

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

In last month's Letter you were awarded the meritorious title ...

WIZARD OF GLYCEMIA.

You now know everything necessary to restore glycemic control to virtually any patient. You have the seemingly magical powers to correct:

- the Type I diabetes of your sympathetic patients
- the Type II diabetes of your ketogenic patients
- the compensated reactive hypoglycemia of your glucogenic patients
- the uncompensated hypoglycemia of your parasympathetic patients

Furthermore, with your NUTRI-SPEC testing procedures you have the prophetic powers to predict, long before serious pathology is evident, which of your patients will become insulin dependent diabetics, or non-insulin dependent diabetics, or physically and emotionally depleted hypoglycemics.

In retrospect, it is clear that granting you neophyte wizard status just in time for the Thanksgiving through New Year's Holiday season may have over-taxed your budding powers of glycemic control. From pumpkin pie through champagne, your patients were exposed to enough sugar demons to overwhelm even your best NUTRI-SPEC magic. Now we are into a new season when, through a combination of guilt and hope, your patients are quite receptive to instituting a life-long health plan.

SEIZE THE MOMENT.

I trust that your personal New Year's resolution is to help as many people as you can to discover and apply the truth of scientific nutrition.

Achieving glycemic control in your glucogenic and parasympathetic hypoglycemic patients is really quite simple. The only barrier to your success is likely to be the nonsensical ideas believed by many of your hypoglycemic patients regarding what constitutes a proper diet. There are two myths, one or both of which dominate the thinking of many hypoglycemics. First is the phobia shared by most people who have accepted the common wisdom of our day that there is something evil about eating fat. These glucogenic and parasympathetic patients tend to eschew the eggs and meat that constitute their innately ideal diet.

The second myth victimizing many of your hypoglycemic patients is that of "The Hypoglycemic Diet." I know not ...

WHAT DEVIL CONTRIVED THIS DIET OF DEGENERATIVE DESTRUCTION ...

but many people who know they are hypoglycemic follow with blind faith the notion that since they suffer low blood sugar, they need to eat six small meals daily to keep the sugar stable. Practically speaking, six small meals daily is nothing more than a euphemism for snacking all day long. --- And most of these snacks are high enough in starches and sugars to keep the hypoglycemic blood sugar on a roller coaster ride from morning 'til night. So --- get your hypoglycemic patients on the NUTRI-SPEC Fundamental Diet as modified for glucogenic or parasympathetic types. Throw in a little Oxy G or Complex P as indicated, then watch the patients' lives be totally transformed. Simple.

What can be even simpler than putting together the proper nutrition regimen for hypoglycemics? --- Restoring metabolic balance through specific nutrition for your Type I diabetics. No, you are not going to "cure" juvenile diabetes. The value you do offer your insulin dependent diabetics is a life lived longer and stronger. You can assure these patients that following your prescribed regimen will ...

DELAY THE ONSET OF CARDIOVASCULAR DISEASE BY 20 YEARS OR MORE.

If you reach these patients young enough, you can tell them with confidence that their chances of going blind and having a leg amputated are reduced substantially. Their insulin needs will be kept to a minimum, and all the degenerative changes associated with advanced glycation end products will be minimized as well.

The one category of patients needing your wizardry for glycemic control that is not always perfectly simple is that of your Type II diabetics. Fortunately for you, and for those of this group victimized by over-indulgence, you are perhaps the only doctor with the power to guide them back to health. As you might expect, the major consideration with these patients is getting compliance on your recommended diet. Insulin resistance is the primary problem, and so the proper balance of protein to carbohydrate to fat in the diet is essential to achieve the critical balance between insulin, glucagon, catecholamines, and glucocorticoids.

You have been given in a recent Letter the protocol for choosing the proper diet for these patients --- be it the ketogenic diet, the glucogenic diet, or the parasympathetic diet. Simply understand that ...

THERE IS A BIT OF A PARADOX HERE ...

in that you will give many of these patients the parasympathetic diet while at the same time supplementing with Oxygenic K. The only trick in monitoring these patients is being aware that at some point (assuming they comply with dietary recommendations) they will achieve such a dramatic lowering of their blood sugar that they will no longer need Oxy K. A small minority of these patients will eventually actually need Complex P. What you are seeing in these patients are those who were genetically parasympathetic, but who so mercilessly whipped the pancreas for so many years that they became insulin resistant, and thus diabetic. With the parasympathetic diet and Oxy K, the sugar is returned to normal in many cases very quickly, and the insulin resistance improves dramatically.

For those Type II diabetics who test ketogenic, the ketogenic dietary recommendations along with Oxy K will do the trick. But remember these patients do need a little bit of carbohydrate with each meal. However --- that carbohydrate must be glucose, not fructose. Their ideal sources of starch are things like potatoes and rice. (And the potatoes and rice must be accompanied by the quantity of protein determined by NUTRI-SPEC protocol.) In giving your dietary recommendations, you must be extremely clear on the importance of avoiding fruit and honey---sources of fructose. Most people (including many NUTRI-SPEC practitioners) have a difficult time swallowing the truth about fruit --- that it is not in the least bit “natural” and is, in fact, the most devastating of all sugars.

Here is another golden nugget of truth to help you and your patients understand the devastation wrought by fruit sugar. Remember, insulin resistance is the major pathology in Type II diabetics. Researchers all

over the world do hundreds of experiments every year on laboratory animals to determine the causes, effects, and effective treatments for insulin resistance. Do you have any idea ...

