

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Isn't it a hoot ...

WATCHING THE SHENANIGANS ...

of the health food industry? A classic example is the way they snookered thousands of innocent victims with the outrageous claim that ...

CARNITINE ...

is a "fat burning nutrient." They added it (just enough to get it on the label) to idiotic combinations of vitamins, minerals, and herbal drugs in countless products promoted as weight loss aids.

When I call this "a classic example" of health food industry charlatanism, I mean that it displays perfectly its modus operandi. These crooks look for a fragment of scientific truth (in this case, the fact that carnitine increases the oxidation of fatty acids), and then quote it out of context, extrapolating from that fact conclusions that have no basis in reality.

Does carnitine pull fat out of storage to be burned for energy? No. Has even one person ever lost a single pound of body fat as a result of carnitine supplementation? No. Yet the gullible masses swallowed millions of dollars worth of "fat burning" formulations believing there was scientific evidence supporting their futile (and costly) behavior.

Fortunately, NUTRI-SPEC practitioners have been benefiting for years from the true value of carnitine. As part of your Activator, carnitine has given a metabolic boost to every single one of your nutrition patients. Carnitine is also a major component of your Formula ES because of its beneficial effects not only on myocardial energy production, but also because it is one of the most effective ways to lower elevated triglycerides (one of the few primary risk factors for heart attacks and strokes).

Carnitine is also a critical component of the Oxygenic A that you give to all your patients with an anaerobic metabolic imbalance. Why? Your anaerobic patients show a deficiency of oxidative metabolism reflected in their over-dependence on anaerobic glycolysis. In particular (as reflected by their high urinary surface tension and low oxidation index), these anaerobic patients are deficient in the ability to oxidize fatty acids. In reversing the deficient oxidation of fatty acids, carnitine improves cellular energy production, with the resultant benefit of decreasing the excess lactic acid build up typical of anaerobic patients (while, of course, it lowers the surface tension and improves the oxidation index).

Carnitine is also a critical constituent of your Oxygenic G that you give all your glucogenic patients. A glucogenic imbalance is typified by a desperate need for more energy production via the beta hydroxy butyric acid metabolic pathway. In facilitating the oxidation of fatty acids, carnitine feeds this need of your glucogenic patients perfectly.

Now, we offer you carnitine for yet another purpose. Carnitine contributes in a major way to the power of your Diphasic Nutrition Plan. It is found in your Go Power, or Diphasic A.M. supplement that will protect all your patients against pathological hyperplasia when taken in the morning (in harmony with the anti-anabolic phase of your patients' diphasic metabolic cycle).

Carnitine is a betaine derivative (this is one more example of the amazing biological activity of betaine, another ingredient in your Diphasic A.M.) of beta hydroxy butyrate. Carnitine is synthesized in the liver, and in the brain and kidney, from lysine and methionine, with catalysts vitamins B6, B3, C, and folate. In our natural diet, carnitine is found in meat and in milk products.

Just what does carnitine do? Most fundamentally, carnitine transfers long-chained fatty acids into the mitochondria of cells. What are the benefits? Just consider this long list of biological effects attributed to carnitine in the scientific literature:

- Carnitine increases the oxidation of fatty acids, and thereby increases ketone formation (this is one of the facts seized upon by the

unscrupulous health food industry as “proof” that carnitine will “burn fat”).

- Carnitine increases liver co-enzyme A.
- Carnitine stabilizes the Co-A-SH/Acetyl-CoA ratio.
- Carnitine increases the conversion of ammonia to urea.
- Carnitine is a buffer for acetyl groups which are present in excess in some tissues during ketosis and as a result of hypoxic muscle activity.
- There are conflicting reports in the literature as to whether carnitine improves athletic performance. Some studies say yes, some studies say that it does not improve exercise performance in normals, but does definitely increase exercise performance in cardiac patients.
- Carnitine has been shown to increase the survival of hypoxic mice.
- Carnitine appears to decrease lipid peroxidation.
- Carnitine reduces lactic acid production.
- Carnitine protects membrane structures.
- Carnitine improves insulin resistance. It decreases the spike in glucose concentration after glucose administration, and decreases the associated insulin secretion.
- Carnitine was shown to be beneficial in reducing chronic fatigue.
- Carnitine supplementation (along with vitamin B12) was shown to decrease anorexia.
- In rats, carnitine decreases the age-associated decline in mitochondrial function and general metabolic activity.
- Carnitine has been shown to decrease drug-induced seizures in mice, while preventing the increase in lactic acid and the decreased ATP and decreased phosphocreatine typical of seizures.
- Carnitine has been shown to decrease lipid-induced immune suppression.

