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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

We are going to give you a little golden nugget of metabolic truth. As you read it ask yourself how this truth applies to your life, and how the metabolic implications apply to how you serve your patients. We will throw this truth at you in three concise statements designed to help you form a very clear mental picture …

THE BIGGER YOUR BELLY, THE SMALLER YOUR BRAIN.

Picture that? How about this …

**WHEN YOUR BELLY TURNS TO JELLY,
YOUR BRAIN TURNS TO MUSH.**

Is that graphic enough for you? Consider this …

WHEN THE TUBBY TUMMY PHYSIQUE EXPANDS INTO THE SHAPE OF A PEAR, YOU KNOW THAT THE BRAIN IS SHRIVELING INTO THE SHAPE OF A RAISIN.

What is our topic? --- Only the condition underlying all the ills that afflict our modern "civilization" ----- high blood pressure, high cholesterol, high triglycerides, cardiovascular disease, obesity, fatigue, depression, diabetes, and increased risk of cancer, as well as early death from any and all causes. ----- Only the condition whose complex ImmunoNeuroEndocrine stressors are understood only by a select group of alternative health care providers serving their patients with NUTRI-SPEC metabolic therapy. Our topic is, of course …

METABOLIC SYNDROME.

By this Letter you are informed of the many new research studies linking Metabolic Syndrome to yet another life-destroying pathology …

DEMENTIA.

The statistics from the latest research are absolutely horrifying. --- All your patients with a tubby tummy (the 100% infallible indicator of insulin resistance leading to Metabolic Syndrome) have increased their risk of cognitive impairment by 50%. Keep in mind that we are not talking about merely a correlation here --- but rather a pure cause and effect relationship. --- Joe and John are identical twins age 33+, with Joe being reasonably lean, and John having a bit of a jelly belly. John is 50% more likely to develop cognitive impairment at an early age than his twin Joe, and that risk of cognitive impairment is directly caused by Metabolic Syndrome --- and the metabolic syndrome is directly caused by …

CAUSED BY WHAT?

Caused by the ImmunoNeuroEndocrine stressors of your clearly defined NUTRI-SPEC Metabolic Imbalances. Most particularly, you will find Metabolic Syndrome developing with just the slightest bit of excessive sugar and starch intake in those of your patients who are …

INSULIN REACTORS.

Excess insulin reactivity occurs in which of your Fundamental Imbalances? ----- These are your patients with Anaerobic and/or Glucogenic or Ketogenic and/or Parasympathetic and/or Alkaline Imbalances. --- Does the brain seem a little scrambled once in awhile? Are memory lapses becoming a little more frequent and perhaps even severe enough to disrupt your daily life? When the family jokes about John's "senior moments" does it no longer seem funny? --- Here is the additional statistic to come out of the latest research connecting Metabolic Syndrome with dementia … Once cognitive impairment becomes apparent, those with Metabolic Syndrome lose cognitive ability at a far more rapid rate than those who have normal glycemic control --- with the risk of dementia quadrupling in those with tubby tummy syndrome. --- Quadrupling!!!

Data from the National Health and Nutrition Examination Survey shows that 35% of American adults have progressed from insulin resistance into Metabolic Syndrome. Think about that. That means

more than 1/3 of your patients have sentenced themselves to lifelong misery and premature death. And even more alarming is that almost 50% of all your patients age 60+ have metabolic syndrome. --- And --- the percentage of your patients from that rapidly aging Baby Boomer Generation is probably increasing exponentially in your practice.

It was not that long ago that Metabolic Syndrome was not even clearly defined by medical research. In fact, it was originally referred to as Syndrome X, and researchers were desperately scrambling to explain why so many people were beginning to lose control of so many different metabolic pathways at once --- expressing so many seemingly unrelated symptoms. Today, medical research has clearly defined Syndrome X as Metabolic Syndrome --- and --- NUTRI-SPEC has clearly defined the Metabolic Imbalances and the ImmunoNeuroEndocrine stressors that underlie the condition.

