

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

The Fabric of Life to Sew

From:
Guy R. Schenker, D.C.

Dear Doctor,

The greatest, quickest, and most gratifying way ...

YOU CAN BECOME RICH WITH NUTRI-SPEC ...

is to build your practice on a family foundation. And, the way to immediately begin growing your family practice is to begin by reaching out, with mind and heart, to ...

CHILDREN.

How?

With sincere good cheer, inquire of every parent and every grandparent in your practice about the well-being of their children or grandchildren. As your patient speaks with pride and joy of the little ones, reply with happy enthusiasm,

“That’s wonderful! --- Just imagine what the child(ren) will be like if they develop body and mind to the fullest inborn potential! --- And imagine how sad if they don’t. If you’re like most parents, you’ve never been taught just how critical good nutrition is to a child becoming all it can be. And, reaching that full potential is really so simple. I’ll give you a couple brochures to look at --- and you’ll be amazed at how easily you can help the child(ren) grow straight, strong, smart and happy.”

[Use your Mighty Mins and Immuno-Synbiotic brochures.]

You have dozens and dozens of children supplementing with junk or with nothing at all. Imagine if every one of those children were to have the high biological activity and perfect balance of **Mighty Mins** from the earliest possible age. Further imagine every one of those children being thoroughly equipped to rise above the relentless ImmunoNeuroEndocrine stresses of modern living with **Immuno-Synbiotic**. Now imagine glorious childhood blossoming into successful adulthood for all the children within your sphere of influence.

If you make a commitment to providing a solid nutrition foundation to all the sons, daughters, and grandchildren of your patients, you will vastly expand the number of people you serve, now and for years to come. You will earn a well-deserved increase in profits through Mighty Mins and Immuno-Synbiotic today, while establishing a substantial group of prospects for NUTRI-SPEC testing in the future.

From years of experience, we can assure you that ...

PLACING THOSE FIRST BOTTLES OF MIGHTY MINS and IMMUNO-SYMBIOTIC IN A HOME ...

assures a steady stream of income even more certain than does the sale of the first bottle of Activator and Immuno-Synbiotic to an adult. You see, once parents (or grandparents) understand that through your two fundamental supplements they are doing something uniquely special for their children (relative to all the parents they know who give their children no supplementation, or, Flintstone garbage supplementation), they begin to feel justifiably good about themselves as caring responsible parents. More conscientious about their children's supplementation than their own, they never let their kids miss a day. Month after month, for all the years they have children at home, they will be coming to you for what they know is the best nutrition foundation they can provide for their children.

But the income stream from serving children is only part of the financial incentive for reaching out to your patients with kids. Once you have established yourself as the "expert" from whom they obtain these very special fundamental supplements,

PARENTS WILL TURN TO YOU AS THEIR AUTHORITY ...

on all health questions that might possibly relate to nutrition.

To illustrate: I have chiropractic (not NUTRI-SPEC) patients who take Activator, understanding that it is an insurance plan superior to the multiple supplements they find in the health food store. A certain percentage of these chiropractic patients at some point ask for more extensive nutrition advice, which typically leads to NUTRI-SPEC testing or the Diphasic Nutrition Plan,

or one of our 3 Metabolic Support Systems (Sympathetic/Parasympathetic Support, Barrier Busters, or Tissue Acid/Alkaline Balancing) --- But, among families who are giving Mighty Mins to their children, the percentage who ultimately ask for specific nutrition advice is, I guesstimate, more than 80%. --- Extraordinary.

A typical comment made by one of my patients goes like this: “All three of my children are doing beautifully since they started taking Mighty Mins and Immuno-Synbiotic last year. They almost never get colds any more, and Jared is having his best year ever in school. I do have a question about Rachael, though. She is still bothered by allergies this time of year. Does that mean she could be lacking some nutrient? I was thinking she might need some extra vitamin C. I started giving her 500 milligrams of natural C from rose hips, plus, I give her a glass of orange juice every morning.”

--- What do you think? Presented with such a mother’s plea,

COULD YOU POSSIBLY MISS YOUR CUE ...

to inform her about how NUTRI-SPEC can determine exactly what Metabolic Imbalances may underlie her daughter’s allergies? In such a situation, your response will be enthusiastic and informative:

- You begin by showering her with praise for being the rare and special type of parent who wants to find and correct the cause of her children’s health problems, rather than just give them drugs to control the symptoms. You go on to praise her further for being astute enough to realize that the cause of her daughter’s allergies is likely nutrition-related.
- Now that you have mom properly puffed up with self-esteem, she is eagerly receptive to whatever else you can offer in support of her parenting excellence. So, you go on to explain that there are several Metabolic Imbalances, one or more of which is generally at the root of allergic symptoms in children. Go on to say that you would be happy to test Rachael to see what must be done to correct the cause of her allergies.
- The mother will either eagerly accept your offer immediately, or will at least enthusiastically ask for more detail. You go on to explain that once you have found the Metabolic Imbalance responsible for Rachael’s allergies, that Imbalance is usually fairly simple to correct. Your tests will show exactly which foods are best for Rachel, and which foods are not compatible with her metabolism. Your tests will also show what supplementation she needs, temporarily at least, to restore balance to her body chemistry, thus eliminating the cause of the allergies.

- It is essential that you say to the mother right now that when you have tested Rachael you will not be offering a “remedy” for allergies. The idea is that you will be restoring balance to Rachael’s body chemistry and efficiency to her metabolism, and that will of itself take care of the allergy problem. She will be healthier and stronger in many ways that will yield benefits far beyond just relief of allergic symptoms. Only objective test procedures such as you employ can determine exactly what foods and supplements are beneficial and which are harmful for Rachael.
- You close your discussion by commenting how one of the most interesting aspects of your work in nutrition testing is in finding how often some of the foods and supplements in which people have the most faith can actually be extremely harmful. For example, several of the Metabolic Imbalances that can be causes of allergies are actually made worse by supplementing with vitamin C. Just as surprising to many people is that several of the imbalances that are frequently causative in allergies can be made worse, and thus the allergic symptoms made worse, by drinking orange juice.
- You finish by praising the mom once again for her good intentions with respect to her daughter’s health, but making it clear that the vitamin C and or the orange juice she is giving Rachael could be just what Rachael needs, or, just as likely, could be making Rachael’s allergic symptoms worse. Only through objective testing can Rachael’s needs be truly determined, and again, you would love to have the opportunity to run her through your nutrition testing system.

Get a dozen of your patients to start their children or grandchildren on a foundation of Mighty Mins and Immuno-Synbiotic this month. In 30 days they will all be back to buy another dozen bottles of each. Over the next several years, at least half, and likely as many as 80% of those dozen families will bring their Rachael’s to you for more thorough nutrition evaluation. But do not stop with one dozen. Next month reach out to another dozen families and then another and another. You certainly have dozens and dozens of patients with children or grandchildren that need Mighty Mins plus the properly selected Immuno-Synbiotic to establish a firm nutrition foundation for the rest of their lives, and many, many of those families will bring to you their Rachael’s --- whom you and only you can help. Believe me,

**THERE IS NOTHING LIKE A FAMILY PRACTICE
FOR FINANCIAL, INTELLECTUAL,
AND EMOTIONAL ENRICHMENT OF YOU, THE DOCTOR.**

There is a second reason why you need to pour your heart into serving as many children as possible, and that reason is an obvious extension of the first.

Do you sincerely want to help people? Would you love the satisfaction of knowing that ...

YOUR WORK HAS HAD A LIFE-CHANGING IMPACT ON COUNTLESS PEOPLE?

Then, where will you find a better opportunity to help people fully enjoy their innate potential than in getting children living stronger longer as early as possible?

Perhaps you have built a successful practice serving the Rachael's of the world who come to you when they are 45 years old. 45-year-old Rachael is nearing menopause and suffering all sorts of associated physical, mental, and emotional disorders --- as a result of hormone swings --- that are now compounding a lifetime of poor glycemic control --- all of which exacerbate her life-long ordeal with allergies. Rachael, in whom NUTRI-SPEC testing reveals Parasympathetic and Prostaglandin Imbalances, is served well by the regimen you prescribe. She achieves glycemic control for the first time in her life; her estrogen stress is minimized, and as a result, many of her symptoms abate to some degree, including her allergies. Of course, as a Parasympathetic patient she needed to immediately get off the vitamin C and the orange juice she has been taking since childhood. Yes, 45-year-old Rachael is a nice success story, and she refers friends and family to your practice.

Now, imagine seeing 45-year-old Rachael when she is 12-year-old Rachael. As a result of NUTRI-SPEC testing, you recommend for 12-year-old Rachael: Mighty Mins, 2, twice daily after meals; I-S Immune Power, 2, twice daily before meals; Complex P, one, twice daily after meals; Tyrosine, 2 before breakfast --- along with the Parasympathetic and Prostaglandin dietary recommendations. You get reasonably good compliance from Rachael and her mother on the diet plan, so, within 6 weeks Rachael no longer needs the Tyrosine, and the Complex P is cut to one after breakfast.

45 - 12 = 33 years. You are saving Rachael from 33 years of miserable allergic symptoms. You are saving Rachael from 33 years of taking drugs for miserable allergic symptoms. You are saving Rachael from 33 years of making herself sicker and weaker with vitamin C and orange juice. You are saving Rachel from 33 years of physical, mental and emotional symptoms associated with the hypoglycemia typical of Parasympathetic patients. You are saving Rachael from 33 years of hormonal agony associated with the estrogen stress common to Parasympathetic women.

Before you have offered NUTRI-SPEC for long, you will experience patients, who have become your FOUNDATIONAL FAMILIES, praising you as ...

“A MIRACLE WORKER” ...

for the amazing clinical results you deliver. Some will call you ...

“A GENIUS” ...

because you found the key to their health problem when no other doctor could. At that point you realize, and explain to your patients that ...

**YOUR GREATEST WORK NOT ONLY
GOES UNREWARDED, BUT COMPLETELY UNNOTICED.**

You see, not cures, but prevention is the most extraordinary service you offer. Think of 12-year-old Rachael. Neither she, nor her mother, nor the husband she will marry in 13 years, nor the 4 children of her own that lie in her future, will ever know about the hormonal agony, the hypoglycemic crises, and the allergic misery ...

THAT RACHAEL NEVER KNEW.

Yes, through NUTRI-SPEC you have a life-changing impact on many people.

How many? Add to Rachael her 10-year-old brother Jared when Mom asks you about the headaches he begins suffering most afternoons at school. Then, add to Rachael and Jared big brother Tim who is playing sports in High School and wants to take a creatine supplement like all his teammates. Now, multiply Rachael + Jared + Tim by the dozens of Foundational Families in whom you are about to place those first bottles of Mighty Mins plus Immuno-Synbiotic ...

If you want the joys of a thriving family practice, then begin by reaching out to children. Address every parent and grandparent in your practice; use the Mighty Mins and Immuno-Synbiotics brochures. You have dozens and dozens of children supplementing with junk or with nothing at all. Imagine if every one of those children were to have the highest biological activity and perfect balance of Mighty Mins, plus the immune-modulating power of Immuno-Synbiotics from the earliest possible age. Imagine glorious childhood blossoming into successful adulthood for all the children within your sphere of influence.

Now, look 15 years into your future. --- It's Rachael --- bringing to you her newborn baby.

For health,

Guy R. Schenker, D. C.

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THE NUTRI-SPEC LETTER

Volume 19 Number 11

**“I believe that children are our future;
Teach them well and let them lead the way.
Think of all the beauty they possess inside ...”**

**“Kids!
What’s wrong with these Kids today?!
Kids!
Who could guess they would turn out that way?!
Kids!
They are just impossible to control!”**

From:
Guy R. Schenker, D.C.

Dear Doctor,

Which of the above sentiments reflects your feelings toward today’s youth, that expressed in a Number 1 pop hit from the 1980’s, or, the lamentation from a 1960’s Broadway musical? Do you look at children with a loving hopeful heart, or, do you see the little monsters much as did W.C. Fields who, when asked if he liked children, replied, “I do if they’re properly cooked”? More to the point, when you see the names of children in your appointment book do you look forward to the encounter with eager anticipation or with dread?

My practice serves two types of Kids --- those who make my heart sing, and those whose parents I’d like to strangle. But whether they bring sunshine or a pain in the neck, children are a major presence in my office. Your office, too, can be bouncing with the spirit of youth. Both the financial and emotional rewards of a family practice are hard to beat, and one key to building such a satisfying practice is ...

MIGHTY MINS PLUS IMMUNO-SYNBIOTIC.

By far the quickest way to a rich family practice is getting patients to jump aboard your NUTRI-SPEC bandwagon, principally by reaching out to the parents and grandparents among your patients with ...

YOUR MIGHTY MINS AND IMMUNO-SYNBIOTICS BROCHURES.

Placing those first bottles of Mighty Mins and Immuno-Synbiotic in a family assures a steady stream of income for years and years --- not just from supplement sales but from the dozens of children who, once connected to nutrition through Mighty Mins plus Immuno-Synbiotic, will be coming back to you for NUTRI-SPEC Metabolic Therapy. You will nowhere find a better opportunity to help people fully enjoy their innate potential than in getting children on the right track as early as possible. And nowhere will you find a more lucrative gold mine than the children and grandchildren of the patients who already like and respect you.

