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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Is your patient suffering from:

- Elevated cholesterol?
- Hypertension and irregular heartbeat?
- Fatigue and weakness?
- Blurred vision?
- Gastric reflux?
- Inability to concentrate?
- Depression?
- Facial pain and numbness?
- Heavy menstrual bleeding and cramps?
- Migraine headaches
- A history of using birth control pills?
- Bloody diarrhea (perhaps Crohn's Disease)?
- History of uterine fibroids and complete hysterectomy?
- History of negative reaction to both birth control pills and estrogen replacement therapy?
- Fluid retention?
- Probable Multiple Sclerosis?

Seriously, Doctor …

ASK YOURSELF IF YOUR PATIENT REALLY HAS 16 SEPARATE DISEASES AND CONDITIONS …

as her physicians have diagnosed and treated? Or, can her entire clinical picture be explained by the presence of a dysaerobic metabolic imbalance, complicated by an estrogen to progesterone imbalance, plus thyroid insufficiency?

Do you see that that is the beauty of your NUTRI-SPEC testing system? You do not treat 16 separate diseases and conditions in each one of your patients --- rather, you analyze that patient with objective testing procedures to uncover the causative factors behind that myriad of symptoms and conditions.

You were left at the end of last month's Letter in the middle of a story about one of my patients who had presented with exactly the above 16 conditions. You have read that by treating her as a dysaerobic imbalance, along with giving her a little natural progesterone and getting her off her Premarin and her SSRI, she was feeling better within four weeks of starting NUTRI-SPEC care than she had in years.

She had quit her Effexor and Lipitor immediately after her first visit. She had also immediately begun the protocol for getting off Premarin, and within eight weeks was down to taking it only three days per week. Her diarrhea of years, and years, duration had stopped completely. She now had very little facial pain, and her fatigue, weakness, and poor concentration had all improved dramatically.

Despite her amazing progress, we saw that …

IT WAS TIME TO CONSIDER THYROID INVOLVEMENT.

She was still retaining a tremendous amount of fluid. She had lost no weight despite following the NUTRI-SPEC Fundamental Diet and radically decreasing carbohydrate intake. Her body temperature was still low, and, her deep tendon reflex recovery was still slower than normal.

At this point I ordered the four thyroid tests to see what we would come up with.

When I saw the patient several weeks later, she had continued improving in all except those nagging thyroid symptoms. The thyroid tests had come back with free T3 and free T4 dead center, mid normal range, and TSH actually on the low side of normal. These results would indicate to those who rely on those tests to evaluate thyroid function that the thyroid was fine, or even (given the low TSH) slightly to the hyper side.

Included in her blood work we had requested a follow-up on cholesterol and triglycerides. Her cholesterol on the NUTRI-SPEC regimen and dropped from 310 down to 260. The triglycerides had dropped from 147 all the way down to a perfectly normal 80. When I see

triglycerides responding so dramatically to NUTRI-SPEC when cholesterol doesn't, that is a strong indication of thyroid involvement.

Though her physician wouldn't consider putting her on thyroid with normal blood tests, I was able to refer her to another physician who gave her a small amount of natural thyroid as a clinical trial, based on the weight gain, the fluid retention, the sub-normal body temperature, the deep tendon reflex recovery failure, and the elevated cholesterol.

The patient's next visit was February of 2003, when I saw the patient for the first time under the influence of the natural thyroid supplementation. Because of the thyroid support, her deep tendon reflex recovery was almost completely normal. Her fluid retention was substantially improved. She has lost some weight, and I expect before long the cholesterol will come down as well.

Meanwhile, she continues to feel better and better. She has now cut her blood pressure medicine in half, totally eliminated her Neurontin, and has been off estrogen completely for 2 months. Does the patient truly have Multiple Sclerosis? Her neurologist (a big name at Johns Hopkins) seems determined to find it. All I can find is a woman vibrantly healthy and happy.

Not only is this case noteworthy because of the dramatic reversal in this woman's health, but because it is instructive in so many of the points of clinical evaluation you have been learning in your study of NUTRI-SPEC. First of all, just the consideration of her two Fed Flags, i.e., getting her off the SSRI and the estrogen, alone did her a world of good.

This case is also instructive in the importance of considering estrogen stress in general and estrogen to progesterone ratios in particular for your female patients.

This case also reinforces the claim we have made again and again that NUTRI-SPEC has such a powerful beneficial influence on auto-immune diseases such as Crohn's Disease, and yes, even multiple sclerosis.

Finally, this case gave you a look at just how and when you include a consideration of the thyroid as a part of your NUTRI-SPEC evaluation and treatment.

Here is another case --- one that comes closer to your typical patient than the woman with Multiple Sclerosis and Crohn's Disease.

In 1998 a 33 year old woman came to me for nutritional counseling. As a teenager she had had a problem with hirsutism and amenorhea. A physician had performed blood tests, and though he never explicitly told her the results, she assumed the doctor had found high testosterone. In any case, the doctor had told her that she would have to take birth control pills the rest of her life.

