

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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ANYTHING THAT AFFECTS ONE AFFECTS ALL THREE.

Dear Doctor,

Capture the concept. --- Lock it in your brain so you can access it over & over & over again --- because --- you are going to need it over & over & over again

You, as a NUTRI-SPEC Doctor, are building your entire practice on a foundational understanding of

IMMUNO --- NEURO --- ENDOCRINE STRESS.

Yes, I-N-E Stress is the basis of the

Inflammation → INFLAM-AGING

phenomenon --- a concept many of your patients (sort of) grasp from reading their health food store ...

PUFFERY AND HYPERBOLIC PROMISES.

“Nature cure” promises we have exposed as shallow at best, and fraudulent at worst --- when compared to your write-ups on the true anti-inflammatory supplements you offer your patients --- such as your Taurine, Lipoic Acid, Immuno-Synbiotics, tocotrienols, carnosine, acetyl-l-carnitine, etc. etc....

Your patients are receptive to the concept --- so, reinforce it in their minds and hearts over and over and over again. For it is you and only you they can turn to for an understanding that ...

- There is a bi-directional communication between the immune system and the nervous system.
- A bi-directional communication between the immune system and the endocrine system
- A bi-directional communication between the nervous system and the endocrine system
- The immune system produces neuroendocrine peptide hormones.
- The immune system can regulate (up or down) the neuroendocrine systems.
- The neuroendocrine systems can regulate (up or down) the immune system.
- The immune system is innervated. [Chiropractic Doctors !!!!]
- The neuroendocrine and immune systems share a set of hormone receptors.

Yes, with an understanding gained through NUTRI-SPEC, you have captured the concept --- that truly, anything that affects one affects all three.

We can pick any one of the common inflammation → INFLAM-AGING conditions to illustrate. ----- How many of your patients complain of ...

CHRONIC FATIGUE?

Chronic fatigue is nothing more than a vicious cycle churning round & round & round between the immune system, the nervous system, and the endocrine system --- each one affecting all three with multiple vicious cycles.

What are you doing to help your Chronic Fatigue patients? If you are not addressing your patients' needs with NUTRI-SPEC, then shame on you. If you read through the Extraordinary Nutrients articles in the Articles section of your NUTRI-SPEC website, you will find that almost every nutrient in

YOUR NUTRI-SPEC TREASURE CHEST OF ADAPTOGENS

has been shown in the research literature to be specifically effective for Chronic Fatigue.

Yet --- none of these nutrients is by itself a “remedy” for Chronic Fatigue. Yes, any one of your supplements will help, and your power to help is backed up by the Literature --- but --- it is difficult/impossible to thoroughly and permanently break multiple vicious cycles by offering your patients remedies based on symptoms. So, it is time to contemplate just exactly the power you have with combinations of supplements --- individualized for each patient --- that simultaneously address all 3 components of ImmuneNeuroEndocrine stress.

Chronic Fatigue? ----- Research shows that Chronic Fatigue Syndrome (CFS) neuropsychiatric symptoms relate more to disordered cytokine production by glial cells within the CNS than it does to circulating cytokines. What does that mean? It means the Gut-Brain and Gut-Hypothalamus Axes are distorted. Do you have power over that? You absolutely do --- with Immuno-Synbiotic, backed up by Taurine, Adapto Max, Oxy Max, plus your BALANCING PROCEDURE with Oxy Tonic &/or Oxy D+.

The research shows that CFS patients all suffer to some degree from Leaky Gut Syndrome --- which means increased translocation of lipopolysaccharide (LPS) from gram negative bacteria. The result is gut-derived inflammation --- and thence induction of systemic inflammation and oxidative and peroxynitrite stress. There is an increased immunoglobulin A and immunoglobulin M response to LPS.

--- Yes, you have power over Leaky Gut Syndrome. Give your chronically fatigued patient the ideal Immuno-Synbiotic. To the extent there is Leaky Gut Syndrome associated with a particular patient's CFS, you will also find that your NUTRI-SPEC supplement Glutamine (--- tragically underutilized by NUTRI-SPEC practitioners) is an amazing adjunct to your Immuno-Synbiotic supplementation to repair a leaky gut.

