

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 20 Number 10

From:
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October, 2009

WHAT A PERVASIVE FLOOD OF PROPAGANDA!!!

WHAT A PERVERSIVE JOB OF BRAIN WASHING!!!

Dear Doctor,

Just as ubiquitous and nearly as powerful as the cholesterol phobia indoctrination machine ...

THE OSTEOPOROSIS BLITZKRIEG ...

has swept across the world, terrorizing every woman over the age of forty. The charlatans of the health food industry have joined forces with the fear mongers of the medical-pharmaceutical establishment in generating a shock wave of horror stories. Panic stricken women have been snookered into believing that the only way to save their crumbling bones is to cram calcium down their throats faster than their kidneys and bowels can reject it. Many have succumbed to the drug peddlers' dogma of salvation through hormone replacement or bisphosphonates.

So, what is happening to all your female patients who have surrendered their bones to the forces of evil?

- Those on biphosphonates are insidiously developing irreversibly brittle bones.
- Those on hormone replacement therapy are becoming fat and nasty while suffering the countless pathologies associated with estrogen stress.

- Those attempting to use calcium as a drug are creating or exacerbating Electrolyte Stress, Dysaerobic, Ketogenic, or Sympathetic Metabolic Imbalances --- while suffering one or more of the pathologies listed to open your August Letter. Calcium = Catabolism = Accelerated Aging.

What, then, should you, a NUTRI-SPEC practitioner, do for your patients stricken with osteoporosis phobia? As your first consideration, give them copies of these Letters to read. The only way to protect them from the osteoporosis propaganda blitz is with the truth --- and these Letters offer a more complete yet concise presentation of the facts regarding bone density and calcium supplementation than they will find anywhere.

The second benefit you must provide for those concerned about osteoporosis is Metabolic Balancing with NUTRI-SPEC. A balanced metabolism absorbs, utilizes, and eliminates calcium efficiently. NUTRI-SPEC supplements supply calcium in its most biologically usable forms, and accompanies that calcium with the proper proportions of all other minerals and trace minerals ---

INDIVIDUALIZED FOR EACH PATIENT.

Only with NUTRI-SPEC can you give your patients the highest return on each nutrition (osteoporosis) dollar spent.

Let us now address the concerns of your patients who are worried about menopause causing osteoporosis. You must help them see that they are following false doctrine that is a perfect inversion of the truth. Between the ages of 21 and 40 there is a considerable increase in a woman's estrogen production. However, bone loss has been shown to actually begin around the age of 23 and progress throughout the years when estrogen levels are actually rising. One important study shows that 50% of the total bone a woman will lose during her lifetime will be lost **before** the onset of menopause.

Jacobson, et al. Bone density in women: College athletes and older athletic women. J Orthop Res. 1984.

Do you begin to see how absurd it is to blame menopause-related hormone changes for osteoporosis? The cited study proves that the metabolic causes of osteoporosis are at work throughout a woman's lifetime and are not just related to the loss of ovarian hormones. Truly, the most significant loss of bone mass occurs during the years when a woman's estrogen is highest. In complete contradiction to propaganda from the estrogen-peddling pharmaceutical industry, the rate of bone loss actually decreases after menopause.

Fujiwork, et al. Rates of change in spinal bone density among Japanese women. Calcif Tissue Int. 1998.

Re-read the 2 underlined sentences above, and memorize them. You are going to recite them over and over again with patient after patient for years and years until the estrogen hoax is fully exposed. Each time a post-menopausal patient comes to you explaining how she just had a bone scan showing, “the beginnings of osteoporosis,” you must make her understand that the loss of bone density has been going on since she was 23 years old, and has nothing to do with low estrogen. If she shows osteoporosis today, it is because of lifestyle choices she made over a period of several decades, including: insufficient exercise, insufficient sunlight, insufficient trace minerals, and overproduction of stress hormones such as glucocorticoids, catecholamines, and estrogen --- the excesses of which are generally associated with various Nutri-Spec Metabolic Imbalances.

