

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

89 Swamp Road
Mifflintown, PA 17059

800-736-4320

717-436-8988

Fax: 717-436-8551

nutrispec@embarqmail.com

www.nutri-spec.net

THE NUTRI-SPEC LETTER

Volume 19 Number 3

From:
Guy R. Schenker, D.C.
March, 2008

Dear Doctor,

Your patient is a ...

SUGAR BABY,

plain and simple. It is plain to see the paradoxical nature of his pathology, and, there is simply no other explanation for the paradox than that ...

HE IS A SUGAR BABY.

He likely began as a small child slurping down juice and other sugar drinks, even as cookies, cake, pie, ice cream and candy were the currency spent by his mother ill-prepared for parenthood. Since eating habits are hard to change, you are now presented with a 55-year-old sugar baby who is paradoxically ...

ASTHMATIC AND DIABETIC.

What is the paradox in being asthmatic and diabetic? Those two pathologies are etiologically opposite. The biochemical imbalances that cause one are precisely the opposite of those causing the other. So --- any therapeutic intervention attempting to push the patient out of the metabolic imbalance that causes one of the pathologies will very often exacerbate the other. In particular, as NUTRI-SPEC study has taught you, asthma has two causes --- a Parasympathetic Imbalance, and high leukotrienes. Diabetes has two causative imbalances as well --- a Ketogenic Imbalance or a Sympathetic Imbalance. The dietary and supplemental recommendations you make for a parasympathetic

asthma patient are in many ways exactly the opposite of the recommendations you make for a ketogenic or sympathetic diabetic. So --- if your asthmatic is also diabetic, the Complex P you would like to give him for his asthma will tend to push his sugar up, while the Complex S or Oxygenic K that could control his sugar will exacerbate his asthma. This paradoxical clinical picture is why you find that ...

**THOSE WHO ARE BOTH DIABETIC AND ASTHMATIC
ARE YOUR MOST CHALLENGING PATIENTS.**

However, for reasons you will learn below,

**THOSE WHO ARE BOTH DIABETIC AND ASTHMATIC
ARE YOUR SIMPLEST PATIENTS.**

What can I possibly mean when I say these patients are at once your most challenging and your simplest? When I say "simple" I do not mean easy; I mean that the clinical course that must be taken by you and your patients is obvious, and not the least bit complicated. The answer to the diabetes plus asthma dilemma is, quite simply, in the eating plan. ---

**PARASYMPATHETIC AND PROSTAGLANDIN DIETS
MUST BE RIGOROUSLY FOLLOWED.**

What you are seeing in these patients are those who were genetically parasympathetic. Throughout childhood the steady flow of sweet drinks and tasty treats kept the pancreas continuously stirred into a frenzy. The massive flow of insulin in response to the high sugar diet pushed the blood and brain sugar rapidly toward the depths of doom until, in the nick of time, the next sugar fix launched the blood glucose toward uncharted skies. Nose dive, sky rocket – nose dive, sky rocket --- down and up and down and up the sugar roller coaster goes. Such is the life of the parasympathetic child --- born to be a meat eater, thus no defense against the merciless torment of the sugar demon.

As the high sugar diet continues to over-stimulate the parasympathetic nervous system, and, as the high sugar diet contributes to the excess production of prostaglandins (see recent Letters for the mechanism), one early consequence for this sugar baby is the development of asthma. The vagotonia keeps the bronchial tree in a constant state of relative constriction; the leukotrienes portion of the excess production of prostaglandins (and produced all the more excessively if the high sugar diet is accompanied by chips, and fries and other sources of PUFAs), keeps the bronchial tree in a continual state of inflammation.

Sugar Baby may be given a prescription for asthma drugs. Ironically, the steroidal asthma drugs exacerbate the already deeply facilitated parasympathetic reactivity; the sympathetic mimetic drugs tend to push the blood sugar up. No one thinks anything special is going here --- our sugar baby is just a “normal” kid --- maybe a little hyper and a little moody at times --- with a touch of asthma.

During adolescence, young sugar baby experiences the beginnings of insulin resistance. Though innately parasympathetic, this young person is making the transition from a Parasympathetic Imbalance to a Ketogenic Imbalance as part of the developing insulin resistance. This teenager is a little less hyper than he was as a child, but perhaps a bit more moody. His asthma does not seem to be quite as bad as when he was a child --- the doctor has said he might outgrow it.

Fast forward 30 years. We see an adult sugar baby frustrated by abdominal obesity. He suffers occasional bouts of asthma, but no big deal. His doctor is “watching” his cholesterol and blood pressure that have been steadily rising over the years. His triglycerides are already quite high, but no one seems to care. Now, jump forward another 10 years. You see another 10 pounds around the middle; you see medication for hypertension and elevated cholesterol; you see an increased reliance on drugs to control asthma; you see a 55 year old man who now has a sugar problem. That is right, he “NOW” has a sugar problem. Of course, you know he has had a sugar problem his entire life, but to sugar baby and his doctor the sugar problem is a new development. To his medication for hypertension, cholesterolemia, and asthma, he now adds an oral diabetic medication.

Two years later you see this 57-year-old man walking into your office for the first time. Now what? What is the first thing you do? NUTRI-SPEC testing, of course. What is the second thing you do? You know that no matter what the findings on his NUTRI-SPEC tests, the simple cause of all his problems --- the cholesterol, the triglycerides, the abdominal obesity, the hypertension, and the Type II diabetes --- is simply the simple matter of excess sugar intake. The simple solution to the simple cause of all his problems is to

SIMPLY STOP EATING SUGAR ...

The simple message you must convey to your patient as your second step in his care is that all his problems are simply the result of his life-long dietary sugar intake, and that

HE SIMPLY MUST ACCEPT SELF-RESPONSIBILITY FOR HIS CONDITION.

