

NUTRI-SPEC



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SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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[Special Edition: Expanded
12-page Issue introducing
your 3 new products]

1 OUT OF 6

ONE SIXTH

17%

ONE IN EVERY SIX

Dear Doctor,

What percentage of your NUTRI-SPEC Metabolic Balancing patients repeatedly show a jumbled mess of Metabolic Imbalance test patterns --- and never feel any better no matter what combinations of Imbalances you treat? What fraction of your Diphasic Nutrition Plan patients show no symptomatic improvement even after two-months on your DNP?

--- For that matter, even outside the realm of NUTRI-SPEC --- If you are a chiropractor, what portion of your patients respond to your adjustments with an exacerbation of their major complaint, or even with new, inexplicable symptoms? You tell them they are “retracing,” but say so more out of wishful thinking than from any belief it is true. ----- Or, if you are an allopathic physician, what percentage of your patients react negatively to every remedy you prescribe? You tell them they are “detoxifying,” but before long you and the patients must admit that they are simply going from bad to worse.

If your practice is anything like mine, you have about 17% of your patients giving you 90% of your frustration. What ails these patients? As you may surmise in recollecting the last several issues of your NUTRI-SPEC LETTERS,

these are the one out of six patients suffering severe ImmunoNeuroEndocrine stress.

A few of these tough cases are helplessly, hopelessly stuck in a deep rut, either suffering from the RAGING FIRE of acid/catecholamine INE stress, or drowning in the TSUNAMI WATERS of an alkaline/corticosteroid INE stress response. --- But --- almost all your exasperating patients are the vacillator oscillators who are helplessly, hopelessly bouncing off the walls with a dualistic INE stress response --- devastated by the alternating torment of FIRE & WATER.

It is these vacillator oscillators --- those who react to:

- an Atlas adjustment with sciatic pain
- a sacro-iliac adjustment with a clicking TMJ
- an upper thoracic adjustment with a migraine
- Echinacea supplementation with the flu
- licorice supplementation with fibromyalgia
- St. John's Wort with chronic fatigue
- SSRI medication with suicidal depression
- a calcium channel blocker with disabling leg pain
- treatment of a Parasympathetic test pattern with a Sympathetic test pattern, yet exacerbation of Parasympathetic symptoms
- your Diphasic Nutrition Plan as if they were in the placebo group ---

--- who need your DOING FINE procedure.

ONE OUT OF SIX PATIENTS

--- Keep that number in mind as you ask yourself, "If severe INE stress causes the extreme aberrant physiology and frank pathology in these patients, then ...

WHAT CAUSES THE INE STRESS?"

In other words, what are the stressors creating the original trigger of the INE system? What triggers the over-activation of the macrophages and microglia of the innate immune system, which subsequently triggers potentially bizarre reactions in the adaptive immune system's Th1 and Th2 responses? What triggers the lymphocyte and macrophage release of pro-inflammatory cytokines that in turn triggers activation of the Hypothalamic-Pituitary-Adrenal axis to release either excess or insufficient cortisol?

How a patient reacts to these triggers is a function of his underlying NUTRI-SPEC Metabolic Imbalances. --- And each individual's status with respect to the 5 FUNDAMENTAL BALANCE SYSTEMS derives from a combination of

genetics plus good & bad nutrition. But the triggers that stress an individual's Metabolic Balance fall into 3 categories of environmental exposures:

EMOTIONAL, INFECTIOUS, & TOXIC.

Unrelenting emotional stress (abusive family or work associates, chronic illness within the family) can contribute to INE dysregulation --- but --- it is rarely the major cause, and is more often the result of INE devastation creating an inability to stand tall.

Virulent microbial pathogens (parasites, rheumatic fever, tuberculosis, bronchiectasis, meningitis, etc.) can leave the INE with permanent partial disability --- but --- more often the cause-and-effect sequence is the reverse. It is INE stress that decreases resistance to viral, fungal, and bacterial infections.

Toxic exposures are the most common triggers of INE stress, and come from a broad diversity of sources. The most ubiquitous are those toxins that come disguised as foods. Fructose and HOHUM Fatty Acids are the major toxic influences in many patients. Sugar and polyunsaturated oils hit their victims twice. First, they cause the NUTRI-SPEC Metabolic Imbalances that weaken --- thus depleting adaptative capacity. Then, they serve as triggers of INE stress in their homeostatically challenged victims.

Actually, there is a 3rd mechanism by which fructose and vegetable oils contribute to toxicosis. They, along with overcooked foods, totally derange intestinal flora. Nasty critters in the gut put out a continual barrage of noxious toxins that assault the immune system.

