

Morton's Toe

Morton's Toe is characterized by the second toe being longer than the big toe. It is thought to be caused by an inability of the body to convert Vitamin B-6 to its active form via a process called phosphorylation. It is very common in those who suffer from fibromyalgia, myofascial pain syndrome, hypothyroidism (usually low Iodine) and asthma. It is usually improved by taking Pyridoxyl-5-Phosphate (P5P) and Magnesium daily. The toe probably won't shorten, but the symptoms will improve. Low Iodine is tested by simply painting a small circle on the abdomen with an Iodine solution and seeing how long the stain remains. Less than 24 hours reflects a deficiency. Repeating this weekly until the stain stays 24 hours is usually done. A chelated form of Magnesium is also warranted in Morton's Toe. 'Chelated' simply means that the mineral is tied to a simple sugar which pulls it into the cells faster and more completely. Absorption goes from 15% to 85% using Magnesium Gluconate as opposed to Mag Oxide. Also, Magnesium should not be taken with Calcium. Calcium competes for the same absorption sites and interferes with its uptake. They should be separated by at least 6 hours with the magnesium taken preferably at bedtime. P5P is an activated B6 which is also helpful in autistic and ADD/ADHD individuals. We carry it at the pharmacy. See our website www.Larryspharmacies.com or call Larry for more information.