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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

What are your fundamental principles of Clinical Nutrition? Here are the four essential components of my clinical nutrition philosophy:

1. Biological Individuality

2. Objective Testing

3. Adaptative Capacity = Metabolic Balance + Vital Reserves

4. Longevity = (Anti-oxidants/Oxidants) x (SFA/PUFA)

Our focus these last four months is on the Vital Reserves and Anti-oxidants in 3 and 4, above. Over the long term there is nothing you can do for your patients more important than increasing their vital reserves with anti-oxidant protection. While other doctors are polluting their patients with toxic, catabolic, oxidative free radical damage-causing PUFAs, you are offering maximum adaptation and protection to your patients --- with …

OXY POWER.

Continuing our particular discussion of the Co Q-10 in your OXY POWER, we must ask this …

NOT SO TRIVIAL QUESTION:

What family of drugs generates more $$$$$ for the pharmaceutical industry than any other? Anti depressants? Anti inflammatories?

Antibiotics? No, no, no --- by far it is the Statin drugs to lower cholesterol --- generating nearly 20 billion dollars in annual revenues for the drug companies. If this family of drugs were to cause serious side effects, how much would the drug companies invest in terms of financial incentives and political pressure to keep the truth buried?

The truth, aggressively suppressed, is that the Statin drugs have irreversible and often fatal consequences, including cardiomyopathy, congestive heart failure, and rhabdolmyolysis. Researchers have now discovered that the reason for the deadly side effects of cholesterol lowering drugs is that they deplete the body of Coenzyme Q-10. To their credit, the Canadian government is way ahead of the US government in its resistance to drug company lobbyist pressure. In Canada, Statin drugs are required to carry a label with an explicit precautionary warning that the drug can cause Co Q-10 depletion and lead to impaired cardiac functioning in patients with congestive heart failure. Consider these studies:

Proc Natl Acad Sci USA. 1990 Nov;87(22):8931-4. Lovastatin decreases Coenzyme Q-10 levels in humans. Folkers, et al.

Mol Aspects Med. 1997;18(suppl):s137-s144. Dose-related decrease of serum Coenzyme Q-10 during treatment with HMG CoA-reductase inhibitors. Mortenson et al.

Biofactors. 2003;18(1-4):113-24. Statins lower plasma and lymphocyte ubiquinol/ubiquinone. Passi, et al.

Biofactors. 2003;18(1-4):101-11. The clinical use of HMG CoA-reductase inhibitors and the associated depletion of Coenzyme Q-10. Langsjoen, et al.

In this last study the head researcher says, “The depletion of the essential nutrient Co Q-10 by the increasingly popular cholesterol-1owering drugs, HMG CoA-reductase inhibitors (Statins), has grown from a level of concern to one of alarm. With ever higher Statin potencies and doses, and with a steadily shrinking target LDL cholesterol, the prevalence and severity of Co Q-10 deficiency are increasing noticeably. We are currently in the midst of a congestive heart failure epidemic in the United States --- as physicians, it is our duty to be absolutely certain that we are not inadvertently doing harm to our patients by creating a widespread deficiency of a nutrient critically important to heart function.”

The following study further proposed that Co Q-10 levels might be used to measure myocardal diastolic function as an early marker of ventricular dysfunction:

Biofactors. 2003;18(1-4):125-7. A Statin cardio-myopathy? A potential for Co Q-10 therapy for Statin-induced changes in diastolic LV performance: Description of a clinical protocol. Silver, et al.

The reasoning behind this study is that Statins inhibit HMG-CoA reductase, the rate limiting step that not only inhibits cholesterol but also inhibits Co Q-10 synthesis in the liver. Because Co Q-10 plays an important role during oxidative phosphorilation in the myocardial cell, evaluating Co Q-10 action on ATP might be used as an early warning indicator of heart problems. Studies have also indicated that Co Q-10 supplementation can reverse Statin-induced heart failure and muscle damage:

Drug Metabol Drug Interact. 2003;19(3):151-60. Reversal of Statin toxicity to human lymphocytes in tissue culture. Pettit; et al.

