not already done so.
 - a. **Newsletter / Subscribe** – this web Chapter page will explain how to subscribe to my newsletter and how/when you will receive the subscriber passcodes required to open the Nutrition Education web Chapter pages..

Click here to go directly to my website at www.AdvancedClinicalNutrition.com.

INTRODUCTION

This Book Is Dedicated To You!

Fibromyalgia Syndrome (A Clinical Nutrition Syndrome) is dedicated to all those who suffered from the symptoms of Fibromyalgia long before it was recognized as a real neuro-muscular syndrome and to those who are still suffering because the medical industry has not yet recognized that Fibromyalgia is not as medical syndrome, it is a **Clinical Nutrition Syndrome**.



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“No Cure For Fibromyalgia” Just Means Drugs/Surgery Will Not Cure It!

Do any research on what the medical industry has to say about Fibromyalgia and you will find that reports read “no cure” for FMS. However, if you have read my website, you now know that when a medical report or clinical study reads “no cure,” this just means that “drugs and surgery” – typical medical treatment today, will not cure it.

If you have not done so, it is now time to read my website article titled, **“What Is In Our Cells Is Proof Drugs Don’t Heal”** and the article’s accompanying Diagram titled, **“The Pathways of the Cells Metabolism”** and the introduction to this diagram. You will need this information to more thoroughly understand why drugs and surgery do not cure any health challenge, no matter what its medical label (diagnosis).

The Human Body Is Capable Of Healing Itself of Any Health Challenge!

The Central Nervous System (CNS) includes the autonomic nervous system (ANS), which consists of the sympathetic and para-sympathetic nervous systems. The autonomic nervous system independently operates all biochemical and biological processes, i.e., it is self-initiating and self-regulating. It is the autonomic nervous system that people are referring to when they talk of the body’s “innate healing system” or “the doctor within.”

Therefore the human body is designed to heal (cure) any challenge to its survival and state of health, no matter what the medical diagnosis. However, it can only accomplish this when you provide the nutrients it requires to function and you eliminate what interferes with its ability to function (i.e., toxicity and stressors).

This book is about what causes FMS, what interferes with the body’s ability to heal itself of FMS, and what is required to assist the body in healing itself of Fibromyalgia. With this knowledge the reader may understand what their responsibility is to assure the success of their innate healing system. In other words, the reader will know what is required to assist their body in repairing damaged or decaying cells and, this is not possible, then your efforts will help your body grow new healthy cells and tissue to replace them. The purpose or role of Clinical Nutrition and Naturopathic therapy is to provide the services and education each individual needs to accomplish this goal.

Fibromyalgia Is A Clinical Nutrition Syndrome, Not A Medical Syndrome!

There never will be a medical cure for Fibromyalgia “Syndrome” because its root causes are the adverse affects from nutritional deficiencies, biochemical and bio-electrical imbalances, and toxicity on the healthy function of all organs and glands -- all of which lie within the scope of a clinical nutrition practice (or therapy). **This means that Fibromyalgia is a clinical nutrition syndrome, not a medical syndrome.** This also explains why medical tests are



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generally normal, i.e., showing no medical cause for the patient's symptoms, and why it took many years before the medical industry recognized Fibromyalgia as real.

Using Clinical Nutrition Therapy alone or in conjunction with other current therapies, such as medical, physical therapy, chiropractic, and/or psychological counseling, is essential to the improvement of Fibromyalgia. Without clinical nutrition, the patient cannot heal (identify and correct the causes) and the patient will experience only a degree of symptom relief, either temporary relief or no relief. In fact, the patient may even feel worse, as is the case from drug therapy, due to new symptoms caused from drug side effects, in addition to the fact that delays in getting to the cause(s), allows more time for this syndrome to get progress to more severe states.

Once clinical nutrition therapy is provided, whether used alone or added to any other therapy the patient is using, the patient will finally begin to heal and symptoms will leave on their own due to the process of restoring health. **Advanced Clinical Nutrition** provides educational coaching on how to sustain optimal healing attained to stay healthy for the rest of their life and avoid re-creating Fibromyalgia again in the future.

"Deep Down, I Knew There Was An Answer for My FMS"

Is this what you have been looking for? If your answer is the same as our FMS patients who preceded you, the answer is YES!!!. After starting their FMS Clinical Nutrition Program, I often hear the following statements:

- "Deep down I knew there had to be an answer for my Fibromyalgia."
- "It never made sense that my only option was to take drugs for the rest of my life."

They were intuitively right and this inner knowing is what kept them searching until they finally found their way to our website or someone, who referred them to us.

History and Medical Treatment of Fibromyalgia

For decades, Fibromyalgia patients had to endure additional mental and emotional trauma due to the pain that comes from not knowing what is wrong with them and having doctors and family members think "it's all in your head." Thus, the original medical treatment they received was mind-altering, anti-depressant, muscle relaxers and pain-killing drugs and referral to a psychiatrist with a diagnosis of being a hypochondriac.

Today the only thing that has changed in medical treatment is that the Fibromyalgia patient is not sent to a psychiatrist because the physician now believes they truly are suffering. Because the medical industry still does not understand the cause(s) of Fibromyalgia and because more drugs are added to the above, FMS patients are getting worse. By more drugs,



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I mean, some physicians may add a drug to suppress each symptom the patient complains of, so, is not uncommon for FMS patients to be on multiple drugs.

The one piece of “good news” associated with medicine is that Fibromyalgia patients today has more support of their family members and friends, many of whom previously thought the FMS patient was just being lazy, because they were too tired or in too much pain to meet their responsibilities or participate in social activities, or assumed they were just complainers, as they listened to a long, long list symptoms.

I can empathize, but not because of having any similar “physical” experience. When I was a child I had three recurrent dreams. As you may now, recurrent dreams are prophetic. The one I am going to share is about my trying to tell people something and no one would believe me. What I was trying to communicate was not part of the dream, just the anguish I felt in no one believing me. Later, I realized that this was a presentiment of what I would experience for over 20 years until the public caught up to what God had revealed to me when I was 24 years old. It was then that He began to open the doors of knowledge in how the body works and what is required to heal and restore health, i.e., naturopathy (natural healing), dietetics and clinical nutrition. Fortunately, helping a few enlightened people in the beginning started my business on a continual upward movement that continues today, due to satisfied patient/client referrals.

So the reality of my dream was experienced when I tried to educate people who did not know someone I had helped. However, I (and my colleagues) persevered and looked forward to the time when we would have reached enough people to shift public consciousness and people would begin to seek our services on their own without referral. That day arrived in the early 1990's after two decades of living my childhood recurrent dream. So in this respect, I can identify with the early years of those who were suffering with Fibromyalgia before this syndrome was finally recognized as “real” in the eyes of our medical industry.

Medicine Offers Nothing New For Fibromyalgia

After I was nearing the end of updating this book to provide it electronically as an e-book, I decided to do an internet search to see if there was anything new on the medical horizon related to Fibromyalgia, since the last time I had surfed the net on this subject.

However, I still found that the most medicine has to offer is a lot of Public Education and Medical websites describing the symptoms of Fibromyalgia with demographic statistics. In other words, Medicine's Major Breakthrough has been to label this group of symptoms and call it “Fibromyalgia.” Then keep an ongoing record of the number of people afflicted, with historical facts at the onset, such as trauma, and personal information, such as sex, age, occupations, race, etc. Though this has at least reduced the mental and emotional stress associated with no one believing that the suffering of the Fibromyalgia patient is real, people continue to suffer with the mental and physical symptoms of Fibromyalgia because **Public**



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Education is insufficient in respect to Fibromyalgia being a Clinical Nutrition Syndrome and not a medical syndrome.

Dr. Smith's Succeeded in FMS Before It Was Medically-Acknowledged

Since establishing my business in 1981, I have been successfully helping people improve their health, no matter what their health challenge(s). This includes those who suffer with Fibromyalgia (FMS).

In 1996, clinical nutrition research on Fibromyalgia was presented at the **International and America Associations of Clinical Nutritionists (IAACN) Annual Scientific Symposium**, and that was when I realized, and later verified by reviewing the charts of client case histories since 1981, that I had also been successfully helping clients improve their health, who were undiagnosed Fibromyalgia cases. It was not until 1998 that I was contracted by someone who had actually been diagnosed with Fibromyalgia. Joe's case history, along with a progress report chart on his improvement in symptoms and tender points, is provided on Chapter page .

Clients or Patients?

From the point onward in this e-book, you will notice that I will be using the term "client" instead of "patient." Because a patient-doctor relationship in medical care is a "dependent" relationship and I prefer to moving our relationship from dependent to interdependent to independent, I use the term "client or clients," when referring those under my care. If unfamiliar with these relationship terms, please feel free to request this information.

This now concludes the introductory information about the purpose and contents of this book.

FIBROMYALGIA - WHAT IS IT?

The term **Fibromyalgia** was coined by researcher Mohammed Yunus as a synonym for fibrositis and was first used in a scientific publication in 1981. Fibromyalgia is from the Latin *fibra* (fiber) and the Greek *myo* (muscle) and *algos* (pain).

The symptom of pain is "cellular" sensory communication through the nervous (neuro) system to get the attention of the conscious mind, which is the problem evaluation and solving part of the brain in order to take the right action. Pain is communicated when the life and health of the cells (in tissues, organs, glands, etc.) are damaged (injury), infected (germs/worms/toxicity) and/or when nutritional deficiencies have been present long enough to



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cause its biochemistry to move out of homeostasis. Homeostasis is biochemical balance, which is the definition of “health.”

Therefore, **Fibromyalgia is a “neuromuscular” syndrome.** When the cells of the nerves and muscles (neuro-muscular) are damaged, infected and/or nutritionally deficient, all areas of the human mind and body are adversely affected.

This is why co-occurring auto-immune and neuro-muscular conditions, diseases and syndromes develop and their symptoms surface as Fibromyalgia progresses, such as Multiple Sclerosis, Lou Gehrig’s Disease, Lupus, Graves’ Disease, Arthritis, to name a few. Symptoms will be more severe in the areas most affected.

Table 3 – Symptoms & Percentages Associated With Fibromyalgia

The Table below provides a list of symptoms with a percentage (highest to lowest) representing the degree of which the symptom is present in Fibromyalgia.

Symptom	% of FMS Symptoms
Muscular Pain	100
Fatigue	96
Insomnia	86
Joint Pains	72
Headaches	60
Restless Legs	56
Numbness and Tingling	52
Impaired Memory	46
Leg Cramps	42
Impaired Concentration	41
Nervousness	32
Depression (Major Depression)	20

Table 3



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Arthritis and Rheumatism. Vol. 33, No. 2 (February 1990)

In my clinical experience, in addition to the above, I have also observed the following symptoms present in Fibromyalgia clients. :

- chronic aching,
- stiffness,
- chronic fatigue,
- allergies,
- food sensitivities,
- anxiety,
- mental confusion, brain fog
- short-term memory loss,
- endocrine dysfunction,
- gastro-intestinal disturbances,
- swelling, especially soft tissue.
- disturbed sleep (sleep some, but may be frequently awoken and may or may not be able to resume sleep)
- cardio-vascular problems, like dizziness or palpitations,
- and enhanced sensitivity of the senses, such as changes in taste, hearing, touch, sight, body temperatures, even shower water can hurt when it hits the skin.

After reading both lists, you may ask, “What’s left.” Not much. Actually, for some the list is longer than this. The above is just a list of the most common.

FMS Statistics

According to the American College of Rheumatology (ACR, 2004):

- 3 to 6 million people in the U.S have Fibromyalgia Syndrome (FMS). This is approximately one in every 50 Americans.
- Fibromyalgia is the second most common ailment affecting the musculoskeletal system after osteoarthritis.
- It is estimated that 15% to 20% of patients seen by rheumatologists have Fibromyalgia. However, only 2% of the population has actually been diagnosed with Fibromyalgia.



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- 80-90% of those “diagnosed” are women and women who have a family member with FMS are more likely to develop FMS.

Other Statistics include:

- Fibromyalgia Syndrome mainly affects women, aged 25 to 50 years, though according to Dr. Russell Jaffe, M.D., some males diagnosed with bursitis may indeed have Fibromyalgia.
- The National Institute of Arthritis, Musculoskeletal and Skin Diseases reported in 1999 that Fibromyalgia primarily affects women of child-bearing age, but children and men may also be affected.
- The Center of Disease Control (CDC, 2009) reports that FMS may often co-occur (up to 25 to 65%) with other rheumatic conditions such as, arthritis, systemic lupus erythematosus and ankylosing spondylitis.

Three Questions I Would Ask About These Statistics

Enough on quoting statistics as you probably know them anyway, though I had to include them just in case. To me, their value lies more in three questions that seem to be hidden, when you consider the information currently being distributed on Fibromyalgia.

1. Why are women afflicted more than children and men and along these lines, why women of child-bearing age more than women in menopause?
2. Why is a woman more likely to develop FMS if another family member has Fibromyalgia?
3. Why doesn't FMS stand alone instead of occurring along with other diseases? After all, isn't one diagnosis enough for anybody?

What Can Be Learned From These Three Questions

These three questions are clues to some major causes that lead to the development of Fibromyalgia. After reading this entire book, you will more fully understand the list below and why they were obvious to me.

1. Child-bearing women of today are not taught how to “nutritionally” prepare for pregnancy and the isolated “pre-natal” vitamins recommended by their Obstetrician are toxic to the body and nutritionally inadequate for pregnancy and delivery. Therefore, women become pregnant in a state of malnutrition and post-delivery are in an even



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deeper state of malnutrition, which becomes even more severe with each consecutive pregnancy. This leads to severe female hormone imbalance, a major contributing factor in the development of FMS and their co-diseases.

2. As you read about the causes of FMS and the role malnutrition and toxicity have in its development, women are more likely to develop FMS when another family member has FMS, not because of hereditary factors, though this may be a contributing factor, but because they have the same lifestyle – family members generally eat the same foods, drink the same beverages, if the parents don't exercise, the children and siblings are less likely to, and they are exposed to the same **Stressors** – mentally, emotionally, and physically.
 - a. To evaluate each Stressor and to what degree each is adversely affecting one's health, I designed the **Stress Opinionnaire**. You can complete this on yourself and have other family members do the same and see how close your total scores are in each Stressor.
 - Information on how to obtain the Stress Opinionnaire is provided on my **"Newsletter / Subscribe"** web Chapter page and
 - **Each type of Stressor** is defined on the **"Stress Opinionnaire"** webChapter page.
 - A link to both of these web Chapter pages is provided in this e-book on Chapter page
3. Diseases that develop in one organ or gland have the potential to adversely affect the function of all other areas of the body, affecting first those closest to it and then continue to the next one in proximity, and so on. Fibromyalgia will always be accompanied by other diseases, before or after its development. This is because the causes of Fibromyalgia directly affect both the immune and neuro-muscular systems. When these two systems are dysfunctional or diseased, they adversely affect every other organ, gland and body system. Additionally, areas that are more affected than others are because the malnutrition and toxicity of their organs, glands and body systems are more severe (clinical) or if a trauma, like an auto-accident injury, preceded the onset of FMS, the area injured is damaged or weaker than areas not injured and thus, more susceptible to the affects of FMS.



