

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Your patient's are not well. Why not? There is a spiritual component to wellness that you may not be prepared to address, but while you may not be equipped to feed the soul of your patients, you can certainly address the needs of their body, mind, and heart. In the most fundamental sense, there is only one cause of a wellness deficiency --- and that is insufficient ...

ADAPTATIVE CAPACITY.

As a NUTRI-SPEC practitioner you are well familiar with the formula:

Adaptative Capacity = Metabolic Balance + Vital Reserves

For patients on whom you do not employ NUTRI-SPEC testing, you move directly into your efforts to increase vital reserves through your Diphasic Nutrition Plan. Over the long run, even without specifically addressing metabolic imbalances, these patients will experience improvement in, or even resolution of, their metabolic imbalances, and will most certainly enjoy a life-enriching increase in Adaptative Capacity. When you do perform NUTRI-SPEC tests on a patient, you are giving primary attention to achieving metabolic balance. No one in the clinical nutrition field can begin to match your ability to restore biochemical balance, thus improving metabolic efficiency. Generally, within 3-4 weeks (assuming you have diligently followed your QRG analysis, and, performed the required follow-up testing) most if not all of a patient's metabolic imbalances improve significantly --- with an accompanying increase in Adaptative Capacity.

At that point of much improved metabolic balance, it is time to start transitioning into the DNP so that vital reserves can be enhanced as well. Within 6-8 weeks after starting care, all your patients, even those who began with NUTRI-SPEC testing, should have completed the Master Blaster, and be well on their way to a longer, stronger life. They will be well because they trusted you, the only clinical nutritionist who can offer a life-long increase in Adaptive Capacity.

As you have learned in the last several Letters, nothing will increase the vital reserves of your patients more powerfully than the four greatest antioxidants known to science --- gamma tocopherol, delta tocotrienol, co enzyme Q-10 and lipoic acid --- all found in their most biologically available and active forms in ...

OXY POWER.

We finished last month's Letter with several pages detailing the amazing antioxidant effects of lipoic acid. But there is more to be said in praise of lipoic acid. After all, it appears not only in your Oxy Power, but also in Go Power. Why?

Lipoic acid possesses not only the antioxidant/anti-catabolic/anti-dysaerobic effects detailed last month, but also, because of its negative valence sulfur, has antioxidant/pro-oxidant activity. Recall that alpha lipoic acid is a di-thiol antioxidant. It is reduced to the thiol form intracellularly. The di-thiol (two-sulfur) character of its molecular structure is what gives it its anti-anaerobic activity in your Go Power/Diphasic AM supplement. Because of its metabolically active sulfur, it has antioxidant activity as part of the glutathione system of antioxidants, as well as in the glutathione derivatives cysteine and N-acetyl-cysteine.

Consider these effects of lipoic acid in promoting healthy oxidative metabolism:

- Lipoic acid is also known as "acetate replacing factor," and as "pyruvate oxidation factor." As such, it is an important part of efficient oxidative energy production in the body. "GO POWER!"
- Associated with this role as a metabolic activator, it is effective in the treatment of liver disease.
- In spontaneously hypertensive rats, excess endogenous aldehydes (resulting from oxidative stress) bind sulfhydryl groups of membrane proteins, altering membrane calcium channels and increasing blood pressure. Lipoic acid binds these excess aldehydes and actually

decreases elevated blood pressure. Lipoic acid particularly decreases elevated systolic blood pressure, decreases excess cellular calcium, decreases elevated serum glucose and elevated serum insulin, and decreases tissue aldehyde conjugates that are associated with tissue catabolism and premature aging. Lipoic acid also decreases adverse renal vascular changes associated with hypertension.

- Lipoic acid is a co-factor of mitochondrial dehydrogenase complexes. It activates lipid kinase, tyrosine kinase, and serine/threonine kinases, which increase the efficiency of glucose uptake for normal oxidative energy production.
- A note on diabetic neuropathy: Studies have shown that in diabetic neuropathy the nerve is ischemic and hypoxic, with increased dependence on anaerobic metabolism. Lipoic acid increases glucose uptake and efficient oxidative metabolism and thus benefits the diabetic neuropathy.
- Type II diabetics have increased fasting lactate and pyruvate concentrations in their blood. Furthermore, the increased lactate and pyruvate concentrations double after glucose loading in obese patients, but not in lean patients. Lipoic acid was shown to decrease excessive lactate and pyruvate levels in the serum of Type II diabetics. (These are generally your Ketogenic Imbalance patients.)
- Lipoic acid decreases the lactate to pyruvate ratio in cells (– a critical benefit for your Anaerobic patients), and decreases lactic acid acidemia.
- Lipoic acid increases energy availability to the brain and to muscles during exercise.
- Lipoic acid is an essential mitochondrial co-enzyme. It increases oxygen consumption, increases metabolic activity, and increases mitochondrial membrane potential in hepatocytes of aged rats.
- Lipoic acid is a di-sulfate co-factor of dehydrogenases in oxidative phosphorylation
- Lipoic acid is an essential constituent of biological membranes. Another study shows that membrane fluidity and protein sulfhydryl reactivity of RBCs is decreased in diabetes, and is increased by lipoic acid supplementation.
- Lipoic acid is an alpha keto-acid dehydrogenation co-enzyme. It is thus the link between lipid and carbohydrate metabolism. Lipoic acid

can also be considered the universal co-enzyme of alpha keto-acid oxidation.

