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THE NUTRI-SPEC LETTER

Volume 20 Number 3

From:
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March, 2009

Dear Doctor,

Think about it ---

FAMILIES ...

are the cornerstone of Western Civilization.

Princes come; Princes go,
an hour of pomp and show.
Wise men come; wise men go,
ever promising the riddle of life to know.
Families rise above and flow,
the eternal fabric of life to sew.

Since our culture's ideological roots sprouted in Babylon and Jerusalem, then grew westward through Greece and Rome, its branches ascending through all of Europe and spreading wide to the Americas, blossoming in golden ages and withering in dark ages --- the traditional family has been the one sociological constant. Through the rise and fall of Kings and Priests, the exhortations of the Oracle and Medicine Man, and the bloody trail of wars, crusades and holocausts --- family values are all that have saved Western Civilization from permanent collapse. The love and respect between husbands and wives, fathers and sons, fathers and daughters, mothers and sons, mothers and daughters, brothers and sisters, one generation to the next --- have infused countless millions with the will and the strength to persevere.

--- Until now. Today's degradation of family relationships signals a likely fatal arrhythmia in the heart of our culture --- unless --- people like us, who understand the bleak prognosis, begin to enthusiastically offer rehab every time and everywhere we see the patient's heart skip a beat. --- Have I lost you? Why am I preaching family values in a Letter devoted to clinical nutrition? Am I a lunatic --- about to claim that you can save the world from imminent disaster with NUTRI-SPEC? Of course not. --- But --- in line with our theme in recent Letters proclaiming the riches you will enjoy through building a family practice, the point here is that you can be among the few who still see the unlimited beauty of life's potential --- while you engage in a mutually enriching celebration of that beauty with your patients.

There is nothing like a family practice for financial, intellectual, and emotional enrichment of you, the doctor. But the doctor-patient relationship is a two way street. The essence of a mutually enriching exchange is that you add value to your patients' lives in at least equal measure to their enrichment of yours. One important way your work can have a life-changing impact on your patients is to use your position of authority to give positive reinforcement to patient behaviors that will ensure they live …

HAPPILY EVER AFTER.

In NUTRI-SPEC terms, this reinforcement takes shape not just as individual nutrition recommendations, but as a diet and supplement plan designed to strengthen the entire family. You have learned that one key to building a family practice is in serving children --- first with Mighty Mins, then with the NUTRI-SPEC Fundamental Diet, then, as appropriate, with NUTRI-SPEC testing. In other words, getting children on the right track is the singular most important thing you can do to get an entire family on the right track. With NUTRI-SPEC you may not be able to get families away from the TV and into creative work and play --- but, you may very well be able to …

GET THEM AWAY FROM McDONALDS …

and into sharing nutritious meals together as a family. Such is a step in the right direction.

Since you will nowhere find a better opportunity to help people enjoy their innate potential than in getting children on the right track as early as possible, it follows that you want to begin your work on the children of every family LITERALLY as early as possible. We pointed out in last month's Letter that as early as possible means not during infancy, not at birth, not during the 9 months of gestation, but actually …

15 MONTHS PRENATAL.

We began last month our discourse on nutrition in preparation for and during pregnancy. One of the most valuable services you can provide your families is to assure that they have the healthiest babies possible. Already you have learned:

A. the benefits of allowing enough time between pregnancies so that Mom can …
   1. nurse her baby.
   2. recharge her battery …
B. then, make special preparation for the next pregnancy.
C. the essentiality of Oxy B and the NUTRI-SPEC Fundamental Diet.
D. the benefits of NUTRI-SPEC metabolic balancing to support the healthiest possible pregnancy.
E. how to reassure women that there is no teratogenicity from vitamin A supplementation.
F. how folate supplementation relates, and yet does not relate, to neural tube birth defects.

There is another nutrient that is routinely prescribed by Obstetricians and by nutritionists for pregnant women. The minute a women says she is pregnant there is a knee jerk reflex (almost as powerful as for folic acid) to supplement that woman with …

IRON.

Why is iron so routinely offered to pregnant women? There simply is no rationale. Iron is important for the developing fetus, but no more important than any other nutrient. While it is true that some women become severely anemic during pregnancy, that problem generally only occurs in women who are anemic or borderline anemic going into the pregnancy. Just because some women become anemic during pregnancy is no reason to force iron on all pregnant women, particularly since testing for iron deficiency is so simple.

You may be thinking, “OK, maybe not every woman needs iron supplementation during pregnancy, but since anemia during pregnancy is such a severe problem, why not take a little bit of an iron supplement as an insurance policy against anemia?” Good question --- and here is the good answer --- Iron, unlike most nutrients, is extremely toxic when taken above nutritional needs. Iron is a powerful oxidant that causes tissue damage and premature aging. Iron is particularly toxic to the brain. Iron is also carcinogenic. Adequate iron to meet our nutrition needs is easily obtained from a natural omnivorous diet.