Lead and other heavy metals are occasionally a significant toxic burden in INE stress patients. Agricultural and industrial organic compounds are only rarely important toxic considerations.

--- But there is one source of diet-unrelated environmental toxic exposure that dwarfs all others in clinical significance. Few people are aware of it; your med school or chiropractic school taught you absolutely nothing about its potential health-destroying effects. Only a tiny minority of doctors treat patients for this form of toxicosis, but do so with ---

SUCH PHENOMENAL CLINICAL RESULTS ...

... it is a wonder more doctors do not follow their lead. That INE stress-inducing environmental factor is ...

MYCOTOXICOSIS.

The INE reactivity to mycotoxicosis (mold/yeast/fungal spores and fragments) plagues a large number of your patients. Just how many? At least

... ONE IN SIX.

The rest of this Letter will give you a brief introduction to just one form of mycotoxicosis ...

EOSINOPHILIC FUNGAL RHINOSINUSITIS (EFR) ---

and more importantly, give you something you can do to help your patients suffering the almost unlimited diversity of symptoms EFR causes.

Our presentation on EFR (and presentations we will be making in future months regarding Mixed Mold Mycotoxicosis and Fungal Exposure Endocrinopathy) are so contrary to the medical establishment concept of sinusitis in particular and toxic/infectious conditions in general, that you may think we are coming from outer space. Rest assured that we are not making this up. In fact, the ground-breaking research on EFR was done in no less prestigious an institution than the Mayo Clinic.

The medical establishment response to the Mayo Clinic's discoveries regarding the magnitude of the EFR pandemic is perfectly analogous to the response to the equally Earth-shattering discovery in the early 1980s regarding stomach ulcers. The medical morons had always considered peptic and duodenal ulcers as the end result of too much stomach acid. That notion was, of course, a lot of hoey since the stomach is designed to thrive in a pH of less than 1.0. But the medical/pharmaceutical establishment built a lucrative industry around neutralizing or suppressing "excess stomach acid" to treat ulcers. When it was discovered in 1979 and proved irrefutably in 1981 that stomach ulcers are caused by a *Helicobacter pylori* infection, and, that *H. pylori* thrives in an alkaline environment, the medical establishment did its best to ignore the truth. Thirty years later, the medical/pharmaceutical establishment still sells billions of dollars each year in proton pump inhibitors and H2 histamine blockers to treat the "excess stomach acid" of upper GI ulcers.

Similarly, in the late 1990s, the Mayo Clinic proved that there is almost no such thing as a primary bacterial infection of the sinuses. Virtually all bacterial sinus infections are secondary to the primary condition --- which is an immune system response to mold toxins in the sinus membranes. How do you suspect that the medical establishment greeted this breakthrough from the Mayo Clinic, when doctors and drug companies make zillions of dollars each year prescribing antibiotics for bacterial sinus infections? The Mayo Clinic research, as well as much other research supporting the primary role of EFR, was entirely ignored --- much to the continued suffering of EFR victims.

Before we go any further, let me give you a list of references you can check out on your own in support of the war you are about to enter on behalf of your patients. Many, many of your INE stress patients will not respond satisfactorily to NUTRI-SPEC until you specifically address their exposure to mold toxins, and their immune system's overreaction to those toxins. Here are some of the best references from the literature:

Ponikau, et al. The diagnosis and incidence of allergic fungal sinusitis. Mayo Clin Proc, 1999.

Ponikau. Chronic Rhinosinusitis: The War of the Immune System Against Fungi. Bronx, NY: American Rhinologic Society News, January 2001.

Braun, et al. Eosinophilic Fungal Rhinosinusitis: A common disorder in Europe? Laryngoscope, 2003.

Dennis. Chronic sinusitis: Defective T-cells responding to superantigens, treated by reduction of fungi in the nose and air. Archives of Environmental Health, July 2003.

Schubert. A superantigen hypothesis for the pathogenesis of chronic hypertrophic rhinosinusitis, allergic fungal sinusitis, and related disorders. Ann Allergy Asthma Immunol, 2001.

Bachert, et al. Total and specific IGE in nasal polyps is related to local eosinophilic inflammation. J Allergy Clin Immunol, 2001.

Allard, et al. Th2 allergic immune response to inhaled fungal antigens is modulated by TLR-4-independent bacterial products. Eur J Immunol, 2009.

