Allopathic Nutrition vs. Metabolic Nutrition

(by Harold J. Kristal, article from the *Townsend Report*, reprinted with permission)

Most nutritionists today practice allopathic nutrition. I will describe a few examples. Calcium is usually prescribed to individuals with osteoporosis. Niacin is often prescribed for high cholesterol or poor circulation. Vitamin B-6 is frequently prescribed for circulatory disorders. In each case, a nutrient is utilized as a "universal" treatment for a given condition. These various supplements are prescribed to treat the disorders often with total disregard for the unique qualities that make up each individual's metabolism. This is an allopathic approach to nutrition. What is so confusing and confounding about nutrition today is that many people are helped by these protocols and many are not helped. Some, perhaps, are made worse. Why is this? Today I begin to understand why. The late Dr. Roger J. Williams, noted biochemist from the University of Texas and discoverer of pantothenic acid, stated that we are all biochemically unique. I now understand that these biochemical differences define an individual's Metabolic Type. My experience has lead me to believe that it is the difference between Metabolic Types that is responsible for the actuality that, when it comes to nutrition, what makes one person better can actually make someone else with the same condition worse.

Understanding the following premises and facts offers a simplistic basis for this idea:

1. Ideal venous blood pH reflects the biochemical balance and metabolic efficiency in the fundamental homeostatic control mechanisms. The ideal venous pH is 7.46. Below this figure is acid, above this figure is alkaline. If one's blood pH were to be in the proximity of ideal, then optimum absorption and utilization of micro and macro-nutrients will take place. The further one's pH deviates from the ideal, the less efficient will be the absorption and utilization of these nutrients. This is when allergies, fatigue, digestive disorders, and a multitude of other disease conditions can occur.
2. Metabolism can be defined as the total life-supporting chemical and electrical reactions that take place in a cell or organism. The rate of oxidation and the affect of the autonomic nervous system are, I believe, two fundamental homeostatic control mechanisms that define Metabolic Types.
3. The Oxidative types relate to the oxidation rate-the speed at which the intracellular conversion of nutrients to energy occurs. The three classifications derived from the oxidation rate are the Fast Oxidizers (acid blood pH), Slow Oxidizers (alkaline blood pH), and mixed oxidizers.
4. The Autonomic types relate to the two divisions of the autonomic nervous system (ANS), the master regulator of metabolism. The three classifications derived from the ANS are the Sympathetic, Parasympathetic, and the Balanced types.
5. Most individuals are dominant in one of five metabolic categories:
   a) Fast Oxidizer
   b) Slow Oxidizer
   c) Balanced (Autonomic)/Mixed (Oxidative)
   d) Sympathetic and
   e) Parasympathetic.

Keep in mind that acid or alkaline blood pH can be due to either the influence of the oxidative system OR the autonomic system. ***The significant difference between these two systems is that most foods and most nutrients that acidify the Oxidative types actually alkalize the autonomic types, and foods and nutrients that alkalize the oxidative types acidify the Autonomic types!***

This phenomenon is scientifically and factually proven. It is not theory, but fact. It was first observed by W.L. Wolcott of Healthexcel in 1983 and formulated into his principle called The Dominance Factor.[1] This essentially states that the effect of any food or nutrient on biochemistry is not due to an inherent quality of that substance, but rather to the Dominant fundamental control system, e.g., Autonomic or Oxidative, being affected in the person's biochemistry. This explains why a given nutrient can have

different effects in different people. This also explains why what works for one person with a given condition may not work for another person with the same condition.

