

# NUTRI-SPEC



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## **THE NUTRI-SPEC LETTER**

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From:  
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Dear Doctor,

If you could pick just one malady for which you could offer a “cure” to all your patients, what would that illness be? Heart disease? Cancer? --- Those cures are a bit much to put on your wish list? --- OK, how about: Arthritis? Allergies? High blood pressure? Diabetes? Elevated cholesterol and triglycerides? --- You can pick any or all of these because you have the power to favorably influence, or better yet, prevent altogether, all these conditions by curing just one state of pathology ...

Yes, there is one malady that afflicts virtually all your patients --- a merciless killer that is a fundamental cause of every illness from allergies to cancer. YOU CAN AND YOU MUST PROTECT YOUR HUNDREDS OF PATIENTS WHO ARE VICTIMS OF ...

### **THE SNACK ATTACK.**

The Snack Attack? --- Yes --- the bug that has infected nearly everyone you know, creating the pathological need to eat between meals.

If your practice is anything like mine, what is the first question regarding diet you get from your new patients? --- Picture it --- you just finished explaining the essentiality of the NUTRI-SPEC Fundamental Diet; you have added the few temporary dietary recommendations for that patient’s specific Metabolic Imbalances and written them in the patient’s NUTRI-SPEC Report of Findings. The patient is right with you, enthusiastic and eager to make a commitment. Then ...

The inevitable question ...

**“OK, Doctor, I can do this. So, what’s  
a healthy snack I can eat?”**

If you want to save this patient from a lifetime of misery, you will reply as I do ...

**“THERE IS NO SUCH THING  
AS A HEALTHY SNACK.”**

Your patient is incredulous ...

“What about nuts?”

“Not even sunflower seeds? They’re supposed to be so good for you.”

“How about a protein bar? It’s all natural and low in fat.”

We repeat ...

**“THERE IS NO SUCH THING  
AS A HEALTHY SNACK.”**

We go on to explain, “First of all, none of the “healthy” snack foods you have asked about are healthy at all --- and we’ll explain more about why not when we do your follow-up testing a few days after you’ve begun your initial Supplement Regimen and Eating Plan. But the most important thing for you to understand is that ...

**EVEN HEALTHY FOODS BECOME UNHEALTHY  
WHEN EATEN AS A SNACK.**

You must eat 3 substantial meals every day, 21 times each week, with every one of those meals to include a substantial portion of meat, fish, poultry, eggs, or cheese. If you get the munchies between meals it can mean only one thing ---

**YOU DID NOT EAT ENOUGH  
MEAT, FISH, POULTRY, EGGS, OR CHEESE  
AT YOUR LAST MEAL.**

Look back to that last meal and realize that if you ate 2 eggs, you needed 3; if you ate 5 ounces of chicken, you needed 7.

OK --- now your patient knows how and when to eat, but is surely wondering why. You must explain to your patient what is wrong with small meals accompanied by snacks. We have now reached the crux of

the matter. The pathologies inflicted upon the countless victims of the Snack Attack are all about ...

### **INSULIN.**

Insulin? --- Yes --- Excess insulin is a causative factor in:

- obesity
- hypertension
- cardiovascular disease
- hypoglycemia
- Type 2 diabetes
- elevated cholesterol
- decreased HDL
- elevated triglycerides
- fatigue
- depression
- cancer
- Prostaglandin Imbalance, and all associated conditions such as allergies, arthritis, “fibromyalgia,” asthma, etc.
- Anaerobic Imbalance
- Glucogenic Imbalance
- Ketogenic Imbalance
- Parasympathetic Imbalance
- Electrolyte Stress Imbalance

What causes the exaggerated insulin response in such a high percentage of our chronically ill patients? --- Too much dietary sugar and starch. How much is too much? The tolerance for sugars and carbs, (as you can easily understand if you grasp the NUTRI-SPEC concept of Biological Individuality) varies greatly from one patient to the next.

Some patients are born as insulin hyper-reactors. These include all your Parasympathetic and many of your Glucogenic patients. The pancreas in these patients is always primed and ready to release a flood of insulin at the slightest provocation. Why? --- Because their genetically determined natural diet consists entirely of animal protein and fat plus non-starchy vegetables. The pancreas is pushed into a tizzy by a high carb meal --- forget about fruit and other concentrated sugars.

These innately predisposed insulin reactors constitute the “miraculous” responders to such high protein, low carb weight loss plans as the Atkins Diet. On an eating plan limited to flesh, eggs, and veggies, these people not only lose tons of body fat, but all their GI symptoms (GERD, etc.) disappear, as do most of their Prostaglandin-related symptoms. But even more remarkably, their level of vitality soars to

undreamed of heights. With the pancreas at ease, all systems approach physiological efficiency.

