

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 20 Number 5

From:

Guy R. Schenker, D.C.

May, 2009

**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**

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 system of metabolic balancing, 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, 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 ...

might be to either 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:

- 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: 7:00 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, 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.
June, 2009

IRON ---**ESSENTIAL NUTRIENT, OR
CATABOLIC KILLER OXIDANT?**

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 is the supplement of choice 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 in 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, families 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 --- the Nutri-Spec Fundamental Diet --- 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 Nutri-Spec Fundamental Diet 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 --- the Nutri-Spec Fundamental Diet --- 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 FUNDAMENTAL DIET --- 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? Are all their children on Mighty Mins? 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.