



COPD & EMPHYSEMA

What Clients Say & Clinical Nutrition Case Histories

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By Dr. Donna F. Smith

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INTRODUCTION

In sharing both **What Clients Say** and **Case Histories** in this document to demonstrate the improvement experienced by our clients, who had been medically-diagnosed with COPD, Emphysema, Bronchitis, Pneumonia and/or Lung Cancer when they initially started Clinical Nutrition Therapy, **three clients** have been selected because of their **diverse experiences**.

Additionally, because the information on two of these clients required more space than is typical for a client listed on the **"What Clients Say"** web page, this information has been provided in a PDF document and posted on this webpage, thereby, keeping the information posted on the actual "What Clients Say" webpage to a minimum.

Contrary to what many people think, causes of these lung conditions are not always smoking cigarettes, cigars or dipping snuff. Dr. Smith has non-smoking clients who have lung symptoms and dysfunction caused from both short- or long-term exposure to toxic substances at work, home or when in the military, such as mold in their homes, Agent Orange when in the military and chemicals, dust and/or particles of fabrics, metals, glass and other air pollutants in their work place.

BETTY (43y, Wichita Falls, TX) - COPD

"I suffered with the symptoms of COPD for few years before I was referred to Dr. Smith, in six months my lungs were healed and I no longer had COPD."



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ROBERT (83y, Lakeside, CA) – COPD & Lung Cancer

Robert's Health History

Robert had been diagnosed with COPD and Lung Cancer three months prior to starting Clinical Nutrition Therapy as he had been a life-long smoker.

Robert started quite unsure that Clinical Nutrition Therapy could provide what his body needed to improve his lung function, which is typical of many new clients because **Public Health Education** in the **U.S.** is still centered on medicine, not health, nor the benefits of Clinical Nutrition.

With the encouragement of his wife, Robert agreed to start Clinical Nutrition Therapy on a 3-month trial basis. Three months is the amount of time Dr. Smith recommends that all new clients adhere to their Clinical Nutrition Therapy to give it a fair evaluation.

This is because three months is the life-span of the red blood cells, which also represents the minimal amount of time required for the “first” of four levels of healing. In other words, there are four biochemical processes (or levels) the body goes through in its progression towards healing any organ, gland or body system.

Robert, like all clients, started to notice the first signs of improvement in the first 3-6 weeks after starting his therapy; though, “healing” is determined by a **Clinical Nutrition Analysis of Laboratory Reports** from testing biochemistry (blood, urine, hair, saliva, etc.), not by symptom improvement.

Because readers of our website, as well as our clients, are suffering and thus most interested in reviewing the “symptom” improvement that is possible through Clinical Nutrition and Naturopathic therapies, below are two tables showing Robert's symptom improvement. **One is based on Robert's own evaluation and one is based on scientific Nutritional Evaluation.**



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Table 1 and 2 – Robert’s Improvement through Clinical Nutrition

Table 1 summarizes Robert’s improvement in his priority lung-related symptoms (#1 to #4) during the 3-month trial period and needless to say, Robert has decided to continue his therapy. At the time of this writing he is currently in his first two weeks of his fourth month. Table 1 also includes the improvement Robert experienced in his other "priority" health challenges (#5 to #6)..

The numbers in Table 1 have been provided by Robert and represent his numbers for the symptoms that are bothering him the most.

Table 2 - Robert’s lung symptoms in Table 1 represents only those symptoms that bother him the most; whereas, Table 2 represents all of Robert’s lung symptoms, according to Cornell University’s scientific research study on all possible lung symptoms per populations.

Table 1 – Improvement In Robert’s Priority Symptoms

For all clients, the optimal goal for future Table 1 and 2 Evaluation Columns are zero, representing no symptoms and for Lab Test Results to indicate optimal values according to Homeostasis, which indicates cellular, tissue and organ healing results. Homeostasis is perfect health.

Column #3 – This number represents where Robert was before starting therapy to support the cause of the symptom.

Column #4 – This number represents where he was at the end of three months.

Column #5 – These are Robert’s percentages of improvement when comparing his starting numbers to his three-month’s numbers.

Table 1 is on the next page.



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TABLE 1

**ROBERT'S 3-MONTH IMPROVEMENT
ON HIS PRIORITY SYMPTOMS**

No.	Symptoms	Before Therapy	3-Month Evaluation			Percentage of Improvement
			1	2	3	
1	Shortness of Breath	7	5	4	4	30%
2	Dry Cough	8	5	4	3	50%
3	Congestion (Lung/Bronchial)	7	6	6	6	10%
4	Congestion (Nasal)	0**	10**	9	8	20%
5	Left & Right Leg Pain When Walking	7	7	4	2	50%
6	Excess Flatulence	8	3	2	2	60%

Foot Note

**You may be wondering why Nasal Congestion was a zero before therapy and a 10 in the first month of therapy. This is because the therapeutic nutrients provided in his Clinical Nutrition Therapy are helping Robert's body release toxins, infectious tissue and other debris that is embedded in his lung cells and tissue, which are the sources (or causes) for COPD.

