

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

What do you do when a patient comes to you with a chief complaint of...

HIGH CHOLESTEROL?

What if the patient's LDL cholesterol is sky high compared to the HDL cholesterol? What if, furthermore, the patient's triglycerides are also elevated? What if the patient's family has a history of cardiovascular disease? Suppose further that the patient became a vegetarian 10 years ago in a fearful attempt to control his cholesterol levels and protect himself from cardiovascular disease. Finally, suppose the patient has been on cholesterol-lowering medication for two years with only about a 10% improvement in his total cholesterol, even less improvement in his LDL cholesterol, and virtually no improvement in his triglycerides. Along with the cholesterol-lowering drug the patient is taking a whole truckload of the nutrition supplements purported to be effective in lowering cholesterol.

Where do you begin with a patient like this? The patient has a cholesterol problem, and has already exhausted every option offered by both conventional medicine and alternative health care to treat his condition. Can you perhaps find the one "missing remedy" that will cure the patient's cholesterol problem?

Of course not. As a NUTRI-SPEC practitioner you do not deal in remedies, period. Rather, you offer your patients the dynamic health benefits and increase in personal power that derives from a balanced body chemistry.

With respect to cholesterol -- you tell your patients right up front that cholesterol is not their problem, cholesterol is the result of their problem; You then go on to tell them that there are at least five causes of elevated cholesterol and that your job is to identify and correct whichever cause or causes are associated with their particular cholesterol levels.

Such was the scene at the San Diego, California office of Dr. Clifford Oliver earlier this year. Dr. Oliver has been quite a successful NUTRI-SPEC practitioner for several years now. The Doctor has a firm grasp of the NUTRI-SPEC philosophy of maximizing health through maintaining a balanced metabolism; he is also extremely precise in his test procedures. Like all of you who use NUTRI-SPEC in a meaningful way, Dr. Oliver gets clinical results that are consistently good and frequently astounding.

Following is Dr. Oliver's account of what happened with one high cholesterol case from which we all can learn many valuable lessons:

James is a 56-year-old male, 6', 170 pounds, very physically active teacher of disabled students. He has a family history of heart disease, with a brother having had bypass surgery and high cholesterol. Approximately 10 years ago he started on a vegetarian diet to control it.

Laboratory tests are as follows:

Date	Chol	Trigs	HDL	LDL
03/92	267		46	
07/07/94	255	171	60	161

The patient was started on Mevecor, and following are his more recent blood tests:

12/19/95	226	175	43	148
03/18/95	218	140	42	148
06/27/95	205	188	42	125
11/06/95	215	190	42	135
01/27/96	217	144	48	140

The patient stopped Mevacor on approximately 04/01/96, because of articles he read in the paper regarding side effects (particularly myocardial infarct) related to the drug.

On 05/02/96, the patient was tested with Nutri-Spec. At that time he was also on all the typical supplements to lower cholesterol:

L-Carnitine	500 mg
Niacin	1500 mg
Vitamin C	2 gms per day
B Complex	100 mg
Pro - optibol	
Garlic	
Vitamin E	

Plus: Aerobic exercise 6 days per week
Strict vegetarian diet

Nutri-Spec Findings:

Glucogenic and Metabolic Alkalosis.

He was placed on protein (animal source 3 times per day).
Exercise was changed to include anaerobic.

The following supplements were prescribed:

Oxygenic B	3 times a day
Oxygenic G	3 times a day
Phos Drops	15 drops 3 times a day
Calamo	2, 2 times a day

He followed the plan strictly and was retested for cholesterol on 06/08/96, only 5 weeks after starting Nutri-Spec and stopping all other supplements.

Date	Chol	Trigs	HDL	LDL
06/08/96	186	74	46	125

The patient also reported sleeping better and feeling much less lethargic especially in the afternoons.

Nutri-Spec retests on: 05/30/96, 07/10/96, and 08/01/96 showed continued improvement with a mild anaerobic state developing which resolved in 3 weeks on A and A+ 10 drops. He has a slight residual metabolic alkalosis.

P.S. - Kaiser, a large HMO (who did the lab work), sent the patient a letter of congratulations on his latest test result - of course not realizing he stopped their program on 04/01/96.

What can we learn from this interesting case study?

1. First, we can see that not only is Dr. Oliver a very fine doctor, he is a very courageous doctor. He had the guts to buck the establishment and tell this patient to quit doing all the many things that everyone "knows" are "good for cholesterol".
2. The patient had high blood fat despite not being fat.
3. The patient had high blood fat despite not eating fat.
4. Vegetarianism had not done a thing to correct the metabolic imbalance causing the elevated serum lipids.
5. A rigorous aerobic exercise regimen had done little to correct the cholesterol and triglyceride problem.
6. Taking a (dangerous) drug had only minimal impact on the serum lipids, and obviously had done nothing to correct the fundamental cause of the problem since the cholesterol and LDL cholesterol levels bounced back up to and above their previous highs immediately upon quitting the drug.
7. None of the "natural" cholesterol remedies did a thing for the patient.

