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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

BITS & PIECES,
ODDS & BEGINNINGS.

This has been an amazing year for NUTRI-SPEC doctors. --- It is truly gratifying to witness the quality and quantity of service you are providing.

KEEP UP THE GOOD WORK ...

The world needs your systematic, objective approach to clinical nutrition.

In the final NUTRI-SPEC LETTER of 2006, we will wrap up a few loose ends, so that you are fully prepared for beginning 2007 competent and confident in your role as ...

MAVERICK NUTRITIONIST.

You can continue to shun the endless parade of nutrition band wagons carrying the mindless masses to nowhere. You can continue to shine the light of truth for patients, family, and friends.

In last month's Letter we promised to begin writing up your success stories in restoring metabolic balance. Send us a history, your findings (test results would be nice, but not essential), and how your patient responded to metabolic balancing with NUTRI-SPEC. Here is quite a nice case from a NUTRI-SPEC practitioner in New Jersey:

> A 14-year-old young man suffered from tics, both oral and motor. He had been receiving acupuncture treatments. NUTRI-SPEC testing revealed an ANAEROBIC Imbalance. Now, after three months of supplementation With Oxy A, Oxy A+, and Taurine, the tics are completely gone. His parents are VERY happy, and he is no longer being teased in school.

"Is that all there is to the story?" you may ask. Yes, and the beauty is that …

THAT IS ALL THERE IS TO THE STORY.

There was no trial-and-error empiricism; there were no herbal drugs, no homeopathic remedies, no hundreds of dollars spent on testing. NUTRI-SPEC is beautifully simple, and simply beautiful. You are not going to cure tics, nor any other pathology. You are merely restoring metabolic balance --- so that the health potential of each individual can be fully realized. NUTRI-SPEC is fun, valuable, and oh so gratifying.

You have undoubtedly heard by now the good news:

"<u>THEY</u>" say that chocolate is good for us.

People rejoicingly accept this nonsense because …

THEY SO DESPERATELY
<u>WANT</u> TO BELIEVE IT.

Regrettably, many NUTRI-SPEC practitioners are just as vulnerable as chocolate lovers to letting the media hype they <u>want</u> to believe blind them to the truth.

Recently, I did my best in a long series of Nutri-Spec Letters to make clear the catabolic, oxidative damage done by all polyunsaturated fatty acids (PUFAs). I made the point that omega 3 fatty acids are even more damaging than omega 6 fatty acids, despite the health food industry hype to the contrary. Many references from the scientific literature were offered in support of the truth regarding the devastating effects of PUFAs. Apparently, Nutri-Spec practitioners are just as vulnerable to being snookered by health food industry propaganda as are the ignorant masses. I have had countless responses to those Nutri-Spec Letters from incredulous doctors …

BEGGING ME TO SAY IT REALLY ISN'T SO.

"I am sorry if the truth hurts," I reply, "But there is no such thing as an "essential fatty acid," and, you are doing nothing but damage to the patients whose symptoms you are attempting to control with omega 3 fatty acids."

In summary, there are three mechanisms by which omega 6 fatty acids cause both short term and long term tissue destruction, the first two of which apply as well to omega 3 fatty acids:

1. When PUFAs are heated or hydrogenated, or are oxidized (rancidity), they form either trans isomers of the original fatty acid, or, the double bonds migrate along the carbon chain, creating an isomer entirely unrelated to the original fatty acid. These fatty acid isomers are hepatotoxic, mutagenic, and cause free radical oxidative damage to cells throughout the body.

2. Even without the complications of rancidity or isomerism, PUFAs cause catabolic tissue oxidation, inhibit normal oxidative metabolism, and deplete antioxidant nutrients such as tocopherols, tocotrienols, vitamin C and vitamin A.

3. Omega 6 PUFAs lead to the over-production of pro-inflammatory prostaglandins and leukotrienes. These noxious fatty acid derivatives are implicated in a broad diversity of pathological conditions including: arthritis, PMS, migraine headaches, allergies, and atherosclerosis.

The reason why omega 3 fatty acids have become everyone's favorite cure-all, is because they inhibit the damaging effects of prostaglandins and leukotrienes, the third mechanism of PUFA damage listed above. All the "natural healers" feel a surge of power with their ability to give symptomatic relief to patients suffering from prostaglandin-related diseases. The problem with omega 3 fatty acids is that they are actually more damaging than omega 6 fatty acids as regards the first two pathological mechanisms detailed above. So, while the natural healers are dispensing omega 3 remedies for this and that condition, they are also accelerating:

- lipofuscin-related brain and skin aging
- the development of auto-immune diseases
- the development of cancer
- liver damage
- dysaerobic metabolic imbalance
- etc., etc.

How ludicrous is it that patients are encouraged to take catabolic, age-accelerating fatty acids to control the symptoms caused by other catabolic, age-accelerating fatty acids? If people did not eat vegetable oils, they would have no "need" for omega 3 oils. The only reason the damaging effects of omega 3 fatty acids are not readily apparent is because they make up such a small percentage of our diet relative to omega 6 intake, and relative to over-all caloric intake.

Another point that the incredulous omega 3 fans do not want to swallow is that an omega 3 is an omega 3 is an omega 3 is an omega 3. It does not matter whether it is EPA, DHA, or ALA; it does not matter whether it is derived from a salmon, a cod, a walnut, a flax seed, range fed beef, or a krill, the omega 3's all accelerate cellular aging. --- And, here is an observation regarding the research showing the prostaglandin-related inhibiting benefits of omega 3's: Many of the studies that show the greatest benefit of omega 3 supplementation on conditions such as arthritis use, not pure concentrates of omega 3 fatty acids, but less refined products such as cod liver oil and krill oil. These oils are quite high in vitamins A, D, and/or E. So, many of the symptomatic benefits attributed to the omega 3's are actually caused by the high quantities of antioxidant vitamins.

