

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

Volume 14 Number 10

From:
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October, 2003

Dear Doctor,

What causes heart attacks and strokes?

- High triglycerides
- Low HDL cholesterol
- Dietary deficiency of saturated fat and cholesterol
- Excess dietary polyunsaturated fats
- Excess dietary carbohydrates (particularly fructose sugar)
- Thyroid insufficiency
- Excess estrogen
- Testosterone insufficiency
- Excess catecholamines
- Excess cortisol
- Excess insulin (or dysinsulinism)
- Oxidative stress to the heart
- Oxidative stress in the arteries
- Oxidation of LDL cholesterol (with release of metalloproteinase enzymes)
- Chronic inflammation of the arteries
- Excess proliferation of cells lining the arteries
- Platelet aggregation and RBC Rouleux formation
- Excess prostaglandins (particularly thromboxane)
- Excess vasoconstriction
- Magnesium deficiency
- Excess calcium (pushing out magnesium) in the heart, blood vessels, and vasomotor nerves
- Trace mineral deficiencies

Quite an exhaustive list, isn't it? (Note that elevated serum cholesterol is not on the list, and neither is excess dietary intake of cholesterol --- which is the point we made in your two most recent NUTRI-SPEC Letters.)

How do you possibly sort through all these causative factors to construct an effective clinical protocol to serve your patients at risk for cardiovascular disease (CVD)? It is quite simple --- do NUTRI-SPEC testing on your patients, and back up your NUTRI-SPEC findings with selective use of blood work.

Here is a list of clinical indicators of CVD risk. In other words, this is a list of factors indicating the likelihood that one or more of the above listed causes of CVD are at work in a particular patient, and, why those causative factors are active in that particular patient.

- Electrolyte Stress Imbalance
- Anaerobic Imbalance
- Dysaerobic Imbalance
- Sympathetic Imbalance
- Ketogenic Imbalance
- Cardiac arrhythmia
- Elevated triglycerides (particularly elevated triglycerides to HDL cholesterol ratio)
- Elevated homocysteine
- Elevated C-reactive protein
- Thyroid functional evaluation

Do you appreciate the significance of the two lists you have just read? The knowledge you have in the first list puts you far above the vast majority of clinicians in your understanding of CVD causes. As unbelievable as it may seem, we have a condition that kills more than 50% of all people, yet most doctors are almost entirely ignorant of the causes of this condition. How unbelievably absurd is that? You (and your patients) can be quite pleased that you have risen above the standards of mediocrity that characterize the healing arts professions.

The real beauty is in the second list. Here, you have 10 clinical indicators that inform you completely about the 22 causative factors of CVD.

Do you see how valuable you are to your patients? You have the ability to define and monitor the 22 causes of cardiovascular disease with 10 clinical indicators. Now that you have developed a complete picture of the complexity of CVD, you should also begin to appreciate that you, as a NUTRI-SPEC practitioner, are uniquely in a position to

actually do something about it. We have said repeatedly for more than 20 years now ...

**IF YOU DO ABSOLUTELY NOTHING ELSE
WITH NUTRI-SPEC, TREAT PATIENTS WITH
HYPERTENSION AND CVD.**

You will, with NUTRI-SPEC save lives of patients at severe risk for heart attacks and strokes.

Imagine a patient coming to you who has already had one heart attack, has triglycerides over 1000, blood pressure in the stratosphere, and a pulse that bounces up to over 100 at the slightest provocation. Imagine further that within a year you've got the patient's triglycerides down below 200, the blood pressure is high normal and the pulse is steady and strong. Furthermore, the patient has been able to eliminate four of his six medications prescribed by the Cardiologist, and is feeling better than he has in years. How many cases like that does it take to build a booming nutrition practice? These people will flood your office with referrals.

Just as gratifying as saving lives is enriching lives with NUTRI-SPEC. Do you see the magnificent prophetic capacity of your NUTRI-SPEC testing system? Your NUTRI-SPEC system allows you to identify the early stages of CVD 20 years or more before the typical physician will identify a pathology, and as much as 25-30 years before the heart attack or stroke. You will find patient after patient who has taken several giant steps down the road leading to death from CVD; patients you will rescue and redirect down the road to happy-ever-after.

With what you have learned about the true nature of the pathology underlying CVD, you can clearly understand that the most direct and effective way to minimize CVD risk is to accompany your NUTRI-SPEC Fundamental Diet with NUTRI-SPEC supplementation --- particularly Taurine, and the powerful anti-oxidants in Diphasic A.M. and Diphasic P.M.

We finished last month's Letter by singing the praises of Taurine. A tremendous amount of research for nearly 20 years has demonstrated its protective affect against heart attacks and strokes. Its benefits are largely the result of its effect on calcium and magnesium metabolism. Taurine helps keep calcium out of the myocardium and the smooth musculature of the arterial intima, and allows magnesium to fully exercise its biological role. But beyond protecting against excess calcium and enhancing the effects of magnesium, taurine also facilitates

the elimination of excess cholesterol, and promotes vasodilation, and best of all actually decreases the size of atherosclerotic lesions.

Having celebrated the benefits of Taurine, we will now consider your other big guns against cardiovascular disease.