The body will use any body opening (nose, mouth, ears, etc.) to release these poisons within when the liver, intestines and kidneys are overloaded by the total level of toxicity inside the body and thus, unable to remove them through these elimination organs. As they are released from the cells and tissue, these poisons irritate the mucus membrane linings, causing the membranes to produce mucus to encapsulate the poisons as a preventive measure so they will not spread to other cells and tissue of the body and so these poisons can be removed through the body openings and elimination organs, whichever, way the body can remove them. This is why it is important to not suppress this outflow of mucus through drugs, but help the body remove the mucus faster through Clinical Nutrition Therapy, so symptoms will improve on their own as a sign of healing and health improvement.

In other words, at some point in the near future, mucus congestion and excess mucus flow through the nasal passage and throat, to move out through the mouth, will stop because there is either no more mucus being produced and/or the liver and kidney functions have improved significantly through Clinical Nutrition Therapy so the body does not have to use body openings like the nose or throat/mouth to release the mucus. So essential to improving any health challenge is improving the GI Tract and kidney/bladder function.



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Table 2 – Improvement In All Lung Symptoms

Table 2 has three percentage columns,

- **Before Therapy** column representing the percentage for Robert’s over-all lung symptoms before starting Clinical Nutrition Therapy
- **3-Month Evaluation** column representing the percentage for his over-all lung symptoms at the end of three months
- **Percentage of Improvement** column representing the total percentage improvement of all his lung symptoms comparing Robert’s **Before Therapy** to his **3-Month Evaluation** percentages. On this scientific Symptoms Evaluation Report, which is titled, the “**Health Appraisal Comprehensive (HAC) Summary BarGraph Report,**” the percentages are categorized in three columns (Mild, Moderate and Severe). Thus, in parenthesis, is the degree of severity indicating where Robert’s over-all symptoms percentage is in respect to these three columns on the HAC Report.

If you would like to see what a complete HAC Report looks like, [click here](#) and enlarge the image of the sample HAC Report where indicated on this webpage.

<u>TABLE 2</u>				
Robert’s Over-All Lung Symptoms Scientific Symptom Evaluation per the Cornell University Research Study				
No.	Symptoms	Before Therapy	3-Month Evaluation	Percentage of Improvement
1	Over-All Lung Symptoms	160% (Severe)	33% (Mild)	127%



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Final Comments About Robert

1. Robert's improvement in Table 1 and Table 2 would be even greater:
 1. If Robert was willing to make the dietary and lifestyle changes that are contributing to the above symptoms, in addition to taking his therapeutic whole food supplements, and
 2. He had been consistent in taking his therapeutic supplements at the actual therapeutic dosages Dr. Smith recommended. Robert on the average consumed only half of the program-recommended dosages. So in reviewing the improvement in Table 1 and 2 that Robert received in his first three months at half-dosages, which when compared to improvement using medicine or other therapies is still quite significant, can you imagine the potential improvement he would have had at full dosages Dr. Smith recommended? Fortunately, less than 1% of Dr. Smith's clients are like Robert, i.e., over 99% of Dr. Smith's clients do adhere to her full dosage recommendations, in addition to making dietary and lifestyle changes, and thus do receive their maximum health improvement potential.
2. Periodically, a few clients, like Robert, are not willing to make the changes in their diet and lifestyle that are causing their symptoms (i.e., illnesses and diseases) until they first experience improvement through their therapeutic supplements, even when diagnosed with a terminal disease, like lung cancer, so Dr. Smith will revisit these subjects with Robert in the near future.

Updates on Robert's continued progress will be posted.



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ROY (46y, Nocona, TX) – Emphysema & Bronchitis

Health History & Improvement From Initial Therapy

At the time of his referral, many family and friends of Roy's were clients of Dr. Smith – His mother, His brother and his son, Roy's nephew, Roy's daughter.² - to list a few. family members. His brother was recorded as the person who actually referred Roy, though he had done this also on behalf of Roy's mother and Roy's wife, who were concerned about Roy's over-all health.

Roy's history included having Bright's Disease at the age of 12, where he developed fluid in his lungs. Today, this is referred to as Acute or Chronic Nephritis. At the age of 46, he had been a smoker for 32 years. He started when he was 14 years old.

At the time of his initial referral he was suffering with a variety of health challenges:

1. **Symptoms included:** frequent viral flu, poor energy, numbness, anal and nose itching,
2. **Organ Dysfunctions:** Heart, Kidneys, and Lungs (Bronchitis and Emphysema)

After Dr. Smith performed **Neuro-Emotional Technique (NET)**, Roy was able to stop smoking three days later.

