

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 22 Number 11

From:
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November, 2011

Dear Doctor,

DID YOU MISS IT?

Buried deep within your October NUTRI-SPEC Letter extolling the marvels of IMMUNO-SYNBIOTIC, was a question regarding another NUTRI-SPEC product that works synergistically in many patients with IMMUNO-SYNBIOTIC. Were you able to answer that question? I promise you it is worth your while to look up the answer. When you consider that 75% of the immune system originates from the GI tract, and that many of your patients (and the majority of your difficult patients) are suffering from ImmunoNeuroEndocrine stress, the answer to that question is invaluable to you and to your patients.

Here is a little incentive for you to do 5 minutes of homework. When you place your next order of \$342 or more (merely the cost of a dozen Oxygenic B), we will give you a ...

**FREE BOTTLE OF EITHER IMMUNO-SYNBIOTIC, OR
ONE OF THE OTHER 2 SUPPLEMENTS THAT ARE
CORRECT ANSWERS TO THE QUESTION.**

--- We will do even better than that. --- We will run a special for this month of ...

2 FREE ...

for every 10 you buy of your choice from among those 3 products. (But of course you must do a 5-minute search of your October Letter to find just which 2 products are included with IMMUNO-SYNBIOTIC in this special.)

Speaking of questions from your last NUTRI-SPEC Letter --- we spent 10 pages proclaiming the superiority of L-reuteri (one of the 5 ingredients of IMMUNO-SYNBIOTIC) over all other probiotics. But after making such a strong case in support of L. reuteri supplementation, we finished by exclaiming that ...

**L. REUTERI IS THE LEAST IMPORTANT OF THE 5 INGREDIENTS
IN YOUR IMMUNO-SYNBIOTIC!**

So, for at least a moment the question must have danced through your head --- what is the most important ingredient in IMMUNO-SYNBIOTIC? Below, we will reveal our answer to that question, but first ---

WE SOLICIT YOUR FEEDBACK.

We would like to hear any testimonials you can offer on extraordinary responses to IMMUNO-SYNBIOTIC supplementation. Here are some that we have so far:

- Two cases of astounding weight loss, including one woman who lost 13 pounds in the first 5 days on IMMUNO-SYNBIOTIC.
- Several fibromyalgia cases with dramatically decreased pain within days of starting IMMUNO-SYNBIOTIC
- One stroke victim who has been on the same dose of the blood thinner Coumadin for years, who showed such a surprising improvement in her prothrombin time after 1 week on IMMUNO-SYNBIOTIC she had to have her Coumadin dose lowered, and was called back for a retest the next week. The next week the pro time had improved just as much, and her Coumadin dosage was decreased again; the following week showed an equally dramatic improvement in pro time, and her Coumadin dose was adjusted downward for the third time in 3 weeks.
- An autistic child whose symptoms were clearly improved with IMMUNO-SYNBIOTIC supplementation.
- Zillions of cases of improved GI function --- with decreases in cramping, constipation, diarrhea, bloating, etc.

[On the other hand, there have been a few reports of patients who simply cannot take IMMUNO-SYNBIOTIC. Some of these are those with ulcerative colitis, or with a family history of ulcerative colitis. We have cautioned you that IMMUNO-SYNBIOTIC can increase the already excessive stool frequency in these patients. There have been a few other patients as well who experience such a violent war between the “good

guys” promoted by IMMUNO-SYNBIOTIC and the “bad guys” that have been living in the gut for a lifetime, that the discomfort of IMMUNO-SYNBIOTIC supplementation is more than they choose to deal with. --- Let us know about these cases, too.]

You may be thinking that our request for testimonials flies in the face of NUTRI-SPEC principles --- and you are right. After all, the very essence of your NUTRI-SPEC philosophy is objectivity in clinical nutrition --- with nothing but disdain for relying on subjective reports of either improved or exacerbated symptoms. --- But --- when we have 2 supplements that meet the strict criteria to be classified as ...

ADAPTOGENS ...

the subjective responses of our patients are just as meaningful as changes in objective test results. --- And nowhere will you find adaptogens as universally powerful as your ...

ELECTRO TONIC and IMMUNO-SYNBIOTIC.

[See pages 1-3 of your July 2010 NUTRI-SPEC Letter for a clear understanding of the difference between:

- a drug,
- a metabolically specific supplement, and
- an adaptogenic supplement.

The adaptogens IMMUNO-SYNBIOTIC and ELECTRO TONIC will yield gratifying results for nearly all your patients.]

Now, let us explore the extraordinary ingredients of your IMMUNO-SYNBIOTIC. If *L. reuteri* is the least important, which of the other 4 ...

DOES THE MOST TO REDUCE IMMUNONEUROENDOCRINE STRESS?

Stop and think for a minute --- what is the most critical aspect of reducing the INE stress associated with the 75% of the immune system arising from the GI mucosa? Your most essential consideration is maintaining a high level of Short Chain Fatty Acids (SCFA), especially butyrate. As you learned from last month’s Letter, as end products of the anaerobic colonic bacterial fermentation of carbohydrates, the SCFA acetate, propionate, and butyrate (in the ratio 3:1:1) play a vital role in

maintenance of colon cell integrity and metabolism --- and *L. reuteri* is a valuable aid in increasing butyrate. --- But ---

- The probiotic *Saccharomyces boulardii* is better.
- The prebiotic Inulin is better.
- The prebiotic Glucomannan is better.
- The prebiotic Guar Gum is better.

- Other probiotics are inferior, and potentially harmful.
- Other prebiotics are pitifully inferior.

Last month we exposed the inferiority of the most popular probiotic, *Lactobacillus acidophilus*. Now, you need to learn more about prebiotics.

