

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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REACTIVE HYPOGLYCEMIA = The Glucogenic Crash

- The afternoon energy slump (or crash)
- The mid-morning desperate dash to the coffee pot
- Chronic fatigue
- Sugar cravings
- Irritability/anxiety/depression
- Weight gain
- Brain fog
- Migraine
- Heart palpitations or racing pulse rate
- Premenstrual mood changes
- Clammy, sweaty hands
- Inward trembling

Dear Doctor,

This list presents the tell-tale signs of a Glucogenic Imbalance manifesting Reactive Hypoglycemia.

What is Reactive Hypoglycemia? It is any symptom response to rapidly falling blood and brain sugar. In a reactive hypoglycemia “attack,” the blood sugar may not actually drop to below normal. (This is why a standard medical workup misses the condition time and time again.) It is the sugar dropping from 140 to 80 over a period of less than 2 hours that precipitates the broad array of symptoms.

Presenting to her Primary Care Physician, the Reactive Hypoglycemic patient is informed that all her tests are normal, and is offered drugs to control the symptoms. Commonly prescribed are SSRI antidepressants, or Benzo drugs to control anxiety, or drugs to treat migraines.

Nothing works until Glucogenic patients find their way into your office. Invariably, they will respond almost magically to Energetics G --- backed up by the BALANCING PROCEDURE, Activator, and Immuno-Synbiotic.

Picture these patients:

Brittany is home for the summer after her Freshman year of college. One year ago she graduated from high school as an honor student and an athlete. Now a year later, she has gained 12 pounds, her face is covered with pimples and academics has been a severe challenge for the first time in her life. Her brain fog is so bad she reports, “Studying for finals, I kept reading and rereading the words in my notes and I couldn’t remember what I read even a minute later.”

All it took to push Brittany off the metabolic cliff was the typical college freshman shift in eating plan toward a little more carbs, vegetable/seed oils and liquid sugars in a few fast-food meals each week, irregular timing of food intake, and lack of even a little exercise.

If you do not rescue Brittany with Energetics G, you can multiply what she just suffered in one year by 10 to imagine how she will look and feel at age 29.

Consider Ellie, a 35-year-old mother of 3 who suffers premenstrual misery so severe that her husband wants to run and hide for one week every month. She suffers extreme fatigue, often accompanied by somnolence --- and all taking a nap does is make her groggy and doopey. Despite the fatigue and somnolence, she suffers terrible insomnia every night --- easily falling asleep but then waking up in the middle of the night, often with her heart racing, and cannot get back to sleep for hours.

Here we have another classic Glucogenic Reactive Hypoglycemic. Regrettably, her physician prescribed an SSRI, which she says “Changed how I felt, but didn’t make me feel any better.” Her physician countered with a prescription for a benzo to help her sleep at night, which she says just made her brain dysfunctional every morning until almost noon.

What her physician missed is that her insomnia was entirely her body's attempt at compensation for the crashing blood sugar overnight. Her adrenal medulla was putting out a shot of epinephrine in an attempt to boost the sugar, which of course left her wide awake with adrenergic stimulation.

All you need to do for this woman is get her on Energetics G, plus Oxy Tonic, Electro Tonic and/or Oxy D+ as per the BALANCING PROCEDURE, along with Activator and Immuno-Synbiotic. She can get off the benzo immediately, and then begin to fight the battle of trying to get off the SSRI --- which she should be able to do --- now that she has your metabolic support.

Picture this scene: Jenny, a 57-year-old woman with no significant medical history, is standing at her kitchen sink. Suddenly, the left side of her face begins to tingle, the visual field in her left eye collapses into near darkness, her entire body is overcome by a wave of weakness, and she collapses on the kitchen floor. Her panicked husband calls an ambulance, and at the ER they immediately begin with a working diagnosis of stroke. But all blood labs and neurological tests come back normal. After hours and hours of useless going in circles, they finally discharge Jenny and her husband takes her home. The next morning, Jenny wakes up, and all the symptoms are gone with only a little lingering fatigue.

What happened?

This is a type of underlying migraine syndrome. And it was triggered by a Glucogenic Reactive Hypoglycemic attack.

Just as with Brittany and Ellie, Jenny, if she is fortunate enough to come under your Nutri-Spec Metabolic Therapy, will be given Energetics G, the BALANCING PROCEDURE, Activator & Immuno-Synbiotic ----- and --- just as with Brittany and Ellie, Jenny must be made to know the importance of the Glucogenic dietary recommendations.

What exactly is happening in these 3 women, and in countless patients in your practice? You will see this phenomenon over and over again. It all begins with the SAD (the Standard American Diet). The sugar and carbohydrate intake, often accompanied by an excess frequency of eating, is more than these individuals are genetically equipped to handle. So, they are stuck along the continuum ...

