

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 9

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

Dear Doctor,

FEET OVERWHELMED BY CREEPY FUNGUS

CRUMBLING FINGERNAILS

THYROID FUNCTION IN RELENTLESS DECLINE

What do these three conditions have in common? I have seen them all occur at the hands of “professional” nutritionists. You know the type I mean (as you were probably once one of them) --- those who practice allopathic nutrition, the disease-specific approach to nutrition whereby nutrients are prescribed because they are purported to be “good for” a particular condition. The FUNGI FEET? --- they were caused by a copper deficiency. But that copper deficiency was not associated with insufficient dietary copper. No, that copper deficiency was iatrogenic in etiology. It was caused by an allopathic nutritionist who prescribed zinc supplementation for his patient because, as every nutrition professional “knows,” zinc is “good for” the prostate.

The white-blotched, ridged, cracking finger nails? --- They were caused by a zinc deficiency. But that zinc deficiency was not associated with insufficient dietary zinc. No, that zinc deficiency was iatrogenic in etiology. It was caused by an allopathic nutritionist who prescribed large doses of the amino acid cysteine because, as every professional nutritionist has learned through years of study, cysteine is “good for” eliminating TOXINS (--- those ubiquitous demons that are feared and fought by enlightened and courageous nutritionists, even though none of them has ever actually seen one of the little devils).

The fading Thyroid? --- It was caused by a deficiency of iodine uptake by the thyroid. There was no insufficiency of dietary iodine, however. No, the iodine deficiency was iatrogenic in etiology. It was caused by an allopathic nutritionist who, buying into the doctrine preached by a long-established "professional" supplement peddler, believes she must give manganese supplementation to all the disc cases in her chiropractic practice.

Surely, as a NUTRI-SPEC practitioner, you are acutely aware of the damage often done by disease-specific nutrition. But even as you serve your patients with the best of individualized patient-specific nutrition, you may not be fully aware of just how severely and how quickly single nutrient supplementation can destroy a patient's health. In last month's Letter we touched on the essentiality of giving nutrients in quantities that are in proper proportion to all other nutrients. You just read 3 examples of pathology caused by unbalanced supplementation. Zinc causes poor absorption and poor retention of copper; cysteine decreases zinc retention; manganese blocks iodine uptake. This month's Letter will inform you of many instances of nutrients that block the absorption, utilization, or retention of other nutrients, or, that when supplemented excessively, quickly cause metabolic imbalances and clinical pathology. When you have finished reading you will (hopefully) be immune to the temptations of disease-specific nutrition.

ZINC IS A KILLER.

One of the most dramatic examples of nutrient antagonism is between zinc and copper. Zinc so thoroughly blocks copper absorption and utilization that only two weeks of zinc intake of 18.5 milligrams daily is enough to cause a copper deficiency. Extensive studies on animals performed at Ohio State University demonstrate that the ideal ratio between zinc and copper in the diet is 3-1. If our daily requirement for copper is about 3 milligrams, that means to maintain proper proportion between zinc and copper, we should ingest no more than 10 milligrams of zinc daily. Think this through --- 18.5 milligrams minus 10 milligrams means that an excess zinc intake of only 8.5 milligrams is enough to deplete our copper reserves in only two weeks.

Hold those numbers in your head while I tell you of a patient who came to me recently, who had been prescribed by his physician a product called "Prostate Support." (This was not Fungi Feet described above, but yet another victim of the allopathic disease-specific approach to "treating the prostate.") Each tablet of Prostate Support included 30 milligrams of zinc. The patient had been told to take 4-6 tablets daily. That means he was routinely taking as much as 180 milligrams of zinc daily. Suppose his copper intake was a perfectly normal 3 milligrams daily. His zinc to

copper ratio, then, was $180/3 = 60$. Are you following the numbers? He had a 60:1 zinc to copper ratio when 3:1 is normal and about 6:1 is enough to cause copper deficiency in two weeks. What is the pathological potential of supplementing with fully 20 times the ideal amount of zinc? The patient in question has a list of bizarre symptoms and conditions a mile long. How many of those are directly caused by the zinc supplementation? You see such victims of disease-specific nutrition in your practice every day.

