

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

What is the most common affliction to afflict your patients?

What is the most pervasive state of dis-ease distressing the majority of your patients?

What is the ubiquitous malady causing maladaptation in more of your patients than all other health problems combined?

What is the one physio-pathological disorder that is a primary contributor to:

- weight gain
- abdominal weight gain
- high triglycerides and high cholesterol
- hypoglycemia (& its countless associated symptoms)
- high blood pressure
- non-alcoholic fatty liver disease
- fatigue or mental fog
- Type II diabetes

Is this list of 8 conditions something you see in your patients often? Is it essential that you have power over these 8 conditions if you are to serve your patients well? Yes, yes of course.

So I ask you ...

WHAT IS THE ONE SINGLE UNDERLYING CAUSE
OF THESE CONDITIONS ...

that you must to be able to correct if you are to give your patients any lasting benefit as regards this list of 8 complaints --- 8 complaints you hear from patient after patient?

The most common affliction, the most pervasive dis-ease, the most ubiquitous malady plaguing all your patients suffering from any of these 8 conditions you see all day long is ...

INSULIN RESISTANCE.

What is insulin resistance? Insulin resistance is simply the failure of insulin to perform its natural physiological function. Insulin resistance can, in a way, be thought of as exactly the opposite of insulin deficiency. The insulin deficiency typical of Type I diabetics and those with extreme Sympathetic Imbalance involves the pancreas just plain pooping out --- unable to secrete insulin on demand. Insulin resistance, in contrast, involves adequate or more often excess production and release of insulin from the pancreas, but the organs and tissues of the body are insensitive to the action of insulin. Insulin's primary job is to push glucose out of the blood and put that sugar in one of four appropriate places --- cellular metabolic energy production as per the Krebs Cycle, liver glycogen stores, muscle glycogen stores, or adipose fat storage. In a state of insulin resistance, the insulin is unable to connect with its cellular receptors, such that the insulin just continues to circulate in the bloodstream in high quantities, and the blood sugar, unable to reach its four destinations, remains high as well.

Ultimately, this state of insulin resistance yields a diagnosis of Type II diabetes. But long before this insulin resistant person is officially diagnosed as diabetic, there is a period of decades when the patient produces excess insulin, but is not yet resistant to its effects. Excess insulin release? What could possibly cause the pancreas to behave so irrationally? You, of course, know the answer --- high carbohydrate, inadequate protein diets.

Ingesting any food causes insulin release from the pancreas. Ingesting a carbohydrate food stimulates even more insulin release; consuming sugar provokes pathological insulin release; and, consuming liquid sugars (as in soft drinks, "natural" fruit juice, or other sweetened beverages) causes a grotesque overproduction and release of insulin. It does not take too many years of whipping the pancreas into a frenzy with the typical high carb + high sugar American diet, with resulting chronic insulin spikes, to lead to insulin resistance. It is now common to find early insulin resistance even in American teenagers.

So, let's back up to the early stage of this insidious pathology. The typical American 15-year-old has spent at least 14½ years ingesting high sugar breakfast cereal, high sugar milk, gallons upon gallons of "natural" juice, gallons upon gallons of "natural" "fruit drinks," and a zillion gallons of cola. All that sugar is piled on top of an otherwise high carbohydrate diet --- laden with pizza, bread, and pasta. Compounding the hyper-stimulation of the pancreas is the habit of eating and drinking repeatedly throughout the day.

THE TYPICAL PANCREAS ACTS AS IF ON AMPHETAMINES.

Many (but not all) these 15-year-olds are overweight, fatigued, drifting through their days in a mental fog, apathetic, belligerent, disrespectful, exhausted, laughing only when laughing at (rather than with) someone, and habitually expressing covert hostility (backstabbing) toward "friends." But why are not all of these 15-year-old sugar babies suffering to the same degree the symptoms of excess insulin? The answer to that question is, of course, obvious to NUTRI-SPEC practitioners. The answer lies in the key concept of biological individuality.