- Carnitine increases lymphocyte proliferation following mitogenic stimulation, and increases white blood cell motility.
- Continuing with studies that show carnitine's benefit on the immune system, there have been many studies showing that carnitine decreases inflammatory cytokines, decreases interleukins, and decreases tumor necrosis factor in mice with induced sarcoma.
- Regarding its role as a protector against cardiovascular disease, it has been shown that carnitine:
 - protects myocardial infarct patients against cardiac necrosis.
 - improves fat metabolism in the heart (as well as other organs)
 - decreases lipid peroxides in the heart.
 - improves heart muscle exercise tolerance.
 - decreases angina pain
 - is a vasodilator of coronary blood vessels, and lowers blood pressure.
 - decreases the elevated LDH levels in myocardial infarct patients.
 - decreases left ventricle enlargement.
 - decreases the incidence of arrhythmias, including the occurrence of ventricular fibrillation in the early stages of ischemia.
 - decreases peripheral vascular disease.
 - decreases congestive heart failure.
 - has a dramatic impact on decreasing triglycerides. It decreases elevated cholesterol as well, but has a far greater effect on triglycerides. Carnitine also increases high density lipoproteins.
 - The corollary to the preceding statement is that studies have shown that a deficiency of carnitine is a causative factor in increasing triglycerides, both in the liver and in the serum.

You need to give some special thought to how this information relating carnitine to protection from cardiovascular disease relates to

you and your patients. If you have been around NUTRI-SPEC any length of time at all you have heard me say countless times,

**“IF YOU DO NOTHING ELSE WITH NUTRI-SPEC,
USE IT FOR YOUR PATIENTS AT RISK
FOR CARDIOVASCULAR DISEASE.”**

Now that I have paused to think about that statement for a moment, it almost makes me laugh a little, since we are all at risk for cardiovascular disease.

The truth is, despite the “progress” of medical science over the last two decades, 50% of all Americans still die of cardiovascular disease. That statistic has remained unchanged for a long, long time. Think about that. Half of your patients are going to die of heart attacks and strokes; half your family members are going to die of heart attacks or strokes; you, if you can reduce yourself to a statistic for a moment, stand a 50% chance of dying of a heart attack or a stroke. In other words, we are all more likely to die of a heart attack or a stroke than of all other causes of death put together.

Medical science has yielded virtually nothing in the way of progress in this area, simply because it totally fails to address the issue of cause. All the many causative factors in cardiovascular disease can be reduced to a few simple categories:

- oxidative damage to the heart
- oxidative damage to the vascular system
- oxidative metabolic insufficiency of the myocardium
- oxidative metabolic inefficiency throughout the body leading to the build-up of easily oxidized lipid and sugar-protein complexes.

There are no pharmaceuticals that can correct these causative factors, only that can minimize the effects.

The happy news for us is that there are ways to correct the causes of cardiovascular disease nutritionally. All the big guns that have scientifically proven their worth in this regard are part of your NUTRI-SPEC System. Almost all of them are part of your Diphasic Nutrition Plan.

We just talked in depth about carnitine, but consider what you learned the last few months about co-enzyme Q-10, about lipoic acid, about betaine, and about mixed tocopherols, and about palm tocotrienols – all effective protectors of the cardiovascular system. Not only does carnitine lower blood pressure, reduce angina, prevent

arrythmias, improve myocardial response to exercise, and prevent congestive heart failure, but so does Co enzyme Q-10, which is in both your Diphasic A.M. and your Diphasic P.M. Co enzyme Q-10 also triples an end-state heart failure patient's survival rate. Not only does carnitine lower serum triglycerides, but lipoic acid (which is found in both your Diphasic A.M. and Diphasic P.M.) does so just as well.

If you have not already begun doing so, it is time to begin giving your patients the truth about cholesterol – that it is not an independent risk factor for cardiovascular disease. That has been known now for several years at least. It is the other blood fat, triglycerides, which is an independent risk factor. In fact, it is one of the top three independent risk factors for cardiovascular disease. And nothing will lower serum triglycerides more effectively than specific use of your NUTRI-SPEC supplements combined with the NUTRI-SPEC Fundamental Diet.

While you are enlightening your patients with regard to the truth about risk factors for cardiovascular disease you should also tell them about homocysteine. It is the number one risk factor for cardiovascular disease, and there is only one way to lower it, and that is as described in last month's Letter with your NUTRI-SPEC supplementation.

Are you beginning to appreciate the power you have to stop the progression of CVD, and in fact, to reverse it in many cases? Your Diphasic Nutrition Plan includes Diphasic A.M. and Diphasic P.M. supplements used in conjunction with Oxygenic A+ and Oxygenic D+ in all cases. For your CVD patients you will add Formula ES and Taurine. This combination of nutrients will yield (as hundreds of other NUTRI-SPEC practitioners have already discovered) astonishing results for most of your CVD patients.

Do not delay. More than half the people you know are already at least a few steps down the path leading to their demise by CVD. Today – get them started on you Diphasic Nutrition Plan.

Sincerely,

Guy R. Schenker