Krill oil is the latest health food industry attempt to capitalize on the omega 3 craze. Krill oil has two perceived advantages to the health food store shopper. First of all, since the omega 3 fatty acids are bound as phosophlipids, they cause no immediate reaction from the upper GI tract --- thus, no belching of disgusting fish oil flavor. The other perceived advantage of krill oil is that one of the double bond sites is occupied, which makes the product less susceptible to oxidative rancidity while sitting on the health food store shelf. Once in the intestine, however, the omega 3 fatty acids are broken out of the phospholipid configuration, and proceed with their devastation of cellular mitochondria.

Are you going to eat chocolate, pretending it is good for you because THEY say it is? Are you going to treat arthritis, PMS, migraines, allergies, and atherosclerosis with PUFAs because THEY say you should? Break away from disease-specific nutrition. If you want your patients to be truly well, then educate them on the damages of both omega 6 and omega 3 fatty acids. Then, begin preventing oxidative damage with the powerful antioxidants that comprise your Nutri-Spec supplement arsenal, instead of contributing to your patients' already excessive burden of PUFAs. You might be wise to …

RE-READ THE SERIES OF NUTRI-SPEC LETTERS
ON THIS SUBJECT …

to more fully understand the details, and, to see the support for your anti-omega 3 stance in the scientific literature. Pass along to your patients that group of NUTRI-SPEC Letters. --- They constitute a concise, yet complete education on dietary fat --- the good, the bad, and the ugly. (Call us, and ask for the NUTRI-SPEC Letters from Volume 16 Number 11 through Volume 17 Number 5, or, you can download them from our website, www.nutri-spec.net.)

MEDICINES AND RETICENCE

Regrettably, many of us are faced with countless patients who are victims of medical madness --- patients who are …

TAKING MEDICATIONS WITH UNKNOWN RAMIFICATIONS.

In my opinion this is no place for reticence. You are being paid by your patients to deliver the best health care you know how. Take a strong stance on behalf of the truth, and defend it vigorously. The key is to have objective evidence in support of your stance.

So, having given you in a recent Letter the dangers associated with the drug Coumadin, we will now consider the allopathic abuse of your asthma patients. First, consider that many patients who come to you with a diagnosis of "asthma" do not have asthma at all. Asthma is grossly over-diagnosed. Many doctors seemingly have lost sight of what true asthma is, and diagnose asthma in any case of recurring bronchial symptoms. Asthma is defined as bronchial CONSTRICTION; it is not the same as bronchial congestion or obstruction. Children and adults who suffer frequent bouts of bronchitis are not asthmatics. These people with repeated bronchial infections certainly can have labored breathing, but they do not show the classic pattern of asthmatic respiratory distress --- the inability to exhale.

Over the last 30 years, synthetic corticosteroids have emerged as the primary drug to treat asthma. Since the anti-inflammatory action of steroids relieves the symptoms of bronchitis better than it does true asthma, doctors and their "asthma" patients are quite pleased with the temporary symptomatic relief. True asthmatics, however, pay a price for controlling the inflammatory component of asthma with steroids.

Steroids are immunosuppressive, leaving the patient more susceptible to infections (especially including viral and bacterial infections of the respiratory system). In children taking steroids for asthma, ordinary childhood diseases such as chickenpox and measles can be serious or even fatal. Patients on Advair, Provent, and

Pulmacort, the common steroid-containing asthma drugs, are more susceptible to Herpes infections. Candida infection is a common side effect. White blood cells of all types are inhibited.

Long term use of steroids for asthma can suppress hypothalamic-pituitary-adrenal function. Patients can suffer the damaging effects of excess corticosteroids while at the same time their natural production of cortisol is suppressed. Growth can be retarded in children. Steroids will cause an Anaerobic Metabolic Imbalance initially, yet will result in a Dysaerobic Imbalance over time as the body puts up an anti-anaerobic defense. Certainly, steroids do nothing to address the primary causes of asthma.

In counseling asthmatics on the choice of drugs to control their symptoms while you correct the causes, you want to avoid steroids as much as possible. Asthma is associated with two fundamental causative factors, excess parasympathetic reactivity, and excess leukotrienes. The Prostaglandin Diet (avoidance of polyunsaturates) is absolutely essential to control the leukotrienes; the parasympathetic component can be controlled with either anti-cholinergic medications or sympathomimetic medications, while Complex P and your other anti-parasympathetic recommendations restore control of the vagotonia.

Some examples of temporarily acceptable asthma drugs:

Atrovent is an anti-cholinergic bronchodilator.

Albuterol (aka Proventil, Alupent, and Ventolin) is a sympathomimetic bronchodilator.

Serevent and Brethine are other sympathomimetics, a little different than Albuterol.

Combivent has both an anti-cholinergic bronchodilator plus Albuterol.

Singulair is anti-leukotriene.

*****Combivent plus Singulair is a very effective combination that avoids steroids.** Have your asthma patients and your "asthma" patients tell the prescribing doctor they would like to see if they can control their symptoms without steroids, asking to be put on Combivent and Singulair instead.

Keep up your anti-PUFA crusade. --- And, keep up the good work!