

Finding Natural Support For Restless Legs Syndrome

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When you find a drug that works for a patient's specific condition, chances are pretty good that if you apply the principles of "how the drug works," you can get the same or better results using natural substances. Let's use this principle with restless legs syndrome because the recommended pharma cocktails have some pretty serious side effects.

I have two protocols for you to consider but let's apply the "understand what the drugs are doing principle" because they dovetail with the protocols.

Here's an example of how the NIH describes restless legs syndrome (RLS). You can see a link to the right for the complete blog. "Restless legs syndrome causes unpleasant or uncomfortable sensations in the legs and an irresistible urge to move them. The sensations in their legs are often difficult to define but may be described as aching throbbing, pulling, itching, crawling, or creeping. It is, however, best characterized as a neurological sensory



disorder with symptoms that are produced from within the brain itself."

By the way, any time you hear neurological condition, I hope you think B12 and folate especially since people are taking so many PPIs; their HCL is reduced so they are not getting enough B12 from their food; and we know they don't eat enough greens, the principle source of folate.

Anti-seizure drugs are becoming the first-line prescription drugs for those with RLS, anti-seizure drugs... hmmm. When I hear the word seizure I think of over excitation in

the brain. The main neurotransmitter responsible for over-excitation is glutamate. B6 and magnesium are two cofactors that assist in converting glutamate to GABA, the brain's chief inhibitory neurotransmitter.

There is a natural form of GABA that crosses the blood brain barrier called phenibut available from Biotics as PheniTropic. The second major class of drugs are dopaminergic agents.

The FDA has approved three different agents to treat RLS. Long time viewers know B6 is needed to convert tyrosine

to L-dopa and ultimately dopamine. Also there is a new botanical product that is a plant based source of L-dopa, mucuna pruriens available from Biotics as DopaTropic Powder. The next class of drugs is opioids, sometimes prescribed to treat individuals with more severe symptoms.

I have heard Dr. Vasquez say many, many times when you have someone with chronic pain, fix the gut. The dysbiotic bacteria cause a sensory disorder, where the perception of pain is intensified. He actually wrote a book on migraines and fibromyalgia where he discusses in detail the mechanism of how the gut bacteria affect mitochondrial function particularly brain mitochondrial function. The only way to fix the sensory disorder is to fix the gut.

So, let's consider the two different protocols for RLS. Both suggest that the patient follow an anti-inflammatory diet. They both suggest checking for iron. A small percentage will have low iron. Depletions of iron will cause hemoglobin levels to decrease thereby creating hypoxic tissue conditions at rest which may be the ultimate cause. Check both serum iron as well as ferritin.

The first protocol comes from Dr. Eidenier. He says it will fix the problem 50% of the time in 21 days, and if it doesn't fix the problem, move on and try something else. For RLS, Dr. Eidenier recommends B12 2000 lozenges dissolved in the mouth, not chewed, one QID.

Each B12 2000 lozenge contains 2,000 mcg of hydroxocobalamin, 2 mg of B6 as p-5-p and 800 mcg of folate.

Use Folate-5 Plus, a 5 mg folate tablet, one QID, or 5-MTHF Plus Forte, a methylated form, at 1 bid.

Also, magnesium, as Mg-Zyme (magnesium) at bedtime to bowel tolerance. In other words, start with four tablets and add one tablet per

day until the patient gets diarrhea then cut back one tablet.

Iodine as Liquid Iodine Forte twenty drops a day, E-Mulsion 200, one capsule daily. In addition, patients should be using 2-4 grams of a pure EFA like Optimal EFAs or SunFlax Caps.

Dr. Peterson goes for the gut on every patient. For RLS, Dr. Peterson recommends, an Indican Test to assess for leaky gut. He then uses Caprin, 4 tid and ADP, 4 tid for gut clearing.

He supports muscle conductivity with Bio-CMP a combination form of calcium, magnesium and potassium, 3 tablets tid.

If the patient has lost their passion for life and seems disinterested in activities that normally bring joy, add DopaTropic Powder, 1 scoop bid with the gut healing program.

After 30 days if the patient is not responding to care, take the time and do a Lowenberg Test to see which minerals may be underlying the muscle activity.

Minerals are essential for muscle conductivity and the Lowenberg Test can help identify which minerals beyond magnesium, calcium or potassium may be short circuiting the process. You can see a link to a discussion of the Lowenberg test to the right.

Dr. Peterson adds, if you don't see results after 60 days, add a form of natural GABA, PheniTropic 2-3 capsules at bedtime.

Understanding how drugs work and then applying those principles to nutrients is an interesting way to deal with complex cases. I hope these protocols shed light on future cases.

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