Because any nutrient can be acidifying or alkalizing, stimulatory or inhibitory, depending upon one's Metabolic Type, when health practitioners use nutrition to address disease states in humans without taking into consideration their Metabolic Type, ***it is an allopathic approach***. The success or failure of the treatment is hit-or-miss, a matter of chance and not predictability. Whether the treatment is right or wrong will depend, I believe, on whether (or not) the recommendations are suitable for the person's Metabolic Type. Keep in mind, most foods and supplements are either acid or alkaline forming in one's body dependent upon the dominant system. An example of this is giving calcium to a person with osteoporosis; it would be great for the Fast Oxidizer (acid type) but would compound the problem for the Slow Oxidizer (alkaline type). It would also be good for Parasympathetic dominants (alkaline types), yet would be bad for Sympathetic dominants (acid types). The reason being that calcium is alkaline forming in the Oxidative types and acid forming in the Autonomic types.

One has to think of balancing the venous blood pH. Homeostasis is the body regulating the metabolism optimally. In people with bone loss, there is a problem with calcium ***metabolism***, meaning that one can have either ***too much*** calcium or not enough. Because Fast Oxidizers are too acid, and calcium is alkalizing in Oxidative Dominants, Fast Oxidizers with bone loss need calcium supplements. However, Slow Oxidizers with bone loss, who are already too alkaline, actually need to ***limit*** calcium intake and ***increase*** potassium, magnesium, and manganese (as they are acid forming in the oxidative system) to improve the utilization of calcium of which they already have adequate or even too much.

Determining, ***first***, the Metabolic Type and ***then*** making nutrient recommendations to address the underlying imbalance in the fundamental homeostatic mechanism ***is a metabolic approach*** to nutrition. On the basis of this research, I believe it can be said that, today, it is unscientific and insufficient to practice nutrition allopathically. One can first understand the Metabolic Type of the patient and thus practice ***metabolically***.

I wish to reiterate that when the patient is balanced metabolically I see many disease symptoms subside. This includes chronic conditions with no (previously) observable cause. Allergies that a person might have had for years disappear. Fatigue problems will be alleviated. Digestive disorders most likely will be ameliorated. This is because the body will now utilize its nutrients optimally. However, it is important to understand that in none of these instances is the condition itself being treated. Rather, the imbalance in the underlying homeostatic control mechanism-the Metabolic Type-is addressed.

W.L. (Bill) Wolcott and I have evolved a new protocol on the principles of Metabolic Typing. The foundation for the protocol was laid by many great scientists of which I will enumerate three. It is very difficult to do justice to the monumental contributions Francis Pottenger, M.D., George Watson, Ph.D., and William Donald Kelley, D.D.S., made to the fields of health, nutrition, and medicine. The result of their combined foresight and brilliant research serves as the foundation for an evolving new nutritional analysis and delivery system which holds the promise of changing the way nutrition, and potentially medicine, will be practiced in the future. Bill Wolcott and I have been working synergistically for the past two years and have jointly evolved a protocol based upon his discovery of The Dominance Factor, current research of our own, and the past research of these great scientific minds.

Whenever most people hear the name Francis Pottenger, they automatically think of Pottenger's Cat Studies. Indeed, the cat studies were most valuable for their contributions to understanding the influences of certain nutrients, or lack thereof, on processes of growth, reproduction, and degenerative conditions. Probably of equal importance, though not as widely known, Pottenger carefully delineated in his ***Symptoms of Visceral Disease***,[2] the relationship of nutrition to the sympathetic and parasympathetic divisions of the autonomic nervous system. Further he illuminated the autonomic influences as essential components in defining metabolic individuality. From his valid and reproducible research[3], we have extrapolated many of his findings and built them into our metabolic testing protocol. Dr. Francis Pottenger is truly the father of the neuro-endocrine aspect of Metabolic Typing.