Recall that the title of last month's Letter was …

SUGAR BABIES …

in which we emphasized the Glucogenic and Ketogenic aspects of poor glycemic control. You understand that both Glucogenic and Ketogenic types tend to be insulin reactors, and each type follows its own pathway through insulin resistance into Metabolic Syndrome.

Recall also that your Glucogenic/Ketogenic Imbalance is based on the paradigm put forth by Watson back in the 1970s. --- Do you know what was the title of the book in which Watson presented his work to the public? Was it *Nutrition and Good Health*? Was it *Nutrition and Wellbeing*? Was it *Nutrition and Maximal Performance*? No --- it was …

NUTRITION AND YOUR MIND.

Watson recognized that some of the most immediate symptoms to appear in what we know as Glucogenic or Ketogenic patients, and the symptoms most disruptive to day-to-day wellbeing, were mental and emotional symptoms. Depression, anxiety, memory loss, brain fog, brain fatigue, paralyzing fears, obsessive-compulsive behavior --- all of these were manifestations common to both Glucogenic and Ketogenic individuals.

We understand that the brain continuously manifests extraordinary metabolic activity. It needs fuel. It needs fuel from the perfect blend of both Glucogenic and Ketogenic substrates. Furthermore, the turnover of enzymes and neuro-active chemicals is rapid, and they must be continuously replenished. The brain is just plain hungry. And when the

brain is not satisfied, the brain swings quickly into adaptive mode, or failing adaptation, into defensive mode.

Now, as the research mentioned above makes clear, a lifetime of tormenting the brain with poor glycemic control leads to dementia.

One (of many) representative studies from the literature is …

Ng, Feng, Nyunt, et al. Metabolic Syndrome and the risk of mild cognitive impairment and progression to dementia: Follow-up of the Singapore Longitudinal Aging Study Cohort. JAMA Neurol 2016.

Intertwined with the Glucogenic/Ketogenic influences on the brain are the effects of unhealthy microbiota. Only you as a NUTRI-SPEC practitioner understand the …

GUT-BRAIN AXIS …

and how it influences the brain two ways.

First, endotoxin and the ImmunoNeuroEndocrine stress factors released in response to endotoxin have a direct damaging effect on the brain. Second, as you are surely by now aware, abnormal microbiota is a major contributor to Metabolic Syndrome, and as you are learning in this Letter, Metabolic Syndrome is yet a second way that the need for IMMUNO-SYNBIOTIC can lead to dementia.

Regarding the critical connection between the gut and both the neurological and endocrine influences of the brain is this representative study from the literature …

Geurts, et al. Gut microbiota controls adipose tissue expansion, gut barrier and glucose metabolism: Novel insights into molecular targets and interventions using prebiotics. Benef Microbes, 2014.

If you are to glean one big idea from this Letter, it is the overarching NUTRI-SPEC concept of …

BIOLOGICAL INDIVIDUALITY.

Nowhere is biological individuality more apparent than in each of your patient's response to dietary sugars and starches. Think this through and see if you can see the weakness in so much of the medical literature, and particularly how that weakness shows up in studies of …

THE GLYCEMIC INDEX OF VARIOUS FOODS.

Here is how much studies are set up: A sample population is chosen to determine the effects on both blood insulin and blood sugar levels at various time intervals after ingesting a particular food. Sometimes the sample population is normal adults, sometimes it is diabetics, or it may involve a comparison between normals and diabetics. The participants ingest the food, and blood samples are taken typically 30 minutes, 60 minutes, 2 hours, 3 hours, and so forth afterwards. The changes in insulin &/or blood sugar are either recorded as a percentage increase, or as a percentage of the response elicited by pure glucose.