It is also shown that CSF patients have a decrease in both bifidobacteria and lactobacillus (not Lactobacillus acidophilus) bacteria. The result is not only abnormal colonic microbiota, but also very commonly Small Intestine Bacterial Overgrowth (SIBO), and/or Small Intestine Fungal Overgrowth (SIFO). Multiple positive feedback loops are activated --- which increase oxidative and peroxynitrite stress, elevate multiple pro-inflammatory cytokines, and a shift in the immune system to a Th2-dominant cytokine profile.

----- Do you have power over this pathophysiological immune system shift? Absolutely. These patients desperately need Immuno-Synbiotic (most commonly either IS Immune Power or IS Immune Restore) along with supplements chosen from your NUTRI-SPEC treasure chest of anti-inflammatory power houses --- which the literature shows intrude upon the Immuno, the Neuro, and the Endocrine aspects of the inflammation typical of Chronic Fatigue (as well as of Fibromyalgia, arthritis, hardening of the arteries, Tubby Tummies --- the list is endless).

I have pages and pages of notes on Chronic Fatigue, and pages and pages more on Fibromyalgia --- and every other "popular" condition of chronic inflammation. For each of these conditions I can show you which metabolic cycles have shifted into vicious cycles, then project from that which of your NUTRI-SPEC Fundamental Imbalances are most likely to be involved --- which of your Sympathetic/Parasympathetic Support System Imbalances are likely to

be involved, and of course, which products of Prostaglandin/Nitric Oxide Imbalance are involved --- at every step along the way. --- But you do not need to know all the patho-physiological processes involved. All you need to know is that ...

YOU HAVE THE POWER!!!

It is interesting that there is one marker of systemic inflammation that has become very popular in the medical profession, and about which many of your patients are aware. It has even become almost a routine part of the ordinary Chem Screen lab profile that so many of your patients have routinely done

C-REACTIVE PROTEIN (CRP).

You need to understand CRP. A more in-depth understanding of CRP will allow you to see more clearly the scope and precious value of your NUTRI-SPEC Treasure Chest of supplements.

CRP is about as accurate an indicator as you will find (outside of NUTRI-SPEC Analysis) of the degree to which a patient is suffering systemic oxidative free radical damage. In that sense, elevated CRP is a direct indication of Dyaerobic/catabolic/oxidative premature aging. wa

CRP is often reported on your patients' blood lab report as "Cardio CRP." Actually, CRP is an indicator of far greater scope than relates to the cardiovascular system --- but --- labeling it as a "cardio-" phenomenon is appropriate --- since one of the most ubiquitous pathologies in Western cultures is vascular inflammation leading to arteriosclerosis. --- And elevated CRP is a 100% certain indicator that your patient's vascular system is being damaged. (And that damage has absolutely nothing to do with elevated cholesterol --- which is not an independent risk factor for vascular disease.)

C-Reactive Protein is an inflammatory marker (--- much like Erythrocyte Sedimentation Rate (ESR). --- It is not an inflammatory mediator, but an inflammatory marker).

What does elevated CRP signify? Why "Cardiac CRP"? --- That is because elevated CRP is one of the few independent risk factors for cardiovascular disease --- both heart attacks and strokes. So, let us look at CRP within the context of cardiovascular disease

When your patient shows high CRP (and any CRP above 1.0, even though that is within "normal" range, is elevated), what exactly does it mean in the context of your patient's CVD risk? Elevated CRP is an indication that there is an Immune System Imbalance (and a need for Immuno-Synbiotic, Taurine, Adapto-Max & Oxy-Max) such that there are excessive activated macrophages.

One of the damaging actions of macrophages activated out of control is that they produce huge quantities of the Th2 inflammatory Cytokine Interleukin-6.

Interleukin-6 has a direct pro-inflammatory effect in many areas of the body, but particularly in arterial walls. The Il-6 causes such an extreme inflammation and free radical oxidative catabolic damage to the arterial walls that the arteries swell, proliferate and narrow. The free radical oxidative reaction particularly involves oxidation of LDL cholesterol (and there is some evidence that the LDL cholesterol is actually part of the defense mechanism against the initial inflammatory reaction --- being deposited there as a protective mechanism). But in any case --- you have multiple positive feedback loops (vicious cycles) going on in the arterial wall.

