

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
Guy R. Schenker, D.C.
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Dear Doctor,

Before sending you last month's NUTRI-SPEC Letter, I asked myself ...

DO I REALLY WANT TO OPEN THIS CAN OF WORMS?

In our continuing discussion of how you can save lives of CVD patients with NUTRI-SPEC, we were lead to contrast the real benefits you offer with NUTRI-SPEC to the fraudulent claims by the natural food industry for remedies purported to help CVD. In particular, we singled out the latest fraudulent natural cure --- oral chelation. That discussion lead to a consideration of intravenous chelation as a treatment for CVD, which in turn lead to a discussion of heavy metal chelation in general.

How was sending that letter like opening a can of worms? The entire topic of detoxification in general and heavy metal detox in particular, is dominated by ...

A MISERABLE MESS OF MIS-INFORMATION...

that cannot be discussed without making at least some NUTRI-SPEC practitioners defensively resentful. Many of you had your feathers ruffled by my comments on:

- The inane use of “detoxicant” herbal drugs
- The blatant dishonesty of oral chelation with EDTA
- The damage done by cysteine and other “natural” chelators
- The complete absence of objective evidence in support of intravenous EDTA chelation for CVD
- The very real (and very common) damaging side effects of intravenous EDTA chelation
- The fact that half your patients, half your friends, and half your family are going to die from CVD while you ignore that fact, choosing instead to treat them for _____ (fill in the blank with your favorite cure), all the while knowing that you have the means to add years to their lives with NUTRI-SPEC.

Your ruffled feathers do not disturb me in the least. If you find yourself resenting the truths presented in these Letters, you have two choices; either ...

SHOOT THE MESSENGER ...

Or, clear your shelves of herbal drugs, and clear your mind of irrational belief systems. In other words ...

WAKE UP ...

to the realization that reality is not the way you wish things to be, nor the way they appear to be, but they way they actually are. Your pursuit of truth can only be effected objectively.

Countless times doctors have asked me to comment on “detoxification” products and protocols that have not a trace of objective evidence supporting their use. Doctors can often provide pages and pages of promotional literature on the product, yet the literature is so lacking in substance I can’t imagine why a doctor would even consider falling for it. It seems to come down to the fact that doctors, or at least alternative care doctors want to believe in anything purported to be “natural.” Indeed, it seems that many doctors have such a need to believe, rational thought is suspended completely. Remember ...

“THE PURSUIT OF TRUTH REQUIRES THE FREE PLAY OF ONE’S MIND, NOT SLAVISH OBEDIENCE TO DOGMATIC BELIEF SYSTEMS.”

Every time doctors come to me with the latest and greatest “detox” protocol, I have to begin by asking them to define the term. Exactly what part of the body do they think is toxic? Exactly what toxins are

they talking about? Can they give me a list of 20 of these toxins? Can they name maybe a dozen?. Can they give me five? How about three toxins that need to be cleaned out of whatever part of the body it is they think is toxic? None of the doctors that come to me with questions on detox really have a clear picture of what they expect to achieve by “detoxification.”

One of the most common questions I get on this topic comes from doctors who think their patients need to be “cleaned out” before beginning NUTRI-SPEC. Again, I must ask specifically what is meant. Are your patients dirty? Where is this dirt that needs to be “cleaned out?” Often, the product a doctor would use to achieve this end is actually promoted as a “colon cleanser.” So, is the intent to get patients cleansed by nothing more than forcing their bowels to move? If that is the case, any garden-variety laxative would do the job of “detoxification.”

There are often products brought to my attention purported to be “blood cleansers.” Again, my obvious question is, “What is the nature of this dirt that must be cleansed from the blood? Their reply usually comes back, “You know, toxins.” No, I do not know “toxins.” Can you name a few? Furthermore, can you show me any objective evidence that the ingredients in this “blood cleanser” remove those toxins from the body?

Then, of course, there are the products purported to aid in liver detoxification. No where in the promotional literature is liver detoxification defined, but it is often implied that it has something to do with the activity of the liver enzyme cytochrome P450. No where, however, is there any objective evidence indicating that cytochrome P450 activity is influenced one iota by any ingredients in the product. (And believe me if they had such evidence it would be broadcast loud and clear all over the page.) Take the initiative to do a Medline search on the ingredients of any “liver cleanser” and you should not be surprised to find that there is nothing magical in any of the herbal extracts that will clean a dirty liver. How companies can claim these products are liver cleansers and get away with it for years, I have no idea. How they avoid FDA scrutiny is the mystery; how they continue to convince gullible doctors is no mystery at all --- Irrational cure lovers need to believe.

[One further comment needs to be made regarding sources of fiber that are claimed to be an important part of many “detox” products. Even a “good” source of fiber that does not severely irritate the intestines and does not bind important nutrients should be used on a very limited, short-term basis only. The problem with fiber supplements is they deplete the body of sex hormones, particularly testosterone. Using a

high fiber products for more than two weeks will weaken most anyone to some degree and cause severe problems in some people.]

Before we put the lid back on this can of worms ...