After two years of Clinical Nutrition Testing and Therapy, therapy was prematurely discontinued as Roy was satisfied with the improvement he had attained by that time, as he...

- No longer had any of the above symptoms and
- Had strengthened the above organs sufficiently to where he was no longer having any recurrent symptoms in these organs, also.

Dr. Smith would have preferred that he continued therapy until a Clinical Nutrition Analysis of his Laboratory Testing indicated he had optimal test results, however, as a **Conditional Care** client, Roy was satisfied with his progress.

Foot Notes

² Roy's daughter, Carol, had the most unusual health challenge of all their family and friends. She suffered with rapid heartbeats and experienced episodes where her heartbeats were so fast that they shook her entire body, similar to body shakes when a person has seizures. You can click here to view [Carol's Case History under Rapid Heartbeat on the "What Clients Say" webpage](#).



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To understand the rest of the information provided on Roy, please read the following sections of this document now and then return here to continue reading.

- “Homeostasis and Optimal Test Values – Defined”
- “Conditional Care and Wellness Care Clients – Defined”

Health History When Therapy Resumed Eight Years Later

Eight years later, Roy, now 54 years old, contacted Dr. Smith again as he had been diagnosed two years earlier with **A1AD-Related Emphysema**. (A1AD is Alpha 1-Anti-Trypsin Disease) Because of severe episodes of Emphysema and Bronchitis, Roy had been in and out of the hospital 17 times in the past 2 years. Because of this, it was evident that Roy would not be living much longer, so Roy called Dr. Smith. Roy was not aware of this inherent disease until the first of the 17 times he was admitted to the hospital.

Dr. Smith assessed that because of his former 32 years of smoking, his physician probably attributed smoking to the lung symptoms and condition that he had prior to starting Clinical Nutrition the first time. Thus, not considering that there was another underlying cause of his lung condition prevented his physician from detecting Roy’s AAT deficiency earlier.

Also, helping Roy stop smoking eight years earlier when he initially received Clinical Nutrition Therapy, his lungs were no longer challenged by the side effects of smoking and thus his body’s innate healing system was able to shift its attention to the effects of AAT. Additionally because his lung symptoms abated and his lung function improved through his Clinical Nutrition Therapy, it took six years after stopping Clinical Nutrition prematurely the first time, for A1A Disease (A1AD) to develop and present lung symptoms severe enough to send him to the Emergency Room where he was hospitalized the first time and when A1AD was finally diagnosed.

-----Foot Notes -----

³ **A1AD-Related Emphysema** is an infrequently recognized form of lung disease caused by an “**inherited**” lack of a **protective protein** called “**alpha 1-antitrypsin (AAT)**.” Everyone inherits two AAT genes, one from each parent. A person has ATT deficiency only if he or she inherits two abnormal ATT genes. The carriers are those who have one abnormal and one normal gene and carriers do not develop **Alpha 1-Antitrypsin Disease (AATD)**. Those with AATD will pass one abnormal gene to their children, who will then be carriers also but will not have AAT deficiency unless both parents of that child have passed an abnormal gene. The test to determine AAT deficiency is called, “**Phenotyping**.”



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Roy's Conditional Care Standard of Health Delayed Early Detection of A1AD

It is interesting to note here that had Roy not been a **Conditional Care Client**, but a Wellness Care Client, he would not have discontinued Clinical Nutrition Therapy prematurely and his AAT deficiency could have been identified earlier.

In other words, Clinical Nutrition Therapy is foundational to assisting the body in healing its organs, glands and body systems and the only factors that can interfere with this is:

- an unidentified hereditary or acquired weakness,
- permanent cellular damage due to injury,
- mental or emotional imbalance perpetuating physical symptoms,
- or the client not adhering to Clinical Nutrition Therapy instructions,

Therefore, at the point when Roy's lung-related test results did not return to homeostasis or tests were challenged to sustain optimal values, which would occur only if there is some other cause inhibiting this, Dr. Smith would have referred him to his Pulmonologist for examination and his AAT deficiency could have been diagnosed earlier. Then knowing that the hereditary factor of AAT deficiency was the cause that inhibited optimal test values, Dr. Smith could have provided therapy to support this diagnosis and thus saved Roy from the suffering he experienced with his episodes of Bronchitis and Emphysema, and being hospitalized 17 times.

The above is substantiated by the fact that when Roy contacted Dr. Smith the second time and presented the diagnosis of A1AD, he had no more episodes, thus no more emergency hospitalizations, during the time was receiving Clinical Nutrition Therapy,.

Improvement When Therapy Resumed

An inherent biological or biochemical weakness, or deficiency, requires ongoing Clinical Nutrition Therapy. In other words, therapy is required for the rest of the client's life to:

- provide the nutrient(s) that the body needs to make the chemical that the body cannot make itself or that is needed for the metabolism to perform some function that is not possible, due to the hereditary factor, and



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- slow down the degeneration of the organ, gland or body system that is adversely affected by the inherent weakness.