How common is a pathologically elevated zinc to copper ratio? American diets are generally deficient in both copper and zinc, but relatively deficient in copper. Furthermore, zinc supplementation is far, far more popular than is copper supplementation. Everyone “knows” that zinc is not only “good for” the prostate, but also for the immune system, for the pancreas, for diabetics, for the skin, the eyes, etc., etc., etc., Go to any health food store, and you are sure to find bottles of zinc on the shelves, but you will virtually never find a copper supplement. So, though a quiet killer, zinc is a killer all the same.

- zinc causes a copper deficiency
- zinc increases body fat deposition
- zinc decreases conversion of thyroid hormone from T4 to T3
- zinc causes excess prolactin
- zinc elevates blood sugar
- zinc causes fibrosis of the pancreas
- zinc blocks the assimilation and utilization of iron
- zinc increases the need for the amino acid tyrosine
- zinc causes elevated cholesterol
- zinc causes coronary artery disease
- zinc decreases testosterone and spermatogenesis

**ZINC IS ONE OF OUR MOST VITAL
TRACE MINERALS, YET IS BEING STOLEN FROM US
BY UNSEEN EVIL FORCES.**

- calcium causes zinc deficiency
- phosphorous causes zinc deficiency
- iodine deficiency causes a zinc deficiency in the brain
- folic acid causes a zinc deficiency
- vitamin B12 causes a zinc deficiency
- cysteine causes a zinc deficiency
- histidine causes a zinc deficiency
- lysine causes a zinc deficiency
- threonine causes a zinc deficiency
- ACE inhibitors cause a zinc deficiency
- copper causes a zinc deficiency

Let us pause. We have considered just one nutrient, zinc, and all the ways its excess can foul up nutrition balance, as well as the many, many non-specific supplements that can cause zinc deficiency. So, ask yourself, where do all your patients stand with respect to zinc status? What about your patient who takes a lysine supplement every day to control her cold sores? You can be 100% sure she is deficient in zinc. What about your patient who takes zinc lozenges to control chronic recurring sore throats? You can be sure that zinc is causing multiple nutrition deficiencies and imbalances. Now, take what you just learned about zinc and multiply it by the total number of trace minerals, the total number of macro minerals, the total number of vitamins, and all the amino acids. You can see that disease-specific single nutrient supplementation sets off ...

**CHAIN REACTIONS OF ABERRANT BIOCHEMISTRY THAT YOU
CANNOT EVEN IMAGINE LET ALONE MONITOR.**

Here are some other nutrient antagonisms that cause imbalances affecting patients you see every day.

- vitamin C causes loss of copper
- vitamin C causes elevated cholesterol
- vitamin C causes loss of calcium
- vitamin C causes loss of magnesium
- vitamin C causes loss of zinc
- excess vitamin D causes loss of calcium
- magnesium causes loss of calcium
- potassium inhibits the absorption, utilization, and retention of Calcium
- excess calcium antagonizes the assimilation and utilization of potassium, magnesium, boron, iron, and manganese
- excess calcium is goitrogenic via thyroid suppression
- calcium antagonizes nearly all functions of potassium
- magnesium increases potassium loss
- excess phosphorous antagonizes the assimilation and utilization of potassium, copper, zinc, and iron
- calcium and iron antagonize phosphorous assimilation and utilization
- magnesium or potassium deficiency results in phosphorous loss
- magnesium causes iron loss
- potassium causes magnesium deficiency
- zinc causes calcium deficiency
- molybdenum causes calcium deficiency
- molybdenum causes copper deficiency
- iron causes copper deficiency
- copper causes manganese and iron deficiency
- iron causes manganese and copper deficiency
- chlorine, bromide and fluoride all decrease iodine absorption, utilization, and retention

