

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

Volume 20 Number 2

From:
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February, 2009

Dear Doctor,

15 MONTHS PRE-NATAL.

--- At a minimum --- 15 months pre-natal is when the nutrition supplementation regimen for an infant should begin.

“Okay --- I get it,” you say. “An infant’s supplementation begins not with MIGHTY MINS at age 6 months, and not even at birth. It is the mother’s pre-natal supplementation that constitutes the real beginning of nutrition for a baby. But 15 months? The entire length of gestation is only 9 months -- so -- are you saying the mother-to-be should begin preparing nutritionally for pregnancy 6 months before conception?”

Yes. Emphatically yes. Such is the only course taken by responsible parents.

I remember how impressed I was years ago when reading an article about a “primitive” culture and how it placed such a strong emphasis on maternal preparation for gestation and lactation. I do wish I could locate that article. Written from the same perspective as Weston Price’s “Nutrition and Physical Degeneration,” it highlighted the utter simplicity of obtaining superior nutrition.

[As Price shows so clearly, the omnivorous diets that produced robust men and strong women for ...

GENERATION AFTER GENERATION ...

all had in common:

- meat/fish/poultry as the core of the diet --- but --- not just the muscle meats, as bone and organ meats were consumed routinely.
- a diversity of starchy and non-starchy vegetables.

And that is the whole story --- what could be simpler than that? The benefits of such eating? --- No tooth decay, no arthritis, no cardiovascular disease, no allergies --- none of the misery plaguing modern cultures that suffer ...

DEGENERATION AFTER DEGENERATION.

Some of the primitive people used dairy products (neither pasteurized nor homogenized), and some did not; many ate grains (whole), and many did not. None consumed significant amounts of sugar (--- not even “natural” sugar); none ate vegetable oils containing a high proportion of omega 6 fatty acids; none had to shop for “health food.” (If only we lived in a world as pure and simple as they did.)]

What did I find so impressive about those “ignorant savages” who prepared their women so thoroughly for pregnancy? Think of the wisdom shown in the most fundamental law of their society: ANY WOMAN WHO HAD A BABY LESS THAN 3 YEARS AFTER THE BIRTH OF HER PREVIOUS CHILD WAS OSTRACIZED FOR AN ENTIRE YEAR. She was considered an irresponsible whore who was weakening the fiber of her people. This culture knew from experience that they (like the peoples described by Price) could remain healthy and strong, generation after generation if they followed a few basic natural laws. Foremost among those laws was that a woman must thoroughly condition herself for her most important purpose in life --- the birthing and rearing of vigorous children.

So --- from the day she gave birth she had 36 months during which to feed her new baby, then prepare for the next. The first 6 months were devoted entirely to lactation, as she was the sole source of nutrition for her infant. Over the course of months 7 through 21 her lactation demand steadily eased as she fed her child an ever more diverse diet of good foods. Meanwhile, mother’s reserves were replenished. Then, during months 22 through 27, mother was given special consideration regarding choice food selection, as her 6-month intensive preparation for conception. Next came the 9 month period of gestation as a beautiful baby was produced. Note that the special diet was not followed during pregnancy, but for the 6 months before conception.

Now, in our continuing discussion of family nutrition, let us consider

what you can do to assure your families the healthiest babies possible. Your NUTRI-SPEC Manual makes the point that, "If every woman one year prior to conceiving a child would follow (the NUTRI-SPEC Fundamental Diet) and continue following those recommendations throughout pregnancy and lactation, and, if every person followed those recommendations from childhood through adulthood, it can easily be imagined that 90% of all health problems would be prevented." So --- when counseling your young families, let them know that their children will be far healthier, and Mom will withstand the strain of childbearing far better, if they wait at least 18-24 months after a baby is born to conceive their next child.

In this Letter and the next few ...

