

# **NUTRI-SPEC**



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## **THE NUTRI-SPEC LETTER**

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From:  
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Dear Doctor,

### **CAUTION!**

Under no circumstances should your patients breast-feed their infants. It is your duty as a responsible physician to warn them against what must surely be a most pernicious practice.

It only makes sense.

Everyone "knows" that saturated fat is devastating to our health, leading to cardiovascular and other degenerative diseases. Everyone "knows" that dietary cholesterol is the worst fat of all.

Yet few people realize that...

### **HUMAN MILK IS 55% FAT!**

Much of that fat is disgustingly saturated; it is loaded with gobs of cholesterol.

No loving parents would willfully start their child down the road to debilitating disease. Yet we can only conclude that this must be the plight of millions of helpless infants each year -- if we are to draw our conclusions from what modern "science" tells us about dietary fat.

Why would any of your patients resort to primitive and inferior means of feeding their babies when so many more healthful alternatives are available? Agri-business offers us a broad diversity of pasty starches that will provide each infant with a diet that very closely approximates the proper 20% fat content that we all "know" is ideal for human health. We must reject that grotesquely fatty concoction forced upon us by nature.

It only makes sense. Perhaps some day our government will protect us by passing a law...

Let me quit fooling around and get to the point of this month's Letter. The common wisdom of our day as regards dietary fat is dead wrong. The common wisdom has been fabricated by those with an agenda that, believe me, does not include our health as its highest priority.

We have elaborated at length in many issues of this Letter on how far off base the common wisdom is as regards carbohydrate in the diet. The flip side of the nonsense about the wonders of eating starches -- is the nonsense about the dangers of eating fat. Dietary fat, then, is the subject of this letter.

The standard line on dietary fat is comprised of four premises, all of which are false:

1. Dietary fat is bad. It is to be absolutely minimized in the diet. Most recommendations are for no more than 20% fat in our diet. Some particularly loony "experts" (e.g., the Pritiken diet) recommend 15% as the absolute upper limit with 10% being even better.

Why is dietary fat so bad? It is presumed to cause or contribute to many degenerative diseases. Most particularly, it is blamed for cardiovascular disease, the number one killer in our modern age. Dietary fat is also presumed to be a major contributor to the high incidence of obesity.

2. Saturated fat is a particular no-no. Everything that is presumed to be bad about dietary fat in general is particularly bad about saturated fat.
3. Cholesterol is of the devil. Anyone careless enough to eat demon cholesterol is certain to suffer the curse of heart attack or stroke.
4. Polyunsaturated fats are good. Not as good as complex carbohydrates, mind you. But to the extent that we must eat something as disgusting as fat, polyunsaturated fats will protect us from the evils of saturated fat.

You (and through you, your patients) must understand that dietary fat is not the deadly poison establishment "science" would have you believe. I am going to ramble on until I run out of pages with interesting facts in favor of

dietary saturated fat, and against a high intake of polyunsaturated fats. I'll stop when I run out of pages -- but I could go on and on and on and on citing study after scientific study supporting the benefits of saturated fat in the diet, and the devastating consequences of consuming large quantities of polyunsaturates.

[I have recently recommended to you Barry Sears' book as excellent support of our NUTRI-SPEC concept of the proper ratio between protein and carbohydrate. I should, however, point out that Sears misses the boat on dietary fat. To his credit, he states quite emphatically that the cardiovascular problems generally blamed on cholesterol, are not at all associated with cholesterol but rather result from excess carbohydrate intake. He then, however, (for inexplicable reasons) goes on to advise against eating saturated fat. He also misrepresents the facts with respect to arachidonic acid. I continue to recommend the book as excellent reading for you and your patients, but please understand that my endorsement in no way means the book does not contain misinformation.]

Fat in general and saturated fats in particular are absolutely essential to maintain healthy levels of testosterone in both men and women. A study done in Finland showed that a decrease in the fat content of the diet to just 25% (which is above what is generally recommended by the "experts") decreased testosterone levels by 15%. The same damaging effect on testosterone levels was achieved by increasing the ratio of polyunsaturated fats to saturated fats.

Be aware that there is more to sex hormones than sex. The anabolic effects of testosterone are absolutely essential to delay the aging process. Studies by European endocrinologists show that falling testosterone levels are probably the single best indicator of the degenerative processes of aging. Furthermore, the most dramatic reversals of vascular disease and other degenerative conditions occur with testosterone replacement therapy. You and your patients must do nothing to cause a premature decline in anabolic hormones.

Not only are saturated fats in general essential for normal hormone production, but cholesterol in particular is of critical importance. All steroid hormones (which includes all the sex hormones plus adrenal hormones) are built upon cholesterol as a mother substance. There is a long chain of events that occurs within the cells of endocrine glands to produce hormones from cholesterol.

When hormone levels drop to low levels there are conceivably many different steps in this process where the hormone production could have broken down. Research from European endocrinologists shows, however, that the major rate-limiting step in hormone production is the presence of the mother substance, cholesterol, in the cells.

