

# Top 3 Factors For Inflammation & Disease

*"Dr. Peterson has made his top three factors for chronic inflammation & chronic disease a cornerstone of his successful clinical practice."*

If I was to list the three top reasons for chronic inflammation and ultimately chronic disease, I would have to say it would be: an acidic chemistry causing over oxidation and hypoxia, infections which would include dysbiosis and parasites, and insulin dysregulation. And since Dr. Greg Peterson has made these three factors a cornerstone of his clinical practice, I asked him to share his updated clinical experiences on a webinar.

Because of his "expertise" in methylation, Dr. Peterson's practice has been dominated by very, very ill patients. He shared with me how fortunate he feels to be so successful with such chronically ill patients. Here is a snapshot of what he covered.

All of us harbor viruses, bacteria, dysbiotic organisms sometimes even parasites, but the million dollar question is: What causes the organisms in some people to multiply and in other people their immune system keeps



everything in check? Part of the answer comes from the French microbiologist Antoine Bechamp. He lived in the late 1800s. He was the primary opponent to Louis Pasteur, who championed the germ theory.

Bechamp compared bodily fluids to soil and asserted, if the soil was healthy, our body was able to maintain homeostasis and fight any infection. But if the soil or internal terrain was compromised our body was limited to what it could fight.

Interestingly, it has been rumored that Pasteur said

on his death bed that Bechamp was correct. The gorilla in the room when it comes to the internal terrain revolves around pH.

Dr. Alex Vasquez clarifies the pH discussion by stating most people are talking about mild acidosis. You can see a webinar as he discussed the effects of mild acidosis on renal deterioration and the formation of both urate and oxalate stones.

Dr. Vasquez also links osteoporosis, insulin resistance, hypertension, hypercortisolemia and sarcopenia to

mild acidosis. But Dr. Peterson discussed three areas that Dr. Vasquez does not highlight.

First, our body maintains its pH by drawing on minerals stores as buffers. The main ones are sodium, potassium, calcium, and magnesium; but trace minerals are also used as buffers to a lesser extent. Here's the point, "an acidic chemistry creates or at least maintains a mineral depleted condition."

We know chromium and magnesium are essential for healthy insulin regulation. So you can see how an acidic chemistry can be a major factor in insulin dysregulation.

Second, an acidic chemistry will reduce the amount of oxygen hemoglobin molecules can carry, particularly, to distant tissues. Over time this phenomena can create a hypoxic condition. What thrives in an atmosphere with less than optimal levels of oxygen? You guessed it fungus, bacteria, virus and according to the Warburg theory even cancer. And as you might expect these bugs give off acidic byproducts as they maintain their life cycle which further adds to the acidity load.

Finally, mild acidosis creates excess oxidation. We need a balance of both oxidation and reduction for optimal health but an excess of oxidation can overwhelm natural antioxidant mechanisms and create cellular damage and ultimately tissue damage.

So when your patients come in with pain and inflammation, remember that an acidic chemistry can be an underlying issue that fuels and maintains their symptoms.

Dr. Peterson uses pH paper and tests both saliva and urine. Although readings throughout the day give important information, first

morning urine readings are the most valuable. You see, our bodies store excess acids in cells throughout the day. But at night our bodies strive to restore homeostasis so they dump acids back into blood and lymph which is picked up with first morning urine.

Shifting to infections, Dr. Peterson uses a CBC with differential as an indicator for hidden infections. In his webinar, he discusses infections in more detail and gives therapeutic recommendations. Here are a few of the indicators he uses. If WBCs are under 5.00 or if the lymphocyte percentage increases close to the neutrophil percentage, there is a chronic stress on the immune system, probably a virus. Dr. Peterson also finds the optimal level for monocytes is closer to 7.00%.

So if any of these indicators are outside these ranges, he is aggressively looking for and treating infections.

Among other things insulin dysregulation has been linked to environmental toxins and processed food. This is why clean food has to be at the core of every nutritional program. It's one of the reasons why I like to use the NutriClear Plus program first. Not only does it begin the process of addressing an acidic chemistry, smoldering infections and insulin dysregulation, but it is laid out in an organized, systematic way. It introduces patients to an anti-inflammatory diet and allows them to experience a higher level of health.

Once they feel a reduction in their symptom burden they are excited to take the next step. Click to the right to see Dr. Peterson's webinar. He ties a lot of clinical loose ends together. I know you will enjoy it. I did.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.