

# A New Paradigm For Western Medicine

CIRSX 2024 IBD LDN

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**GEORGIA**  
Functional  
Medicine

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# **A Family Dedication**

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***Thank You***

*I want to share my appreciation.*

*To my Mom, Dad, sisters, brothers, and entire family,*

*A sincere and heartfelt moment of gratitude to you.*

# Inflammatory Bowel Disease, Approach to Treatment

Every patient gets a baseline stool **Calprotectin**, this is your marker for presence of disease and predictor of recurrence. <sup>(1)</sup>The presence of calprotectin in feces is a consequence of neutrophil migration into the gastrointestinal tissue due to an inflammatory process. Fecal calprotectin concentrations demonstrate good correlation with intestinal inflammation and fecal calprotectin is used as a biomarker in gastrointestinal disorders.

***“Low Dose Naltrexone (LDN) may well be the most important therapeutic breakthrough in over fifty years. It provides a new, safe and inexpensive method of medical treatment by mobilizing the natural defenses of one’s own immune system.”***

— *David Gluck, MD*



*“LDN substantially reduces health care costs and improves treatment of a wide array of diseases. Unfortunately, because naltrexone has been without patent protection for many years, no pharmaceutical company will bear the expense of the large clinical trials necessary for FDA approval of LDN’s new special uses. It is now up to public institutions to seize the opportunity that LDN offers.”*

— David Gluck, MD

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All patients start on low-dose naltrexone 1.5 mg nightly, titrating every 10 days up to 4.5 mg nightly. The most common side effect is insomnia. If you cannot get through this, you can move it up further in the evening such as supper. Some people must use it even at lunchtime.

This is okay.



# The Carbohydrate Specific Diet

All patients. Breaking the Vicious Cycle Elaine Gloria Gottschall. Elaine Gottschall, a mother and grandmother, is the astute scientist whose exploration of the mysterious path that leads from the gut to the brain has led to the rescue of countless people with gastric disease and autism.

**I also start most inflammatory bowel disease patients on Boswellia–turmeric.**

**And then I start at the top of the microbiome.  
Treat the skin first.**

As we have seen by Dr. Dorniger's just work, actinomycetes on the skin up regulate transforming growth factor beta 1 (2)

# The Carbohydrate Specific Diet

## **Then I go to the mouth.** <sup>(3)</sup>

Dentalcidin tooth paste plus or minus Dentalcidin LS. Use twice daily as well as flossing.

## **Treat the small intestine.**

Look for Small Bowel Overgrowth or treat empirically, Biocidin titrated to 5 drops TIDAC.

Get a comprehensive gut panel, I use GI Effects by Genova Diagnostics and look for the Four pillars: Infection, Inflammation, Insufficiency and Imbalance and treat accordingly.

## **Vitamin D3 levels to 60-80.**

## **CMP**

Looking primarily at transaminases;  
low transaminases or Alkaline  
Phosphatase means Zinc deficiency;  
zinc is an essential cofactor in the  
formation of these enzymes. Low zinc  
induces Oxidative stress.

## **CBC**

Looking primarily at Red Cell  
Distribution Width. Elevated RDW  
indicates Non-Celiac Gluten Sensitivity.  
(4) If this is elevated, I get a FIT 132 with  
Gut Barrier Panel KBMO Diagnostics,  
because we now have a protocol to fix  
intestinal permeability, Reference  
KBMO Diagnostics webinars Kristy  
Hughes ND.

## **Complete Thyroid function testing**

**TSH, FT4, FT3, TT3, RT3 with T3/RT3  
ratio optimum 10-12.**

(Alan McDaniel MD)

Thyroid function affects mitochondrial  
function (5)

# Conclusions

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Aging-related transcriptomic changes in the thyroid gland were associated with **mitochondrial and proteasomal dysfunction**, loss of differentiation, and activation of autoimmune processes.



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Our results provide clues to better understand the **age-related decline in thyroid function and higher susceptibility to autoimmune thyroid disease.**





# Mitochondrial function needs ATP production and control of Free Radicals

**Thyroid function needs to be optimized. Alan McDaniel, MD Louisville, Ky** [\(source\)](#)

**Free radicals build up since we no longer ground.** Free radicals are the price that we paid to become mammals and depend on oxygen to live. [\(6\)](#)

Therefore, everyone that has autoimmune disease as well as anyone who wants to live in an antiaging lifestyle must ground, my preference is a grounding mattress. My preference is [Ultimatelongevity.com](http://Ultimatelongevity.com)

- **I have been grounding since Stephen Sinatra, MD presented at A4M, approximately 2010.**
- **Address Cell danger Response.** [\(7\)](#)
- **Mitochondrial dysfunction is associated with IBD** [\(8\)](#)

# ULCERATIVE COLITIS

*Boswellia serrata* Uses: OA, Asthma, RA, UC. Botanical of choice for inhibiting Lipoxygenase. --> therefore, inhibit leukotriene formation.