Insulin Reactor → Insulin Resistance → Type 2 Diabetes and/or MAFLD

The inclination to produce excess insulin in response to food intake is partly genetic, partly determined during gestation from Mother's microbiota, and partly developed during childhood and adolescence. Specifically, a Glucogenic Imbalance signifies high insulin and low glucagon. Those showing active Reactive Hypoglycemia are at some stage of Insulin Resistance on the continuum. The Glucogenic individual mounts a compensatory response to the high insulin and low glucagon with an adrenergic stress response.

As the months and years go by, the individual is still pumping out huge amounts of insulin, activated by even a small amount of food. Tissue insulin receptors throughout the body become overstimulated, overworked, and gradually desensitized. At first, the high insulin and low glucagon crash the blood sugar, but over the years, the pancreas still pumps out the insulin, but the blood sugar can no longer be efficiently absorbed into peripheral cells. Now this person is well on her way to Type 2 Diabetes and Metabolic-Associated Fatty Liver Disease.

If the continuum goes unabated, eventually the pancreatic β -cells burn out, and now the patient is not just a Type 2 Diabetic but an insulin-dependent diabetic. The adrenal medulla and, to a certain extent the sympathetic nervous system, release epinephrine and norepinephrine in defense against crashing blood sugar.

Additional Note: As your Glucogenic patient sinks more deeply into Insulin Resistance with high insulin, low glucagon, and defensive adrenaline stress --- one additional effect is that the ---

LOW GLUCAGON ALLOWS FOR INCREASED CHOLESTEROL SYNTHESIS.

And if the person is sedentary and thus deficient in AMPK, there will be further lost control of cholesterol synthesis. That is why, as years and decades progress, many of your Glucogenic patients will show rising total cholesterol.

In the Insulin Resistant stage of the continuum, before the patient becomes Diabetic, fasting Hemoglobin A1c may be anywhere from low to normal to somewhat elevated, but the key finding is the elevated fasting Insulin.

At this point we must mention a catastrophic physician response to Reactive Hypoglycemic that, in the long run, is almost as damaging as prescribing psychoactive drugs. Occasionally you will find a physician who may recognize that the patient is hypoglycemic, and will recommend "The Hypoglycemic Diet." Disaster!

I have had many patients, and had many Nutri-Spec practitioners consult me on patients who were misguided into believing that the remedy for their condition was to eat every 2 hours. What could be more counterproductive? The patient is already an Insulin Reactor, and it is the high insulin, low glucagon and defensive adrenergic response that provokes all the symptoms, and leads to degeneration of peripheral insulin receptors and eventually pancreas burnout.

What could be more absurd than telling this patient he/she needs to stimulate insulin overproduction every 2 hours of the day?!

That is why one of the major points in your Eat Well Be Well is that food enters the mouth no more than 2 or 3 times daily. That rule applies to all of us, but is of major significance to your Glucogenic Reactive Hypoglycemics.

The only effective way to reprogram your Glucogenic patients into what is called ---

MITOCHONDRIAL FLEXIBILITY ---

is to go on a high-fat, moderate-protein, low-carb eating plan.

Truly, the most important recommendation you give these patients is to eat beef and eggs for breakfast, with zero carbs. The combination of the high stearate and high sterol fat in beef, along with the high purine protein, accompanied by the high sterol phospholipids in eggs, especially when not (as per the Randle effect) blocked by carbohydrate, will get these Glucogenic patients off to a rip-roaring start every morning.

A key point here is that when the individual is well-along in Insulin Resistance and heading directly toward Type 2 Diabetes, fasting blood sugar and HbA1c might actually be elevated ---

YET --- THE PATIENT STILL EXPERIENCES HYPOGLYCEMIC SYMPTOMS AS THE BLOOD SUGAR DROPS QUICKLY FROM HIGH TO SLIGHTLY ABOVE NORMAL.

In this sense, the patient is both hypoglycemic and hyperglycemic at the same time. Even a glucose tolerance test can miss Reactive Hypoglycemia entirely if the insulin curve is not monitored along with the glucose curve.

Another eating plan essential:

What mistake do most people make when they begin to gain weight? They go on a low-fat diet. Nothing can possibly be more counterproductive in a Glucogenic patient. It is the carbs that need to be radically reduced (especially at breakfast) and sugars eliminated entirely from the daily routine (--- desserts strictly a special occasion item).

Migraines, chronic fatigue, brain fog, weight gain? Countless other medically undiagnosable symptoms? Such is the life of your Glucogenic Reactive Hypoglycemic patients.

Reactive Hypoglycemic? → Your rescue mission relies upon --- Energetics G, Immuno-Synbiotic, Activator, plus one or more “Metabolic Sparks” (Oxy Tonic, Electro Tonic &/or Oxy D+) per the BALANCING PROCEDURE. ----- And don't forget the zero-carb, beef & egg breakfast!

November SPECIAL: Energetics G, Energetics K,

Oxy Tonic, Electro Tonic, and Oxy D+

1 **FREE** with every 5 you buy.