George Watson, Ph.D., was a full professor at the University of Southern California. His biochemical research career spanned from 1950 to the mid-eighties. His research encompassed the role of biological oxidation in defining metabolic individuality, particularly as relates to psycho-chemical states and personality disorders. The oxidation rate, as he describes it, is the rate of intracellular conversion of nutrients to energy, involving glycolysis, Kreb's/citric acid cycle and beta oxidation. Through his objective testing, he classified people as being fast, slow, or sub-oxidizers. Fast Oxidizers produce an acid venous blood pH, and Slow Oxidizers produce an alkaline venous blood pH. He found that manifestations of physical and psychological imbalance occur when the venous pH deviates too far from the optimal pH of 7.46. He states that when metabolism, as reflected through oxidation and venous plasma pH, is too far out of balance, the patient is more susceptible to disease. His book, ***Nutrition and Your Mind***,[4] eloquently describes his fascinating research. The turn-around that he effected with many of his patients is phenomenal. I practiced nutrition founded upon his approach for many years. From a statement set forth in his research, I subsequently developed a mini-glucose tolerance test to determine acid-alkaline balance and its relationship to the oxidative processes. Dr. Watson's oxidative research is of equal importance to Dr. Pottenger's neuro-hormonal research in Metabolic Type Testing.

William Donald Kelley, D.D.S., is not a forgotten man. He lives in the hearts of many of his patients who are alive today because of his nutritional protocols based on his system of analyzing metabolic individuality. Today, Bill Wolcott and I have great admiration for this creative mind of science. Witnessing in his patients and realizing the deep import of the age-old adage that "one person's food is another's poison," Kelley was the first to utilize computer technology to analyze components comprising metabolic individuality. Based upon Pottenger's original work with the autonomic nervous system, Kelley developed a systematic, testable, and repeatable means of determining one's Metabolic Type based exclusively on the autonomic nervous system for the purpose of delineating the appropriate nutritional protocol[5]. Today, Kelley is not recognized in the traditional circles of medicine, although he truly deserves this recognition. One of his patients who is now a patient of mine was diagnosed with leukemia in 1972. She was advised to have the traditional chemotherapy but sought alternative treatment instead. She saw Dr. Kelley in 1972 and sustained a full remission. Had she been treated with the traditional chemotherapy, she probably would no longer be with us today. This is the legacy that Dr. Kelley leaves with all of us.

Why is the legacy of these three scientists so important? Separately, each of them broke through the limitations of research current at the time to make a unique discovery; but, taken together, these three discoveries give us a fuller sense of the complexities of the human metabolic system. I wish to pay tribute to these researchers as they represent the cornerstone of our research in Metabolic Type Testing.

To learn what type one is, we have developed a simple, accurate methodology utilizing a modified glucose tolerance test along with other simple objective indicators and a dietary, physical, and psychological questionnaire. From this I can customize an appropriate diet and make nutritional recommendations. This answers a person's most basic question, "What should I eat?" "What are the right foods for me to sustain or nurture good health?" It is ironic that, as a member of a dedicated and esteemed body of nutritionally minded doctors and health practitioners, until now I have had no definitive means of making dietary recommendations-which are the absolute foundation of health. It has been a matter more of trial and error than of science. Note, whereas the Slow Oxidizer and the Sympathetic dominant types cannot have a diet heavily weighted in protein and fat, the Fast Oxidizer and the Parasympathetic types should eat these foods liberally. Most foods and supplements have different biochemical actions on each of these Metabolic Types. For example, potassium will acidify the blood in certain Metabolic Types (Oxidative) and alkalize other types (Autonomic).

A few of my case histories will depict a metabolic approach in action. The method is ***to address the underlying fundamental homeostatic control mechanism-the Metabolic Type***.

The first is a fifty-one year old semi-professional male bike racer. For the last ten years, his health and energy patterns were excellent during the months of March and April. Toward the very end of April, his energy would diminish and he was not able to ride competitively for the rest of the year. He sought

medical help from all over the United States. He was given gamma-globulin injections, hormone therapy, and hyperbarics. Specialist after specialist treated him with no success.