Higher response rate treating UC than sulfasalazine. 150 mg po TID

# LEUKOTRIENE TRIAD

UC + Asthma + Cardiovascular Disease ? GLA + EPA/DHA + BOSWELLIA + Curcumin product + Low Carb diet

■ **TH17 soon will be a fairly standard test,**

*highly inflammatory. Fungal infections drive this. A huge driver of inflammation, really activates NFkB.*

■ **IL17 CYTOKINES drive a lot of disease?** Autoimmune

*(MS, UC, SLE, RA, Crohn's, psoriasis, scleroderma, ankylosing spondylitis), Tumorigenesis & Transplant rejection, Allergy (Asthma, Allergic contact dermatitis), Lyme Arthritis*

■ **PRODUCTION SUPPRESSED BY: VITAMIN D, RETINOIC ACID, STATINS, TRIPTOLIDE**

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# So:

***Immune dysfunction occurs when you have :***

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- ***Excessive immune response to self*** -- Autoimmunity, Cardiovascular disease, Neurodegeneration (glial cell excessive response)
- ***Excessive response to external environment*** -- Allergy, Atopy, Hypersensitivity
- ***Deficient response to self*** -- Cancer
- ***Deficient response to External environment*** -- Infection

## ***So, when you are looking at a patient:***

- ***Is this a problem of ongoing response to FOOD, BUGS, TOXINS AND TRAUMA?***
- ***Or is it a problem that they don't have enough water to dampen and douse the fire?***
- ***Or both?***

### ***NrF2 pathway inhibits NFkB***

- *Main thing that stimulates this is BROCCOLI, and Curcumin, green tea.*



# **Key Concepts to Take Away:**

- 1. Inflammatory diseases are not distinct entities**---they are inseparable from the context in which they developed. (they are a dance between the food, bugs, trauma... and the response)
- 1. Inflammatory disease may seem unpredictable, but close observation often reveals identifiable trends.** (Flare in illness -- what caused this in THIS patient, what is going on in the background, stress, food...)
- 1. The same inflammatory trigger can lead to vastly different responses depending on the initial circumstances.** (10 people eating a high carb diet can give you 10 different responses)
- 1. The same intervention can lead to a range of responses.** (what is unique about that individual, what factors perpetuate the pathology in the individual sitting there in front of you)
- 1. The essential question is, what factors perpetuate the pathology in a particular individual?**
- 1. The respiratory and GI Mucosa are the single biggest sources of fuel (triggers) for chronic inflammation mediated through the MALT and GALT**
- 1. Botanical & nutritional therapies can act as biological response modifiers that dampen the inflammatory cascade without contributing to additional pathology.**

# ***Framework:***

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- F*** ***1: Food/Diet***
- I*** ***2: Infection, Dysbiosis***
- N*** ***3: Nutritional Immunomodulation***
- D*** ***4: Dysfunctional Mitochondria***
- S*** ***5: Stress/Emotional/Psychology***
- E*** ***6: Endocrine/Hormones***
- X*** ***7: Xenobiotics/Toxins***

# **FORMULA FOR T-REG PRODUCTION**

## **(ALLERGY/INFLAMMATION/AUTOIMMUNITY) IS:**

- **Vitamin A 10,000 IU/day** -- Necessary for T-Reg induction
- **Lipoic Acid 200-400 mg TID suppresses IL-17 by 35-50% MULTIPLE SCLEROSIS!**
- **Green tea (more T-Reg) tea and capsules**
- **Vitamin D average 4000 IU/day adults** -- induces T-Reg cells, function and number.
- **Probiotics** ? use probiotics; plant-based diet, herbal and drug antimicrobials.
- **Fatty Acids n3 fatty acids** -- activation of PPAR-g and PPAR-a-- FOXP3 Treg
- **AND create an anti-inflammatory milieu** -- getting people off what they are allergic to, cleaning up their Dysbiosis and shedding extra pounds that are elaborating adipokines that are typically pro-inflammatory.

# The Oath of Hippocrates

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## Primum Non Nocere

*I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them. I will not be ashamed to say, "I know not," nor will I fail to call in my colleagues when skills of another are needed for my patient's recovery.*

*I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*



# Components of The Plan

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**Mitochondria**

ATP

Free Radicals

Cell Danger Response

**Optimize T3 to RT3 ration (10-12)**

**FIT 132 with Gut Barrier Panel**

**Sympathetic/ Para sympatric Dyssynergy**

**Environmental Trigger**

**Genetic predisposition**

**Intestinal permeability**

**NRF-2**

**NFK-B**

**Autophagy vs Angiotensinogen**

# Richie made me do it.

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He is the one that called me a Jedi when I got certified.

Richie Shoemaker, MD is from Duke.

John B. Abell, MD is from Emory.

Richie A

John A+

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