Biofactors. 2003;18(1-4):91-100. Systematic review of the effect of Coenzyme Q-10 in physical exercise, hypertension and heart failure. Rosenfeldt, et al.

This last study may be the most comprehensive demonstrating the capacity for Co Q-10 supplementation to improve circulatory processes, and prevent the cardiac and muscular consequences of Statin drug toxicity.

Imagine --- a drug given to millions upon millions of patients with cardiovascular disease that actually causes cardiovascular disease. Imagine that this drug also causes cognitive dysfunction, memory loss, and in many cases severe muscle pain. Is it any wonder that these drugs are on your NUTRI-SPEC list of "RED FLAG" medications? Compounding the absurdity of this Statin drug fiasco is that high cholesterol --- the only condition that Statin drugs "cure" --- is not even a primary risk factor for cardiovascular disease.

Please do not continue to be wishy-washy in getting your patients off these Statin drugs. I know your patients' general practitioners and cardiologists will fight to the death to defend their prescription --- but better it be their death than the death of your patients. Copy and print the section of this letter dealing with Statin drugs and distribute it to your patients. Suggest to your patients that they stop Statin drugs immediately. Tell them they are welcome to share the information you have provided with their prescribing doctor. But caution them. Tell

them that if their GP or their cardiologist provides objective evidence refuting the information that you have provided, then they should consider the merits of his case versus yours. If, however, the physician responds with nothing more than a tantrum, ask your patient not to be bullied, but to stand on a foundation of truth as he exercises his better judgement.

Cancer? Yes! As an antioxidant, Co Q-10 protects against the oxidative free radical damage that often triggers a cancer. Then, Co Q-10 inhibits the aberrant oxidative metabolism of existing cancers by promoting normal mitochondrial electron transport. One interesting study showed the benefits Co Q-10 in prostate cancer. Co Q-10 supplementation significantly lowered cell growth of the PC3 cancer line without affecting non-malignant cells.

Biofactors. 2003;18(1-4):265-270. Coenzyme Q-10 differentially moderates phospholipid hydroperoxide glutathionate peroxidase gene expression and free radical production in prostate cancer. Quiles, et al.

Premature aging, cardiovascular disease, end-stage renal disease, Statin drug damage, muscular dystrophy, cancer --- and …

MALE INFERTILITY?

Yes!

Metabolism. 2003 Apr;52(4):402-6. Coenzyme Q-10: Another biochemical alteration linked to infertility. Mancini, et al.

These researchers have demonstrated that Co Q-10 is present in seminal fluid, and is directly correlated to sperm motility in infertile men.

Males are not the only ones to require Co Q-10 for normal reproductive function. Pre-eclampsia, a life-threatening disorder affecting about 7% of late-stage pregnancies, is associated with extreme edema, hypertension, and proteinuria. Serum levels of Co Q-10 are severely depressed in pre-eclampsia patients.

Free Radic Biol Med. 2003 Dec 1:35(11):1453-6. Pre-eclampsia is associated with a decrease in plasma Coenzyme Q-10 levels. Teran, et al.

These researchers showed that Coenzyme Q-10 levels should rise approximately 20% in pregnant women relative to non-pregnant women who have normal blood pressure. In women with pre-eclampsia,

however, Co Q-10 drops nearly 20% to a level more than 35% lower than found in healthy pregnant women.

The eye is one of the more metabolically active tissues in the body. As such, it is subject to oxidative free radical damage. One manifestation of PUFA's destructive influence is macular degeneration. A recent research study reports that Co Q-10 may improve retinal function in patients with age-related macular degeneration by improving the performance of mitochondria in the retinal pigment epithelium.