Yes, the purported association between menopause and osteoporosis is entirely a fraud. For the women under your care who have been sold on estrogen replacement therapy as protection against osteoporosis, you need to look into the following study:

Kassem, et al. Potential mechanisms of estrogen-mediated decrease in bone formation. Proc Assoc Am Physicians. 1996.

Yes, you read that correctly ... “estrogen-mediated decrease in bone formation.” “What exactly is going on here?”, you may be wondering. Everyone “knows” that the one beneficial effect of estrogen is that it prevents postmenopausal bone loss. The fact is (as is clearly shown in the scientific literature) that the truth is not only different than we are led to believe, but the exact opposite of the propaganda we have been fed. There are many other studies showing that estrogen is a causative factor in osteoporosis.

Bauer, et al. Skin thickness, estrogen use and bone mass in older women. Menopause. 1991.

Schlechate, et al. Bone density in amenorrheic women with and without hyper-prolactinemia. J Clin Endocrin & Metab. 1983.

Dannies. “Control of prolactin production by estrogen,” Chapter 9 in Biochemical Actions of Hormones I. Academic Press, 1985.

How can the pharmaceutical establishment get away with promoting estrogen as protection against osteoporosis when research clearly shows that the opposite is true? They have spent zillions of dollars in a

propaganda campaign that is entirely based on a half truth --- which research has subsequently proved to be false, showing a damaging, not a protective role of estrogen --- but which was then quickly replaced by another half truth on which they still base their dishonest claim.

The original half truth employed by the estrogen propaganda machine was the discovery forty or more years ago that estrogen can cause a positive calcium balance --- in other words, retaining some of a calcium test dose, rather than dumping it all into the bowel and kidneys for excretion. The estrogen promoters argued that this fact showed that the retained calcium was being stored in bone. But very quickly endocrine physiologists showed that estrogen causes the retention of calcium by soft tissues, not by bone. The accumulation of calcium in soft tissues is, of course, an accurate marker of stress and aging. (In other words estrogen just makes you old --- as expressed in sclerotic calcium deposits all through the body.)

This realization, of course, set the estrogen promoters scrambling to suppress the nasty little details about calcium retention, and frantically look for another excuse to peddle estrogen as a protector against osteoporosis. They seized upon another discovery --- that estrogen can reduce the activity of osteoclasts, the cells that continuously break down bone in their complimentary and cooperative role with osteoblasts, the cells that then rebuild the bone.

Be certain you understand this so that you can explain it clearly to your patients. There are two types of cells continuously at work in bones, making bone a dynamic, continuously evolving living tissue. There is one type of cell that continuously breaks down bone structure, while the other type of cell continuously rebuilds it, and the two are in constant balance. Estrogen is a destructive stress hormone that interferes with the normal function of many types of cells. One of the cell types whose function estrogen particularly destroys is the osteoclasts --- the cells that tear down bone. And, as it turns out, estrogen is more destructive to the osteoclasts than it is to the osteoblasts.

The estrogen peddlers seized on this fact and began to promote it as proof that estrogen was good for the bones because it inhibited osteoclastic activity. Of course it is never mentioned that estrogen does nothing to help rebuild the bone. It merely slows down and destroys the balance of the normal remodeling process of bone.

But at any rate, the estrogen promoters now had their half truth on which they could base their case for estrogen. Since they could say (with tongue in cheek) that estrogen “prevents bone loss,” never again was mentioned the original half truth about estrogen promoting a positive

calcium balance. Positive calcium balance had been the essence of the first argument for using estrogen to prevent osteoporosis --- but when it was recognized by everyone that calcium was not being stored in the bones as a result of estrogen, it was convenient for the estrogen industry to forget all about the positive calcium balance produced by estrogen since it really meant that estrogen was causing aging, tissue damage, and degeneration. The second half truth enabled them to tidy up their fraudulent case for estrogen replacement therapy.