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Have any of these three questions, and the answers I have provided here, been considered in your previous FMS treatment? More likely not, as they relate to the field of clinical nutrition, not the field of medicine.

Clinical Nutrition Therapy Completes Healing In Injuries & Surgeries

Though accidental, assault and war injuries first require emergency medical assistance. Clinical nutrition therapy, since this is not yet integrated in all medical facilities, is required immediately after hospital or emergency room dismissal to assure a complete and speedier recovery. This applies to post-surgical recovery too.

If you are not sure this is a scientific fact, think of how many people you know or have heard of that are still suffering years later after **macro-traumatized injured or surgical areas** are diagnosed as being healed (i.e., medically healed). Examples are people such as, athletes injured in a sports event, people injured in falls or auto-accidents and/or veterans with war injuries, and those who have had surgery of any kind. These people recovered only to the degree they were no longer in pain and had “improved” mobility.

Because the major focus of Public Education from government health agencies is still medical treatments (drugs and surgery) instead of giving equal time to all therapies, these patients continue living, unaware that healing was “not” complete. Then over-time, they begin to suffer with pain and diminished or lack of mobility again from **micro-traumatized tissue** when their nutrient deficient cells progress to infected and decayed cells.

Additionally, in respect to injury and surgical recovery, Physical Therapy and/or Chiropractics should also parallel clinical nutrition therapy in the recovery and treatment phases. Neuro-Biofeedback Therapy should also be used, especially if the person has suffered head injury.

CLINICAL NUTRITION STUDY ON FIBROMYALGIA

Russell Jaffe, M.D., Ph.D., C.C.N. (Physician and Clinical Nutritionist) presented the findings of his community-based study on Fibromyalgia at the **American Association for the Advancement of Science**, Baltimore, MD., February, 1996, and again at the **International and American Associations of Clinical Nutritionists (IAACN)**, Sept. 1997, the latter which I attended. This is one of the first studies that came to my attention regarding the rising interest and recognition of FMS in the U.S.

The Results Of Dr. Jaffe’s Study Are As Follows:



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1. Control Subjects maintained their usual lifestyle whereas the subjects in the treatment group underwent a program of avoiding reactive substances and nutritional repletion (i.e., ingesting specific vitamin and mineral supplementation).
2. 72% of all FMS subjects reported a precipitating event, such as a car accident, a fall or the flu.
3. The Elisa/Act was used to test for sensitivity to 340 items covering common medications, foods, food preservatives, volatile organic chemicals, biocides (pesticides, antibiotics) and other chemicals commonly encountered in the environment.). For a list of the most reactive substances found in this study refer to **Table 1 – “Most Reactive Substances in Fibromyalgia” on Chapter page**
4. After six month, there was no improvement in the Control Group. However, the Treatment Group showed:
 - a. After three months - modest improvement noted.
 - b. 4th Month - most reported feeling markedly better than they had in years.
 - c. 6th Month -reports as follows:
 - i. 50% less pain,
 - ii. 40% less depression,
 - iii. 50% more energy and
 - iv. 30% less stiffness than at the start of the program. After six months, no improvement was noted in the control group.

Dr. Jaffe's study suggests that reducing the “load” of immunoreactants, below a threshold in a free-living population, may allow for re-establishment of resilience and homeostasis and the restoration of reserves in the neuroimmune control systems.

Though I have not performed any clinical nutrition studies on FMS, from my clinical observations in assisting our clients in improving their health, I can add that:

1. Had the Dr. Jaffe's Clinical Nutrition Study continued past six months, the above percentages would continue to improve from month to month.
2. It is possible in the first three, four and six months, for clients to experience even greater improvement than what was revealed in the above study.



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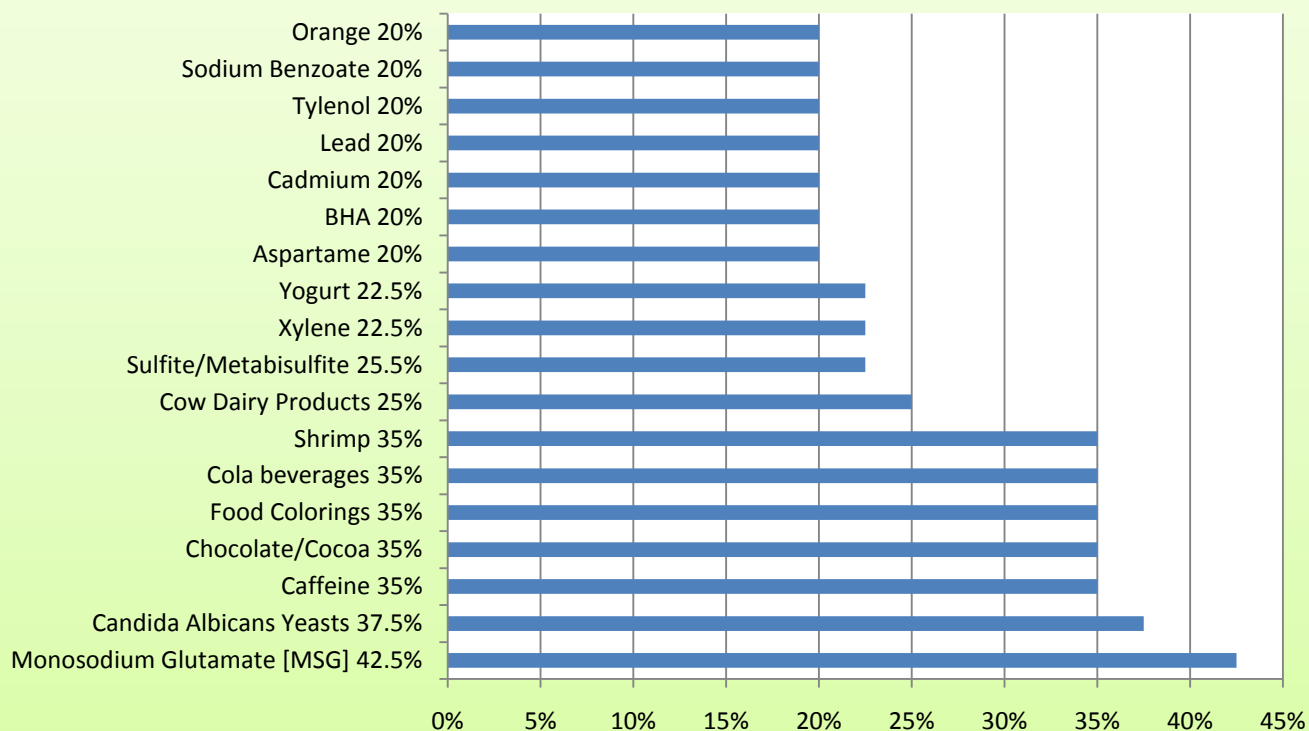
By Dr. Donna F. Smith

“Joe’s Progress Report” Table 3 on page, is a example of both of the above:

- After his first three months, he had No Depression or Chronic Aching (Pain), i.e., 100% improvement in both of these.
- In the 8th Month, he had 90% to 100% improvement on all of his FMS symptoms, except one. On this one his improvement at that time was 80%.

Most Reactive Substances in Fibromyalgia - Table 4

In Clinical Nutrition Study - Elisa/Act Allergy Testing Shows Percentages of Reactions To The Below Foods and Poisons, least to the greatest .)





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Table 1 - Most Reactive Substances For Those Suffering With Fibromyalgia

LABORATORY TESTING (STANDARD AND SPECIFIC TO FMS)

Laboratory Tests (Standard Medical)

Standard medical laboratory tests are used to diagnosis all medical diseases, conditions and disorders, etc. A new patient's initial or second medical office visit will, generally, include one or more of the following tests for the physician to provide an initial diagnosis for the patient.

According to the Institute for Molecular Medicine, Fibromyalgia has been difficult for medical doctors to diagnose because Fibromyalgia patients test normal on standard laboratory tests, such as:

- Blood Chemistry,
- CBC,
- Thyroid,
- HIV Ab,
- RF,
- Ana,
- Liver Scan,
- BMA,
- LN Biopsy and
- CT Scan.

What "Normal" Medical Tests Really Means

A medical interpretation of laboratory tests is performed to assess whether the biochemistry, biology, or structure of the human body is in a disease or in a life-threatening state. Therefore, when test results are normal in a medical interpretation of laboratory testing, this does not mean that the patient is healthy, it means the patient is not experiencing any disease or life-threatening state in the biochemistry of the cells, tissue, organ, gland or body system that is being tested. An example of a life-threatening state may be someone who has been injured in an accident or purposely through physical assault (abuse or war).

Therefore, it is always good news to have normal medical test results. However, for patients suffering from symptoms, and who have normal tests results from a medical interpretation of their laboratory tests, this does not provide any answers to the cause of their symptoms. So whenever you have a medical examination or laboratory test and the findings



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are normal, what you have accomplished is “ruling out” disease or life-threatening states. Having ruled out medical causes, the next step is to have a clinical nutrition interpretation of your laboratory reports and obtain specific nutritional biochemistry testing.

. Because a course in the role of clinical nutrition, which is the scientific field and profession that tests, identifies and corrects abnormal biochemistry, is not included in medical school curriculum, physicians do not receive any courses to help them understand this field of nutritional science so they could refer patients to Clinical Nutritionists when patient test results are medically normal.

In fact, for the last 100 years, physicians have not been required to complete any dietetic or nutrition course and only one four-hour Dietetic course, for an overview in the role of a Dietitian, is offered in medical schools, as an elective, which means “if” the physician is interested.

You may be wondering, “If normal medical tests, does not mean “I am healthy,” what is the true definition of health?” You will be provided this information when you read the chapter on “The True Definition of Health” on Chapter page 21.

Specific Laboratory Tests for FMS

The specific tests for Fibromyalgia are:

- CD4/CD8,
- NK,
- Viral Act.
- IgG,
- AutoAb,
- IL-2,
- IFN,
- and various tests for infections.

If you have reviewed the FMS symptoms list on Chapter page and suspect you may have Fibromyalgia, you may ask your physician to order the above tests, which will either provide you with a medical diagnosis of Fibromyalgia or rule it out. However, because symptoms can surface even in the early stages of the development of Fibromyalgia, a patient may be suffering and yet sufficient time has not passed for medical tests to show abnormal findings. In either case whether your medical tests show normal or abnormal, a Clinical Nutrition Analysis (or interpretation) of these test will reveal abnormal nutritional biochemical values, which cannot be observed in a medical interpretation. Your FMS Symptoms will then improve once you correct nutritional abnormal values.



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Additionally, if your physician has not been studying the latest research on Fibromyalgia, he or she may be unaware of Fibromyalgia and/or not familiar with using these tests for diagnosing FMS.

You may find it interesting to note that with a success record of over 90% in helping clients with FMS, I have only occasionally ordered more than two from the above list. Why? Because I can find out what I need to know through the clinical nutrition testing we routinely order for cellular nutritional biochemistry testing (hair, urine, saliva and stool) and the 44 blood chemistry tests. Our standard 44 blood chemistries use to be standard in medical testing before Medicare and Insurance Companies stopped covering all 44 and started reimbursing physicians for only 15 to 25 of these tests, thus making these few blood tests the new medical "standard." I could expound on this further as you certainly need to know more about this to protect yourself, however, this is another subject and not related specifically to FMS. Feel free to schedule a telephone consultation with me and I will be glad to share this information with you.

Standard Clinical Nutrition Testing Sufficient for Design of FMS Program

A clinical nutrition analysis of these five specimens [blood (44 tests), urine, saliva, hair and stool] to date has been sufficient to identify the nutritional deficiencies and biochemical imbalances adversely affecting organ/gland function for all of our clients, including our FMS clients. Please note that testing all five specimens may or may not be required for all clients, whether they have been diagnosed with FMS or have some other diagnosis. Once we provide what the body requires to heal at a cellular and tissue level, the body will correct (heal) whatever is wrong with it, no matter what the diagnosis.

Because we provide our services by mail, telephone and e-mail we are able to help you no matter where you live and being diagnosed with FMS is not essential to improving your health through our clinical nutrition and naturopathic therapy. I have successfully helped our clients improve their health using our standard five biochemical tests and the **Fibromyalgia Tender Point Test**, for both those who have been diagnosed with FMS and those who suspect they have FMS because they are suffering with the symptoms of FMS.

Clinical nutrition has been the missing link in Fibromyalgia!!!



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Tender Point Test for Fibromyalgia

With this e-book, you have been provided with a Tender Point Test form and Testing and Scoring Instructions. If after viewing the list of symptoms for Fibromyalgia on Chapter page , you suspect you have Fibromyalgia, follow the Testing and Scoring Instructions had test yourself. This is the same tender point test used for diagnosis by the American College of Rheumatology 1990 classification criteria for Fibromyalgia when 11 or more of the 18 points are tender. With a partner, this simple test can be performed in the comfort of your own home.

Since the **Tender Point Test** was made available to all practitioners, my clinical experience and observations utilizing it, has proven to me that it is sufficient to screen potential candidates for our Fibromyalgia Clinical Nutrition Testing and Protocols.

THE TRUE DEFINITION OF HEALTH

Health Is Not Defined By Being Symptom Free or Disease Free

The public has been misled into believing that they are healthy if they are symptom free.

Though it is true that a healthy body is symptom free, it is not true that being symptoms free means your body is healthy. Therefore, the body can be unhealthy and still be symptom free, at least for a certain period of time. The truth is: the development of dysfunctional or diseased organs, glands and body systems progresses years before they reach the stage of degeneration where they produce symptoms.

The public has also been misled into believing that they are healthy if they are disease free, which is represented by having normal values in a medical interpretation of laboratory tests. To truly be healthy, Laboratory Test results must be in **homeostasis**, not just within the Medical Reference Ranges. **Medical Reference Ranges** are broad and simply indicate how far out of homeostasis the patient's biochemistry can become before reaching the disease stage..

Homeostasis is the "state of metabolic (biochemical) equilibrium (balance) within the cells and tissues of the organism (human body). The metabolism of the human body is the series of biochemical processes by which food is converted into energy and products needed to sustain life." (Encarta Dictionary) This series of biochemical processes is the digestion, absorption, assimilation and distribution of food, and after its conversion, this includes the elimination of waste from metabolic by-products and the cells, themselves.

Therefore, **the true and scientific definition of health is nutritional biochemical balance (homeostasis)**. To determine if your body is healthy a clinical nutrition interpretation of the laboratory testing of your biochemistry (blood, urine, hair, saliva and stool) is required.

How Can The Body Be Symptom Free and Be Unhealthy, Too?