Ongoing Clinical Nutrition Therapy is effective for the above reasons and also safer than taking drugs for the rest of one's life. This is because drug side effects in time cause the client to have even more health challenges than the original health condition for which they are taking drugs. Then the physician will prescribe more drugs for the side effects of the previous drugs prescribed, and so on until the client is experiencing a myriad of symptoms from multiple drug side effects.

Because Roy not changed from a **Conditional Care to a Wellness Care Standard of Health**, he received Clinical Nutrition Therapy to support his diagnosis of A1AD-related Emphysema for only two years..

The outcome of Roy's two-year Clinical Nutrition Therapy, this second time, was:

- Significantly reduction in his need for his oxygen machine
- Severe lung symptoms either abated or improved significantly to give Roy a quality of life again.
- Mild to moderate lung symptoms abated. .
- Energy Increased.
- Lung function improved and the degeneration process was slowed.
- No episodes of Bronchitis and Emphysema.
- No hospitalization.

Because Roy did not receive ongoing support to slow down the degeneration of his lungs due to his inherent protective protein, ATT, deficiency, Roy died two years after he discontinued Clinical Nutrition Therapy prematurely, the second time.

What Grace (Roy's Wife) Said About Clinical Nutrition Therapy

When Roy's wife, Grace, called Dr. Smith after he had discontinued his Clinical Nutrition Therapy, she shared that:

- She and Roy were both grateful that Clinical Nutrition Therapy had kept him out of the hospital for the past two years.



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Then when Grace called two years later to inform Dr. Smith that Roy had died, she shared that had it not been for Dr. Smith, Roy would have died years earlier, meaning Roy would have died, either

- 12 years earlier if he had not received help from Dr. Smith the first time or
- Four years earlier if he had not received help from Dr. Smith the second time, when his episodes of Emphysema and Bronchitis sent him to the hospital 17 times in the previous two years.

Summary

Many clients have been told by their physicians that there is nothing that can be done when they have an inherent weakness; however, Roy is one of many examples of clients who have improved their health in spite of inherent factors adversely affecting their one or more parts of their body.

Dr. Smith has observed that a significant number of her clients have even been told by their physicians that there was no cure for their condition because it is due to hereditary. However, after receiving Clinical Nutrition Therapy they realized that this was not true. Dr. Smith concludes that some physicians may think hereditary factors are the cause when their patient's conditions do not respond to pharmaceutical drugs or other medical treatments.

EDWARD – ON DEATH BED, REVIVED FROM COPD COMA

Though this case history report on Edward is not one from my own client cases, after reading it, you will understand why I have included it here.

Though Edward had been to many physicians and had tried other therapies, nothing had helped him improve his lung function and he was dying of COPD when his family finally found the nutritional doctor who dispensed the therapeutic whole food supplements that I also include in therapy for my COPD clients.



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When designing a therapeutic whole food supplement program for my clients, whether in support of a medical diagnosis of COPD, any other health challenges, and/or based on a Clinical Nutrition Analysis of their Laboratory Reports, I use several Product Companies who distribute their clinically-formulated therapeutic supplements only to doctors, like myself, and I received this case report on Edward from a Clinician on staff at one of the Therapeutic Product Companies I use for specific supplements dispensed to my COPD clients. Here is what this Clinician reported:

'Edward's first shipment of his COPD supplements arrived when Edward was hospitalized and currently in a COPD coma. His physician had told his family that he would not recover and all funeral arrangements had been made. When his COPD supplements arrived, they were immediately administered; Edward came out of his coma and was shortly discharged from the hospital. Edward continued on his COPD therapeutic supplements and four months later actually contacted the specific Product Company, who made these therapeutic supplements, to express his gratefulness for making the supplements that had saved his life, announcing he and his family were leaving on a Cruise in a few days in celebration of his restored health.'

The above case report on Edward was included here because it demonstrates that even when on the death bed, the eleventh hour, so to speak, there is potential for healing when the nutrients the body needs to heal itself is provided through Clinical Nutrition Therapy. As I have often told my clients, as long as the person is still breathing, the heart is still pumping, i.e., the person is not dead, there is always the "potential" for improving one's health through Clinical Nutrition because this therapy is foundational to healing the cells and tissue of all organs, glands and body systems. (More on this in the section titled, "**Many Clients Thought It Was Too Late To Heal.**")

You see, when an organ is diseased; this does not necessarily mean that all of the cells and tissue in that organ are diseased. A disease is diagnosed by your physician when test results are outside the medical reference for "normal" ranges on blood, other lab tests and exams. There are a great number of cells in the tissue of the different organs or glands of the human body, so let's say the tissue of a particular diseased organ contains over 200 cells. This does not mean all 200 are diseased. The cells within a diseased organ consist of a combination of:

1. **Diseased cells**, which are decayed or dead cells.
2. **Unhealthy cells**, which are nutritionally deficient and/or toxic (poisoned by chemicals, metals and other toxic substances). Unhealthy cells also include



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damaged and dysfunctional cells that have not yet progressed to the decayed, or dead, cells stage.

