

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

Raise your hand if you knew that nearly ...

75% OF YOUR IMMUNE SYSTEM IS IN THE MUCOSA OF YOUR GI TRACT.

If you are like me, you have long been aware that the mucosal lining of the mouth, throat, esophagus, stomach, small intestine, and colon is fully equipped to serve as ...

YOUR FIRST LINE OF DEFENSE ...

against microbial pathogens. But only in the last few years have I come to appreciate the gut as ...

THE MASTER CONTROL CENTER OF THE IMMUNE SYSTEM:

- initiating the release or inhibition of pro-inflammatory cytokines
- initiating the release or inhibition of anti-inflammatory cytokines
- activating macrophages when the need is perceived
- triggering lymphocytosis when the need is perceived
- saturated with billions of mast cells, the most fundamental component of the innate immune response
- connecting the immune system to the nervous system as mast cells cluster around sympathetic and parasympathetic nerve endings in the gut wall

- shutting down its own motility and secretion in response to a catecholamine (Sympathetic, Glucogenic, Dysaerobic) stress response
- receiving parasympathetic (Adrenal corticoid, Anaerobic, Ketogenic) feedback provoked by the inflammatory cytokine Interleukin-2
- responding with an alarm reaction to the toxins produced by abnormal bacteria, fungi, yeast, or viruses in the GI tract --- triggering the release of the pro-inflammatory cytokines Interleukin-1 and Interleukin-2

So --- if the GI tract regulates the immune system, and the immune system is the keystone in ...

THE IMMUNONEUROENDOCRINE STRESS ...

that underlies all chronic disease and dysfunction --- then, how important is it to restore and maintain ideal gut mucosa structure and function? ----- Asking in other words, who needs to supplement with IMMUNO-SYNBIOTIC?

YOU DO.

--- And so does everyone in your family; and so do all your patients. We all need to go through one bottle of IMMUNO-SYNBIOTIC, 3, twice daily before meals, and should do so at least once every year to maintain INE control. All your patients ⇒

- with Eosinophilic Fungal Rhinosinusitis (as indicated by a non-sneezy boogey head)
- who have demonstrated a dualistic INE stress response as a vacillator-oscillator via NUTRI-SPEC Metabolic Balance Testing
- who show extreme INE stress in having one or more auto-immune diseases (Type I diabetes, Rheumatoid Arthritis, Lupus, Hashimoto's or Grave's Thyroiditis, alopecia, Reflex Sympathetic Dystrophy, Sjogren's, etc.)
- who have immune-related neurodegenerative diseases (Parkinson's, Multiple Sclerosis, ALS)
- who have chronic yeast/fungal infections (vaginal or oral Candida, athlete's foot or jock itch, ringworm, tinea versicolor, eczema/seborrheic dermatitis)

⇒ need IMMUNO-SYNBIOTIC 3, twice daily for one bottle, then 2, twice daily for one bottle, then at least 1, twice daily for a stronger, longer lifetime. ----- Patients with particularly nasty cases of the pathologies listed above will need

more than 2 IMMUNO-SYMBIOTIC daily if they are to minimize their INE stress.

In our several month discussion of ImmunoNeuroEndocrine stress, and the introduction of your Doing FINE procedure to restore INE balance, we have mentioned many times the major clinical conditions that are entirely expressions of an INE system caught in a raging storm --- chronic fatigue syndrome, fibromyalgia, major depressive disorder, post traumatic stress disorder, and multiple chemical sensitivities. Last month's Letter in particular showed the link between the INE stress of these conditions and the immune system activation associated with Eosinophilic Fungal Rhinosinusitis (EFR) --- an immune system in a swirling tizzy in reaction to fungal toxin exposure. We showed that almost all your patients with chronic fatigue and/or fibromyalgia have EFR, and that almost all EFR patients have some degree of chronic fatigue and/or fibromyalgia.