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How is this possible? To understand the purpose and how symptoms are produced requires basic knowledge in the integrated fundamental principles (or laws) of biology, biochemistry, and clinical nutrition. Therefore, I have provided a brief lesson in these sciences in Chapter page

Symptoms – What Is The True Purpose of Symptoms?

Symptoms are not the disease. Symptoms are a communication system between the cells and the brain and vice versa. When something adversely affects the function of a cell or the existence of any part or the mind and body as a whole, the Symptom(s) messenger appears. Symptoms leave after the message from the cell has been communicated to the conscious mind AND when the cell begins to receive the benefits from the appropriate action taken, regarding the purpose of the message.

The cell does not communicate when it first experiences challenges in maintaining homeostasis, it only communicates when it has failed at maintaining homeostasis (health) and needs help. The conscious mind is immediately alerted by the symptoms of biochemistry, when it has moved outside (high or low) of the normal values for homeostasis, due to the cells inability to prevent this from happening after doing everything the cell could to maintain homeostasis.

Symptoms are, not only the messengers of communication, they are the motivators to take action. If the cell sending the message, does not receive some benefit from having sent the message, then obviously there was some breakdown in communication, which is the same as saying the message was not delivered, so symptoms persist.

Symptoms do not leave, because the body has healed (restored to homeostasis), it leaves when message has been delivered satisfactorily. Just like a courier delivering a Telegram stops knocking on the door and leaves when his/her message is delivered satisfactorily, when the cell starts receiving the benefits from its message being delivered satisfactorily, the symptoms leave. After all, why would the cells keep producing symptoms if the message was delivered? Would the courier keep knocking on the door after delivering the Telegram? Of course not, in either case.

Because symptoms leave when the message has been delivered satisfactorily and not when the body is healed (restored to homeostasis), this is why a person can be unhealthy and be symptom free.

Here is a cellular message (symptom) that most people are familiar with: The symptom of thirst is the symptom for dehydration. So the time to drink water is not just when you are thirsty, the time to drink water is before becoming thirsty, to prevent being the symptom of dehydration. The cells only communicate the symptom of thirst when it needs your help.

Understanding the language (messages) of your body (biology and biochemistry) is one of the most important languages to learn.



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Symptom Suppression = More Symptoms and Delays Healing

Now that you have a greater understanding of the purpose of your symptoms, you can understand why the worst thing you can do is suppress your symptoms with pharmaceutical or nutritional drugs, and prevent your cells from communicating with your conscious mind. When a person is in a lot of pain or has limited mobility and does not understand what their symptoms are communicating and what the appropriate action to take is, then whatever gives them some relief is the only thing they know to do, or can do, even if this means suppressing symptoms.

Unfortunately there are people who have been so mentally conditioned by the medical industry since the 20th Century that they will be would never think outside this box or be open to rethink their current beliefs. For these, they will be in a never ending cycle of taking more and more drugs to suppress the symptoms of the side effects for the first, second, third (and so on) drugs they are taking. Not only will they not be healed, but the longer they are on drugs, the more deficiencies, imbalances and dysfunctions they will have to deal with when they do learn how to heal their body and the more opportunity there is to damage cells beyond repair, if by some miracle they do break out of the medical paradigm.

A similar fate is in store for those who think that a vitamin is a vitamin is a vitamin and do not ever learn the difference in the three ways supplements are manufactured or that it is best to test before they buy and take any supplement to know for sure if what they are taking is what they need and whether it is truly helping their body heal or is just suppressing their symptoms by altering their biochemistry, with nutritional drugs now, instead of pharmaceutical drugs.

A Brief Lesson In Human Biology and Biochemistry

After reading through these terms in the order presented, you will have a working knowledge of how your body becomes diseased and what is required to heal and restore your health.

- **Cells** are the smallest, independently functioning unit in the structure of the body.
- **Human tissue** is composed of a group of cells that are similar in form and function and their related intercellular substances. Intercellular means what is inside the cells.
- **Organs and Glands:** So cells make up the tissue of the organ or gland and tissue gives the organ or gland its frame, structure and function.
- **A Body System** is when several organs and glands are interconnected for a specific purpose. For example, the Gastro-Intestinal (GI) system consists of the organs and glands of the stomach, liver, gall bladder, duodenum, and the small and large



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intestines. The function of the organs and glands of the GI system is to metabolize nutrients (nutritional substances), which are required to nourish (feed) and heal the cells.

- **Organ and Gland Dysfunction** is when the cells are experience clinical and subclinical singular and/or multiple nutrient deficiencies this causes biochemical imbalances which interfere with the healthy function of the organs, glands and body systems.
- **Malnutrition** is when the level of cellular nutrient deficiencies, which can be identified by a clinical nutrition analysis of laboratory testing, becomes severe enough to cause the cell to malfunction. Malnutrition can also be caused by toxicity. Toxicity is defined on Chapter page 30.
- **Symptoms are** a sophisticated and intelligent communication system between the cells and the brain, and vice versa, when the cells are unable to maintain homeostasis (health) and needs help.
- **Symptoms appear** when the cells must alert or communicate two important messages to the conscious mind:
 - First - it has been injured or its cellular level of malnutrition and/or toxicity is now adversely affecting its ability to function, which includes its ability to adapt, remove or repair infected cells or tissue,
 - Second - appropriate action must be taken now or there will be consequences.
 - The **appropriate action** is to do whatever is required to restore nutrient sufficiency, biochemical balance (homeostasis) for the organs and glands to function. A Clinical Nutrition Analysis of your biochemistry will answer the question – what is required.
 - The **consequences** are cellular degeneration or incomplete repair of an injury, i.e., malfunction, pain, disease and then death.
- **Long-term malnutrition** will cause the cell to decay and then die. In other words, if nutrient deficiencies are not restored to a sufficient level (according to test results) so the cell can, either be repaired (healed) before it decays or grow a new, healthy cell to replace the decayed cell, the cell will die. Toxicity, itself, can also cause cells to decay.
- **Healing** is the restoration of nutrient sufficiency levels and biochemical balance (homeostasis) and the detoxification of toxins (toxicity) to repair unhealthy (decaying) cells or grow (regenerate) new healthy cells so the tissue in each organ and gland can become functional again and sustain life (health).
 - A **Clinical Nutrition Analysis** of Laboratory Tests identifies nutrient deficiencies, biochemical imbalances and organ/gland dysfunctions and updated testing monitors their progress on therapeutic supplement and dietary programs designed to correct abnormal test findings, until homeostasis (health) and organ/gland function are restored.



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- **Cellular Regeneration** is the metabolic (biochemical) process of growing new healthy cells.
- **Symptoms are also a gauge or measurement** from the cells to the conscious mind when more immediate (emergency) action is required, than what is being taken.
 - Though the degree of intensity (mild to severe pain) and frequency (periodic to chronic) of symptoms of malfunction and pain increases the closer it is to disease and death, this is not always the case. **This is evident, for example, by the fact that someone with FMS can be suffering severely and yet, medical tests indicate no disease (normal test results).**
- **When Symptoms leave**, the cells are informing the conscious mind that the action being taken is the appropriate action to restore homeostasis and function (healing). Once symptoms leave, the person does not have that gauge to know, if they are truly healing or suppressing their symptoms. The only way they will know if healing is occurring and when healing has been attained is through an initial Clinical Nutrition Analysis of Laboratory Testing of their biochemistry, along with timely retesting to identify the action to be taken, monitor the action that is being taken and know when healing is attained, and the action is no longer required.
- **Symptoms do not return** when the appropriate action has restored homeostasis and function, i.e., healing is attained, as identified through their Clinical Nutrition Analysis of their biochemistry, and optimal biochemical test values are sustained.
- **Disease** is when the cells in the tissue of an organ or gland have more dead cells than healthy ones and the process of cellular degeneration is occurring throughout the organ or gland.
- **Cellular Degeneration** is the process in which a cell breaks down and then die, changing from being healthy (nourished) to malnourished to decayed or irreparable to death of the cell. When this degenerative process occurs within many cells of a tissue, for example, heart tissue, then the tissue as a whole, will degenerate, and then comes degeneration of the organ or gland itself, and the organ or gland will die. In this example, the heart will stop.
- **Reversing the Disease Process** – when nutrient deficiencies are restored to sufficient levels and biochemistry is balanced, the disease (or regeneration) process is reversed by the activation of the regeneration process and organ, gland and body system becomes functional again.
- **Malnutrition and Toxicity are the two bottom-line, primary causes of all diseases.** In other words, **cellular degeneration** is caused by malnutrition, toxicity, trauma or some other factors. Information on “Other Factors” is provided on Chapter page 47 and Trauma is defined on Chapter page 47. Please note, however, that these other factors, in time, results in malnutrition or toxicity, except irreparable damage from an injury (accident, assault or war) and true hereditary factors. Because injury and



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hereditary comprises only about 5% of all causes of disease, and malnutrition and toxicity, collectively comprise the other 95%, Malnutrition and Toxicity are the primary causes of all diseases, always has been, always will be. This includes health conditions, disorders, dysfunctions, syndromes or whatever the medical industry wants to label the stage of degeneration as it progresses towards disease.

- **Death** – the point of no return where it is too late to reverse the disease process and regenerate cells, tissues, organs, glands and body systems to restore their function.
 - When all of the cells are dead in an organ or gland, the organ or gland dies.
 - If an organ or gland can be surgically removed without killing the patient, then part of the body is sacrificed for the good of the whole body and the patient's life will be spared for a while longer.
 - However, the surgical removal of any part of the body reduces the patient's longevity. This means the patients will not live as long as they would have, had they maintained all body parts.
 - If the diseased organ or gland cannot be surgically removed, the patient dies. Drugs are used to manage pain until death ensues.

CLINICAL NUTRITION THERAPY

Malnutrition is the #1 Cause of All Diseases, including FMS

If you honored my request to read the Preliminary Web Chapter pages listed in the Foreword, you now understand why malnutrition is the #1 cause of all diseases, including the first major contributing factor that caused you to develop Fibromyalgia. Malnutrition is the state of the cells and tissues when they are lacking a significant number or specific nutrients that interfere with their function.

Having read the **Diagram of the Pathway of the Cells Metabolism** and its related article, **"What Is Inside Our Cells Is Proof Drugs Don't Heal,"** along with the Nutrition Education and other web Chapter pages listed in the **Preliminary Web Chapter page Reading** section of the Foreword, diet and nutrition should now have a much deeper meaning to you. Their role in the development of Fibromyalgia should be clear and, hopefully, and the impact of this knowledge has caused you to raise their value to the #1 priority in your treatment regime for Fibromyalgia.

If it has then you are now empowered you to make the decision of having your nutritional biochemistry tested to identify your specific deficiencies and correct them as soon as possible.

Since the 1970's, the public has become more aware that nutritional deficiencies are at the root cause of biochemical imbalances, organ and gland dysfunction, illness and disease,



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today. This is evident by the rapidly increasing number, each year, of people taking food supplements, i.e., vitamin, minerals, enzymes, etc. There is, however, quite a lot of hype, misleading, misinformation, false assumptions, and erroneous information being distributed to the public about supplements today. Scientific evidence of this is being revealed in our nutritional testing as people are moving from suffering with the symptoms of nutritional deficiencies to creating more severe deficiencies to altering their biochemistry by taking what is called, “nutritional drugs” sold under the label of vitamin and minerals supplements” today. (To understand this better read my website article on **“Three Ways Supplements Are Manufactured Today.”** A link to my Library of Articles is provided on page Because of this, the public is now creating even more nutrition-related illnesses and diseases for themselves due to a lack of clinical nutrition education.

The best advertisements, which have led to the increase in supplement sales today, are drug advertisements that list their side effects. People are no longer willing to tolerate creating more symptoms, illnesses and diseases for themselves due to drug side effects. **Drug side effects are actually the symptoms of nutrient deficiencies and toxicity caused from the chemicals in over-the-counter and prescribed drugs.**

If you think you need more information to understand malnutrition in Americans today and a lesson in the basic knowledge of the following subjects, as well as clinical nutrition insights not commonly known related to each subject, please read each page of my website before proceeding with the reading of this book. However, if I have provided a sufficient overview in this section on the subject of malnutrition that assures you that this is factual information, continue reading this book. Then as soon as possible, read each webpage to complete your knowledge. Because the subject of malnutrition has been covered in my website, along with a foundation of solid basic information diet, nutrition, nutrient deficiencies, clinical nutrition testing, and food supplements, please read each page of my website.

- Statistics on malnutrition in America.
- Why American's suffer with the symptoms of Malnutrition.
- Diet and nutrition are not the same, how they related to each other and why America's are confused about nutrition today – which has also contributed to malnutrition.
- The most frequently ordered laboratory testing for nutritional deficiencies.
- More on vitamin and mineral food supplements.

CLINICAL NUTRITION ANALYSIS

Normal medical tests rule out disease and/or life-threatening catabolic and degenerative states. Therefore, the next step is to obtain a clinical nutrition analysis (or interpretation) of your medical tests. In order words, a medical interpretation diagnoses biochemistry at the



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disease stage or in life-threatening conditions, like an irreparable injury from an accident, assault or war. This is one of key reason to my success in helping our clients with FMS, because what is needed is a clinical nutrition interpretation of laboratory tests, not a medical interpretation.

A clinical nutrition assessment or interpretation of laboratory testing is an assessment for homeostasis, i.e., nutritional biochemical balance, which is the true definition of health. It identifies these abnormalities at the health breakdown (or degeneration) stage of nutrient deficiencies (vitamin, mineral, protein, etc.) or biochemical imbalances (deficient BUN, excessive LDL), which occur years before they are detectable by a medical interpretation or assessment of the laboratory tests.

The symptoms of toxicity, nutrient deficiencies, biochemical imbalances, and organ/gland dysfunction are just as painful and disruptive to one's lifestyle as the symptoms of disease. In fact, these nutritional causes of symptoms are the early stages of the body's progression toward disease. Blood testing, which is the standard medical test used when you first visit your physician's office for answers for your symptoms will always show normal values when you are in the early stages. Once these nutritional causes are corrected through a therapeutic, whole food supplement program and dietary plan, the client has the opportunity to both improve their symptoms and prevent the disease in process.

Clinical Nutrition Protocols for Fibromyalgia

The following is a list of the **most frequent** Clinical Nutrition Protocols (or Programs) new clients require as identified in their initial **Clinical Nutrition Analysis** of Laboratory Tests (Standard and FMS Specific) and other Clinical Nutrition Specific Tests and Evaluations in support of Fibromyalgia.

The initial **Clinical Nutrition Therapeutic Supplement** and **Dietary Programs**, based on the findings from the Clinical Nutrition Analysis of Lab Reports and other Nutritional Evaluations, are designed in the order of priority of findings, with periodic retesting and evaluations to monitor progress.

1. Liver and Kidney Detoxification to facilitate improved elimination pathways to move toxins out of the body
2. Improve Gastro-intestinal digestive and absorptive capacities to get more nutrients to cells.