Even without an inborn Parasympathetic or Glucogenic tendency, insulin excess will develop in those who eat excess carbs. Those who regularly consume sugar are particularly at risk, and those who drink juice and other sugar-laden drinks haven't a prayer.

The progression over the course of an insulin reactor's life generally goes like this:

- 1) Childhood typically includes too many carbs and sugars, and insufficient protein. The pancreas is repeatedly provoked into action. If there are juices or soft drinks, multiply the whipping of the over-stimulated pancreas by a zillion.
- 2) Hypoglycemic symptoms ensue. With most meals and every snack the blood (and brain) sugar begins to spike, then, with the surge of insulin, comes crashing down.
  - The patient becomes cranky.
  - The patient cannot concentrate.
  - The patient craves sugar (or coffee).
  - The patient gets dizzy or "spacey."
  - The patient gets shaky.
  - If the patient gives in to the sugar craving, there is another spike and crash. Many people ride this insulin roller coaster all day, every day.
- 3) A state of dysinsulinism develops, with inappropriate timing and quantity of insulin release.
- 4) A state of insulin resistance develops, with:
  - abdominal obesity
  - fatigue, depression, chronic pain
  - Prostaglandin inflammatory symptoms
  - rising triglycerides and cholesterol, with deficient HDL
  - estrogen stress; PMS; dysmenorrhea; polycystic ovary syndrome
  - hypertension; cardiovascular disease
  - Type 2 diabetes
  - increased incidence of cancer

You can easily see that the key to preventing and treating the chronically elevated insulin in cases of insulin resistance, dysinsulinism, or hypoglycemia is to ...

### **STOP STIMULATING THE PANCREAS.**

What stimulates the pancreas to release insulin? --- Eating. Period. The more starch and sugar in the food, the greater the insulin reaction, but any food stimulates insulin production to some extent in anyone, and stimulates excess insulin in any patient struggling with glycemic control. How to minimize insulin release? --- Don't eat. --- But, obviously, you cannot take the don't eat plan too far, so --- what is the perfect balance between eating well to minimize pancreas stimulation and not eating at all to minimize insulin reactivity?

### **3 MEALS DAILY.**

On less than 21 meals weekly most people need to put out too many catecholamine and/or glucocorticoid stress hormones to maintain blood and brain sugar. On more than 3 feedings daily everyone pumps out pathological quantities of insulin. With 3 servings daily of meat, fish, poultry, eggs, or cheese, accompanied by the appropriate quantity of carbohydrate for that particular individual, virtually everyone can maintain glycemic control.

One of the most damaging examples of misinformation perpetrated on seekers of health is the idea that there is something healthy about eating 5 or 6 small meals daily. That disastrous eating plan has actually come to be called ...

### **THE HYPOGLYCEMIC DIET.**

Six meals each day means that the pancreas is going to be stimulated to secrete a load of insulin 6 times daily. An over-reactive pancreas is the cause, not the cure for hypoglycemia. In fact, if you wanted to cause hypoglycemia in a person you would insist that he eat many small meals daily, with the blood and brain sugar rising and falling, rising and falling all day, as the pancreas is stimulated over and over again.

Of course, as explained above, the insulin and blood sugar roller coaster is what ultimately leads to dysinsulinism, then insulin resistance, then Type II diabetes accompanied by the rest of the Metabolic Syndrome. So, 6 meals daily is the perfect way to run a patient through a lifetime of poor glycemic control with the eventuality of

elevated triglycerides, abdominal obesity, cardiovascular disease, and diabetes.

The cure for hypoglycemia, the cure for Type II diabetes, the cure for elevated triglycerides, is to minimize the quantity and frequency of insulin secretion --- which is to say to decrease the number of feedings each day and the quantity of sugar in each feeding. In the name of health so many of your patients “behave themselves” by eating small meals. The problem is 2-3 hours later they get hit with The Snack Attack. The snack they eat more than erases the benefit of the previous balanced but quantitatively inadequate meal.

Accompanying last month’s Letter was the “Eat Well – Be Well” card that gives the essentials of the NUTRI-SPEC Fundamental Diet to all your patients. Without a doubt the most common question you will get in response to that card regards the almost universal addiction to snacking. When you get people to begrudgingly give up their snacks, then you will be faced with the next challenge --- the patient’s utter disbelief that preventing The Snack Attack requires a meal so large as to make the person feel guilty as if “eating like a pig.”

Be insistent with your patients. The rules about number of meals, and avoidance of snacks, and protein at each meal are at the top of your list for good reason. If you get compliance from patients on these recommendations for a period of 2 weeks, the patient will be truly amazed at what it feels like to be free of the insulin roller coaster --- protected happily ever after from ...

### **THE SNACK ATTACK.**

95% of what all your patients need to know about diet is in “Eat Well – Be Well.” --- Use it ---

In good health,

Guy R. Schenker, D.C.