BUT, BE PREPARED ...

Once you have placed Mighty Mins plus Immuno-Synbiotic in two dozen homes, you will within months be inundated with children presented for NUTRI-SPEC evaluation. Then come the siblings of those children, then children of the friends of those children's parents, then the referred children's parents, then the referred children's siblings --- then --- before you know it, 15 years have passed and you are serving the children's children. [I am entering my 5th generation of some of my families. --- Practice-building schemes? Advertising expenses? Insurance strife? --- Life is too short. --- And with a family practice, life is so good.]

So now --- your office is blessed by dozens of adorable little angels, and tormented by countless defiant little brats. Is there anything you need to know to effectively serve the little ones? Are there modifications you must make to your NUTRI-SPEC procedures? Are there ways you can serve Kids beyond what you routinely offer to their parents? Yes, yes, yes.

Placing Mighty Mins plus Immuno-Synbiotic with a family establishes a nutrition connection between you and the parents with respect to their children. Can that nutrition connection have a life-changing impact on the children? Mighty Mins plus Immuno-Synbiotic alone will be a huge benefit, but once you have established yourself as the "expert" from whom they obtain these very special supplements, parents will turn to you as their authority on all health questions related to nutrition.

Even before offering a family NUTRI-SPEC Metabolic Testing, or your Diphasic Nutrition Plan, or any of your 3 Metabolic Support Systems (--- Sympathetic/Parasympathetic Support, Barrier Busters Analysis, and Tissue Acid/Alkaline Balancing) there is a fundamental way you can enrich the lives of these children under your influence. If Mighty Mins plus Immuno-Synbiotic is Step One, what is Step Two? It should be obvious to you that the most essential accompaniment to Mighty Mins is the NUTRI-SPEC Fundamental Diet. Regrettably, however, the step from taking the 2 foundational supplements to following your EAT WELL --- BE WELL card is neither obvious nor easy for most families.

Remember, most children, even those from families who believe they are conscientious about nutrition, are possessed by the sugar demon. Your typical child is poisoned with from 120-160 pounds of sugar every year by parents who feed their own sugar addiction to the tune of 140 pounds per year. Parents may proudly proclaim that they assure their children get three meals daily, a low fat diet, and “natural” snacks. But, oh my, look at those three meals. Breakfast is packaged cereal whose list of ingredients is a slow death sentence. Ask these parents if they believe cookies would be a healthy breakfast for their children and they would be incredulous that you could even ask such an inane question. Yet the cereals their children eat have the same ingredients as cookies, except that the percentage of sugar is even higher in many cases, and there is most often a list of nasty additives as a bonus.

For the mid day meal, the parents are quite secure in choosing for their children the school lunch. That lunch is, after all, designed by a registered dietitian. It never seems to occur to the parents that nachos covered with melted artificial imitation American cheese food does not constitute a “hot meal.” I recently looked over a menu of school lunches for a month and found that the absolute most nutritious meal for the whole month was hot dogs plus three forms of sugar. Nachos and “cheese” accompanied by three flavors of sugar was the worst. That a sugary soft drink is the beverage of choice for most students eating school lunches transforms that meal from merely damaging to instantly deadly.

The evening meal in many households is not a whole lot different than the school lunch. There are, however, many families who do quite well here --- serving a meat, a vegetable, and a starch. Even among the more nutrition-minded families there still tend to be damaging misconceptions. Common among even the most thoughtful parents is the misguided notion that a low fat diet is ideal for their children. We NUTRI-SPEC practitioners realize that low fat is the same as saying low protein, high carbohydrate --- the last thing children need, considering the overwhelming percentage of carbs and sugars already obtained in their breakfast and lunch. The sugar demon is also frequently manifest at the evening meal by the presence of a sugary drink.

In the interest of not over eating, the family generally consumes rather skimpy portions of even the nutritious foods at supper, which leads to the inevitable need for a late evening snack --- invariably some other form of sugar --- albeit a “natural” sugar.

“Natural” sugar? There is nothing natural about smothering dry-as-dust grains and nuts with enough sugary syrup to make them palatable --- even if the concoction is proclaimed to be an all-natural granola bar. There is nothing natural about taking dead yogurt (There are few, if any, live lactobacillus remaining when you eat it --- only lactic acid soup.) made from skim milk and filling it with enough sugar so that even a spoiled child can stand the stuff. There is nothing natural about sport drinks or any other beverages, including fruit juices, whose calories derive 100% from sugar that zaps the blood stream as quick as lightning. There is nothing natural about “protein bars” that are merely candy bars further degraded by the addition of denatured soy or whey. Even fruit is an unnatural sweet in that nothing with the intense sugar concentration of our man-made hybrids ever existed in nature.

The high sugar meals, the low fat mania, and the “natural” sugars just described constitute what is considered the “normal” diet even by families who are conscientious enough about their children’s health to supplement with Mighty Mins. How do you deal with parents who mean well, but who have been led so far astray? Realize that these are patients who are not (yet) participants in NUTRI-SPEC evaluation. They can only be expected to improve their family eating plan incrementally. So, what do you offer as Step Two to those who have taken the all important first step to balanced nutrition with Mighty Mins plus Immuno-Synbiotic?

In our office we simply present the parents with EAT WELL – BE WELL, accompanied by a little pep talk: “I could give you a hundred rules to follow that would help your children develop their full potential. I could give you lists of foods and specific quantities your children must eat; I could give them lists of foods that they must strictly avoid; I could give specific combinations of foods that constitute ideal meals; I could give explicit instructions covering all aspects of when, how, and what to eat. Those one hundred rules would yield amazing benefits for your children’s health. But to give you such a list would be a waste of time and a terrible source of frustration. We know there is no way, given the demands of your lifestyle, that you could comply with those rules for more than a day or two.

“But suppose I could give you just two rules that would give you as much as 90% of the benefit of that impossible list of 100 rules? Would you be interested in those two rules? Would you comply with those two rules --- treating them as rules and not just suggestions?”

Parents at this point are jumping out of their skin in eager anticipation --- what could be these two magic rules so powerful that they will give my children 90% of the benefit of the impossible list of 100? I go on to explain that these rules are quite simple, yet will definitely require a major change in priorities --- but will be doable, without radically altering the family lifestyle.

“Quite simply, here it is --- your children can eat whatever else they want as long as they:

1. Eat a serving of meat, fish, poultry, eggs, or cheese three times daily -- that is, 21 times per week, without fail. That means no meal ever consists of predominantly carbs. Meat, fish, poultry, eggs, or cheese, for breakfast, and for lunch, and for supper.
2. Drink no sweet beverages --- ever. Never drink soft drinks, juice, fruit drinks or sport drinks --- ever. Essentially, that means that water is the beverage of choice --- always. Unsweetened teas are ok, as is milk for some children.

“The two rules,” I go on to explain, “are really very simple. They are not necessarily easy to follow, but they are simple indeed. Those two simple rules do not significantly alter your lifestyle. Those two rules require that you only give up one category of “food” --- the sweet drinks. Those two simple rules require that you add no exotic foods, health foods, or high priced foods to the diet.”

As you can see, these two simple rules will eliminate from 50 to 100 pounds of sugar each year from the typical child’s diet. The many pounds of sugar derived from dozens of gallons of sweet drinks will be gone. Every serving of protein, will generally replace a serving of sugar. For example, a breakfast that includes a serving of meat, fish, poultry, eggs, or cheese, will eliminate, perhaps entirely, the packaged cereals for breakfast. Not only will the sugar demon be largely exorcised, but the protein at each meal will insure glycemic control for nearly all children. Growth and physical performance will be enhanced; school performance will improve dramatically; emotional equilibrium will be achieved like never before; resistance to colds and flu will be boosted tremendously. A serving of protein 21 times each week, and strict avoidance of sweet drinks --- while taking Mighty Mins --- is 90% of what children need so that they may enjoy robust good health, then blossom into happy-ever-after adults.

Most --- not all, but most parents who take the initiative to ask your dietary advice along with putting their children on Mighty Mins plus Immuno-Synbiotic, will embrace those two rules joyfully. And most (even though they are servants more than parents to their children) will stick with the

commitment. After all, every little Prince and Princess is still granted a steady diet of junk food favorites --- as long as the meat, fish, poultry, eggs, or cheese requirement is met. For families who comply reasonably well, the health benefits become apparent so soon that they are motivated to adopt the two rules permanently.

There is an additional benefit to helping patients starting their little angels and mini monsters on the essence of EAT WELL – BE WELL, ----- The parents will tend to adopt the same 2 simple rules into their own eating plan. --- That family becomes yours forever.

One question pops up repeatedly when you speak to Moms about the two-rule eating plan. If they are going to take sweet drinks away from their children, they want to know about artificial sweeteners. Your reply: Aspartame/NutraSweet /Equal is so neurotoxic that any Mom giving it to her children is guilty of child abuse. And brain death is only one of many consequences of swallowing this nasty poison. Sucralose is slower death than Aspartame, but deadly just the same. Saccharin/Sweet & Low, Stevia, and Xylitol are currently not known to be damaging when used in moderation.

So, with Step One (Mighty Mins plus Immuno-Synbiotic) and Step Two (the Two-Rule Eating Plan) accomplished, is there a Step Three? Of course ...

Talk to you next month ...

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THE NUTRI-SPEC LETTER

Volume 19 Number 12

From:
Guy R. Schenker, D.C.

Dear Doctor,

When you ask typical modern American Moms and Dads, “What is your purpose in having children?” They will invariably reply,

“Our mission in becoming parents is to bring into this world young people whom we can guide --- as they develop into rational, honest, independent, and productive members of a free and moral society.”

These typical parents (who (sadly) only exist in your dreams) will go on to explain how the evening meal is a cornerstone of their family life. Seven times each week, enriched by dinner music from Bach and Mozart, Mother, Father, and children dine on such fare as roasted chicken, basmati rice, assorted vegetables, and spring water. Accompanying dinner is a lively and loving conversation in which all share the events of the day --- their experiences, thoughts, and feelings regarding their work, their play, and their social encounters. Everyone’s appetite for positive reinforcement is satisfied; everyone’s recommended daily requirement of emotional support is met.

In contrast, you encounter a few Moms and Dads who give little thought to their purpose in having children, other than that “having” babies is just one item on the list of things to have --- including cars, houses, TVs, PCs, a job, a spouse. Indeed, little thought is given to the purpose of life beyond the perceived need to have. So, one of the children will have soccer practice after school, while another child will have a meeting this evening, while another child will have several hours of video game time, while Mom will have to provide taxi service, while Dad will have a stressful day on the job, while some of the “family” will have pizza for dinner, while others will have cold pizza later, while others will have a candy bar and a cola as a hold-over and then have ultra cold pizza later. --- Too much focus on “have” --- not enough on be and do.

In your NUTRI-SPEC practice, how do you handle each of these two family types? Surprisingly, you handle each in the same way. You see, if you ask either type of parent, “Are you concerned that your children will develop into less than they could be?” You will get the same answer, “Of course I am.” There is probably nothing even the semi-out-of-focus parents want more than to see the children they love develop body, mind, and spirit to their fullest inborn potential. You can serve the children of any parents with life-altering nutrition; it is just that with some you must begin with the (what should be obvious) fundamentals, while with others you can soon get to the finer points.

In last month’s Letter we presented a detailed description of both the financial and emotional rewards of a family practice. We explained how to place Mighty Mins plus Immuno-Synbiotic with your families using the Mighty Mins and Immuno-Synbiotic brochures, and how placing those foundational supplements in a family, assures a steady stream of income for years and years --- not just from supplement sales but from the dozens of children who, once connected to balanced nutrition through Mighty Mins, will be coming back to you for Metabolic Therapy. As described in last month’s Letter, you will nowhere find a better opportunity to help people fully enjoy their innate potential than in getting children on the right track as early as possible.

In building your family practice, you must repeatedly ask parents,

**“WHAT IS THE MOST IMPORTANT THING
YOU CAN DO FOR YOUR CHILDREN?”**

Giving special attention to your children’s nutrition needs is probably far more important than you ever imagined.” Your comments will be well received. More and more parents are becoming aware of the disastrous degradation of the health/nutrition status in America, particularly among our children. But you must realize that many Moms, who are themselves second generation pizza and Pepsi babies, do not realize, that a “normal” American diet of McDonalds and Kellogg’s is not going to meet the nutrition needs of their children. You, as explained in last month’s Letter, must be the educator.

The critical point you must understand, though, is that families can only be expected to improve their eating plan incrementally. Feeding families all the components of the NUTRI-SPEC Fundamental Diet, particularly families who are supplementing with Activator and Mighty Mins plus the specifically selected Immuno-Synbiotics and not (yet) undergoing Metabolic Therapy, is more than they can possibly swallow. We have given you a Two-Rule Eating Plan that gives your families 90% of the benefits they can achieve from EAT WELL --- BE WELL. Here, for your review, is that Two-Rule Eating Plan:

- A. Eat a serving of meat, fish, poultry, eggs, or cheese three times daily --- that is, 21 times per week, without fail. That means no meal ever consists of predominantly carbs. Meat, fish, poultry, eggs or cheese for breakfast, and for lunch, and for supper.