3. And some cells may even be **Healthy**, i.e., nutrient sufficiency and not toxic.

When an organ has more “diseased” cells than the combination of “healthy and unhealthy” cells, in time, all of the cells will become diseased and the patient dies, unless:

1. **The diseased organ can be surgically removed;** however, some organs cannot be removed without killing the patient, such as the lungs and heart, as two examples.
2. **The patient receives a transplant;** however, not all organs are can be transplanted, and for those that can be there may be complications resulting in the death of the patient or there may not be an organ donation available in time for the patient.
3. **The patient receives Clinical Nutrition Therapy in time** to provide the therapeutic nutrients their body needs to:
 - a. Repair the damaged cells.
 - b. Detoxify (remove) irreparable damaged and/or diseased cells and grow new healthy cells to replace them.
 - c. Restore nutrient sufficiency to unhealthy nutrient deficient cells.
 - d. Detoxify toxic substances from the cells.
 - e. Protect and maintain healthy cells.

Of all three options, obviously #3 is the ideal option and explains why diseased organs have the potential for healing to restore health, so patients with disease organs do not have to die prematurely, when therapeutic nutrients are provided through Clinical Nutrition Therapy before it is too late. You can also now understand that sometimes it may appear to be “too late,” like in Edward’s case, but it is truly not too late.

Edward was in a coma and dying because his diseased lungs were unable to provide oxygen to the cells and tissue of his entire body and the human body cannot survive without sufficient oxygen. However, Edward was able to recover because he did not have more “dead” diseased cells in his lungs than he had unhealthy, damaged or even healthy lung cells. So when his lungs received these therapeutic nutrients, his body was able to use them to repair damaged cells and grow new healthy cells to replace the dead diseased cells.

If Edward’s lungs had more dead lung cells than damaged or just unhealthy cells (i.e., nutrient deficient, toxic and or dysfunctional cells), it would truly have been too late for the therapeutic nutrients to restore the healthy structure and function of his lungs.



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Important Note:

After reading Roy's case history, you may be wondering, "Why would anyone stop any therapy before test results indicated optimal healing had been attained, especially when:

- that therapy is obviously helping them restore their health?'
- they are diagnosed with a serious disease?

The next two sections of this document will help you understand this, which begins by understanding the difference between optimal healing or test values and Homeostasis.

HOMEOSTASIS & OPTIMAL TEST VALUES - DEFINED

The ideal optimal test value is when your biochemistry is in Homeostasis. However, for some people, optimal test values means just that, the best test values they can possibly attain that is as close to Homeostasis as possible.

Homeostasis

Homeostasis – the true definition of health is when test values for blood, urine, hair, stool, saliva (male, female and adrenal saliva tests) are in homeostasis (perfect biochemical balance). This is Dr. Smith's goal for all her clients. These specimens represent a comprehensive testing of your biochemistry. When a person says they are healthy, what they really mean is that they are "symptom free." This does not mean that their biochemistry is in homeostasis. For example, many cancers are "silent killers" and do not present any symptoms until in Stage 4 (the most severe stage). However, a person whose biochemistry is in homeostasis is definitely symptoms free.



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Optimal Test Values

Optimal Test Values – A person who is optimally healthy or who has attained optimal healing test results are those whose biochemical test values are unable to attain homeostasis. For these clients optimal test values means the closest and most consistent test values they can attain to Homeostatic test values. For example, someone in their 60s or older may have waited too late to start Clinical Nutrition Therapy to fully restore all test values and bring their entire body chemistry back into Homeostasis, perfect health.

1. However, by staying in Clinical Nutrition Therapy until they attain the best possible test values that they can, they will be as healthy as is humanly possible and slow down the aging and degenerative processes so they can live the rest of their life with the highest quality of health that is possible for their body.
2. A **Maintenance Supplement Program** is provided for these clients to support test values that were unable to return to homeostasis to help them sustain their optimal test results. Thus giving them the same opportunity for longevity and prevention of future diseases as clients who are able to attain and maintain homeostasis test values.
3. Their **Maintenance Supplement Program** also gives Optimal Test Value Clients the greatest opportunity to live the rest of their live symptom free, and for those who are not able to live 100% symptom free are still able to live with increased energy, a greater sense of well-being and sustain the highest symptom improvement for any symptom that was unable to become symptom free. For example, a client who is 70 years old when they begin Clinical Nutrition Therapy are still quite pleased to attain 90% improvement in their joints, muscles and bones, even though they may have waited too late to attain optimal test values that are needed to be symptom free.