If you get anything out of this Letter, you will, beginning with your patients tomorrow morning, routinely make to your patients the comment I have spoken literally thousands of times. You will look your patient in the eye and say,

"YOU ARE AN INSULIN REACTOR."

You can easily understand what I mean by the term insulin reactor. You are dealing with a person who, either because of a lifetime consuming absurd quantities of sugar, or, because of a genetic predisposition, produces more insulin in response to a given quantity of carbohydrate than the average person.

Who are your insulin reactors? Since we are NUTRI-SPEC practitioners, let's speak in a language meaningful to all of us. Which of the 5 Metabolic Imbalances are directly associated with the production of, and the effects of, excess insulin? The patients to whom you will say, "You are an insulin reactor," will invariably show one or more of these 4 Metabolic Imbalances:

- Anaerobic Imbalance (often also showing high cortisol and/or high estrogen, weight gain, high triglycerides, fatigue/somnolence, and fatty liver)
- Glucogenic Imbalance (often accompanied by a reactive hypoglycemia, with blood sugar levels that fluctuate wildly, and

with high cholesterol in response to carbohydrate intake in the absence of adequate protein)

- Ketogenic Imbalance (often accompanied by high cortisol and/or high estrogen and/or low testosterone, abdominal weight gain, high triglycerides, fatigue, and fatty liver)
- Parasympathetic Imbalance (often accompanied by high cortisol and/or high estrogen, hypoglycemia that can be extreme, orthostatic hypotension, weight gain, high cholesterol and triglycerides, and fatty liver)

All 4 of these Metabolic Imbalances both cause, and are caused by, high insulin (--- the positive feedback loop or “vicious cycle” common to almost all physio-pathologies). It is your patients with one or more of these 4 Imbalances that will begin to exhibit one by one the 8 conditions listed above --- and may begin doing so at age 15.

Several years ago (July 2007), I gave you what I considered perhaps the most significant NUTRI-SPEC Letter ever. It was entitled, “**The Deadly Quartet.**” That NUTRI-SPEC Letter defined what is commonly referred to in the medical literature as Metabolic Syndrome, or Syndrome X. Metabolic Syndrome is really nothing more than another name for insulin resistance and all its sequelae. I encourage you to go to your NUTRI-SPEC website and re-read that Letter now. I further recommend that you print out copies of that NUTRI-SPEC Letter to distribute to your patients --- the same patients to whom you say, “You are an insulin reactor.”

Look at your “Eat Well – Be Well” NUTRI-SPEC Fundamental Diet. What are the key concepts here? The most important recommendation is that every time food enters the mouth, that food should include a reasonable percentage of meal, fish, poultry, eggs, or cheese. Contrary to common misconception, NUTRI-SPEC does not advocate “a high protein diet.” Our emphasis on the protein foods is not quantitative, but rather qualitative. We are simply saying that no meal should consist of carbs unshielded by protein. In other words ...

**NO MEAL SHOULD BE A DIRECT ASSAULT
ON THE PANCREAS.**

Another key recommendation of Eat Well – Be Well is to strictly avoid the liquid sugars. The next time you are in your supermarket gaze down the long aisle comprised of nothing more than a zillion gallons of soft drinks. (I assume you do not actually shop in this aisle.) Your eyes are gazing upon death in bottle. High triglycerides, high cholesterol,

hypertension, eventually diabetes and cardiovascular disease, and even cancer are the main ingredients in those bottles. When I first started NUTRI-SPEC 30 years ago, the average American consumed over 100 pounds of sugar annually. Within a few years that was 120 pounds per year, then 140 pounds per year, and now --- the average American consumes 160 pounds of sugar per year. Much of that sugar is the most deadly of all --- fruit sugar (fructose) --- and --- much of that is slurped down from the very bottles you see in the most deadly supermarket aisle.

The other key component of Eat Well – Be Well is limiting food intake to only 3 times a day.

