

# NUTRI-SPEC



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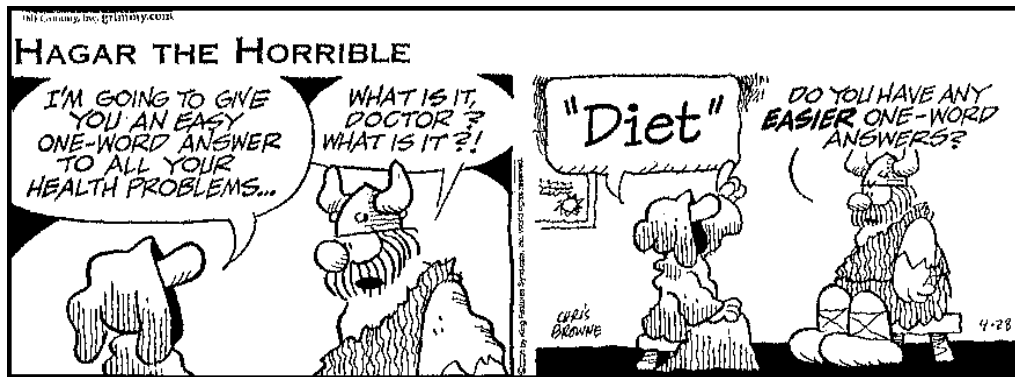
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## THE NUTRI-SPEC LETTER

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From:  
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Dear Doctor,

Do you get it? --- Not just the punchline of the above cartoon, but the point of the last 12 issues of this Letter? To be at full power in your role as ...

### **WIZARD OF GLYCEMIA,**

dispensing magical combinations of nutrients in your Oxy G, Oxy K, Complex S, and Complex P, you must align with yourself with the fundamental truths:

- Diet matters.
- Patient compliance with your recommended eating plan is the critical determinant of success versus failure in achieving glycemic control.
- A breakfast of orange juice and an English muffin sucks all the magic out of OXY G; a bowl of ice cream before bed renders OXY K impotent.

- Fructose (fruit sugar) is second only to PUFAs as a demon of destruction. Sucrose is 50% fructose. Fruit and honey derive most of their calories from fructose. High fructose corn syrup is of the Devil.

Do you get it? To put the relationship between glycemic control and a patient's eating plan in perspective, consider that the average American consumes nearly 140 pounds of sugar every year. Pause for a moment to let the magnitude of that number roll around in your head. 140 pounds per year is 6 ounces per day. That means the average American eats a 5-pound bag of sugar every 13 days. Most of that sugar is not scooped out of the sugar bowl, but is just **IN THERE**. It is largely invisible. Beverages? --- It's in there. Baked goods? --- It's in there. Even bread? --- It's in there. Almost anything that comes in a package? --- The sugar is in there. Do you begin to appreciate the gravity of the situation? Do you finally understand what you --- even with your OXY G, OXY K, Complex S, and Complex P --- are up against? You do? Then, let me enlighten you a little further, for the mountain you must climb to restore glycemic control is even higher than it now appears. --- You see, not only is the 140 pound annual sugar consumption a grotesque violation of natural law, but now, fully 63 of those 140 pounds consist of high fructose corn syrup.

Yes, in the last 40 years the consumption of satanic syrup by the average American has gone from 0 to 63 pounds per year. Wherever you look --- it is **IN THERE**. --- Please --- do not count yourself among the foolish clinicians who think they are going to solve health problems by dispensing herbal remedies and other disease-specific cures. If you are going to address ...

### **THE FUNDAMENTAL CAUSE OF CAUSES ...**

of diabetes, hypoglycemia, cardiovascular disease, allergies, asthma, migraines, and arthritis, then you need a patient-specific approach to restoring metabolic balance and increasing adaptative capacity. With NUTRI-SPEC you have all the tools you need, save the commitment to teach your patients that their ills are largely the consequence of their own behavior, and will be "cured" only to the extent that they assume self-responsibility.

The answer to the patient's question in the above cartoon is, "No --- either work with me as a partner in restoring your health, or go find some herbal remedy peddler. If you want a scientific, objective, individualized nutrition plan based on analysis of your individual needs, then we can achieve amazing things if you are committed as I am. **CAN** you do your part --- following your NUTRI-SPEC diet plan? **WILL** you do your part to follow your eating plan?"

Enough said. --- Be a doctor; empower your patients.

Here are a few cases illustrating how gratifying clinical nutrition can be when you and your patients are working together.

