

# **NUTRI-SPEC**



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## **THE NUTRI-SPEC LETTER**

**Volume 17 Number 2**

From:  
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February, 2006

Dear Doctor,

### **LET'S LOOK AT SOME NUMBERS.**

Relax --- no need to rush for your calculator --- I'll do the arithmetic; you merely need to grasp the quantitative relationships. These numbers will be all about ...

### **FAT.**

Dietary fat has been the topic of our Letter for several months, now. We have re-visited one the most fundamental NUTRI-SPEC themes --- that saturated fat is not only not bad, it is our most quantitatively important macro-nutrient. The companion theme is that cholesterol is not only not of the devil, it is a vital nutrient we use as a raw material to build brain tissue, nerve tissue, hormones, and selectively permeable cell membranes. Cholesterol is so critically needed that our livers produce 2000 milligrams of the stuff every day. If we are foolish enough to eat a low animal fat diet, our livers make more in a desperate attempt to meet our needs.

The dark side of dietary fat consists of the polyunsaturated vegetable oils. For the zillionth time in the 16 year history of your NUTRI-SPEC Letter we have emphasized the catabolic oxidative damage done by omega 6 vegetable oils. These poisons are the ticket to ugly pathology and premature death --- despite 4 decades of public opinion-forming Agri-business propaganda to the contrary. The most seemingly radical theme of our last few Letters is that the omega 3 PUFAs from fish oil and flax oil are even more damaging than the omega 6 PUFAs. Much evidence has been given to you already, and we have not even

considered yet the immuno-suppressive and cancer-causing effects of omega 3 PUFAs, nor the damage they do to the cardiovascular system. We will follow through with our omega 3 bashing in this Letter, but first let us look at some numbers that put the intake of dietary fat into proper perspective.

We stated last month that ...

**SATURATED FAT SHOULD MAKE UP  
THE MAJORITY OF OUR FOOD INTAKE.**

That statement seems to have sent shock waves through the NUTRI-SPEC community. We made the point that the essentiality of dietary fat applies from cradle to grave --- that human milk is 54% high cholesterol saturated fat, and that our highest nutrient-density foods throughout childhood and adulthood are our meat, fish, poultry, eggs, and cheese. So, if our goal is to obtain the majority of our calories in the form of saturated fat, what does our personal food plan look like?

We need not snack on sticks of butter to raise our percent of calories derived from fat. Just to run a few numbers: 3 ounces of roast beef includes 390 calories, 324 of which come from fat (more than 310 of which is saturated and monounsaturated). This means that the roast beef is 83% fat, and 17% protein. Now add to our meal an entire cup of broccoli. The broccoli gives us 25 calories of carbohydrate, 15 of protein, and 5 of fat, in its total 45 calories. Next, add to our meal 2 medium baked potatoes. Here we are adding 200 total calories consisting of 175 from carbohydrate, 15 from protein, and 10 from fat.

Assume now that our meal is complete --- we have a total of 635 calories, 200 from carbohydrate, 95 from protein, and 340 from fat. The percentages of calories in our hypothetical meal are 31% from carbs, 15% from protein, and 54% from fat. Startling, isn't it? The percent of calories from fat in a meal of roast beef, baked potatoes, and broccoli is 54%, exactly the percentage of fat in human milk. The ratio of carbs to protein is about 2:1, which is significantly less than human infants need (--- the ratio of carbs to protein in human milk is 40:6, or nearly 7:1) --- for the simple reason that human infants need glucose along with saturated fat for brain development.

Our roast beef, baked potatoes, and broccoli meal would be just fine for virtually anyone. Of course, some of us would love to put a little butter, or olive oil, or coconut oil on our potatoes. That doesn't seem too extreme, does it? So, if we add just 1 tablespoon of butter, we have increased the percent fat in our meal to exactly 60%. The percentages of

carbohydrate and protein reduce to 27 and 13 respectively, but maintain the same 2:1 ratio with one another.

What we've just described is ...