But in addition to mycotoxin exposure there is another chronic microbial exposure serving as an underlying cause in chronic fatigue syndrome and fibromyalgia, and that is the assault on the immune system that derives from the presence of abnormal yeast and fungi and bacteria in the gut. Research shows, for example, that those with chronic fatigue syndrome have a deficiency of normal flora in the colon, yet a bacterial overgrowth in the small intestine, and that that combination of abnormal flora increases pro-inflammatory cytokines --- with a particular Th2-dominant cytokine profile. Probiotic supplementation of chronic fatigue patients supports Th1-driven cellular immunity, and decreases the pro-inflammatory cytokines, while at the same time improving nutrient absorption, decreasing small intestine bacterial overgrowth, and decreasing oxidative stress systemically.

Research also shows that chronic fatigue syndrome patients suffer from leaky gut syndrome --- with increased translocation of lipopolysaccharide (endotoxin) from gram negative bacteria, causing gut-derived inflammation, and a resultant induction of systemic inflammation, along with oxidative and nitrosaline stress. In particular, the breakdown in intestinal mucosal function leads to elevated immunoglobulin A and immunoglobulin M reactions to endotoxin. (--- These are the patients who will respond beautifully to your IMMUNO-SYMBIOTIC if combined with glutamine supplementation.)

The entire gamut of chronic fatigue syndrome immune imbalances --- including elevated inflammatory cytokines, low natural killer cell function, high CD8+ cytotoxic lymphocytes, high CD38 and HLA-DR activation markers, high CD28+ T cells, and low CD11b expression, along with defects in T cell and natural killer cell activation associated with protein kinase C --- can all be of gastrointestinal origin.

I could go on and on and on quoting studies from the scientific literature showing that all the patients you see every day with chronic fatigue, fibromyalgia, depression, PTSD, and chemical sensitivities have aberrant GI function as a major cause of their conditions. So again --- who needs to supplement with IMMUNO-SYMBIOTIC? We all do. Who most desperately needs to supplement with IMMUNO-SYMBIOTIC? Your 1 in 6 patients with INE stress associated with Eosinophilic Fungal Rhinosinusitis (or the other eosinophilic infiltration diseases such as asthma and eosinophilic esophagitis), all your patients with chronic fatigue, fibromyalgia, depression, PTSD, multiple chemical sensitivities, and all your patients with autoimmune diseases.

How can you be certain that IMMUNO-SYMBIOTIC will have a life-changing impact on your most severely ill patients? The scientific literature shows that without question there are 3 prebiotics and 2 probiotics that stand far above the rest in reducing INE stress. To appreciate the beneficial effects of these 5 ingredients of IMMUNO-SYMBIOTIC, you need to understand that all the structure and function of colon cells, as well as the link between the GI tract and the immune system, is tied in with the proper quantity and balance of ...

SHORT-CHAIN FATTY ACIDS.

Short-chain fatty acids (SCFA) are end-products of the anaerobic colonic bacterial fermentation of carbohydrates. There are 3 SCFA, acetate, propionate, and butyrate, that must exist in the healthy adult colon in the ratio 3:1:1, and play a vital role in maintenance of colon cell integrity and metabolism, and modulate immune system activation.

SCFA constitute two-thirds of the colonic anion concentration. What critical functions do they perform? SCFA:

- acidify the colon
- promote the growth of healthy colonic flora
- decrease solubility of bile acids, thus facilitating the elimination of secondary bile acids
- increase absorption of minerals (indirectly)
- decrease ammonia absorption by the protonic dissociation of ammonia and other toxic amines
- decrease cholesterol and triglycerides
- decrease the intensity of inflammatory responses in general, specifically decreasing inflammatory cytokines

While in adults the critical SCFA are acetate, propionate, and butyrate, in breast fed infants fecal SCFA consists mainly of acetate and lactate. Lactate (lactic acid) is an appropriate SCFA for infants, but not for adults. This distinction between healthy SCFA content of infants vs. adults is critical for

you to understand --- and this fact can only be appreciated by NUTRI-SPEC practitioners. --- Adults should not have any more than tiny amounts of lactic acid in the GI tract. The main reason is because by far the most important and beneficial SCFA is butyrate, and lactic acid decreases butyrate production.