- B. Drink no sweet beverages --- ever. Never drink soft drinks, juice, fruit drinks or sport drinks --- ever. Essentially, that means that water is the beverage of choice --- always. Unsweetened teas are OK, as is milk for children.

Now, with Step One (Mighty Mins and Activator plus Immuno-Synbiotic) and Step Two (the Two-Rule Eating Plan) accomplished, what is Step Three in the incremental improvement of a family's eating plan?

What do YOU think Step Three should be? In our Two-Rule Eating Plan we have facilitated glycemic control in two ways --- by providing adequate protein, and by emasculating the sugar demon with the elimination of sweet drinks. What should be the next step? Ask yourself what aspect of the typical diet is right up there with inadequate protein and excess sugar as a devitalizing force?

PUFAs!!!

The oxidative damage done by polyunsaturated oils (both omega 6 and omega 3) is cumulative. If you can minimize that oxidative/catabolic destruction during childhood, you have given the young person a huge head start in avoiding the diseases that are now considered quite ordinary among all people age 20 years and older. So, for Step-Three, you tell patients to avoid as much as possible all polyunsaturated oils. These would include salad dressings, margarine, mayonnaise, deep fried foods, and all foods fried/grilled in oil.

Explain to your patients that they cannot avoid these oils completely, as they are used in a wide array of foods. But if they can just eliminate the grotesque sources of these oils, they will be way ahead of the game. The only acceptable concentrated fats are butter, olive oil, and coconut oil. Restaurant eating presents a real problem since virtually all restaurants prepare all foods in deadly oils. At the very least, your patients should, when eating in restaurants, eschew the fried foods in favor of those that are baked, broiled, and boiled. Eliminating chips and fries seems to be a major sacrifice for some people, but doing so must be made a priority.

Let us move now to Step Four in helping children reach their innate potential.

SUNLIGHT IS AN ESSENTIAL NUTRIENT.

Natural light, entering the eyes, as a regulator of hormonal and biochemical

systems related to mineral control. And vitamin D on the skin, for the many biochemical systems it is now known to control, cannot be emphasized enough. For children still developing their structural and hormonal systems, sunlight provides the energy of life itself. Review your NUTRI-SPEC Fundamental Diet Chapter of your NUTRI-SPEC manual for the details of how inadequate sunlight is related to:

- poor growth
- inadequate bone mineral density
- fatigue, depression, and anxiety
- attention deficit disorder
- hormone imbalances

How many children spend a minimum of 23½ hours daily in darkness, or under fluorescent lights, or under yellow incandescent lights, or in front of a TV or computer monitor? Many children rarely see the light of day. That deficiency is as tragic as it is easy to remedy --- push the kids outside. I still tell my son that...

EVERY MINUTE HE SPENDS WATCHING TV OR PLAYING VIDEO GAMES IS A MINUTE HIS TEETH ARE ROTTING, AND HIS BONES ARE GETTING WEAKER.

You must make it clear to all the parents you deal with that artificial light:

- weakens their children structurally,
- weakens their performance academically,
- and distorts the development of their hormonal system.

Make it a rule --- every time you talk to a mom or dad, ask not just, “how are the children”, but how much time are they spending out in the light, and how much time are they spending in front of TV and video? Yes, make it a rule.

Step Five in the incremental improvement of your Mighty Mins Family nutrition addresses the most basic nutrient of all ...

NATURAL WATER.

By natural water we mean water from a well or spring, water that has not been heated, distilled, chlorinated, fluoridated, softened, or finely filtered, and, that has not been polluted with pharmaceutical, industrial, or agricultural toxins. We NUTRI-SPEC practitioners do not discuss drinking water nearly enough. Why not? ... Because we are clinicians dealing largely with patients concerned with their symptoms. Getting our patients on a source of longevity-achieving natural water will not make one iota of difference in how

they feel tomorrow, or next week, or even next month. But if we take a long-term view of our patients' health --- truly --- a high quality source of drinking water must be right up there with foundational supplements, Protein:Carb Ratio, PUFA avoidance, and natural light as our 5 highest priorities.

Serving the children of your FAMILIES is your perfect opportunity to take a long-term view of optimizing the quality and length of life. The devastating effects of unnatural water are cumulative; the strength and vitality-enhancing effects of natural water are cumulative. So --- you can have a tremendous impact on a person's potential to live stronger longer if you start that person on nutritious water as early in life as possible.

MUNICIPAL WATER SUPPLIES ARE KILLERS

How?

- Chlorine and fluoride are goitrogens, blocking thyroid function.
- Chlorine causes atherosclerotic senile degeneration, coronary artery occlusion, and stroke.
- Chlorine causes cancer.
- Fluoride is toxic in countless ways.
- Fluoride inhibits cellular DNA repair.
- Fluoride causes cancer.
- Fluoride causes Down's Syndrome.
- Aluminum as a water flocculating agent = heavy metal toxicity.
- Drug pollutants, especially estrogen and antibiotics, are toxic.
- Halogenated Hydrocarbons are toxic.
- Polyphenolic compounds are toxic.
- All other industrial and agricultural pollutants are toxic.

Review Chapter 4 of your NUTRI-SPEC manual and the references provided for an alarming appreciation of how quantitatively significant are the poisons in that chemical soup sold to us as drinking water. Again, the health-destroying effects of poisoned water are cumulative. --- Please --- save the children.

What about the other side of the water discussion? Just as important as avoiding toxic water is obtaining a source of water that is loaded with mineral nutrients. The human digestive system is terribly inefficient at extracting mineral nutrients from our foods. That inefficiency does not represent a flaw in our design --- it is just that historically humans have thrived where there has been access to mineral-rich water. We all, but particularly children, need hard water with a total dissolved solids approaching 300 ppm. The carbonates, sulfates, and phosphates of magnesium and calcium found in good natural water are directly correlated to health and longevity, and inversely related to aging, heart disease, and cancer.

Yes, you must become an educator. Your Foundational Families, long before they progress to NUTRI-SPEC Metabolic Therapy, can be guided along the road to extraordinary well-being, one step at a time. Some families can enthusiastically adopt Steps One through Five in one great leap, while others can only accept them one by one over months or even years. You and only you can help parents achieve (what should be) their goal --- to see their children spend the first 18 years of their lives developing into rational, honest, independent, productive people, all the while celebrating the glorious joys of childhood.

Continue to feed your FOUNDATIONAL FAMILY PRACTICE ---watch it grow, then blossom into incredible riches for you.

In celebration of health,

Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 20 Number 1

From:
Guy R. Schenker, D.C.

Dear Doctor,

Would you love the satisfaction of knowing that ...

YOUR WORK HAS HAD A LIFE-CHANGING IMPACT ON COUNTLESS PEOPLE?

Where will you find a better opportunity than to offer the benefits of balanced nutrition to children, as they blossom into healthy, happy, productive adults? Building a family practice will make you rich beyond your greatest expectations.

In building your family practice, you must repeatedly ask parents and grandparents,

“WHAT IS THE MOST IMPORTANT THING YOU CAN DO FOR YOUR CHILDREN?”

No matter what the reply, agree wholeheartedly, then go on to say,

“GIVING SPECIAL ATTENTION TO YOUR CHILDREN’S NUTRITION NEEDS IS PROBABLY FAR MORE IMPORTANT THAN YOU EVER IMAGINED.”

Think about it --- what could be simpler than to ask such a basic question?

In the chatter you carry on routinely with your patients, the subject of their children (or grandchildren) comes up frequently. When it does, just respond enthusiastically in response to whatever comment they have made, then simply inquire about the child’s nutrition status in this non-intrusive way. Such a

question does not represent any high-intensity sales pitch --- it is the perfectly proper question to come from you, the patient's doctor who is an authority on nutrition. This inquiry almost always elicits a favorable reply --- at the very least, the agreement that more attention should be given to the child's nutrition.

If you truly care about helping people as much as you tell yourself you do, then you've got to be motivated to place those first bottles of Mighty Mins and Immuno-Synbiotic. You can completely turn children's lives around with your follow-up conversations once parents (or grandparents) have started children on Mighty Mins (and have read the Mighty Mins (and Activator) and Immuno-Synbiotic brochures) ...

So --- you have placed those foundational supplements with a family, putting yourself in a position to elevate that family's health status to a level that will ...

**INSURE FUTURE CELEBRATION
WHERE THERE WOULD HAVE BEEN FUTURE DEVASTATION.**

The allergies, the arthritis, the depression, the anxiety, the heart disease, the cancer --- all that lay out there in the future --- can now be largely prevented. But it is not Mighty Mins plus Immuno-Synbiotic alone that do the trick --- it is the continuing dialogue on nutrition.

In last month's Letter, understanding that families are only physically and emotionally prepared to make limited changes at once, we gave you a Five-Step Plan from EAT WELL - BE WELL by which a family can incrementally improve its nutrition. Some families can cover those five steps in one giant leap, while others may require months or even years to make a significant commitment to health. Here are those five steps --- or five levels of commitment --- in order --- that families must make to maximize health:

Step One: Take Mighty Mins and Activator plus Immuno-Synbiotic === unmatched as a source of nutrients in their most bioactive forms, plus, controls all forms of ImmunoNeuroEndocrine stress.

Step Two: Follow the Two-Rule Eating Plan === a serving of protein 21 times each week, and strict avoidance of sweet drinks --- along with Mighty Mins --- is 90% of what children need so that they may enjoy robust good health, then blossom into happy-ever-after adults.

Step Three: Eliminate concentrated sources of PUFAs === Steps 2 + 3 largely eliminate the leading causes of suffering and premature death in Western Civilization.

Step Four: Maximize exposure to natural light while minimizing exposure to unnatural light === assures full physical, mental, and hormonal development.

Step Five: Obtain a good source of natural water === eliminates an overwhelming toxic burden, while simultaneously supplying macro minerals that are unavailable from our foods.

Once families have traversed Steps One through Five, have they reached their destination? Or, can you guide them even closer to ideal health? The obvious Step Six would be NUTRI-SPEC Metabolic Therapy. Of course, your NUTRI-SPEC Metabolic Balancing, or Diphasic Nutrition Plan, or Sympathetic/Parasympathetic Support, or Barrier Busters, or Tissue Acid/Alkaline Balancing could also be considered Step 1-A, Step 2-A, Step 3-A, or Step 4-A --- appropriate to introduce any time a patient expresses concern over a symptom or condition for self, or for a child.

Your introduction of NUTRI-SPEC evaluation is where your fun really begins. Re-read the first Letter of this Family Practice series for a specific and concise dialogue illustrating the best way to introduce NUTRI-SPEC testing. Thoughtfully consider the example of the child described in that Letter. Imagine such a case in your own practice. Truly consider how starting a family on NUTRI-SPEC will lead to celebration where there was destined to be devastation. Then, picture yourself in 15 years, reflecting back on all the allergies, arthritis, anxiety, depression, hypertension, diabetes, cholesterolemia, heart disease, and cancer that never happened --- all because you reached out to young families.

Step One? Step Two? How far will each of your families go? Step Five plus NUTRI-SPEC Testing? You never know in advance which of your Foundational Families will fully embrace a total commitment to maximizing health. But every step taken will enable those families to ... **LIVE STRONGER LONGER** --- all because of your well-informed guidance.

There are two more absolutely critical considerations regarding nutrition for children. That is to say there are two critical periods in all children's lives when careful attention to their nutrition needs has a greater impact on both their immediate and their long-term health than anything that you or their parents can do at any other point in their lives. Regrettably, children have usually passed these two periods before you get your first shot at upgrading their diet and supplement plan.

What are those two critical life-impacting periods of development? The nutrition supplied prenatally and the nutrition plan the first year of life can make or break a child's chances of reaching its full innate potential. In your next Letter we will cover the essentials of nutrition in preparation for and

during pregnancy, and of nutrition during lactation and infant feeding. Then, you will have all you need to guide young families down the road to glorious good health.

ONE LAST COMMENT ABOUT MIGHTY MINS ---

From time to time a doctor will call us in indignation and shock, wondering how in the world we could put fructose in Mighty Mins. The question derives from an appreciation that we have been on a crusade against sugar in general and fructose in particular for more than 30 years. (Fructose, remember, is the leading cause of death in America --- even more devastating than PUFAs.) What kind of hypocrites are we, then, to be poisoning tens of thousands of children with fructose?

Please be assured that your concern over the sugar in Mighty Mins is unfounded. If you analyze the sugar content quantitatively, you will realize that each Mighty Mins has about the same total sugar, and actually less fructose, than two grapes. Consuming two grapes at the end of a meal that includes even a minimally significant amount of protein will have no unfavorable effect on glycemic control. --- So --- enjoy the satisfaction of helping children with Mighty Mins plus Immuno-Synbiotic; and, enjoy the satisfaction of building your practice upon Foundational Families.

Sincerely,

Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 20 Number 2

From:
Guy R. Schenker, D.C.

Dear Doctor,

15 MONTHS PRE-NATAL.

--- At a minimum --- 15 months pre-natal is when the nutrition supplementation regimen for an infant should begin.

