

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

In last month's NUTRI-SPEC LETTER ...

YOU BECAME AN AUTHORITY ON DIETARY SUGAR.

You learned everything you need to protect yourself, your family, and your patients from the devastating effects of ...

FRUCTOSE --- THE EVIL VILLAIN OF CARBOHYDRATE METABOLISM.

You learned where the dishonest propaganda about fructose is coming from and why it is false. You now know it is the fructose component of ordinary sugar (and of fruit, and of honey) that is the villain.

You also learned the exact mechanisms by which sugar (particularly fructose) causes its pathological damage to both diabetics and hypoglycemics. You recognize fructose as a three-headed monster. The first head viciously assaults your body chemistry, causing poor glycemic control and all its ensuing pathologies that can be associated with both diabetes and hypoglycemia.

The second monster head breathes fire in the form of excess prostaglandins --- exacerbating migraines and other forms of headaches, arthritis, premenstrual and menstrual symptoms, and allergies. This bombardment of your body with noxious prostaglandins is the equivalent of eating the omega 6 fatty acids in vegetable oils. What happens is that the exaggerated insulin response from eating sugars and fast carbs causes an exaggerated insulin response, which, in turn,

stimulates the activity of delta 5 desaturase enzyme that potentiates the formation of prostaglandins.

The third head of the fructose monster has a venomous bite that unleashes a free radical attack on tissues through the process of ...

GLYCATION.

You learned that the oxidative damage of glycation is perfectly analogous to the oxidative damage resulting from free radical oxidation of vegetable oils. And, you now understand that the oxidative damage of glycation is particularly evident as the non-enzymatic cross-linking of collagen. The premature aging of collagen evident in all of us after a lifetime of sugar indulgence, but particularly evident in diabetics, appears most dramatically in the skin, arterial intima, joints, and kidneys. The pathologies most directly linked to sugar intake are thus cardiovascular disease, hypertension and kidney failure, wrinkles of the skin, degenerative arthritis, and retinopathy.

**FRUIT? HONEY? --- NATURAL SUGARS?
HA! --- FRUCTOSE (FRUIT SUGAR)
CAUSES TEN TIMES AS MUCH
GLYCATION DAMAGE AS DOES GLUCOSE.**

Never lose sight of how pervasive this sugar-derived damage can be. There is not a symptom or condition (or a NUTRI-SPEC metabolic imbalance) that cannot be associated with dietary fructose. You must use this information to enrich your own life, and, you must use it to help your patients. When talking with your patients, specifically relate their symptoms and their metabolic imbalances revealed by your testing to their intake of sugar (and PUFA oils, for that matter). Tell them without hesitation ...

**“SUGAR MAKES YOU OLD!”
 (“VEGETABLE OILS MAKE YOU OLD!”)**

The entire story of dietary sugar that you began to learn in last month's Letter ...

- cardiovascular disease through poor glycemic control
- cardiovascular disease through excess prostaglandin production
- cardiovascular disease associated with glycation
- degenerative arthritis associated with excess prostaglandins
- degenerative arthritis associated with glycation
- retinopathy associated with glycation
- emotional instability associated with poor glycemic control

- chronic fatigue associated with poor glycemic control
- collagen breakdown associated with glycation
- hypertension and kidney failure associated with glycation
- wrinkles associated with glycation
- headaches associated with poor glycemic control
- headaches associated with excess prostaglandins
- allergies associated with excess prostaglandins
- obesity
- elevated triglycerides
- elevated cholesterol

...can be concisely presented to a patient in just a minute or two. Commit this truth about sugar to memory and use it on a daily basis. Your patients have so many misconceptions about sugar and carbohydrate metabolism: “natural sugar”, fruit as a so-called natural food group, sugars as “energy foods”, and so on. As hard as it may be for your patients to believe, it is the truth that ...

An apple a day
keeps the doctor away,
But dare to eat two
and it's wrinkles for you!

You must impress upon your patients how the fructose monster can be hidden in seemingly innocuous foods. Recalling your July issue of this Letter, you realize it is your Ketogenic patients who are most vulnerable to “The Deadly Quartet” --- the metabolic syndrome --- which includes obesity, elevated triglycerides, elevated blood pressure, and ultimately diabetes. It is fructose and fructose alone that initiates the metabolic syndrome. A glass of fresh squeezed orange juice for breakfast? --- Deadly. Give your children a big glass of Hawaiian Punch with their lunch? --- Only if you want them to show signs of insulin resistance before they get out of their teens. Can you make your patients understand that it is not simply candy and cookies and cola they need to avoid?

Here is an example from my own practice. A patient now living out of state called me with concern over her husband (around age 50 --- had never been my patient). In a routine physical his blood work showed slightly elevated cholesterol, but triglycerides that were way up in the high 300's. Alarmed by the dramatic jump in triglycerides (that had been normal only a couple years before), and doubly concerned because of the drugs that had been prescribed, the wife wanted to know if there were something else her husband could try before going on the medication. She assured me that she, and her husband, though to a somewhat lesser degree, still followed the NUTRI-SPEC Fundamental

Diet --- eating a source of protein at three meals daily, and minimizing the intake of vegetable oils and sugar.

