



Diet & Nutrition – Defining The Difference

Diet and Nutrition are Not The Same!

By Dr. Donna F. Smith

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Are you Confused About Nutrition Today?

If you answered, “Yes!” like most people today, this article will explain why, and the following statement is at the root of that confusion:

Diet and Nutrition are not the same, and because of a lack of knowledge and understanding by the general public, even the dietetic and medical industries, regarding their definitions, differences in research and in the distinction between the role and professions of the Dietitian and Clinical Nutritionist in the field of nutritional science, there is much confusion today.



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DIET AND NUTRITION - DEFINED

The terms “Diet” and “Nutrition” are often used interchangeably. However, they have distinctly different scientific meanings according to Taber’s medical dictionary.

Because of a lack of understanding regarding their definitions, differences in research and in the distinction between the role and professions, for example, of the Registered Dietitian (R.D.) and the Board-Certified Clinical Nutritionist (C.C.N.), in the field of nutritional science, there is much confusion today.

Diet – Defined

Diet is defined as ‘what you eat and drink.’

The diet consists of oxygen and two types of **Nutrients**:

1. Macro-nutrients [proteins, carbohydrates, and lipids (fats/oils)] and
2. Micro-nutrients (vitamins, minerals and water).

Nutrition – Defined

Nutrition is:

1. “**Nutritional biochemistry**,” i.e., the metabolism of what is consumed in the diet, what enters the body through body opening (eyes, ears, nose, etc.), what is absorbed through the skin and what is or is not able to be eliminated from the body openings, but should be eliminated.

What is the “metabolism?” It is the biochemical processes of ingestion, digestion, absorption, assimilation, and distribution of nutrients to the cells (and thereby to the tissues of all organs, glands and body systems), in addition to the elimination of metabolic by-products (waste) and other toxins.

In other words, **Nutrition** is the “internal processing” (aka metabolism) of the diet and environmental exposures, as well as the effects of one’s overall lifestyle.

2. **Nutrition** also includes the management and elimination (or detoxification) of toxins as referenced above.



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TOXICITY

What are Toxins?

Toxins (or toxic substances) include chemicals, metals and other pollutants ingested or we are exposed to, in our food, air, water, medicines and environment.

For examples, chemicals:

- In food are food additives, dyes, colorings, preservatives, etc.
- In medicine are pharmaceuticals drugs – prescribed and direct sale [over-the-counter (OTC) or online].
- In the environment are petrochemicals, insecticides, pesticides, disinfectants, etc.

Toxins are also metabolic by-products, i.e., waste from the cells, resulting from the internal processing or metabolism of the diet and environmental exposures.

Low-energy cells, from malnutrition (lack of sufficient nutrients in the diet) and toxicity, are challenged in their ability to receive any nutrients ingested and eliminate their waste. The result, in time, is decaying (rotting) and dead cells and tissue in organs, glands and body systems.

What is Toxicity?

Toxicity is defined as the “quality of being toxic or poisonous.” Long-term ingestion or exposure to toxins increase the levels of toxicity within the human body. Along with malnutrition (nutritional deficiencies), toxicity is another contributing factor in the process of developing degenerative diseases.

FDA GRAS Classification

GRAS (Generally Recognized As Safe) is the **Food and Drug Administration (FDA)** classification for the above toxic substances when used in foods. If a food manufacturing company uses a **GRAS** ingredient or additive, it can avoid the time-consuming process of getting it approved by the FDA as a safe ingredient.

However, what GRAS means in practical application is that it is “generally recognized as safe” if it does not kill you immediately upon ingestion or exposure, and in the medical industry, toxins are viewed



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from an emergency medical perspective, such as a drug overdose or drinking a poisonous substance, like household bleach, that could kill you instantly.

Yes, it is true that the chemical additives contained in the box or package of one food product classified as GRAS will not “instantly” kill you, unless it was contaminated. However, I don’t think consideration has been given to the “slow” poisoning effect that results from long-term consumption or exposure to multiple GRAS-approved products, which, over time, increases the toxicity levels within cells and tissue.

Next Time at Your Grocers...

To truly understand my meaning, next time you are standing in the check-out lane at your local grocers, count how many food containers are in just one grocery basket.

If the package or box does not contain raw or frozen organic whole foods, then you can reasonably assume the container includes chemical additives, dyes, colorings, preservatives, etc.

Now, let’s say the basket belongs to a single person and includes 20 containers that will be consumed in one week. Certainly, one container that is classified as GRAS is of no significant harm. However, almost three containers with chemical-additives are being consumed daily with all 20 containers consumed weekly and after 52 weeks (one year), this one person has consumed 1040 chemical-additive containers classified as “generally recognized as safe,” aka GRAS products. Now think of decades and decades of this person consuming GRAS food products or the impact of a family of 2, 4, 6 etc.

So, where the FDA is viewing the GRAS of one food product as generally safe, the public is consuming multiple food products daily, weekly, yearly and for decades AND slowing poisoning themselves to an early death.

Today, the human body is suffering from toxic overload.

The toxins and waste that the body is unable to eliminate become embedded in and then inflame cells and tissue. Toxicity plus malnutrition (nutrient deficiencies) then leads to the decaying and death of the cells and tissue, which in time, contributes to the development of disease in the organs and glands that have been suffering from long-term deficiencies and toxicity.

Now that you understand the differences in the definition of “Diet” and “Nutrition”, and have an increased awareness of toxicity, let’s look at the differences in their Research.