“Okay --- I get it,” you say. “An infant’s supplementation begins not with MIGHTY MINS at age 6 months, and not even at birth. It is the mother’s pre-natal supplementation that constitutes the real beginning of nutrition for a baby. But 15 months? The entire length of gestation is only 9 months -- so -- are you saying the mother-to-be should begin preparing nutritionally for pregnancy 6 months before conception?”

Yes. Emphatically yes. Such is the only course taken by responsible parents.

I remember how impressed I was years ago when reading an article about a “primitive” culture and how it placed such a strong emphasis on maternal preparation for gestation and lactation. I do wish I could locate that article. Written from the same perspective as Weston Price’s “Nutrition and Physical Degeneration,” it highlighted the utter simplicity of obtaining superior nutrition.

[As Price shows so clearly, the omnivorous diets that produced robust men and strong women for ...

GENERATION AFTER GENERATION ...

all had in common:

- meat/fish/poultry as the core of the diet --- but --- not just the muscle meats, as bone and organ meats were consumed routinely.
- a diversity of starchy and non-starchy vegetables.

And that is the whole story --- what could be simpler than that? The benefits of such eating? --- No tooth decay, no arthritis, no cardiovascular disease, no allergies --- none of the misery plaguing modern cultures that suffer ...

DEGENERATION AFTER DEGENERATION.

Some of the primitive people used dairy products (neither pasteurized nor homogenized), and some did not; many ate grains (whole), and many did not. None consumed significant amounts of sugar (--- not even “natural” sugar); none ate vegetable oils containing a high proportion of omega 6 fatty acids; none had to shop for “health food.” (If only we lived in a world as pure and simple as they did.)]

What should you find so impressive about those “ignorant savages” who prepared their women so thoroughly for pregnancy? Think of the wisdom shown in the most fundamental law of their society: ANY WOMAN WHO HAD A BABY LESS THAN 3 YEARS AFTER THE BIRTH OF HER PREVIOUS CHILD WAS OSTRACIZED FOR AN ENTIRE YEAR. She was considered an irresponsible whore who was weakening the fiber of her people. This culture knew from experience that they (like the peoples described by Price) could remain healthy and strong, generation after generation if they followed a few basic natural laws. Foremost among those laws was that a woman must thoroughly condition herself for her most important purpose in life --- the birthing and rearing of vigorous children.

So --- from the day she gave birth she had 36 months during which to feed her new baby, then prepare for the next. The first 6 months were devoted entirely to lactation, as she was the sole source of nutrition for her infant. Over the course of months 7 through 21 her lactation demand steadily eased as she fed her child an ever more diverse diet of good foods. Meanwhile, mother’s reserves were replenished. Then, during months 22 through 27, mother was given special consideration regarding choice food selection, as her 6-month intensive preparation for conception. Next came the 9 month period of gestation as a beautiful baby was produced. Note that the special diet was not followed during pregnancy, but for the 6 months before conception.

Now, in our continuing discussion of family nutrition, let us consider what you can do to assure your Foundational Families the healthiest babies possible. Your NUTRI-SPEC Manual makes the point that, "If every woman one year prior to conceiving a child would follow EAT WELL – BE WELL and continue following those recommendations throughout pregnancy and lactation, and, if every person followed those recommendations from childhood through adulthood --- it can easily be imagined that 90% of all health problems would be prevented." So --- when counseling your young families, let them know that their children will be far healthier, and Mom will withstand the strain of childbearing far better, if they wait at least 18-24 months after a baby is born to conceive their next child.

In this Letter and the next few ...

**YOU WILL LEARN ALL YOU MUST KNOW ABOUT PROVIDING
NUTRITION FOR PREGNANT AND LACTATING WOMEN.**

First, understand that NUTRI-SPEC Metabolic Therapy --- whether Metabolic Balancing, the Diphasic Nutrition Plan, Sympathetic/Parasympathetic Support, Barrier Busters, or Tissue Acid/Alkaline Balancing --- is performed during pregnancy just as it is any other time. There are, however, certain NUTRI-SPEC Imbalances often found at different stages of pregnancy. --- We will tell you how to handle those in next month's Letter. For now, just go ahead with your preferred Analysis of your pregnant patients. There are 2 NUTRI-SPEC supplements that are contraindicated in pregnancy and during lactation --- the amino acids Tyrosine and Phenylalanine. All other QRG recommendations are fine.

You need to be informed about vitamins A and D during pregnancy. Some women will express their fear that your recommended supplements provide potentially teratogenic quantities of vitamin A in particular. Here is how you must inform your patients:

It is well known that the fat soluble vitamins, vitamin A and vitamin D, can be toxic at extremely high doses. The emphasis is on the word "extremely." The intake of vitamin A required to have a toxic effect is in the order of 50 to 100 thousand I.U. per day for months at a time. The toxic level of vitamin D has yet to be determined because it is difficult to consistently produce any toxic effects even with thousands of international units daily.

By far the most significant concern over the toxic effects of these vitamins relates to their safe intakes during pregnancy. There has been a lot of negative press given to vitamin A as a potential cause of birth defects. The purpose of this letter is to allay those fears for you and your pregnant patients.

What is the source of all the concern about vitamin A causing birth defects? The first source of concern about possible teratogenicity of vitamin A comes from the discovery that many of the synthetic derivatives of vitamin A (such as are used in the pharmacological treatment of certain skin conditions) are powerfully teratogenic. Since these are derivatives of vitamin A, the question naturally arises whether vitamin A itself is teratogenic. Many, many studies have been done in an attempt to determine if there is any reasonable level of vitamin A intake that is unsafe for pregnant women.

Fortunately, no cause and effect relationship has been established between vitamin A and birth defects. One of the best studies showing the safety of vitamin A supplementation for pregnant women was published in 1998 as a summary of all the recent studies checking for the teratogenicity of vitamin A. This summary of studies on vitamin A in pregnancy shows that vitamin A intake during early pregnancy as high as 30,000 I.U. per day is totally safe.

1. Wiegand, et al. Safety of vitamin A: recent results. Int J Vitam Nutr Res. 1998;68(6):411-6.

To wrap things up, we must say a word about vitamin D. Many studies have shown that vitamin D during pregnancy is not only not toxic but it is absolutely an essential supplement. One particularly good study recommends a minimum of 1000 I.U. daily of vitamin D during pregnancy.

2. Vitamin D supplementation in pregnancy: A necessity. Arch Pediatr. 1995 Apr;2(4):373-6.

Even more popular these days than the fear of too much vitamin A during pregnancy is anxiety over insufficient ...

FOLIC ACID.

Folate supplementation has become the first thought of doctors and nutritionists when consulted by a newly pregnant woman. --- Almost in a panic, they insist that folic acid must be taken to avoid the well-known birth defects resulting from folate deficiency. --- Nonsense.

We are not saying that folic acid supplementation is not essential during pregnancy. Folic acid truly is one of the most critical nutrients supporting gestation. Any time there is rapid cellular division, and pregnancy is the most extreme example, folate must be present in abundance. But the birth defects that result from folic acid deficiency are neural tube defects, and neural tube defects occur during the first weeks of gestation --- before the woman even knows she is pregnant. By the time the obstetrician is cramming folate down her throat any birth defects from folate deficiency have already occurred.

If a woman has been taking Activator plus Immuno-Synbiotic all along and gets pregnant, her folic acid level will be in good shape. If, on the other hand, the woman is a nutritional disaster, gets pregnant, and asks what to take because she is pregnant, then it is certain she will benefit from additional folic acid from Activator. However, the major birth defects that come from folic acid deficiency occur before she even knows she's pregnant, so will not be prevented by supplementation.

So yes, Activator is 1/3 of the powerful tripod that supports this 15 month pre-natal intensive but joyful preparation period. The second leg of the tripod is, of course, the basic Eat Well – Be Well Laws of nutrition that must be obeyed a bit more rigorously during these 15 months. What is the third leg of this foundational tripod?

IMMUNO-SYMBIOTIC.

There is absolutely no other time when supplementation with the proper Immuno-Synbiotic is more critical than in pre-natal preparation. During pregnancy, challenges to ImmunoNeuroEndocrine balance are greatly magnified. Immuno-Synbiotic will control or prevent these INE stresses, thus maintaining mom's physical and emotional strength during and after pregnancy, as well as assuring that the ImmunoNeuroEndocrine stresses on the developing fetus are minimized. There is a major shift in the balance of Mom's immune system that is absolutely critical to a healthy pregnancy. Why the immune shift? It assures that Mom's immune system will not react to the fetus as if it is a foreign invader. The cytokine milieu of both Mom and baby shifts away from the more aggressive Th1 (T-helper cell 1) pro-inflammatory cytokines in favor of a Th2 dominance.

How does this ideal immune system balance during pregnancy relate to your supplementation with Immuno-Synbiotics? You will want to emphasize the use of I-S Immune Restore or I-S Immune X-Flam (and de-emphasize I-S Immune Power). That way you will be facilitating Mom's (and baby's) Th2 shift. [Note that this shift towards a Th2-dominant immune state is one of the major purposes of progesterone --- the pro-gestational hormone.]

The key probiotic in the desired immune-modulating effect is The King ---

L. REUTERI.

Here are some choice facts regarding L. Reuteri during pregnancy:

- L. Reuteri supplementation during the last four weeks of pregnancy results in L. Reuteri in the colostrum when the infant is born.
- L. Reuteri supplementation during late pregnancy reduces breast milk levels of the nasty TGF-beta 2 --- and low levels of this cytokine are associated with less sensitization and less IgE-associated excema in breast-fed infants. The colostrum also contains slightly increased levels of anti-inflammatory IL-10.
- L. Reuteri prevents enteric colonization by Candida in preterm newborns, and significantly reduces GI symptoms. L. Reuteri also decreases the incidence of abnormal neurological outcomes in preterm infants.

So you clearly see, Mom's ImmunoNeuroEndocrine balance, and by extension the baby's ImmunoNeuroEndocrine balance, will be maintained during the 9 months of gestation by either I-S Immune Restore or I-S Immune X-Flam. But as you also see, the benefits to baby go beyond the 9 month gestation period. The most critical "gift" a mother gives her new baby is ...

AN EMPOWERING FIRST MEAL

First meal? You probably think we are referring to the colostrum that affords passive transfer of immunity. But there is something even more fundamental than colostrum. Baby's true first meal is not colostrum, but is the slurping down of Mom's natural (and in the case of your patients, healthy) microbiota on the way through the birth canal. We will have much more to say about this potentially life-empowering first meal in future Letters.

We are off to a good start in preparing you to better serve your growing families during pregnancy and lactation. You know the essentiality of Activator, and EAT WELL – BE WELL, and Immuno-Synbiotic. You know the benefits of allowing enough time between pregnancies so that Mom can ... a) nurse her baby, b) re-charge her battery, c) then, make special preparation for the next pregnancy, You are eager to provide NUTRI-SPEC Metabolic Therapy to support the healthiest possible pregnancies; You know how to prepare mom and baby by supplying the rock-solid tripod of prenatal support. --- Now, serve.

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THE NUTRI-SPEC LETTER

Volume 20 Number 3

From:
Guy R. Schenker, D.C.

Dear Doctor,

Think about it ---

FAMILIES ...

are the cornerstone of Western Civilization.

Princes come; Princes go,
an hour of pomp and show. ----- Yet, what do Princes really know?
Wise men come; wise men go,
ever promising the riddle of life to know. ----- Yet, what do wise men really
know?
Families rise above and flow,
the eternal fabric of life to sew. ----- Yes, all that there is to know, only families
know.

Since our culture's ideological roots sprouted in Babylon and Jerusalem,
then grew westward through Greece and Rome, its branches ascending
through all of Europe and spreading wide to the Americas, blossoming in
golden ages and withering in dark ages --- the traditional family has been the
one sociological constant.

Through the rise and fall of Kings and Priests, the exhortations of the Oracle
and Medicine Man, and the bloody trail of wars, crusades and holocausts ---
family values are all that have saved Western Civilization from permanent
collapse. The love and respect between husbands and wives, fathers and sons,
fathers and daughters, mothers and sons, mothers and daughters, brothers
and sisters, one generation to the next --- have infused countless millions with
the will and the strength to persevere.

--- Until now. Today's degradation of family relationships signals a likely fatal arrhythmia in the heart of our culture --- unless --- people like you, who understand the bleak prognosis, begin to enthusiastically offer rehab every time you see the patient's heart skip a beat. --- Have I lost you? Why am I preaching family values in a Letter devoted to clinical nutrition? Am I a lunatic --- about to claim that you can save the world from imminent disaster with NUTRI-SPEC? Of course not. --- But --- in line with our theme in recent Letters proclaiming the riches you will enjoy through building a family practice, the point here is that you can be among the few who still ...

SEE THE UNLIMITED BEAUTY OF LIFE'S POTENTIAL ---

while you engage in a mutually enriching celebration of that beauty with your patients.

There is nothing like a family practice for financial, intellectual, and emotional enrichment of you, the doctor. But the doctor-patient relationship is a two way street. The essence of a mutually enriching exchange is that you add value to your patients' lives in at least equal measure to their enrichment of yours. One important way your work can have a life-changing impact on your patients is to use your position of authority to give positive reinforcement to patient behaviors that will ensure they live ...