**YOU WILL LEARN ALL YOU MUST KNOW ABOUT PROVIDING
NUTRITION FOR PREGNANT AND LACTATING WOMEN.**

First, understand that NUTRI-SPEC Testing is performed during pregnancy just as it is any other time. There are, however, certain NUTRI-SPEC Imbalances often found at different stages of pregnancy. --- We will tell you how to handle those in next month's Letter. For now, just go ahead with your QRG Analysis of your pregnant patients' Test Results. There are 2 NUTRI-SPEC supplements that are contraindicated in pregnancy and during lactation --- the amino acids tyrosine and phenylalanine. All other QRG recommendations are fine.

You need to be informed about vitamins A and D during pregnancy. Some women will express their fear that your recommended supplements provide potentially teratogenic quantities of vitamin A in particular. Here is how you must inform your patients:

It is well known that the fat soluble vitamins, vitamin A and vitamin D, can be toxic at extremely high doses. The emphasis is on the word "extremely." The intake of vitamin A required to have a toxic effect is in the order of 50 to 100 thousand I.U. per day for months at a time. The toxic level of vitamin D has yet to be determined because it is difficult to consistently produce any toxic effects even with thousands of international units daily.

By far the most significant concern over the toxic effects of these vitamins relates to their safe intakes during pregnancy. There has been a lot of negative press given to vitamin A as a potential cause of birth defects. The purpose of this letter is to allay those fears for you and your pregnant patients.

What is the source of all the concern about vitamin A causing birth defects? The first source of concern about possible teratogenicity of vitamin A comes from the discovery that many of the synthetic derivatives of vitamin A (such as are used in the pharmacological treatment of certain skin conditions) are

powerfully teratogenic. Since these are derivatives of vitamin A, the question naturally arises whether vitamin A itself is teratogenic. Many, many studies have been done in an attempt to determine if there is any reasonable level of vitamin A intake that is unsafe for pregnant women.

Fortunately, no cause and effect relationship has been established between vitamin A and birth defects. One of the best studies showing the safety of vitamin A supplementation for pregnant women was published in 1998 as a summary of all the recent studies checking for the teratogenicity of vitamin A. This summary of studies on vitamin A in pregnancy shows that vitamin A intake during early pregnancy as high as 30,000 I.U. per day is totally safe. (1)

With so many studies showing the safety of vitamin A during pregnancy you would think that the issue would be closed. But that brings us to the second and most important source of everyone's fear about vitamin A. Of all the studies done on vitamin A there is only one purporting to show a possible link between vitamin A and birth defects. Regrettably, this study was published in the New England Journal of Medicine, which made it very high profile. It got a huge amount of press coverage, and this is the one that created ...

THE UNJUSTIFIED FEAR ...

among pregnant women and their doctors. (2)

The problem with this study (besides the fact that it is the only study showing any remotely possible link between vitamin A and birth defects, while there are dozens of others showing no connection at all) is that the study is so weak because it is simply an epidemiological study. In other words, the study is based on nothing more than a questionnaire of women who recently gave birth. It was found among this particular (rather small) sample of women that among those women who had babies with birth defects there was a higher intake of vitamin A on average than among the women whose babies had no birth defects. There was absolutely no cause and effect relationship established. It might just as well have been found that the women whose babies had birth defects more often drove Chevies while the rest of the women more often drove Fords. There is no cause and effect connection established or even implied. Nevertheless, since this study was published in such a high profile journal it created a real stir --- and we have been living with a dark cloud hanging over vitamin A ever since.

You can be certain that if there were more scientific evidence implicating vitamin A as a teratogen, it would be all over the news --- with the statements of "experts" flashed in neon lights as sirens blare and media personalities fuss and fume. --- The medical/pharmaceutical establishment never misses a chance to undermine nutrition supplementation, nor to assassinate the character of we who promote supplementation. The nutrition-bashers rode the

New England Journal of Medicine fraud as far as they could, but the fear it generated has died down substantially. Still, you will have patients who will question you on vitamin A. --- Now you are prepared.