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DIETARY & NUTRITION RESEARCH

DIETARY RESEARCH	NUTRITION RESEARCH
<p>Dietary research classifies calories as a nutrient (“energy”) in a food item. For example, refined, white bread and whole grain bread contain approximately 60-70 calories per slice¹ and are, therefore, considered dietary equal.</p> <p>¹Reference: <i>“Food Values of Portions Commonly Used”</i> by Jean Pennington</p>	<p>Nutrition research classifies foods by their nutrient value. Bread made from seed flour, for example, has complete Nutrient Value. Nutrient value means the food contains all of its vitamins, minerals and other nutrients in their original whole food design. Nothing has been removed from its original state. Nutrition research has shown that commercialized, food refining and processing techniques deplete nutrient values. Nutrient-deficient foods cannot be fully metabolized, i.e., digested, absorbed, assimilated or their waste eliminated properly. Therefore, they produce putrefied and fermented by-products that interfere with biochemical processes. Whole foods, however, are beneficial for all biochemical processes of the mind and body. Nutrition Research classifies calories as a measurement of energy in foods, not nutrients.</p>
<p>Dietary research views the quality of foods in respect to freshness or spoilage. Spoilage refers to decay of food and contamination, such as due to parasitic factors (e.g., germs or mold).</p>	<p>Nutrition research views the quality of foods in respect to complete nutrient value content and being void of chemical additives and preservatives. Additives and preservatives cause vitamin and mineral deficiencies, toxicity and interfere with the “nutrition” of the body.</p>
<p>Dietary research evaluates the quantity of food by standard measurements in ounces, cups, quarts, gallons, etc.</p>	<p>Nutrition research evaluates the quantity of food by ratios of proteins to carbohydrates to fats/oils for a balanced intake of nutrients that must work together synergistically to promote biochemical balance, i.e., homeostasis.</p>
<p>Dietary research focuses on the external effects of environmental pollution of air, food, and water, e.g., sanitation and hygiene.</p>	<p>Nutrition research focuses on the internal effects on the biochemistry of the mind and body from pollution (chemicals, metals, and other toxic substances) in air, food, water, drugs and the environment Whether exposed to or ingested, pollutants inflame cells/tissue and produce toxic by-products which interfere with the “nutrition” of the body.</p>



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ONE EXAMPLE OF PUBLIC CONFUSION

Now let's look at the Egg, as just one of a number of examples, where public confusion rises when the definitions, research and even the professional fields of Dietetics and Nutrition are not clearly understood by the public and the medical industry.

Eggs – Whites Only or Whole Eggs?

Health Alerts have been issued to the public from both medical and dietetic experts to avoid consuming the yoke of the egg due to its cholesterol content and to eat only egg whites.

However, according to **Clinical Nutrition** research it is advisable to eat the whole egg for the following reasons:

1. Eating only egg whites leads to biotin deficiency. Biotin is an essential nutrient for the nervous system and deficiencies may lead to the inability to handle pain.
2. The human body is incapable of making hormones without Cholesterol, whether this is adrenaline from the adrenal glands to deal with stress and emergencies; thyroxine and other thyroid hormones from the thyroid glands to manage weight, internal body temperature control, and avoid hair loss; or estrogen, progesterone and testosterone from the male/female glands.
3. Cholesterol is so important that when the diet does not include sufficient cholesterol-containing foods, the liver is triggered to manufacture Cholesterol.

For more information about Cholesterol, read my article titled, ***“High Cholesterol – The Myth? Heart Disease? Liver Dysfunction? Other?”***

To access this article, scroll down the right side on the Home page of my website and click on the purple button that reads: ARTICLES BY DR. SMITH. This button will take you to the article page on my Client Website. Once you land on this webpage, scroll down the list until you find the Cholesterol article.

This Public Health Alert from many years ago would have been accurate and within the guidelines of Dietary Research if people were advised in the proper preparation of the egg.



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In other words, whole eggs are safe to consume when prepared by poaching (which is steaming the egg) or when soft or hard boiled. The dietary preparation of the whole egg in either of these methods preserves the Lecithin within the egg.

In other words, according to **Nutrition research**:

- Lecithin is required to metabolize Cholesterol,
- Lecithin is not destroyed by steaming the egg, and
- The hard shell of the egg protects the Lecithin when boiled.

However, the unhealthy dietary practice of removing the shell and heating the egg at high temperatures, like when frying an egg or making an omelet, destroys the Lecithin in the egg and therefore the cholesterol cannot be properly metabolized.

By unhealthy I mean dietary practices that are not congruent with **Dietetic** research and healthy dietary practices are those that are congruent.

From **Nutrition research** we know that when Cholesterol is not metabolized, this means that it was not digested, absorbed, assimilated and/or transported through the blood to the cells, which is where it is supposed to go.

Instead, it creates fatty deposits in the blood vessels and as these deposits continue to increase due to the lack of healthy dietary preparation and consumption of the egg and other dietary factors, in time, these deposits prevent sufficient blood flow through the arteries and increases the risk of heart disease.

So, you see in Nutrition research, it is not the Cholesterol in the Egg, but the lack of proper dietary education and preparation of the Egg that is the problem.

Again, this is just one example of the confusion that comes when Dietary and Nutrition research and practices are not clearly defined and understood.



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DIETARY & NUTRITION PROFESSIONS

In reviewing the differences in the roles and professions of the Dietitian and Clinical Nutritionist within the field of nutritional science, it should be obvious that both are essential.

Dietitian - Dietary Profession

The Dietetic profession started in 1917 after World War I and has its roots in Home Economics. It grew during World War II due to feeding military troops.

Because the profession of Dietetics (Dietitian) preceded the establishment of the profession of Nutrition (Clinical Nutritionist) and because Dietitians are integrated into the medical industry, working at hospitals, clinics, nursing homes, home health services, etc., the general public is more familiar with the Dietitian than the Clinical Nutritionist.

Therefore, this section of the article will be focused on the role and profession of the Clinical Nutritionist.

However, first, let's look at why understanding the differences in Dietary and Nutrition research and their individual professions is extremely important today.

It is because without this understanding, the public continues to seek, and the medical community continues to refer their patients to Dietitians for help that is provided through the profession of the Clinical Nutritionists.

And when the patient (referred or not) fails to receive the health improvement, they and their physicians expected, the patient is the one who suffers and then they and their physicians think Dietetics is ineffective and that the field of Nutritional Science cannot help them.

Many of those seeking and referring do not even know who they are looking for, they just know the help that is needed is not available through traditional medical treatments (drugs and surgery), nor in time, through Dietetics.