But here is where medical research misses the boat completely --- in other words, they totally miss our NUTRI-SPEC concept of Biological Individuality. Suppose the results of a study show that in response to a certain food there is a change of a certain analyte of, for example, 59%. What the researchers miss entirely is that there were some people that had a response of 90% and some that had a response of 20%. The reported experimental result of 59% is almost entirely meaningless. It seems to never occur to medical researchers that there is a clinically significant difference between those who give a 90% response versus those who give a 20% response. It is the difference between these two groups of individuals (their Biological Individuality as per various NUTRI-SPEC Metabolic Imbalances) that is really of clinical significance.

If such a clinical study ends up making therapeutic recommendations for some dietary modification or for some medication, is it really appropriate to base those recommendations on the mean reported result of 59%? Is it not reasonable (to NUTRI-SPEC practitioners actually <u>obvious</u>) that those with the 90% response might need different dietary interventions and/or different medications than those who showed a 20% response?

You see clearly what your NUTRI-SPEC system is all about. Whether you are doing NUTRI-SPEC metabolic testing and metabolic therapy, or emphasizing the increased vital reserves you give your patients with your Diphasic Nutrition Plan, or use the Diphasic Plan supported by Sympathetic/Parasympathetic Support System, Barrier Busters, or Tissue Acid/Alkaline Balancing, you are getting directly to the individualized needs of every one of your patients.

Now, let us look at specifically what happens in any individual in response to a dietary sugar or starch load. As we have emphasized last month and this, Glucogenic/Ketogenic balance is a major factor determining an individual's insulin reactivity. But you also realize that there are major Sympathetic/Parasympathetic influences, as well as Anaerobic/Dysaerobic factors to consider. So if we open up the hood so

to speak of these three metabolic balance systems, what actually is the mechanism by which a variability of glycemic response is elicited?

The pancreas, obviously, is primary. How much insulin is secreted per unit of sugar/carb ingested, how quickly is that insulin released, and how prolonged is the insulin response? Parasympathetic, Glucogenic, and Ketogenic patients put out gobs and gobs of insulin. Anaerobic patients respond excessively to even normal insulin. Your Sympathetic and Dysaerobic patients, on the other hand, tend to be insulin deficient.

The pancreas, however, is not the entire story --- not by a long shot. In the big picture, the liver is just as important. Liver enzymes regulating how much glucose is converted to fructose, how much glucose is converted to triglycerides, how much glucose is converted to cholesterol, how much glucose is immediately burned for energy, how much glucose is converted to glycogen in the liver and muscles, how much of the glucose to triglyceride conversion is stored in the liver, and how much is stored in adipose tissue --- all this and more is under liver regulation. And every single one of these functions is directly impacted, if not entirely controlled by, Anaerobic/Dysaerobic and/or Sympathetic/ Parasympathetic and/or Glucogenic/Ketogenic Balance.

There are other considerations regarding hepatic-regulated glycemic control. Caffeine can be a huge factor. We have pages and pages of notes extracted from the Literature on the ImmunoNeuroEndocrine effects (both positive and negative) of caffeine. But the effect of caffeine on glycemic control can be huge --- but again, whether it is or is not is purely a function of Biological Individuality.

One other major factor impacting the liver's influence on insulin reactivity is mold. We could devote 12 NUTRI-SPEC letters per year for the next 10 years to the subject of mold-related illness and still not do the subject justice. Toxic destruction of liver (and kidney) function is an ImmunoNeuroEndocrine stressor that at least 1 out of 4 of your patients is suffering from. (And also, since the topic of this Letter is influences on the <u>brain</u> --- mold toxins are extremely <u>neuro</u>toxic.)

And finally, we get right back to the critical consideration of microbiota. Endotoxin directly affects the brain; endotoxin contributes to Metabolic Syndrome, which in turn devastates the brain; and endotoxin directly affects the liver in countless ways that impact the brain both directly and indirectly by exacerbating Metabolic Syndrome.

Tubby tummy and raisin brain? --- Protect your patients with this month's SPECIAL: 2 **FREE** with every 10 Oxy G, Oxy K, and Immuno-Synbiotic you buy.