Inflammation leads to oxidative damage and catabolism, which leads to defensive anabolism, which is associated with reductive stress, which feeds additional oxidative damage, which induces further proliferation. Next thing you know, you have arteriosclerosis and a huge increase in heart attack and stroke risk. --- And the patho-physiology all began with an inflammatory process that you could have stopped with NUTRI-SPEC back when it was in its early stage, before it became clinically pathological.

But CRP is not only associated with CVD risk. Elevated CRP is also associated with increased risk of Schizophrenia, and increased risk of cognitive impairment → Dementia.

High CRP is also listed as increasing the risk of Metabolic Syndrome. But (as is often the case), medical research has the cause-and-effect relationship backwards. CRP does not indicate a risk for Metabolic Syndrome --- it is Metabolic Syndrome (and the broad array of inflammatory reactions associated with Metabolic Syndrome) that increase CRP as a marker of that inflammation.

What is really important for you as a NUTRI-SPEC practitioner --- who treats dis-ease through Metabolic Therapy, not with drug therapy --- is the question --- what causes high CRP? --- Nothing really complicated here. --- The cause of elevated CRP is inflammation, but specifically the inflammation that comes from just a few metabolic considerations --- well within your scope of practice. Here is the short list from the Literature:

1. microbiota disturbance (=== all your patient's need Immuno-Synbiotic)
 2. vitamin D deficiency
 3. increased Body Mass Index and increased Waist/Hip Circumference Ratio
 4. low vitamin E
 5. need for Lipoic Acid
1. "Microbiota disturbance"? (--- That is a direct quote in terminology from one of the major studies on CRP in the Literature.) --- As you are well

aware, the essentiality of developing a healthy microbiota from birth, and maintained throughout childhood, adulthood, and old age --- is undoubtedly the most critical anti-inflammatory defense you have. That is why every man, woman and child should be supplementing with one of your three Immuno-Synbiotics.

2. Vitamin D deficiency? It is largely activated macrophages that produce the Interleukin-6 that does all the inflammatory damage. But what activates macrophages? Two considerations here: First, we are right back to a healthy microbiota. Macrophages (along with Mast Cells) are largely activated via signals from the gut --- a gut with inadequate or unhealthy microbiota.

--- The second consideration is that macrophages are activated when there is a problem in the Tryptophan-Serotonin Metabolic Pathway such that there is excess production of a toxin called quinolinic acid. Vitamin D is essential to keep the Tryptophan-Serotonin Pathway on track, without being diverted into quinolinic acid production.

3. Elevated Body Mass Index and increased Waist/Hip Ratio? --- This is nothing more than a Tubby Tummy --- the number one sign of Insulin Resistance that is developing into Metabolic Syndrome --- along with all its inflammatory sequelae. So, your patients need to **Eat Well – Be Well**, and control their Prostaglandin/Cytokine/Inflammatory reactions with Taurine, Adapto-Max, Oxy-Max --- plus --- Oxy Tonic, Oxy D+ & Electro Tonic as per your BALANCING PROCEDURE.

4. Low vitamin E? Vitamin E is particularly important in controlling the inflammatory effects of Prostaglandin E2. Vitamin E supplementation (your Oxy-Max is unmatched) is shown to effectively lower CRP. --- But here is an interesting fact The health food “nature cure” peddlers have been pumping out propaganda on the benefits of fish oil Omega 3 fatty acids as an anti-inflammatory for a long, long time now. But as we have shown in our Articles on your website, fish oil has more pro-inflammatory effects than it does anti-inflammatory. But relevant to our discussion on CRP, the Literature shows unequivocally that Omega 3 supplementation does not decrease CRP in the least --- and furthermore --- though vitamin E does reduce CRP, there is no benefit from vitamin E supplementation when it is accompanied by Omega 3 supplementation. ----- Something “fishy” about fish oil hype?

5. Lipoinic Acid? Of all the ADAPTOGENS in your ADAPTO-MAX & OXY-MAX, Alpha Lipoinic Acid probably has the most direct effect on lowering CRP. (It also accelerates a drop in triglycerides when a patient follows Eat Well – Be Well.)

Immuno + Neuro + Endocrine === ALL 3 relate to CRP; all 3 relate to Inflammation → INFLAM-AGING. And --- YOU HAVE THE POWER over all 3.