The study cited above regarding the summary of many sources showing no connection between vitamin A and birth defects really tells the whole story, and should be enough to reassure you and your patients. However, if you want more evidence, here are a couple more studies. One in particular, published in Reproductive Toxicology, shows conclusively not only that vitamin A itself has no teratogenicity, but shows the exact mechanism by which the retinoids --- the synthetic derivatives of vitamin A --- cause birth defects. In other words, it shows that there is no chemical mechanism by which vitamin A can possibly do the damage that the retinoids do. (3)

An even more reassuring study was published in 1999. It shows that there is no increase in birth defects among women taking supplemental vitamin A at any dose. Even in a sub-group of the sample population it was shown that there were absolutely no birth defects in babies born to women who supplemented with more than 50,000 I.U. daily throughout pregnancy. Got it? Zero birth defects --- absolutely zero --- even with supplementation of 50,000 I.U. daily throughout pregnancy.(4)

You (and your patients) should now clearly see that the quantities of vitamin A that a pregnant woman would get on a Nutri-Spec regimen are entirely safe. The highest vitamin A intake a woman could have on a Nutri-Spec regimen would be if she tested both anaerobic and glucogenic. In that case she would have a significant quantity of vitamin A, some preformed and some as beta carotene, from her Oxy B, her Oxy A, and her Oxy G. Yet, that intake of vitamin A is not only safe, but helps prevent the potential complications of pregnancy, while ensuring healthy fetal development.

To wrap things up, we must say a word about vitamin D. Many studies have shown that vitamin D during pregnancy is not only not toxic but it is absolutely an essential supplement. One particularly good study recommends a minimum of 1000 I.U. daily of vitamin D during pregnancy. (5)

1. Wiegand, et al. Safety of vitamin A: recent results. Int J Vitam Nutr Res. 1998;68(6):411-6.
2. Rothman, et al. Teratogenicity of high vitamin A intake. NEJM. 1995 Nov 23;333(21)1369-73.
3. Miller, et al. Preconceptional vitamin A use. Reprod Toxicol. 1998 Jan-Feb; 12(1)75-88.

4. Mastroiacovo, et al. High vitamin A intake in early pregnancy and major mal-formations. Teratology. 1999 Jun;59(1)7-11.
5. Vitamin D supplementation in pregnancy: A necessity. Arch Pediatr. 1995 Apr;2(4):373-6.

Even more popular these days than the fear of too much vitamin A during pregnancy is anxiety over insufficient ...

FOLIC ACID.

Folate supplementation has become the first thought of doctors and nutritionists when first consulted by a pregnant woman. --- Almost in a panic, they insist that folic acid must be taken to avoid the well-known birth defects resulting from folate deficiency. Nonsense.

We are not saying that folic acid supplementation is not essential during pregnancy. Folic acid truly is one of the most critical nutrients supporting gestation. Any time there is rapid cellular division, and pregnancy is the most extreme example, folate must be present in abundance. But the birth defects that result from folic acid deficiency are neural tube defects, and neural tube defects occur during the first weeks of gestation --- before the woman even knows she is pregnant. By the time the obstetrician is cramming folate down her throat any birth defects from folate deficiency have already occurred.

If a woman has been taking Oxygenic B all along and gets pregnant, her folic acid level will be in good shape. If, on the other hand, the woman is a nutritional disaster, gets pregnant, and asks what to take because she is pregnant, then it is certain she will benefit from additional folic acid. However, the major birth defects that come from folic acid deficiency occur before she even knows she's pregnant, so will not be prevented by supplementation.

We are off to a good start in preparing you to better serve your growing families during pregnancy and lactation. You know the essentiality of OXY B and the NUTRI-SPEC Fundamental Diet; you know the benefits of allowing enough time between pregnancies so that Mom can a) nurse her baby, b) re-charge her battery, c) then, make special preparation for the next pregnancy; you are eager to provide NUTRI-SPEC Metabolic Balancing to support the healthiest possible pregnancies; and, you are well-informed on how vitamin A and folate supplementation relate to pregnancy. --- Now, serve.

Sincerely,