


THIS APPROACH: When depleted serotonin or dopamine concentrations exist on an optimal diet, a relative nutritional deficiency of the naturally occurring aromatic amino acids or cofactors is always present.™

INTRODUCTION

A relative nutritional deficiency occurs whenever an optimal diet does not meet the needs of the system.™

Whenever there are not enough (low, inadequate, depleted, deficient, or suboptimal) serotonin or dopamine levels on an optimal diet, a relative nutritional deficiency is always present.™



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ORIGINAL RESEARCH

Relative nutritional deficiencies associated with centrally acting monoamines

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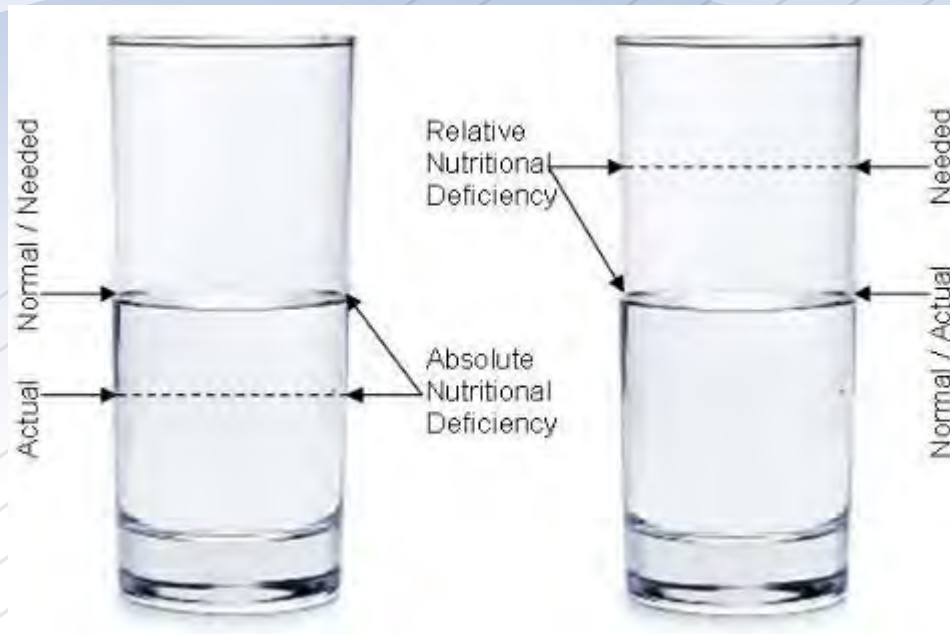
NUTRITIONAL NEEDS CANNOT BE MET WITH AN OPTIMAL DIET

When an RND exists, nutritional intake and systemic nutrient levels are normal. However, systemic needs are increased above normal by outside forces and cannot be achieved by dietary modification alone. Burns and postsurgical patients are examples where an RND may develop.¹

The Food and Drug Administration (FDA) has not evaluated these statements. These nutrients are not intended to diagnose, treat, cure, or prevent any disease.

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RELATIVE NUTRITIONAL DEFICIENCIES



An **absolute nutritional deficiency** occurs when there is inadequate nutrient intake. Scurvy (vitamin C deficiency) is an example of an absolute nutritional deficiency. Returning vitamin C intake to normal is required to address the problem.

A **relative nutritional deficiency** occurs when an optimal diet does not meet the needs of the system. When inadequate dopamine concentrations occur with a dopamine related relative nutritional deficiency on an optimal diet, symptoms of dopamine related relative nutritional deficiency™ is present. The optimal diet is achieved when increasing L-tyrosine intake no longer is associated with L-dopa and dopamine increases due to the regulation of the tyrosine hydroxylase enzyme by norepinephrine.

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RELATIVE NUTRITIONAL DEFICIENCIES

[1717] Problems in microbial genetics

J Lederberg - Heredity, 1948 - profiles.nlm.nih.gov

... The MICROBIAL GENETICS '75 basis of these differentials may be either a **relative nutritional deficiency** as in the case just cited, or a relative resistance to growth-inhibitory substances incorporated in the medium, such as sodium chloroacetate (Penfold, 1913) or lithium ...

**This is the earliest writing referencing
“relative nutritional deficiency”
located.**

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THIS APPROACH: When deficient serotonin or dopamine concentrations exist on an optimal diet, a relative nutritional deficiency of the naturally occurring aromatic amino acids or cofactors is always present.™ *

PERSPECTIVE: RELATIVE NUTRITIONAL DEFICIENCY

When serotonin, dopamine, or glutathione levels are not high enough (low, inadequate, depleted, deficient, or suboptimal) on an optimal diet, a relative nutritional deficiency is always present.™ *

RELATIVE NUTRITIONAL DEFICIENCY

A relative nutritional deficiency occurs when an optimal diet does not meet the needs of the system. The serotonin system (to include L-tryptophan and 5-HTP), the dopamine system (to include L-tyrosine and Mucuna Pruriens active ingredient L-dopa), and the glutathione system (to include all seven thiols) are heavily intertwined. Administering nutrients from only one system can deplete components of the other two systems. Depletion of any component on an optimal diet represents a nutrient-induced relative nutritional deficiency™ relating to the precursors or cofactors of the depleted systems. *