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

Every time food enters the mouth it triggers a pancreatic insulin reaction. In people who are insulin reactors, the pancreas has a hair trigger --- just waiting for the slightest provocation to release a veritable flood of insulin. You absolutely must minimize the number of times each day the pancreas is stimulated. At most three feedings daily (sometimes even two is adequate) is the limit, with a reasonable portion of meat, fish, poultry, eggs, or cheese at each meal, and absolutely no eating between meals. I tell my patients that if they feel hungry or a craving for sugar between meals, just look back at the last meal for the cause. What they are experiencing is the reaction to a meal that did not include enough protein and fat relative to the amount of carbohydrate and sugar. If they ate two eggs for breakfast and are dying for a cookie by 11 am, that means they need to eat three eggs for breakfast. --- It is really that simple.

In last month’s Letter you learned all you need to know to handle all your diabetic and pre-diabetic patients. You learned the distinctions (--- both in causes and effects) between Type I and Type II diabetes, between juvenile-onset and adult-onset diabetes, between insulin dependent diabetes, and non-insulin dependent diabetes. Furthermore, you learned that many of your diabetics are actually suffering both Type I and Type II diabetes simultaneously. In other words, they are both insulin resistant and insulin deficient at the same time.

With the valuable clinical knowledge you picked up in that Letter, you will literally save lives --- not merely add 5, 10, or 15 years to the end of a lifetime of anguish, but spare your patients the decades of suffering derived from their diabetes. You will eliminate or at least minimize the absolutely tragic symptoms such as blindness, amputation, and heart attacks --- not to mention eliminating all the drugs that will, under your care, not need to be prescribed for high cholesterol and triglycerides, hypertension, and neuropathy.

Surely you noticed that in all 3 patients highlighted in that Letter --- the 80-year-old overweight insulin-dependent diabetic with polymyalgia rheumatica; the 48-year-old man with diabetes rapidly progressing, hypertension, and high cholesterol; as well as a 53-year-old NID diabetic with hypertension, and uncontrollable diarrhea --- the common denominator was that they all needed some combination of Complex P &/or Complex S to increase their Adaptative Capacity. Every type of diabetes involves some combination of Sympathetic stress, Parasympathetic stress, Sympathetic failure, or Parasympathetic failure. All your diabetics and pre-diabetics will need one or both of Complex P and Complex S at some point under your care.

Now in this month's Letter, your focus is directed at insulin resistance. You understand that all your Type II diabetics are insulin resistant, and, that their diabetes is entirely self-inflicted. The 8 ubiquitous conditions listed in this Letter do not attack patients because they "caught" some germ. No, the source of their physio-pathology is entirely due to their high carb + high sugar diet. In other words, no therapeutic intervention will permanently empower these patients if it is not accompanied by Eat Well - Be Well.

As you read the last page of this Letter, pause to thoughtfully reflect on the 8 pervasive states of dis-ease, their 1 single underlying cause, and the 4 NUTRI-SPEC Metabolic Imbalances associated with that single underlying cause. Truly ---

- Your Anaerobic patient will never get rid of her little pot belly until you correct her Anaerobic Metabolic Imbalance --- either through NUTRI-SPEC Metabolic Testing, or, by employing your Diphasic Nutrition Plan.
- Your Glucogenic patient will never be free of sugar cravings, weight gain, anxiety, and high cholesterol until you correct her Glucogenic Metabolic Imbalance --- either through NUTRI-SPEC Metabolic Testing, or, by employing your Diphasic Nutrition Plan.
- Your Ketogenic patient will continue to be plagued with erectile dysfunction, high triglycerides, and high blood pressure until you correct his Ketogenic Metabolic Imbalance --- either through NUTRI-SPEC Metabolic Testing, or, with your Diphasic Nutrition Plan.
- Your Parasympathetic patient will never overcome her fatigue, mental fog, weight gain, or, depression until you correct her Parasympathetic Metabolic Imbalance --- either through NUTRI-SPEC Metabolic Testing, or with your Diphasic Nutrition Plan.