

NUTRI-SPEC



THROUGH
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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Save lives of CVD patients with NUTRI-SPEC? Yes, you can routinely add quality years to the lives of your CVD patients, as was illustrated in last month's Letter with a case history from my practice.

PLEASE!!

If you do nothing else with NUTRI-SPEC give the benefits of your knowledge to patients with hypertension, congestive heart failure, atherosclerosis, and elevated triglycerides or cholesterol. Serving these patients with NUTRI-SPEC can be the most gratifying experience of your professional life.

NO ONE CAN HELP THESE PEOPLE AS YOU CAN ...

with your Formula ES, Oxy A-Plus, Formula EW, Taurine, Diphasic AM, Diphasic PM, and Potassium Citrate.

Don't ever lose sight of the fact that 50% of all Americans die of CVD. That statistic has held true for decades despite all the "advances" in medical technology. When you go to your office tomorrow scan the list of names in your appointment book with the thought in mind that ...

**HALF THOSE PEOPLE ARE GOING TO DIE OF CONGESTIVE
HEART FAILURE, HEART ATTACKS, STROKES, OR OTHER
CONSEQUENCES OF ATHEROSCLEROSIS.**

Can you pick which 50% of those names will ultimately succumb to CVD? Does it give you the heebiejeebes just to contemplate their fate? Whatever clinical procedures you have planned for those patients may be trivial compared to the potentially life-saving benefits you can offer them with your NUTRI-SPEC approach to preventing CVD. Give those patients NUTRI-SPEC today.

Ubiquitous cardiovascular disease has not escaped the attention of the natural food industry cure peddlers. They have pumped out one purported CVD remedy after another for more than three decades. A few of their countless cures are actually harmful, and a few (such as Vitamin E) are at least a little helpful. By far the majority, however, are simply a waste of money, giving false hope to those who could be receiving genuine benefit from NUTRI-SPEC. The latest worthless trash being hyped by the health food industry is ...

ORAL CHELATION.

As a NUTRI-SPEC practitioner you are in an ideal position to guide your patients with objective truth. You can protect them from victimization by the unscrupulous charlatans of the industry, while at the same time giving your patients the truth they seek regarding health and nutrition. (Most of the questions your patients have can be answered by you directly, and to answer the others you are welcome to contact NUTRI-SPEC for more in-depth information.) The natural food industry may truly be the dirtiest business on earth.

YOU CAN THINK OF YOURSELF AND NUTRI-SPEC AS AN OASIS OF INTEGRITY IN A DESERT OF DECEPTION.

So, what of oral chelation? It is a hoax, plain and simple. The industry is packing pills with EDTA, and dressing them up with assorted nutrients that are “good for the heart,” or “good for cholesterol.” These EDTA products are so blatantly fraudulent that any company selling such junk should be on your black list forever.

You see, an oral dose of EDTA cannot in the least be absorbed from your GI tract. The pill peddlers have quoted the literature showing that EDTA is an effective heavy metal chelator, and also referenced the alternative care practitioners who use EDTA intravenous chelation for patients with atherosclerosis. They rave on and on about the proven therapeutic benefits of EDTA (and there is an element of truth in what they claim, as there always is in their schemes), deceitfully concealing the fact that 100% of the studies showing clinical results obtained with EDTA have administered it by injection.

Save your patients from these charlatans. Give them the truth along with an honest, objective approach to cardiovascular disease --- an approach that has literally hundreds upon hundreds of legitimate scientific studies supporting the use in CVD patients of your nutrients: carnitine, carnosine, co-enzyme Q-10, betaine, lipoic acid, mixed tocopherols, mixed tocotrienols, taurine, magnesium aspartate, etc.

What about chelation therapy using intravenous EDTA? This procedure has been popular among alternative health care providers for more than two decades now. Is it effective? Is it safe? There is simply not enough objective evidence upon which to judge it. We would think that if the procedure is as effective at “cleaning out” the arteries as its proponents claim, some physician over the last 20 years would have done a legitimate scientific study proving its efficacy. No one has. The significance of that absence of objective scientific support cannot be over-stated. All the books published for the lay public on the subject present glowing testimonials and sensational anecdotal evidence. With no objective, scientific evidence supporting its efficacy, however, I cannot recommend chelation therapy.

On the other hand, just because a procedure has no legitimate scientific studies backing it up doesn't necessarily mean it isn't beneficial. So, neither am I willing to say that EDTA chelation is without merit. All I can say is what I do know about the procedure and the risks involved.

The people who promote chelation therapy try to say that it works by pulling calcium out of arterial plaques, or, that the EDTA chelates iron and thereby decreases inflammation in the arterial wall. It has been proven beyond a doubt that EDTA chelation does neither of those two things. Those studies invalidating the claims of the chelation advocates do not necessarily mean that EDTA chelation does not work, but if it does, it works by some mechanism that no one yet knows.

I have seen no objective evidence that chelation therapy works at all, only the tons and tons of anecdotal evidence. Again, it seems to me that if hundreds of doctors are getting phenomenal results on all these thousands of patients why hasn't one of them blinded and quantified his clinical results for submission to a respected journal?

I have however, seen chelation do extensive damage to patients. The damage is directly the result of trace mineral depletion since ...