He struggled with this problem for ten years and was about to give up bike racing when he chanced upon a referral to my office. He requested an interview first, as his experience with other doctors had been so unrewarding. He asked very perceptive questions and actually grilled me on the possibility of any success. I could not guarantee any predictive success but did offer him hope that there was a good chance improvement could be obtained through metabolic testing and balancing. He reluctantly decided to go ahead, and what was accomplished changed his life.

Tests showed that in March and April of each year, his dominant system was autonomic Sympathetic. Through his hard exercise, he was exhausting his Sympathetic dominance and transferring to the Oxidative Metabolic Type, becoming a Fast Oxidizer. What is required for him at this point is a complete change in diet and supplements. For two months of the year, being Sympathetic dominant, his diet would consist of low purine-type proteins, low fat, and high complex carbohydrates. During the remainder of the year he required a completely opposite diet-one higher in purine-type proteins, higher in fats, and low in complex carbohydrates to support his Fast Oxidizer dominance. Supporting nutrients for his Metabolic Type changed as well. I had phenomenal success with this patient, and he is now able to race all year long.

Another patient was a sixty-nine year old lady with breast cancer. She had been treated with radiation and chemotherapy following a lumpectomy. Upon being dismissed, she was reassured that it had been successful and that the problem would probably never reoccur. One and one-half years later, the cancer reappeared. She was told that she would have to go through the same treatment as before. She refused to repeat the treatment again, having experienced it as an ordeal. She was then referred to me for nutritional reinforcement. I informed her that I do not treat cancers, and she should continue to be monitored by her physician. She agreed and I proceeded with metabolic testing.

Her blood via the glucose tolerance test proved to be extremely alkaline. I balanced her pH to near ideal with an acid forming diet for her Metabolic Type, put her on a strict regime of pancreatic enzymes, used selected anti-oxidants (which vary dependent upon Metabolic Type) and checked her every two weeks. After being on my nutritional protocol for three months, I advised her to have a thorough checkup by her physician. I might note here that during her treatment with me her energy level had improved and she was not as sickly as she had been. The hospital oncology unit examined her and informed her she had no evidence of any cancer, and she was in remission.

Another case history: a sixty-three year old woman who suffered from high cholesterol and fatigue. Her blood pH was alkaline (I thought due to being a Slow Oxidizer) so I put her on an acidifying dietary and supplement regime. When she returned in two weeks she said she was feeling worse. Upon checking her blood pH, sure enough, she had become even more alkaline. This could only mean that she was Parasympathetic dominant. (I always recheck a patient after 1-3 weeks on the protocol to ensure the determination of the Metabolic Type is accurate.) I changed her diet to fit the Parasympathetic profile along with proper amino acids and fatty acids. In two weeks, she reported for another testing and her pH was ideal. She also told me she felt much better and was encouraged.

She called back five weeks later and told me her cholesterol had dropped forty points, the lowest it had been in ten years. (This improvement in blood lipid content is frequently seen when a person is metabolically balanced.)

Another patient is a sixty-seven year old man. He was slightly overweight and he had high cholesterol and high triglycerides. His physician had put him on blood pressure medication and suggested a highly vegetarian diet with little fats. He heard about the work I was doing and scheduled an appointment for nutritional recommendations.

For the last several readings his cholesterol was 216, 219, 240. His triglycerides had been 138, 106, and 115. Mind you, he was eating a vegetarian diet. I tested him through Metabolic Type Testing and found that he was a very Fast Oxidizer (acid blood). I explained that my focus was to balance his blood pH, and for his type this entailed a diet higher in purine-type proteins and fats. Although he felt that, together, we were "flying in the face" of popular belief, he had seen insufficient results thus far.

After 3 months, he had his next test and informed me that his cholesterol was now 198 and triglycerides were 69. Additionally, he has lost weight, is more energetic, and his knee problems are somewhat alleviated.

