

IRON OVERLOAD SYNDROME

Iron oxidation (iron overload syndrome) is a **VERY SERIOUS** condition where there is too much iron in your system.

Too much iron leads to the loss of magnesium, which causes underlying inflammation and pain among other symptoms! ATP (the energy molecule in your cells) doesn't work unless it is complexed with magnesium. Left uncorrected, it can lead to cancer.

Common symptoms if the condition advances include:

- Inflammation
- Chronic Pain
- Numbness
- Tiredness or fatigue
- Weakness
- Weight loss
- Abdominal pain
- High blood sugar levels
- Hyperpigmentation, or the skin turning a bronze color
- A loss of libido, or sex drive
- In males, reduction in the size of the testicles
- In females, reduced or absent menstruation

In time, the following conditions may develop:

- Cancer (Simply Google “iron overload and cancer” or “high iron and cancer”)
- Arthritis
- Liver disease or cirrhosis (permanent scarring) of the liver
- Enlargement of the liver
- Diabetes
- Enlargement of the prostate
- Thyroid disorders

- Heart disease
- Pancreatitis
- And other chronic health conditions like high cholesterol, stroke, diabetes, kidney disease, lung disease, etc.

FERRITIN BLOOD TEST A simple blood test known as a ferritin test is the first step to determine if you have high iron stored in your body. **A normal FUNCTIONAL (not lab) ferritin level should be between 20-50.**

Here are the links (in descending order of importance) to the supplements that will help you lower ferritin.

IF it doesn't work, we may have to dig deeper! What do I mean by "deeper"? If your CBC with diff reveals underlying toxins and infections, they will need to be addressed for you to be healthy!

Please keep in mind that hematologists are CLUELESS on how to lower ferritin because all that they know are DRUGS and there isn't a drug to lower it!

IF INTERESTED, I CAN EMAIL YOU LINKS FROM FULL SCRIPT AND OHS—just email me back and let me know...

- **IP-6** (This is the ONLY one that I have found to lower ferritin. Take 2-3 per day and retest your ferritin in 6-8 weeks)
- **ALPHA LIPOIC ACID:** Take 2/day
- **NAC:** Take 2/day

Other possible supplements needed (not all):

- **OPTI PARA** (Contains Artemisia or wormwood to help lower ferritin) Link: <https://drjsupplements.com/opti-para.aspx>
- **DIGESTIVE ENZYME PRO BLEND** (digestive enzymes to help digest fats, carbohydrates and proteins...take 1-2 with each meal)
- **ADRENAVEN** (adrenal gland support...the adrenals are your stress glands...take 2/day)
- **EFA** (This EFA is PLANT BASED so it does not contain the mercury that are in all fish-based EFAs...take 2/day)
- **OPTI METHYL B** (liver support, the liver makes...)

INFLAMMATION MARKERS

- Homocysteine: normal 6-7
- Fibrinogen: normal not above 350
- Ferritin: optimal normal 50-70
- CRP: normal less than 1.0

HERE IS THE COMPLETE BLOOD WORK NEEDED TO ASSESS IRON OVERLOAD SYNDROME:

1. Serum Iron = 100 % Saturation <40%
2. Total Iron Binding Capacity (TIBC) = 285ug/dL for women = 340ug/dL for men
3. Serum Ferritin = 20-50ng/mL (true marker for how much iron is in your body)
4. Serum Transferrin = 300mg/dL
5. Serum Copper = 100ug/dL
6. Serum Ceruloplasmin = ~30mg/dL metric = .35g/L
7. RBC Magnesium = 6.5mg/dL
8. Plasma Zinc = 100ug/dL
9. Hemoglobin USA = 12.5g/dL for women = 13.5g/dL for men
10. Vitamin A (retinol) active Vitamin A = Level should be 3x higher than your vitamin D
11. Vit D (25-OH) 15-30ng/mL Metric = 37.5-75nmol/L
12. RBC = 3.9-4.5
13. HCT = 39-55

Most of the above are in standard blood work (CMP, CBC with diff, Lipid Panel and Thyroid Panel).

What is not in the standard blood work are Serum Copper, Serum Ceruloplasmin, RBC Magnesium, Plasma Zinc, and Vit A.

THINGS THAT YOU CAN DO NOW... STOPS:

1. **STOP** Taking iron supplements, iron fortified foods, anything with 'added iron' --Iron shuts down copper metabolism.

2. **STOP** Taking vitamin D3 supplements or ANY foods fortified with vitamin D --Vit D stops the liver's production of ceruloplasmin. Start taking Cod Liver oil which contains the correct ratio of Vit A to Vit D.
3. **STOP** Taking calcium supplements --Calcium blocks Magnesium and Iron absorption.
4. **STOP** Taking zinc supplements --Zinc will raise iron.
5. **STOP** Taking molybdenum supplements.
6. **STOP** Taking one-a-day multivitamins, pre-natals, etc.
7. **STOP** Taking B vitamins from a bottle (get them from food!)
8. **STOP** Using synthetic forms of ascorbate/ascorbic acid & citrate/citric acid -- Disrupts Cu/ceruloplasmin bond.
9. **STOP** Using high-fructose corn syrup (HFCS) & artificial sweeteners --Lowers liver copper and raises iron in the liver.
10. **STOP** Using industrialized omega-6 oils (e.g. soybean oil, canola oil, etc.)
11. **STOP** Using fluoride (e.g. in toothpaste, water, etc.) --Fluoride decreases magnesium.
12. **STOP** Using colloidal silver as an antibiotic --It lowers Cu status in the body.
13. **STOP** Eating low-fat, high-carb, processed, refined foods --Fat is needed for proper copper absorption.
14. **LIMIT** Exposure to environmental toxins, including unchecked blue light exposure and EMFs from electronic devices.