

# **NUTRI-SPEC**



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## **THE NUTRI-SPEC LETTER**

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From:  
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### **MAMMY'S LITTLE BABY LOVES SHORTNIN' SHORTNIN' MAMMY'S LITTLE BABY LOVES SHORTNIN' BREAD.**

#### **GERBER'S "START HEALTHY, STAY HEALTHY" BABY FOOD**

#### **NESTLE'S "GOOD START" FORMULA**

Dear Doctor,

Just what IS the ideal food for newborns? When IS the best time to introduce Mammy's little baby to solid foods? What IS the best diet plan for creepy crawlers and teetering toddlers?

From the last several issues of this Letter, you have gained the knowledge to counsel your patients in preparation for pregnancy, then guide them through a gestation period that produces the most beautiful baby possible. With your expertise, plus your Nutri-Spec system of metabolic balancing, you will be an essential participant in the celebration of many successful pregnancies to come. But your value to your happy, healthy families does not end with the arrival of this beautiful bundle of joy. --- The best is yet to come.

You see, while our establishment “authorities” offer in regard to prenatal nutrition very ...

### **LITTLE INFORMATION ...**

beyond the counterproductive recommendations of folic acid, iron, and calcium supplementation, those accepted “authorities” bombard the new mom with a barrage of ...

### **MISINFORMATION ...**

as regards infant feeding. How to prepare for lactation? How to nurse your baby? How long to nurse? Soy formula? Cow milk formula? Formula fortified with this? Formula fortified with that? “Baby Food” (---as if turning denatured meat and dead vegetables into mush, then cramming them into jars, transforms them into food ideal for babies)? Cooked cereal? “Finger Foods”? --- Billions and billions of dollars are spent in advertising this and that product a mother simply must buy if she truly cares about her child. Contradictory and unscientific, these ads are leading bewildered moms astray, with serious consequences for the little ones. In our continuing devotion to helping you build a gloriously enriching family practice, we present in this letter the scientific and common sense essentials of early feeding ---

PHASE ONE: Colostrum --- Baby has got to have it. To ensure passive transfer of immunity, baby must have free choice of nursing from the moment of birth through the first three days of life.

PHASE TWO: From Day 4 through the first four to six months, mother’s milk should continue to be the sole source of nutriment for the infant. What is so distinctive about human milk? The first consideration is the relative proportions of fat, sugar, and protein. Human milk, believe it or not, is fully ...

### **54% FAT.**

Most of that is saturated fat, and it is absolutely loaded with ...

### **DEMON CHOLESTEROL.**

Were it not for Nutri-Spec, you would likely be a victim of the propaganda machine convincing most people that saturated fat in general and cholesterol in particular are deadly poisons. Such thinking would lead you to believe that ...

### **GOD GOOFED ...**

when He designed human milk. Surely this grotesque concoction of saturated fat and cholesterol sets the stage for development of cardiovascular disease later in life. One solution to ...

### **THIS TOTAL BREAKDOWN OF NATURAL LAW ...**

might be to either switch all infants to formula, or at least begin medicating them with ...

### **STATIN DRUGS DURING INFANCY ...**

as a preventive measure.

--- No --- there is no mistake in the design of mother's milk.

But why, you may wonder, is human milk so high in saturated fat and cholesterol? The answer has two components. First, the fat is an excellent concentrated source of calories for the rapid growth and development of the infant. Second, the saturated fat in general and the cholesterol in particular supply the most fundamental essentials for brain development. The dry weight of the brain is more than 5% cholesterol, and saturated fat is the major structural component of most brain tissues.

The 54% fat in human milk is not the only consideration as relates to infant brain development. Human milk is also 40% sugar. That sugar --- for the human brain more than for the brain of any other species --- is essential for brain development and function. Human milk contains a much higher percentage of sugar than the milk of any other species, and that high sugar content is largely associated with the distinctive features of the human brain.

The final macro component of human milk, protein, is found at the level of only 6%. It seems difficult to imagine, I know, that during this period of greatest anabolic demand, the human being requires a diet as low as 6% in protein. (Think of all the body builders and other athletes who believe they need carnivorous proportions of protein to add a paltry percent of body weight in muscle.) The explanation is quite simple. To build muscle tissue and organ tissue requires protein only for the structural component of the new tissue. Building a pound of muscle or organ requires 45,000 calories, yet the finished product only contains a few ounces of protein. So, the high fat and sugar content of the milk supplies those calories, while the comparatively small protein requirement is easily met by the 6% concentration.

Now that you know the 54-40-6% constitution of human milk, what can you say about the baby formulas offered by the food industry? Even setting aside that there are damaging effects from the soy and cow milk foundation of these formulas, do you see that very few of them meet the proper proportions of fat to sugar to protein? In their “wisdom” the authorities decided a long time ago that human milk is inadequate in protein, and so offer formulas that are much higher than 6%. Cow milk in particular is extremely high in protein relative to human milk, and also high in electrolytes. Both the high protein and high electrolyte content are a strain on the kidneys of the human infant. The protein and electrolytes are also poorly digested, and can result in diarrhea and even intestinal bleeding. The “authorities” have also decided in their wisdom that saturated fat is a problem that needs to be rectified, and so have filled formulas with polyunsaturates. So, many formulas at once deny infants the nutrition they need while devastating their health with catabolic anti-metabolites such as Omega 6 and Omega 3 oils and denatured proteins, plus soy with all its devastating effects.

