

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

THE OMEGA 3 PROPAGANDA MACHINE ROLLS ON.

Last week I had two new patients in my chiropractic practice who had been advised by their medical physicians to take omega 3 supplements. One was a 60 year old man suffering from dis-equilibrium plus extreme fatigue. The other patient was a woman with a list of symptoms and conditions a mile long. She did not know which of her complaints the rancid fish oil was supposed to be “good for.” Could there possibly be better evidence that the big bucks spent by the politically well-connected omega 3 establishment are paying off? For 35 years the only nutrition advice offered by the typical medical doctor was the inane low cholesterol diet. Along the way, many of them also picked up on the equally counterproductive advice for women to consume grotesque quantities of calcium each day. A very few picked up on the idea of taking 400 units of vitamin E to protect the cardiovascular system.

Does a low cholesterol diet protect us from cardiovascular disease? No, such a diet actually increases our chances of having a heart attack or stroke. Does 1500 milligrams of calcium daily protect women against osteoporosis? No, more of that calcium finds its way into soft tissues than into bone. Does alpha tocopheryl acetate protect against cardiovascular disease? Perhaps, but the benefits are nearly insignificant. In all three instances of medically accepted nutrition advice, doctors were duped by “research” that was nothing more than carefully concealed propaganda.

Now, the omega 3 story is capturing the attention of the medical profession. Once that has been achieved, just as with the low

cholesterol diet and calcium supplementation, the general public will become helpless victims of the fish oil and flax oil supplement peddlers. Are omega 3 fatty acids “good for” dis-equilibrium, fatigue, arthritis, allergies, cholesterolemia, depression, PMS, in-grown toe nails, and leprosy? No, the purported benefits of EPA and DHA supplementation are short term, and entirely due to their ability to block the production and utilization of the equally deadly omega 6 fatty acids.

There are two places in which the omega 3 fatty acids intervene in the omega 6 fatty acid biochemical flow chart. First, omega 3 fatty acids inhibit the delta 6 desaturase enzyme that converts linoleic acid to gamma linolenic acid. The second place where omega 3 fatty acids intervene in the omega 6 fatty acid flow chart is in blocking the delta 5 desaturase enzyme that converts di-homo gamma linolenic acid into arachidonic acid. So yes, EPA, DHA, and ALA supplementation will yield anti-inflammatory effects in those who are suffering symptoms associated with omega 6 fatty acid intake and the resulting prostaglandin and leukotriene damage.

I think you can see that the symptomatic improvement achieved by omega 3 supplementation is pharmacological in nature. It really has nothing whatsoever to do with supplying nutrition to the body. Furthermore, supplementing with one family of damaging fatty acids to block the pathology associated with another family of fatty acids, completely ignores the critical questions of cause and effect. If the cause of all the degenerative and inflammatory diseases “helped” by omega 3 fatty acids are one --- the ingestion of omega 6 oils --- then isn’t the only true cure for these conditions the elimination of vegetable oils from our diet? Ah yes, but in this world dominated by “allopathic logic,” it makes perfect sense to take one deadly chemical to counteract the effects of another.

Your duty is to protect your patients against the dishonesty of the agri-business, medical, and pharmaceutical establishments. When you have read to the end of this letter, you will have all the information you need to refute the ever more popular omega 3 mythology. You have already learned in previous Letters that EPA, DHA, and ALA cause oxidative free radical damage even more severe than do the omega 6 fatty acids. You know that they accelerate the aging process, are particularly damaging to the brain, exacerbate all aspects of cardiovascular disease, block mitochondrial energy production, contribute to the development of diabetes as well as exacerbating all its symptoms, destroy red blood cells, causes allergies in infants, and on and on and on the list goes. But our long list of health-destroying consequences does not even include the most critical aspects of omega 3 fatty acid induced pathology --- their ...

IMMUNO-SUPPRESSIVE DAMAGE.