HAPPILY EVER AFTER.

In NUTRI-SPEC terms, this reinforcement takes shape not just as individual nutrition recommendations, but as a diet and supplement plan designed to strengthen the entire family. You have learned that one key to building a family practice is in serving children --- first with Mighty Mins plus Immuno-Synbiotic along with EAT WELL – BE WELL, then, as appropriate, with NUTRI-SPEC testing. In other words, getting children on the right track is the singular most important thing you can do to get an entire family on the right track. With NUTRI-SPEC you may not be able to get families away from the TV and into creative work and play --- but, you may very well be able to ...

GET THEM AWAY FROM McDONALDS ...

and into sharing nutritious meals together as a family. Such is a step in the right direction.

Since you will nowhere find a better opportunity to help people enjoy their innate potential than in getting children on course as early as possible, it follows that you want to begin your work on the children of your Foundational Families LITERALLY as early as possible. We pointed out in last month's Letter that as early as possible means not during infancy, not at birth, not during the 9 months of gestation, but actually ...

15 MONTHS PRENATAL.

We began last month our discourse on nutrition in preparation for and during pregnancy. One of the most valuable services you can provide your families is to assure that they have the healthiest babies possible. Already you have learned:

- A. the benefits of allowing enough time between pregnancies so that Mom can ...
 - 1. nurse her baby.
 - 2. recharge her battery ...
- B. then, make special preparation for the next pregnancy.
- C. the essentiality of Activator plus Immuno-Synbiotic and EAT WELL – BE WELL.
- D. the benefits of NUTRI-SPEC (Metabolic Balancing, or your Diphasic Nutrition Plan, or Sympathetic/Parasympathetic Support, or Barrier Busters, or Tissue Acid/Alkaline Balancing) to support the healthiest possible pregnancy.
- E. how to reassure women that there is no teratogenicity from vitamin A supplementation.
- F. how folate supplementation relates, and yet does not relate, to neural tube birth defects.

There is another nutrient that is routinely prescribed by Obstetricians and by nutritionists for pregnant women. The minute a woman says she is pregnant there is a knee jerk reflex (almost as powerful as for folic acid) to supplement that woman with ...

IRON.

Why is iron so routinely offered to pregnant women? There simply is no rationale.

Iron is important for the developing fetus, but no more important than any other nutrient. While it is true that some women become severely anemic during pregnancy, that problem generally only occurs in women who are anemic or borderline anemic going into the pregnancy. Just because some women become anemic during pregnancy is no reason to force iron on all pregnant women, particularly since testing for iron deficiency is so simple.

You may be thinking, “OK, maybe not every woman needs iron supplementation during pregnancy, but since anemia during pregnancy is such a severe problem, why not take a little bit of an iron supplement as an insurance policy against anemia?” Good question --- and here is the good answer --- Iron, unlike most nutrients, is extremely toxic when taken above nutritional needs. Iron is a powerful oxidant that causes tissue damage and

premature aging. Iron is particularly toxic to the brain. Iron is also carcinogenic. Adequate iron to meet our nutrition needs is easily obtained from a natural omnivorous diet.

There are, however, some women who menstruate heavily enough that they need supplemental iron to prevent anemia. How is the need for iron determined? There is one and only one way. Iron supplementation is not specifically indicated by a low red blood count; it is not specifically indicated by a low hemoglobin, nor by low hematocrit. There is only one test that is specific for iron deficiency anemia and that is serum ferritin.

Anyone with a serum ferritin 15 or below desperately needs iron supplementation. A serum ferritin between 15 and 25 probably indicates the need for at least short term iron supplementation, and this is particularly true in pregnant women. But since iron is toxic, to prescribe iron without a low serum ferritin is irresponsible.

How is iron so toxic? Iron is an extremely damaging oxidant, causing oxidative damage to the brain and skin in particular. Age spots or lipofuscin pigment in the skin is a direct indicator of oxidative damage from iron. Anyone who has lipofuscin age spots on the skin also has lipofuscin deposits in the brain --- automatically, no question about it. Oxidative damage is synonymous with aging. Oxidation of iron is also a major contributor to cardiovascular disease. The only thing that accelerates the aging process as fast as iron is omega 6 fatty acids in vegetable oils, and omega 3 fatty acids in fish oils. (You can place aspartame near the top of that list also.)

Apropos of this Letter on pregnancy, it must be emphasized that the fetus is particularly vulnerable to the toxic effects of iron. Under no circumstances should iron be routinely supplemented to a pregnant woman, yet iron is supplied in abundance by almost all prenatal vitamins. A simple complete blood count along with serum ferritin indicates exactly which women do and do not need iron supplementation to provide for the development of the fetal blood cells, and to provide adequate iron stores to last the first 4-6 months of infancy.

There are literally hundreds of studies in the literature explaining the oxidative damage done by iron, and how it is neurotoxic in particular, and how it is causative in both vascular disease and cancer. [That is why there is no iron in your Activator. There is iron in Mighty Mins, since growing children are building blood volume.] Most of those studies relate specifically to the degenerative diseases of adults. But here are a few studies that address the neurotoxic effects during gestation, demonstrating clearly the damage done by supplementing a woman who does not need it with iron during pregnancy.

Favier et al. Is systemic iron supplementation justified during pregnancy? Gynecol Obstet Certil, 2004 Mar; 32 (3):245-50.

Ward et al. Iron supplementation during pregnancy – A necessary or toxic supplement? Bioinorg Chem Appl, 2003:169-76.

Ward, et al. Effects of marginal iron overload on iron homeostasis and immune function in alveolar or macrophages isolated from pregnant and normal rats. Biometals 2008 August 9.

Serdar, et al. Serum iron and copper status and oxidative stress in severe and mild preeclampsia. Cell Biochem. Func, 2006 May-June; 24(3):209-15.

Lindman et al. Limited protection against iron-induced lipid peroxidation by cord blood plasma. Free Radic Res, 1992;16(5):285-94.

All your pregnant patients should be on Activator plus Immuno-Synbiotic and EAT WELL – BE WELL (--- ideally, long before conception). None of them should be on a standard pre-natal vitamin. If your patient makes the mistake of letting her Obstetrician force upon her a prenatal with iron, show her this Letter and get her off it. (If her Obstetrician told her Activator does not have enough folic acid, show her last month's Letter as well.) Take care of your pregnant patients!! It may be the most important service you provide.

--- Much more on this topic to come next month.

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 20 Number 4

From:
Guy R. Schenker, D.C.

Dear Doctor,

Here is a startling revelation --- a golden nugget of ancient wisdom that has been lost to Western Civilization for 7 decades.

PREGNANCY IS NOT A DISEASE.

Only a tiny minority of pregnancies require more than three visits to a midwife or obstetrician before delivery. Extensive blood work is not required. Ultrasounds are not required, and are possibly harmful. (--- There was some research done back in the 1980's indicating that ultrasounds cause cavitation in the cerebrospinal fluid of the fetus.) Amniocentesis is certainly not to be considered except in high risk situations. All the obstetrical procedures that have become standard in this country are nothing more than physical and emotional intrusions on the pregnant woman. Obstetrics has changed what should be nine months of celebration and eager anticipation into nine months of harassment and anxiety.

Do not misunderstand me --- a good midwife or obstetrician is absolutely essential to a physically successful and emotionally gratifying pregnancy. It is just that the legitimate role of the professional is much smaller than has come to be accepted. What, really, is the benefit of all the repeated exams and ultrasounds performed by the obstetrician? Stop for a minute and ask yourself (and ask all your pregnant patients to stop and ask themselves) what actionable information do all these invasions by the obstetrician provide? If the obstetrician detects what might possibly (but not likely) be a problem, is there anything the doctor can do about it? Is there anything the pregnant woman can do about it?

No. So --- why learn that there is a 5% chance of a problem with the pregnancy if awareness of that potential problem affords no means of mitigation? Why let the obstetrician place a dark cloud of anxiety over what should be an entirely joyful experience when the chances of that dark cloud bringing a storm are very remote?

Pregnancy is not a disease. A pregnant woman and her husband should be devoting their time, energy, and money to gleefully choosing wallpaper for the new baby's room, not being badgered by a doctor overwhelmed with his own importance.

Just what should a woman do when she discovers she is pregnant? Here is a step by step sequence to follow during gestation:

1. The first thing she should do is get a big hug from her husband.
2. Ideally, it has been at least two years since her last baby was born, and she has been on Activator plus Immuno-Synbiotic and EAT WELL – BE WELL for at least six months.
 - a. If those two conditions are met, then all she needs to do is come to your office to receive praise for being so well prepared for an ideal pregnancy, and, receive NUTRI-SPEC testing.
 - b. If those two conditions are not met, then you need to reassure her that despite being less than entirely prepared for a pregnancy, she will receive from you all her diet and supplement needs to assure the most successful pregnancy possible.
3. NUTRI-SPEC Testing on a pregnant woman requires just a few extra considerations (to be explained below).
4. The woman should make an appointment to establish a connection with a good midwife or obstetrician.
 - a. To properly prepare for this appointment, the woman and her husband must ask themselves in advance the all-important question, “Under what circumstances will we abort this pregnancy?” If the answer to that question is that there will be no abortion unless the mother's health is severely threatened, then that message needs to be conveyed to the obstetrician. In other words, there is no point to most of the obstetrical services offered since no action can be taken based on the findings of those procedures.

- b. If the woman has a history of anemia, or, if your NUTRI-SPEC exam reveals a reasonable likelihood of anemia from the blood pressure Table in your QRG, then the woman should request a complete blood count plus serum ferritin.
 - c. If the woman has had a C-Section in the past, she should inform the midwife or obstetrician that she wants, if at all possible, to have a vaginal delivery this time.
 - d. If the woman and her husband have agreed that they would abort the pregnancy if there is a high probability of fetal abnormality, then she should schedule the test for serum alpha-fetoprotein at 16 weeks of gestation. The test for alpha-fetoprotein is the one obstetrical procedure that makes sense. It is reasonably accurate at detecting genetic defects such as Down's Syndrome, neural tube defects, and other genetic abnormalities.
 - e. If there are no other complicating factors, the woman should make her next appointment with the midwife/obstetrician --- for the end of the 8th month of gestation. The obstetrician will go into shock and explain how it is absolutely essential that she be seen many times before then. The woman should calmly explain that if there are any signs of difficulty she will make an appointment right away, but otherwise none of the procedures offered will provide actionable information --- in other words reveal anything about which she or the obstetrician can do anything --- so --- the 8th month of gestation is the first time she needs to be seen.
5. EAT WELL – BE WELL includes obtaining a source of natural water high in total dissolved solids. This recommendation is absolutely essential for all pregnant women (and, of course, should have been followed for at least 6 months before conception).
6. There is only one addition to EAT WELL – BE WELL for pregnant women --- sources of xanthines, such as coffee, tea, chocolate, and other sources of caffeine, should be avoided.
7. While following EAT WELL – BE WELL, the woman should be certain she gains at least 20 pounds during pregnancy. Gaining less than 20 pounds puts the baby at risk for low birth weight, which is associated with many potential health problems. Gaining sufficient weight will also insure that the woman is completely prepared for lactation, which tends to suck all her reserves dry.

- a. To assure not only the quantity but the quality of weight gain, the woman should re-calculate her protein and carbohydrate requirements by adding 20 pounds to her current body weight (unless she is obese). Doing so will generally add one or two ounces of meat, fish, poultry, eggs, or cheese to each of three meals daily, along with the corresponding increase in carbohydrate.
8. At any sign of difficulty, such as spotting, severe cramping, extraordinary weight gain, etc., the patient should contact you and the midwife/obstetrician.
9. At 8 months the woman re-connects with the midwife/obstetrician in preparation for delivery. Based on the exam findings at that time, the woman and the midwife/obstetrician can put together the plan for the last 4 weeks preceding delivery.

Let us now go back to the beginning and discuss ...

NUTRI-SPEC TESTING DURING PREGNANCY.

NUTRI-SPEC Testing is the same for pregnant women as for anyone else. The only additional consideration is that during pregnancy a woman's body chemistry often will change dramatically, so that she shows entirely different Metabolic Imbalances than she did before pregnancy. By far the most common metabolic shift you will see in pregnancy is that many women go into a Dysaerobic Imbalance during the first trimester. That Dysaerobic Imbalance is not a good sign. It is very often associated with a deficiency of progesterone. That Dysaerobic shift has been shown to be most extreme in women who experience severe morning sickness during the first trimester. Sadly, spontaneous abortion between the 6th and 13th week is not uncommon among these women.

If a woman comes to you early in pregnancy who shows a Dysaerobic test pattern plus blood in the urine, and reports severe morning sickness, you must start her on Oxy D and Oxy D+ immediately. With morning sickness, the woman will not only have no desire for food, she will balk at the "fragrance" of Oxy D+. You must insist that at each of three meal times daily the woman eats a "meal" that is perfectly proportioned as per EAT WELL – BE WELL guidelines. Even if she only eats two bites of chicken and two bites of potato, she must eat quality. She does not dare slip into the routine of, "I'm not hungry so I'm just going to have a piece of toast." ----- If the Dysaerobic Imbalance is treated, and the woman stays qualitatively on EAT WELL – BE WELL, the morning sickness and the Dysaerobic test pattern will disappear, along with the blood in the urine and the morning sickness, and the pregnancy will proceed quite normally --- unless --- the woman is pathologically low in progesterone.