Here is a general summary of the EFR research:

- A. EFR is not a mold allergy. A mold allergy is mediated via the IgE response of the immune system. (--- Although --- one out of 3 patients with EFR also has an IgE-mediated mold allergy.) An IgE mold allergy is no different than any other immune reaction to inhalants --- such as ordinary hay fever. It can be a real nuisance to your patients, but its effects are limited to the local sneezy reaction in the sinuses and maybe a tendency to a bit of hives. EFR, on the other hand, is a systemic hyper-immune activation triggered by the presence of mold/yeast/fungal spores and fragments contacting the nasal membranes.
- B. The symptoms and conditions associated with EFR are systemic, not merely local. Common conditions associated with EFR include:
 1. Chronic sinusitis (thus the name, Eosinophilic Fungal Rhinosinusitis)

2. Asthma (Eosinophilic Bronchitis)
3. Eosinophilic Esophagitis (often misdiagnosed as GERD)
4. Secondary bacterial sinus infections
5. Chronic fatigue (occurs in 95% of EFR victims)
6. Fibromyalgia

C. EFR is associated with a genetic defect of the variable beta chain helper T-cell receptor site. That T-cell defect requires the presence of a fungal antigen to be activated.

D. How prevalent is EFR?

1. The Mayo Clinic shows that 16-20% of the general population shows a superantigen systemic immune reaction to fungi. This means that ...

**... ONE IN SIX OF YOUR PATIENTS SUFFERS FROM EFR.
(DOES THAT NUMBER SOUND FAMILIAR?)**

E. The Mayo Clinic shows that the superantigen hyper-activation of the immune system means that one fungal spore from the air will cause more than 3,000 times the normal number of T-cells to react.

1. This 3,000 times the normal immune activation involves fully 30% of the body's total T cells in reaction to a single mold/yeast/fungal spore or fragment.
2. In contrast, a normal person responds with less than 0.01% of the T cells in response to spore or fragment exposure.

F. Fungal-specific Immunoglobulin G3 (not IgE), accompanied by eosinophilic infiltration, distinguishes patients with EFR from those with an ordinary IgE fungal allergy.

G. Occasional fungi in the nasal mucus occur commonly in all of us, and for five out of six people are totally harmless. But in one out of six people, fungi stimulate an eosinophilic inflammatory response accompanied by excess Immunoglobulin G3, with 3 inflammatory cytokines --- Interferon-gamma, Interleukin-5, and Interleukin-13 each responding with 3,000 times the ordinary immune activation. This means 3,000 times the inflammation, and 3,000 times the systemic (not just local to the sinuses) reaction and symptoms.

1. These 3 cytokines are produced in lymphocytes and monocytes of EFR patients, but not in controls. The lymphocytic and macrophage activation creates systemic disease.

2. EFR involves lower as well as upper respiratory tract eosinophilic infiltration and inflammation = asthma = eosinophilic bronchitis.
 3. The eosinophilic + IgG3 + inflammatory cytokine response can also affect the esophagus --- Eosinophilic Esophagitis (--- which is actually what almost all patients have who are diagnosed with GERD).
- H. In the nasal mucus of EFR victims, eosinophils attack and destroy the fungal antigen by release of a toxic substance called Major Basic Protein (MBP) from the granules in the eosinophils. MBP not only destroys the fungi, but produces collateral damage to the nasal and sinus mucosa. It is the injury to the mucosa that makes it susceptible to secondary bacterial infection.
1. Mayo Clinic and other researchers demonstrate that antibiotics absolutely should not be used in sinus infections. --- In EFR patients, antibiotics will sometimes give symptomatic relief as the antibiotics clear out the acute secondary bacterial infections, but the use of antibiotics actually facilitates the proliferation of yeast/mold/fungal overgrowth in not only the sinuses, but in the mouth and throat, and even systemically, in EFR patients.
 2. Again --- Mayo Clinic and others emphasize that the bacteria are merely opportunistic colonizers of a nasal mucosa that is devastated by the immune system's over-response to yeast/mold/fungal exposure.
- I. Chronic ear infections in children is another manifestation of EFR.
1. Children treated with repeated rounds of antibiotics for ear infections invariably develop a condition called glue ear, as the infections return again and again with a vengeance because the killing of bacteria with antibiotics actually allows the yeast/fungal/mold proliferation to recur again and again.
- J. If you put all the EFR research together, you come to the conclusion that, among your patients who complain of chronic sinus conditions, there are three categories:
1. Those with allergic rhinosinusitis --- in other words, hay fever --- allergic response to a diversity of inhalants. This is not EFR.
 2. Patients with EFR. These are your one out of six patients with chronic sinus congestion that is not often accompanied by sneezing. The patients consider the chronic rhinosinusitis a nuisance, and do not realize that their systemic INE stress is a direct result of their chronic sinus congestion.