Put yourself in my position. To determine the cause of the high triglycerides, what is the first question you would ask the wife? --- Think, think, think, think, think --- What is the most likely source of fructose that might appear so innocuous as to not even register in a person's consciousness as "eating sugar"? --- My first (and, as it turned out, only) question of this woman was --- "What has he been drinking?" Skipping straight to the happy ending of the story --- it was determined that her husband, about 9 months earlier, had begun drinking a "natural" fruit drink --- I think it was Snapple --- one on his mid morning break, one with his lunch, and one on his mid afternoon break at work. My advice was simply to forget the drugs and cut the fructose completely. Within three months his triglycerides had come all the way down to around 150.

Stop and consider just what would have happened to this man had he not benefited from the knowledge you now have about fructose and its role in the insidious development of deadly pathologies. He would have taken the drugs --- dropping his triglycerides to something a little above normal, and causing his cholesterol to plunge to dangerously low levels. Meanwhile, he would have continued drinking his ...

"NATURAL SUGAR."

Over the next year he would have grown a rather displeasing little ...

"BEER GUT".

In this case, obviously, the abdominal obesity would derive not from beer, but from fructose. His blood pressure would have begun to climb -- ultimately resulting in the need for blood pressure medication. In time (since this man would undoubtedly test Ketogenic if he were to come to your office), he would have become diabetic, for which he would have required another couple of drugs. --- Not a pretty picture. Yet the simple application of your NUTRI-SPEC knowledge is enough to turn what could have been a short, miserable life into a long, happy life.

Never lose sight of the importance of your dietary recommendations. Had this patient been brought by his wife into my office, I suspect he would have tested as Ketogenic. Had that been the case I would simply have added Oxy K to the dietary recommendations. With Oxy K, his triglycerides would have come down a little faster and a little lower, but it is the diet that is primary.

Yes ...

DIET...

will make or break your diabetic patients. It seems some of you were confused or at least surprised by my recommendations in the June NUTRI-SPEC Letter to give the Glucogenic or Parasympathetic dietary recommendations to certain diabetics. After all, we know that giving Oxy G or Complex P to diabetics is contraindicated because it will often push their blood sugar to the moon. How, then, can we recommend giving them a diet that is opposite what we typically recommend for those we supplement with OXY K or COMPLEX S? The explanation of why the Glucogenic or Parasympathetic diet works in cases of high blood sugar is that many people, along the way to insulin resistance or pancreatic exhaustion, spend decades in a state of glucogenic or parasympathetic imbalance during which the pancreas is whipped mercilessly. The dietary needs of these patients does not change after becoming diabetic; only the supplemental nutrients needed to rescue them from disaster changes.

I can use one of my own patients to make the point of how beneficial a Parasympathetic Diet can be for a Type II diabetic being given Oxygenic K. An over-weight man with Type II diabetes for which he took oral medication showed a Parasympathetic Imbalance with NUTRI-SPEC testing. He was given OXY K (and OXY B) plus the Parasympathetic dietary recommendations. His sugar and elevated blood pressure, cholesterol, and triglycerides immediately began moving toward normal. Body fat rapidly melted away --- ultimately, his weight loss was nearly 50 pounds.

Regrettably, the patient soon needed heart surgery --- the pathology was simply too far advanced before he received the benefits of NUTRI-SPEC. --- But --- within two months of the surgery the patient was able to stop all 6 drugs prescribed by the cardiologist. His blood pressure, cholesterol, and triglycerides are all normal. Weight loss is maintained, and he takes only one (of the 2 prescribed) oral diabetic medications.

To further illustrate the ubiquitous role of fructose in pathologies where you would not expect sugar to be a factor, consider the Winitz Diet that you may have read about in past issues of this Letter. Recall that Winitz concocted a food that was a complete source of calories and nutrients to maintain human health. This food was made up of carbohydrate, fat and protein, and, required absolutely no digestion, plus, was supplemented with vitamins, minerals and trace minerals. The purpose of this food was for patients suffering from gastro intestinal

pathology and/or who were suffering from other advanced diseases that prevented them from eating.

To rigorously test this food to see if it did indeed meet the nutrition requirements of human beings it was tested on convicts. The convicts were thoroughly evaluated with blood tests and all other aspects of a complete health exam prior to beginning the Winitz Diet as their only food. The bottom line is that the convicts, maintained on solely this food for many months, thrived. Not only were there no adverse affects to this diet, the health of these test subjects actually improved. The most noteworthy and consistent change in objective measures of these subjects was that ...

THEIR CHOLESTEROL DROPPED ...

from an average of about 240 down to about 180 while they were on the Winitz Diet.

The only source of carbohydrate in the Winitz food was glucose. After months on the Winitz diet the convicts were doing well, but did complain that the taste of the food was a little bland. So, Winitz substituted sucrose (which is half glucose and half fructose) for the glucose. In a very short time on this modified Winitz food, the convicts' ...

CHOLESTEROL LEVELS ZOOMED RIGHT BACK UP ...

to the pre-diet elevated levels.

This study perfectly demonstrates many of the principles you have learned from NUTRI-SPEC. First of all, it is dietary carbohydrate (not dietary fat, and certainly not dietary cholesterol) that causes an elevation of blood cholesterol. Second, as you now clearly see, it is fructose in particular that is the most deadly anti-metabolite of dietary sugar.

The truth is fascinating isn't it? And -- it is fun being an "authority." Knowledge is power -- but only if you put it to use. The knowledge you obtain from NUTRI-SPEC is invaluable, both in your own life and as a tool to build your practice and serve more people.

In celebration of health,

Guy R. Schenker, D.C.

P.S. Say to your patients, "Orange juice will make you old and weak!"