“Surely,” I can hear you wondering, “There must have been some evidence in support of estrogen rebuilding bone for the pharmaceutical establishment to contrive such a huge campaign in support of the bone protecting benefits of estrogen.” No. Again, there is only scant research showing that estrogen slows bone loss, and none that it rebuilds bone. Furthermore, the studies purporting to show benefits resulting from estrogen were done using the DEXA method of measuring bone density. Here is an interesting study which shows the poor validity of DEXA:

Schneider and Reiners. Dual-energy x-ray absorptiometry for bone density can lead to false conclusions about bone mineral content, because of alterations in tissue fat or water content. JAMA 277(1), 23, 1997.

This study shows that the influence of fat distribution on bone mass measurements with DEXA can be of considerable magnitude and ranges up to 10% error per two centimeters of fat. It also shows tremendous variability in bone mass measurement due to changes in fluid retention.

Now, ask yourself, what are the most immediate effects on a woman's body of estrogen replacement therapy? There is an immediate and steadily progressing increase in body fat, and, there is a tremendous increase in fluid retention. As described in the study noted above, both increased fat and fluid retention give a false increased bone density reading using DEXA. So, after a woman has been on estrogen for six months, she has gained five pounds of fat and five pounds of water. She puts her now squishy body in front of the DEXA and, presto! -- her bone density number is improved.

What we are saying is that it has never been demonstrated that estrogen helps rebuild or remineralize bone. At best, it slows bone loss. Furthermore, even the rate of slowing the bone loss is over-estimated by bone scans because the increase in fat and particularly fluid retention due to the estrogen gives a false increase in the density measurement.

If falling estrogen at menopause does not cause osteoporosis, then what does? There are some hormonal factors involved, and there are

many nutrition and other lifestyle factors involved. In the hormonal category consider this study:

Johnston, et al. "Age-related bone loss," in osteoporosis II, Grune and Stratton, NY, 1979, pp 91-100.

In this study it was found that progesterone, but not estrone, estradiol, testosterone, or androstenedione, was significantly lower in those losing bone mass most rapidly.

Progesterone actually promotes bone rebuilding, rather than just slowing its loss. One mechanism by which progesterone protects bones is as an antagonist to catabolic stress hormones such as glucocorticoids, which destroy bone (as well as skin, brain, etc.) tissue, and which increase with aging.

The other hormones supporting bone density maintenance in old age are DHEA, testosterone, pregnenolone, and thyroid. Now, you may still be wondering, "But if the drop in estrogen at menopause does not cause osteoporosis, then why does it begin with the onset of menopause?"

It doesn't. And that is the greatest lie of all. As explained above, bone density actually begins decreasing during early adulthood and progresses steadily until a woman reaches her mid 40's, when progesterone levels typically start to drop, at which point the rate of mineral loss accelerates. It is only because women are first tested for osteoporosis in their 40's or 50's that it is assumed (as promoted by the osteoporosis establishment) that the bone loss has just begun.

We will complete our presentation of the truth about osteoporosis next month. Meanwhile, begin educating your osteoporosis phobic patients --- and, normalize their calcium metabolism with NUTRI-SPEC metabolic balancing.

Guy R. Schenker, D.C.

P.S. We are continually reformulating our products to assure you and your patients the greatest specificity and efficacy. Early this year we upgraded OXY B (for the 4th time in the last 10 years), primarily to supply more of the amino acids difficult to obtain in our diet. The only problem with the additional amino acids is they smell YUCKY. And, if they are exposed to heat in a parked UPS truck or patient's car they can positively stink. If UPS has given you a bottle that is unacceptably odiferous, we will replace it. If you are far from our Pennsylvania location, or in a hot climate, you should consider placing your orders 2nd day air. (And remember --- instruct patients to refrigerate supplements.)