

# **NUTRI-SPEC**



**THROUGH  
SPECIFIC NUTRITION**

89 Swamp Road  
Mifflintown, PA 17059

800-736-4320

717-436-8988

Fax: 717-436-8551

nutrispec@embarqmail.com

www.nutri-spec.net

## **THE NUTRI-SPEC LETTER**

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From:

Guy R. Schenker, D.C.

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Dear Doctor,

## **CAUTION!!!**

### **YOU MAY BE LIVING THE LIFE OF A LAB RAT.**

Picture a lab rat subjected by medical researchers to degenerative pathology in the name of advancing science. --- Not a pretty picture, but of necessity it happens every day. Unknowingly, you may have that same devastating lab rat patho-physiology permeating your own body.

Devastating? --- Yes --- through the hidden induction of ...

### **PREMATURE AGING.**

When biological researchers want to study the connection between aging and a certain disease; or, they want to know the effects of a medicine on the aged compared to the young; or, they are researching nutritional means of reversing the ravages of aging ...

### **WHERE DO THEY GET ALL THEIR OLD LAB RATS?**

They create them.

How? Researchers give perfectly healthy young lab rats ...

### **ENDOTOXIN ---**

And, voila! In no time they have a huge population of decrepit old geezer rats -- --- rats suffering from the premature aging that derives from ...

**ACCELERATED PATHOLOGICAL DISINTEGRATION**  
**PLUS PATHOLOGICAL HYPERPLASIA ---**

the breaking down plus the clogging up that you see every day in your patients whose declining VITAL RESERVES give them a physiological age that exceeds their chronological age --- 35- or 45-year-olds who are physiologically age 55. --- The tragedy of premature aging. The tragedy of unnecessary suffering ...

Were these tormented rats human, they would be running to their doctors, whining about their ...

- fatigue
- tubby tummy syndrome
- depression
- fibromyalgia
- high cholesterol and triglycerides
- headaches
- rising blood pressure

----- All because of ...

**ENDOTOXIN.**

Endotoxin? --- Yes, that nasty poison produced in deadly abundance by the teaming mass of yucky bacteria living in your gut --- unless you are maintaining a healthy microbiota with ...

**IMMUNO-SYMBIOTIC.**

You absolutely must exercise your power to ...

**SAVE YOUR PATIENTS!!!**

**THEY ARE LIVING THE LIFE OF  
A MISERABLE OLD LAB RAT.**

- Is your patient a 37-year-old woman who simply cannot lose weight? === Lab Rat --- with deranged metabolism induced by pro-inflammatory endotoxin.
- Is your patient a 55-year-old man hobbled by arthritic knees? === Lab Rat --- with endotoxin-induced Prostaglandin E2.

- Is your patient a 42-year-old woman with Fibromyalgia? === Minnie Mouse squeals incessantly.
- Are all your patients breaking down and clogging up --- years and years prematurely? === Miserable Mice trapped in a cage where the joys of high-vitality living are denied.

Clear enough picture? Do you understand why patients seek your unique expertise? Is there anyone but you who can set them free from the unrelenting agony of premature aging? You are their only chance --- save them.

Now ask yourself, by what mechanism does a toxic gut cause age-related pathologies to appear in your 30-year old patients? --- In a word --- INFLAMMATION.

### **ENDOTOXIN = SYSTEMIC INFLAMMATION**

### **INFLAMMATION + AGE 33+ = INFLAM-AGING.**

INFLAMMAGING, a term coined by researchers in physiology and biochemistry, reflects the ever-expanding understanding of aging as a chronic inflammatory process. As per our Diphasic Nutrition Plan paradigm, we NUTRI-SPEC practitioners understand that we are all “over-the-hill” at age 33. In other words, at age 33 our VITAL RESERVES begin to decline, thus decreasing our ADAPTATIVE CAPACITY to protect ourselves against inflammaging.

- There is inflammation that is caused by, and that causes, pathological disintegration of tissue structure and function ----- the body is breaking down after age 33.
- There is inflammation that is caused by, and that causes, pathological hyperplasia ----- the body is clogging up after age 33.

Your sole objective in giving your patients their life-long “live stronger longer” Diphasic Nutrition Plan is to increase Vital Reserves. How? --- By controlling inflammaging.

The key is that you have two sets powerful adaptogens --- one set each to mobilize defenses against both the catabolic phase and the anabolic phase of inflammaging.

In our nasty world, the forces driving inflammaging are operative from birth. But what is the one insidious force that for most of us is the primary cause of inflammaging, and, that accelerates that process in earnest beginning at age 33, and that begins to totally overwhelm us by age 53? --- ENDOTOXIN.

In this day of sickly pregnancies, cesarean births, baby formulas replacing nursing, and prescribing antibiotics to infants and young children --- a huge percentage of your patients under age 50 (yes the institutionalized child abuse goes back at least 5 decades) never established their own healthy microbiota in the first place. Yes ...

**THE FORCES DRIVING INFLAMMAGING  
ARE SUCKING THE VITAL RESERVES  
OUT OF TINY TOTS.**

You have children as patients; you have many patients who are parents of young children and who would do anything to see their children radiating vibrant good health. But there is no way those kids can realize their full physical, mental and emotional potential if their bodies are cranking out massive quantities of Prostaglandins E2 and D2. ----- Sadly, young ...

**LAB RATS are BAD BRATS ...**

who then become trying teens, ultimately fail under university adversity, then finally stumble humbled into an adult world for which they are hopelessly ill-prepared. Even those who are not medically "sick" by age 33 have nevertheless spent their first 3 decades swimming upstream against a current neither they nor their parents can even see, let alone understand.