This amazing lipoic acid, when combined with the other proven adaptogens in your Diphasic AM, provides your patients an unbeatable team of metabolic activators. Just as a rolling stone gathers no moss, an energetically efficient metabolism will not be burdened by pathological hyperplasia. Add this anti-aging benefit to the protection from pathological disintegration provided by your Oxy Power, and your patients are truly receiving what they trust they are paying for ...

THE BEST CLINICAL NUTRITION AVAILABLE.

Because of the knowledge you have as a NUTRI-SPEC practitioner your patients trust your judgement on all aspects of their health care. As the manager of your patients' health care, you must consider a dilemma that you likely face all too often:

MEDICINES AND RETICENCE

Regrettably, many of us are faced with countless patients who are victims of medical madness --- patients who are ...

TAKING MEDICATIONS WITH UNKNOWN RAMIFICATIONS.

Frequently, it is clear to us that the potential harm from these drugs far outweighs any perceived benefits. Often, two drugs are taken concomitantly that are directly antagonistic in their effects. Our dilemma is knowing when and how to speak up on behalf of our patients. --- Should we speak to our patients in direct contradiction to the doctors who prescribed their drugs? Do we contact the prescribing doctors personally?

In my opinion, this exasperating situation is no place for reticence. You are being paid by your patient to deliver the best health care you know how. Take a strong stance on behalf of the truth, and defend it vigorously. The key is to have objective evidence in support of your stance. So --- we are going to make a regular feature of these Letters a brief commentary about the use and misuse of a different medication each month. We will emphasize how that medication affects your NUTRI-SPEC testing procedures, how that medication can possibly harm your patients, and, when appropriate, what affects your NUTRI-SPEC supplement recommendations might have on that medication --- either inhibiting or potentiating its effects.

Perhaps your patients most commonly victimized by the shotgun approach to medicine are your heart attack victims. It is not uncommon for them to have 6, 8, even 10 medications prescribed by their cardiologist. There is one of these “heart medications” that is commonly affected by nutrients, and that is ...

COUMADIN/WARFARIN.

There are nutrients that potentiate the effects of Coumadin, and those that inhibit the effects of Coumadin. In some patients there is a fine line between the dosage of Coumadin that will effectively thin the blood, and the dose that will cause excessive (even dangerous) bleeding. If an unsuspecting patient on Coumadin goes to his health food store and picks up a handful of supplements purported to be “gd fer” the cardiovascular system, he could potentially cause some serious problems for himself. When a patient seeking your care is on Coumadin, carefully question him on what supplements he is already taking. You should routinely be getting your patients off their disease-specific supplements anyway, but be particularly careful to do so when you have a patient on Coumadin.

When you make your NUTRI-SPEC recommendations for such a patient it is important that you are prepared to defend yourself against the cardiologist who may have a fit if he learns that his patient has been put on supplementation by some ignorant nutritionist. So, do not be an ignorant nutritionist; tell your patient right up front that there are many nutrients and herbal drugs that have an effect on Coumadin, that you are aware of all those effects, and that you are responsibly considering those effects when making your NUTRI-SPEC recommendations.

Here is the group of nutrients that decrease prothrombin time, in other words, make the blood clot faster, opposing the action of Warfarin:

Vitamin K opposes the anti-clotting effects of Warfarin (decreases prothrombin time). (Warfarin works by inhibiting Vitamin K-dependent coagulation factors.)

Vitamin C in high doses can decrease prothrombin time.

Coenzyme Q10 will decrease prothrombin time.

St. John’s Wort will decrease prothrombin time.

Golden seal and mistletoe will decrease prothrombin time.

Here are the nutrients that increase prothrombin time, in other words, increase the tendency to bleed through the capillaries, and even hemorrhage in the arteriol system:

Vitamin E increases prothrombin time (i.e., potentiates the effect of Warfarin).

Bromelaine will increase prothrombin time.

Garlic and onion will increase prothrombin time.

Ginseng, Ginko biloba, licorice, and dong quai will increase prothrombin time.

Alfalfa, celery, parsley, chamomile, dandelion, clover, horseradish, nettle, aloe gel, black cohosh, ginger, and clove will increase prothrombin time.

The effect of Coumadin on Nutri-Spec tests appears variable. We look at the molecular structure of Coumadin and suspect that it would be anti-anaerobic, and yet it is very similar in structure to vitamin K and certain bioflavenoids, which are actually anti-dysaerobic. We doubt that Coumadin has a big effect on the tests, but if it does, it is probably anti-dysaerobic.

Sadly, medication has become an unfortunate burden carried by many of your patients. With NUTRI-SPEC you can often help them decrease or eliminate medications. Particularly when medications are doing obvious harm to your patients, you must speak out boldly and intelligently --- protect your patients with objective truth.

In consideration of your ability to increase your patients' VITAL RESERVES with GO POWER, take advantage of a special offer this month on Diphasic AM --- 2 **FREE** with every ten you buy.

Sincerely,

Guy R. Schenker, D.C.