

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

89 Swamp Road
Mifflintown, PA 17059

800-736-4320

717-436-8988

Fax: 717-436-8551

nutrispec@embarqmail.com

www.nutri-spec.net

THE NUTRI-SPEC LETTER

Volume 7 Number 12

From:

Guy R. Schenker, D.C.

December, 1996

Dear Doctor,

You have many patients with...

HIGH CHOLESTEROL.

You have many more patients who are scared to death they are going to get high cholesterol -- and are struggling to follow the ill-conceived advice of contemporary nutrition "authorities" -- eating a low saturated fat diet.

Think of it. Likely more than half your patients either have high cholesterol, or, are growing weak and old following the common wisdom of our day -- following a high carbohydrate, low fat diet. With a mastery of NUTRI-SPEC you could build an entire practice on helping your patients with high cholesterol, and reversing the premature aging of your many patients who, in ignorance, have fallen for the pernicious propaganda of establishment nutritionists.

Last month we gave you a graphic example of your power over cholesterol using NUTRI-SPEC. You read Dr. Oliver's account of an extraordinary reversal of cholesterolemia. Most significantly, you saw that the patient's cholesterol came down to normal as soon as he quit doing all that everyone "knows" is good for cholesterol -- and began the NUTRI-SPEC Fundamental Diet (changing from vegetarianism to eating animal protein and animal fat three times daily) along with the NUTRI-SPEC supplements indicated by his test results.

Continuing on last month's theme that saturated fat is not only not evil but absolutely essential for everyone to achieve optimal health -- we are going to give you the story of another Dr. Oliver patient.

Kendra was a high school track star who went on to the University of Southern California with aspirations to excel as a collegiate runner. Inexplicably, she pooped out. Instead of growing stronger and faster on the USC track team she not only failed to improve, she actually became slower and slower.

Here is a brief summary of this case in Dr. Oliver's words:

"I first saw Kendra two years ago, when she just turned 18, for lower back and hip pain. She was completing her senior year in high school and was a top rated track (400 hurdles) and cross country runner. Her cross-country times were in the nineteen-minute range which is quite good.

"She was recruited by USC track team and has been there the last 2 years. At USC she did well in hurdles but her cross-country times slowed to 22 minutes. While there, she was placed on a high complex carb, low fat, moderately low protein diet. She was also placed on birth control pills because she had a very irregular cycle, almost amenorrheic. During this time frame her body fat increased from the low teens to 19.7%.

"She was NUTRI-SPEC tested on July 9, 1996, and found to be electrolyte insufficient. She was placed on the appropriate supplements and greatly increased protein and stopped the BC pills. Within ten days she ran the Carlsbad shortened triathlon and finished second in her class. One week later, at the Top Gun 5K, she dropped one minute off her time. Her best in almost 2 years.

"At the start of school she was ranked 6th on a team of 11, with the top 7 going to the Pac 10 championships. She is a very happy camper."

Do you see the parallel between last month's case history and this one? In one case you had a person following the common wisdom of our day to do everything humanly possibly to lower his cholesterol and protect himself from familial cardiovascular disease. He was a vegetarian; he was doing extensive aerobic training; he was taking all the popular "good for cholesterol" nutrition supplements; he was taking a cholesterol-lowering (liver-destroying) drug. Despite his best efforts, his cholesterol problem was as bad as ever -- even after 10 years of following diligently what he thought was an anti-cholesterol regimen.

Now, you read of an athlete who was also brainwashed by the common wisdom of our day to do everything humanly possible from a dietary standpoint to promote athletic performance. Namely -- she was following the idiotic, high carbohydrate, low fat diet. What did it get her? She got fat, her athletic skills were destroyed, and she became amenorrheic.

It is sometimes startling even to me how quickly people can turn around when provided the powerful advantage of nutritional specificity. With nothing more than the supplements specifically indicated by her NUTRI-SPEC testing (Oxy B, Formula EI, Di-Potassium Phosphate, and Sodium Citrate), plus the all-important NUTRI-SPEC Fundamental Diet, she was able to drop a full minute off her 5K time in less than three weeks. If you know anything about running at the collegiate level, you realize that a minute in a 5K race separates the winner from the back of the pack. Even an improvement of 10 seconds can be the difference between winning a race and being an also-ran.

Furthermore, in less than six weeks after beginning the NUTRI-SPEC Fundamental Diet (including frequent servings of animal protein and animal fat) Kendra's body fat had dropped from 19.7 to 17.7%. We have here our second clear example of the hazards of eating a high carbohydrate diet. Last month you saw a man whose blood fats were sky high from eating too many carbohydrates. Now you see an athlete whose body fat went sky high from eating too many carbohydrates.

We made the comment in last month's Letter that...

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

We have provided you oodles of objective evidence in the last several months in support of that statement. Not only fats in general but saturated fats in particular are what you need to maintain healthy hormone levels, maintain normal neurological function, and maintain normal energy production. It is particularly interesting to consider the dietary fat needs of an athlete. If there is anyone in whom dietary fat is of utmost importance it is the athlete in intense training. On a percentage basis the athlete requires even a much higher percent dietary fat intake than the rest of us. Contrary to the common wisdom of our day, athletes do not burn carbohydrate as a fuel during competition; nor does a high percentage of dietary carbohydrate improve athletic performance. Also contrary to the common wisdom of our day -- a

high protein intake does not improve a person's muscle anabolism. While an athlete's protein needs are higher, that increased need is met by just a few extra ounces of animal protein daily.

