

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

The closing words of last month's Letter were:

“IT IS SO SIMPLE TO MAKE THIS WORK IN YOUR PRACTICE.”

Reference was being made, of course, to your Diphasic Nutrition Plan. You saw in that Letter two sample patients dramatically illustrative of the amazing clinical results you will achieve with this plan. You also saw how creating ecstatic patients leads to their making a life-long commitment to your nutrition practice, which in itself sets you up for ...

A LIFETIME OF BOTH PROFITS AND SATISFACTION.

But, that is not even mentioning the geometric growth your practice will experience as it booms with referrals from these ecstatic patients.

Here is another example illustrating your ability to handle the most challenging clinical cases.

Suppose a 55 year old woman comes to your office with major complaints of fatigue, fluid retention, weight gain and allergies. Doctors have told her that the allergies might be asthma but they are really not sure. The woman is hypertensive and takes a calcium channel blocker along with the diuretic hydrochlorothiazide. She also takes Claritin for her allergies, and has been on estrogen replacement therapy for three years due to having experienced hot flashes at menopause.

Do you have any patients that match this description? Of course you do. Read on.

In response to your question, “Do you take nutrition supplements?” she replied affirmatively with a hodgepodge of this and that popular supplement of the day. You have discussed with her the Diphasic Nutrition Plan brochure, and she is ready to make a commitment to a systematic, logical, comprehensive nutrition plan.

Step One, is to get agreement from your patient that she will stop all the non-specific supplementation she currently uses.

Step Two, is to emphasize that the dietary recommendations on the plan are at least as important as the supplementation.

Step Three, is to select the morning supplements. In this case you will go with:

Oxygenic A-Plus 20 drops before breakfast
 Diphasic A.M. 3 after breakfast
 Oxygenic B 2 after breakfast
 (because of cardiovascular disease) Formula ES 2 before breakfast
 (because of the cardiovascular disease) Taurine 2 before breakfast
 (because of the asthma) Complex P 2 after breakfast

Step Four, is to select your evening supplements. In this case you would choose:

Formula EW 20 drops after the evening meal
 Diphasic P.M. 3 after the evening meal
 Oxygenic B 1 after the evening meal
 Formula ES 2 before the evening meal
 Taurine 2 before the evening meal

Step Five, is to recall that certain medications are automatic “red flags” -- certain to be dragging your patient down. It so happens that this patient is taking two of the medications that are on your red flag list --- estrogen, and a calcium channel blocker. At this point you must convince the patient to (slowly, responsibly, and safely) get off these two medications.

First, consider the estrogen. Not too long ago we spent two months giving you a thorough presentation of all the damaging effects of estrogen, including all the myths surrounding the purported benefits of estrogen. In fact, you learned, many of the conditions supposedly benefited by estrogen (such as osteoporosis and cardiovascular disease) are actually exacerbated by estrogen. We gave you many references from the literature supporting the essentiality of getting off estrogen quickly (yet responsibly).

What you must do (and do it today!) is to make copies of the NUTRI-SPEC Letters presenting the case against estrogen, and keep a supply of those copies on hand to distribute to patients such as the one you are dealing with in this illustration.

Once you have convinced your patient that many of her current symptoms are actually caused or exacerbated by the estrogen she is taking, that her life will be shortened by estrogen, and, that she is setting herself up for a greatly increased risk of some pretty serious pathologies by taking estrogen --- then, you can give her the protocol that we have explained to you for gradually withdrawing from estrogen. We will not repeat that here. If you need copies of the Letters giving the complete scoop on estrogen, and how to help a woman get off estrogen without experiencing undue hot flashes and other side effects, just give us a call and we'll send them to you at no charge.

So, now --- you have given your 55 year old patient the convincing case against estrogen she needs to read, and you have already explained to her the protocol she will follow for gradually getting off it.

Now, we must address the issue of the calcium channel blocker. You will see case after case of people taking calcium channel blockers suffering from all the classic side effects caused by these drugs -- including fatigue, allergies, migraines, depression, loss of cognitive function, and so forth. And, of course, the biggest consideration for these patients is that calcium channel blockers, while effectively lowering blood pressure, actually increase patients' chances of having both heart attacks and strokes. All this has been unquestionably established in many references. So here, for you to copy and distribute among your patients taking calcium channel blockers, is a list of references clearly documenting the essentiality of avoiding this family of drugs.

Now, once again considering the example patient at hand, you would explain to this woman the effects that calcium channel blockers are having on her. You would give her the sheet with the explanation and the references. You would then instruct her to go to the physician that prescribed her calcium channel blockers and say to that physician that she has heard about some side effects from taking calcium channel blockers that she would just as soon avoid. She will explain that she has also heard of other blood pressure medications that are just as effective, and wonders if she can be switched to an ACE inhibitor? There are very few physicians who will not comply with such a request unless the calcium channel blocker had been prescribed for tachycardia as well as hypertension.

If the physician is a schmuck and refuses to cooperate, then she should pull out the sheet of paper you gave her listing the references, and make it clear to the doctor that she is very concerned about these side effects and would really appreciate it if he would switch her to a different type of blood pressure medication, adding that she has heard that ACE inhibitors can be very effective and don't have the side effects. Then, if the doctor refuses to cooperate she should simply go find another doctor.