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3. Reestablish Eubiosis. Dysbiosis (leaky gut syndrome) is often increased in FMS. Dysbiosis is a disruption of intestinal flora, parasites are able to break through the intestinal wall and infiltrate blood supply, which leads to ongoing infections.
4. Reduce Oxidative Stress, free radicals lead to severe inflammation and destruction.
5. Nutritionally support the Endocrine System -- Thyroid, Adrenals, blood sugar balance, etc., to improve metabolic process for energy production.
6. Improve Fat metabolism, imbalances in fat metabolism common among FMS.
7. Bio-electrical Impedance Analyzer (BIA) provides a Fluid and Nutritional Assessment to monitor increase in cellular nutrition and decreases in food and environmental toxicity. I have used the BIA for this purpose since the early 1990's. The BIA is used at Mayo Clinic, John Hopkins, Military Hospitals and many other prestigious hospitals and clinics, however, for a different purpose – to monitor “wasting” in cancer, AIDS and other diseases.

Since 1981, I have been addressing each of the above factors as it applies to each client, whether they have been diagnosed with FMS or not. As you can see, any one or more of the above seven protocols may be required to correct other health challenges, too. For example, #1 – if the liver and kidneys are not periodically cleansed, through a therapeutic detoxification supplement program and nutrients required to maintain healthy function, their dysfunctional states will eventually progress to the disease state. Regarding the liver, for instance, this could result in any one or more liver-related diagnoses, such as Jaundice, Hepatitis, to Liver Disease. Therefore, whether a client has FMS or not, all of our clients with liver or kidney dysfunction will receive Clinical Nutrition Protocol #1.

The above example helps explain one of the reasons why it took so long for the official diagnosis of FMS to be established and publicly known. In other words, in the example of liver or kidney dysfunction, a person with undiagnosed FMS can be suffering from symptoms produced by their liver or kidneys and, thus, be medically treated for a liver or kidney-related diagnosis, without any association to FMS. In 1998, I certainly understood this one as it happened to me with one of my clients (Case History #4 on Chapter page 43).

In the case of medical or other therapies, much of the treatment for FMS has been what I call “segregated” treatment – treating the areas of the body that more frequently produce the symptom(s) the patient is complaining of, moving from one symptom area to another, instead of understanding and treating the body as a whole, i.e., understanding their synergistic and integrated affects of each area of the body on the other, whether in the case of Fibromyalgia or some other health challenge.



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A Clinical Nutrition Analysis (or interpretation) of the Laboratory Reports of each client's biochemistry (blood, urine, hair, saliva and stool) will identify which of the above protocols are required. Information on how to obtain a Clinical Nutrition Analysis of your biochemistry is provided on Chapter page 66.

Toxicity – #2 Cause of All Diseases, including FMS:

Toxicity is the #2 cause of all illnesses and diseases, even Fibromyalgia. Toxicity is the degree to which something is poisonous. A toxin or toxic substance is anything that is poisonous to the human body, such as chemicals, heavy metals, spoiled foods and beverages, parasites (germs/worms), etc.

The human mind and body becomes toxic, which means seriously harmed, even to the point of death, when exposed to Environmental Toxins, Ingesting Toxins and from Endogenous Toxins. These are defined below.

Chemical Toxicity

Chemicals are used as preservatives in foods and personal care products (shampoo, skin care, etc.), for cleaning products, as medicines, as artificial sweeteners, just to name a few of the myriad examples where our food, medical and industrial industries include chemicals in the products they sell to the public.

Sudden illness or death from drug (chemical) over-dose is called trauma. However, when the daily or frequent use of over-the-counter or prescribed drugs poisons the body slowly and collectively, it causes toxicity and depletes the body of essential nutrients, which over time, leads to cellular, tissue and then over-all organ degeneration (disease).

Heavy Metals

Heavy Metals used for external purposes have many beneficial public uses. However, in regard to the human body, heavy metals are toxic (poisonous), internally, whether ingested, inserted, or from exposure. Heavy metals include Mercury, Lead, Arsenic, Cadmium, and Aluminum, to name a few of the most frequently found in the human body. An internet search will give you more information the toxic effects of these metals. **A Tissue Mineral Hair Analysis**, which is one of the nutritional tests we provide to identify mineral deficiencies, also identifies which metals are specific to your body.

How do heavy metals get into the human body? This information has been provided below in the sections on Environmental Toxins and Ingested Toxin, with one exception, metals are also used in medical and dental procedures. Metals are used for leg and dental braces,



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mercury is used for dental fillings and metal implants are surgically inserted in the brain or for hip replacements, for a few examples.

What is not considered in medical treatments is the adverse affect metals have on the electrical frequencies of the human nervous system. Metals can interfere with receiving and conducting of electrically transmitted messages from the brain to the cells and vice versa. Thus, metals can short-circuit, defer, inhibit and in many other words prevent or redirect the timely and complete delivery of these messages. Also, like scars, which are also included in this book, metals can cause static electricity build-up and cause spontaneous electrical discharges in all directions, which then interferes with other biological and biochemical processes and functions.

Avoiding metal and dental procedures using heavy metals is essential to the over-all health of the human mind and body.

Medical Implants: If you are in an accident that may require a metal insertion, ask questions about other substances that could be used instead. If you already have metal implants, contact me for what you can do to change the frequency of the metals inserted to minimize their adverse side effects.

Dental Procedures: Information on the warnings and adverse affects of mercury (amalgam, silver) fillings is available online and from books written on the subject. However, for information that **is not available** through these resources, read:

- **“The Dangers and Healthy Alternatives To Root Canals, Implants and Filling Dental Cavities – Holistic Dentistry.”** Links to this article on my “Ask Dr. Smith” blog is in Chapter on page and on my Library of Articles web page is in Chapter on page
- It is also important to understand why detoxifying Mercury and other heavy metals from your body without first restoring mineral balance is dangerous. This information is provided in my newsletter on “Improving Mental Health” in the sections on minerals and mercury fillings. A link to access past issues is provided in Chapter on page

Environmental Toxins

Environmental Toxins are those you are exposed to, such as breathing toxic air, absorbing toxins into the skin from being touched, touching or wearing toxic substances. A list of ways you are exposed to toxins is included below.



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According to the U. S. Environmental Protection Agency (EPA) 1989 Toxic Release Inventory National Report, over five billion pounds of chemicals are dumped each year into public sewage storages, released into our ground, discharged into surface waters and from air emissions. Humans are exposed to these environmental toxins through breathing the air, drinking tap or filtered water and showering or bathing in tap water. The purest water available is "Reverse Osmosis" purified water.

You are also exposed to toxins, such as chemicals and heavy metals, when wearing clothing or using linen that are synthetically made, using personal hair and skin care products, and from chemicals, heavy metals and mold in buildings (homes, restaurants, stores, work places) and from industrial and domestic machinery (automobiles, appliances, décor, office/work equipment/machinery, etc.)

Ingested Toxins

Ingested toxins are toxins from eating foods or drinking beverages that contain chemical additives, such as preservatives, dyes, and food coloring, or when toxins are released into food from microwaving, over-heating, and from containers or packaging, like plastics, aluminum cookware, etc.

In 1976, the Department of Oral Medicine, University of Alabama, reported that in the U.S., we allow over 10,000 chemical additives in our food supply. The average American consumes 14 pounds of food additives, 120 pounds of sugar, and eight pounds of salt each year.

Today, do you think when these reports are updated they will be better or worse? Worse? I agree.

Endogenous Toxins

Endogenous toxins are those that the human body produces from within as byproduct of metabolism (waste). This also includes the tissue absorption of metabolic byproducts (waste) from parasites (germs and worms) living inside the human body.

The body has an innately-designed detoxification system. Detoxification is the metabolic process of removing toxins and waste out of the body by sending them through the elimination pathways of organs and glands of the liver, kidneys, bladder, skin, small and large intestines, and lymphatic system. However, the body was never designed to process the excessive (over-load) amounts of toxins each person ingests, is exposed to, and produces metabolically and from parasites within. Therefore, each person has to take responsibility for their own health and help their body detoxify toxins and waste, in addition to, making changes



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to eliminate toxins from their lifestyle by not ingesting toxins and eliminate all environmental toxins humanly possible.

Signs or Symptoms of the Body's Inability To Detoxify Toxins

Some of the signs or symptoms that the liver, kidneys and intestines are not functioning properly, i.e., able to detoxify toxins effectively, are constipation, diarrhea, excessive urination, gall stones, weight gain or loss, or any gastro-intestinal complaint, like ulcers, heartburn, indigestion, etc. Signs that the skin is not functioning (detoxifying) are acne, skin sores, rashes, etc. Signs that the lymphatic glands are dysfunctional (not detoxifying) is swollen lymph glands, recurrent colds and flues, etc.

To help the body remove the toxins and waste, it cannot eliminate on its own, requires a **Full Body Therapeutic Detoxification Supplement and Dietary Program.**

Ingested and Environmental Toxins Outside The Individual's Control

Some environmental toxins cannot be eliminated by the individual, such as the air we breathe outside our homes and work place; when inside, we can use air purification systems. Regarding ingested toxins, unless you choose to eat and drink only what you prepare yourself from growing your own organic foods, or buying them from certified organic growers, who can ship directly to you, each time you eat in a restaurant or home of a friend or family member, who is not health conscious, you will be ingesting toxins. Only collectively and globally, as a community and nation comprised of individuals, can we eliminate all environmental and ingested toxins. Go Green!!!!

Because of toxic overload from endogenous, ingested and environmental toxins, we have no control over, as individuals at this time, health maintenance today requires a **30-day Full-Body, Therapeutic Supplement and Dietary Detoxification Program** once or twice per year, depending upon your level of toxicity.

Full-Body Therapeutic Detoxification Program

We provide 30-Day Full Body Detoxification Programs that include whole food supplements, for clinical use only, that are specifically formulated to therapeutically cleanse (detoxifies) and replenish each of the above organs and glands. The foods I have selected for the Dietary Detoxification Program as based on food chemistry. This means they are innately designed to cleanse the body. For example, you have heard that "an apple a day keeps the doctor away." This is because apples are a colon "cleansing" food. Because the colon has nerves to all parts of the body, an over-loaded toxic colon can cause dysfunction and disease in any area of the body.



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Today, health food stores sell supplements labeled for detoxification (or cleansing). However, they are formulated to cleanse only the colon (a.k.a. bowels or large intestines) and because of the way the detoxification system works, it is ineffective to just cleanse the colon. For example, toxins filtered through the liver are changed to a water-soluble substance and sent to the kidneys, which store them in the bladder until ready for elimination, or the liver sends toxins to the colon for elimination. Therefore, if you have not cleansed the liver, in a few weeks, the colon will be over-loaded with toxins again.

Diarrhea and constipation is one of the first symptoms people experience when their colon is over-loaded with toxins. Diarrhea is also a form of constipation (blockage) where only watery waste can get through and infections in the colon from these toxins can trigger nerve reflexes causing frequent diarrhea and bouts of diarrhea alternating with bouts of constipation.

Karen was an example of this. When her physician referred her to me, she had been experiencing diarrhea 40 times per day for 10 years and had been to many, many physicians during this time, even the Mayo Clinic. After her first month on her clinical nutrition program, she had improved to 10 times per day and by the second month she had only had two bouts of diarrhea. Through clinical nutrition testing, I identified five different organ and gland dysfunctions causing her diarrhea. By the time she concluded her Clinical Nutrition Therapy, she was no longer having diarrhea unless triggered by an ingested toxins. At this point, the diarrhea was her body's detoxification system at work to remove the toxin as quickly and knowing what toxins to avoid, she no longer had diarrhea.

People who suffer with Celiac Disease have bouts of diarrhea and constipation from having an allergic reaction to gluten in wheat. Food Allergies may appear to be a cause of diarrhea or alternating bouts of diarrhea and constipation, however, the real cause is a dysfunctional Gastro-Intestinal (GI) System. After all, does it really make sense that the human body should have an allergy to a healthy food, like wheat? Not at all, so gluten is not the cause, it is the trigger or stimulant in a dysfunctional GI system.

Autointoxication

When one or more of the organs and glands in the detoxification system is on toxic over-load or is dysfunctional, even when processing an amount of toxins and waste it is innately-designed for, toxins and waste cannot be removed from the body and thus re-circulate and settle in the tissue of some organ or gland, which causes illness and disease from "autointoxication." The actual definition of Autointoxication is, "poisoning by a substance (toxins and waste) that has been produced within the body of the person who is poisoned." This would make you think that only endogenous toxins can become the source of autointoxication. However, this is not the case.

Any toxin, no matter its source or how it came into the body, if not eliminated, remains in the body. In its defense, the body will do its best to transport toxins to fat cells or the least



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harmful place it can be stored, until the body and generate the energy to try again to detoxify it or function (healing) is restored to the organ or gland responsible for its detoxification.

What Causes Pain

However, when toxins are not removed in due time, they will decompose (rot). Decomposed toxic substances are the sources of cellular and tissue infections, wherever the toxins have settled, or were stored. Infections inflame the tissue and inflammation causes pain. For example, each time you feel pain in your right hip or left knee, this is where you have decomposed toxic substances. When the cells and tissue in the area of the body (hip or knee, for example) becomes over-loaded or consumed with decomposed toxic substances, which means there is more infected (damaged and decaying) cells and tissue from these decomposed toxic substances than there are healthy cells and tissue, the bone will internally degenerate and, then collapse.

Just as I have explained regarding the bones of the structural system, when this infectious, degenerative process, from decomposed toxins, is occurring in an organ or gland, the organ or gland becomes diseases. The organs and glands (including the bones) that are adversely affected first by toxins are those that are malnourished, i.e., are the most nutrient deficient, so they are not strong enough to adapt or detoxify the toxins, i.e., remove the toxins from itself in time to prevent decomposition.

Diseased organs or glands are those that are overcome by infectious, decomposed toxins and/or malnourished. Malnourished organs and glands do not have the nutrients required, or has been interfered with by toxins, and thus, is unable to heal, repair and grow new healthy cells and tissue. Whether due to malnutrition or toxicity (or box), the organ or gland becomes damaged by toxins or decays from malnutrition and then degenerate and dies.

Autointoxication – Cause of Auto-Immune Diseases/Syndromes, like FMS

Once you understand Autointoxication, it should be no wonder that from it came the development of Auto-Immune Diseases and Syndromes, like Fibromyalgia, Multiple Sclerosis, Lou Gehrig's Disease, Lupus, Graves' Disease, Arthritis, Chronic Fatigue, etc., in the early to mid-20th Century. For that was the time in our history when prevalent toxicity surfaced and began adversely affecting the health and function of the human body due to:

- pharmaceutical drugs becoming the primary treatment in medicine,
- the food industry began using chemicals for preservatives,
- the industrial industry formulated chemical cleaning supplies and
- the personal care industry started formulating shampoos and skin care products with chemicals and heavy metals.