LET US SLAY ONE MORE SACRED COW.

Let us complete our discussion of heavy metals with a consideration of the mercury in dental amalgam. Some of you are dentists; some of you are doctors with a close working relationship with a good dentist. Many of you, I must therefore assume, have jumped upon the “remove the mercury fillings and achieve miraculous cures” bandwagon. Get off it. No matter how much you want to believe (need to believe) in the removal of dental mercury, you must, for the sake of your patients, realize from this moment forward that it is a most pernicious practice. Here are the facts regarding dental mercury.

Mercury is an extremely toxic (particularly neurotoxic) heavy metal. It should be avoided at all costs. Under no circumstances should anyone let a dentist put mercury in his teeth. It is shameful and criminal that the dental profession continues to use this deadly substance.

A dentist is far more knowledgeable than most members of his profession if he realizes the problems with mercury. Furthermore, he is to be applauded for having the courage to buck the establishment and pursue a mercury-free practice. Nevertheless, he is misinformed if he advises patients to have their mercury fillings removed.

Many people (and their dentists) are emotionally caught up in the appalling situation that the majority of us carry tremendous amounts of toxic heavy metal in our mouths. They are justifiably upset. But sometimes these emotions, though justified, are not tempered by objectivity.

The objective truth about mercury is that the amount of mercury in your mouth approximately doubles your mercury exposure above ambient levels. In other words, the amount of mercury exposure you get from your mercury fillings is about the same as what you inhale and ingest every day from other sources. Most of your mercury exposure is from the latex paint on the walls of your house and office. Since the mercury you are exposed to from latex paints is equal to that in your mouth, you would do yourself just as well by covering all the painted walls in your house with wallpaper, thus achieving just as much as you would by going through having all your teeth redrilled and refilled.

Those who have a particular vendetta against mercury fillings probably have no concept of the real numbers involved. They all seem to think that having mercury fillings increases exposure to mercury several hundred fold when really it only constitutes a one hundred percent increase in mercury exposure. People love witchhunts.

Contrary to what your dentist probably believes, there are no conclusive studies showing harmful physiological effects from dental mercury. That does not mean there are not any -- I suspect there are, but there is a paucity of objective evidence. Does the doubling of your mercury exposure increase potential physiological and pathological problems from mercury? Neither I nor anyone knows for certain. But any reasonable person would protect himself from that possibility by refusing any further mercury from his dentist and refusing to let his children be treated with mercury fillings. Yet, the procedure for removing and replacing amalgam fillings is rarely if ever justified.

The process of removing dental amalgam does expose the patient to extremely high doses of mercury (-- no matter what the well-meaning dentist says, -- no matter that he takes every conceivable precaution). Some of the amalgam is swallowed during the removal process, but a more significant hazard is the mercury that is inhaled and passes directly into the blood stream via the lungs.

On two occasions I had the opportunity to see the effect of amalgam removal on a 24-hour urine specimen. In both cases the urinary excretion of mercury increased many fold over base line levels, indicating that extremely dangerous quantities of mercury had been absorbed (despite the assurances of the dentists that there was no significant risk).

What could be more damaging to a patient than to mobilize mercury from a comparatively benign deposit in the teeth, moving it into the blood stream from where ...

SOME IS CERTAIN TO BE DEPOSITED IN BRAIN AND NERVE TISSUE?

Is the mercury burden from amalgam removal deposited in nerve and connective tissues, or is most of it easily eliminated via the kidneys shortly after it is absorbed? It is not eliminated! Several years ago I did a 24-hour urine collection on myself after a challenge with the chelating agent DMSA. The urine (and thus my whole body) tested virtually clear of all heavy metals. A few months later I had a cracked amalgam filling (a remnant from childhood) that needed to be removed (and replaced with a composite restoration). My dentist took every conceivable

precaution to protect me from swallowed and inhaled mercury. Curious, I waited several weeks after the removal of that single itty-bitty chunk of amalgam and repeated a DMSA challenge on a 24-hour urine specimen. The analysis showed a mercury burden several times the upper limit of normal. I shudder to think of the mercury overload a person receives from replacing an entire mouthful of amalgam fillings.

If you have patients and dentists who, refusing to listen to reason, proceed with amalgam removal, then you must insist that they follow the DMSA chelation procedure that I mentioned last month. That is the only way to prevent the unconscionable transfer of mercury from the teeth to the brain.

In summary:

- Don't be snookered by the oral chelation peddlers.
- Let go of the "detox" myth. --- There is only one way to "cleanse" Blood, livers and colons --- by boosting adaptative capacity through metabolic balance and increased vital reserves.
- Don't get side-tracked by intravenous chelation. Why use an unproven and potentially damaging procedure when CVD patients respond so beautifully to NUTRI-SPEC?
- For patients unfortunate enough to have been given dental mercury, Keep it in their teeth and out of their brains.
- Get your mind off all these distractions and back on your ability to enrich lives and, indeed, save lives with NUTRI-SPEC.

Sincerely,

Guy R. Schenker, D.C.