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Board Certified Clinical Nutritionist (C.C.N) - Nutrition Profession

Nutrition research led to the establishment of the Board-Certified Clinical Nutritionist (C.C.N.) in 1983 to address the rapidly growing health challenges caused by decades of consuming processed foods; chemical additives in foods; air, water and environmental pollution; and pharmaceutical drug side effects. ***Drug side effects are symptoms of nutrient depletion and toxicity caused by the chemicals in pharmaceutical drugs.***

- The C.C.N is trained in human “clinical” nutrition. The term “Clinical Nutrition” is interchangeable with the term “Functional Medicine and Orthomolecular Medicine,” and when the medical industry began showing interest in our field, they termed it “Medical Nutrition.”
- “Clinical” Nutrition refers to clinical and subclinical macro- and micro-nutrient insufficiencies, deficiencies or excesses at a cellular and tissue level that then leads to biochemical imbalances to organ/gland dysfunctions and eventually to disease and premature death.
- The C.C.N. applies biochemical, biological, physiological and bioenergetic principles in the assessment of an individual’s dietary and nutritional (metabolic) needs to achieve normal physiological function to promote health and prevent disease.
- Assessment includes case history, anthropomorphic measurements, physical signs, laboratory tests (blood, urine, hair, saliva, stool, genetics, etc.) and dietary/nutrition/lifestyle analysis.
- The C.C.N. then recommends biochemistry-based Dietary Plans and Therapeutic (clinically-formulated) Nutritive Supplementation to provide the concentrated, high potency nutrients the body requires to restore and maintain sufficiency and for detoxification of toxic substances.
- The C.C.N. provides educational protocols, such as diet, nutrition and lifestyle modification, understanding of biochemical and physiological pathways and the cellular/tissue regenerative processes, as well as assists in developing a “principle-centered*” lifestyle.
- The C.C.N. provides assessments, counseling, therapeutic programs and education for individuals and groups.
- The C.C.N. may choose to work:
 - in private practice,
 - as a Clinical Nutrition Consultant to Medical, Chiropractic, and/or other types of Healthcare professionals and/or



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- or as an independent or staff Clinical Nutritionist in partnership with various Healthcare and Fitness facilities, e.g., hospitals, clinics, wellness/fitness clubs, corporate wellness centers, etc.
- Re-certification by examination is required every five years by the **Clinical Nutrition Certification Board (CNCB)** and 40 hours of CEUs every two years is provided through the **International and American Associations of Clinical Nutritionists (IAACN)** to maintain board certification in Clinical Nutrition. (Ref: cncb.org; iaacn.org).

In other words, the C.C.N. is willing to prove by examination every five years that they are current in the Nutrition research and protocols of their scientific field. How many healthcare professions do you know with Boards that require renewal of licensing and/or recertification by examination? In my opinion, I think every healthcare profession should be re-examined every few years for the health and safety of the people they serve.

About “Nutritionists”

The term “Nutritionist,” “Nutrition Consultant,” “Nutrition Specialist,” and “Nutrition Counselor,” are all being used today by Dietitians and Nutritionists with a diversified educational background. In other words, a Dietitian may choose to be referred to as a Nutritionist or any one of these titles, even though their degree is in Dietetics. This, of course, just adds to the confusion between Dietetics and Nutrition today.

Do an internet search on the word “Nutrition” or “Nutritionist” and it brings you right back to the Dietitian because 1) they were here first and have used the term Dietitian and Nutritionist, interchangeable for decades, and 2) the public and medical industries are not yet educated in the differences between the Nutrition and Dietetic professions.

Then there are Certified Nutritionists (C.N.) and “Certified Dietitian-Nutritionist (C.D.N.), which I am also the latter.

However, a “Nutritionist,” a Certified Nutritionist (C.N.), a Certified Dietitian-Nutritionist (C.D.N.) and a “Clinical Nutritionist” are not all the same. A Clinical Nutritionist has a Ph.D. in Clinical Nutrition and/or is a Board-Certified in Clinical Nutrition (C.C.N.), which I am both.

Today, because of the rapidly growing interest in Clinical Nutrition (aka Functional Medicine/Orthomolecular Medicine), more and more doctors of all kinds of specialties are becoming Board-Certified in Clinical Nutrition (C.C.N.). The M.D., D.C., D.O., D.D.S., PharmD, N.D., for examples.



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So even though it has now been over 38 years since the establishment (1983) of the profession of the Clinical Nutritionist as described in this document, when it comes to academia, evidently, that is still not sufficient for all the “schools of Nutrition education” to come together and develop a “standard of practice.”

In other words, in medicine, dentistry, chiropractic, acupuncture, etc., there is a standard of practice where you can go to any doctor in these fields and receive relatively the same service and expect the same results. The nutritional science field of Nutrition has not yet developed this.

Additionally, and evidently, there has not been sufficient time, either, for the public, medical industry and dietitians to learn about the correct terminology in respect to calling a Dietitian, a Dietitian, and not a Nutritionist.

Again, Diet and Nutrition are not the same, and because of a lack of knowledge and understanding by the general public, even the dietetic and medical industries, regarding their definitions, differences in research and in the distinction between the role and professions of the Dietitian and Clinical Nutritionist in the field of nutritional science, there is much confusion today.



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THERAPEUTIC & HEALTH MAINTENANCE SUPPLEMENTS – DEFINED

Within two decades, after the introduction of trans fats, processed, industrialized and fast foods in the early 1890's to 1900's, food supplements were on the market, formulated for daily and long-term support of body to “supplement” depleted diets and counter their adverse effects.

For the purpose of brevity in this writing only, please note the following terms:

1. “Vitamins” will represent vitamins, minerals, enzymes, amino acids, etc.
2. “Supplements” will represent “vitamins”, herbs and homeopathic remedies.

In the field of medicine, low-potency, pharmaceutical drugs are available through direct sale (over-the-counter or online) and high potency pharmaceutical drugs are obtained only by prescription from a local, mail order or online pharmacy.

The same applies to “supplements” in the field of nutritional science, in other words, there are:

- Low potency, direct sale supplements formulated for health maintenance, which are available through health food stores, fitness clubs, pharmacies, department stores, and online vitamin companies.
- High potency, concentrated, clinically-formulated (therapeutic) supplements that are dispensed through Clinical Nutritionists and other nutritional practitioners, who also provide maintenance supplements.