Step Six, is to smile smugly, knowing that you have just added years of quality living to this woman's life. She has a complete Diphasic Nutrition Plan in place; she has a protocol for gradually getting off the catabolic stress hormone estrogen; and, she has a plan to switch from deadly calcium channel blockers to a more benign ACE inhibitor to control her blood pressure. You know that just getting off the estrogen and the calcium channel blocker (two potent agents of destruction) will dramatically improve her symptom picture. Add to that the power of the Diphasic Nutrition Plan, and you know you are going to have a very happy patient.

When the patient returns for a follow-up visit in about a month, she reports that all her symptoms have improved somewhat, which pleases her, but that there has been no real dramatic change. She has switched from the calcium channel blocker to the ACE inhibitor. She is, however, just in the beginning stages of withdrawing from estrogen, so you point out to her that she is still taking a beating every day from that powerful stress hormone. You remind her that excess estrogen is the number one cause of allergies and asthma in adult women. You also should remind her that estrogen causes extreme fluid retention and weight gain.

You now give this patient the Oxygenic A-Plus and Formula EW balancing procedure. "Do you commonly experience diarrhea?" you ask. She explains that she does, and that the problem has actually been worse than usual lately. You therefore instruct her to increase the Formula EW and decrease the Oxy A-Plus by 5 drops every three days. When she has gone three consecutive days with no loose stool, the quantities of Formula EW and A-Plus that she is then taking become her new permanent recommendations.

The only thing you add to these instructions is a re-affirmation of how important the dietary recommendations are.

For the next three days she takes 25 Formula EW and 15 Oxy A-Plus; then for three days takes 30 Formula EW and 10 Oxy A-Plus; then she takes 35 EW and 5 A-Plus; followed by 40 Formula EW and no Oxy A-Plus --- and still she is experiencing loose stools on a somewhat regular

basis. So, for the next three days she takes 45 Formula EW and no Oxy A-Plus; and, next are three days with 50 Formula EW and no Oxy A-Plus. During those three days she experiences no tendency to loose stools at all. She now has her permanent recommendations for Formula EW (50 drops) and A-Plus (none).

When this patient comes in for her next follow-up visit she is all smiles. She has lost 11 pounds since she began the Diphasic Nutrition Plan, “without even trying.” Her allergies are virtually nonexistent. She is now down to just taking estrogen two days each week and is about to go down to one day per week, and then will be off of it completely within a couple more weeks. Her energy is better than it has been in a long time. The only mild complaint she has is diarrhea from time to time. Since your Diphasic Nutrition Plan protocol includes the use of glutamine in cases of chronic diarrhea, you add that to her regimen temporarily, telling her to go through just one bottle of glutamine at 2 – 2 X daily, and call you in a few weeks and report the changes.

You get a call from the patient in two weeks saying that for the first time in her life she is constipated. So --- you tell her to cut the glutamine to just one daily for as long as the bottle lasts.

The next time you see the patient she reports continuing to feel amazingly well. There is one new problem that has developed and that is that she is starting to get dizzy when she stands up. You check her orthostatic blood pressure and find that her blood pressure is low and then falls further upon orthostatic challenge. This, you report to the patient, is extremely good news. She is now in a position to begin to gradually reduce her blood pressure medications. She should start with the diuretic and follow the protocol (that only you can give her) for gradually eliminating that. She can either do this on her own, or she can consult her medical physician first, as she chooses.

Fast forward four more months. Your patient is 27 pounds lighter and 27 tons more energetic than the day she first met you. She takes no allergy medication, no estrogen, no calcium channel blocker, and now, not even the ACE inhibitor as her blood pressure is normal. She takes the diuretic only as needed (--- and “as needed” occurs only when she eats bread made from organically grown whole grains --- she still doesn’t want to admit that health food bread is as bad as any other). This patient will be delighted to pay you thousands of dollars over the course of her lifetime --- and, she will refer and refer and refer.

You already know this woman!! Begin turning her life around tomorrow.

Calcium channel blockers, side-effects of

- 1) New England Journal of Medicine, June 1994. This study showed that CCBs actually increase the incidence of strokes.
- 2) Lancet, January, 1996. Another study showed that while CCBs do effectively lower blood pressure, they increase the chances of having a heart attack.
- 3) A study published in the December 1997 Journal of the American Geriatrics Society showed that when people on CCBs were given brain scans and intelligence tests they did poorly on the intelligence tests. Their brain scans showed high white matter sensitivities (which is a finding linked directly to impaired mental function).
- 4) Another study published in the March 7, 1998 British Medical Journal showed that there is a 5-fold increase in the incidence of suicide among patients on CCBs. The suicides were thought to result from depression caused by the calcium channel blockers.

Since CCBs have side effects including:

- strokes
- heart attacks
- loss of mental function
- depression

... it is wise to use other drugs to control blood pressure.

If the CCB was prescribed for you to control your heart rate as well as your blood pressure, then a beta-blocker may be a good alternative with less severe side effects.

If your CCB was prescribed simply to control your blood pressure, then there are several less harmful alternatives, but the best choice may be an ACE inhibitor.