Now she was in my office after having taken birth control pills for 13 years. Her complaints were inability to lose weight, and mood swings, which she had concluded were hormonally connected.

Six months ago she had mentioned the mood swings to her physician. He immediately told her she had "major depression" and put her on Prozac. The patient didn't think she was depressed in the least --- just a little distraught over her inability to lose weight and a little more moody than she would like to be. She never really considered that she had a major "disease." Nevertheless, she took the Prozac and experienced no beneficial effect. Undaunted, the physician replaced the Prozac with Effexor, another SSRI. This drug had given her some symptomatic improvement in her mood swings so she was on it still, as she came into my office six months later.

NUTRI-SPEC testing showed the patient to have a parasympathetic imbalance. She was treated with Oxy B, Complex P, and Tyrosine. She was also put on the Parasympathetic Dietary recommendations, and, since weight loss was a priority, a strong emphasis on the high protein and ultra low carbohydrate diet on which parasympathetic people thrive.

It was also suggested that she stop the SSRI and consider going off the birth control pills. It was explained how the SSRI actually worked to correct her parasympathetic imbalance --- so, since she still tested parasympathetic she had to be <u>extremely</u> parasympathetic. It was further explained that the estrogen in her birth control pill exacerbated her weight gain, and her fluid retention, and was totally responsible for her mood swings.

The patient took her supplements and followed the dietary recommendations reasonably well. She felt better and lost a few pounds, but not nearly enough to satisfy her. We fiddled around for about six months with her being afraid to get off the birth control pill, even though I explained to her that it was not doing a thing for the hirsutism and it was actually causing her cyclical moodiness.

After these six months she came to realize that the birth control pill was preventing her from making any further progress. So, she decided

to go off it. She immediately felt better and lost considerably more weight.

At that point the patient drifted away and was not heard from for three years. She re-appeared in my office late last summer. She reported that over the last three years she had stayed off the birth control pill, but that her doctor had kept steadily increasing the dosage of Effexor, still insisting that she was suffering from major depression. The patient reported that she felt no change on the Effexor, so finally the doctor was going to wean her off it and replace it with Celexa (yet another SSRI).

The patient reported that as the dosage of Effexor had increased so had her weight. She had gained 30 pounds in the last year after having lost that much when she followed the Parasympathetic Diet and went off the birth control pill. The patient also reported having developed cysts on one ovary and had been diagnosed with the possibility of polycystic ovary disease.

The patient now tested somewhat anaerobic, so to her anti-anaerobic nutrition regimen was added Calcium D-Glucarate to decrease her estrogen stress. [Note: Most people don't realize that women with high testosterone tend to develop polycystic ovaries. Why? -- Because the excess testosterone is ultimately converted to estrogen. So even though there are symptoms and conditions associated with high androgens, these women have just as many symptoms of estrogen stress.]

By this time I had available …

THE HANDOUT WE ALL USE TO EXPLAIN TO OUR PATIENTS THE DAMAGING EFFECT OF SSRI's.

It was given to this patient with the admonition that she would under no circumstances withdraw from the Effexor and then start Celexa. She would withdraw from Effexor and never again go near another SSRI.

Without the SSRI, the patient progressed nicely for three months. She steadily lost weight, her mood swings dissipated almost entirely, and allergies (which had become a problem over the last few years) subsided significantly.

At that point, however, we hit a brick wall. Another two months went by with no additional weight loss even though her menstrual and emotional symptoms had improved as she continued to follow her anti-parasympathetic diet along with anti-anaerobic supplements.

What did we do?

We considered the possibility of thyroid involvement. I had a copy of blood tests from about a year earlier which included a TSH within normal limits. I checked the thyroid indicators you have been given (P1, temperature, deep tendon reflex recovery). Realizing we had persistent anaerobic and parasympathetic test patterns, I could conceive of the patient having either primary thyroid insufficiency or reverse T3 dominance.

Her pulse 1 was a persistently slow 64, even after having her parasympathetic imbalance corrected. Her body temperature was only slightly below normal. Her deep tendon reflex recovery showed an extreme failure. Based on those findings I ordered the four blood tests for thyroid. The findings were: negative microsomal antibodies, serum T3 extremely low, T4 perfectly centered in the normal range, and TSH in the lower end of normal range.

The patient was referred for a T3 prescription. I have seen her just once since she started the T3 and she is already showing dramatic improvement.

Now, you've seen two cases for whom thyroid supplementation was undeniably essential. One had perfectly normal thyroid blood tests; the other was normal on T4 and TSH (the tests typically considered by most physicians as diagnostic for thyroid dysfunction) yet showed low T3.

Both cases clearly showed thyroid insufficiency based upon the test procedures you now know how to employ when NUTRI-SPEC imbalances support either primary thyroid insufficiency or reverse T3 dominance. Begin looking for these cases in your practice. Thyroid insufficiency is not as common a clinical factor as estrogen stress, yet you will find it frequently. Now you know how.

Sincerely,

Guy R. Schenker, D.C.