### **THE NUTRI-SPEC FUNDAMENTAL DIET.**

Those of us who are lean can freely add the butter to our potatoes; those of us who are a bit overweight dare not. To fine-tune the diet for glucogenic patients, we would recommend just one potato instead of two, and decide to add the butter or not depending upon whether the patient is lean or overweight. Ketogenic patients would add a third potato, and definitely think twice about adding the butter, unless extremely lean.

We could have constructed the above example with cuts of meat that are a little lower in fat and higher in protein than roast beef, but doing so doesn't change the numbers that dramatically. I trust this example helps to better quantify for you the proper role of saturated fat in the diet. And I think you can see that there is nothing "extreme" about the NUTRI-SPEC Fundamental Diet. Clearly, it is not the "high protein diet" many of you and your patients seem to believe it is. It emphasizes the qualitative importance of protein; it emphasizes the frequency of protein intake (--- every meal), but quantitatively speaking is actually only 10-20% protein.

Let's run a few more numbers. To establish a frame of reference, take a look at the fatty acid content of human body fat. Human fat consists of 40% saturated fat, 52% monounsaturated fat, and 8% polyunsaturated fat. [I suspect these percentages are distorted somewhat from what our Creator intended. Since the beginning of time, only in the last 50 years have human beings been enticed into eating ranch dressing and foods deep fried or grilled in PUFA oils. Human fat closer to 50% saturated, 45% monounsaturated, and 5% PUFA would likely represent something closer to natural/healthy.]

Now, look at our 324 calories of fat from our serving of roast beef. Roast beef is 46% saturated, 48% monounsaturated, and 6% polyunsaturated. As you can see, it very closely approximates the fatty acid make up of human fat. Regrettably, our beef steer suffered the same fate as we human beings --- being poisoned with PUFAs in the form of corn and soy feed. So, let's look at a more natural beef steer, one that is grass fed. Grass fed beef has a fat make up of 50% saturated, 40% monounsaturated, and 10% PUFA.

I am certain it would surprise those health nuts advocating grass fed beef to learn that it is actually a little higher in saturated fat than is grain fed beef. (So, yes, grass fed beef is healthier --- but for two reasons. First, it is slightly higher in good saturated fat. Second, and the main reason, and the reason few proponents of grass fed beef really understand, is that grass fed beef is 52% lower in PUFAs, than is grain fed beef. (Though on a percentage basis it is slightly higher).) The misguided advocates of grass fed beef BELIEVE grass fed beef is healthier because it has a higher content of omega 3 fatty acids. What happens when you eliminate 50% of the PUFAs from grain fed beef is that you eliminate more omega 6s than you do omega 3s. Feeding grass increases the quantity of omega 3s a little, and increases the percentage of omega 3s substantially as the omega 6s are dramatically reduced. However, those omega 3 numbers are statistically significant, but clinically insignificant. Again, the real benefit of grass fed beef is from the over-all reduction in PUFAs, not from the tiny little substitution of omega 3s for omega 6s .

In summary, eating roast beef, whether grain fed or grass fed, gives us a high saturated fat to polyunsaturated fat ratio in our diet, which matches the high SFA: PUFA ratio of our own fat, and, matches the formula given to us by Hartroft and Porta back in 1968:

Health = (anti-oxidants/oxidants) X (SFA/PUFA).

Now, having satisfactorily improved our SFA:PUFA ratio with the NUTRI-SPEC Fundamental Diet meal of roast beef, baked potatoes, and broccoli, let us carry forward with our explanation of why the omega 3 component of PUFAs is even more damaging than the dreaded omega 6 component. We will save for next month the best part of our omega 3 discussion ...

### **THE IMMUNO-SUPPRESSIVE DAMAGE ...**

caused by fish oil and flax oil. Let us look today at how EPA, DHA, and ALA increase the risk from ...

### **CARDIOVASCULAR DISEASE, HIGH CHOLESTEROL, & HIGH TRIGLYCERIDES.**

The most absurd myth of all regarding the purported benefits of omega 3 fatty acids concerns their relationship to cardiovascular disease. Fish oil supplementation is alleged to benefit CVD primarily because it will yield a small, but statistically significant decrease in triglycerides. The unbiased research on omega 3 fatty acids, however, shows that triglycerides are decreased solely due to fish oil's toxic effects

on the liver. EPA and DHA are shown to lower blood lipids only as they are incorporated into tissues and suppress mitochondrial respiration.

