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THE NUTRI-SPEC LETTER

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From:
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IRON ---

ESSENTIAL NUTRIENT, OR CATABOLIC KILLER OXIDANT?

Dear Doctor,

In our discussion of nutrition during pregnancy, then our explanation of ideal nutrition for newborns, and finally our look at the timing of introducing a baby to solid foods …

ONE NUTRIENT STANDS OUT AS A KEY INDICATOR OF WHEN AND WHY TO DO WHAT.

That nutrient is iron. When considering gestation, we pointed out that there is simply no rationale for the routine addition of iron to prenatal supplements. Iron is no more important for the developing fetus than is any other nutrient, and unlike most nutrients, iron is extremely toxic when consumed in excess.

Iron, as a general consideration, is a powerful oxidant that causes tissue damage and premature aging. Iron is particularly toxic to the brain, causing lipofuscin build up in nerve tissue (as well as lipofuscin age spots on the skin). Iron is also carcinogenic. Oxidation of iron is also a major contributor to cardiovascular disease. Adequate iron to meet our nutrition need is easily obtained from a natural omnivorous diet, except in women who menstruate very heavily. These are your only patients who need iron supplementation. The only women who need iron supplementation during pregnancy are those who are anemic or at risk for anemia as they enter pregnancy.

Relating the potential oxidative damage from excess iron to the topic of pregnancy, we emphasized that the fetus is particularly vulnerable to the toxic effects of iron. We gave you 5 references from the literature explaining how iron is damaging to the fetus directly, and also damaging to the pregnant woman --- increasing the likelihood of preeclampsia. So --- we concluded that your pregnant patients should not make the mistake of letting their obstetricians force upon them a prenatal with iron. (Oxygenic B is the supplement of choice for all your pregnant patients.)

As we shift our focus into nutrition for the newborn, once again a consideration of iron needs versus iron excess captures our attention. We see that human milk is virtually devoid of iron. That low iron content of human milk does not, however, represent a deficiency --- it is by design. Human milk is low in iron because the human infant is born, ideally, with a 6-month supply of iron built in. So, if infants do not need to ingest iron …

DOES IT MAKE SENSE THAT INFANT FORMULAS ARE FORTIFIED WITH IRON?

Is there a problem for formula-fed infants resulting from this inappropriate iron intake? There certainly is. Feeding iron during the first 6 months of life has damaging effects, particularly to the brain of the infant. There are studies showing that formulas fortified with iron decrease the IQ of children, and cause both physical and mental developmental delays.

Now, however, we must look at the flipside of the coin. There are also many studies showing that a deficiency of iron also causes developmental delays in children, particularly delays and inadequacies in brain development. What are we to do with this apparently conflicting information? What is a good mom, doing her absolute best to feed a healthy baby, to do? --- There is really no dilemma here. All we need do is look at Natural Law. Is a baby damaged by iron? Does a baby desperately need to ingest iron? These are merely questions of timing.

If the pregnant women you serve have followed your recommendations for 15 months prior to the birth of their baby, they have perfectly adequate iron stores to enrich their baby during gestation. That baby will be born with sufficient iron reserves to last through the first 6 months of life. Having adequate iron stores, that baby will suffer the toxic effects of iron if any additional iron is ingested during those first 6 months. If a woman is not able to follow all your recommendations for a 15 month period before giving birth, yet receives the benefits of your Nutri-Spec care during at least a part of pregnancy, and, that woman is not anemic during pregnancy, you can still assume she has supplied her infant with at least a 4 month supply of iron at birth.

We conclude that at some point between the end of the 4th and 6th months of infancy, every baby reaches the stage at which iron reserves have dwindled to a critical level, and iron must be ingested. What should be the source of baby's first ingested iron? Keep that question in mind, because shortly you will see that a baby's iron status is --- by design --- the major determinant of what and when solid foods should be introduced.

In last month's Letter, we began our presentation of the scientific and common sense essentials of early feeding. PHASE I covers the first three days of life, and gives baby unlimited free choice of nursing to assure adequate intake of colostrum. PHASE II covers from day four of life through the first 4-6 months, during which mother's milk must continue to be the sole source of nutriment for the infant. We gave you the details of human milk's high concentrations of saturated fat, cholesterol, and sugar --- explaining why these constituents are essential to human growth in general, and human brain development in particular.