Prebiotics are food, primarily carbohydrate, that passes through the small intestine and into the colon in an undigested state. It thus becomes food for the natural flora of the colon. Prebiotic supplements are concentrated sources of undigestible carbohydrate taken for the purpose of increasing the population of beneficial bacteria in the colon, and particularly feeding the bacterial species that are most beneficial. The greater purpose of prebiotic supplementation is the production, through fermentation of the prebiotic by the beneficial bacteria, of increased quantities of short chain fatty acids. The most specific intent is to not only increase the overall quantity of SCFA, but to increase the proportion of butyrate, the most critical of the SCFA.

There can be problems with prebiotic supplementation. Many prebiotics support the growth of pathological bacteria such as *Clostridia* as well as the beneficial bifidobacteria. Also, some patients respond with extreme GI distress to prebiotic supplementation --- with flatulence, cramping, bloating, or diarrhea.

Other problems with popular prebiotics include:

- being expensive
- requiring huge quantities to do any good
- binding (thus robbing) mineral nutrients
- adversely affecting liver function or metabolic efficiency

Common prebiotics that illustrate their inadequacy for high-level nutritionists like you include:

Lactilol is a moderately effective prebiotic. Supplementation of 10 grams per day for 7 days will decrease fecal pH, and increase propionate and butyrate. However, lactilol has some undesirable metabolic effects.

Enzyme-treated rice fiber is an effective prebiotic, but the effective quantities are measured in spoonfuls rather than grams, making it less than practical as a prebiotic supplement. Furthermore, even with the gross quantities that must be supplemented, the benefits on intestinal flora and SCFA are inferior to those derived from IMMUNO-SYMBIOTIC.

Wheat bran is much the same as rice fiber as a prebiotic. To benefit from wheat bran supplementation requires a minimum of 30 grams (6 spoonfuls) daily. Again, the benefits on intestinal flora and SCFA production are inferior to those of other prebiotics. And, wheat bran is high in phytates that bind mineral nutrients, rendering them unabsorbable.

Maltitol + polydextrose is a prebiotic combination shown to increase lactobacilli and bifidobacteria, and increase both propionate and butyrate. It is expensive, must be taken in relatively large quantities, and is not as effective as your Inulin, Glucomannan, and Guar Gum.

**JUST HOW SUPERIOR ARE YOUR
INULIN, GLUCOMANNAN, AND GUAR GUM
OVER CHEAP PREBIOTICS
SUCH AS PSYLLIUM, BRAN, AND METAMUCIL?**

--- The far-reaching benefits of these prebiotics on INE stress are evidenced by so many dozens of studies from the literature that we will devote all of next month's Letter to them. --- Then, you can be the judge of which ingredient wins the recognition as #1 INE stress fighter.

But as you continue this month using IMMUNO-SYMBIOTIC as a foundation of the best professional nutrition your patients can find anywhere --- don't forget about the greatest probiotic by far ...

SACCHAROMYCES BOULARDII.

Saccharomyces boulardii, unlike other probiotics, is not a bacterium, but rather a yeast. Unlike the bacterial probiotics, *S. boulardii* does not colonize in the colon; rather, it creates an environment hostile to pathogenic bacteria and ideal for beneficial flora. *S. boulardii* not only decreases bacterial overgrowth; it increases colonic butyrate.

S. boulardii has unparalleled trophic effects on the intestinal mucosa. It increases intestinal brush border enzymes.

S. boulardii has immune-stimulatory effects far exceeding those of any other probiotic.

S. boulardii releases a protease that cleaves *Clostridium difficile* toxin A, and stimulates antibody production against toxin A.

S. boulardii is effective in decreasing intestinal inflammation from any source, and in all cases of irritable bowel disease, by blocking tumor necrosis factor-alpha (TNF-alpha) and Interleukin-1 beta, and by decreasing Interleukin-8. *S. boulardii* decreases many other damaging pro-inflammatory cytokines. It blocks the toxic effects of lipopolysaccharide (endotoxin).

S. boulardii is the most effective probiotic against antibiotic-associated diarrhea. It is also effective against traveler's diarrhea, and any case of acute gastroenteritis.

S. boulardii is effective in eradicating *Helicobacter pylori*, the bacterium that causes stomach ulcers. (*S. boulardii* is not resistant to stomach acid, so it must be taken on an empty stomach.)

S. boulardii is beneficial and safe for children of all ages, including very young infants. (Many of the bacterial probiotics are not safe for the delicate immune system of infants.)

S. boulardii is by far the most effective probiotic against Candida albicans colonization throughout the GI tract. *S. boulardii* decreases *Candida albicans* virulence, decreases *Candida* hyphae formation, and decreases *Candida* adhesion and protective biofilm development. *S. boulardii* decreases Interleukin-8 expression in Caco-2 cells in general, whether in response to *Candida albicans* infection or to pathological bacterial overgrowth.

With a combination of IMMUNO-SYMBIOTIC and A GOOD THYME and BOOGY BUSTER, you can do more for your chronic *Candida* sufferers than you ever imagined. In fact, NUTRI-SPEC has you ...

PERFECTLY POSITIONED ...

at the top of all clinical nutrition providers, with the power to help dozens and dozens of patients who up 'til now have been wasting their money on health food industry remedies for *Candida*, chronic fatigue, fibromyalgia, and the devastation of auto-immune diseases such as hypothyroid, diabetes, rheumatoid arthritis, alopecia, Crohn's disease, and lupus. --- Reach out to these many people in need --- with your DIPHASIC NUTRITION PLAN (and Doing FINE) to control INE stress.