The above definitions do not take into consideration how the supplements are manufactured, i.e., are they whole foods, synthetics, or isolates? These three ways supplements are manufactured will be discussed in the section of this document titled, “*Whole Foods or Nutritional Drugs?*”



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Therapeutic (Clinically-Formulated) Supplements

Therapeutic supplements are clinically-formulated to provide the concentrated nutrients the body requires to correct the abnormal nutritional findings identified in a Clinical Nutrition Analysis of the Laboratory Reports from testing human biochemistry so the body has what it needs to heal itself.

*A Clinical Nutrition Analysis is not the same as
a Medical Analysis or interpretation of Laboratory reports.*

Therapeutic supplements assist the body in restoring sufficiency to clinical and sub-clinical level deficiencies or excesses identified in the Clinical Nutrition Analysis, as well as assists the body in its detoxification or elimination processes.

Therapeutic supplements, due to their potency and for clinical use formulation, are dispensed by the Clinical Nutritionist when the individual's Clinical Nutrition Analysis indicates.

Unlike the medical industry, the nutrition industry does not have independent Nutritional Pharmacies, where a Clinical Nutritionist would write a Nutritional prescription for the individual to obtain therapeutic supplements. Hence, today, Clinical Nutritionists have their own in-house Nutrition Pharmacy.

Health Maintenance Supplements

Health Maintenance or simply Maintenance Supplements are low-potency supplements formulated for five primary purposes:

1. To provide daily nutritional requirements to maintain health and prevent disease. To succeed at this, the person's biochemistry must already be healthy. (The definition of health has been provided in another chapter of this document.)
2. To compensate when dietary intake is insufficient, such as when skipping meals, poor diets of processed and/or fast foods, and from other factors.
3. To assist the body in daily detoxification of toxic substances, so that incoming toxins have less of an opportunity of remaining in the body long enough to enter the cells or become embedded in the tissue of an organ or gland.
4. To help the client maintain the health they attained through their Clinical Nutrition Therapy.



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5. To support the body and its biochemistry when suffering from hereditary or acquired weaknesses. In some cases, this requires ongoing therapeutic supplement support, when maintenance supplements are not potent enough.

An acquired weakness is one that occurs after birth and is not hereditary related. For example, therapeutic or maintenance supplements may be required long-term to support the body when it...

- is missing a body part, such as when a gall bladder is removed surgically OR
- has suffered permanent damage from an injury (via accident, abuse or war) OR over time from one's own diet and lifestyle.

Both **Therapeutic and Maintenance** supplements are provided through Clinical Nutritionists and other healthcare professionals who dispense supplements. The findings from the individual's Clinical Nutrition Analysis will identify whether their body requires therapeutic, maintenance or a combination of both types of supplements to accomplish the above five purposes.

Because **Maintenance supplements** are low potency, they do not require monitoring from the Clinical Nutritionist. For example, our clients simply call in their order of maintenance supplements as needed or they may request monthly auto-shipment.

Therapeutic supplements, however, due to their potency and for clinical-use formulation are dispensed by the Clinical Nutritionist when the individual's Clinical Nutrition Analysis indicates and they require periodic retesting and monitoring whether they have been dispensed for therapeutic purposes or when required for long-term support of inherent or acquired weakness.

Why Direct Sell Supplements Are Low Potency!

I have outlined above the purposes for **Health Maintenance** Supplements from a Dietetic and Nutrition research perspective and have shared that one of the primary differences between therapeutic (high) and maintenance (low) supplements is their potency levels.

However, people taking supplements today often think that a vitamin is a vitamin – i.e., that they are all the same, OR they may think that they are being sold therapeutic supplements because they are trying “attempting” to treat the symptoms of their “clinical and sub-clinical” nutrient deficiencies and/or excesses with over-the-counter (OTC), direct sale, low potency supplements.

This is like having a serious “clinical” medical condition and replacing your prescribed drugs with OTC drugs, but expecting the same results.



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What the public does not realize is that the supplements sold directly to the consumer through stores or online are low-potency supplements, regardless of how they are manufactured. Why? Because the manufacturer and distributor of the supplements do not know anything about the people who buy their products. They do not know their medical or health history their food allergies or sensitivities, the state of their biochemical health, or medical diagnoses. Therefore, they produce low-potency supplements to prevent from being sued if the consumer had a reaction.

Consequently, because therapeutic supplements are high-potency, they require professional dispensation and monitoring by a Clinical Nutritionist.

Now that you understand the differences in Therapeutic and Maintenance Supplements, let's look at a brief introduction in the “three” ways supplements are manufactured today. There difference determines whether the body can actually use to their ingredients to heal itself, or not.



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WHOLE FOODS OR NUTRITIONAL DRUGS?

There are three types of supplements manufactured today:

1. Whole food supplements.
2. Synthetic supplements and
3. Isolates (derived or isolated) supplements

Note: #3 above also includes those supplements medically prescribed and purchased through a Pharmacy where a Pharmacist has compounded the ingredients. An example of this is bio-identical hormones. However, they are not listed above because they are not “mass” produced like #1, #2, and #3.

The ingredients included in compounded formulations are generally “derived” from a whole food source, and though I agree they are less toxic than pure chemical pharmaceuticals for hormone replacement therapy (HRT), their long-term effect is the same as any other isolated supplements (#3) explained below.

The information in this section, regarding #2 and #3 above, could have easily been included in the section on “Toxicity” in this document, because they are another type of toxic substance that many people are not yet aware, which is why I refer to them as “Nutritional Drugs.”

Synthetic Supplements

Synthetic supplements are made in a laboratory from non-food sources. For example, petroleum.

Over 6,000 items are made from petroleum waste by-products, including: fertilizer, flooring (floor covering), perfume, insecticide, petroleum jelly, soap, **vitamins and some essential amino acids**. Reference: <https://www.ranken-energy.com/index.php/products-made-from-petroleum/>

Isolated Supplements (Isolates)

Isolates are made by a process that removes or isolates a vitamin, mineral or other nutrient from its whole food source. For example, carrots may be heated until they crystallize and then Vitamin A is isolated (removed) and bottled. However, vitamins, minerals and other nutrients were not innately designed to act on their own. The combination of nutrients, that originally made this now isolated



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Vitamin A function as a whole food, has been left behind and discarded. Therefore, this isolated Vitamin A now acts like a Nutritional Drug within the body, instead of a food.

Hence the above two processes to make synthetic and isolated supplements is the definition of making “Nutritional Drugs.”