Case history #1 is a 55 year old man with a history of mild stroke several years ago. Mildly hypertensive, he has, since his stroke, taken Hyzaar, Ecotrin, Plavix, and Metoprolol. He also takes Prevacid for upper GI distress and Pravachol for cholesterol. Dave is a terrific guy. Intelligent, articulate, and personable, he and his wife have been my chiropractic patients for nearly 30 years. Dave and I had never discussed nutrition more than casually --- enough to have him take Oxy B, and drink Power Tea. Then, at an office visit in February, Dave said to me, "I'd give anything to get off all these drugs. I hate the idea of taking this stuff the rest of my life even more than I hate the idea of another stroke. From all the things I have heard people say in the waiting room over the years --- you can do that for me, can't you?"

"No --- but I can show you how to do it for yourself."

At that moment Dave and I became a NUTRI-SPEC team --- much to my satisfaction and his overwhelming joy. Taking a NUTRI-SPEC history revealed immediately that Dave's sweet tooth was totally out of control. He consumed sugar at all three meals daily and between all three meals daily. His initial NUTRI-SPEC testing showed an Electrolyte Stress Imbalance and a Ketogenic Imbalance. Within the Electrolyte Stress and Ketogenic test patterns were two interesting findings. First, his pulse 1 was 48. When you see this in a patient on a beta blocker (Metoprolol in this case) you suspect the patient is being severely over medicated, and you want to make getting off that drug a high priority.

The second interesting finding was ketones in the urine of this patient with a ketogenic test pattern --- despite his having just eaten a serving of meat shortly before coming to the office. Any time you see urinary ketones in a patient who has recently eaten a decent meal, whether or not the patient tests ketogenic or sympathetic, ask the patient, "Is there diabetes in your family?" Immediately the patient will dub you as his **WIZARD OF GLYCEMIA**. The answer in Dave's case, as I expected, was yes --- his older brother was Type II diabetic.

Now, imagine the scene depicted in the cartoon above. Dave and I were at that critical crossroads where a direction must be chosen --- forward to a triumphant experience through NUTRI-SPEC or turn back down the road to hypertension, obesity, diabetes, and every imaginable misery. Unlike the loser in our cartoon, Dave made a firm stand. He

vowed to give up sugar entirely with the exception of rare special occasions. Dave went home that evening with his Electrolyte Stress and Ketogenic supplements --- along with an admirably determined attitude. He had already proclaimed that he would immediately stop his cholesterol drug. And eagerly awaited the day when we could begin withdrawing from the other medications.

One week later, Dave returned for his first follow-up. All test patterns were essentially unchanged, so the supplementation and dietary recommendations required no modification. Two weeks later, now three weeks after his initial testing, follow-up tests revealed his diastolic blood pressure two had dropped from 94 on his initial testing to 80. We began immediately the NUTRI-SPEC protocol for withdrawing from his beta blocker. He was to delete the beta blocker one day each week.

Skip forward now to the third week of May, just three months after beginning NUTRI-SPEC. Dave's smile repeatedly erupts into giggles as he tells his stories. For instance, last weekend his good buddy who works at the Hershey Chocolate Factory came for a visit, bringing a colorful display of Hershey's chocolate gift packages. Dave told his friend he might as well be placing a loaded revolver in front of a man who was suicidal. And, laughing, Dave asked his chum to please take that stuff back home with him when he left.

Dave continued bubbling over with his joyous account of his recent achievements. "This is hard. I have been eating sugar my whole life and I couldn't have imagined living without it. This is hard. I've slipped up a few times, but I am doing it. One day I saw a chocolate Boston cream doughnut and ---- I don't know what got into me --- I bought it and ate it. I felt sick, weak, and tired the rest of the day and that doesn't make any sense to me because I used to eat ten times that much sugar every day and thought I felt fine. Anyway, it's hard, but I'm doing it.

"I've quit taking my Prevacid --- I haven't had any significant indigestion in 2 months. I have great energy and really never even crave sugar like I used to. I eat all I want of the foods you tell me are good, and without ever being the slightest bit hungry I've lost all this weight --- I weigh less now than I did 30 years ago. Dr. Schenker, thank you --- you've given me my life back."

"I can take credit only for pointing you in the right direction. You're the one who is doing it --- so don't forget to pat yourself on the back every day. You deserve it."