Omega 3 oils are even more immuno-suppressive than the omega 6 oils. The first effect on the immune system from increased consumption of omega 3 PUFAs is the suppression of prostaglandin synthesis; this is because the more highly unsaturated long chain fats of the omega 3 oils interfere with the conversion of omega 6 oils into prostaglandins. Since the omega 3 oils suppress the production of all prostaglandins (both good and bad), they decrease the prostaglandin 2 series, those that are pro-inflammatory, and are associated with so many pathological conditions. In the short term, therefore, omega 3 supplementation can actually decrease symptoms of arthritis, allergies, and many types of headaches. The action of EPA, DHA, and ALA is very much like aspirin in this regard.

In addition to the anti-inflammatory effects by virtue of prostaglandin inhibition, there is another way that omega 3 fatty acids are directly anti-inflammatory. Anti-inflammatory? Sounds good doesn't it? Look closer; the direct anti-inflammatory effects of omega 3 fatty acids do not result from the fatty acids themselves but from the oxidized derivatives of these oils. You see, the omega 3 oils rapidly destroy Vitamin E, after which they are themselves highly oxidized. Research has shown that ...

IT IS THE OXIDIZED OMEGA 3 FATTY ACIDS THAT HAVE THE ANTI-INFLAMMATORY EFFECTS.

The obvious problem here is that these anti-inflammatory effects are short-lived, while the oxidative free radical damage that ensues has devastating long term consequences. In experiments that last only weeks to months, seemingly beneficial anti-inflammatory effects can be documented. However, in these short-term studies there is no time for the experimental subjects to show the immuno-suppressive damage, lipid peroxidative damage, light sensitizing damage, anti-mitochondrial effects, depressed aerobic energy production, lipofuscin age pigment production, liver damage, brain damage, and metastatic cancer that result from long-term intake of fish oils and other sources of omega free fatty acids.

Nephron Exp Nephrol. 2004; 97(4):e136-45. Oxidized omega-3 fatty acids inhibit pro-inflammatory responses in glomerular cells and endothelial cells. Chaudhary, et al.

Redox Rep. 2002; 7(6):369-78. Inhibition of leukocyte-endothelial interactions by oxidized omega 3 fatty acids. A novel mechanism for the anti-inflammatory effects of omega 3 fatty acids in fish oil. Sethi S.

Under various forms of stress, free fatty acids are released from the tissues, and their oxidation blocks the oxidation of glucose. Cortisol is released both in response to stress in general, and in particular in response to glucose deprivation. Cells of the thymus are particularly sensitive to glucose deprivation, and the stress hormone cortisol prevents the thymus cells from using glucose, causing them to take up fatty acids. Thymus cells die easily when exposed to either excess cortisol, or deficient glucose. The PUFAs linolenic, arachidonic, and eicosapentaenoic, are especially toxic to thymus cells by preventing their inactivation of cortisol, and increasing its damaging effect.

Patients with AIDS, and those with cancer, have abnormally high levels of both cortisol and free PUFAs. Lymphocytes from people with AIDS and with leukemia are less able to metabolize cholesterol. An extract of serum from AIDS patients causes lymphocytes exposed to cortisol to die seven times faster than cells from healthy people.

Eur J Cancer Clin Oncol 1988 Jul;24(7):1179-83. Abnormal free fatty acids and cortisol concentrations in the serum of AIDS patients. Christeff, et al.

Metabolism 1989 Mar;38(3):278-81. The effect of fatty acids on the vulnerability of lymphocytes to cortisol. Klein, et al.

Tumor Biol 1989;10(3):149-52. Albumin and the unique pattern of inhibitors of cortisol catabolism by lymphocytes in serum of cancer patients. Klein, et al.

J Endocrinol. 1987 Feb, 112(2):259-64. Effect of a non-viral fraction of acquired immuno deficiency syndrome plasma on the vulnerability of lymphocytes to cortisol. Klein, et al.

Bio Chem Cell Biol. 1990 Apr;68(4):810-3. Cortisol catabolism by lymphocytes of patients with chronic lymphocytic leukemia. Klein, et al.