It is the fat in the diet that will make or break an athlete. The limiting factor in energy storage for endurance events is fat storage and mobilization. The limiting factor for muscle building in response to a workout is the availability of calories -- and the high caloric need of athletes can be met only by fat ingestion.

With all this talk about fat the last few months, let us ask ourselves...

WHERE DOES FAT FIT INTO THE NUTRI-SPEC FUNDAMENTAL DIET?

You have had at your disposal for several months now the NUTRI-SPEC Report of Findings that you give each of your patients. That Report of Findings highlights, among other things, the NUTRI-SPEC Fundamental Diet. Many of you have responded with this question:

"You emphasize biological individuality as one of the key concepts of NUTRI-SPEC. You say that there is no ideal diet for everyone -- yet you give us this NUTRI-SPEC Fundamental Diet which seems to violate the principle of biological individuality. You have essentially given us an ideal diet for all our patients."

You need to give every patient the NUTRI-SPEC Fundamental Diet not as an "ideal diet", but rather as...

AN IDEAL FOUNDATION...

upon which to build that individual's ideal diet.

Upon the foundation of the NUTRI-SPEC Fundamental Diet you have the flexibility of recommending an extreme diversity of diets -- each based upon that individual's NUTRI-SPEC imbalances.

Your dietary recommendations can reflect the different types of protein, the different types of fat, and the different types of carbohydrate, as well as the different quantity of fat in each individual's diet. All the while you are diversifying the diet for that particular individual's needs, you are assured that the person is getting real nutrition 21 times each week (which is probably the most important feature of the diet).

Now let's look at the NUTRI-SPEC Fundamental Diet and how it relates to the percentage of protein, carbohydrate and fat in your patients' diets. Many of you have asked me what is the ideal percentage of these three macronutrients. The answer is that there is no ideal percentage -- it is a matter of biological individuality. The ideal percentage of protein to carbohydrate to fat varies tremendously from one person to another depending on where they stand with respect to the NUTRI-SPEC balance systems, and on their metabolic rate, and on their physical activity level.

The NUTRI-SPEC Fundamental Diet gives a means by which all patients can determine an approximation of their protein needs. For more than 90% of your patients this will be from 3-6 ounces of animal protein three times daily. The number of ounces is estimated based on that person's lean body mass and physical activity level. Determination of protein needs is the all-important first step in putting together the macro composition of each person's diet.

Having determined the protein needs, you have automatically determined an estimate of the carbohydrate needs -- based on the carbohydrate chart in your Report of Findings. The 9 carbohydrate points per ounce of animal protein foods works out to be approximately 30% more calories from carbohydrate than from proteins. This is a good estimate for your average patient, give or take 5% or so, depending on glucogenic/ketogenic imbalances, etc.

To illustrate: Glucogenic patients do well on 25 to 30% more carbohydrate than protein. Much of that protein should be high adenine type protein; and none of the carbohydrates should be fast, high glycemic index carbohydrate. Then, glucogenic patients can fill in their caloric needs with all the fat they care to eat, preferably saturated and monounsaturated fat.

In contrast, ketogenic patients do well on 30 to 35% more carbohydrate than protein. Most of that protein should be eggs, white fish, and white fowl. Sugar and refined flour are a major problem, but other carbohydrates aren't too difficult to handle. They can fill in their caloric needs with all the fat they want, emphasizing the monounsaturates and not too heavy on the saturated fats.

Got it? The NUTRI-SPEC Fundamental Diet is the ideal foundation upon which to build each individual's NUTRI-SPEC eating plan (just as Oxygenic B is the ideal supplement foundation upon which to build each patient's NUTRI-SPEC supplement plan.)

LATE BREAKING NEWS FLASH!

Dr. Oliver reports yet another startling turn-around in a patient with high cholesterol. Here is the latest fax from Dr. Oliver:

"Middle age male with cholesterol of 224 and triglycerides of 330 -- he was on a low protein/high complex carbohydrate diet.

"After being tested with NUTRI-SPEC he was put on Oxy B, Oxy D, Oxy D+ and put on the NUTRI-SPEC Fundamental diet and Dysaerobic Diet.

"Within a week or 10 days his new lab findings were Cholesterol 169 and Triglycerides 165!!!"

You have now read of two "miracle cures" of high cholesterol in Dr. Oliver's practice. The important thing to ask yourself is this -- did Dr. Oliver employ...

"THE NUTRI-SPEC CHOLESTEROL CURE?"

Of course not -- there is no such thing. The whole point of NUTRI-SPEC is to identify metabolic imbalances in your patient, correct those imbalances, and thus allow health to be restored. Notice that both of these amazing drops in cholesterol were achieved with totally different diet and supplement plans. One patient's cholesterol problem was associated with a glucogenic imbalance, and the other's was associated with a dysaerobic imbalance. Each patient was given Oxygenic B; each patient was given the NUTRI-SPEC Fundamental Diet; and each patient was given an entirely individualized set of additional supplements and dietary recommendations based on his or her particular metabolic needs. High cholesterol was not these patients' problem; high cholesterol was not these patients' "disease;" high cholesterol was the result of their problem -- each having a different metabolic problem that needed to be addressed with nutritional specificity.

If you want to achieve the consistently good results enjoyed by Dr. Oliver and many other NUTRI-SPEC practitioners we strongly suggest that you attend a seminar. Check the dates and locations listed above and register now.

Sincerely,

Guy R. Schenker, D.C.