Let us now make a side note about progesterone. Progesterone is ...

THE FERTILITY HORMONE.

That is how its name is derived --- it is the pro-gestational hormone. Progesterone insufficiency is a common cause in women who have repeated spontaneous abortions. Any horse breeder knows that the first consideration in a mare that has lost fertility is progesterone supplementation. Furthermore, the secret to getting two or three years of extra fertility out of a good brood mare is to supplement her with progesterone. (Why the medical profession is so far behind the veterinary profession is a subject for another day.) The drop in progesterone production that most women experience during their 40's is the primary reason why women's fertility decreases at that age.

Suppose you have a woman who has lost several pregnancies, or just has never conceived. Your ability to restore fertility to these women with NUTRI-SPEC, plus the natural supplement Progest-E, is truly amazing. You will make many, many happy families using Progest-E as an adjunct to NUTRI-SPEC, if you use it according to NUTRI-SPEC protocols.

Getting back now to our woman in early pregnancy who has just presented for NUTRI-SPEC Testing and shows a Dysaerobic test pattern accompanied by blood in the urine and morning sickness --- should you supplement with Progest-E? If you are an MD, the answer is yes. If you are a chiropractor, you must consider your liability very carefully. Even though Progest-E is all natural and entirely legal and within your scope of practice, you are at some risk. Since this is a pregnancy that has a reasonably high percentage of ending in spontaneous abortion anyway, if it does, there is the risk that your altering of the woman's hormone balance will be judged as inappropriate. Choose your patients carefully. [Additional sidenote: do not recommend progesterone creams --- ever.]

Other than the increased incidence of Dysaerobic Imbalances in women during the first trimester, NUTRI-SPEC Testing in pregnant women is just the same as for other patients. You will make the same dietary recommendations (with the additional quantity described above), and the same supplement recommendations based on the QRG analysis of the test results if you are doing NUTRI-SPEC Metabolic Balancing. Your Diphasic Nutrition Plan is equally ideal during pregnancy. The 3 Metabolic Support systems (Sympathetic/Parasympathetic Support, Barrier Busters, and Tissue Acid/Alkaline Balancing) are often invaluable. IMMUNO-SYMBIOTIC is always your highest priority.

There are, however, two NUTRI-SPEC supplements that are contraindicated in pregnancy --- the amino acids tyrosine and phenylalanine. These amino acids tend to potentiate sympathetic activity, which is unlikely to cause a problem for the fetus, but there is no point in taking any chances. The same contraindication applies during lactation.

Following that same line of reasoning, it should also be recommended to pregnant women that they stop all neuro-active drugs, and really drugs of any kind during pregnancy. Clearly a woman on anti-depressants or any other “nerve medicine” has no business getting pregnant in the first place. As mentioned above, caffeine, theophylline, and theobromine fall under the category of neuro-active drugs. They certainly stimulate the CNS, and, they activate the sympathetic system even more potently than do tyrosine and phenylalanine.

In summary --- pregnancy is not a disease, it is a time for families to celebrate one of the greatest rewards of healthy living. With your NUTRI-SPEC system of metabolic evaluation you will be an essential participant in this joyous event. You have all the knowledge to guide your patients in preparation for pregnancy, then through a gestation period that produces the most beautiful baby possible.

Savor the rewards of a family practice.

Sincerely,

Guy R. Schenker, D.C.

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 20 Number 5

From:
Guy R. Schenker, D.C.

**MAMMY'S LITTLE BABY LOVES SHORTNIN' SHORTNIN'
MAMMY'S LITTLE BABY LOVES SHORTNIN' BREAD.**

**GERBER'S
"START HEALTHY, STAY HEALTHY"
BABY FOOD**

**NESTLE'S
"GOOD START"
FORMULA**

Dear Doctor,

Just what IS the ideal food for newborns? When IS the best time to introduce Mammy's little baby to solid foods? What IS the best diet plan for creepy crawlers and teetering toddlers?

From the last several issues of this Letter, you have gained the knowledge to counsel your patients in preparation for pregnancy, then guide them through a gestation period that produces the most beautiful baby possible. With your expertise, plus your Nutri-Spec systems of Metabolic Support, you will be an essential participant in the celebration of many successful pregnancies to come. But your value to your happy, healthy families does not end with the arrival of this beautiful bundle of joy. --- The best is yet to come ...

You see, you and only you can counsel Moms on just how critical is a baby's first meal. The quality of baby's first meal was determined during pregnancy, and YOU supplied mom with all the essential "nutrients" to provide for her baby. What baby will feast upon in that first meal is a smorgasbord of immune-empowering and metabolic-enhancing bacteria. Yes, Mom is going to pass her microbiota on to her baby. And you, with your complete understanding of INE stress, have "set the table" for this meal. You have supplemented Mom with the ideal Immuno-Synbiotic throughout pregnancy.

At the moment of birth --- that moment of joy when Mommy and Daddy first cast their eyes upon their newborn treasure --- that little rascal has already ingested its life support system. The joy of nurturing baby has already begun, during birth, and thanks to you, baby will flourish.

During birth? Yes, before seeing the light of day, babies should have devoured their "first meal." While wiggling through the birth canal, baby is slurping down a huge portion of Mom's vaginal microbiota. Yum!!! --- Meanwhile, every inch of baby's skin emerges crawling with critters.

Within a day, baby's entire alimentary canal --- mouth to rectum --- is coated with a thick slime --- a glorious carpet teeming with life. The rapidly multiplying microbiota is already nourishing the baby with short-chain fatty acids, while activating both immune system resistance and immune system tolerance. The protective function of the gut absolutely requires the microbial stimulation of this initial bacterial colonization.

Caesarean birth? --- Tough luck kid. Mom had yucky vaginal microbiota? --- No joy for either baby or Mommy --- as the poor infant is continuously fussy, crying, colicky, runny-nosed, and soon develops atopic dermatitis. --- Sad.

The jumpstart of the immune system begun with the first meal is further accelerated by Mother nursing her baby. Human milk contains prebiotic oligosaccharides, just like the oligosaccharide-enriched inulin you are giving all your patients with Immuno-Synbiotic. Breast-fed infants use inulin-type fructans to produce increased bifidobacteria and some lactobacilli (whereas formula-fed infants produce more enterococci and enterobacteria). Again, the flora stimulated by prebiotic fermentation is essential to the development and sustainment of intestinal barrier function. For example, normal flora stimulates the synthesis and secretion of Secretory Immunoglobulin A, the antibody that coats and protects mucosal surfaces of the GI tract and the respiratory tract against harmful bacterial invasion.

In addition, appropriate colonization of the gut helps to produce a balanced T helper cell response, facilitating the natural shift from the Th2 dominance of the prenatal state toward the development of Th1 immune defenses. (Th2

imbalance contributes to atopic disease, while Th1 imbalance contributes to juvenile rheumatoid arthritis and juvenile-onset diabetes.) Furthermore, a series of pattern recognition receptors, such as toll-like receptors, interact with bacterial toxins, helping modulate both intestinal innate immunity and an appropriate adaptive immune response.

Inulin-type fructans (that you provided Mom during pregnancy, she provided baby in the birth canal, and that Mom enriches even more through nursing), being bifidogenic and promoting the generation of short-chain fatty acids (such as the all-important butyrate), will stimulate, and must stimulate, a balanced and effective mucosal immune system in newborns and infants. This is why you absolutely must supplement infants and young children as your highest priority. Any fussy baby, any colicky baby, any baby with skin rashes, and any baby who suffers from “teething,” is simply revealing to Mom and to you an imbalanced microbiota. Baby does not outgrow these immune system imbalances --- they merely manifest through childhood, adolescence, and adulthood as the chronic diseases that plague all your patients. Supplement these children now!

Now that you and Mom have baby radiating life from that essential first meal, you can guide Mom through each phase of joyfully nurturing her newborn. But doing so requires that you help Mom sidestep all the unscientific mythology regarding infant nutrition ...

Sadly, while our establishment “authorities” offer in regard to prenatal nutrition very ...

LITTLE INFORMATION ...

beyond the counterproductive recommendations of folic acid, iron, and calcium supplementation, those accepted “authorities” bombard the new Mom with a barrage of ...

MISINFORMATION ...

as regards infant feeding. How to prepare for lactation? How to nurse your baby? How long to nurse? Soy formula? Cow milk formula? Formula fortified with this? Formula fortified with that? “Baby Food” (---as if turning denatured meat and dead vegetables into mush, then cramming them into jars, transforms them into food ideal for babies)? Cooked cereal? “Finger Foods”? --- Billions and billions of dollars are spent in advertising this and that product a mother simply must buy if she truly cares about her child. Contradictory and unscientific, these ads are leading bewildered Moms astray, with serious consequences for the little ones.

In our continuing devotion to helping you build a gloriously enriching family practice, we present in this letter the scientific and common sense essentials of early feeding ---

PHASE ONE: Colostrum --- Baby has got to have it. To ensure passive transfer of immunity, baby must have free choice of nursing from the moment of birth through the first three days of life.

PHASE TWO: From Day 4 through the first four to six months, mother's milk should continue to be the sole source of nutriment for the infant. What is so distinctive about human milk? The first consideration is the relative proportions of fat, sugar, and protein. Human milk, believe it or not, is fully ...

54% FAT.

Most of that is saturated fat, and it is absolutely loaded with ...

DEMON CHOLESTEROL.

Were it not for Nutri-Spec, you would likely be a victim of the propaganda machine convincing most people that saturated fat in general and cholesterol in particular are deadly poisons. Such thinking would lead you to believe that ...

GOD GOOFED ...

when He designed human milk. Surely this grotesque concoction of saturated fat and cholesterol sets the stage for development of cardiovascular disease later in life. One solution to ...

THIS TOTAL BREAKDOWN OF NATURAL LAW ...

is to switch all infants to formula, or at least begin medicating them with ...

STATIN DRUGS DURING INFANCY ...

as a preventive measure.

--- No --- there is no mistake in the design of mother's milk.

But why, you may wonder, is human milk so high in saturated fat and cholesterol? The answer has two components. First, the fat is an excellent concentrated source of calories for the rapid growth and development of the infant. Second, the saturated fat in general and the cholesterol in particular supply the most fundamental essentials for brain development. The dry weight of the brain is more than 5% cholesterol, and saturated fat is the major structural component of most brain tissues.

The 54% fat in human milk is not the only consideration as relates to infant brain development. Human milk is also 40% sugar. That sugar --- for the human brain more than for the brain of any other species --- is essential for brain development and function. Human milk contains a much higher percentage of sugar than the milk of any other species, and that high sugar content is largely associated with the distinctive features of the human brain.

The final macro component of human milk, protein, is found at the level of only 6%. It seems difficult to imagine, I know, that during this period of greatest anabolic demand, the human being requires a diet as low as 6% in protein. (Think of all the body builders and other athletes who believe they need carnivorous proportions of protein to add a paltry percent of body weight in muscle.) The explanation is quite simple. To build muscle tissue and organ tissue requires protein only for the structural component of the new tissue. Building a pound of muscle or organ requires 45,000 calories, yet the finished product only contains a few ounces of protein. So, the high fat and sugar content of the milk supplies those calories, while the comparatively small protein requirement is easily met by the 6% concentration.

Now that you know the 54-40-6% constitution of human milk, what can you say about the baby formulas offered by the food industry? Even setting aside that there are damaging effects from the soy and cow milk foundation of these formulas, do you see that very few of them meet the proper proportions of fat to sugar to protein? In their "wisdom" the authorities decided a long time ago that human milk is inadequate in protein, and so offer formulas that are much higher than 6%. Cow milk in particular is extremely high in protein relative to human milk, and also high in electrolytes. Both the high protein and high electrolyte content are a strain on the kidneys of the human infant. The protein and electrolytes are also poorly digested, and can result in diarrhea and even intestinal bleeding. The "authorities" have also decided in their wisdom that saturated fat is a problem that needs to be rectified, and so have filled formulas with polyunsaturates. So, many formulas at once deny infants the nutrition they need while devastating their health with catabolic anti-metabolites such as Omega 6 and Omega 3 oils and denatured proteins, plus soy with all its devastating effects.

There is one other consideration regarding the content of human milk. It is virtually devoid of iron. Here is another instance where many commercial products are damaging to the health of infants. There is a reason why human milk is low in iron (--- again --- God did not mess up). Human milk is low in iron because the human infant is born, ideally, with a 6-month supply of iron built in. Feeding iron during the first 6 months of life has damaging effects, particularly to the brain. There are studies showing that formulas fortified with iron decrease the IQ of children, and cause both physical and mental developmental delays.

Having established that breastfeeding is the only way to fully serve the needs of an infant, we must now look at the principles of exactly how to most effectively nurse. There are 2 essential rules:

- 1) Drain the breast completely before moving to the second breast.
- 2) Do not feed the baby on demand. Rather, feed the baby every 4 hours. An ideal schedule is 5 feedings daily: 7:00 a.m., 11:00 a.m., 3:00 p.m., 7:00 p.m., and 11:00 p.m.

