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What You Should Know About Mixing Medications and Diet

By D.S. Epperson

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"...Medicine is dominated by a conservative inertia in which, for what they conceive of as medical-legal safety, 95% of the entire pack moves forward slowly, and together, to incorporate advances in science...." The Doctors' Medical Library 2004 Ron Kennedy, M.D., Santa Rosa, California.

I had a call the other day from a potential client in a serious situation. He was young and had been diagnosed with CAD (Coronary Artery Disease), suffering from extremely high blood pressure and cholesterol, his doctor had put him on a medication that was suppose to lower and control these symptoms, and he had been on this medication for over 2 years.

During this time, this 24 year old man had developed a blockage in his hand that had become inflamed and eventually ruptured, causing the possibility of amputation. The situation was brought under control using anti-inflammatory means, but he remained on his cholesterol medication without adjustment even after this incident.

About 6 months later, this young man was suffering from another blockage, but this time, it was in a critical area that couldn't be treated without specialization and the local doctors did not have the experience to treat him. These doctors told him that there was no one in the four state area that could serve him, he was desperate and afraid, and turned to me for help.

When he first called, I asked him some questions to help me understand his situation. How old are you?(25) Do you suffer from high blood pressure or high cholesterol? (yes) Does your family have a history of high blood pressure, high cholesterol, heart disease, diabetes or insulin resistance? (yes) Does your family have a history of bowel problems, colon cancer or colon polyps? (yes, my twin brother) What is your Ethnic origin? (English) Are you physically active? (yes, when I can be) Has your doctor put you on any medications? (yes, and he named it) At the time that you were put on this medication, did your doctor recommend a glycemic, low fat, low sodium diet? (no)

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What kinds of foods have you been eating while on this medication? (regular foods, meats, vegetables, potatoes, you know, stuff in restaurants and stuff that is easy to fix at home) With the condition that you currently have, do you suffer from loss of vision or do you have blurred vision? (yes) Are you suffering from migrain headaches? (yes, contantly) Are you sufffering from the loss of motor skills, do you have difficulty walking, chewing, swallowing, lifting, pushing or pulling? (yes) Are these symptoms constant, or do they come and go? (constant) Is this blockage behind your right eye? (yes) What has your doctor recommended? (they have recommended that I be treated elsewhere, because they do not have a specialist here) Have they recommended a place you should go or a specialist that you should see? (no, they haven't told me what kind of doctor I should see) My recommendations were for him to seek help immediately, within the next week.

I suggested that his doctors give him a letter of recommendation to see a Cerebral Neuro–Vascular Surgeon. He and his friends got on the Internet and found a specialist that could fit him in in the next few days in Texas. My fear was that the situation had gone on to long, and that he was in imminent

danger. I told him that when he returned from his surgery, that he should call to make an appointment with me so that we could get his blood pressure and cholesterol under control, so this would not happen again. He asked me why this had happened in the first place, he had taken his medications like they had been prescribed. I explained that when medications are used in the body, they have to not only act, but they are also acted upon.

When you use medications designed to reduce something in the body, you shouldn't add things that would cause the medications to have to compete or work harder to accomplish the goal.

A cholesterol medication that controls the fat in your blood, and then to eat fat, or things that create fat...A diabetic medication to control blood sugar, and then to eat sugar or carbs that convert to sugars...A medication used in the treatment of gout, then to eat things that are high in acid or create acid...These kinds of things can make the medications ineffective, and a waste of time and money. he said that he had been on this medication for two years, and that the cholesterol numbers had never been affected by the medication. I told him that there is a way to lower his cholesterol effectively, using a restrictive diet, exercise, and a few supplements along with his prescription, and that as soon as he returned with relative health, we would start him on his program.

For most people, when they become ill, they go to their doctors in search of a quick fix, a pill or a shot that will make things better instantly, that doesn't require any effort or discomfort on their part. The sad truth of the matter is that "possession" requires "responsibility", and "responsibility requires "action".

D.S. Epperson is the top formulator for Home Blend Gourmet / South Pacific Health, a leader in the functional food industry in the U.S.. With 20 years of experience in Nutritional Biochemistry, she has written reference books on botanicals and manufacturing of medicines from botanicals, and published articles on health, fitness and foods. She has formulated over 240 formulas and inventions for health, the environment and agricultural uses, and continues to research and study microbial advantages in nutraceuticals and functional foods. For more information or to view the articles that she has written:

Asthma Medication

By Roger Thompson

There are several types of asthma medication that can be used to help a patient that is struggling with asthma. Usually, a doctor will prescribe medications from the start of the episodes that seem to be that of asthma. If the medication helps to relieve symptoms, the patient is considered to have asthma. In other cases, medications can be given after the diagnosis has been made that the patient has asthma.

The most common medications for the treatment of asthma are called bronchodilators. These medications are well known as simply inhalers. They are small sized inhaler units that offer a measured dose of the correct medication to the patient, allowing him to receive almost instant help from asthma symptoms. The medications within the asthma inhalers can range. Short acting medications such as salbutamol, terbutaline and bitolterol are some options here. There are older medications that some asthma suffers take. These are adrenergic agonists such as ephedrine tablets and epinephrine in an inhaled form. Ipratropium bromide is another medication that is provided to asthma sufferers. This medication, unlike others, does not have as many potentially drastic health risks.

All of these medications have some type of side effect or can cause potentially life threatening conditions if the medications are used in the wrong way or over used for asthma treatment. Some will cause heart reactions such as high blood pressure and should be monitored closely.

To help a child or an adult to get relief from the asthma that they suffer from, a wide range of medications are available. Usually, these medications will be administered through an inhaler that will allow the medications to instantly enter the airways, opening them up and allowing the asthma symptoms of restriction to vanish. The right medication is something that can take a bit of working out to find the right one for the specific asthma reaction the individual has.

Roger Thompson writes about asthma ,health related issues and jobs for

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