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Progressive Fibromyalgia Is Accompanied By Other Autoimmune Diseases

Because Fibromyalgia is a neuro-muscular syndrome, which means every part of the body has the potential of being adversely effected, it is also no wonder that when in its progressive stages, the person may develop one, or more, auto-immune disease.

Toxicity Questionnaire

Is Toxicity, from ingesting, producing or being exposed to toxins, or autointoxication, adversely affected your health? You can evaluate this by completing our Toxicity Questionnaire, which is one of four Nutritional Evaluations that are available FREE to new subscribers to our newsletter and/or by referring a subscriber.

DR. SMITH'S CLINICAL NUTRITION CASES HISTORIES

In this e-book I have provide progress reports on four FMS Case Histories. They were selected because collectively they provide:

- an overview of the various health challenges experienced by people with FMS,
- what you can expect as FMS Clinical Nutrition Client,
- client standards of health -- the differences and effects on optimal healing.

Dr. Smith Attracts Exceptionally Challenging Cases Quotes Professional Mentors (M.D., Ph.D., C.C.N.)

In the course of my clinical nutrition and naturopathic education and training, I have been blessed to develop several mentoring relationships with medical doctors (M.D.), who also have a Ph.D. in Clinical Nutrition and Board Certification in Clinical Nutrition (C.C.N.) as I have. From 1981, when I first established my business to 1990, I would periodically consulted with one or more of them, whenever I wanted confirmation in the direction I had assessed I needed to take when encountering a challenging case, like Paula's, for example, until I had acquired sufficient clinical experience of my own. In fact, this contact was more concentrations from 1997 to 1999, during the period of mastering FMS because of my desire to help Paula as quickly as possible. (When you review her initial exam in Table 4 and her history before it, you



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will understand why. in Table 4.) Since that time, I have so rarely needed confirmation that I cannot remember the last time I solicited their expert advice.

A frequent comment I heard from each of my mentors were, “Dr. Smith, you attract some of the most difficult cases I have ever reviewed.” I was pleased to know that in each case they did confirm my direction and even enhanced it from their vast experience, which put me years ahead in knowledge compared to actual years in clinical practice. As I am writing this, I am laughing to myself as I recall that I was so “green” that I did not know that the cases I had presented to them were exceptionally challenging (smiling), because other than a few points of confirming protocol, most of them did not seem so difficult to me. I soon realized that my motivation was more to build my confidence in my own assessments.

As I mentioned in the case of Paula and Elaine, to date, I have not had a FMS case more challenging theirs. From this feedback from my mentors and feeling that God was leading people to me that no one else had been able to help just to increase and accelerate my experience in the least amount of time to be prepare to succeed in helping everyone whom He brought for my care. What a thanksgiving blessing!

Donna from here to where my name is again – combine and shorten

Over the years, I have come to know three primary types of clients who come to us for help.

1. Some clients are motivated to improve their health completely and live healthy, long lives, as seen in the Joe's case. By completely, I mean to improve all nutritional deficiencies, balance biochemistry and restore organ, gland and body system function as identified in test results to truly become healthy and be coached in how to maintain their health for the rest of their lives.
2. Some have no control over prematurely discontinuing their clinical nutrition program, however, as soon as they can, they return to us to resume their clinical nutrition therapy as seen in the first case (Elaine).
3. Others want to improve only to the point where they feel better (Ellen), thinking that to invest the time, money or effort in their own healing, to truly become healthy, would take time, money and effort away from their current family and social responsibilities. In other words, the value or standard she placed on her own health was of a lesser priority.



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We support our clients no matter what their standard or value of health is, as each person has a right to set their own priorities in life without judgment. Through the encouragement, support and **Personal Education Program** we provide, to coach them on how their body heals, the Laws of Health (biochemistry, biology, etc.) that governs the healthy function of the human body, what they are doing that interferes with their body's ability to heal, etc., in addition to their Clinical Nutrition Therapy, we are delighted to observe that each client is able to raise their standard of health to a higher level than where they were when they first contacted **Advanced Clinical Nutrition** and many choose to become clients of the highest standard as defined in #1 above.

Client Standard of Health

An important topic to examine prior to reviewing case histories is each client has their own person "standard" for their health and their lifestyle. So, we provide our services to clients with a variety of "standards" of health and some clients have a higher standard of health than others. As important as clinical nutrition and naturopathic therapy is to assist our clients in healing and then sustaining and staying healthy (homeostasis) for the rest of their life is the client's own standards. In fact, this is truly what determines whether a client will attain optimal health or not. For example:

- Those with the highest standard of health stay the course to truly heal their over-all body to attain optimum health and to learn how to maintain health for the rest of their lives. In other words, even though they may be symptom free after a few months, they continue therapy until, a clinical nutrition analysis of their laboratory tests indicate they are healthy (homeostasis). Testing, not being symptom free is the true measure of whether a person has attained optimal healing. Case History Paula is an example of this.
- Those with a lower standard of health are satisfied with:
 - a minimal amount of improvement or
 - optimal healing in one or two areas of the body or
 - Optimal healing in one or two health challenges
 - However these clients are not interested in staying the course to obtain over-all body healing and optimal health. Case History Joe is an example of this.
- And we have clients that can range anywhere in between. Our goal is to assist our clients no matter what their standard and help them raise their standard, if possible.

Time and Money

One's standard of health is measured by where people invest their time and money. There are also periods of time in the lives of higher standard clients, when unforeseen events or



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unavoidable commitments on their time and finances causes time and investment in their own health to take a lesser priority position, temporarily. For example:

- Some have other monetary responsibilities that are of a higher priority than investing in their health. At some point, however, their health becomes so deteriorating that they are forced to make their Health their #1 priority and may ultimately invest more time, money and effort in health restoration therapy, than they would have had to, originally. Some may even wait too late to restore their health. Though even with these clients should they return years later, we are still able to help them improve their health, they just waited too long to sustain their healing so will require a therapeutic supplement program for the rest of their lives to extend longevity. This is still better than taking drugs for the rest of their lives, which will definitely reduce longevity. Case History Helen is an example of this.
- Others may have other monetary responsibilities that are a higher priority than investing in their health in the present time. For example, a mother or father, who is suffering and has have a higher standard of health, however, he/she/they are paying for one or two children to attend college. We help these clients with an acute program to help them gain a measure of improvement – just even to help keep them going forward and preventing them from physically crashing and then when their children graduate, they are then able to make their health a priority. Case History Elaine is an example of this in relationship to her residential move to another city..
- Some have other “time” priorities, home or work responsibilities, caring for elderly parents, etc., and do not presently have time to focus on their own health. Similar to parents with children in college, we provide a therapeutic supplement program for them, based on their test results and as soon as they are able to complete projects or reprioritize time commitments to focus on making changes in their lifestyle, we assist them with this.
- Others have unforeseen events occur that can have a temporary affect on their time or investment in improving their health. For example, in my history of helping clients, two clients had their house burn down, caused from faulty electrical wiring. Both of these clients had a high standard of health, were at the phase in their healing progress where they were feeling better than they had in decades, yet had not been on their program long enough to have healed so stopping their program prematurely would just take them back to square one. So I helped them by redesigning their therapeutic program and services to whatever they communicated that could afford, until this crisis was over and they were able to continue healing.

Therefore, it is fact that clients with a lower standard of health will at some time need to raise their standard and stay the course to become healthy. Fortunately, our clients in this category we know in time will do so, because they are enlightened and intelligent people, who prefer to heal their body, even marginally and in increments, with clinical nutrition and naturopathic



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therapy vs. settling for drug therapy and for this we commend them and support them where they are.

It is also an obvious fact that those with high standards either let nothing detour them from the unyielding decision that their Health is #1 priority or they do not allow detours to deter them for too long.

Health is our #1 priority in life. Anyone with Fibromyalgia has learned this the hard way because without health, it is impossible to be, do or focus on anything else. Health is required for all other priorities in one's life. Health is required to work at home or job, play with our children, have intimacy with our mate, help friends and family in their time of need, care for elderly parents, serve God, community, church and country, enjoy life, have a happy disposition and outlook on life, and pursue personal hobbies and interest.

This section was important to share before viewing case histories so that you can understand why some clients attain optimal health and others a degree of improvement. Because clinical nutrition and naturopathic therapy is safe, effective and foundational to healing any and all health challenges, it is ultimately, the client's own standard of health that determines the final results or outcome of their therapy.

Donna

About Tables 2 and 3 – Progress Reports for Tender Points and Symptoms

Following two of the four case history reports below, I have provided the **Progress Reports for Tender Points and FMS Symptoms** in Table 3 (Joe) on Chapter page **Error! Bookmark not defined.**, and Table 4 (Paula) on Chapter page , representing from their initial exam to their last, when their Clinical Nutrition FMS support program was discontinued.

For the other two (Elaine and Ellen), I have included only the Progress Reports of their first re-examination, after the initial one. Their subsequent Progress Reports through to discontinuation of their FMS Clinical Nutrition Program, as well as the progress made by all four clients on their Clinical Nutrition Analysis of the Laboratory Reports from testing their biochemistry (blood, urine, hair, saliva and/or stool) have not provided, in order to not extend this e-book any further in length. However, their improvements in these reports are equally impressive.

1 - FMS Case History #861598 (Elaine)



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Elaine was the second most challenging FMS case I have successfully helped to date. Though, this was, since she was just 51 years-old, my expectations of her body's ability to heal and recover was much higher than what was realistic. This was because she was my first case, where a severe accidental injury was the root cause of a client's health challenges.

Elaine's (51y), onset with Fibromyalgia was an auto accident several years ago, where her body had been crushed from the waist down. She was very fortunate to not have been paralyzed. However, until she contacted me she had been in continual pain. She tested for 15 of the 18 tender points. After only 28 days on her clinical nutrition support program, she tested for 8 of the 18 tender points, which is almost a 50% improvement. Elaine also reported the following percentages of improvement in chronic fatigue (50%), chronic aching (30%), stiffness (20%) and pain (30%).

After this, Elaine and her family moved to from Wichita Falls to Houston, Texas, and her clinical nutrition program with us was discontinued. She was pleased with her program and did not want to discontinue it, but thought as big as the Houston area is she would find someone equally trained and gifted in healing to help her. A couple years later, she contacted me to resume our services by mail, telephone and email consultations, having found no one in the Houston area or surrounding cities that had helped her as much as I had. I have had other clients from the Houston area, even those who had previously seen other Board Certified Clinical Nutritionist colleagues of mine.

When Elaine attained optimal healing and I a's Clinical Nutrition FMS Therapy attained optimal healing and I discontinued her progress was similar to Joe's and Paula's final examination. However, she moved much more slowly on the back-end of her progress than the front end because of the time and delicacy of repairing crushed bones and tissue at a cellular level or, if not possible, to regenerate (grow) new healthy cells after such a severe injury. This was very challenging for me because, being just 51 years old, not having an injury as one of her causes, she would have continued as she started and be done with her Clinical Nutrition FMS Program from having attained healing in less than a year. So my expectation for her to heal faster was unrealistic, because she was not only my first auto-accident injury case, but my second "diagnosed-FMS" client. Still in the end her body responded wonderfully to her clinical nutrition therapy and we were both satisfied.

Note: We have been providing our services to long-distance clients since 1981 and, at the time of this writing, our clientele encompasses 36 U.S. States and five international countries.

2 - FMS Case History #461698 (Joe)

When I met Joe, (60y), he was in a wheel chair. He had become disabled and almost bedfast. In just a few months, he could shop, work in the yard, play golf using a cart and enjoy a lifestyle he thought was gone forever. In less than one year, Joe no longer required clinical



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nutrition therapy and a maintenance program was provided to assist him in maintaining the improved health he had earned. Due to his age, the degree and time he suffered, Joe was amazed at how safe, effective and quickly he began to improve on his clinical nutrition program, as most new clients are, no matter what their health challenge.

Joe's Progress Report (Table 3) covers his eleven months on his clinical nutrition program, at which his therapy was completed as he had attained optimal healing. At that time, he had 100% improvement on all symptoms, except three (two of these he had 90% and one was 80%), because of the influence of his age, the severity of his state of health biochemically before seeking clinical nutrition therapy, and his own standard of health in adhering to the laws of healing. Joe and his wife were both overjoyed by his progress.

Table 3 – Joe (60y) Progress Report

Except for the Tender Points, scoring below is based on a score of 10-severe to 0-no symptoms. This is a subjective score provided by the client. Though his biochemical tests indicate similar progressive improvement, they are not included here. Primarily because doctors are more interested in test results, clients are more interested seeing how symptoms improve.

JOE (60y) PROGRESS REPORT TENDER POINTS AND FMS SYMPTOMS (Health Goal is a Score of 0 for each.)				
FMS Criteria	Initial Exam	3rd Month.	8th Month	11th Month
Tender Points–Number of	11	3	2	0
FMS Symptoms				
Chronic Aching	10	0	0	0
Stiffness	3	1	1	1
Sleep Disturbances	3	1	1	1
Pain	4	1	1	0
Anxiety	3	1	1	0
Depression	4	0	0	0
Chronic Fatigue	9	4	2	2
GI Disturbances	5	8	1	0
Soft Tissue Swelling	5	0	0	0
Cardio-Vascular	1	1	1	0
Criteria For Potential FMS Diagnosis is 11 to 18 on Initial Exam. Severe is 18				



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Scoring Based On The Average of Intensity + Frequency with 10 being the worse for both.

Table 3

3 - FMS Case History #961598 (Ellen) – Minimal Client Standard of Health

Ellen (71y) tested for positive for 18 of the 18 tender points. Two months later, she tested for 15 of the 18 tender points, and reported the following percentages of improvement in stiffness (20%), pain (20%), gastro-intestinal disturbances (50%) and soft tissue swelling (20%). At this point, she was pleased with her progress and discontinued our services.

4 –Case History #056392 (Paula) – Undiagnosed Fibromyalgia Case

The fourth Case History (Paula) has been to date my most challenging FMS case and my first undiagnosed FMS case and during the period of time when I was not aware that Fibromyalgia existed, which is why it took me longer to figure out what When Paula was first presented to me, she had already tried many different types of treatments from various disease and health care therapies. However, she had received only temporary relief and often they perpetuated more symptoms. She had suffered for years with joint and muscle pain; sinus and migraine headaches; bladder pain, bleeding and spasms; severe discomfort in the descending colon; stomach pain under stress; constipation; fatigue; hot sweats; depression; swelling, as her major concerns, and others that were of a lesser concern at the time.

Paula was, also, a client as before I attended the IAACN conference where I first learned of and was trained in the Clinical Nutrition specifics for FMS. So not only was she undiagnosed with FMS, I was not trained in this at the time. However, in clinical nutrition, it is the findings from a clinical nutrition analysis (or interpretation), which is different than a medical interpretation, of laboratory testing that identifies the abnormal values of nutritional deficiencies, biochemical imbalances, organ, gland and body system dysfunction, and toxicity, which is the basis for clinical nutrition recommendations and program design.

