

# NUTRI-SPEC



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## **THE NUTRI-SPEC LETTER**

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From:  
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Dear Doctor,

Here is a startling revelation --- a golden nugget of ancient wisdom that has been lost to Western Civilization for 7 decades.

### **PREGNANCY IS NOT A DISEASE.**

Only a tiny minority of pregnancies require more than three visits to a midwife or obstetrician before delivery. Extensive blood work is not required. Ultrasounds are not required, and are possibly harmful. ( --- There was some research done back in the 1980's indicating that ultrasounds cause cavitation in the cerebrospinal fluid of the fetus.) Amniocentesis is certainly not to be considered except in high risk situations. All the obstetrical procedures that have become standard in this country are nothing more than physical and emotional intrusions on the pregnant woman. Obstetrics has changed what should be nine months of celebration and eager anticipation into nine months of harassment and anxiety.

Do not misunderstand me --- a good midwife or obstetrician is absolutely essential to a physically successful and emotionally gratifying pregnancy. It is just that the legitimate role of the professional is much smaller than has come to be accepted. What, really, is the benefit of all the repeated exams and ultrasounds performed by the obstetrician? Stop for a minute and ask yourself (and ask all your pregnant patients to stop and ask themselves) what actionable information do all these invasions by the obstetrician provide? If the obstetrician detects what might possibly (but not likely) be a problem, is there anything the doctor

can do about it? Is there anything the pregnant woman can do about it? No. So --- why learn that there is a 5% chance of a problem with the pregnancy if even knowing about that problem affords no means of mitigation? Why let the obstetrician place a dark cloud of anxiety over what should be an entirely joyful experience when the chances of that dark cloud bringing a storm are very remote? Pregnancy is not a disease. A pregnant woman and her husband should be devoting their time, energy, and money to gleefully choosing wallpaper for the new baby's room, not being badgered by a doctor overwhelmed with his own importance.

Just what should a woman do when she discovers she is pregnant? Here is a step by step sequence to follow during gestation:

1. The first thing she should do is get a big hug from her husband.
2. Ideally, it has been at least two years since her last baby was born, and she has been on Oxy B and the NUTRI-SPEC Fundamental Diet for at least six months.
  - a. If those two conditions are met, then all she needs to do is come to your office to receive praise for being so well prepared for an ideal pregnancy, and, receive NUTRI-SPEC testing.
  - b. If those two conditions are not met, then she needs to be reassured by you that despite being less than entirely prepared for a pregnancy, she will receive from you all her diet and supplement needs to assure the most successful pregnancy possible.
3. NUTRI-SPEC Testing on a pregnant woman requires just a few extra considerations (to be explained below).
4. The woman should make an appointment to establish a connection with a good midwife or obstetrician.
  - a. To properly prepare for this appointment, the woman and her husband must ask themselves in advance the all-important question, "Under what circumstances will we abort this pregnancy?" If the answer to that question is that there will be no abortion unless the mother's health is severely threatened, then that message needs to be conveyed to the obstetrician. In other words, there is no point to most of the obstetrical services offered since no action can be taken based on the findings of those procedures.

- b. If the woman has a history of anemia, or, if your NUTRI-SPEC exam reveals a reasonable likelihood of anemia, then the woman should request a complete blood count plus serum ferritin.
  - c. If the woman has had a C-Section in the past, she should inform the midwife or obstetrician that she wants, if at all possible, to have a vaginal delivery this time.
  - d. If the woman and her husband have agreed that they would abort the pregnancy if there is a high probability of fetal abnormality, then she should schedule the test for serum alpha-fetoprotein at 16 weeks of gestation. The test for alpha-fetoprotein is the one obstetrical procedure that makes sense. It is reasonably accurate at detecting genetic defects such as Down's Syndrome, neural tube defects, and other genetic abnormalities.
  - e. If there are no other complicating factors the woman should make her next appointment with the midwife/obstetrician --- for the end of the 8<sup>th</sup> month of gestation. The obstetrician will go into shock and explain how it is absolutely essential that she be seen many times before then. The woman should calmly explain that if there are any signs of difficulty she will make an appointment right away but otherwise none of the procedures offered will provide actionable information --- in other words reveal anything about which she or the obstetrician can do anything --- so --- the 8<sup>th</sup> month of gestation is the first time she needs to be seen.
5. The NUTRI-SPEC Fundamental Diet includes obtaining a source of natural water high in total dissolved solids. This recommendation is absolutely essential for all pregnant women (and, of course, should have been followed for at least 6 months before conception).
  6. There is only one addition to the NUTRI-SPEC Fundamental Diet for pregnant women --- sources of xanthines, such as coffee, tea, chocolate, and other sources of caffeine, should be avoided.
  7. While on the NUTRI-SPEC Fundamental Diet, the woman should be certain she gains at least 20 pounds during pregnancy. Gaining less than 20 pounds puts the baby at risk for low birth weight,

which is associated with many potential health problems. Gaining sufficient weight will also insure that the woman is completely prepared for lactation, which tends to suck all her reserves dry.