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WELLNESS AND CONDITIONAL CARE CLIENTS - DEFINED

Dr. Smith has basically two types of clients: **Wellness Care and Conditional Care.**

Wellness Care Clients

Wellness Care clients are interested in attaining optimal over-all body healing, so they can truly become a healthy person.

1. In other words, **Wellness Care Clients** stay in Clinical Nutrition Therapy until they attain homeostasis or optimal test values (whichever applies). Clinical Nutrition Therapy is provided to correct all abnormal test values, whether those values are severe enough to currently produce symptoms or not. Otherwise, mild or moderately severe abnormal test values that are not restored to homeostasis or optimal values will, in time, produce symptoms. .
2. **Wellness Care Clients** have the **highest standards for their health** as they are willing to do whatever is required of them to restore their health either to homeostasis or optimal test values, whichever applies.
3. **Wellness Care clients complete Dr. Smith's Personal Education Program (PEP) on Dietary, Lifestyle and Mind-Body Principles and Practices** so they can develop a principle-centered healthy lifestyle to sustain their test results, stay healthy, promote longevity and prevent disease.

Conditional Care Clients

Conditional Care Clients are interested in improving their health until they have attained optimal test values regarding the causes of the symptoms that bother them the most, and then Clinical Nutrition Therapy is discontinued.

1. In other words, Clinical Nutrition Therapy is discontinued when symptoms have abated that were bothering them the most and their test results indicated they have received sufficient therapy to correct the cause of those symptoms to prevent recurrence.



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2. **Though test results may indicate that the client has other abnormal test values that require therapy, Conditional Care clients are not interested in attaining optimal test values for these** because they are not currently presenting any symptoms. However, because therapy is not provided for all abnormal test values, in time, they will present symptoms and the Conditional Care will require Clinical Nutrition Therapy again.
 3. **Some Conditional Clients, however, are only interested in staying in therapy until their symptoms have either improved** significantly or have abated, whichever is important to them, even if their test results have not yet indicated optimal test values to prevent recurrence in due time.
 4. Because Conditional Care clients did not stay in therapy until they attained optimal test values, in time, **they will require Clinical Nutrition Testing and Therapy again** to either:
 - a. **Re-strengthen** the organs, glands and body systems so symptoms will abate again,
 - b. **To stay in therapy until optimal test values are attained to prevent future recurrence, or**
 - c. **They may be ready to become a Wellness Care Clients** and stay in therapy until they have attained over-all body optimal test values to truly become a healthy person (in homeostasis) or as healthy as is possible for their body, whichever applies. .
 5. For Conditional Care clients, **Dr. Smith requires that they receive Clinical Nutrition Therapy until their appointment to discuss the findings from their first retesting of their biochemistry tests.**
 - a. Their First Retesting is scheduled in the first week of the fourth month after starting therapy to evaluate their test value progress after completing three months of therapy,
 - b. Retesting their biochemistry to evaluate the improvement in their test value results, at that time, allows both Dr. Smith and her client the opportunity to make an informed decision as to whether the client has received sufficient improvement in test results and symptoms so the Conditional Care Client can discontinue therapy, or the client needs to stay in therapy a while longer until this goal has been attained.



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- c. This also allows all new clients sufficient time to give a fair evaluation of the benefits and effectiveness of Clinical Nutrition Therapy.

Because of the effectiveness of Clinical Nutrition Therapy, even some Conditional Care clients who choose to discontinue therapy prematurely when their symptoms abate and not when their test results indicate **optimal values**, may be able to sustain their improvement for a number of months, even years, before they must resume therapy.

For example, **a client who had been medically-diagnosed with IBS (Irritable Bowel Syndrome) discontinued therapy in the fourth month.** She discontinued therapy because she was satisfied that she no longer had any bouts of diarrhea, not because her retesting in the fourth month indicated that her intestines had healed.

10 years later, she contacted Dr. Smith again to resume Clinical Nutrition Therapy because her diarrhea had returned as Dr. Smith had informed her it would at some time, because she did not at the very least stay in therapy to attain optimal healing in her intestines to prevent recurrence of her diarrhea. So even though this Conditional Care client chose to discontinue therapy prematurely, the effectiveness of her initial three months of therapy had prevented recurrence of her diarrhea for 10 years.