EPA and its metabolites are extremely cytotoxic, particularly to cells of the nervous system, the vascular endothelium, and the thymus. One study showed that 15 milligrams of EPA per liter was enough to kill over 90% of macrophages, and furthermore, that this cell destruction was not inhibited by Vitamin E.

Prostaglandins Leukot Essent Fatty Acids. 2000 Mar;62(3):201-7. Effects of n-3 fatty acids on growth and survival of J774 macrophages. Fyfe, et al.

T cells are a critical part of the immune system, yet immunological activation tends to kill T cells that contain PUFAs.

J Nutr. 2003 Feb;133(2):496-503. Omega 3 polyunsaturated fatty acids promote activation-induced cell death in murine t-lymphocytes. Switzer, et al.

When animals are fed fish oil, then exposed to bacteria, their immuno-suppressed T cells cause them to succumb to the infection more easily than animals fed coconut oil or a fat-free diet. Natural killer cells, which eliminate cancer cells and virus-infected cells, are decreased after eating fish oil, and T suppressor cells are often increased. More subtle interference with immunity is produced by the actions of PUFAs on the “immune synapse,” a contact between cells that permits the transmission of immunological information. By several mechanisms, a fish oil diet or fish oil supplementation, will increase tumor metastasis.

Clin Exp Immunol. 2002 Oct; 130(1):1-28. Dietary n-3 PUFAs affect TcR-mediated activation of purified murine T cells and accessory cell function. Chapkin, et al.

Transplant Proc. 2001 Aug; 333(5):2854-5. Evaluation of the effect of fish oil on cell kinetics: implications for clinical immuno-suppression. Istfan, et al.

Cancer Res. 1989 Apr 15;49(8):1931-6. Effects of fish oil and corn oil diets on prostaglandin-dependent and myelopoiesis-associated immune suppressor mechanisms of mice bearing metastatic Lewis lung carcinoma tumors. Young, et al.

Transplantation. 1989 Jul;48(1):98-102. Enhancement of immuno-suppression by substitution of fish oil for olive oil as a vehicle for cyclosporine. Kelley, et al.

Clin Exp Metastasis. 2000;18(5)371-7. Promotion of colon cancer metastases in rat liver by fish oil diet. Klieven, et al.

Clin Exp Metastasis. 1998 Jul;16(5):407-14. Diminution of the development of experimental metastases produced by murine metastatic lines in essential fatty acid-deficient host mice. Mannini, et al.

An experiment with dogs showed that a diet high in cod liver oil increased their cancer mortality from the normal 5% to 100%.

PUFAs actually increase the incidence and severity of cancer. A study done at the Oregon Institute of Science and Medicine in 1994

showed that in mice an approximately 50% increase in the incidence and severity of cancer occurred when the diet was supplemented with seeds and nuts rich in polyunsaturates.

Mechanisms Of Aging & Development 76, 201-214, 1994. "Suppression of squamous cell carcinoma in hairless mice by dietary nutrient variation." Robinson, Al, et al.

Animal experiments with fish oil supplements demonstrate degeneration of spleen cells, which, in turn, causes the production of red blood cells that die prematurely.

Biochem Biophys Acta. 2000 Aug 24;1487(1):1-14. Fish oil diet effects on oxidative senescence of red blood cells linked to degeneration of spleen cells in mice. Oarada, et al.

The only way to de-rail the omega 3 locomotive is with the truth, delivered person-to-person from you to your patients. In the last seven issues of this Letter you have a packet of info revealing the entire story regarding ingested fat --- saturated, mono-unsaturated, omega 6 polyunsaturated, and omega 3 polyunsaturated. I realize how effective the propaganda in favor of omega 3 fatty acids (just as for the omega 6 fatty acids before them) has been. That is why these seven Letters are so important to you and your practice. Use them.

Remember the formula:

Longevity = (OXY POWER + GO POWER) x (SFA/PUFA)

Sincerely,

Guy R. Schenker, D.C.