What is the rationale behind these 2 rules? Completely draining the breast serves 2 purposes. First of all, it assures that the baby gets all the essential components of mother's milk. Most people do not realize that the mother produces 2 entirely different types of milk --- the fore milk and the hind milk. The fore milk is a somewhat thinner consistency and is very high in sugar; the hind milk is more concentrated and contains almost all the protein and fat that mother produces in milk. If the mother switches from one breast to another during the middle of a feeding, the baby gets all the fore milk from one breast and all the fore milk from the other breast, and never does get the protein and fat.

The second reason why it is essential to completely drain the breast is because a totally drained breast is the main stimulus to milk production. Many women have great intentions about nursing their babies but find that as time goes on they very quickly begin to run short of milk. The number one reason for that is that they follow the advice of "experts" on breastfeeding and have failed to gain the stimulus to milk production gained from completely draining the breast. When the breast is totally empty, and the baby is still "munchy", then, and only then, switch to the second breast in the middle of a feeding. Then, for the next feeding, begin on that breast and drain it completely before moving back to the other.

Timing of feedings is probably the most neglected or misunderstood aspect of infant nutrition. Most women nursing their babies think they should let their baby suckle every time they pick him up, or certainly every time he fusses a bit. No, no, no. The baby is not hungry every time he fusses. Of course, if the baby has been conditioned to think he gets a treat every time he fusses, then he will "say" he is hungry. But that demand for feeding has nothing to do with physiological hunger --- it has more to do with being already spoiled.

Over the long run, nothing will do more for peace of mind of both mother and baby, not to mention the physical health of mother and baby, than feeding on a schedule. Why is that? First of all, the 7-11-3-7-11 schedule gives the mother a full night's sleep, something many mothers who nurse on demand never experience --- much to the detriment of their health. That 8-hour break from 11 p.m. to 7 a.m. also gives the baby a chance to sleep through the night,

which is another major health benefit of feeding on schedule.

In addition to rest for mother and baby, the scheduled feedings also ensure an increase in the quality and quantity of mother's milk. The larger, less frequent feedings assure that the baby gets both fore milk and hind milk at every feeding. The critical consideration is that the breast will tend to be totally drained when each feeding constitutes 1/5 of the baby's necessary food intake. Mother will have no problem maintaining lactation for a year if she feeds on a 5 times per day schedule, and that milk will maintain its quality throughout those many months.

The third and final reason why it is essential to feed on the 5 times daily, 4-hour apart schedule relates to digestion for the infant. When an infant consumes a "full meal" --- that is 1/5 of his food intake at each of 5 feedings daily --- that meal will not leave the stomach for more than 3 hours. If Mom dumps another feeding into the stomach while the previous meal is in an incomplete stage of preparation to move on to the duodenum, there tends to be incomplete digestion with both putrefaction and fermentation in the GI tract. Baby becomes fussy, colicky, and gassy.

If a mother is not to pacify her baby with a feeding every time he fusses, then what is she to do? She should do exactly what her instincts tell her to do. It is important that her infant becomes accustomed to being loved and having his needs cared for. It is the being loved and cared for that establishes the trust between baby and mother, not the ingestion of food. The mother should respond promptly to baby's signs of discomfort. She should hold the baby and rock her baby, all the while softly talking and singing. It is the warm physical contact and the loving verbal expression that reassure the baby, not giving him food he neither needs nor is prepared to digest. The basic foundation of a child's personality is being formed in his earliest interchanges with nurturing adults, particularly his mother. Using food as a reward actually undermines that foundation.

PHASE THREE: Somewhere between age four and six months, at one of the 5 daily feedings, solid food must replace mother's milk. What foods should constitute that one solid meal? You may be surprised. The what, when, and why of introducing solid food to Mammy's little baby will kick off next month's Letter.

Meanwhile --- get all your Moms, Dads, and kids on Activator or Mighty Mins plus Immuno-Synbiotic, and, share copies of this Letter with all your moms as part of their preparation for pregnancy and lactation. --- The best rewards of a family practice are yet to come ...

Sincerely,
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 20 Number 6

From:
Guy R. Schenker, D.C.

IRON ---

ESSENTIAL NUTRIENT, OR CATABOLIC KILLER OXIDANT?

Dear Doctor,

In our discussion of nutrition during pregnancy, then our explanation of ideal nutrition for newborns, and finally our look at the timing of introducing a baby to solid foods ...

ONE NUTRIENT STANDS OUT AS A KEY INDICATOR OF WHEN AND WHY TO DO WHAT.

That nutrient is iron. When considering gestation, we pointed out that there is simply no rationale for the routine addition of iron to prenatal supplements. Iron is no more important for the developing fetus than is any other nutrient, and unlike most nutrients, iron is extremely toxic when consumed in excess.

Iron, as a general consideration, is a powerful oxidant that causes tissue damage and premature aging. Iron is particularly toxic to the brain, causing lipofuscin build up in nerve tissue (as well as lipofuscin age spots on the skin). Iron is also carcinogenic. Oxidation of iron is also a major contributor to cardiovascular disease. Adequate iron to meet our nutrition need is easily obtained from a natural omnivorous diet, except in women who menstruate very heavily. These are your only patients who need iron supplementation. The only women who need iron supplementation during pregnancy are those who are anemic or at risk for anemia as they enter pregnancy.

Relating the potential oxidative damage from excess iron to the topic of pregnancy, we emphasized that the fetus is particularly vulnerable to the toxic effects of iron. We gave you 5 references from the literature explaining how iron is damaging to the fetus directly, and also damaging to the pregnant woman --- increasing the likelihood of preeclampsia. So --- we concluded that your pregnant patients should not make the mistake of letting their obstetricians force upon them a prenatal with iron. (Activator plus Immuno-Synbiotic are the ideal supplements for all your pregnant patients.)

As we shift our focus into nutrition for the newborn, once again a consideration of iron needs versus iron excess captures our attention. We see that human milk is virtually devoid of iron. That low iron content of human milk does not, however, represent a deficiency --- it is by design. Human milk is low in iron because the human infant is born, ideally, with a 6-month supply of iron built in. So, if infants do not need to ingest iron ...

DOES IT MAKE SENSE THAT INFANT FORMULAS ARE FORTIFIED WITH IRON?

Is there a problem for formula-fed infants resulting from this inappropriate iron intake? There certainly is. Feeding iron during the first 6 months of life has damaging effects, particularly to the brain of the infant. There are studies showing that formulas fortified with iron decrease the IQ of children, and cause both physical and mental developmental delays.

Now, however, we must look at the flipside of the coin. There are also many studies showing that a deficiency of iron also causes developmental delays in children, particularly delays and inadequacies in brain development. What are we to do with this apparently conflicting information? What is a good mom, doing her absolute best to feed a healthy baby, to do? --- There is really no dilemma here. All we need do is look at Natural Law. Is a baby damaged by iron? Does a baby desperately need to ingest iron? These are merely questions of timing.

If the pregnant women you serve have followed your recommendations for 15 months prior to the birth of their baby, they have perfectly adequate iron stores to enrich their baby during gestation. That baby will be born with sufficient iron reserves to last through the first 6 months of life. Having adequate iron stores, that baby will suffer the toxic effects of iron if any additional iron is ingested during those first 6 months. If a woman is not able to follow all your recommendations for a 15 month period before giving birth, yet receives the benefits of your Nutri-Spec care during at least a part of pregnancy, and, that woman is not anemic during pregnancy, you can still assume she has supplied her infant with at least a 4 month supply of iron at birth.

We conclude that at some point between the end of the 4th and 6th months of infancy, every baby reaches the stage at which iron reserves have dwindled to a critical level, and iron must be ingested. What should be the source of baby's first ingested iron? Keep that question in mind, because shortly you will see that a baby's iron status is --- by design --- the major determinant of what and when solid foods should be introduced.

In last month's Letter, we began our presentation of the scientific and common sense essentials of early feeding. PHASE I covers the first three days of life, and gives baby unlimited free choice of nursing to assure adequate intake of colostrum. PHASE II covers from day four of life through the first 4-6 months, during which mother's milk must continue to be the sole source of nutriment for the infant. We gave you the details of human milk's high concentrations of saturated fat, cholesterol, and sugar --- explaining why these constituents are essential to human growth in general, and human brain development in particular.

As we glorified human milk, we also gave the 2 essential rules of nursing:

- Drain the breast completely before moving to the second breast.
- Do not feed the baby on demand. Rather, feed the baby every 4 hours. An ideal schedule is 5 feedings daily: 7 am, 11 am, 3 pm, 7 pm, and 11 pm.

We explained how these rules assure that mother will produce the greatest quantity and quality of milk day by day for many, many months, and that baby will get all the benefits of both the foremilk (high in sugar) and the hindmilk (high in protein and fat). The 5 times daily feeding plan assures that both mother and baby obtain maximum physiological rest, while assuring baby has maximum ease and efficiency of digestion.

We ended last month's Letter ready to enter PHASE III of infant nutrition. We stated that somewhere between age 4 and 6 months, one of the 5 daily feedings should consist of solid food rather than mother's milk. Why do we specify this particular timing of solid food introduction? We answered that question above in our discussion of iron. Somewhere between the end of the 4th and the end of the 6th month ...

**BABY ABSOLUTELY MUST OBTAIN
A DIETARY SOURCE OF IRON ...**

since human milk supplies none. The essentiality of introducing foods other than mother's milk at age 6 months is an obvious Natural Law. Limiting the baby to milk as the sole source of nutriment beyond the 6th month is to guarantee at least some developmental inadequacy of the brain.

So, in accord with Natural Law --- PHASE III: Somewhere between age 4 and 6 months, at one of the 5 feedings, meat (rich in iron) and non-starchy vegetables must replace mother's milk. The best feeding for the meat and vegetable meal is 3 pm; the 11 am or 7 pm feedings are also okay. The other 4 feedings should remain exclusively mother's milk, and the 5 daily feedings scheduled at 4 hour intervals should be maintained.

Many people are absolutely shocked to learn that Natural Law calls for meat as baby's first food to supplement mother's milk. But an analysis of Natural Law reveals that this is the only logical, healthful choice. What are baby's digestive capabilities at age 4-6 months? Human milk is loaded with saturated fat and cholesterol. So, there is absolutely no problem digesting the saturated fat and cholesterol in beef. Human milk is not high in protein, but the amino acid makeup of the protein that is there is very similar to that found in meat. Meat contains no starch and no sugar, so, all the components of meat are easily digested by the infant.

But, you may be thinking that everyone "knows", and the food industry has spent zillions of dollars making certain that everyone "knows" that cereals and other processed starches are the "natural", first solid food for infants. Do you see what an illogical violation of Natural Law it is to stuff babies with starches? How much starch is in the milk that provides the ideal nutrition for baby in the first 6 months of life? Zero. Human milk contains absolutely no starch, and babies have zero capability of hydrolyzing starch.

BABIES HAVE NO STARCH SPLITTING ENZYMES IN EITHER THE SALIVA OR IN THE PANCREATIC SECRETIONS.

In the absence of amylase enzymes to digest starch, what happens to the cereals forced upon baby's ill-prepared digestive system? Those starches ferment, and decrease the overall efficiency of digestion such that proteins putrify. The result is colicky symptoms, along with the development of food sensitivities. There will be fussing associated with the colic, and misery associated with the respiratory symptoms of mucus production --- runny nose, oozy eyes, etc. There will also be an exaggeration of discomfort associated with teething. Feeding starches to an infant prematurely will provoke the premature secretion of some starch splitting enzymes, but not before there are adverse digestive and systemic consequences.

Baby's first meal of steak and green beans is a joyous event, to be celebrated by the entire family. (--- Have the camera ready.) At 3 pm, mom takes out the steak or roast beef she intends to serve the entire family at the evening meal, and cuts off about 2 ounces. She can either chop the meat into small pieces with a knife, or run it through a food mill. She will also lightly steam a small portion of green beans. Baby's feast is ready. Mother need not feed baby --- the infant is well prepared --- and eager! --- to feed himself.

Simply place before baby the plate of green beans and meat (ideally raw, but lightly steamed (very lightly) is okay for moms who fear that raw meat is possessed by evil spirits). In virtually every family who has followed Natural Law in serving this first meal of chopped steak and green beans, baby has absolutely devoured the meat within seconds, cramming handful after handful into his mouth. Typically, baby is not sure about the green beans and fiddles around with them for awhile, but eventually gets them all down. While watching this milestone in baby's life, the family should be joyfully encouraging and praising baby for his fine performance.

PHASE IV: At about the 8th month, a second of the 5 daily feedings should consist of meat and non-starchy vegetables. Now, the second of those non-milk feedings should coincide with the family's evening meal. Baby sits at the table, and devours the same meat and same non-starchy vegetable as the rest of the family. At this time, most babies can begin to handle simpler starchy vegetables such as carrots, beets, and squash. PHASE IV is also the time to introduce Mighty Mins, 1 daily, for the infant. (Mighty Mins can be introduced at age 6 months for women who are unable or unwilling to provide Natural Law nutrition for their babies.)