The following two cases will illustrate the specificity of Metabolic Typing:

A 70 year old man, 100 lbs overweight, visited the office. Metabolic Testing revealed him to be a Slow Oxidizer. This Metabolic Type requires a diet rich in low-purine proteins and low in fats. Although he was already on a vegetarian diet, he was choosing vegetables that were higher in purines (spinach, artichokes, lentils) and was eating a higher percentage of fats than was right for his type. Adjusting his diet, and supplementing with nutrients supportive to his Metabolic Type, I addressed the underlying homeostatic imbalance. He lost 7 lbs within the next 20 days.

From an allopathic approach, one could think, "Well done," and make similar recommendations for all patients desiring weight loss. Not so.

A 17 year old high school student, was brought in by his parent. He weighed 220.8 lbs with body fat of 50.8, was not that tall, and couldn't compete in athletics. Testing confirmed him to be a Fast Oxidizer. The appropriate protocol for him included a diet higher in purine-type proteins, higher in fats, specific vegetables, along with nutrients to support his Metabolic Type. In addition I recommended supplemental essential fatty acids, digestive enzymes, and garcinia cambogia 1/2 hour before each meal. One month later, his weight had gone from 220.8 to 201.

He lost almost 19 pounds and his body fat dropped to 42%. He dropped over 8% body fat and he was feeling very well. He is continuing to lose weight and participates in highschool athletics.

These two cases illustrate why treating symptoms succeeds by chance, and how addressing the underlying imbalance (the Metabolic Type) affords a predictable treatment outcome.

One patient, a lovely 15 year old girl was brought in by her parents. She was inundated with acne pustules all over her body. She also had asthma. For five years, her parents sought help, from both doctors and nutritionists, to no avail. Through Metabolic Testing, I determined her to be an extremely Fast Oxidizer, along with other imbalances, including a zinc deficiency. I recommended the appropriate diet and supplements for her Metabolic Type which included essential fatty acids and supplemental zinc. She promised to be diligent, including desisting sugar consumption.

Three weeks later, she had improved over 50%. Each subsequent visit she progressed, and by 6 months she had improved 90-95%. She no longer has asthmatic attacks and does not need an inhaler.

This is an interesting case to further illustrate a metabolic versus an allopathic approach. On the surface, one could say that I had used zinc allopathically, since it is commonly used for skin problems. (It is also common for zinc supplementation to result in a positive effect in some and no effect in others.) From a metabolic approach, I knew that additional zinc would be appropriate for her Metabolic Type. In a Fast Oxidizer, zinc would assist in bringing the underlying imbalance into accord. (The deficiency, itself, likely stemmed from an inability to utilize zinc due to the metabolic imbalance.) If she had been a Slow Oxidizer, zinc would further exacerbate the fundamental imbalance, thus it would have been an incorrect supplement to use. If a Slow Oxidizer were to take zinc supplementally, that person would not be able to metabolize it, and it would likely require supplementation of a cofactor in zinc metabolism, not zinc itself.

Likewise for essential fatty acids. Her particular Metabolic Type requires a greater amount of EFA's than do other types, and this I was able to determine. This case gets to the crux of why to use a metabolic approach vs. an allopathic one. The same treatment for the same condition would not have been effective in a different Metabolic Type. I could go on and describe others, but I believe these few case histories illustrate the amazing power tool metabolic testing can be.

It has been the focus of this essay to illustrate the need and basis for a metabolic (not allopathic) approach to nutrition, to describe the basis for metabolic testing, and to give credit to and express my respect for the gifted scientists from whose wonderful findings all can prosper through a lifetime of good health and well-being.

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[1] Wolcott, W.L., A Theoretical Model for Clinical Application of the Intimate Relationship Between the Autonomic Nervous System and the Oxidative Rate in the Determination of Metabolic Types and the Requirements of Nutritional Individuality, 1983.
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[3] Price-Pottenger Nutritional Foundation, P.O. Box 2614, La Mesa, CA 91943-2614.
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[5] Kelley, William Donald, D.D.S., The Metabolic Types, Kelley Foundation, 1976.