Of course Nutri-Spec practitioners know, and it is well established among honest researchers, that high serum cholesterol is not a primary risk factor for CVD, and that eating cholesterol has absolutely no connection with CVD. It has been established that it is only oxidized cholesterol that damages the arteries. Ironically, fish oil will increase the risk of CVD because it dramatically accelerates oxidative damage to the vascular system. The lipid peroxides derived from fish oil and other omega 3 supplements accelerate the oxidative damage to LDL lipoproteins in the blood.

Eur J Clin Nutri. 2003 Jun;57(6):793-800. Increased lipid peroxidation during long-term intervention with high doses of n-3 fatty acids (PUFAs) following an acute myocardial infarction. Grundt, et al.

Scand J Clin Lab Invest. 1998 Dec;48(8):813-6. Mechanisms for the serum lipid-lowering effects of n-3 fatty acids. Hagve, et al.

Atherosclerosis. 1997 Nov;Vol.135, no. 1, pp.1-7. Oxidized cholesterol in the diet accelerates the development of atherosclerosis in LDL receptor deficient and apolipo protein e-deficient mice. Staprans, et al.

Atherosclerosis. 2001 Mar;155(1):9-18. Enhanced level of omega 3 fatty acids in membrane phospholipids induces lipid peroxidation in rats fed DHA. Song, et al.

Food Chem Toxicol 1998 Aug;36(8):663-72. The association of increasing dietary concentrations of fish oil with hepatotoxic effects and a higher degree of aorta atherosclerosis. Ritskes-Hoitinga, et al.

A study of over 42,000 subjects over a period of 9 years showed that the use of cod liver oil had no protective effect against coronary heart disease.

Int J Circumpolar Health. 2001 Apr;60(2):143-9. Cod liver oil consumption, smoking, and coronary heart disease mortality: three counties, Norway. Egeland, et al.

Many studies have shown a dramatic increase in the incidence of strokes in animals that are fed a diet high in omega 3 and/or omega 6 fatty acids.

Lipids. 1997 Jul;32(7):745-51. Unusual effects of some vegetable oils on the survival time of stroke-prone spontaneously hypertensive rats. Huang, et al.

Lipids. 1998 Jul;33(7):655-61. Free fatty acid fractions from some vegetable oils exhibit reduced survival time in stroke-prone spontaneously hypertensive rates. Miyazaki, et al.

Fish oil and flax oil to protect against heart attacks and strokes? It is amazing how the propaganda machine can take a slight triglyceride-lowering effect (ignoring its pathological cause), and a temporary anti-inflammatory effect (as you will read in next month's Letter) and extrapolate all sorts of CVD protective effects. More amazing (and tragic) is that Doctors and their patients blindly accept such unsubstantiated nonsense unquestioningly. The most important first step in protecting all your patients against CVD is to get them off all PUFAs, especially omega 3s.

### **BONUS INFO: OTHER DAMAGING EFFECTS OF OMEGA 3 PUFAs**

It was pointed out above that dietary polyunsaturates damage healthy mitochondrial function, particularly interfering with the action of cytochrome oxidase. There are many other studies showing depressed aerobic energy production under the influence of supplemental omega 3 fatty acids. Here is one showing EPA and DHA inhibiting glucose utilization and thereby decreasing exercise performance.

Br J Nutr. 2003 Oct;90(4):777-86. Fish oil supplementation reduces stimulation of plasma glucose fluxes during exercise in untrained males. Delarue, et al.

While on the subject of glucose utilization, it should be pointed out that omega 3 PUFAs damage pancreatic beta cell function ...

### **LEADING TO THE DEVELOPMENT OF DIABETES!**

Endocrinology. 2003 Sep;144(9):3958-68. Diabetogenic impact of long-chained omega-3 fatty acids on pancreatic beta-cell function and the regulation of endogenous glucose production. Holness, et al.

Get your patients off fish and flax oil PUFAs now! If you want to give them real protection, give them your OXY POWER.