**EDUCATE THEM ...  
SAVE THEM --- PARENTS & CHILDREN ALIKE.**

In past Letters you have read of the many studies in the literature demonstrating that inflammaging is directly proportional to Prostaglandin E2. Most of those studies involve increasing the levels of PGE2 in experimental animals, than analyzing the rate of aging. So again, in keeping with the theme of this Letter, let us ask ourselves, how do researchers accelerate the production of PGE2 and thus the rate of aging in test animals?

**THEY GIVE THEM ENDOTOXIN!**

Yes, this toxic lipopolysaccharide emitted from gram-negative bacteria and other evil beasties is driving your patients' immune systems into hysteria.

Rotten microbiota dominating most of your patients (those whom you have not yet supplemented with the appropriate Immuno-Synbiotic) are a constant source of poisoning. But the poisoning goes beyond the direct toxic effect --- even more significantly --- excessively stimulating the immune system --- triggering a broad diversity of inflammatory responses. Recall that more than 70% of the immune system resides in the lining of the GI tract. The immune

system in your typical patient's gut is constantly being assaulted by endotoxin. Endotoxin promotes inflammaging in three ways:

1. The production of PGE2, PGD2, and other inflammatory prostaglandins.
2. The subsequent excess activation of Th1 and Th2 pro-inflammatory cytokines in B cells, monocytes, dendritic cells, and macrophages.
3. The excess production of nitric oxide and its associated pro-inflammatory factors such as peroxynitrite.

Yes --- endotoxin is 3 punches to the gut for all your patients who want to maintain physiological age that does not exceed chronological age.

Inflammaging is expressed within the gut itself, and through the gut lining by activation of macrophages and mast cells. Inflammation begins to dominate the Gut-Liver Axis; tubby tummy obesity-promoting inflammation overwhelms the Gut-Adipose Axis; chronic low grade inflammation subverts the Gut-Hypothalamus Axis; inflammation devastates the memory center in the hippocampus and other aspects of the Gut-Brain Axis. So, without Immuno-Synbiotic support ---

**YOUR PATIENTS ARE FATIGUED, FAT, FOGGY, AND FIBROMYALGIC.**

Now, you are prepared to answer the question that closed last month's Letter ...

**“WHICH OF YOUR THREE NEW IMMUNO-SYMBIOTICS IS INAPPROPRIATELY NAMED?”**

The poorly chosen name is IS IMMUNE X-FLAM. Why? Actually, Immune X-Flam is the perfect name for that synbiotic supplement. --- But --- it would be the perfect name for your other two Immuno-Synbiotics as well. Naming that particular product in a way that explicitly states it is for inflammation implies that the other two Immuno-Synbiotic supplements are good for something other than inflammation. No, no, no --- they are all equally powerful in their anti-inflammatory effects.

The difference between your three extraordinary and highly specific Immuno-Synbiotics is that each represents its own variation of the anti-inflammatory theme. The immune system stresses and the immune system deficiencies associated with auto-immune diseases such as Rheumatoid Arthritis, Multiple Sclerosis and Type 1 Diabetes are entirely different than the stressors and inadequacies associated with Allergies, Asthma, Chronic Candida, and Cancer. But that specificity of your three Immuno-Synbiotics

has given many of you pause --- causing many of you to exclaim “What if I give my patient the wrong Immuno-Synbiotic?”

There is virtually never a wrong Immuno-Synbiotic --- merely one that is less right. More than 90% of your patients will benefit from any one of the 3 Immuno-Synbiotic products even if you just choose it randomly. But if you follow the selection criteria, the benefits derived will be far greater.

You have probably read in our various write-ups on probiotics how certain critters can actually be harmful. In particular, we point out that *Lactobacillus acidophilus* can cause major problems. Many studies have shown that children are especially vulnerable to increased rashes and respiratory infections if they supplement with *L. acidophilus*. The reason? The children who react negatively are very strongly Th2 dominant in their immune reactivity, and pathologically weak in their Th1 immune defense.

[Note: Human infants are born with a Th2 dominance and immediately begin developing their Th1 immune capacity upon birth --- and that development is jump-started by obtaining the mother’s biota during the trip through the birth canal. So, infants who are born Cesarean, or who are born to mothers who were on antibiotics during pregnancy, or mothers who are wretchedly unhealthy, will tend to suffer a prolonged deficiency of Th1 immune capacity. The same deficiency applies to children who are given antibiotics during their first 2 years of life. --- So --- these are the children who react negatively to *L. acidophilus* --- because it further suppresses Th1 immune response.]

This is a rather long-winded way of saying that the only way you can possibly have a patient not benefit from Immuno-Synbiotic supplementation is if your patient, for example, is a severe asthmatic (a Th2 excessive response and a Th1 weakness) and you give that person IS Immune X-FLAM. And that effect would probably be positive --- not as much benefit as you want, but no harm either. The prebiotics would still be beneficial for that particular patient, and to a certain extent the probiotics would be beneficial in their anti-inflammatory benefits via the GI microbiota. The immunomodulatory effects might be somewhat negative, which could cancel out some of the benefits. --- But --- if you follow the selection criteria, you will always be sure to maximize the benefits to your patient.

So, be at ease and enjoy. Truly --- celebrate. Your patients have unwittingly been made into lab rats by “modern living” --- a bizarre experiment in violation of Natural Law. The inflammatory explosion caused in that experiment defines all your patients’ symptoms --- all the symptoms of premature aging that only you, with IMMUNO-SYNBIOTIC, can help.