Dave, after only 3 months, is down to taking his beta blocker only 3 days a week. And even at that his second blood pressure pulse

combination last week was 112/74, 64. So, I have no doubt he will before long be entirely off the beta blocker; he has already taken himself off the Statin drug and the Prevacid. Aspirin will be the next to go, and perhaps at some point we can get off the Hyzaar and the Plavix as well.

Case #2. Here, briefly, is another interesting story from my practice. A diabetic woman, overweight and in her mid 50's was completely unable to control her blood sugar despite taking three oral diabetic medications. The woman tested Electrolyte Stress with a strong Sympathetic component, plus Ketogenic. Her supplement regimen thus included both Complex S and Oxygenic K. The Eating Plan was described in detail, and the patient thought she could comply.

Weeks went by; the woman lost weight eating three good meals daily, yet her sugar remained out of control. Months went by; the woman felt better, had continued to lose weight, though not as quickly as at first, yet the sugar remained out of control. She did admit to continuing her habit of eating ice cream when she stayed up at night. The patient was frustrated; I was frustrated. Her perception was that she had made all these dramatic changes in her diet, with her late night ice cream being her only remaining bad habit, yet her sugar continued to rage out of control, even higher than it had been when she first started NUTRI-SPEC. Here was a patient who had deluded herself into thinking she was following the program when really all she had done was eat a lot of good food three times a day while promising herself that she could binge on ice cream that night.

Questioning her lifestyle in more depth, I learned that she stayed up until typically 4:00 a.m. every morning watching TV and eating ice cream, then sleeping until 11:00. So, I told the patient, "I am not going to kid you; the supplements I have given you are not magic potions that will allow you to stay up all night eating ice cream and still control your sugar. You've got to get your life in order. She said she understood, and was given an appointment in 8 weeks.

At that next office visit I insisted that her husband come back with her. The patient had made no lifestyle changes, still watching TV until 4:00 a.m. accompanied by her beloved ice cream. She was upset --- even hostile as if she thought life unfair if she could not spend all this money on supplements and still retain her ice cream license. Her husband, after listening to my explanation of what had transpired over the previous months, understood perfectly. He said he didn't need the ice cream either and had long been considering giving it up. Now was the time; he promised they simply would not buy ice cream anymore. I enthusiastically expressed my support, emphasizing that the benefits to his wife would be immediate and everything they could possibly hope for,

while also emphasizing that the costs of not giving up the ice cream were more dire than they dared consider. I ended by giving the ultimatum --- if she was not able to give up the all night ice cream indulgence, then there was no point in coming back. --- I never saw the patient again.

Case #3. A woman in her early 50's came to me having had the left lobe of her thyroid removed four years earlier, and a complete hysterectomy three years earlier. With the lump on her thyroid removed, her blood test had always been normal, so she took no thyroid medication. After her hysterectomy she took estrogen replacement therapy for one month, felt miserable, and stopped it. She was in my office looking for an answer to problems of hair loss of 6 months duration, brittle finger nails, leg cramps, and getting cold easily. There was one additional complicating factor --- the woman was a vegetarian. Fortunately, this was a reasonable woman who was receptive to the case against vegetarianism. Since she was neither glucogenic nor parasympathetic nor overweight, she did not need an extremely high meat intake. With her sympathetic tendency, we were able to get away with eating fish a few times weekly with all other meals containing either eggs (minimum of 2) or cheese. Because of her complete hysterectomy, a natural progesterone supplement was given.

The patient responded beautifully. Within 6 weeks her hair was no longer falling out, her leg cramps were gone, her nails were strong, and she only rarely felt cold. The woman is now living quite happily ever after, and only comes in for NUTRI-SPEC about twice yearly. The only reason I bring her case to your attention is because of an interesting occurrence on her 2<sup>nd</sup> to last visit. She reported at that time that even though all was continuing to go well she had developed a new symptom; she would get extremely shaky --- actually visibly trembling when she was at work --- usually late in the morning. A quick interrogation uncovered the culprit. The patient had begun drinking a half glass of orange juice with her eggs every morning. Orange juice --- Ah yes, here again is our fructose demon. I assured the patient with 99% certainty that her shakes would disappear within a day if she stopped the orange juice. Six months later, at the patients next office visit, she confirmed my advice. She stopped the orange juice and never felt shaky again.

More case histories? Zillions, all making the same two points:

- Diet matters.
- In your role as NUTRI-SPEC practitioner rather than a remedy peddler, **YOU WILL EMPOWER YOUR PATIENTS** ... Enjoy.