Simply tell the patient, “You did this to yourself; you have been assaulting your glycemic control mechanism since you were a young child, and have suffered the inevitable results. The most fundamental thing you need to do to reverse your pathologies is to stop causing them. There is no combination of nutrients I can give you that can save you from disaster if you do not take responsibility for your own health. On the other hand, if you will do your part, the very specific nutrients I can recommend for you will very quickly restore balance to your body chemistry and begin to reverse pathologies that have been developing in your body for over 50 years.”

You will explain to the patient that life is too precious to waste traveling down the path he has chosen to this date. You will grant that his life has importance and that he has the capacity to enrich others only to the extent he makes himself rich. You will make it clear that nothing but poverty is in his future unless he chooses another path. You will secure a point of agreement that he will indeed get sugar out of his life --- no excuses --- that simple. You will assure him that you will work even harder than he will to restore metabolic balance and to increase his adaptative capacity.

The particular recommendations you make in this case will depend on what his NUTRI-SPEC tests show and on what medications he is taking. You were given in the NUTRI-SPEC Letter from last June the rules for choosing diet and supplement recommendations for diabetic patients. These rules still apply to a patient who is asthmatic as well as diabetic, except that the dietary recommendations will always be those for parasympathetic and prostaglandin imbalances.

Understand that the asthma grew worse as this patient became diabetic because now he has a third source of leukotrienes. He has leukotrienes coming from the PUFAs in his diet; he has leukotrienes coming from the reaction to excess sugar in his diet; and now he has leukotrienes associated with the oxidative damage done by the diabetes. So, the Prostaglandin Diet is a given. If he needs medication for his asthma, Singulair is the best choice since it specifically addresses the leukotriene problem and does not rock the boat in terms of parasympathetic or ketogenic tendencies, nor does it affect glycemic control.

Most of these asthma plus diabetes patients will be given the parasympathetic and prostaglandin dietary recommendations along with Oxygenic K. If you get dietary compliance from the patient, the diabetes will tend to respond very quickly to this combination of diet and supplementation. But, you must watch this patient closely. At some

point --- maybe in three weeks, maybe in three months, maybe in three years --- the patient may actually show a parasympathetic test pattern. At that point, you stop the Oxygenic K. Then, if on the next testing the patient still shows a parasympathetic test pattern you must make the decision whether or not to supplement with Complex P. This is purely a judgement call based on whether the patient's asthma or diabetes has responded better to your care.

- If the patient is still on diabetic medication, then it is time to back off that drug, and not supplement with Complex P at this time.
- If or when the diabetic medication is eliminated and the patient still tests parasympathetic, then definitely add Complex P.
- If, however, the sugar is still somewhat high, and the asthma is not a real severe problem, then it is time to transition the patient into the Diphasic Nutrition Plan.
- If, rather, the blood sugar has responded well, but the asthma is still a particular problem, then definitely treat the parasympathetic test pattern with Complex P and the other supplements indicated by your QRG analysis of the Parasympathetic Imbalance.

Suppose, for example, you have a 57-year-old patient, diabetic and asthmatic, who is on oral diabetic drugs, and only uses asthma drugs as needed. His NUTRI-SPEC tests show no obvious imbalances. You could go directly to the Diphasic Nutrition Plan, but you instead choose to concentrate on the Ketogenic Imbalance underlying his diabetes and hidden by his medication. You recommend OXY B, OXY K, and the Parasympathetic and Prostaglandin diets.

Your follow-up testing done 5 days later reveals a Ketogenic test pattern. Your QRG Analysis tells you to add Magnesium Chloride, Tyrosine, Histidine, and Taurine. At your next test date, 3 weeks later, the patient reports that he has not needed his asthma medication in more than 2 weeks, but his sugar is still running high. Testing shows no imbalances --- so --- you recommend that the OXY B, OXY K, and Taurine be continued, while the Magnesium Chloride, Tyrosine, and Histidine are to be cut in half, then discontinued when the bottles are empty. The patient is scheduled to return in 4 weeks.

On his next office visit, which is now 8 weeks after his first testing, the patient reports that he feels great, has lost a few pounds, and has gone over 6 weeks without asthma medication. NUTRI-SPEC testing shows a slight Anaerobic Imbalance. You decide it is time to transition into the Diphasic Nutrition Plan, modified for Type II Diabetics, while

remaining cognizant of his history of asthma. You add Diphasic AM and Diphasic PM and get the patient started on the Master Blaster. You are a little uncertain how to construct the remainder of his DNP, however. The protocol calls for Complex P in the morning and Complex S in the evening since he is age 53+; it calls for 2 OXY K in the morning in consideration of his diabetes; it calls for an extra Complex P at breakfast if he is asthmatic.

How do you proceed? You reason that asthma is now a far less significant concern than the diabetes, so, you do not add the extra Complex P. Yet, though no longer requiring drugs, his asthma was a problem for 50 years, so you are hesitant to add the Complex S. You are left with these recommendations: OXY B, OXY A+ and/or Formula EW per the Master Blaster, Diphasic AM, and Diphasic PM, plus 1 Complex P and 2 OXY K. Your protocol indicates that the Complex P and OXY K are to all be taken at breakfast, but you refine your recommendations a bit, moving one of the OXY K to the evening meal (where the Complex S would have been had the patient not been asthmatic).

With the nearly sugar-free diet, putting together this patient's NUTRI-SPEC regimen is ...

SIMPLE.

When you are confronted with a paradoxical diabetes plus asthma patient, CALL US. We will be happy to help you make these patients simple, and ...

EASY.

Sincerely,

Guy R. Schenker, D.C.