A Nutritional Drug is any supplement, whether in pill, powder or liquid form, that contains one or more nutrient that has been:

1. Synthetically-made from non-food sources, thus not 100% whole food.
2. Isolated, removed or derived from its original food source, whether that be a vitamin, mineral, amino acid or any part of a macro- or micro-nutrient. In other words, the nutrient is no longer 100% whole food as nature made it.

The vitamins, minerals, amino acids, etc. within Nutritional Drugs, that are being marketed as supplements, have been artificially-made through the above-described isolation and/or synthetic processes.

For more information on this subject read my article titled, **“The Three Ways Supplements Are Manufactured Today,”** located on the “Supplement” page of my website.

The term, Nutritional Drugs, does sound like an oxymoron, at first. However, the term is appropriate because the body is designed to metabolize only 100% whole food nutrients (which includes water and oxygen). Therefore, the body treats synthetic and isolated supplements as foreign substances (i.e., a toxin or poison), and not a food.

Nutritional Drugs promote higher levels of toxicity within the body, just like any other foreign substance, such as chemicals, metals, and other pollutants, regardless of their source.

Isolated or synthetically-made supplements also suppress and manipulate biochemistry, which over time interferes with the body’s ability to heal and function as innately-designed.

A frequent occurrence or example of this is when you feel some initial relief from your symptoms when you first take an isolate or synthetic supplement; however, after 2-3 months, on the average, you feel right back where you were or worse.



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This is because:

1. The initial relief is from the suppression of symptoms and/or manipulation of your biochemistry.
2. The resurfacing of the symptom is because it takes about 2-3 months, on the average, for the body to deal with this new foreign substance. In other words, it takes that long to eliminate what it can, embed what it can't, and as much as possible keep it from manipulating the biochemistry.
3. The intensification of the symptom is because the isolate or synthetic supplement did not address the cause of the symptom and now more time has passed for the cause to become worse.

Because of the lack of public aware in respect to Nutritional Drugs, people flutter like a butterfly from one brand of supplement to the next, hoping the next one will be the one that gives them some sustainable relief. However, often their experience is one of discouragement, with a cupboard full of opened bottles that they never finished.

*Do you have a cupboard full of unfinished supplements bottles?
Now you know why!*

Unfortunately, due to the confusion about Diet and Nutrition and the lack of public education in their differences, research and professions, the above Nutritional Drug scenario results in:

1. More delays in getting to the cause of their symptoms,
2. More suffering for the person who had faith and good intentions when they purchased their Nutritional Drugs, and
3. More costs in money and effort than engaging in the services of Clinical Nutrition Testing and Therapy. Why? Because through Clinical Nutrition Services they not “testing” not “guessing” at what supplements their body needs AND taking “whole food” therapeutic supplements, not Nutritional Drugs.

Ascorbic Acid (A.A.)

An example of an isolate is Ascorbic Acid or Ascorbate, which most people are aware of because it is marketed as Vitamin C. However, it is not Vitamin C, it is only the outer coating of the Vitamin C Complex. When I use the term “Vitamin C” or “Vitamin C Complex,” I am referring to the whole Vitamin C as nature made it in food and herbs – with nothing added, removed, extracted, derived, isolated or manufactured in a laboratory from non-food sources.



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There are six known parts that comprise the complete Vitamin C Complex: 1) Bioflavonoids, 2) Tyrosinase, 3) – 5) P, J and K factors and 6) Ascorbic Acid, being its outer coating. I say known parts, because scientists of all fields, from nutrition to medicine to quantum physics, do not know everything so at some point in the future, we may discover other nutrients within the Vitamin C Complex.

The **American Journal of Clinical Nutrition** (Vol. 87, No. 1, 142-149, January 2008) reported that supplementation with Ascorbate or Ascorbic Acid (erroneously called vitamin C) devastates the muscle, causing impairment in mitochondrial function, loss of endurance, and inhibition of the body's own antioxidant enzymes superoxide dismutase (SOD) and glutathione peroxide.

Levels of SOD and glutathione enzyme are known markers of health and any substance that causes a substantial decrease in the levels of these essential antioxidant enzymes, disrupts the body's immune system, lowering the capacity to resist infection and disease.

In this case, rather than being a beneficial antioxidant, as most people think, Ascorbate or Ascorbic Acid, has shown to work as an adverse pro-oxidant.

Long-term intake, which from my clinical observations, means for longer than two months, leads to a insufficiency or deficiency in the very type of nutrient you think you are taking.

In other words, Nutritional Drugs interfere with the metabolism of the whole food forms of nutrients that you are taking. So, when you take the isolated Ascorbic Acid or Ascorbate, it interferes with the metabolism of the Vitamin C Complex in whole foods and leads to Vitamin C deficiency.

Healthcare Professionals Whose Therapy Include Nutritional Drugs

Not all Clinical Nutritionists (Ph.D. or C.C.N.), Nutritionists, or other healthcare professionals, who recommend or dispense supplements today, are aware of their manufacturing differences and/or the definition and consequences of Nutritional Drugs. This also includes Dietitians, some of whom, are now recommending and dispensing supplements.

Using a Nutritional Drug, whether for therapeutic or maintenance purposes, for longer than two consecutive months may have an adverse effect on the specific parts of or the overall biochemistry for which the Nutritional Drug is targeting. Starting with the red blood cells, for example, which then results in a chain reaction on the rest of the body.

Unfortunately, those who are not aware of what I call the “whole food concept of healing,” routinely recommend and/or dispense isolates and synthetics for daily therapeutic or maintenance purposes.



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Nutritional Drugs Sold To The Public

Therefore, the general public is unaware that the majority of low-potency vitamin supplements available to them through health food stores, health clubs, pharmacies, department stores and/or online are isolates and synthetics AND this may also apply to the therapeutic or maintenance supplements dispensed to them through Board-Certified Clinical Nutritionists (Ph.D. or C.C.N.), Nutritionists (C.N., C.D.N.), Dietitians, and other health care professionals (M.D., D.C., D.O, etc.), who are also uninformed. Consumer Beware!

Whole Food Supplements

Talking about saving the best to the last! Having read the above regarding isolates and synthetic supplements, first, I think you will now more fully appreciate why whole foods are the only type of supplements you should be taking for both maintenance and therapeutic purposes.