As we glorified human milk, we also gave the 2 essential rules of nursing:

- 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 am, 11 am, 3 pm, 7 pm, and 11 pm.

We explained how these rules assure that mother will produce the greatest quantity and quality of milk day by day for many, many months, and that baby will get all the benefits of both the foremilk (high in sugar) and the hindmilk (high in protein and fat). The 5 times daily feeding plan assures that both mother and baby obtain maximum physiological rest, while assuring baby has maximum ease and efficiency of digestion.

We ended last month's Letter ready to enter PHASE III of infant nutrition. We stated that somewhere between age 4 and 6 months, one of the 5 daily feedings should consist of solid food rather than mother's milk. Why do we specify this particular timing of solid food introduction? We answered that question above in our discussion of iron. Somewhere between the end of the 4th and the end of the 6th month …

BABY ABSOLUTELY MUST OBTAIN
A DIETARY SOURCE OF IRON …

since human milk supplies none. The essentiality of introducing foods other than mother's milk at age 6 months is an obvious Natural Law. Limiting the baby to milk as the sole source of nutriment beyond the 6th month is to guarantee at least some developmental inadequacy of the brain.

So, in accord with Natural Law --- PHASE III: Somewhere between age 4 and 6 months, at one of the 5 feedings, meat (rich in iron) and non-starchy vegetables must replace mother's milk. The best feeding for the meat and vegetable meal is 3 pm; the 11 am or 7 pm feedings are also okay. The other 4 feedings should remain exclusively mother's milk, and the 5 daily feedings scheduled at 4 hour intervals should be maintained.

Many people are absolutely shocked to learn that Natural Law calls for meat as baby's first food to supplement mother's milk. But an analysis of Natural Law reveals that this is the only logical, healthful choice. What are baby's digestive capabilities at age 4-6 months? Human milk is loaded with saturated fat and cholesterol. So, there is absolutely no problem digesting the saturated fat and cholesterol in beef. Human milk is not high in protein, but the amino acid makeup of the protein that is there is very similar to that found in meat. Meat contains no starch and no sugar, so, all the components of meat are easily digested by the infant.

But, you may be thinking that everyone "knows," and the food industry has spent zillions of dollars making certain that everyone "knows" that cereals and other processed starches are the "natural" first solid food for infants. Do you see what an illogical violation of Natural Law it is to stuff babies with starches? How much starch is in the milk that provides the ideal nutrition for baby in the first 6 months of life? Zero. Human milk contains absolutely no starch, and babies have zero capability of hydrolyzing starch.

BABIES HAVE NO STARCH SPLITTING ENZYMES IN EITHER THE SALIVA OR IN THE PANCREATIC SECRETIONS.

In the absence of amylase enzymes to digest starch, what happens to the cereals forced upon baby's ill-prepared digestive system? Those starches ferment, and decrease the overall efficiency of digestion such that proteins putrify. The result is colicky symptoms, along with the development of food sensitivities. There will be fussing associated with the colic, and misery associated with the respiratory symptoms of mucus production --- runny nose, oozy eyes, etc. There will also be an exaggeration of discomfort associated with teething. Feeding starches to an infant prematurely will provoke the premature secretion of some starch splitting enzymes, but not before there are adverse digestive and systemic consequences.

Baby's first meal of steak and green beans is a joyous event, to be celebrated by the entire family. (--- Have the camera ready.) At 3 pm, mom takes out the steak or roast beef she intends to serve the entire family at the evening meal, and cuts off about 2 ounces. She can either chop the meat into small pieces with a knife, or run it through a food mill. She will also lightly steam a small portion of green beans. Baby's feast is ready. Mother need not feed baby --- the infant is well prepared --- and eager! --- to feed himself. Simply place

before baby the plate of green beans and meat (ideally raw, but lightly steamed (very lightly) is okay for moms who fear that raw meat is possessed by evil spirits). In virtually every family who has followed Natural Law in serving this first meal of chopped steak and green beans, baby has absolutely devoured the meat within seconds, cramming handful after handful in his mouth. Typically, baby is not sure about the green beans and fiddles around with them for awhile, but eventually gets them all down. While watching this milestone in baby's life, families should be joyfully encouraging and praising baby for his fine performance.