**EDTA CARRIES ZINC, SELENIUM, COPPER, MANGANESE
AND OTHER TRACE MINERALS OUT OF THE BODY
EVEN MORE EFFECTIVELY THAN IT CARRIES ANYTHING ELSE.**

To compound this trace mineral depletion problem, most doctors who administer chelation therapy also accompany the EDTA with idiotic doses of intravenous vitamin C. The vitamin C plus the EDTA guarantees that the person is going to run a copper deficiency severe enough to cause weakening of arterial walls. I have seen one person whose feet actually turned purple because the blood vessels ruptured after chelation therapy.

Rather than consider chelation, I suggest you go with your responsible approach to CVD with NUTRI-SPEC, using methods and nutrients that have literally hundreds of scientific research studies backing them up.

Discussion of EDTA chelation as a therapy for atherosclerosis leads us into a discussion of the legitimate clinical use of chelating agents --- as heavy metal detoxicants.

“Detox” has been a natural food industry buzzword for decades, and is a primary focus of many alternative therapy healthcare providers. Yet, the concept of detox is so general that the word can mean many things (and most often means nothing). Let us put the topic of detox on our list to be discussed another day --- for now restricting our comments to the finding and elimination of toxic heavy metals (lead, mercury, aluminum, cadmium, etc.)

Heavy metal toxicity can cause serious (and often mysterious) health problems. But don't waste your time and your patients' money looking for toxic metals --- they are rarely clinically significant (despite the hysterical warnings of the cure peddlers). The only occasions on which I bother to search for heavy metal pathology is for a patient with symptoms I cannot explain, or that do not respond to NUTRI-SPEC, and, with a history indicating likely toxic exposure.

If you suspect a toxic heavy metal burden, how do you conduct your search? Hair analysis may seem an easy, inexpensive way to go, but the results can be misleading. Hair analysis gives many false positives because the procedure is inaccurate and subject to sample contamination; it gives many false negatives because it will not reveal a toxic exposure that may have lasted for years but ceased six months or more ago. Blood serum tests only reveal a problem if exposure has occurred within 3 days. Whole blood analysis of lysed RBCs is far better than hair analysis, yet will also not necessarily show a heavy metal burden that entered the body more than six months ago.

If the patient does have a toxic heavy metal burden the only way to evaluate the level of the burden is by using a provocative challenge with

a chelating agent such as DMSA. Check a 24-hour urine after a DMSA challenge, and if heavy metals come gushing out in the urine then you know the patient has a problem. If not, then you know there is no toxic load. Why waste time and money on uncertain test procedures?

What do you do about heavy metals if you find them? No matter what anyone tells you, there is no way to nutritionally address the issue of heavy metal elimination. The only way to chelate and eliminate heavy metals is pharmacologically. The health food industry propaganda about detoxifying heavy metals is pure quackery.

If you have heard about some kind of herbal remedy to chelate and eliminate these toxic heavy metals, forget it --- there is no such thing. There are no herbal drugs that even touch these heavy metals.

If you have fallen for some of the popular health food industry nonsense such as chelating metals with the amino acid cysteine you are wasting your time, your patient's time, and your patient's money. While cysteine does chelate (in other words combine with) toxic metals like lead ...

**THERE IS NO MEANS BY WHICH THE KIDNEY
OR LIVER CAN ELIMINATE THIS LEAD-CYSTEINE CHELATE.**

So all that happens if you give a person cysteine is that the cysteine mobilizes the toxic metal from bone and other connective tissues (where it is relatively harmless), circulates it around in the blood for a little while, and then ...

DEPOSITS IT IN THE BRAIN ...

and other vital tissues. Now your patient is far worse off than before you started.

Yes, in the case of toxic lead, aluminum, or mercury burden pharmacology is the answer. (Don't be one of the fools obsessed with "natural" cures (such as herbal drugs) who scorns a drug with a precisely defined chemistry, clearly identified harmful and beneficial effects, and which can be administered in the exact desired dosage.) Heavy metal poisoning requires

CRISIS THERAPY ...

...the only legitimate use of drugs. In the rare case when you find it, confront it head on, complete the chelation treatment regimen, and be done with it.

The common heavy metal chelators are EDTA, DMSA, BAL, and DMPS. They are all effective, though some are better for one particular toxin than others. EDTA and DMSA work perfectly well for any of the heavy metals. What are the dangers in chelation? There are two: liver damage and extreme trace mineral depletion. The trace mineral excretion caused by chelating agents is truly remarkable. I've done 24-hour urine collections on chelation patients, witnessing directly the leaching of precious selenium, zinc, and copper. I've also seen whole blood analysis of lysed RBCs pre- and post-chelation, showing devastating trace mineral depletion.

The standard allopathic chelation regimen is designed for patients suffering from acute poisoning. It includes dangerously high doses completely inappropriate for your patients. I've developed a protocol for DMSA (which can be taken orally) that avoids the liver damage and trace mineral depletion and is thus appropriate for your patients with chronic heavy metal burden. If you ever have need for it, give NUTRI-SPEC a call.

Consider this digression into chelation an information bonus --- but do not let it detract from your most pressing concern --- the 50% of your patients, friends, and family who are (unless you help them) destined to die of CVD. Whether with NTURI-SPEC testing or with the Diphasic Nutrition Plan, you must not turn your back on those who need you.

Sincerely,

Guy R. Schenker, D.C.