Because I have already explained the differences in Therapeutic and Maintenance supplements, you only need to insert the words “whole food” before the word “supplement,” as in Therapeutic Whole Food supplements and Maintenance Whole Food supplement to understand which are preferred.

Because the body (biochemistry) was designed for whole foods in diet and supplements, these are the only types of supplements manufactured today that will provide the nutrients your body requires to heal (therapeutic supplements) and to stay healthy (maintenance supplements) and to prevent disease.

What do I mean by heal? Healing is when the body uses the nutrients it needs to:

1. Repair damaged cells and tissue in the organs, glands and body systems that have been suffering from short- and/or long-term nutrient deficiencies/excesses and toxicity OR
2. Regenerate (grow, new healthy) cells to replace the cells that cannot be repaired or that have been decaying (or are dead) for the same reasons (deficiencies/excesses and toxicity).

When an organ, gland or body system experiences more damaged, decayed and dead cells than healthy cells, this is called, “disease.”

However, let’s not get the cart before the horse here. The first step in healing is to obtain a Clinical Nutrition Analysis of your biochemistry so you know exactly which nutrients your body requires to heal itself.



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CLINICAL NUTRITION IS FOUNDATIONAL THERAPY

Clinical Nutrition Therapy is not “alternative” therapy, it is foundational therapy. Why? How long do you think you would live without air, food and water? Not long. The term “alternative” means you have a choice in accepting or rejecting the therapy. Human beings do not have a choice when it comes to the need for quality (purity) and quantity (sufficiency) of air, food and water, if they expect to live a healthy, long life.

Remember above when I said that because the general public has not been educated in the three ways supplements are manufactured today that many people are flittering like butterflies from one isolate or synthetic supplement to the next, wondering why nothing is really working? And remember when I mentioned that people would save a lot of time, energy and money by engaging in Clinical Nutrition Testing and Therapy Services because would be “testing” and not “guessing” about what their body needs to heal itself.

Think of it this way: If you were taking a road trip to an unknown destination (Point B), you would not leave home (Point A) without a map or GPS system. Otherwise, you may become lost, and/or the trip would take longer and cost you more in time, energy and money, than it would if you had the information you required to go directly from point A to B.

So, regarding the destination of “Health,” a Clinical Nutrition Analysis of your biochemistry is like a map or GPS. It will scientifically outline the journey from Point A (poor health) to Point B (Optimal Health) and thus, save you time, energy, and money.

Clinical Nutrition Testing and Therapy will also put an end to the “delays” in getting to the cause of your symptoms. Delays that have been caused from flittering from one supplement to another or one practitioner to another, because you did not know that Clinical Nutrition is foundational therapy. **This means Clinical Nutrition Therapy can stand alone, as well as enhance the effectiveness of all other types of therapy.**

In fact, without it, other therapies often provide either temporary relief or none at all. Also, for all that you may gain from other therapies, you may also lose some part of your body or compromise your long-term health for some short-term gain.



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For example:

1. Chiropractic adjustments will not hold if the tissue around the vertebrae is not nutritionally sufficient. This results in only temporary relief, or no relief at all, and is the reason why people have to keep going back to their Chiropractor for re-adjustments, over and over again.
2. In medicine, drugs and surgery are the two primary methods of treatment...
 - a. Pharmaceutical drugs deplete the body of nutrients and increases toxicity, so patients in drug therapy need Clinical Nutrition Testing and Therapy to identify the nutrients that needs to 1) be replenished and 2) support the body's detoxification pathways (liver, kidneys, etc.).
 - b. When surgery is elected or required, Clinical Nutrition is also needed to provide concentrated therapeutic nutrients to assist in the healing processes (i.e., repairing and regeneration) of any cells, tissue, bone or body part that has been broken or cut surgically. Without Clinical Nutrition, the bone or tissue may heal to a certain degree, but may not heal completely.

For example, physicians and the public assume that after setting a broken bone or having surgery, for any reason, that the body will heal completely on its own. However, how many former athletes can tell changes in the weather in their later years when pain resurfaces in an area of the body that suffered from a broken bone or surgery when they were in their youth? If that area of the body had completely healed, this weather meter would not exist.

So, no matter what other therapies you are using, you will have greater success when you add Clinical Nutrition Testing and Therapy.



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THE DEFINITION OF HEALTH

The public has come to believe that the definition of Health is either:

1. Being symptom free OR
2. When Laboratory Reports and/or other medical tests are “Normal.”

Normal, from a medical analysis or interpretation of human biochemistry (blood, urine, hair, saliva, stool, etc.), means that test results are within the Laboratory’s or medical test’s reference ranges.

As good of news as that is, it still does not mean you are healthy.

And, though it is true that anyone who is truly healthy has no symptoms, the **Nutrition Facts** are people:

1. Can be symptom free and still be unhealthy and
2. All test results can be in the “normal” reference range on lab reports and in other test findings, but that does not necessary mean that you are healthy.

Why? Because when your test results are normal in a medical analysis or interpretation of your Laboratory Reports, for example, this means you do not currently have a disease or any life-threatening chemistry. **It does not mean that your biochemistry is healthy.**

Remember that the purpose of the medical industry is to diagnose, treat and manage disease and/or life-threatening states and provide emergency medical assistances to save lives, i.e., when your biochemistry is in a disease or life-threatening state or an injury has threatened your life.

So How Can Someone Be Symptom Free AND Unhealthy, You May Ask?

Because Health is not measured by the lack of symptoms. Some areas of the body take months, years, even decades before the symptoms of nutritional deficiencies/excesses, toxicity, biochemical imbalances, and organ, gland and/or body system dysfunction present themselves.

For those who are currently symptom free, it is prudent to have a Clinical Nutrition Analysis of your biochemistry so that you can correct the above stages before they present their symptoms.



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For those who are currently suffering from symptoms, whether at the onset or if you have been suffering for a while, it is prudent to be thoroughly tested and examined medically, first.

The above two **Nutrition Facts** (being symptom free is not a measure of Health and a person can have normal medical test results and still be unhealthy) are just on the horizon of public awareness.