Study the illustration below. Everywhere the word “depletes” appears, it represents a nutrient-induced relative nutritional deficiency.™ Administration of nutritional precursors and cofactors of serotonin, dopamine, and thiols need to occur in proper balance. When this happens, there is no depletion and no nutrient side effects. With the administration of one precursor, such as L-dopa or 5-HTP, induces a positive response, the depletion of other systems (nutrient-induced relative nutritional deficiency™) that occurs over time will cause the initially observed response to cease with associated side effects developing gradually. *

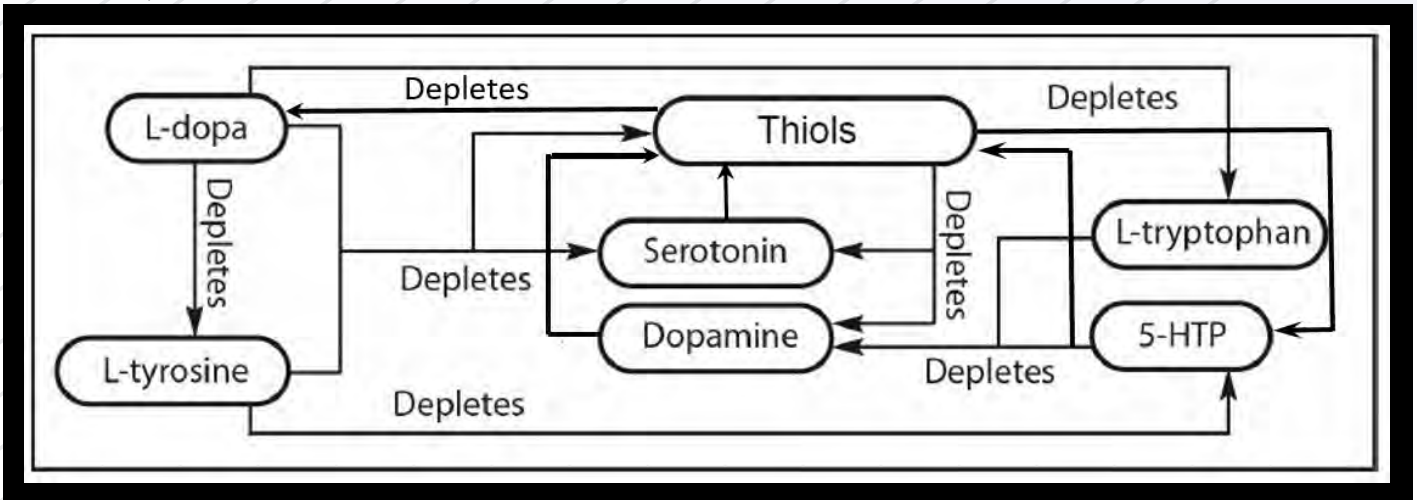


Illustration from peer-reviewed literature posted on the National Institute of Health NCBI website. *

Peer-reviewed scientific literature posted on the National Institute of Health NCBI website notes the following definition which is unique unto itself:

A nutrient is any substance that facilitates normal system function. A drug is any substance that induces abnormal system function. A nutrient may become a drug. A drug may not become a nutrient. When the nutrient 5-HTP is administered as a single agent, dopamine depletion may occur. If dopamine depletion is induced, 5-HTP is no longer functioning as a nutrient; it is a drug. When L-dopa is administered as a single agent, it may deplete serotonin, and would then be considered a drug, not a nutrient. *

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DRUG VERSUS NUTRIENT

There is a very sharp demarcation between the effects of nutrients and drugs. While it is very common to hear people inappropriately use drug attributes to describe nutrient outcomes they are hoping for (example, nutrients can treat a disease) a nutrient supports normal body function.

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PERSPECTIVE: Relative Nutritional Deficiencies

B6

The amount of time needed to recharge a Vitamin B6 system fully varies greatly. We observed a patient suffering with drug-induced vitamin B6 relative nutritional deficiency™ that required 1,200 mg of B6 a day take 5 ½ months to get the RND™ symptoms under control. This calculates to a vitamin B6 deficit of 198,000 mg driving the drug-induced vitamin B6 RND.™ *

Symptoms can be caused by low serotonin or low dopamine. When these symptoms are present on an optimal diet, a relative nutritional deficiency always is present. This approach centers around managing these relative nutritional deficiencies.

Low or depleted dopamine or norepinephrine on an optimal diet,™ use the dopamine protocol.

Low or depleted serotonin on an optimal diet,™ use the serotonin protocol.

THIS APPROACH:
When low serotonin or dopamine concentrations exist on an optimal diet,™ a relative nutritional deficiency of the naturally occurring aromatic amino acids or cofactors is always present.™

Strauss, L. Journal of Biomedical Therapy 2010 Vol. 4, No. 18-22

Young Children With Low Serotonin Levels	Young Children With Low Dopamine Levels
<ul style="list-style-type: none"> • Sleep disturbances • Erratic and changing moods (often crying with screaming and uncontrolled tantrums) • Compulsive repetitive behaviors • A history of depression is often seen in 1 or both of the parents 	<ul style="list-style-type: none"> • Listless behavior and possible delays in reaching milestones • Low metabolic rates may be seen, with a tendency toward constipation • Children rock back and forth to music (because they love rhythmic sounds), with sensitivity to loud and unexpected sounds • There may be a family history of addictive disorders



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