

Surprising New Research

Alzheimer's | Parkinson's | Multiple Sclerosis

“New research shows low uric acid is associated with Parkinson's and other neurological diseases such as Multiple Sclerosis, Alzheimer's, Huntington's, and Optic Neuritis.”

Elevated levels of uric acid are known to be a component of the inflammatory process as seen in gout, rheumatoid arthritis, cardiovascular disease, hypertension, metabolic syndrome, and renal disease, but new research shows low uric acid is associated with Parkinson's and other neurological diseases such as Multiple Sclerosis, Alzheimer's, Huntington's, and Optic Neuritis. You see, normal levels of uric acid are an established antioxidant, so it has definite protective value. Lower levels of uric acid do not offer the same protection. But if it's an antioxidant, how can elevated levels cause oxidative damage like gout or rheumatoid arthritis?

Dr. Richard Johnson, author of the book, The Sugar Fix, described it this way, “Outside the cell with normal levels, uric acid is an antioxidant, but when uric acid levels are elevated, uric acid seeps into the cell and becomes a pro-oxidant.” So, outside the cell, uric acid is an antioxidant, and inside the cell, it can become a pro-oxidant, triggering inflammation.



Here's an interesting 30-year prospective study known as the Honolulu Heart Program that supports this theory. Serum uric acid levels were evaluated in 7,958 males; of those 92 developed Parkinson's. It was later determined that many of the subjects diagnosed with Parkinson's had uric acid levels that were well below the mid-line of the laboratory range. Other studies on Parkinson's patients confirmed this information, and it was also confirmed via post-mortem examination on Parkinson's patients.

Although the study did not investigate causative factors with reduced uric acid, both

the literature and clinical evidence indicate that decreased uric acid can be an indication of molybdenum or vitamin B12 need.

I learned years ago from the balancing body chemistry group that when uric acid is decreased below 3.0 and the MCV is increased over 89.9 and the MCH is increased over 31.9, the pattern suggests a vitamin B12 need as in B12-2000 Lozenges. However, when the uric acid is decreased below 3.0, with a normal MCV/MCH, this pattern suggests a molybdenum need as in Mo-Zyme Forte or TolerAid. Keep in mind that the pattern suggesting Mo-Zyme Forte/TolerAid

need is frequently seen with sensitivities to wine, sulfites, prepared meats, baked goods, and chemicals in general, etc.

Years ago, my friend and colleague, Dr. Harry Eidenier shared an interesting story that has great clinical value. He and Dr. Sheldon Nelson, a professor at Michigan University, wanted to see which agents would dissolve urate crystals the fastest in a petri dish at the university. Urate crystals are not only present with gout but common with swollen spinal discs. Quoting him from an email, "We tried many things, but the two that worked the fastest and most frequently were lithium and folate. Hence, in all of the Balancing Body Chemistry manuals where gout is a subject, lithium and folate are among the primary support. This is not to say that black cherries, Intenzyme Forte, etc. don't work. As a matter of fact, we have seen cases where 10 tablets on an empty stomach 6 times a day (60 tablets), when other supplements for inflammation did not work, Intenzyme Forte at this dose ameliorated the pain and other subjective indications associated with gout in two to three days. Lithium as Li-Zyme Forte at a high dose (2 per waking hour) and folate at 25 mg a day also proved very effective."

Dr. Eidenier also stressed the importance of a urine test to identify the type of calculi before treatment. Is it oxalate, urate, or carbonate? Some nutrients like B6, magnesium, iodine, EFAs, and vitamin D are valuable regardless of the composition of the stones. However, if the composition is urate, this therapy will not help unless lithium and folate are present. With carbonate calculi or oxalate calculi, ortho-phosphoric acid as in Super Phosphozyme is essential, but is unnecessary with urate calculi. Urinary pH measured over six days must also be considered.

I have included 2 studies linking the poor utilization of folate via MTHFR reductase snips to elevated levels of uric acid. Also, to learn more about blood chemistry, see the link to Dr. Greg Peterson's course.

To me, this field is exciting. We get to be Sherlock Holmes every day as we look at the clues and develop a plan to relief pain and suffering. More people are looking for someone to help them optimize health rather than rely on pharmaceutical agents with side effects.

Thanks for joining me today. I look forward to seeing you again next Tuesday.