There is one other consideration regarding the content of human milk. It is virtually devoid of iron. Here is another instance where many commercial products are damaging to the health of infants. There is a reason why human milk is low in iron (--- again --- God did not mess up). Human milk is low in iron because the human infant is born, ideally, with a 6-month supply of iron built in. Feeding iron during the first 6 months of life has damaging effects, particularly to the brain. There are studies showing that formulas fortified with iron decrease the IQ of children, and cause both physical and mental developmental delays.

Having established that breastfeeding is the only way to fully serve the needs of an infant, we must now look at the principles of exactly how to most effectively nurse. There are 2 essential rules:

- Drain the breast completely before moving to the second breast.
- Do not feed the baby on demand. Rather, feed the baby every 4 hours. An ideal schedule is 5 feedings daily: 7:00 a.m., 11:00 a.m., 3:00 p.m., 7:00 p.m., and 11:00 p.m.

What is the rationale behind these 2 rules? Completely draining the breast serves 2 purposes. First of all, it assures that the baby gets all the essential components of mother’s milk. Most people do not realize that the mother produces 2 entirely different types of milk --- the fore milk and the hind milk. The fore milk is a somewhat thinner consistency and is very high in sugar; the hind milk is more concentrated and contains almost all the protein and fat that mother produces in milk. If the mother switches from one breast to another during the middle of a

feeding, the baby gets all the fore milk from one breast and all the fore milk from the other breast, and never does get the protein and fat.

The second reason why it is essential to completely drain the breast is because a totally drained breast is the main stimulus to milk production. Many women have great intentions about nursing their babies but find that as time goes on they very quickly begin to run short of milk. The number one reason for that is that they follow the advice of "experts" on breastfeeding and have failed to gain the stimulus to milk production gained from completely draining the breast. When the breast is totally empty, and the baby is still "munchy", then, and only then, switch to the second breast in the middle of a feeding. Then, for the next feeding, begin on that breast and drain it completely before moving back to the other.

Timing of feedings is probably the most neglected or misunderstood aspect of infant nutrition. Most women nursing their babies think they should let their baby suckle every time they pick him up, or certainly every time he fusses a bit. No, no, no. The baby is not hungry every time he fusses. Of course, if the baby has been conditioned to think he gets a treat every time he fusses, then he will "say" he is hungry. But that demand for feeding has nothing to do with physiological hunger --- it has more to do with being already spoiled.

Over the long run, nothing will do more for peace of mind of both mother and baby, not to mention the physical health of mother and baby, than feeding on a schedule. Why is that? First of all, the 7-11-3-7-11 schedule gives the mother a full night's sleep, something many mothers who nurse on demand never experience --- much to the detriment of their health. That 8-hour break from 11 p.m. to 7 a.m. also gives the baby a chance to sleep through the night, which is another major health benefit of feeding on schedule.

In addition to rest for mother and baby, the scheduled feedings also ensure an increase in the quality and quantity of mother's milk. The larger, less frequent feedings assure that the baby gets both fore milk and hind milk at every feeding. The critical consideration is that the breast will tend to be totally drained when each feeding constitutes 1/5 of the baby's necessary food intake. Mother will have no problem maintaining lactation for a year if she feeds on a 5 times per day schedule, and that milk will maintain its quality throughout those many months.

The third and final reason why it is essential to feed on the 5 times daily, 4-hour apart schedule relates to digestion for the infant. When an infant consumes a "full meal" --- that is 1/5 of his food intake at each of

5 feedings daily --- that meal will not leave the stomach for more than 3 hours. If mom dumps another feeding into the stomach while the previous meal is in an incomplete stage of preparation to move on to the duodenum, there tends to be incomplete digestion with both putrefaction and fermentation in the GI tract. Baby becomes fussy, colicky, and gassy.

If a mother is not to pacify her baby with a feeding every time he fusses, then what is she to do? She should do exactly what her instincts tell her to do. It is important that her infant becomes accustomed to being loved and having his needs cared for. It is the being loved and cared for that establishes the trust between baby and mother, not the ingestion of food. The mother should respond promptly to baby's signs of discomfort. She should hold the baby and rock her baby, all the while softly talking and singing. It is the warm physical contact and the loving verbal expression that reassure the baby, not giving him food he neither needs nor is prepared to digest. The basic foundation of a child's personality is being formed in his earliest interchanges with nurturing adults, particularly his mother. Using food as a reward actually undermines that foundation.

PHASE THREE: Somewhere between age four and six months, at one of the 5 daily feedings, solid food must replace mother's milk. What foods should constitute that one solid meal? You may be surprised. The what, when, and why of introducing solid food to Mammy's little baby will kick off next month's Letter.

Meanwhile --- get all your moms, dads, and kids on Oxy B or Mighty Mins, and, share copies of this Letter with all your moms as part of their preparation for pregnancy and lactation. --- The best rewards of a family practice are yet to come ...

Sincerely,

Guy R. Schenker, D.C.

P.S.: Much thanks to the Doctors who have responded to our request for data on saliva pH changes upon air contact, and in response to a Respiratory Acidosis induced by breath holding. If you are in the process of completing the chart, please do so ASAP. --- You can make a meaningful contribution to exciting improvements in your NUTRI-SPEC Testing System.