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# RELATIVE NUTRITIONAL DEFICIENCY

MEDICAL CONFERENCE

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## RELATIVE NUTRITIONAL DEFICIENCY

OCCURS WHEN AN OPTIMAL DIET DOES NOT MEET THE NEEDS OF THE SYSTEM

When on an optimal diet low, inadequate, depleted, deficient, or suboptimal serotonin, dopamine, or glutathione occurs, a relative nutritional deficiency is always present.

**WE ARE SERIOUS!** This course teaches the ability to identify and manage relative nutritional deficiencies whose symptoms may be identical to a disease. The foundation of this course is 21 peer-reviewed scientific articles authored by course speakers as posted on the National Institute of Health's NCBI website.

In 1997, our medical doctors started this nutritional research project. We identified relative nutritional deficiencies hiding in plain sight whose symptoms were identical to symptoms of over 100 diseases.

For example, in May 1941 JAMA (Journal of the American Medical Association) documented observations of A. B. Baker, MD,<sup>1</sup> a founder of the American Academy of Neurology. Baker gave a group of Parkinson's disease patients vitamin B6, 40% achieved significant (not complete) improvement in what appeared to be Parkinson's disease symptoms.

We now know this was not an improvement in disease symptoms; it represented an improvement in a pre-existing vitamin B6 relative nutritional deficiency whose symptoms were identical to Parkinson's disease symptoms.

Prescribing drugs with no nutritional impact cannot address the cause of these nutritional deficiencies. Every patient with low, inadequate, depleted, deficient or suboptimal , dopamine, or glutathione on an optimal diet is suffering from one or more of these nutritional deficiencies.

## AN EXAMPLE SEROTONIN OR DOPAMINE DEPLETION™ BY REUPTAKE INHIBITOR DRUGS

### DRUG-INDUCED RELATIVE NUTRITIONAL DEFICIENCY™

When serotonin or dopamine depletion™ (RND™) is great enough on an optimal diet, a relative nutritional deficiency™ of serotonin or dopamine precursors or cofactors may cause the patient to:

1. Become suicidal
2. Drugs may stop working
3. The patient might not be able to stop the drug due to feeling worse
4. Disease or disease-like symptoms may return

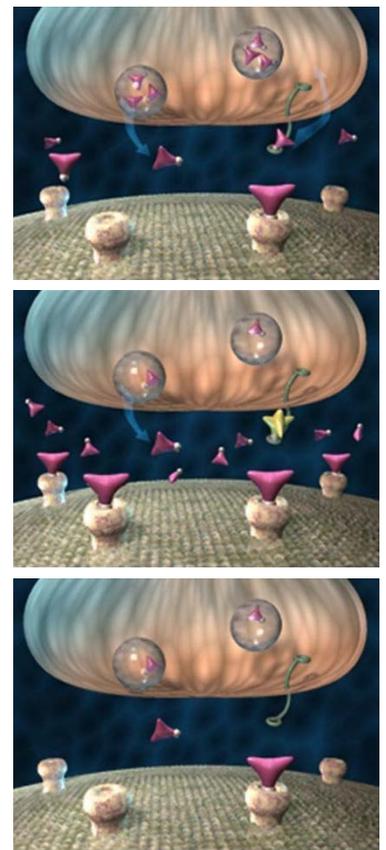
The mechanism of action whereby reuptake inhibitor drugs deplete serotonin or dopamine is illustrated in Figures 1-3. When reuptake inhibitor-induced depletion™ occurs on an optimal diet, a serotonin or dopamine related relative nutritional deficiency™ (RND™) is always present.

**Figure 1:** Low synaptic serotonin or dopamine levels, on an optimal diet represents a relative nutritional deficiency™ of serotonin or dopamine precursors or cofactors.

**Figure 2:** Reuptake inhibition (yellow airplane) is blocking reuptake causing increase of serotonin and dopamine to move from the pre-synaptic neuron into the synapse.

**Figure 3:** The serotonin and dopamine molecules, while in a pre-synaptic neuron, is safe from enzymatic metabolism by the MAO and COMT systems. With redistribution into the synapse, there is increased MAO and COMT driven metabolism (depletion). On an optimal diet, this depletion of serotonin or dopamine can represent a drug-induced relative nutritional deficiency.™

Management of reuptake inhibitor-induced serotonin or dopamine related relative nutritional deficiency™ requires properly administered nutrients under the serotonin or dopamine protocol,™ respectively.™ Mastery of amino acid administration and amino acid side effects should be in place prior to starting the amino acids.



ADD: Images courtesy of the National Institute of Drug abuse, division National Institute of Health

# THE FOUNDATION OF THIS MEDICAL EDUCATION

In the early 1990s, union members in Duluth, MN demanded the benefit of medical insurance coverage for obesity treatment. With this, Duluth became the only community in the United States where treatment of obesity (BMI >30 with no other risk factors), was viewed as a medical risk factor and covered by insurance, to include Blue Cross. By 1994, the Morgan Park Medical Clinic was the only clinic-based medical weight loss program reimbursed by all commercial medical insurances in the United States. The other Duluth program we worked closely with, was hospital based.

The Morgan Park Clinic operated as a general medical clinic where obesity was treated just like any other risk. It was common to simultaneously see diverse patients such as a weight patient, a cast removal, and a chest pain that needed stabilization and transfer to the local hospital. After each patient visit, we databased everything possible. Not being hindered by the patient's financial resources, generated a treasure trove of observations and data not possible with any other approach.

Human beings are complex, and mastering optimal nutritional results requires training. In 20 years, we have never found a single caregiver who became successful without attending our one-day training session first.

Our research today is based on this sole principle: Drugs cannot address the cause of nutritional deficiencies.

## OBJECTIVES:

This course will teach the ability to identify and manage the causes of low, inadequate, depleted, or suboptimal serotonin, dopamine, and glutathione while on an optimal diet.

- When reuptake inhibitor drugs (antidepressants, etc.) induce conditions that deplete serotonin or dopamine on an optimal diet, it represents a relative nutritional deficiency.
- When improper administration of nutrients induces serotonin, dopamine, or glutathione depletion on an optimal diet, it represents relative nutritional deficiency.
- The disease-like symptoms associated with serotonin and dopamine depletion on an optimal diet, are caused by relative nutritional deficiency. This is routinely mis-diagnosed.