In other words, testing determines what the human body needs and by providing what it requires, discontinuing what interferes with its autonomic healing system, the innate healing intelligence of our cellular system will repair damaged cells, if possible, or grow new ones to replace them. Knowing the medical diagnosis provides more input on what is interfering with the body's ability to heal than what clinical nutrition and naturopathic recommendations need to be made. In clinical nutrition therapy, recommendations include therapeutic, whole food supplements, food-chemistry based dietary plans, and changes in lifestyle practices and environmental exposures. This is why I have been able to succeed in helping clients improve their health and heal, no matter what their health challenges (or diagnoses), even when undiagnosed.



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In FMS, some of the challenges in restoring one's health is in the harmonizing and synchronizing restoration:

- of multiple deficiencies/excesses, imbalances, and toxicity producing an over-all organ, gland and system breakdowns because the primary system affected is neuro-muscular, which affects everything in the human body at once, and
- in a way that the above areas that are healing are not being so rapidly and adversely affected by the areas that are not being supported by a clinical nutrition program, yet, but will in due time, that the healing progress being made is not compromised, interrupted or slowed down.

In Paula's case her progress was wonderful and she was restoring her health as expected when the strangest thing occurred. She contact me with another list of symptoms and her updated tests showed "new" deficiencies, biochemical imbalances and organ/gland dysfunctions that were not in her previous testing. So I designed a new therapeutic supplement and dietary program based the updated test results and healing progress resumed. Then three months later, she contacted me with another list of symptoms and again when we updated her test results, the new findings were not in previous testing. Then, a few months later, this happened again. It was now evident that she had a pattern of developing new areas in need of support that were not on previous testing. This pattern went on for several years and even those times I consulted my mentors, together we still could not figure out the root of this pattern to correct it. However, by staying current with timely testing and changes in her program according to new test results she was still getting better ongoing help than any other therapy prior to clinical nutrition.

Then she had a turn for the worse, almost like she was back to square one. When an unexpected and dramatic change occurs in one's health, the cause is generally due to trauma.

Around the time, Paula (60y) and I were both wondered if we were going to break through, it was 1998, a couple of months into my clinical experience helping the first of my "diagnosed-FMS" client. At this point of helping Paula my clinical nutrition training in FMS solidified and helped me make the connection that she might be an undiagnosed FMS client. What had challenged me in making this connection sooner, besides the possibility that I needed to work with someone that had been FMS diagnosed, was that in reviewing charts upon return from the IAACN FMS research and protocol presentation, none of the clients that fit FMS criteria had this 3-month cycle of presenting a whole new set of symptoms and new areas indicated on their test results that were not on the previous tests.

So, I reviewed her chart, and then contacted her to obtain a FMS Tender Test. She had 14 of the 18 tender points. (You only need 11 to potentially have FMS.) I then assessed her for which Clinical Nutrition Protocols that applied to her and she started her a clinical nutrition Fibromyalgia support program.



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Remember, that at that time it seemed strange, because the causes and factors producing FMS were new to me. Now, I suspected some chemical exposure from either the cosmetic products that she sold as a business, which were toxic, or the materials from the carpentry business of her husbands, because generally an accident or an exposure. However, the strange thing was

Paula to date has been my most challenging FMS, however, helping her has reinforced exactly what I have encountered in other “tough” cases. Persevere, follow the testing, and let client timely feedback and timely updated testing lead me. The body never lies and it is always communicating to us – our challenge is to be able to interpret what it needs (what it is telling us) ahead and time

In mid-1998, I received training from Dr. Brazos G. Minshew’s in his latest research on the affects of Sleep Disorders on Fibromyalgia, excerpts presented below. It took a few months for me to complete my studies to where I was confident I could guide my clients through its clinical nutrition protocols and integrated them into Paula’s Clinical Nutrition Therapeutic Supplement, Dietary and Lifestyle Programs.

PAULA (60y) PROGRESS REPORT TENDER POINTS AND FMS SYMPTOMS (Health Goal is a Score of 0 for each.)

FMS Criteria 11 to 18	Initial Exam	4 th Month.	7 th Month	10 th Month	11 th Month	15 th Month
Tender Points – Number of	14	18*	2	1	0	2*
FMS Symptoms						
Chronic Aching	10	10*	5	2	2	1.5
Stiffness	10	8	5	2	0	1.5
Sleep Disturbances	10	6	1	.5	0	1
Pain	10	10	5	2	2	0
Headaches	10	4	0	0	0	0
Anxiety	10	5	4	2	0	0
Depression	10	5	4	2	5	0
Chronic Fatigue	10	5	5	2	0	2
GI Disturbances	10	4	7	0	0	0
Soft Tissue Swelling	10	5	0	0	0	0
Cardio-vascular Symptoms	10	2	0	0	0	0
Shortness of Breath	5	2	0	5	0	0



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A Clinical Nutrition Syndrome

By Dr. Donna F. Smith

**Criteria For Potential FMS Diagnosis is 11 to 18 on Initial Exam. Severe is 18
Symptom Scoring Based On The Average of Intensity + Frequency. Severe is a Score of 10.**

Table 4

Table 4 – Progress Reports (Paula, 60y)

In mid-1998, I received training from Dr. Brazos G. Minshew's in his latest research on the affects of Sleep Disorders on Fibromyalgia, excerpts presented below. It took a few months for me to complete my studies to where I was confident I could guide my clients through its clinical nutrition protocols and integrated them into Paula's Clinical Nutrition Therapeutic Supplement, Dietary and Lifestyle Programs.

She will return in February, 1999, for her next reassessment, and we are both confident she will continue to improve and soon reach over-all mental and physical optimum health.

She continued to improve from month to month, the cycle did not return and in less than a year, she was able to discontinue her FMS program.

The purpose of sharing Paula's Case History in length is to demonstrate:

1. You may have Fibromyalgia and not know it,
2. if your healthcare provider is not aware of the latest research on Fibromyalgia, he or she may not make the connection between your symptoms and Fibromyalgia.
3. if your healthcare provider is not aware of the benefits of clinical nutrition, you may receive only temporary relief of FMS symptoms, and
4. that faster progress can be made by following a clinical nutrition support program for sleep disturbances, in addition to, addressing the specific clinical nutrition protocol for Fibromyalgia.

Dr. Smith's Clinical Experience in FMS

In the entertainment industry, it is said that the artist is only as good as their best work. I have purposely provided the case histories of my first four FMS (3 diagnosed as and 1 undiagnosed) clients so that you may be assured that if my success in helping people with FMS was this good at the beginning, it is logical to assume that since experience (and specific clinical nutrition training in FMS) is the best teacher, that after decades of helping FMS clients,



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my knowledge, training and clinical experience has continued to excel, which means that clients since these four have even improved faster.

Conclusion of Dr. Smith's Case Histories

Because of the severity of symptoms in Fibromyalgia and the length of time they have been suffering prior to contacting **Advanced Clinical Nutrition**, clients are often delightfully surprised to experience improvement in such a short time, after beginning their clinical nutrition support program, exclusively, or when adding clinical nutrition therapy to their current FMS regime, i.e., other therapies. .

OTHER FACTORS AFFECTING FMS

Trauma

Trauma, such as extreme mental or emotional stress or physical injury from an accident or abuse, may appear to be the onset of FMS in some cases; however, trauma is not the original cause. A body suffering from the nutritional deficiencies and biochemical imbalance causing multiple organ, gland and body system dysfunctions, is simply too weak to handle the trauma, so FMS now become apparent to all. Think of this like stacking cards, at some point one more card is going to make the entire deck fall.

Not only does trauma deplete the body of nutrients rapidly, to heal from trauma, from the onset through the recovery stages, requires a higher amount of nutrients than what is required for normal, healthy function. So, clinical nutrition is essential to any person who has experienced trauma.

Trauma may from sudden toxicity, such as food poisoning, chemical poisoning, such as drug over-dose or accidentally ingesting a poisonous substance. This includes exposure or ingestion of any pollutant in air, food, water or the environment, which creates illnesses and diseases, over time, from an ongoing collective effect. However, when classified as trauma, the level of toxic substance exposure or ingestion exceeds the body's ability to adapt, and symptoms are extreme and occur suddenly.

Trauma can also be caused by Electro-Magnetic Fields. Information on EMFs on Chapter page.

Electro-Magnetic Fields (EMF) Cause Trauma, Illness and Disease

Having its origins in the 20th Century, today we have a new trauma from Electro-Magnetic Fields (EMF). EMF is the adverse affect on the human mind and body, specifically



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the nervous system, from the artificial electrical frequencies or waves from electrical machines, appliances and equipment, such as:

- Machines – automobiles, land/cell phones, radios, televisions, computers, repair or building tools, etc., or from working in an industry that uses machinery.
- Appliances (Personal, Kitchen and Laundry) such as, hair dryers, electric toothbrush, light fixtures, air conditioning/heating units, microwaves, blender, washing machines (clothes and dishes)
- Equipment – office, work, exercise, etc.

The public is familiar with the “traumatic” EMF affect when someone receives an electrical shock from touching a live electrical wire or is struck by lightning. However, it has only been for the last few decades that research on the illnesses and diseases that develop, over time, from ongoing and collective exposure has been available.

EMF is a frequently overlooked cause or factor in the treatment of FMS.

More on Electro-Magnetic Fields, what to do and how to protect yourself and family, is available by calling the phone number below and in time, will be included in our website.

Stress Opinionnaire – Free Evaluation of Stress, Trauma, EMFs Affecting Your Health

How much is your health being adversely affected by stress and trauma? You can evaluate this by complement our Stress Opinionnaire, which is one of four Nutritional Evaluations that are available FREE to new subscribers to our newsletter. For information and to subscribe, go to: <http://www.advancedclinicalnutrition.com/behealthybychoice.html>.

Scars, Tattoos, Vaccination Puncture Sites

Scars from injuries, surgeries, vaccination puncture sites, tattoos, etc., obstruct, interfere, inhibit and/or may reroute the blood, nutrients, lymphatic fluid and nerve flow, as well as waste removal.

Scars that inhibit nerve flow can also cause the electrical currents from one's own nervous system collect and store in tissue around the scars. Besides interfering with the communication from the brain to the cells of the human body, which can lead to a myriad of incomplete execution of these signals that adversely affects the healthy function of the human mind and body, static electricity can accumulate around the scar tissue and in time, emit electrical charges that can fire off in any and all directions. This can lead to inflammation, pain, and more disruption in brain to cellular communication and response.



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Scars are another frequently overlooked factor in the treatment of Fibromyalgia that can perpetuate and interfere with the body's ability to heal.

For more information on scars and one of my primary treatments to dissolve them, read my article on this subject at:

<http://www.advancedclinicalnutrition.com/articlesbydrsmith/scarstattoos.html>.

*Nutritional Deficiencies and Toxicity
are the bottom-line causes of Fibromyalgia.
They, also, create the internal environment which attracts parasites*

PARASITES (GERMS AND WORMS)

Fibromyalgia Patients Affected by Multiple Parasitic Infections

In April, 1998, I was privileged to attend a lecture by Shirley B. Scott, M.D., a leading expert on parasitic disease, at the **International and American Associations of Clinical Nutritionists (IAACN)** "Clinical Insights of Immunology" Symposium held in Austin, Texas.

Dr. Scott reported that parasites are one of three major causes of morbidity and mortality, worldwide. In the USA, it is vastly under-recognized and diagnosed yet the underlying cause of significant morbidity.

Some significant clinical insights on parasites from Dr. Scott have been presented in this e-book for your benefit. Parasites play a significant role in Fibromyalgia.

What are Parasites?

Parasites include germs, worms and insects. A few types of parasites include: worms, fungi, protozoans (unicellular organisms, like the ameba), bacteria, viruses and insects. A parasite is when one type of living organism (germs, worms, and insects) lives in or on another living organism (human being) and receives their nourishment (feeds) on it. This is not only harmful for the host (human) because it robs the host of their essential nutrients, which causes a more malnourished state, the parasites expel their toxins and waste into the cells and tissues



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of the host making the host more toxic and their feeding on the host causes infections from destroying and damaging the healthy cells of the host.

Food cravings and weight loss are two primary signs of being infested with parasites.

Symptom Similarities of Fibromyalgia and Parasites

General symptoms of parasite infections:

- Fatigue
- GI Tract Disturbances
- Musculoskeletal
- Sleep Disturbances
- Hypothyroid
- Hypoadrenal function
- Mental Dyslogia
- Allergic Rhinitis
- Sinusitis
- Food Sensitivities

Similarly, Fibromyalgia patients have many, if not all, of these same symptoms.

It may be a surprise to learn that parasites play a significant role in FMS, Chronic Fatigue Syndrome (CFS), and various autoimmune diseases. However, parasites have an important function on earth and we are exposed to them every day of our life. To improve and maintain health, it is important to understand their purpose.

Sources of Parasites - Where do we get them?

Parasites are in our water, food, air, soil, beaches, on our animals, birds, reptiles, and will proliferate under the conditions of unhygienic human health practices in the home, schools, day care, public events, restaurants and transportation foods (such as on airplanes, etc.).



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Parasites - Part of Nature's Original Design

Parasites have an important function on earth. They feed on decaying matter, breaking the matter down, until it returns to the earth, where the matter becomes part of the soil which then feeds the plants we need to nourish our bodies.

Just as in a garden, the weak plants are infected with many germs, worms and insects, yet the healthier plants growing next to them are parasite free, and so it is, with all living things, including human beings.

Parasites are attracted to weak, dying and mutating cells.

Insufficient fresh air, pure water, nutrients, exercise, sleep, in addition to mental/emotional stress, sets the internal environment for your body to attract parasites.

When the body becomes insufficient in the substances required for nourishment and does not regularly engage in the lifestyle practices that promote healing and repair, cells and tissue become weak, and begin to decay and die.

Parasites are Nature's Biological Recycling System.

Parasites ingested through food, water or from exposures to unhygienic environments, would normally pass through the body, however, when they encounter weak, decaying cells, they take up residence within our bodies and become nature's house cleaners. People are aware of their role after death as parasites are responsible for body decomposition. However, most people are not aware that this same process can occur within a living body.

The challenge is that even though parasites have a significant purpose on earth, we do not want to create an internal environment which invites them to take up residence within our body, prematurely.

When this occurs, parasites can infect the body further and their presence can cause or perpetuate illness and disease, or simply interfere with the body's innate healing process. Multiple infections (parasites) weaken the immune system's defenses.

So a key to healing and staying healthy is to understand the purpose of parasites and how to co-exist with them in our external environment, without creating an internal environment that attracts them so they can adversely affects the human body.

"Which came first, the mosquito or the swamp?"



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What The Public Needs To Know and Do About Parasites

An internal environment that attracts one parasite is an environment that, in time, attracts one infectious parasite after another and the cycle goes on and on until premature death occurs. That is, unless the public becomes...