Why? Because too often today, people seek medical attention for the cause of their symptoms and when all their medical tests come back normal (though good news), they are told:

1. There is nothing wrong with you,
2. It's all in your head, or
3. Come back in six months or later and we will retest.

Why retest in six months or later? This is because without answers to take the appropriate action, the causes of their symptoms will get worse and perhaps at some future point, they will have progressed to the disease or life-threatening stage, where the causes can be seen from a medical interpretation of their lab reports.

When there is no medical cause for your symptoms, this simply means you are in one or more of the following stages. When Stages 1 to 4 below are not corrected, in time, they become the biochemical causes for the development of degenerative diseases.

In other words, disease is preceded by the following stages and when all your medical tests are normal, indicating you are not currently in the disease stage (Stage 5), you know that what you are experiencing is not the symptoms of disease, but the symptoms of:

1. Nutritional deficiencies or excesses and
2. Toxicity in time cause
3. Biochemical imbalances, which then in time leads to
4. Organ, gland or body system dysfunction.

Disease, then, is a result from experiencing long-term deficiencies/excesses, toxicity, imbalances and dysfunctions in the organ, gland or body system where the disease has been diagnosed.

*Symptoms of Stage 1 to 4 Can Feel the Same as the Symptoms of Disease.
Frequency and Intensity become more constant and severe the closer to or in the Disease Stage.*



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So, when your physician informs you that there is no medical cause for your symptoms, then you have scientific certainty that the solution to the causes of your symptoms is within the scope of Clinical Nutrition because you are still in Stage 1 to 4, which precedes Stage 5 (Disease) and this is good news!

Unless the general public becomes aware of the above, they will continue to treat the symptoms of deficiencies to dysfunctions (#1 to #4 above) with drugs to suppress their pain and discomfort and miss the opportunity to improve the health of their biochemistry and thereby, prevent the development of the disease (#5) that is currently in process.

And more Good News is that when you become aware of the above and seek Clinical Nutrition Testing and Therapy, your health will improve, regardless of what stage your body is in (#1 to #5). Why? because when you address the causes from #1 to #4, you automatically improve the Health of your biochemistry by providing your body with the nutrients it requires to heal itself.

And here is even more, Good News... in Clinical Nutrition Therapy, your symptoms go away naturally on their own because you are addressing their cause (#1 to #4).

You see, Symptoms are not the Disease. Symptoms are a communication system within your body to get your attention so you will identify through testing your biochemistry:

- 1) What nutrients it is lacking at a cellular level to heal itself and then provide what it needs and
- 2) What is interfering in its ability to heal, so you can stop or remove the interferences. This may be toxicity, where your body needs help in removing toxins or you may have scars, tattoos or piercings or other factors interfering with the flow of energy, etc.

Like any other communication system, the messenger leaves once the communication has been received. So, once you start providing #1 and #2 above, your cells know that their message has been received and they stop producing the symptoms (the messenger).

My clients have often heard me say, “As long as you are still breathing, you have an opportunity to improve your health through Clinical Nutrition Testing and Therapy.”

So, you may be wondering., “If being free of symptoms, having no disease and/or life-threatening chemistries is not the Definition of Health, What is?”

In biochemistry, the definition of Health is Homeostasis (biochemical balance).

In other words, your test results on the Laboratory Reports from testing your biochemistry (blood, urine, hair, saliva, stool, etc.) are within the Clinical Nutrition reference ranges for homeostasis.



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For example, let's look at a Clinical Nutrition Analysis of the Laboratory Report from testing the biochemistry of one of my clients, specifically his blood chemistry.

One of the chemistries tested was Blood Urea Nitrogen (BUN). BUN is by-product of protein metabolism eliminated through the kidneys, thus making BUN one of several indicators of kidney function (health).

On his Quest Diagnostics' Laboratory Report, the reference range for BUN is 7-25 mg/dL and Roy's test result were 11. Because 11 is within the reference range of 7-25, his Laboratory Report indicated Normal in the Flag column. From what my client had been taught a normal BUN from a medical analysis or interpretation means a healthy BUN.

However, this actually means his BUN is not a life-threatening level of chemistry, and if his physician's interpretation of his other kidney-related tests were also normal, it would mean he does not currently have a kidney disease. All good news.

However, none of the above, necessarily means Roy has a healthy (or optimally functioning) kidney unless his test result of 11 is also in Homeostasis.

So, now let's look at Roy's BUN to see if it is truly healthy.

From the reference range of 13-17 for a Clinical Nutrition Analysis (for homeostasis) of the same Laboratory Report, we see that his BUN test result of 11 was not in homeostasis, but actually low, i.e., below the normal reference range for homeostasis.

So, from his physician's medical interpretation, his BUN was Normal and thus, did not indicate a life-threatening blood chemistry or kidney disease. However, from a clinical nutrition interpretation his BUN was not healthy, and his kidneys were functioning sub-optimally (i.e., in Stage 4 above).

How severe is this kidney dysfunction? That depends upon whether the BUN was his only kidney-related blood chemistry outside of Homeostasis or there were others. A person can have a highly dysfunctional kidney from a Clinical Nutrition (or Homeostasis) perspective, that has not yet reached the disease stage (#5); even experiencing severe and chronic kidney-related symptoms that have not yet reached the disease stage.

This is why it can be frustrating for both the patient and physician when the patient is suffering so severely, yet medical tests reveal "normal" test results, indicating no medical cause for their symptoms.



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So, Health is defined by having all of your test results on the Laboratory Reports from testing your biochemistry (blood, urine, hair, saliva and stool) within the Clinical Nutrition reference ranges for Homeostasis.

Health is defined not by being symptom free and/or when your test results are only within the Lab's reference ranges. Why? Because your test results can be within the Lab's reference range and not be in Homeostasis (i.e., biochemically "Healthy."). However, when your test results are in Homeostasis, they will also be within the Laboratory Reports reference ranges.

A Clinical Nutrition Analysis of your biochemistry will identify the nutritional deficiencies/excesses, toxicity, biochemical imbalances and organ, gland and body system dysfunctions that you currently have, whether you are experiencing symptoms yet or not, and thus give you the opportunity to bring your biochemistry into homeostasis. Thereby, becoming truly healthy and prevent disease.