HOW THEY GET LABORATORY ANIMALS WITH INSULIN RESISTANCE ...

on which they can conduct their experiments? Here is the enlightening truth: Insulin resistance is induced in laboratory rats by nothing more than a 4-week fructose-rich diet. Think of it --- four weeks of eating a substantial amount of fruit sugar is enough to create Type II diabetes in laboratory animals. Fruit must constitute an insignificant portion of the diet for all your patients, but must be strictly forbidden for your diabetics and hypoglycemics.

There is one other critical consideration regarding your Type II diabetics. Many of these patients are already being medicated for their diabetes. So --- your clinical competence regarding the treatment of Type II diabetics is not complete until you understand the actions of oral diabetic medications. Let us take a look ...

The sulfonylureas (Diabeta, Glucovance, Glucotrol), and meglitinides (Prandin, Starlix) increase insulin output from the pancreas. This is NOT a good idea since Type II diabetics tend to have high insulin already. These two families of drugs also tend to cause weight gain, which is a problem even before taking the drug for most Type II diabetics (--- of course --- since their fat-depositing insulin is too high from the start).

The thiazolidinediones (Actos, Avandia) increase insulin sensitivity. This is theoretically just what Type II diabetics need. The problem with these drugs is that recent studies show that Avandia increases the incidence of heart attacks. The mechanism by which it does so has not, I do not believe, been clearly defined. I suspect that this is the one family of drugs that may be beneficial on a short term basis for Type II diabetics to reduce sugar to the point where glycation is at a minimum, while you correct the cause of the Type II diabetes with Nutri-Spec. I would not be surprised that if doctors bothered to do a glucose and insulin tolerance test for patients before prescribing Avandia, they would prescribe less, and the job would be done with no significant increase in heart attacks. Still, this drug would be completely unnecessary long-term in anyone who is under Nutri-Spec care. But the family of drugs does at least "make sense."

Glucosidase inhibitors (Alyset, Precose) block the action of the pancreatic digestive enzymes, thus slowing the intestinal absorption of

glucose. This, in my opinion, is a ridiculous approach to Type II diabetes. Most Type II diabetics are ketogenic, and thus need a certain amount of glucose with each meal. All this drug does is give diabetics a license to continue gorging themselves on cookies, cake, and colas.

Biguanides (Metformin, etc.) interfere with both pancreatic and intestinal enzymes, and with liver enzymes related to glucose production. All that can be said for these drugs is that they are cheap, they have not a lot of side effects, and they do lower the glycosylated hemoglobin. Like all other oral diabetic medications, they should rarely be needed long term if you can get the patient to comply with Nutri-Spec recommendations.

There is a relatively new oral diabetic medication, Sitagliptin, which has a dual function of increasing insulin output from the pancreas (not good) and suppressing glucagon production by the pancreas, which is theoretically of some benefit in those with ketogenic Type II diabetes. It is claimed that this drug causes less weight gain and less hypoglycemic reactions than some of the other diabetic drugs. Suppress glucagon production? --- I find it interesting that in some parts of Europe a common treatment for Type II diabetes is to surgically remove a small part of the pancreas that produces glucagon. The procedure has a high success rate with few complications. So --- the jury is still out on Sitagliptin. --- Do the benefits of suppressing glucagon outweigh the potential harm of increasing already elevated insulin? Are there other side effects? In any case, this, like all oral diabetic drugs, should be viewed as a temporary crutch to be used only until your recommended diet and supplement regimen reduces the blood sugar and the insulin. The rate at which these drugs can be withdrawn is variable, depending entirely on each individual's degree of compliance with your prescribed eating plan.

While the ideal diet for your hypoglycemic patients (Glucogenic or Parasympathetic Diet) is a straightforward plan to achieve glycemic control, the eating plan for your diabetic patients includes an entirely other dimension --- that of minimizing free radical oxidative damage.

**RECALL THAT THE OXIDATIVE DAMAGE FROM GLYCATION
IS PERFECTLY ANALOGOUS TO THE OXIDATIVE DAMAGE
RESULTING FROM FREE RADICAL OXIDATION OF PUFAS.**

Glutathione is the most important cellular anti-oxidant, and diabetes decreases glutathione due to the huge production of free radicals. Dietary sugar and elevated insulin also stimulate the production of pro-inflammatory prostaglandins and leukotrienes.

**THE DEADLY PATHOLOGIES OF TYPE I AND TYPE II DIABETES
ARE ASSOCIATED WITH FREE RADICAL OXIDATION OF OMEGA 6
AND OMEGA 3 FATTY ACIDS, AND, WITH EXCESS
PROSTAGLANDINS.**

So --- your dietary recommendations for all diabetic patients must include the Prostaglandin Diet --- no salad dressings, mayonnaise, margarine, cooking oil, nuts, fish oil, or fried foods.

[Note: The stimulation of prostaglandins and leukotrienes is precisely why your most challenging patients are those who are both diabetic and asthmatic. As NUTRI-SPEC study has taught you, asthma has two causes --- a Parasympathetic Imbalance, and high leukotrienes. Yet if your asthmatic is also diabetic, the Complex P you would like to give him for his asthma will tend to push his sugar up, while the complex S or Oxygenic K that could control his sugar will exacerbate his asthma. The answer to the diabetes plus asthma dilemma is in the eating plan --- Parasympathetic and Prostaglandin Diets must be rigorously followed.]

This Letter has emphasized the essentiality of receiving dietary compliance from your hypoglycemic and diabetic patients, plus important information on oral diabetic medications. Next month you will be given the details on exactly how your NUTRI-SPEC supplements Oxy K, Oxy G, Complex S, and Complex P, make you such a powerful ...

WIZARD OF GLYCEMIA.

Make it a magical new year,

Guy R. Schenker, D.C.