There are, however, some women who menstruate heavily enough that they need supplemental iron to prevent anemia. How is the need for iron determined? There is one and only one way. Iron supplementation is not specifically indicated by a low red blood count; it is not specifically indicated by a low hemoglobin, nor by low hematocrit. There is only one test that is specific for iron deficiency anemia and that is serum ferritin.

Anyone with a serum ferritin 15 or below desperately needs iron supplementation. A serum ferritin between 15 and 25 probably indicates the need for at least short term iron supplementation, and this is particularly true in pregnant women. But since iron is toxic, to prescribe iron without a low serum ferritin is irresponsible.

How is iron so toxic? Iron is an extremely damaging oxidant, causing oxidative damage to the brain and skin in particular. Age spots or lipofuscin pigment in the skin is a direct indicator of oxidative damage from iron. Anyone who has lipofuscin age spots on the skin also has lipofuscin deposits in the brain --- automatically, no question about it. Oxidative damage is synonymous with aging. Oxidation of iron is also a major contributor to cardiovascular disease. The only thing that accelerates the aging process as fast as iron is omega 6 fatty acids in vegetable oils, and omega 3 fatty acids in fish oils. (You can place aspartame near the top of that list also.)

Apropos of this Letter on pregnancy, it must be emphasized that the fetus is particularly vulnerable to the toxic effects of iron. Under no circumstances should iron be routinely supplemented to a pregnant woman, yet iron is supplied in abundance by almost all prenatal vitamins. A simple complete blood count along with serum ferritin indicates exactly which women do and do not need iron supplementation to provide for the development of the fetal blood cells, and to provide adequate iron stores to last the first 4-6 months of infancy. There are literally hundreds of studies in the literature explaining the oxidative damage done by iron, and how it is neurotoxic in particular, and how it is causative in both vascular disease and cancer. [That is why there is no iron in your Oxygenic B. There is iron in Mighty Mins, since growing children are building blood volume.] Most of those studies relate specifically to the degenerative diseases of adults. But here are a few studies that address the neurotoxic effects during gestation, and that demonstrate clearly the damage done by supplementing a woman who does not need it with iron during pregnancy.

Favier et al. Is systemic iron supplementation justified during pregnancy? Gynecol Obstet Certil, 2004 Mar; 32 (3):245-50.

Ward et al. Iron supplementation during pregnancy – A necessary or toxic supplement? Bioinorg Chem Appl, 2003:169-76.

Ward, et al. Effects of marginal iron overload on iron homeostasis and immune function in alveolar or macrophages isolated from pregnant and normal rats. Biometals 2008 August 9.

Serdar, et al. Serum iron and copper status and oxidative stress in severe and mild preeclampsia. Cell Biochem. Func, 2006 May-June; 24(3):209-15.

Lindman et al. Limited protection against iron-induced lipid peroxidation by cord blood plasma. Free Radic Res, 1992;16(5):285-94.

All your pregnant patients should be on OXY B and the NUTRI-SPEC Fundamental Diet (--- ideally, long before conception). None of them should be on a standard pre-natal vitamin. If your patient makes the mistake of letting her Obstetrician force upon her a prenatal with iron, show her this letter and get her off it. (If her Obstetrician told her OXY B does not have enough folic acid, show her last month's Letter as well.) Take care of your pregnant patients!! It may be the most important service you provide.

--- Much more on the topic to come next month.

Guy R. Schenker, D.C.

P.S.: Here is …

YOUR CHANCE TO PARTICIPATE IN THE ONGOING DEVELOPMENT OF OUR NUTRI-SPEC SYSTEM.

We are working to expand our use of Saliva pH as an indicator of relationships between carbon dioxide, sodium, potassium, chloride and hydrogen as they relate to Electrolyte Balance, Glucogenic/Ketogenic Balance, Sympathetic/Parasympathetic Balance, and Acid/Alkaline Balance. The volume of data we need can only be supplied by you. If you will fill in the enclosed chart, you will be rewarded with a sincere "THANK YOU," plus, **a $100 credit on your next order.**

You will be checking the Saliva pH with 2 different test strips, once before, and once after the Breath Hold. You will record a reading from each pH strip twice, once immediately (you must make that initial reading within 3 seconds of pulling the strip out of the patient's mouth) and once after 2 minutes. Also --- the saliva pH readings must be precise --- to the nearest tenth. That means you must interpolate between the round numbers of the color scale.

NOTE TO ALL: Accuracy in testing is a problem we deal with daily. **Do not cheat yourself and your patients.** What good is a scientific testing system if the numbers you feed into the system are garbage? For many, many NUTRI-SPEC doctors the clinical successes to be enjoyed with NUTRI-SPEC would be multiplied many times over were they to put a little more focus on quality test results. Here are the problems we see daily when doctors fax or call in test results for our advice:

1. Probably 90% of the urine and saliva pHs reported are right on multiples of 5 --- 5.0, 5.5, 6.0, 6.5, 7.0, etc. Those numbers are simply not precise enough. You must interpolate so that you obtain readings accurate to a tenth. To do so, quickly slide your test strip along the pH color scale until you find the 2 numbers on the scale between which your test strip reading lies --- say, for example, it is between 6.0 and 6.5. Let us say it appears just slightly closer to 6.0 than to 6.5. What is your reading? **6.2.** (I know Urine pH readings between 5.0 and 6.0 are not always easy. Be as precise as you can.)