- vitamin A deficiency blocks folate activity
- excess histidine, lysine, threonine, or cysteine decrease zinc retention
- excess glycine, histidine, methionine, or lysine decrease copper retention
- excess vitamin B12 causes decreased retention of copper but increased retention of zinc
- a combined deficiency of iodine and selenium decreases copper in the heart and in the testes, but increases brain copper
- combined deficiencies of iodine and selenium decrease manganese retention
- manganese decreases iodine uptake by the thyroid, decreasing total T3, total T4 and TSH
- when selenium and iodine are both deficient, iodine must be replenished before selenium to prevent hypothyroidism
- bioflavonoids (e.g., quercetin and rutin) decrease thyroid function
- melatonin suppresses the thyroid and suppresses progesterone
- isoflavones (from soy and other sources) block iodine, and are therefore goitrogens

Of what value to you is this long list of nutrient antagonisms? In one sense, I hope it is totally useless since it does not apply to you --- you do not give your patients single nutrient disease-specific nutrition recommendations. But in another sense this list is priceless, because you can use it to save your patients from iatrogenic and self-inflicted nutrient imbalances. What do I do with patients who come to me toting their bag full of health food store remedies? I use the information on nutrient antagonism to educate them on the harm they are doing. Also, if the patient has, for example, been supplementing long-term with something like zinc or lysine, I will use a copper supplement as a temporary adjunct to NUTRI-SPEC. I could go to the trouble and expense of doing a lysed RBC mineral analysis, but I rarely bother.

After reading this letter you are in a position to immediately help your patients who have high cholesterol because of non-specific zinc supplementation. You are in a position to help all your new patients who come to you with elevated cholesterol because of vitamin C supplementation. But even if there are no specific symptoms or conditions obviously connected to a new patient's indiscriminate supplementation, you can use this list to back up your insistence that the patient get off that garbage instantly.

In this discussion of potential problems from disease-specific supplementation we have not even mentioned ...

THE EXACERBATION OF NUTRI-SPEC METABOLIC IMBALANCES ...

by such misuse of nutrients. Anaerobic patients and glucogenic patients will, for example, feel absolutely wretched if they are supplementing with large quantities of vitamin B1, which exacerbates those two imbalances. Ketogenic patients will feel cold, anxious, and impotent if they exacerbate their ketogenic imbalance with calcium supplementation. Parasympathetics will experience sneezing, itching, and a rumbly tumbly from potassium supplementation. Remember, you are offering metabolic balance through specific nutrition.

The one final problem with allowing your patients to continue disease-specific supplementation is that it not only hurts them, but hurts your ability to help them. In other words, your NUTRI-SPEC test results will very often be distorted beyond pattern recognition by B complex or calcium-magnesium or herbal drugs. Such supplementation not only can cause metabolic imbalances, but mask them such that they become invisible to your NUTRI-SPEC analysis.

So, please, get your patients off their disease-specific, allopathic health food industry remedies --- and please, please, please do not be tempted by health food industry propaganda claiming that this nutrient is “good for” that symptom, and that nutrient is “good for” this condition. Why practice at such a low level of clinical competence? You have NUTRI-SPEC objective tests proving to you every day that metabolic balance is GOOD FOR your patients.

If you want to pour your heart into the NUTRI-SPEC campaign for balanced nutrition, begin by reaching out to children. Address every parent and grandparent in your practice; use the Mighty Mins brochure. You have dozens and dozens of children supplementing with junk or with nothing at all. Imagine if every one of those children were to have the high biological activity and perfect balance of Mighty Mins from the earliest possible age. Imagine glorious childhood blossoming into successful adulthood for all the children within your sphere of influence. To help you with your campaign, here is an unprecedented offer: A DOZEN MIGHTY MINS FREE WITH EVERY DOZEN YOU BUY.

Make a commitment today.

Guy R. Schenker, D.C.