- educated in how to use clinical nutrition therapy to detoxify the body of existing parasites and their infectious cells and tissue,
- proactive in supplying the nutrients the body requires to grow new, healthy cells and tissue, and
- committed to making lasting dietary, lifestyle, and external environmental changes to maintain a healthy body (i.e., internal environment), so they do not attract more parasites.

At Advanced Clinical Nutrition, we personalize the above education for our clients and through our newsletters, we are doing our part to educate the public on the above, and on the below startling fact.

Louis Pasteur Admits His Germ Theory Was Wrong

Because our medical industry accepted Louis Pasteur's theory that all disease is caused by germs (parasites) and then structured the practice of medicine around this theory, the public has been conditioned to believe that germs have caused their illnesses and diseases. On his death bed, Pasteur confessed that he was wrong, however, this knowledge has been suppressed and, to date, the American Medical Association (A.M.A.) has not changed the structure (paradigm) of their medical practice. A question the public should be asking is "Why?"

***The Greatest Challenge Our Body Faces Is
The Effective Management of Toxins (Chemicals and Parasites)***

Sleep Disorders / Deprivation Perpetuates and Produces FMS Symptoms

From Dr. Smith's Sleep Disorder Notes On Lecture of Brazos G. Minshew, M.Sc., N.D.



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Sleep Disorders Affect 40 Million Americans

About 40 million Americans suffer from primary sleep disorders. Most are unaware that typical sleep disorders include: narcolepsy, sleep apnea (obstructive and central), restless leg syndrome), insomnia, and para-somnia.

Evidence suggests that sleep disorders play a role in virtually all immune, auto-immune, gastro-intestinal and hormonal disorders. In many cases, sleep disorder is the virtual cause of these disorders. This means that the following symptoms may be caused or being perpetuated by your lack of sufficient sleep: gas, ulcers, constipation, diarrhea, frequent colds/flu, male and female complaints, and auto-immune diseases, such as Fibromyalgia, Lupus, MS, Chronic Fatigue, and others listed in this e-book, etc.

Sleep Disorders Can Cause and Perpetuate Fibromyalgia

According to Goldenburg Study at the Tufts University, when subjects were deprived of stage 4 sleep, healthy test subjects developed full criteria for Fibromyalgia in about three weeks. When allowed to resume normal sleep patterns, the same subjects were clear of tender points within six weeks.

This study proved that if a lack of sleep in healthy subjects can produce Fibromyalgia, we should consider improving sleep disorders in Fibromyalgia patients.

According to the Manhattan Sleep Center, 75% of patients with Fibromyalgia share a primary sleep disorder. An additional 17% sleep with someone who has a primary sleep disorder. The remaining 8% reported frequent sleep disturbances from noise, sleep neuritis, pets and various other factors.

The Goldenburg Study showed the first non-drug treatment (sleep) for Fibromyalgia affected its cure by changing sleep patterns; exercise protocol. The cure was still intact two years after the end of the study.

The Goldenburg Study showed the second non-drug treatment (biofeedback) also affected its cure by changing sleep patterns. The cure was still intact two years after the end of the study.

SWEETENERS – THE HEALTHY AND THE TOXIC

It is natural to enjoy sweet-tasting foods and beverages. A healthy diet includes the bitter, the sour, the neutral and the sweet whole foods to provide a balance in the human diet. Sweet, whole foods are sweet vegetables and fruits, classified as carbohydrates, that are essential to provide the nutrient components that produce energy for the human body to



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operate. For example, energy to the muscles allows the body to be mobile and energy to the brain allows us to think and speak.

Healthy Sweeteners

It is not necessary to add sweeteners food and beverages to enjoy the food and beverages flavors as nature designed. However, when it is necessary to sweeten foods for a specific recipe or you simply choose to do so add sweeteners, the following is a list of whole food sweeteners. When choosing a sweetener, whose source is a plant or tree, choose organically-grown. Sweeteners are listed in order of the best to the least recommended, followed by special information on each.

1. Stevia - *Stevia rebaudiana*
2. Agave Nectar – *Agave Americana*
3. Honey
4. Molasses
5. Sorghum
6. Whole Cane Sugar or Sugarcane

Stevia

Stevia, commonly known as Sweetleaf, Sweet leaf, Sugarleaf, or simply Stevia, is best sweetener because it is the only one that does not raise or lower blood sugar, which helps maintain blood sugar balance for people who are healthy and it can be used by people with blood sugar diseases, such as Diabetes and Hypoglycemia. It also excellent for people with osteoporosis as is strengthens the bones and it is beneficial to those with high blood pressure. It is also the best sweetener because Stevia is a whole plant (herb). Using a sweetener that is a plant or herb is healthier than using sweeteners that are produced from a plant (like Agave, Honey, Molasses or Sorghum) or from an insect (honeybees).

Molasses and Sorghum

Sweeteners, like Molasses and Sorghum, are actually the sap or syrup from a whole plant or tree, so that take second place to Stevia. You can use this for variety or according your taste preference of one over the other.

Honey



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Honey is produced from a flying insect, the honeybees. Local Honey is better than honey from another region, state or country, because your body and the local bees have adapted to the environment in which you both live. For example, when a person travels, it is not uncommon for the person to get sick either while visiting or shortly after returning home. This is because their body is not acclimated, i.e., the body has not had time to adjust or adapt in response to the change in the new environment, which has different allergens, germs, and pollutants. Whereas, the person has adapted to allergens, germs and pollutants in the environment in which they reside year after year. Travel itself is also immune-compromising, due to lack of rest and sleep, changes in time zones, the energy required to travel, and consuming different foods than one is use to, so the person arrives in a weaker immune state and is, thus, more susceptible.

Cane Sugar

Whole cane sugar is also a whole plant and, thus, a healthy sweetener. Whole means it is has not been processed or refined, but come to you straight from the ground in which it was grown.

It is the least recommended because it has a higher affect on blood sugar and, therefore, if used, it should be used sparingly. In other words, daily or regular use can lead to high blood sugar in people who originally had a normal blood sugar level, increase blood sugar for those with elevated blood sugar and for those diagnosed with Diabetes, it can cause an increase in the severity of their symptoms, even raising their sugar levels to a dangerously, life-threateningly high level.

Refined cane sugar and artificial sweeteners will do the same thing, even worse, as they will interfere, alter and inhibit the healthy metabolism of carbohydrates, which is dangerous any person consuming them and more so, to those who are already suffering with a blood sugar-related disease, like Diabetes or Hypoglycemia. More information has been provided on refined cane sugar below.

Artificial Sweetener - How Sweet It Isn't

The primary cause of blood sugar imbalances and diseases, from low blood sugar imbalance, which in time leads to Hypoglycemia to high blood sugar that leads to Diabetes, is the daily or regular use of white refined cane sugar and artificial sweeteners. Over-consumption of even healthier sweeteners and long-term high carbohydrate diets also contribute to high blood sugar and its related diseases, like Diabetes. These toxic substances are elixirs for parasites and cause them to rapidly multiply. For example, one teaspoon of refined sugar multiples yeast 200 times, which can lead to Candida (yeast overgrowth).

Artificial Sweeteners are sweet chemicals that are marketed as sweeteners and classified as a food product. Refined white cane sugar is not a chemical. However, because it



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has been refined, it is no longer a whole food and, therefore, not healthy for the human body. In the process of refining whole, white cane sugar, it is bleached and any part of the cane sugar, such as enzymes, that would cause it to spoil in the normal time that is natural to whole foods is removed. By refining cane sugar, the food industry has altered it so it can remain longer on the grocery shelves, before spoiling, and the manufacturers will have more time to make money.

Therefore, refined cane sugar and sweet chemicals (artificial sweeteners) are toxic substances that poison the human body, alter the natural biochemistry (or metabolism) designed for energy production and pancreatic function for regulating blood sugar balance. In addition to the various symptoms from the diseases that will eventually ensue, the most immediate symptom comes from their creating physical addictions to their substances, which has been termed as “sugar cravings.”

Regarding the pancreas, this is the gland that is responsible for metabolizing sweet foods (carbohydrates) and converting them into insulin, glucagon, and other chemistries for the blood, so the blood can transport them to the cells for energy. However, when the pancreas receives refined sugar and artificial sweeteners, this process is interfered with and altered, and in time, the person develops pancreatic-related diseases.

Regarding energy production, in time, the body's ability to produce energy becomes dysfunctional and the human body and “mind” becomes tired. As this becomes more severe, the body moves from being tired occasionally, even with sufficient sleep, to fatigue to chronic fatigue and the mind has more difficulty with concentration and short- and long-term memory. Consuming high amounts of these poisons, in a short period of time, can immediately alter behavior, such as irritability, mood swings and even violent and abusive. In the long-term, with daily and regular use, these poisons have an ongoing, collective affect and produce the same behavior. These poisons can also lead to ADD/ADHA, schizophrenia, manic depression, and a number of other mind-altering diseases and syndromes. Depression ensues because these poisons can elevate blood sugar imbalance in the brain with a corresponding decline. The more rapid the decline after elevation, the more depressed the person feels. This is also what is happening when someone experiences mood swings. Please note, that there are also other causes, like hormone imbalance, that produce all of these symptoms and diseases, however, refined sugar and artificial sweeteners are one of the major causes.



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ASPARTAME - SACCHARIN (THE MOST DANGERS ARTIFICIAL SWEETENERS)

Research on Aspartame Diseaseⁱ

Warning:

Clinical Research reports the regular consumption of Aspartame, a low-calorie, artificial sweetener leads to weight gain, brain tumors, loss of diabetic control and a myriad of other serious symptoms and diseases. (See Symptom List Below) NutraSweet™ is the most popular Aspartame-containing artificial sweetener!

It was my privilege to hear and personally meet H.J. Roberts, M.D., F.A.C.P., F.C.C.P. of West Palm Beach, Ca, who has been a key note speaker at medical and clinical nutrition educational conferences on the subject of "Aspartame Disease".

Unless otherwise noted, the information and research on Aspartame in this book was provided from gleaning my lecture notes from Dr. Roberts' lecture, or quoted from his series of tapes, titled, **"Is Aspartame (NutraSweet™) Safe? A Medical, Public Health and Legal Overview -1995,"** and his book, **"Sweet'ner Dearest: Bittersweet Vignettes About Aspartame (NutraSweet™)."** Dr. Roberts' tapes and book are available to the public for those who want to know more.

What is Aspartame?

Aspartame is a chemical, food additive, specifically, an artificial sweetener. Aspartame was originally formulated as a drug to treat peptic ulcers, however, was passed through the FDA as a sweetener when the pharmaceutical company found Aspartame to be sweet in taste and low in calories. Now, Aspartame has become the most popular low-calorie sweetener in the world since its controversial approval in 1981. Today, Aspartame is found in over 9,000 products and over half of the adults in the United States consume Aspartame products, especially in "diet" drinks and foods. *This means that every other person you see consumes products with Aspartame.*

Aspartame is: 50% Phenylalanine, 40% Aspartic Acid, and 10% Methyl alcohol. Become a label reader to avoid consuming products with Aspartame. Therefore, besides the word, Aspartame, watch for these three substances in the ingredients list of all products for ingestion. I say ingestion, because **Aspartame can be found in foods, beverages medications and food supplement.**



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Medications include: Children's Tylenol, Coumadin, Dilantin, Inderal, Aldomet, Antidepressants, Insulin, and Lidocaine.

Is Aspartame (NutraSweet™) Safe?

Aspartame is one of many food additives which are toxic to the human body. The results of Aspartame toxicity is what Dr. Roberts has labeled, "Aspartame Disease", a widespread but generally overlooked disorder. For more information, obtain Dr. Roberts audio tape, titled, "Is Aspartame (NutraSweet™) Safe? A Medical Public Health and Legal Overview - 1995." The harmful side effects of Aspartame are listed below.

Public Complaints to FDA About Side Effects of Aspartame

80% of volunteer complaints about foods and additives reported to the FDA in 1988 involved Aspartame-sweetened products (FDA Consumer, October 1988). Over 7,200 enraged consumers have volunteered having problems with Aspartame. Dr. Roberts' own patient data base contains over 650 "Aspartame victims" whom he has treated in his clinic. A list of allergic reactions and hypersensitivities to Aspartame reported to the FDA has been provided below.

Symptoms (Reactions) to Aspartame

The following symptoms, dysfunctions, diseases, disorders are a result of Aspartame Toxicity. Because Aspartame is a poisonous substance, it is a natural response for the body to have an allergic or hypersensitive reaction to poison. Here are the reactions reported in Dr. Jaffe's study.

- Brain Tumors;
- Detached Retina;
- Loss of Diabetic control;
- Aggravated Hypoglycemia;
- Weight Gain;
- Suppressed Immune system;
- Endocrine and Metabolic disturbances;
- Hormonal imbalance to the point of D&C;



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- Skin eruptions including Lupus and female genital;
- Dermatitis;
- Severe itching;
- Marked loss or thinning of hair;
- Respiratory Allergies;
- Swelling of lips, tongue, mouth, larynx;
- Neurological disorders;
- Chest palpitations,
- high blood pressure,
- shortness of breath,
- tachycardia;
- Frequent voiding day and night;
- Excessive thirst;
- Severe joint pain;
- GI disorders;
- Eyes - loss of vision, blurring, bright flashes, tunnel vision;
- Ears - tinnitus (ringing in ears);
- Convulsions;
- Epilepsy.

In Dr. Russell Jaffe's clinical nutrition study on Fibromyalgia, 20% of the patients who participated in his study tested positive for reactions to Aspartame. This means that their symptoms of Fibromyalgia Syndrome (FMS) and Chronic Fatigue Syndrome (CFS) were aggravated or induced by Aspartame consumption. Also, in the Aspartame Symptom List included in this e-book, did you recognize how many symptoms of Aspartame Toxicity are the same as symptoms of Fibromyalgia?

Symptoms Improve With Aspartame Avoidance

In Dr. Roberts' audio tape, he shared that originally he recommended Aspartame products until patients started coming into his clinic with the myriad of health complaints associated with Aspartame Disease. Once patients began to avoid all Aspartame-containing products, his clinical observations were as follows. Though individually, each patient's experience was different, the common experience for all was health improvement with the avoidance of Aspartame products. Patients reported:

1. Symptoms left immediately after avoiding all Aspartame-containing products.
2. Symptoms left within 7 days after avoiding Aspartame-containing products.



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3. Symptoms were less severe or minimal within four weeks after avoiding Aspartame-containing products.
4. Symptoms returned immediately or within a few days upon re-ingesting Aspartame-containing products.

Saccharin History Repeating Itself In Aspartame

In 1971, Saccharin was quietly removed from the FDA's GRAS (Generally Regarded as Safe) List. This was 60 years after having been told by an informed, but small number of doctors, nutritionists and chemists that it was unsafe. (Read "Sugar Blues" by William Duffy). After 1971, the number of Saccharin-containing products on the market was reduced, but not totally removed, and Aspartame replaced Saccharin as the #1 artificial sweetener.