Why did none of these cholesterol remedies work? The obvious answer to NUTRI-SPEC practitioners is that none of them addressed the cause of the elevated cholesterol. Specifically, in this case the patient had a glucogenic metabolic imbalance. Glucogenic patients have a difficult time metabolizing lipids for energy as they preferentially use sugar. The second consideration with glucogenic patients is that their liver does not handle cholesterol very efficiently.

Now, look at everything the patient was doing to treat his cholesterol with a disease-specific approach. The Mevacor destroys liver function which, as we've just said, is already compromised in a glucogenic patient. The vegetarian diet exacerbates his glucogenic imbalance and thus would further elevate his cholesterol. (Your glucogenic patients are actually your least likely candidates for vegetarianism. Not only do they need meat, they need high adenine and high fat types of meat. And if you've been doing NUTRI-SPEC for long you understand the paradox that glucogenic patients actually need high cholesterol foods in order to lower their cholesterol.)

Look at the other cholesterol remedies this patient was taking. The niacin, the Vitamin C, and the B-Complex all have a devastating effect on a glucogenic imbalance. So, despite that these nutrients are all purported to be "good for cholesterol" they would all have exacerbated this patient's cholesterolemia.

Just think what Dr. Oliver did. He took the patient off his cholesterol medication; he took the patient off all his other cholesterol remedies; he insisted that the patient begin eating meat three times a day. And what happened? With the help of the NUTRI-SPEC supplements and the NUTRI-SPEC diet the patient's cholesterol that had been elevated for years (despite doing everything that conventional wisdom thinks is ideal to treat cholesterol) dropped to normal, along with the triglycerides and the LDL cholesterol -- within weeks.

Imagine the patient's delight (and Dr. Oliver's satisfaction) when the HMO sent him the congratulatory letter on the miraculous turnaround in his condition!

The reason we highlight this particular case history this month is that it ties in so well with our recent discussion of the NUTRI-SPEC Fundamental Diet in general, and the particular role of fats in the diet.

We have made some pretty strong statements regarding dietary fat in the last two Letters. We have stated emphatically that saturated fat is not the deadly poison conventional wisdom would have you believe it is. We have made the case that not only is saturated fat not harmful, it is absolutely essential to your health. We have shown that these fats are essential for hormone production. We have shown that they decrease the rate of aging. We have shown that they are essential for the development of the infant's nervous system. We have shown that they prevent degenerative conditions in the nervous system. We have shown that not only do fats not cause obesity they help prevent obesity. We have shown that dietary saturated fats do not cause an increase in blood pressure nor cardiovascular disease. We have actually shown that dietary cholesterol is essential to lower serum cholesterol. We have pointed out that human milk is 55% fat and loaded with cholesterol.

We discussed at length in several previous issues of this Letter the ideal ratio of protein to carbohydrate in your diet. We emphasized that this ratio is perhaps the critical feature of the Nutri-Spec Fundamental Diet. We praised Barry Sears' book "The Zone" for its excellent presentation of the importance of this ratio.

But after this lengthy discussion of the protein to carbohydrate ratio of the NUTRI-SPEC Fundamental Diet it is now essential that we go on to say that despite all the fuss about protein and carbohydrate, the truth is that...

**FAT SHOULD ACTUALLY MAKE UP
THE MAJORITY OF YOUR FOOD INTAKE.**

Remember, fat makes up the majority of the human infant's diet (55%), and that percentage need not change dramatically as we become adults. The significant shift in dietary proportions as we move from infancy through childhood to adulthood is in the increase of the protein to carbohydrate ratio.

Advocating a "high" fat intake sounds like astonishing hearsay coming from a nutritionist, particularly if you have fallen for much of the propaganda that passes for nutrition in the establishment media. But I think we have made a convincing case these last few months in support of the essentiality of adequate fat intake.

The simplest and most concise way to refute all those propagandists who claim that the appalling incidence of cardiovascular disease and the alarming increase in cancer can be blamed on fat intake is this:

During the last 100 years heart attacks have gone from a virtually non-existent condition to the cause of death of 50% of all Americans. At the same time cancer has progressed to the point where one out of three people have cancer in their lifetime. During that 100 years of alarming acceleration of deadly pathology there has been absolutely no increase in fat consumption in the American diet, and there has actually been a decrease in the intake of saturated fats. (There has, however, been a dramatic rise in the consumption of sugar and refined carbohydrates as well as polyunsaturated oils.) So please tell me how can anyone try to pin the blame for these pathologies on dietary fat?

Think about it. Then think about how many potential cases like Dr. Oliver's you have in your practice -- if you put NUTRI-SPEC to work for you.

Sincerely,

Guy R. Schenker, D.C.