3. Patients with EFR who are also plagued by secondary bacterial infections (of the sinuses and/or the ears, and/or the throat). Many of these patients are given antibiotics several times each year for their “sinus infections.” Many of them have also undergone sinus surgery for a deviated septum or large turbinates --- with no long-term benefit.
- K. Mayo Clinic shows that of all the patients they tested who had chronic rhinosinusitis (--- again, at least one out of six people in the general population) --- fully 94% of them demonstrated a very clear fungal antigen response. --- In other words, if there is chronic sinus congestion, there is absolutely no doubt the patient has EFR.
- L. Allard (see reference list above) did one of the best studies on EFR, and the one that is most useful for you as a clinician.
1. How do you know if one of your INE stress patients is a victim of EFR? It is simple. You know your patient has EFR if there are ...

BOOGIES.

2. Take the Mayo Clinic finding that at least 94% of all chronic sinusitis patients have clear eosinophilic + IgG3+ IFN-gamma + IL-5 + IL-13 response to fungal antigens, which means that the mere presence of boogies invariably indicates the presence of EFR --- and combine that with the research of Allard who showed ...
3. If patients sinuses are aspirated with bacterial lysates (Pseudomonas aeruginosa --- the bacterium most associated with airway infection) how does the sinus membrane react? There is a tremendous inflammatory response demonstrated by the mucus membranes turning bright red, with an increase in neutrophils, and a Th1 cytokine secretion ---

BUT NO MUCUS PRODUCTION.

In fact, the Th1 type immune response with neutrophilia actually causes a diminished mucus production.

4. In contrast, when Allard aspirates the oropharyngeal tissues with fungal lysates (Candida albicans and Aspergillus fumigatus) there is airway eosinophilia , secretion of Th2 cytokines, and mucus cell metaplasia ...

AND A HUGE HYPERSECRETION OF THICK, BUBBLY, YUCKY MUCUS.

5. Again, it cannot be emphasized enough, --- that if you have a patient with chronic sinus congestion accompanied by ...

BOOGIES ...

and not simply a seasonal sneezy-type allergy, then it is 100% conclusive that ...

YOUR PATIENT HAS EFR.

M. Look at the above list of symptoms and conditions associated with EFR. You will notice chronic fatigue and fibromyalgia. It is your INE stress patients who have chronic fatigue and fibromyalgia and who do not respond satisfactorily to your NUTRI-SPEC Metabolic Balancing and/or your NUTRI-SPEC Diphasic Nutrition Plan. Just how strong is the correlation between chronic fatigue and/or fibromyalgia with EFR?

1. In a study of 297 consecutive general medical outpatients (in other words, a random sampling of people who go to the doctor for whatever reason), 65 (22%) had unexplained chronic fatigue, 33 (11%) had unexplained bodily pain (fibromyalgia), and 26 (9%) had both chronic fatigue and fibromyalgia. In the 22% of the sample population with unexplained chronic fatigue, there was 22 times (not 22% more; not 122%; but 2,200%) the incidence of rhinosinusitis symptoms relative to those who did not have chronic fatigue. There was a similar predominance of rhinosinusitis symptoms in those with bodily pain, and in those with both bodily pain plus chronic fatigue. There was no increased prevalence of pollen allergy (IgE-mediated) in those with chronic fatigue or unexplained body pain.
2. This study also showed a strong correlation between rhinosinusitis symptoms and gastrointestinal complaints, sleep disturbance, and psychiatric problems --- all of which correlated well with chronic fatigue and/or bodily pain.
3. Get it? EFR exists in ...

ONE OUT OF SIX OF YOUR PATIENTS.

Chronic fatigue exists in approximately ...

ONE OUT OF SIX OF YOUR PATIENTS.

Fibromyalgia + chronic fatigue exists in ...

APPROXIMATELY ONE OUT OF SIX OF YOUR PATIENTS.

The ...

ONE OUT OF SIX OF YOUR PATIENTS ...

who have chronic fatigue are the same ...

ONE OUT OF SIX ...

who have fibromyalgia, who are the same ...

ONE OUT OF SIX ...

who have EFR.

As of this day forward, you will treat ...

ONE IN SIX ...

of your patients as EFR victims --- or, you will not --- and will continue to suffer the frustration of INE stress patients who do not respond satisfactorily to your care. How do you care for these one out of six tough patients? Mayo Clinic makes it clear that intranasal anti-fungal treatment is a successful option for these patients, but will not entirely control the immune pathology. NUTRI-SPEC Metabolic Balancing and/or Diphasic Nutrition Plan will control the immune pathology --- and two new products you now have available to you will address the need for intranasal and oral antifungal treatment.

As of today, you will begin giving your EFR patients ...