So, adults supplementing with the common probiotic *Lactobacillus acidophilus* produce non-physiological quantities of lactic acid, and do so at the expense of butyrate production. Not only does the lactate create an undesirable intestinal environment, but the lactic acid is easily absorbed, and can be a metabolic stressor for certain patients (particularly those who have an Anaerobic Metabolic Imbalance).

As you are probably aware, *Lactobacillus acidophilus* has been the foundation of probiotic supplementation for decades. All the while alternative healthcare practitioners have been supplementing their patients with *Lactobacillus acidophilus* “to restore normal intestinal flora,” I have taken literally hundreds of patients off *Lactobacillus acidophilus* supplements --- again --- *L. acidophilus* not only creates a toxic environment in the intestinal tract, and causes absorption of toxic levels of lactic acid, but also has indirect damaging effects by decreasing the all-important SCFA butyrate.

Nothing --- absolutely nothing --- will increase the quantity of SCFA, and particularly increase the quantity of butyrate, more and faster than will the 3 prebiotics and 2 probiotics in your IMMUNO-SYMBIOTIC. Here is a concise description of the 3 SCFA you must restore in the GI tracts of your patients ...

Acetate: The acetate formed via colonic fermentation of undigested carbohydrates is readily absorbed from the colon. 50-70% of the absorbed acetate is taken up by the liver. The remainder goes to the peripheral circulation and is ultimately metabolized by peripheral tissues, particularly muscles, as an energy substrate. Acetate is a primary substrate for cholesterol synthesis needed for neuron and hormone anabolism.

Propionate: Like acetate, propionate is largely taken up by the liver. However, it plays an entirely different metabolic role than acetate. Propionate:

- decreases cholesterol synthesis but decreases cholesterol metabolism so that blood cholesterol increases; increases blood triglycerides
- decreases fatty acids in the liver and plasma
- increases insulin sensitivity
- decreases food intake
- is used for gluconeogenesis
- is immunosuppressive (which can be good or bad)
- has beneficial effects on inflammation, increasing the threshold for the inflammatory response in general

Butyrate: Butyrate in particular has trophic properties for both healthy and injured colonic epithelium.

Butyrate's actions include:

- lipogenesis in colonocytes
 - histone acetylation
 - detoxification of xenobiotics
 - mucus synthesis (--- depends upon butyrate metabolism (and to a lesser degree, upon propionate metabolism))
 - preventing the development of abnormal colonocytes (more efficiently than propionate and acetate)
 - enhancing growth of bifidobacteria and other normal flora
 - decreasing Interleukin 6, a pro-inflammatory cytokine associated with premature aging, fatigue, and altered sleep/wake cycles
 - increasing adiponectin, the adipocyte hormone that decreases body fat percentage
 - decreasing blood levels of free fatty acids
 - gluconeogenesis in the liver
- Deficiency of butyrate results in intestinal inflammation with elevation of many inflammatory cytokines.
 - Abnormalities in butyrate oxidation are involved in the pathogenesis of mucosal inflammation such as ulcerative colitis.
 - Butyrate protects against colon cancer.
 - Butyrate is not produced by the carbohydrate fermentation action of lactic acid bacteria. (Lactobacillus acidophilus is at best useless, and in many patients harmful.)
 - Butyrate protects against Type II diabetes and cardiovascular disease.

Give your patients A GOOD THYME to knock out the common chronic Candida colonization at the root of the tongue and in the esophagus, along with IMMUNO-SYMBIOTIC for total restoration of colonic function --- your powerful one-two punch against INE stress.

NOTE: You may be one of the hundreds of doctors sitting on the NUTRI-SPEC sidelines. You appreciate the extensive foundation for all the NUTRI-SPEC procedures and products in the scientific literature. You are impressed by the extraordinary biological activity of the supplements available to you. But NUTRI-SPEC Metabolic Balance Testing just does not fit into your clinic dynamics. --- It is time to get up and go. --- We have completely re-worked the NUTRI-SPEC Diphasic Nutrition Plan such that it is extremely user friendly, and, with IMMUNO-SYMBIOTIC and Doing FINE, more effective than ever at increasing your patients' Vital Reserves. Call us today to learn more.