

Relative Nutritional Deficiency (RND) associated or induced serotonin and/or catecholamine conditions

OBSESITY

Decreased life expectancy
 Diabetes (Type II) →
 Heart disease
 Increase incidence stroke
 Sleep apnea
 Knee problems
 Back problems
 Increased rehabilitation time
 Increased rate of injuries
 Female fertility problems
 Gynecologic irregularities
 Gouty arthritis
 High blood pressure
 Hiatal hernia
 High cholesterol →
 Increased lung infections →
 Increase in gastric ulcers
 Chronic pain
 Fibromyalgia
 Myoclonus

Type II DIABETES (Goes away with weight loss)

Decreased life expectancy
 Increased infections
 Diabetic neuropathy
 Kidney failure
 Macular degeneration
 Heart disease
 Foot ulcers
 Therapeutic amputations
 Disability
 Increase incidence of stroke
 Impotence

HYPERTENSION HYPERCHOLESTEROLEMIA

Decreased life expectancy
 Heart disease
 Stroke
 Kidney failure
 Vascular disease
 Ischemia

INCREASED CANCER RISK

Increased colon cancer
 Increased uterine cancer
 Increased breast cancer

ALL the problems listed above are caused by or exacerbated by eating too much food (obesity).

At the heart of all these diseases is obesity (eating too much food). The only way to lose **significant** weight is to eat less food (decreased calorie intake). Serotonin and norepinephrine control the appetite center of the brain. The only drugs which control appetite and allow the patient to eat less food comfortably are the anorectic class of drugs in pharmacology. All of these drugs are serotonin and/or norepinephrine reuptake inhibitors.

OTHER DISEASES

DOPAMINE DOMINANT

Parkinson's disease
 Restless Leg Syndrome

NEEDS DOPAMINE CHALLENGE

Adrenal fatigue
 Alcoholism
 Allergies / histamine driven
 Allergy induced asthma
 Multiple chemical sensitivities
 Peanut or other food allergies
 Urticaria, chronic recurrent
 Bipolar
 Essential tremor
 Rule out Parkinson's disease
 Fatigue (negative metabolic workup)
 GI disorder:
 Crohn's
 Irritable bowel disease
 Ulcerative Colitis
 Hormone dysfunction
 Cortisol dysfunction
 Premenstrual Syndrome (PMS)
 Lyme disease
 Psychotic illness
 Schizophrenia

SEROTONIN DOMINANT

Addiction
 Alzheimer's (dementia)
 ADD
 ADHD
 Autism

Cognitive deterioration
 Chronic neurotransmitter depletion:
 Chronic illness
 Chronic pain
 Chronic stress
 Depersonalization disorder
 Depression
 Eating disorder (anorexia / Bulimia)
 GABA dysfunction
 Anxiety
 Glutamate regulation
 Panic disorder (attacks)
 Stiffman Syndrome
 Hyperactivity
 Insomnia
 Obsessive Compulsive Disorder (OCD)
 Organ system dysfunction
 Phobias
 Post-traumatic stress disorder (PTSD)
 Seasonal affective disorder
 Social anxiety disorder
 Serotonin driven cardiac disease
 Tension headaches
 Tourette's Syndrome
 Traumatic brain injury
 Trichotillomania

If on level 3 dosing symptoms of the following are present the differential diagnosis needs to be revisited.

Fibromyalgia
 Migraines
 Abdominal
 Headache
 Atypical