Do we have to wait another 60 years before Aspartame is "quietly" removed from the FDA's GRAS list? No, today, people are becoming more proactive, taking responsibility for their own health by becoming informed consumers--like those of you who took time from your busy schedules to read this e-book?

Sugar Cravings are Addictions

These toxic sweeteners are also as mentally and physically controlling as the addiction to psychotic chemicals in illegal drugs, nicotine in tobacco products and caffeine in coffee. The daily and regular use of refined sugar and artificial sweeteners are as equally damaging to the cells, tissues, organs, glands and body systems of the human mind and body as these other controlling substances. However, our society seems to think that an addiction to illegal drugs or tobacco is worse than coffee, refined sugar and artificial sweeteners.

How To Take Responsibility For Your Health

Dissatisfaction from Drug Side Effects has led to more and more people taking responsibility for their health, instead of acting like sheep, by their blind obedience to take the drugs their physician prescribes without question.

To succeed at taking responsibility for your own health, you must make informed decisions. To be informed you must have knowledge and apply this knowledge in your daily lifestyle practices. The first step in becoming informed is investing time and effort in educating yourself. To do this on your own could take years and you may waste a lot of time, effort and money learning what not to do vs. what to do.



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Albert Einstein was known to have said that he learned 999 ways not to make a light bulb and only one way to make one. Those 999 ways cost him a lot of time, effort and money and delays in finding the one successful way. Therefore, to save you time, effort, money and prevent further delays in your getting the healing your body needs, I have provided an outline and a list of questions for you that will successfully guide you in the knowledge you need to restore your health and stay healthy.

You may consider this as your homework and the following is the **Clinical Nutrition Lesson Plan** of 19 questions and after you have your answers you will have received a crash course in diet, nutrition, clinical nutrition laboratory testing of your biochemistry, food supplements, how the body heals, what interferes with its healing, and how the body becomes ill, diseased and prematurely dies.

Lesson Plan - Knowledge To Heal

Nutritional Knowledge

Begin by reading all web Chapter pages listed on and under “**Nutrition Education**” in website **Table of Contents**, you will be able to not only answer these questions, you will build a solid foundation of knowledge in practical nutritional science. To open web Chapter pages, use your newsletter subscriber pass codes enclosed in newsletter “**Welcome Letter**,” received by email 24 hours after you “**Sign Up For Our Email Newsletter**.”

1. Define the two types of nutrients - macro-nutrients and micro-nutrients?
<http://www.advancedclinicalnutrition.com/articlesbydrsmith.html> (Article on “Diet & Nutrition – Defining The Difference.”)

<http://www.advancedclinicalnutrition.com/nutritioneducation/dietisnotnutrition.html>
2. What is the definition of Diet and Nutrition, as they are not the same?
<http://www.advancedclinicalnutrition.com/nutritioneducation/dietisnotnutrition.html> OR
<http://www.advancedclinicalnutrition.com/nutritioneducation/bodybydesign.html>
3. What is a principle-centered, healthy lifestyle?
<http://www.advancedclinicalnutrition.com/behealthybychoice.html>
4. Why is it best to test before you buy food supplements?
<http://www.advancedclinicalnutrition.com/nutritioneducation/bodybydesign.html>
<http://www.advancedclinicalnutrition.com/whytest.html>



FIBROMYALGIA SYNDROME (FMS)

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Knowledge on How To Determine What Needs To Be Healed

5. How to test for nutritional deficiencies? This question is answered in this e-book in the section titled, "Clinical Nutrition Analysis."
6. Will testing my nutritional biochemistry identify my specific vitamin and mineral deficiencies, biochemical imbalances and organ/gland dysfunctions producing my symptoms? True or False
7. Taking supplements without obtaining clinical nutrition testing, first, can lead to taking the wrong supplements? True or False
8. Taking the wrong supplements can cause me to have more severe deficiencies due to the delays in taking the right supplements? True or False
9. Taking the wrong supplements can cause me to have nutritional excesses if the supplements I am taking is giving me too much of the nutrients I am already sufficient in? True or False
10. Nutritional Excesses and more severe deficiencies from taking the wrong supplements will cause me to create more symptoms, illnesses and or Diseases?
11. Taking the wrong supplement delays my healing? True or False
12. Being tested for exactly which supplements I need will help my body heal so I can feel better faster? True or False

Did I make the "true" answers to questions #6 to #12 easy enough for you? (smiles)
Hopefully, what you have learned here is the consequence from not being nutritionally tested before taking food supplements.

Knowledge on Food Supplements Differences

For answers to the following questions, please read my article titled: "**Three Ways Supplements Are Manufactured Today**" on Library of Articles webpage at:

<http://www.advancedclinicalnutrition.com/articlesbydrsmith/libraryofarticles.html>

13. What are the three ways supplements are manufactured today?
14. Which of the three ways is the only type of supplements that actually assist in healing and health maintenance?
15. What are "Nutritional Drugs?"



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16. What is the similarity between pharmaceutical drugs and nutritional drugs in relationship to their adverse affects on the health of the human body (biochemistry).
17. What are the **Eight (8) False Assumption People Make About Nutritional Deficiencies and Supplements?**

Knowledge on How The Body Heals – Order Dr. Smith’s “Client Handbook.”

Over 100 Chapter pages of information that is either not available in any other health book or not available in any single book; in other words, you may have to read 4-5 books to glean the key information in one chapter of Dr. Smith’s Client Handbook. This book was written for and is still the first read for all new clients. Because the book provides fundamental educational information in healing and maintaining the health (homeostasis) of the human body, in time, it was made available to the public to clarify misleading and false information in current Public Health Education distributed as facts. To order, call (940) 761-4045.

18. How does the body heal, i.e., what are the Four Phases of Healing, Healing Crisis and Cleansing Signs?
19. How does the body become ill, diseased, and die prematurely, i.e., the Four Phases of Health Breakdown?

Enhance Your Knowledge and Stay Current

The following is a list of resources to enhance or expand the knowledge you will have after answering the questions in your **Clinical Nutrition Lesson Plan**. These resources will also help you stay current on the latest research, breakthroughs and education, as well as be informed (get the true facts) when public health education, media advertisements, food industry product labels, supplements sales representatives and advice from manufacturers, practitioners, reporters or other health care experts, who have no training or education in clinical nutrition and naturopathy, are distributing misleading and false information.

For example, in the winter of 2009, physicians began prescribing a nutritional drug called Vitamin D, specifically Vitamin D₂ or D₃, based on Vitamin D blood testing alone. To be informed, you must know that the truth (facts) about Vitamin D. The scientific facts are: blood tests alone will not determine Vitamin D deficiency,

1. there are a number of other factors that can cause deficient blood Vitamin D levels than just a deficiency in whole food vitamin D, and
2. The body reacts to nutritional drugs, like synthetic or isolate Vitamin D supplements sold to the public, and attempts to process it out of the body, considering it as a foreign substance and therefore, it becomes toxic to the human body and can alter the body’s ability to metabolic whole food Vitamin D and cause more severe Vitamin D deficiency.



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A few years ago researchⁱⁱ¹ was provided in Research on how harmful Vitamin D₂ is years ago, however, many physicians and the public are not aware of this research.

The following will assist you in enh

1. **Read** every Chapter page on my website. This will help you answer the questions below.
2. Read my past newsletters, Health Quest e-News, and read each one you receive by email in the future so you may stay current with new research, alerts on misleading and false nutritional advertisements, etc. Joining my newsletter emailing list to subscribe will, also, provide you with the pass codes to open subscriber only web Chapter pages.
3. Order my Client Handbook, which is available to the public, also. This provides the knowledge you need to understand how the body heals and how it becomes ill and diseased.
4. Have your nutritional biochemistry tested and correct all adverse values to balance your biochemistry.
5. When you do #2 and #3, you will also be provided the knowledge you need to develop a principle-centered, healthy lifestyle.

CHAPTER 11 – ABOUT DR. SMITH

Dr. Donna Smith has a Ph.D. in Clinical Nutrition, is a Naturopathic Doctor (N.D.), a Board Certified Clinical Nutritionist (C.C.N.), Certified Dietitian-Nutritionist (C.D.N.), and a Canadian Chartered Herbalist (C.H.).

Dr. Smith is also a Free Lance Nutritional Health Writer and has written over 100 articles for Internet and traditional magazines, such as the **American Chiropractic Magazine**, the largest chiropractic magazine in the United States.

She also writes nutrition and health related e-books, e.g. “**Fibromyalgia – A Clinical Nutrition Syndrome**” (50+ Chapter pages. PDF) and “**Dr. Smith’s Hair Color Restoration Program – Anti-Grey Solutions**” (59 Pg. PDF).

She is frequently invited to speak on NBC and ABC local networks, and at clubs, hospitals, universities and corporations on a variety of nutrition and health-related topics, such as, the national groups of scientists and biochemists at the **American Society of Clinical**

¹ The case against ergocalciferol (vitamin D₂) as a vitamin supplement -- Houghton and Vieth 84 (4): 694-697, 10/06, American Journal of Clinical Nutrition. <http://www.ajcn.org/cgi/content/full/84/4/694>



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Laboratory Science (ASCLS), International and American Associations of Clinical Nutritionists (IAACN), Stephen F. Austin University, Midwestern State University, Optimist Clubs, Toastmasters, Business and Professional Women's Club, Women Entrepreneurs, Worksite Wellness, American Heart Association, Parkinson's Group, and St Gobain Corporation, to name a few.

Dr. Smith owns **Advanced Clinical Nutrition (est. 1981)** in Wichita Falls, Texas, where she provides a **Clinical Nutrition Analysis or Interpretation of Laboratory Tests (blood, urine, saliva, stool and hair)** to identify and correct dietary, vitamin and mineral deficiencies, adversely affecting the healthy function of the human mind and body. From the findings of these scientific Laboratory Reports, Dr. Smith designs and dispenses therapeutic, whole food supplements, available only through nutritional health care providers, and a Dietary Plan, which is a list of foods selected for the food chemistry's positive effect on the individual's biochemistry, which is also based on test results. Dr. Smith's Clinical Nutrition Services are also provided to **Healthcare and Fitness Providers**, who want to offer clinical nutrition services to their patients/clients, yet do not have the time or training to do so.

The **Clinical Nutrition Testing, Therapy, and Personalized Dietary and Lifestyle Education Services** are provided by mail, e-mail and telephone consultations. A.C.N. clients save money as there are no in-office appointment fees, gas expense to/from appointments or time away from home or work for nutritional services. Lab Kits are mailed to the clients' homes, where they collect the samples and mails them directly to our Labs.

Dr. Smith has over 90% success in helping her clients improve their health, increase energy, balance hormones, improve mental function, strengthen joints, muscle, immune system, restore over-all organ/gland function (including the hair system to restore its natural color), manage weight, prevent/reverse disease and enhance life and/or sports performance. Her clientele encompasses 35 U.S. States and five international countries.

CHAPTER 12 - CONTACT INFORMATION [\(Quick Links\)](#)

(940) 761-4045

Website Address

www.AdvancedClinicalNutrition.com

Email Address

Services@advancedclinicalnutrition.com



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To Place First Order ...

1. Please call our office at (940) 761-4045.
2. **The Definition Of Your First Order** is the first time you contact our office to get started, whether you begin with one, or more, or all four-parts of my program. After this, we will have you in our database as a client and you will be able to add other parts by contacting us by email or phone, if not starting with all four from the beginning.
3. When you call, please ask to schedule a **Hair Color Restoration Telephone Consultation with Dr. Smith**, which will also include our **Inquiry Consultation** designed to answer all hair color restoration program questions for new clients, that are not included in this e-book, including clarify any information that is included.
4. Ctrl + Click on the link below to go to **Inquiry Questionnaire**. Please complete before (preferred) or shortly after consultation:

www.advancedclinicalnutrition.com/inquiryquestionnaire.html

CHAPTER 13 - QUICK LINKS TO WEB CHAPTER PAGES

(Title then Link to Web Chapter page Address)

TO SUBSCRIBE / ARTICLES BY DR. SMITH

1. Sign Up For Our Newsletter:
<http://www.advancedclinicalnutrition.com/newslettersubscribe.html>
2. Articles By Dr. Smith:



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www.advancedclinicalnutrition.com/articlesbydrsmith.html

Instructions: Click on the **Table of Contents** tab, titled “**Articles By Dr. Smith**” and read this webpage, then read the three pop-up web pages attached:

- Library of Articles (access to all articles, charts and diagrams except the following two which have their own web pages.
- **Coffee Article** - to read, “How to Improve Your Health After Years of Drinking Coffee – Regular & Decaffeinated.”
- **Scars & Tattoos** - to read, “Scars, Tattoos, Piercings, Vaccination Sites & Other Interference (To Healing) Fields.”

SUBSCRIBER WEB CHAPTER PAGES

Please note that pass codes to open the following web Chapter page are included in the newsletter **Welcome Letter** received by email, 24 hours after subscribing to Dr. Smith's Newsletter. If you do not receive your Welcome Letter, please call or email and it will be emailed to you.

1. Access To Past Newsletter Issues:
<http://www.advancedclinicalnutrition.com/newsletterpastissues/newsletterpastissues.html>
2. Nutrition Evaluations (Information on Four Free Nutrition Evaluations):
www.advancedclinicalnutrition.com/nutritioneducation/nutritioneducation.html
3. Stress Opinionnaire:
<http://www.advancedclinicalnutrition.com/evaluationquestionnaires/stressopinionnaire.html>
4. Toxicity Questionnaire:
www.advancedclinicalnutrition.com/toxicityquestionnaire/toxicityquestionnaire.html

YOUTUBE ADDRESS

“Dr. Smith's “Secrets To Healing” TV Shows & Other Videos”



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- www.youtube.com/drdonnafsmith

“ASK DR. DONNA” BLOG ADDRESS

- www.DrDonnaSmith.blogspot.com

Disclaimer: Information is provided for nutritional education purposes only and not for the diagnosis or treatment of any medical condition, disorder or disease. Present laws indicate that the author must advise you to seek medical attention for your disease, if you have one. Choosing to do so, or not, is your constitutional right and you are ultimately the only person who is responsible for any decisions, risks or actions you take regarding the care of your mind and body. This author's intention is to provide health care education from a nutritional biochemical perspective so you are equipped to make an informed decision.

ⁱ H.J. Roberts, M.D., F.A.C.P., F.C.C.P., series of tapes, titled, “*Is Aspartame (NutraSweet™) Safe? A Medical, Public Health and Legal Overview -1995,*” and his book, “*Sweet’ner Dearest: Bittersweet Vignettes About Aspartame (NutraSweet™).*”

ⁱⁱ The case against ergocalciferol (vitamin D2) as a vitamin supplement -- Houghton and Vieth 84 (4): 694-697, 10/06, American Journal of Clinical Nutrition. <http://www.ajcn.org/cgi/content/full/84/4/694>