BOOGEY BUSTER ...

your new anti-fungal/anti-yeast/anti-bacterial/anti-viral nasal spray. One out of six patients will flush the nasal passages with Boogey Buster at least four times daily --- particularly with every change in environment --- say, from work to home, or vice versa.

Your other anti-fungal product is ...

A GOOD THYME ...

a concentrated anti-yeast/anti-fungal that can be added to a Grossan nasal irrigator for those with severe, recurring sinus congestion, and can also be used as an oral wash and gargle, and as ear drops, and as a vaginal douche --- all of which are applications critical for some patients to rid themselves of yeast/fungal overgrowth. Taking it orally will also kill the yeast overgrowth

that often colonizes the lower esophagus (--- another condition often misdiagnosed as GERD).

The active ingredients in Boogey Buster and A Good Thyme are completely non-toxic, yet are absolutely deadly to not only yeast, mold, and fungi, but also to bacteria and viruses. In fact, the extract of the herb thyme that constitutes the most powerful component of these products is literally the only natural, non-toxic substance that has government approval in both Canada and the United States to be legally called a disinfectant.

Additional note: Many of your EFR patients will need to do an extensive mold/yeast/fungal remediation of their homes, using the same non-toxic substance as a cleaner. The need for mold remediation in the home can be determined quite easily and inexpensively by placing agar growth plates in strategic locations of the home and checking for mold overgrowth. We can supply those agar plates to you for only \$3.00 a piece. Most people need to check four or five rooms of the home, including the bedroom, the bathroom, the basement, and one or two other rooms where the patient spends much time.

NUTRI-SPEC makes available to you and your patients a broad spectrum disinfectant that many of your patients absolutely must use if they are to recover fully from their INE stress. [Note: The disinfectant cleaner is something we are merely distributing from the company in Canada that manufactures it. --- We do not make a profit on it, and neither will you. We supply it to you for your patients at our cost, and you will have to do the same for your patients. Your patients could order it directly from the manufacturer in Canada, or one of its US distributors, and will pay about the same price as that for which you will sell it to them. You are providing it as a convenience.]

SUMMARY: Many of your INE stress patients need the Doing FINE procedure as part of their NUTRI-SPEC Metabolic Balancing, or as part of their Diphasic Nutrition Plan. Along with the Doing FINE and Metabolic Balancing or Diphasic Nutrition Plan, most of your INE stress patients will, upon questioning, reveal that they suffer chronic sinus congestion. For these patients, you will recommend Boogey Buster, and in most cases A Good Thyme as well. All these EFR patients will also want to check their home (and probably work) environment for mold overgrowth. Use the agar plates that we can provide for you. Use our thyme-based non-toxic broad spectrum disinfectant for mold remediation of the home. --- Contact NUTRI-SPEC for a comprehensive explanation of safe, effective mold/yeast clean-up.

But wait!!! --- Before you call NUTRI-SPEC to place your order for Boogey Buster and A Good Thyme --- you must appreciate another number ---

SIX OUT OF SIX

Recall the statement from page 3 of this Letter --- “Nasty critters in the gut put out a continual barrage of noxious toxins that assault the immune system.” --- How many of us have an immune system struggling in response to the combination of endotoxic overload and short-chain fatty acid deficiency associated with a less than ideal intestinal milieu? --- Count me among the many --- and my eating plan is more pure than most anyone I know. Count yourself among the many, along with everyone in your family and all your patients. How many are among the many? 100% --- six out of six.

To your order for Boogey Buster and A Good Thyme, add ...

IMMUNO-SYMBIOTIC ...

your 3rd new NUTRI-SPEC supplement. Immuno-Synbiotic provides you, your family, and six out of six of your patients with a combination of ...

IMMUNE SYSTEM SUPPORT ...

plus restoration of GI mucosal structure and function.

The scientific literature shows that without question there are ...

3 PREBIOTICS & 2 PROBIOTICS ...

that stand far above the rest in reducing INE stress. Until next month’s Letter when we give all the details, just keep this clinically essential truth in mind:

75% OF THE IMMUNE SYSTEM IS IN THE GUT MUCOSA.

You, and everyone you know needs Immuno-Synbiotic --- some short-term, some for a lifetime.

Call NUTRI-SPEC today to take advantage of our August Special --- 2 **FREE** with every 10 you buy of BOOGY BUSTER, A GOOD THYME, & IMMUNO-SYMBIOTIC.

Finally --- with these 3 new products added to your NUTRI-SPEC Metabolic Balancing or your Diphasic Nutrition Plan, along with Doing FINE, you will be the first Doctor to meet the needs of your INE stress patients. --- Call NUTRI-SPEC today.