As a NUTRI-SPEC practitioner you are aware of the importance of cholesterol in the diet, and also the importance of eliminating the NUTRI-SPEC fundamental imbalances that prevent cholesterol from penetrating to the cellular level. The major point to understand is that neither cholesterol in general nor dietary cholesterol in particular is to be regarded as a harmful substance.

As you know if you have been studying NUTRI-SPEC for any length of time - not only is cholesterol essential for hormone production, it is also essential for the structure and function of the brain and nervous system.

Furthermore, you are well aware that high serum cholesterol levels have absolutely nothing to do with dietary cholesterol. You not only know that dietary cholesterol is not a cause of high serum cholesterol, but that (paradoxically) foods high in cholesterol are absolutely essential in many cases to lower elevated serum cholesterol levels. This is particularly true of your dysaerobic patients and your glucogenic patients with elevated serum cholesterol. They absolutely must eat foods such as eggs, meat, fish, and fowl to eliminate the metabolic imbalance that is causing cholesterol to build up in the serum.

The French have the highest intake of saturated fat of any country in the Western World. If the "experts" are correct about the cardiovascular damage resulting from saturated fat -- then why do the French also have nearly the lowest incidence of cardiovascular disease in the Western World?

Even though the conventional wisdom would have us believe that dietary fat is responsible for cardiovascular disease, there is much evidence to the contrary. I stumbled across an interesting item about a year ago in an article I was reading about the trace mineral chromium and its effect on insulin levels and elevated blood pressure.

The article wasn't about dietary fat at all, but the researchers mentioned in the section of their study describing their methods that since they needed to elevate the blood pressure of laboratory rats they had to feed them large quantities of sugar and starch to achieve their purpose. It was just mentioned in passing that it was a known fact that the fat concentration of our diets has been found to have no influence on blood pressure.

Think about that. It is common knowledge among scientists doing biochemical research that you cannot raise blood pressure with dietary fat no matter how much fat you cram down the animal's throat. Yet the pseudo-scientists promoting the common wisdom of our day would have patients with high blood pressure eliminate dietary fat as a first step to controlling their condition. On one hand we have true science -- on the other we have propaganda posing as science.

Here are some interesting negatives about polyunsaturated fatty acids (PUFAs):

- PUFAs actually increase the incidence and severity of cancer. A study done at the Oregon Institute of Science and Medicine in 1994 showed that in mice an approximately 50% increase in the incidence and severity of cancer occurred when the diet was supplemented with seeds and nuts rich in polyunsaturates.
- Dietary polyunsaturates poison several mitochondrial functions, including cytochrome oxidase.
- Polyunsaturates interfere with thyroid metabolism.
- PUFAs stimulate excess production of prostaglandins -- contributing to inflammatory joint disease, osteoporosis, immuno suppression, and fluid retention.
- Polyunsaturates modify fluid movements within and between cells and thus negatively impact intercellular communication. Excess unsaturated fats retard cellular development and/or accelerate cell death.
- Polyunsaturated fats impair fetal and infant brain development (while saturated fats are essential for normal brain development and nerve myelination).
- Dietary polyunsaturated fats suppress the activity of endogenous omega-9 unsaturated fats, which researchers suspect may be the trophic substance of greatest importance both to the brain and to the immune system.
- Polyunsaturated fats suppress normal oxidative metabolism, and promote lipid peroxidation. (In other words they tend to cause a dysaerobic imbalance in your patients. As you probably know, a dysaerobic imbalance in your patient indicates not only tissue peroxidation but also tissue catabolism and premature aging).

- Among the cell types most suppressed by polyunsaturated oils we have brain cells, skin cells, liver cells, intestinal cells, and white blood cells.
- Dietary polyunsaturates are also subject to cis-trans isomerism. The normal cis isomer of the fatty acid is changed under the influence of heating and other processing to its mirror image -- the trans isomer. The trans isomers of unsaturated fats not only increase lipid peroxidation, but are also carcinogenic.

One last note about PUFAs is in answer to the question that may be running through your mind as you read this. You may be asking yourself -- What about the essential fatty acids that are so important to health and must be obtained from our diet? The answer is that everything you know about essential fatty acids is true -- they are absolutely critical to many biological functions. What you must understand, however, is that while these essential fatty acids are qualitatively so important, they are needed quantitatively in only very small amounts. The amounts needed on a daily basis are easily obtained from a diet containing significant quantities of vegetables and meat, fish, and poultry (in other words, on the NUTRI-SPEC Fundamental Diet). The only way a person could be deficient in essential fatty acids is to be eating a diet consisting largely of processed foods -- particularly breads, cereals and pasta. There is absolutely no need to supplement your diet with vegetable oils or fish oils in an attempt to obtain your essential fatty acids.

We are out of pages, but have by no means covered all the info you absolutely must understand regarding dietary fats. Next month we will give you a couple of dramatic case histories. One will detail how a patient's elevated cholesterol (which failed to respond to medication and a low fat diet) came tumbling down on NUTRI-SPEC with an increase in dietary cholesterol and saturated fats.

Make it a good month.

Guy R. Schenker, D.C.