Ophthalmol. 2003 Sept-Oct:217(5):351-7. Mitotrophic compounds for the treatment of age-related macular degeneration. A metabolic approach and a pilot study. Feher, et al.

Perhaps the only equal of the heart in metabolic activity is the brain. Recall from our 7-month discussion of fish oil and vegetable oil damage that lipofuscin pigment on the skin is a direct indication that there is lipofuscin pigment deposition in the brain --- a certain sign of premature aging associated with free radical damage. Many studies have shown the protective effect of Coenzyme Q-10 (plus the other three antioxidants in your Oxy Power) in protecting the brain. One study found a Co Q-10 deficiency in the brains of patients with cerebellar ataxia and/or cerebellar atrophy --- suggesting an ataxic syndrome responsive to therapy with Coenzyme Q-10 supplementation. The researchers studied the distribution of Co Q-10 in different brain regions in both animals and humans, before and after administering Co Q-10 supplements. The lowest levels of Co Q-10 were found in the cerebellum, suggesting selective vulnerability in that region of the brain to Co Q-10 depletion and its protective effects.

Biofactors. 2003;18(1-4):145-52. Primary Coenzyme Q-10 deficiency and the brain. Naini, et al.

Much has been made in the health food industry promotional literature about Coenzyme Q-10 as a "cure" or at least a treatment for Parkinson's Disease. The most definitive study showing benefits of Co Q-10 supplementation for Parkinson's Disease used a huge 1200 milligram per day dose of Co Q-10, but showed a 44% reduction in the decline of motor skills, movement, and mental function compared to the placebo group. Those receiving the supplement also demonstrated an improved ability to perform activities of daily living. This 16-month study was remarkable in that Co Q-10 slowed the progression of the disease, something the Parkinson's drugs do not do.

Shortly thereafter, another study of Parkinson's Disease patients used a much more reasonable 360 milligram daily dose of Co Q-10 and

administered it for only 4 weeks. Even in this short period of time Parkinson's patients receiving the supplement showed a significant improvement in performance compared with the placebo group.

Arch Neurol. 2002 Oct;59(10):1541-50. Effects of Coenzyme Q-10 in early Parkinson's Disease; evidence of slowing the functional decline. Shultz, et al.

Neurosci Lett. 2003 May 8;341(3):201-4. Coenzyme Q-10 supplementation provides mild symptomatic benefit in patients with Parkinson's Disease. Muller, et al.

The purpose of this Coenzyme Q-10 discussion is not that you will be motivated to go beating the bushes for new patients with Parkinson's Disease, macular degeneration, infertility, muscular dystrophy, and pre-eclampsia. Our intent is merely to show that this phenomenal nutrient is ubiquitous in physiological function, is directly correlated with protection against oxidative damage and with promotion of normal oxidative metabolism, and, is powerful enough to slow or even reverse the most severe of pathologies. As one of the four most physiologically active antioxidants (and the other three are also found in your Oxy Power), its role in **PREVENTION** should be obvious.

Your patients are paying you for what they hope will be the best clinical nutrition available. If you are not giving them all Oxy Power, then you are letting them down. Either from day one under your care as part of your Diphasic Nutrition Plan, or, after several weeks of metabolic balancing through NUTRI-SPEC analysis, every one of your patients should be taking at least 3 Oxy Power daily. Those with moderate to severe cardiovascular disease or other known pathology should be taking as much as 10 daily to start, working down to a maintenance level of 3, twice daily. Those with even mild pathology should be started with the descending schedule of 10,9,8,7,6,5,4 daily before settling into the 3 or 4 daily maintenance dose. Standing on a foundation of Oxy B, plus the NUTRI-SPEC Fundamental Diet, plus the metabolic sparkplugs Oxy A-Plus, Oxy D-Plus, and Formula EW, you will be giving your patients nutrition power per dollar spent far beyond their greatest expectations.

All your patients --- all the time --- you and your family protected for a lifetime --- with OXY POWER.

Sincerely,

Guy