- a. To assure not only the quantity but the quality of weight gain, the woman should re-calculate her protein and carbohydrate requirements by adding 20 pounds to her current body weight (unless she is obese). Doing so will generally add one or two ounces of meat, fish, poultry, eggs, or cheese to each of three meals daily, along with the corresponding increase in carbohydrate points.
8. At any sign of difficulty, such as spotting, severe cramping, extraordinary weight gain, etc., the patient should contact you and the midwife/obstetrician.
  9. At 8 months the woman re-connects with the midwife/obstetrician in preparation for delivery. Based on the exam findings at that time, the woman and the midwife/obstetrician can put together the plan for the last 4 weeks preceding delivery.

Let us now go back to the beginning and discuss ...

### **NUTRI-SPEC TESTING DURING PREGNANCY.**

NUTRI-SPEC Testing is the same for pregnant women as for anyone else. The only additional consideration is that during pregnancy a woman's body chemistry often will change dramatically, so that she shows entirely different metabolic imbalances than she did before pregnancy. By far the most common metabolic shift you will see in pregnancy is that many women go into a Dysaerobic Imbalance during the first trimester. That Dysaerobic Imbalance is not a good sign. It is very often associated with a deficiency of progesterone. That dysaerobic shift has been shown to be most extreme in women who experience severe morning sickness during the first trimester. Sadly, spontaneous abortion between the 6<sup>th</sup> and 13<sup>th</sup> week is not uncommon among these women.

If a woman comes to you early in pregnancy who shows a dysaerobic test pattern plus blood in the urine, and reports severe morning sickness, you must start her on Oxy D and Oxy D+ immediately. With morning sickness, the woman will not only have no desire for food, she will balk at the fragrance of Oxy D+. You must insist that at each of three meal times daily the woman eats a "meal" that is perfectly proportioned as per NUTRI-SPEC Fundamental Diet guidelines. Even if she only eats two bites of chicken and two bites of potato, she must eat

quality. She does not dare slip into the routine of, "I'm not hungry so I'm just going to have a piece of toast." If the Dysaerobic Imbalance is treated, and the woman stays qualitatively on the NUTRI-SPEC Fundamental Diet, the morning sickness and the dysaerobic test pattern will disappear, along with the blood in the urine and the morning sickness, and the pregnancy will proceed quite normally --- unless --- the woman is pathologically low in progesterone.

Let us now make a side note about progesterone. Progesterone is ...

### **THE FERTILITY HORMONE.**

That is how its name is derived --- it is the pro-gestational hormone. Progesterone insufficiency is a common cause in women who have repeated spontaneous abortions. Any horse breeder knows that the first consideration in a mare that has lost fertility is progesterone supplementation. Furthermore, the secret to getting two or three years of extra fertility out of a good brood mare is to supplement her with progesterone. (Why the medical profession is so far behind the veterinary profession is a subject for another day.) The drop in progesterone production that most women experience during their 40's is the primary reason why women's fertility decreases at that age.

Suppose you have a woman who has lost several pregnancies, or just has never conceived. Your ability to restore fertility to these women with NUTRI-SPEC plus the natural supplement Progest-E, is truly amazing. You will make many, many happy families using Progest-E as an adjunct to NUTRI-SPEC, if you use it according to NUTRI-SPEC protocols.

Getting back now to our woman in early pregnancy who has just presented for NUTRI-SPEC Testing and shows a dysaerobic test pattern accompanied by blood in the urine and morning sickness --- should you supplement with Progest-E? If you are an MD, the answer is yes. If you are a chiropractor, you must consider your liability very carefully. Even though Progest-E is all natural and entirely legal and within your scope of practice, you are at some risk. Since this is a pregnancy that has a reasonably high percentage of ending in spontaneous abortion anyway, if it does, there is the risk that your altering of the woman's hormone balance will be judged as inappropriate. Choose your patients carefully. [Additional sidenote: do not recommend progesterone creams --- ever.]

Other than the increased incidence of Dysaerobic Imbalances in women during the first trimester, NUTRI-SPEC Testing in pregnant women is just the same as for other patients. You will make the same dietary recommendations (with the additional quantity described above), and the same supplement recommendations based on the QRG analysis

of the test results. There are, however, two NUTRI-SPEC supplements that are contraindicated in pregnancy --- the amino acids tyrosine and phenylalanine. These amino acids tend to potentiate sympathetic activity, which is unlikely to cause a problem for the fetus, but there is no point in taking any chances.

The same contraindication applies during lactation. Following that same line of reasoning, it should also be recommended to pregnant women that they stop all neuro-active drugs, and really drugs of any kind during pregnancy. It is my opinion that a woman on anti-depressants or any other "nerve medicine" has no business getting pregnant in the first place. As mentioned above, caffeine, theophylline, and theobromine fall under the category of neuro-active drugs. They certainly stimulate the CNS, and, they activate the sympathetic system even more potently than do tyrosine and phenylalanine.

In summary --- pregnancy is not a disease, it is a time for families to celebrate one of the greatest rewards of healthy living. With your NUTRI-SPEC system of metabolic testing you will be an essential participant in this joyous event. You have all the knowledge to guide your patients in preparation for pregnancy, then through a gestation period that produces the most beautiful baby possible.

Savor the rewards of a family practice.

Sincerely,

Guy R. Schenker, D.C.