ANEMIA

Anemia is blood that has reduced oxygen and is evident by reduced red blood cells.

It has many forms, each with its own cause; aplastic (reduced bone marrow production), microcytic (lack iron), macrocytic (lack B12/B9), thalassemia & sickle cell (inherited).

Possible Contributing Factors

- Hypochlorhydria (low stomach acid)
- Internal bleeding (long term aspirin use, inflammatory bowel disease)
- Blood loss from heavy menstruation (typically due to estrogen dominance & hypothyroidism)
- Nutrient malabsorption (celiac disease, food sensitivities)
- Pathogens (parasites, yeast overgrowth use iron stores & block absorption)
- Inflammation (mercury toxicity interferes with iron synthesis)
- Long-distance running & intense frequent exercise
- Vegetarian/vegan diets (lack B12, B9, iron)
- Consuming substances that block iron absorption (caffeine, antacid medication, calcium supplementation or calcium-fortified foods, dairy)
- Genetic mutations limiting iron absorption
- Low copper (zinc supplementation competes with copper)
- Mold mycotoxins can block heme synthesis
- Processed and refined diet low in folate/B9 (green leafy foods)

Lifestyle & Dietary Recommendations

- Focus on a whole foods VPF diet with quality proteins, vegetables & healthy fats
- Increase iron-rich foods. Heme sources from animal products are better absorbed and include B12.
- Increase folate-rich foods: leafy greens, lentils, beans, chickpeas, broccoli
- Avoid substances that block iron absorption (see above)
- Avoid long term high dose zinc supplementation (45mg+) without balancing copper
- Raw cabbage juice (150-180ml) for 30 days to support gut healing

Supplement Considerations

- Bio-available B complex
- Heme iron
- Gut healing formula (aloe, slippery elm, marshmallow root, zinc carnosine, glutamine, etc)
- Hydrochloric acid betaine with pepsin (if hypochlorhydria at play & no H Pylori overgrowth)
- Copper if low