Note that there has been no mention of fruit. Again, we must consider Natural Law. Human milk is 40% sugar, but that sugar is 100% lactose. Lactose is a disaccharide made up of $\frac{1}{2}$ galactose and $\frac{1}{2}$ glucose. It contains absolutely no fructose (fruit sugar). Fruit sugar is not at all appropriate for infants. However, for women who are beginning to show a lack of milk production, at one of the milk feedings a portion of a banana can be added at the end of the milk feeding if baby is still hungry and the milk supply is inadequate.

PHASE V: As we move into the next phase, we must consider what Natural Law dictates regarding starch digestion. In humans, starch digestion is initiated in the mouth via salivary amylase. As we chew our food, we ensalivate it and the salivary amylase begins the process of starch digestion. That salivary amylase is resistant enough to neutralization by stomach acid that the starch digestion proceeds for awhile in the stomach even in the presence of the hydrochloric acid and pepsin that digest our proteins.

If starch digestion is designed to occur in human beings who can chew their food, when is the earliest time that starches can be offered to an infant? Obviously, the time is right when the infant has teeth that enable him to chew and thus ensalivate his food. So --- according to this thoughtfully designed plan for ideal development of infants, starches such as grains should never be offered to babies until they have a set of teeth adequate to chew those complex starches. PHASE V is the introduction of slightly more complex starches --- potatoes and yams. There should still be 5 feedings per day, and at least 2 of those feedings must include meat and vegetables. Depending on baby's

preference and mom's milk supply, 3 of the 5 feedings may now be meat and vegetables and only 2 mom's milk.

PHASE VI: The baby now has a full set of teeth. It is time that mom may introduce grains to the diet, but there is no requirement to do so. Now, there should be 3 feedings a day that consist of meat and vegetables, and there is the option of including grains at those meals as well. This is also the appropriate time to introduce eggs into the diet as a replacement for meat at one of those 3 meals. What we have now is essentially an adult diet --- NUTRI-SPEC'S EAT WELL - BE WELL --- for the toddler. He should still be getting at least 1 if not 2 milk feedings per day in addition to his 3 small, but high nutrient density EAT WELL - BE WELL meals. Fruit is never a necessity, but may be added at this time as well, assuming there is no hypoglycemic reaction nor allergic reaction to the fruit. If fruit is added it should be at a milk feeding, and not at the same feeding with the meat, vegetables, and grains. Baby is now on the ideal diet --- EAT WELL - BE WELL --- that will serve him happily-ever-after throughout his life. One milk feeding a day can be continued as long as mother is willing and able.

Should cow's milk, or goat's milk be added to the young child's diet at this point? Animal milk is probably never a necessity if there is adequate quality to the drinking water. However, as long as there are not problems with allergies, ingesting animal milk appears to be no problem, and perhaps may be beneficial, up through at least age 6. Beyond that, it is completely optional. Unpasteurized, unhomogenized milk is really the only reasonable way to go to avoid digestive problems, allergic problems, and mucus reactions. Goat's milk is far superior to cow's milk. Cheese is an optional substitute for meat at one meal daily.

PHASE I through PHASE VI --- Colostrum through the NUTRI-SPEC'S EAT WELL - BE WELL --- is the plan dictated by Natural Law. Counsel your patients. Give your young families copies of these recent Letters on pregnancy, lactation, and infant feeding. Doing so may be the greatest service you can provide. --- Build for yourself a phenomenally enriching family nutrition practice. Are all your young moms and dads taking Activator and Immuno-Synbiotic? Are all their children on Mighty Mins and Immuno-Synbiotic? Do you know the good sources of drinking water available in your area? Are all your patients eating at least a small serving of meat, fish, poultry, eggs, or cheese 21 times each week? Make a serious commitment to guiding your young families down the road to healthy-ever-after --- and 15 years from now you will be the richest doctor in the world.

Sincerely,

Guy R. Schenker, D.C.

NUTRI-SPEC


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THE NUTRI-SPEC LETTER

Immuno- Synbiotic to the Rescue

From:
Guy R. Schenker, D.C.

Dear Doctor,

In your NUTRI-SPEC fantasy world all your Foundational Families are happy and healthy --- living stronger longer with your NUTRI-SPEC support. --- Your families routinely follow Eat Well – Be Well, and every family member supplements with either Activator or Mighty Mins, along with the most appropriate of your three Immuno-Synbiotic supplements. All the children were born after 15 months of Mom giving careful attention to her prenatal nutrition. Because of Immuno-Synbiotic supplementation during those 15 months, every baby feasted on a phenomenal first meal of Mom's microbiota. After three days of slurping down colostrum free-choice, Mom and baby enjoyed a 5 feeding per day schedule that ensured maximum nutrition and maximum physiological rest for both Mom and baby. With your guidance, Mom and baby then went through all the phases of infant nutrition and supplementation --- right up until baby joins big brothers and big sisters, Mom and Dad in Eat Well – Be well.

What can go wrong? --- Plenty.

The most obvious problem is that many of the Foundational Families you serve came to you after children were already born. They did not have the benefit of your guidance and your supplementation during gestation and early childhood. The health of the children is further compromised by countless other factors that have intruded upon the their health ...

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 ...

SNOTTY NOSED, WHINEY 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 could ever see, let alone understand.

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

Now, compound the short- and long-term effects of sickly pregnancies, cesarean births, antibiotics and other drugs dumped on children beginning in infancy, and compounded by the devastation rot by what is generally considered by even health-conscious patients a “normal”, “healthy”, eating plan. Even families with high enough awareness to realize that eating at McDonalds does not constitute a legitimate meal, there is still an intake of sugar averaging 100 pounds per year per person. The result?

--- Insulin resistance, and all its sequelae --- tubby tummy, fatigue, sugar craving, mental fog, emotional instability --- and eventually --- high blood pressure, high cholesterol and triglycerides, diabetes, cardiovascular disease, and cancer risk. It all starts during early childhood with that first sippy cup full of some sugary drink. So ...

WHEN DOES OLD AGE BEGIN?

It begins when we are quite young. It begins with the first INE stress that challenges our body beyond its ability to immediately and totally adapt. It begins the first time an INE stress forces our body chemistry into a defensive reaction that results in a Metabolic Imbalance. --- That Metabolic Imbalance can represent either our body’s defense against the INE stress, or our body’s failed defense against INE stress. Either way, the Metabolic Imbalance is going to plague us for life, and immediately (even if we are still children) begin to make us “old.”

Yes, “old age” most often begins in childhood. For many of your patients, the anti-vital forces of INE-mediated aging are unleashed in infancy --- with a deficient “first meal” of microbiota, or with the microbiota-destroying misuse of antibiotics. And insulin resistance, the precursor to abdominal obesity, fatty liver, Type 2 diabetes, cardiovascular disease, and cancer? Studies show that insulin resistance is now evident in many teenagers.

But here is where you shine in your service to your Foundational Families. For Mom and Dad, if you get to them at a young enough age, and certainly for all the children, most of these patho-physiologies associated with a multitude of ImmunoNeuroEndocrine stressors can be halted, and even totally reversed in many cases. Yes --- TOTAL health can be restored. And what is so amazing is that it takes nothing more than a reasonable approximation of Eat Well – Be Well, plus Activator, plus an individually selected Immuno-Synbiotic, to take every family member most of the way to health. Then, for the entire family to reach absolutely radiant vitality, all that must be added is the rest of the DNP --- Adapto-Max and Oxy-Max along with your metabolic sparks --- Oxy Tonic and/or Electro Tonic and/or Oxygenic D+.

But getting back to the primary thesis of these Letters on Foundational Families --- Activator and Mighty Mins plus Immuno-Synbiotic --- never, never, never underestimate your power to reverse ImmunoNeuroEndocrine stress with nothing more than by giving every patient one of your three Immuno-Synbiotics. Particularly consider the children. Have the young ones in a Foundational Family been repeatedly assaulted with antibiotics for colds and ear infections? --- You must supplement these kids with IS Immune Restore. Has 5-year-old Anna been diagnosed with asthma? She desperately needs your IS Immune Power. Has 15-year-old Tommy been diagnosed with psoriasis? Your IS Immune X-Flam will help more than all the drugs being forced on him.

In short, all children need Immuno-Synbiotic supplementation from 18 months on, and any child who is sick before that needs Immuno-Synbiotic, perhaps very shortly after birth. And not just any health food store garbage probiotic will do ...

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 suppresses Th1 immune response.]

Speaking of children vulnerable to rashes and respiratory infections --- which Immuno-Synbiotic will you give them? --- IS Immune Restore, of course. (For confirmation of that, just check the dermographics reflex and notice the red response.)

And do not hesitate to supplement tiny infants with Immuno-Synbiotic. The way to supplement a nursing infant is for either Mom to moisten her finger and dab it into an open capsule and then apply her finger to baby's tongue, or, for Mom to smear the moistened Immuno-Synbiotic powder on the nipple at the beginning of feeding time. --- Here are just a few items from the Literature on the benefits of *L. reuteri* (the probiotic we have referred to as The King) ...

L. reuteri, in infants who are not breast fed, when compared to *Bifidobacterium lactis* or to control, results in a significant decrease in the number of days with fever, decreased doctor visits, decreased childcare absences, decreased antibiotic prescriptions, and decreased diarrhea.

L. reuteri in early breastfed infants improves symptoms of infantile colic and is well-tolerated and safe. Crying time is reduced by 50%. There is a significant increase in fecal lactobacilli and a reduction in fecal *E. coli* as well as a reduction in fecal ammonia.

L. reuteri, when given to infants with functional chronic constipation, increases the frequency of bowel movements.

L. reuteri has profound effects on the immune system.

L. reuteri suppresses human TNF production by LPS-activated monocytes, and primary monocyte-derived macrophages from children with Crohn's disease.

L. reuteri supplementation of infants results in increased fecal *L. reuteri*, and that *L. reuteri* count is not adversely affected by antibiotics.

L. reuteri is effective in reducing the duration of diarrhea in children attending daycare centers.

L. reuteri reduces diarrhea in children hospitalized with acute diarrhea, and reduces the period of rotavirus excretion.

Just pause to think how many drugs the children in your Foundational Families will not have to take if you begin supplementation with Immuno-Synbiotic at the earliest age it becomes appropriate.

Finally, we must place extra emphasis on preventing insulin resistance in the children of your Foundational Families. We know that chronic ingestion of fructose is the leading cause of morbidity and mortality in the Western world. We also know that most of these damaging effects of sugar are associated with the ImmunoNeuroEndocrine stresses of a sugary diet, plus genetic disposition --- leading children down the course of being an insulin reactor, then developing insulin resistance, weight gain, and many other physical and emotional pathologies, then full-blown Metabolic Syndrome, with high triglycerides and high sugar, and ultimately cardiovascular disease. It all begins with that sippy cup, progresses through sugary breakfast cereals, then on into Pepsi and pizza.

Educate and supplement your Foundational Families. Reassure them that Pepsi and pizza and birthday cakes and holiday goodies have a proper place in a healthy family's life, as long as that family routinely adheres to Eat Well – Be Well. But above all, protect them from their violations of Natural Law with Immuno-Synbiotic. Otherwise ...

Little Anna and Tommy will, at an alarmingly young age, begin to look like little roly polies.

Who are your ROLY-POLIES? These are individuals genetically predisposed to obesity with a mutation in the leptin gene (--- Notice we said predisposed, not guaranteed. --- Less than ideal genetic tendencies generally only fully manifest when triggered by environmental stressors. In the “nature vs. nurture” debate, we, along with most of the best research we have seen, are staunchly in the nurture camp. Every one of us has goofy little glitches in our genetic make-up. All but the most extreme pose no significant threat to our quality and quantity of life as long as we live fully in accord with Natural Law.)

So --- take a fetus with the leptin gene mutation, and deny that fetus its “first meal” --- the essential health-generating microbiota picked up from Mom while sliding through the birth canal --- and the baby is doomed. Whether from a Caesarean birth, or from a mother who was on antibiotics or had an unhealthy microbiota of her own, you end up with a baby that is doomed --- with a genetic aberration in the Gut-Adipose Axis plus a severely distorted microbiota from Day 1. The baby might as well be named “Fatso” --- since that is what he is going to be called all through school.

An alternative scenario is that the baby gets a reasonable first meal, but then his pediatrician loads him with antibiotics every time he has a childhood snuffle or earache --- “Fatso.” Throw in the typical “food” choices made on behalf of children these days --- with a severe deficiency of the indigestible polysaccharides needed as prebiotics to maintain intestinal flora --- “Fatso.”

Yes, the tubby tummy emerging on Tommy at age 16, and the thunder thighs evident in Anna at age 15 are proof positive that something went radically wrong during gestation, birth, infancy, or early childhood. ----- You are the one to save Anna and Tommy from the terrible teens, because you also saved them from the terrible twos. Imagine yourself spending a lifetime celebrating the concept of ...

LIVE STRONGER LONGER

--- in a practice made up of Foundational Families --- a practice that you build simply by reaching out to parents and grandparents as regards their children. We suggest you go back and read the first Letter in this series on Family Practice --- to help you envision what a rich future you have in your

FAMILY PRACTICE.