Proactive or Reactive Clients

Dr. Smith has observed the following in working with her clients, since first opening her business in 1981, i.e., clients are either proactive or reactive. Numbers 1 and 2 are examples of proactive clients, and all others are examples of reactive clients:

1. **Innately Wellness Care Clients**, i.e., they were born with an innate awareness and respect for learning and applying whatever is required to honor and maintain the health of the temple of the Holy Spirit, their human body.
2. **May begin as Conditional Care Clients, however, switch to Wellness Care Clients** once educated in the value of restoring their overall body health through Clinical Nutrition,
3. **Are Conditional Care Clients**, so they are not originally interested in attaining optimal test values in areas of the body not currently producing symptoms, so after completing therapy for their original health priorities, they delay resuming Clinical Nutrition Therapy until they have **allowed their health to become critical and/or before they are ready to raise their standard of health to a Wellness Care Client, i.e., they do so because they are in a desperate state of health.**



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4. **Require several periods of resuming Clinical Nutrition Therapy** due to their previous Conditional Care standard of health before that realize the importance of raising their standard of health to a Wellness Care Client.
 - a. This also includes the realization that they will save time, money, energy, effort and suffer less when restoring their over-all body health by starting and staying in Clinical Nutrition Therapy until they reach this goal.
 - b. In other words, resuming Clinical Nutrition Therapy for Conditional Care every few years or so to correct the cause of the symptoms that are bothering them the most at that time, in the long run, always results in more time, energy, effort, and financial investment, as well as suffering.
 5. **Remain a Conditional Care Client for their entire lifetime.** Some Conditional Care Clients, even when their health is in a life-threatening state, will still do only what is required to give relief of their symptoms, even though they know their symptoms will return if they do not also correct the causes to restore optimal test values in the areas of the body producing the symptoms. In life-threatening states, however, if they delay restoring optimal test values, they are at risk of dying prematurely, i.e., earlier than they would have had they done what was necessary to restore over-all optimal test values.

Which Do You Choose? Proactive (Wellness Care) or Reactive (Conditional Care)?

If I took a survey of all clients, I am sure that the results would be that “Everyone would love to be living as proactive, Wellness-Oriented Person in all aspects of their life; however, the reality is that without this education and training early in life or adult awareness to make an unyielding decision to changes, most people are not.

So my intention is not to judge, but to accept, our clients wherever they are on the spectrum between reactive and Conditional Care to proactive and Wellness Care, and coach them through patience and loving-kindness to raise their value for the care of their mind and body, so they have the opportunity to improve their health and live a healthy lifestyle to the highest degree and value for their health that they choose regarding implementing the principles of health.



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MANY CLIENTS THOUGHT IT WAS TOO LATE TO HEAL BUT STILL HAD HOPE!

Often Not Too Late

“You may be interested to know many new clients have started Clinical Nutrition Therapy in hopes it would help, though they had thoughts that it was too late to improve their symptoms or heal their body because of either:

- The severity of their symptoms,
- The duration of their symptoms, having suffered for one or more decades.
- Or because they had been told by one or more physicians that there was no cure or their condition was caused by some hereditary factor.

However, 3-6 weeks after starting Clinical Nutrition Therapy, when they experienced their first signs of improvement in symptoms they thought or were told could not be improved they realized that the above was not true. In other words, it was not too late to correct the causes to improve their symptoms and/or their condition was not hereditary.

Two Important Facts To Remember

Two facts to remember are:

- When a physician says there is no cure, most of the time this just means medical treatment (drugs and surgery) cannot cure that condition. When Clinical Nutrition Therapy, which is foundational to healing the human body, is proved there is the potential for healing and health improvement that often astonishes our clients.
- And in respect to hereditary, Dr. Smith’s clinical experience has been that what clients inherit are the unhealthy dietary, lifestyle and/or mind-body habits from those they associate with most frequently, such as family and friends. Even schools and churches, for examples, often give refined sugar, dairy and flour products, such as Candy, to reward childhood behavior or Donuts and other Sweets for social gatherings, all of which promotes elevated blood sugar. Then when their blood sugar becomes so high that it is life-threatening, their physician diagnoses “hereditary” Diabetes.



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Alive = Improvement Potential Through CN Therapy

So as long as you are still breathing, i.e., still alive, it is wise to include Clinical Nutrition Therapy, no matter what condition you think your health is in and no matter what your physician tells you, because just like Roy who had an inherent factor preventing him from **fully restoring** his health to homeostasis, through Clinical Nutrition Therapy, he was able to improve his symptoms, live longer and have a better quality of life, and so can you.

Clinical Nutrition is **foundational** to the body's ability to heal the cells and tissue of all organs, glands and body systems within both human and animal bodies. This has been scientifically-proven in the sciences of biology and biochemistry. In other words, you can [click here](#) to review a **Diagram** of your cells (biology) and what is in them (nutrients) and how these they work together is biochemistry, which is actually nutritional biochemistry and also called the metabolism.

So in closing, the best way to prove these scientific facts to yourself is by your own experience in improving your health through Clinical Nutrition Therapy, so give me a call at (940) 761-4045 today."

ABOUT DR. SMITH

Dr. Donna Smith has a Ph.D. in Clinical Nutrition, is a Naturopathic Doctor (N.D.), a Board Certified Clinical Nutritionist (C.C.N.), Certified Dietitian-Nutritionist (C.D.N.), and a Canadian Chartered Herbalist (C.H.).