You know that Oxygenic A-plus and Oxygenic D-plus, along with Diphasic AM and Diphasic PM are the keys to preventing and reversing pathological hyperplasia and pathological disintegration. Pathological hyperplasia includes the anabolic, atherosclerotic phase of CVD; pathological disintegration, as it relates to the heart and blood vessels, includes the catabolic oxidative damage to the heart and vascular walls.

Your Diphasic AM contains the betaine to reverse the aberrant metabolic process that results in the buildup of homocysteine; glucosamine and chondroitin sulfate help build strong arterial walls; the chondroitin sulfate also protects the heart and blood vessels against degenerative changes, as do the carnosine, the carnitine, the Co Q-10, and the whole family of tocotrienols and tocopherols and lipoic acid.

As decreasing elevated triglycerides is one of your most important clinical goals, you must begin to appreciate lipoic acid. Nothing compares with lipoic acid as the means to lower triglycerides, and it does so by several mechanisms. When you combine the lipoic acid in your Diphasic A.M. and Diphasic P.M. with your NUTRI-SPEC Fundamental Diet (avoidance of excess carbohydrate in general, and fructose in particular) you will offer your patients by far the most effective means to lower deadly triglycerides. There have been many, many instances of NUTRI-SPEC practitioners lowering patients' triglycerides by more than 1000 in a period of less than 6 months. You can do so as well. Doing so is as simple as either beginning to do NUTRI-SPEC testing on all your patients, or, implementing the Diphasic Nutrition Plan for your patients (and, by the way, giving up all your favorite herbal remedies, "adrenal support" supplements, and mega doses of this and that).

There seems to be no end to the flood of research highlighting the protective effects of Co Q-10. This nutrient is turning out to be one of the most valuable clinical tools you have for patients with a diversity of health problems, but particularly for those at risk for CVD.

A study published in Clinical Investigations, 1993; 71/8 Supplement: S140-4 entitled, "Isolated Diastolic Dysfunction of the Myocardium, and its Response to Co Q-10 Treatment," studied patients in the early stages of congestive heart failure and found that Coenzyme Q-10 resulted in a decrease in high blood pressure in 80% of hypertensives; an improvement in diastolic function in all patients based on

endocardiograms; a reduction in myocardial thickness in 53% of hypertensives and in 36% of those with combined mitral valve and fatigue syndrome.

A study published in Clinical Investigations, 1993; 71(8 Supplement) S116-23, entitled, "Perspectives on Therapy of Cardiovascular Diseases with Co Q-10," showed that Co Q-10 myocardial tissue levels were significantly lower in patients with more advanced heart failure compared with those in the milder stages of heart failure. Administering Co Q-10 to these patients showed significant improvement in patients' capacity for physical activity and overall quality of life. The benefits were found to be far greater than those from treatment with traditional methods such as angiotensin converting enzyme inhibitors.

A study published in The International Journal of Tissue Reactions, 1990; 12(3):163-8 entitled, "Pronounced Increase of Survival of Patients with Cardiomyopathy when Treated with Co Q-10," showed that patients with all classes of cardiomyopathy accompanied by low ejection fractions experienced dramatic improvement in ejection fractions and pronounced increase in survival, which was attributed to Co Q-10's bioenergetic activity in regard to myocardial function.

Yes, your NUTRI-SPEC supplements plus your NUTRI-SPEC Fundamental Diet are beyond compare as a means to treat and prevent CVD.

Finally, another piece of evidence illustrating one of the primary causes of elevated serum cholesterol, particularly LDL (the bad cholesterol), comes from research published in Prostaglandins, Leukotrienes, and Essential Fatty Acids 2000:63(4):177-86). This research shows how eating too many sugars and carbohydrates accelerates the aging process because it results in the production of advanced glycosylation end products (AGEs). These AGEs so easily undergo the pathological oxidation that results in tissue damage and thus premature aging.

But note this research shows additionally that these AGEs are not just associated with accelerated aging in general, but in particular with the oxidation of LDL cholesterol in the vascular system and the elevation of LDL levels in the serum. What happens is the glucose from a diet high in carbohydrates and relatively low in fat and protein attaches to peptides (protein molecules) forming AGEs that end up circulating in the bloodstream and ultimately attaching themselves directly to LDL molecules. The body can no longer recognize this new LDL since it has extra molecules clinging to it, so the excess LDL is not removed by the

liver, and thus continues to circulate --- resulting in elevated serum LDL.

So, the high carb, low protein and fat diet actually elevates LDL into the range that alarms most physicians, but also, since this LDL is glycated, it is more sensitive to oxidation damage than normal LDL (which is no threat whatsoever), thus contributing to atherogenesis, heart attacks, and strokes.

What causes heart attacks and strokes? May I be so bold as to suggest that ...

**YOU KNOW MORE THAN
MANY CARDIOLOGISTS ...**

about answering that question.

Is there a way to discover and predict the risk of CVD years before the pathological process is evident to other clinicians? Yes, you have ten easily monitored prophetic indicators.

Can CVD be prevented? Yes, and no one can match your ability to do so.

Can CVD be reversed? Absolutely --- to some degree in all patients, and to a dramatic degree in many CVD patients. All it takes is your knowledge, and your NUTRI-SPEC products and procedures.

Sincerely,

Guy R. Schenker, D.C.

P.S. SPECIAL THIS MONTH: 2 **FREE** with every 10 you buy of Taurine, Diphasic A.M, and Diphasic P.M.