PHASE IV: At about the 8th month, a second of the 5 daily feedings should consist of meat and non-starchy vegetables. Now, the second of those non-milk feedings should coincide with the family's evening meal. Baby sits at the table, and devours the same meat and same non-starchy vegetable as the rest of the family. At this time, most babies can begin to handle simpler starchy vegetables such as carrots, beets, and squash. PHASE IV is also the time to introduce Mighty Mins, 1 daily, for the infant. (Mighty Mins can be introduced at age 6 months for women who are unable or unwilling to provide Natural Law nutrition for their babies.)

Note that there has been no mention of fruit. Again, we must consider Natural Law. Human milk is 40% sugar, but that sugar is 100% lactose. Lactose is a disaccharide made up of ½ galactose and ½ glucose. It contains absolutely no fructose (fruit sugar). Fruit sugar is not at all appropriate for infants. However, for women who are beginning to show a lack of milk production, at one of the milk feedings a portion of a banana can be added at the end of the milk feeding if baby is still hungry and the milk supply is inadequate.

PHASE V: As we move into the next phase, we must consider what Natural Law dictates regarding starch digestion. In humans, starch digestion is initiated in the mouth via salivary amylase. As we chew our food, we ensalivate it and the salivary amylase begins the process of starch digestion. That salivary amylase is resistant enough to neutralization by stomach acid that the starch digestion proceeds for awhile in the stomach even in the presence of the hydrochloric acid and pepsin that digest our proteins.

If starch digestion is designed to occur in human beings who can chew their food, when is the earliest time that starches can be offered to an infant? Obviously, the time is right when the infant has teeth that enable him to chew and thus ensalivate his food. So --- according to this thoughtfully designed plan for ideal development of infants, starches such as grains should never be offered to babies until they have a set of teeth adequate to chew those complex starches. PHASE V is the introduction of slightly more complex starches --- potatoes and yams. There should still be 5 feedings per day, and at least 2 of those feedings must include meat and vegetables. Depending on baby's

preference and mom's milk supply, 3 of the 5 feedings may now be meat and vegetables and only 2 mom's milk.

PHASE VI: The baby now has a full set of teeth. It is time that mom may introduce grains to the diet, but there is no requirement to do so. Now, there should be 3 feedings a day that consist of meat and vegetables, and there is the option of including grains at those meals as well. This is also the appropriate time to introduce eggs into the diet as a replacement for meat at one of those 3 meals. What we have now is essentially an adult diet --- the Nutri-Spec Fundamental Diet --- for the toddler. He should still be getting at least 1 if not 2 milk feedings per day in addition to his 3 small, but high nutrient density Nutri-Spec Fundamental Diet meals. Fruit is never a necessity, but may be added at this time as well, assuming there is no hypoglycemic reaction nor allergic reaction to the fruit. If fruit is added it should be at a milk feeding, and not at the same feeding with the meat, vegetables, and grains. Baby is now on the ideal diet --- the Nutri-Spec Fundamental Diet --- that will serve him happily-ever-after throughout his life. One milk feeding a day can be continued as long as mother is willing and able.

Should cow's milk, or goat's milk be added to the young child's diet at this point? Animal milk is probably never a necessity if there is adequate quality to the drinking water. However, as long as there are not problems with allergies, ingesting animal milk appears to be no problem, and perhaps may be beneficial, up through at least age 6. Beyond that, it is completely optional. Unpasteurized, unhomogenized milk is really the only reasonable way to go to avoid digestive problems, allergic problems, and mucus reactions. Goat's milk is far superior to cow's milk. Cheese is an optional substitute for meat at one meal daily.

PHASE I through PHASE VI --- Colostrum through the NUTRI-SPEC FUNDAMENTAL DIET --- is the plan dictated by Natural Law. Counsel your patients. Give your young families copies of these recent Letters on pregnancy, lactation, and infant feeding. Doing so may be the greatest service you can provide. --- Build for yourself a phenomenally enriching family nutrition practice. Are all your young moms and dads taking Oxy B? Are all their children on Mighty Mins? Do you know the good sources of drinking water available in your area? Are all your patients eating at least a small serving of meat, fish, poultry, eggs, or cheese 21 times each week? Make a serious commitment to guiding your young families down the road to healthy-ever-after --- and 15 years from now you will be the richest doctor in the world.

Sincerely,

Guy R. Schenker, D.C.