Dr. Smith is also a Free Lance Nutritional Health Writer and has written over 100 articles for Internet and traditional magazines, such as the **American Chiropractic Magazine, the largest chiropractic magazine in the United States.**

Some of her best-selling e-books has been listed below. She is frequently invited to speak on NBC and ABC local networks, and at clubs, hospitals, universities and corporations on a variety of nutrition and health-related topics, such as, the national groups of scientists and biochemists at the **American Society of Clinical Laboratory Science (ASCLS), International and American Associations of Clinical Nutritionists (IAACN), Stephen F. Austin University, Midwestern State University,** Optimist Clubs, Toastmasters, Business and Professional Women's Club, Women Entrepreneurs, Worksite Wellness, American Heart Association, Parkinson's Group, and St Gobain Corporation, to name a few.

Dr. Smith owns **Advanced Clinical Nutrition (est. 1981)** in Wichita Falls, Texas, where she provides a **Clinical Nutrition Analysis or Interpretation of Laboratory Tests (blood, urine, saliva, stool and hair)** to identify and correct dietary, vitamin and mineral deficiencies adversely affecting the healthy function of the human mind and body.



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From the findings of these scientific Laboratory Reports, Dr. Smith designs and dispenses therapeutic, whole food supplements, available only through nutritional health care providers, and a Dietary Plan, which is a list of foods selected for the food chemistry's positive effect on the individual's biochemistry, which is also based on test results.

Dr. Smith's Clinical Nutrition Services are also provided to **Healthcare and Fitness Providers**, who want to offer clinical nutrition services to their patients/clients, yet do not have the time or training to do so.

Clinical Nutrition Testing, Therapy, and Personalized Dietary and Lifestyle Education Services are provided by mail, e-mail and telephone consultations. A.C.N. clients save money as there are no in-office appointment fees, gas expense to/from appointments or time away from home or work for nutritional services. Lab Kits are mailed to the clients' homes, where they collect the samples and mails them directly to our Labs.

Dr. Smith has over 90% success in helping her clients improve their health, increase energy, balance hormones, improve mental function, strengthen joints, muscle, immune system, restore over-all organ/gland function (including the hair system to restore its natural color), manage weight, prevent/reverse disease and enhance life and/or sports performance. Her clientele encompasses 36 U.S. States and five international countries.

For more information, to order a clinical nutrition analysis and laboratory tests, and to contact Dr. Smith, call (940) 761-4045 or e-mail at Services@AdvancedClinicalNutrition.com. Meanwhile, please browse www.AdvancedClinicalNutrition.com to subscribe to Dr. Smith's FREE Newsletter, read Free Articles by Dr. Smith and view **Dr. Smith's Secrets To Healing** TV shows and slide presentations. You may also view Dr. Smith's TV Shows and videos on YouTube.com/DrDonnaFSmith, post questions on her blog at DrDonnaSmith.blogspot.com and follow her on Twitter.com/DrDonnaSmith and Facebook.com/DonnaFSmithPhD.

E-BOOKS BY DR. SMITH

- **Anti-Aging Personal Care Program (Hair, Skin, and Nails)** – Over 200 Pages
- **Comprehensive Holistic Dental Health Program** – The Dangers of Traditional Dentistry and an Introduction to Holistic Dentistry (**169 pages** – articles, charts, forms and therapeutic supplement information for acute symptoms (toothaches), chronic dental health challenges (abscesses, gum disease) and dental health (how to internally repair and strengthen teeth and gums).
- **Fibromyalgia – A Clinical Nutrition Syndrome** (70 Pages).
- **Dr. Smith's Hair Restoration Program [Anti-Grey and Hair & Scalp Solutions]** - (69 Pages).



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- **Lyme's Disease – Clinical Nutrition Approach to Healing** (32 Pages).
 - **15 False Assumptions the Public Makes About Food Supplements** – (15 Pages)

DISCLAIMER

Information is provided for nutritional education purposes only and not for the diagnosis or treatment of any medical condition, disorder or disease. Present laws indicate that the author must advise you to seek medical attention for your disease, if you have one. Choosing to do so, or not, is your constitutional right and you are ultimately the only person who is responsible for any decisions, risks or actions you take regarding the care of your mind and body.

This author's intention is to provide health care education from a nutritional biochemical perspective so you are equipped to make an informed decision regarding your health care. It is also the author's intention to help you understand the importance of Clinical Nutrition Testing and Therapy, which is foundational to healing the cells and tissue of the organs, glands and body systems within all living beings, both human and animal, a fact that has not been included in Public Health Education because in the United States, for example, Public Health Education is still focused on medicine, not health education. ***The health of your cells determines the health of your body.***