And this is the definition of true preventative healthcare.



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THE SOLUTION IS IN THIS SUMMARY

In this summary of the services of a Clinical Nutritionist (Ph.D., C.C.N.) lies the solution to restoring and maintaining optimal Health or Homeostasis, and the reversal and prevention of the process of disease.

The Keys To Health and Longevity

In Clinical Nutrition (aka Functional Medicine and Orthomolecular Medicine), we scientifically assess the internal effects of the diet, supplementation, toxicity, lifestyle practices and environmental exposures through a Clinical Nutrition Analysis of the Laboratory Reports from testing your biochemistry (blood, urine, hair, saliva, stool and genetics).

Then, based on the findings from our Clinical Nutrition Analysis, we are able to identify and provide you with the following, which is known as Clinical Nutrition Therapy. Clinical Nutrition Therapy then provides you with the greatest opportunity to assist your body in healing itself.

Clinical Nutrition Testing and Therapy will...

1. Identify and provide what your body needs to heal itself, i.e., the specific clinically-formulated (therapeutic), high potency, “whole food” nutrients and therapeutic dietary plans based on the findings from testing your biochemistry.
2. Identify and provide solutions to what is interfering with your body’s healing processes.

I coined the above 2-Step process, the “Keys to Health and Longevity.”

Principle-Centered Lifestyle*

Along with the above, we provide lifestyle coaching to help you develop *a principle-centered* healthy lifestyle.*

A principle-centered, healthy lifestyle is one where your diet and lifestyle practices are based on and in harmony with the principles or laws of biochemistry, biology, physiology, bioenergetics and quantum physics.



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You want your diet and lifestyle to be congruent with these principles so you are working with and not against them. We all know the outcome from working against the principle or law of gravity and that is injury, sometimes minor and sometimes fatal.

Similarly, due to a lack of this education in principle-centered living, right now, every day, people are working against these principles and causing and/or contributing to their own illnesses and diseases, even premature death.

Health Maintenance Program

When a Clinical Nutrition Analysis of the Laboratory Reports from retesting your biochemistry indicate that you no longer need Clinical Nutrition Therapy, a Health Maintenance Program will be provided to help you maintain your optimal test values so you may sustain the healing attained through your Clinical Nutrition Therapy, maintain health and prevent future disease. This is called your Health Maintenance Program.

CONCLUSION

Long-term poor quality and insufficient intake of whole foods, lack of proper food preparation, unhealthy lifestyles, along with toxicity, are the root causes of illness and disease that has not resulted from injury or hereditary factors.

Diet and Nutrition are not the same, and because of a lack of knowledge and understanding by the general public, even the dietetic and medical industries, regarding their definitions, differences in research and in the distinction between the role and professions of the Registered Dietitian (R.D.) and the Board-Certified Clinical Nutritionist (C.C.N.) in the field of nutritional science, there is much confusion today.

However, now that you have this knowledge and understanding from reading this article, you have the ability to discern rather than be confused by what appears “on the surface” to be conflicting information about Diet and Nutrition.

Also, by understanding the differences in the nutritional science (research) and professions of the Dietitian and Clinical Nutritionist, you now know who you need to seek, depending upon which profession is best designed, to help you with your specific health goals and concerns.



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**For more information and to obtain a Clinical and Sports
Nutrition Analysis of your Nutritional Biochemistry contact:**

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ABOUT DR. SMITH

Dr. Donna F. Smith has a Ph.D. in Clinical Nutrition, is a Doctor of Naturopathy (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** and newspapers, such as **The Villager**, which serves South Denver, Colorado.

She is 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, hair and genetics)** to identify clinical and sub-clinical nutritional deficiencies and excesses, biochemical imbalances, and organ, gland and body system dysfunctions.

From the findings of these scientific Laboratory Reports, Dr. Smith designs and dispenses therapeutic, whole food supplements and a Therapeutic Dietary Plan, which is a list of foods selected for their specific food chemistry effect on the individual's biochemistry as identified in their test results.



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Dr. Smith's Clinical Nutrition Services are also provided for and through other **health or disease care providers**, who want to offer clinical nutrition services to their patients, yet do not have the time or training to do so.

For decades, Dr. Smith's **Clinical Nutrition Testing, Therapy, and Personalized Dietary and Lifestyle Education Services** have been 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 their specimen samples and then mail them directly to her Labs.

So, no matter where you live, you can access Dr. Smith's Clinical Nutrition Services.

Dr. Smith has successfully assisted every client who has contacted her in how to improve their health, no matter what their health challenge, such as, but not limited to increasing energy, balancing hormones, improving mental function, strengthening muscles, joints, and the spine, restoring over-all organ/gland and body system function, such as the heart and circulatory system, the immune system, etc., improving the quality and quantity of hair and nails, managing weight, clearing skin, preventing/reversing disease processes and enhancing life and/or sports performance.

Dr. Smith's clientele resides in 37 U.S. States and seven international countries. Therefore, no matter where you live, you can access Dr. Smith's Clinical Nutrition Services from the comfort of your own home.

For more information, to order a clinical nutrition analysis and laboratory tests, and to contact Dr. Smith, call (940) 761-4045 or e-mail her at ACNServices@AdvancedClinicalNutrition.com.

Meanwhile, please browse her Visitor website at www.AdvancedClinicalNutrition.com, subscribe to Dr. Smith's FREE Newsletter (HealthQuest e-News), and read Free Articles by Dr Smith.



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You may also follow Dr. Smith on:

- LinkedIn at <https://www.linkedin.com/in/DrDonnaFSmith>
- Facebook at <https://www.facebook.com/DonnaFSmithPhD>

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. To be fully informed of all your options requires both a Medical and Clinical Nutrition Analysis (or interpretation) of your Laboratory Reports from testing your biochemistry (blood, urine, hair, saliva, stool and genetics).

It is also the author's intention to help you understand the importance of Clinical Nutrition Testing and Therapy because it is foundational in identifying and providing what the cells and tissue of the organs, glands and body systems within all living beings, both human and animal require to heal itself and maintain health.

This fact has not been included in Public Health Education because in the United States, for example, Public Health Education is still focused on Disease, rather than Health.

The Biochemical and Bioenergetic Health of your Cells determines the Health of your Body.