2. Saliva pH readings are reported that are too high. As will be revealed to you in dramatic fashion if you participate in the collection of data on Saliva pH, the Saliva pH begins to change the instant it contacts the air. Most often it rises. So, doctors who are slow to take their reading are doing so after the pH has changed from what it was before reacting with the air. You must get your Saliva pH readings within 3 seconds of taking the strip out of the patient's mouth.

3. Surface Tensions are frequently inaccurate to the high side from urotensiometers that are not flushed and flowing freely.

4. Occasionally we find doctors who are trying to use an electronic blood pressure cuff. Disaster --- they are cheating themselves and their patients.

5. Meaningless low pulses and goofy blood pressures are reported on patients with extra systoles. If when counting pulses your Assistant who is doing the testing realizes the patient is skipping beats, then there is no way that count can be considered the patient's true heart rate. So, have your Assistant record the count on the Test Results Form, but **FLAG IT** (my Assistants put an "*" above it) so that you know you cannot use that pulse in your QRG Analysis. If the arrhythmia is purely one of skipping beats, then it is nice if your Assistant can remember how many were skipped during the 15-second count, and note it. You can then multiply the number of skips by 4 and add that to the recorded number to get something closer to a true pulse rate. Occasionally all 4 pulse readings will be distorted by an arrhythmia of some kind, and cannot be used, or must be used with special consideration, in your QRG Analysis.

6. Demand excellence from yourself and your Assistants. Demand science from yourself and your Assistants. The difference between valid tests that make you and your patients rich, versus sloppy garbage that leaves everyone frustrated, is only a matter of attention to details. **Make a commitment.**

INSTRUCTIONS:

A. Saliva pH 1A

1. Hold the test strip while the patient keeps his lips sealed.
2. When the strip is soaked with saliva pull it out and make your reading within 3 seconds. Interpolate to the nearest tenth, and record.
3. Immediately set your timer for 2 minutes, and place the wet test strip face up on a tissue.

B. Have the patient lie in the supine position, and relax.

1. Explain that you are going to be counting the heart rate, and that the patient must not speak.

C. Pick up the first test strip and wait for the timer to reach 2 minutes.

1. At the 2 minute mark make a second reading of the test strip, interpolating to the nearest tenth. Record it under Saliva pH 1B.

   a. Saliva pH 1B may be the same as saliva pH 1A, or, it may have changed considerably. (The largest change we have seen in preliminary testing is an increase of 1.4, from 6.4 to 7.8.)
   b. Throw away the pH strip. Leave the tissue there.

D. Count the patient's Respiratory Rate for 30 seconds. Multiply by 2 and record.

E. Count the patient's Pulse for 15 seconds. Multiply by 4 and record. (If there are skipped beats, or any other arrhythmia, the patient is disqualified.)

F. Have the patient sit. Your timer is on the table beside the patient. Explain that you are going to time how long he can hold his breath, and that it is important he does his best.

1. Explain further that when he must finally begin breathing you are going to immediately (as he is taking his first breath) put a test strip on his tongue, and that he must seal his lips around it.

G. Test the Breath Hold Time with your timer.

1. (This is the tricky part.)
2. The entire time the patient is holding his breath, stand poised with a test strip in your one hand, ready to insert it into his mouth, while holding the pH color scale in your other hand. Your timer will be ticking away on the table beside the patient.

3. (Be sharp, be quick.) As the patient exhales and gasps for his first breath, simultaneously:
   a. Glance at the timer for the number of seconds Breath Hold Time, while you…
   b. Say to the patient, "Open." Place the test strip on his tongue, without letting go of it. "On your tongue --- close your lips tightly and get it good and wet."
4. After a few seconds to wet the strip, say, "Open," pull it out, and make your reading within 3 seconds, interpolating to the nearest tenth.
5. Immediately set your timer for 2 minutes, and place the test strip on the tissue.
6. Record the Breath Hold Time and Saliva pH 2A.

H. At the 2 minute mark make a second reading of the test strip.

1. Record it under Saliva pH 2B.

I. Complete your data.

1. Subtract SpH 2A minus SpH 1A, and record.
2. Subtract SpH 1B minus SpH 1A, and record.
3. Subtract SpH 2B minus SpH 2A, and record.

J. Record additional info.

1. Medications the patient is taking.
2. The Urine pH and Specific gravity are not required, but would be appreciated.

SBJCT	pH1A	pH1B	RR	P1	BHT	pH2A	pH2B	2A-1A	1B-1A	2B-2A	UpH	SG	Notes
GRS	6.7	6.9	15	72	65	6.9	7.2	0.2	0.2	0.3	6.2	15	Superman
FAT	7.3	7.9	13	67	49	7.7	8.0	0.4	0.6	0.3	5.9	12	Diabetic-Metformin
XYZ	7.4	7.4	19	79	29	8.1	8.4	0.7	0.0	0.3	5.1	30	Beta Blocker