

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 23 Number 3

From:
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March, 2012

Dear Doctor,

**A MAST CELL IS A FAST CELL AND THE LAST CELL YOU WANT
CAST WELL IN THE ROLL OF IMMUNE DEFENDER IF YOU HAVE
SUFFERED THE PAST HELL OF A VAST SWELL OF HIVES THAT YOU
COULD AT LAST QUELL ONLY AFTER A PHARMACIST'S FAST SELL
OF IMMUNO-SUPPRESSIVE DRUGS.**

Yes, Doctor, a mast cell is the proverbial Dr. Jekyll and Mr. Hyde. Who needs these quickly activated specialized white blood cells? We all do --- but only occasionally and in strictly limited quantities. Although mast cells, when well-behaved, are an essential component of our immune system, their activation more often, in more patients than you can imagine, does more harm than good, as they transform into hideous monsters. --- Asthma, dermatitis, sinusitis, hives, sneezing, pain sensitivity, and all sorts of inflammation are associated with excessive mast cell reactivity --- reactivity that can be provoked in many of us by any number of environmental triggers, whether inhaled, touched, or ingested.

Why the big fuss about mast cells? We have made the point repeatedly since introducing your master controller of ...

IMMUNONEUROENDOCRINE STRESS,

your ...

IMMUNO-SYMBIOTIC,

that ...

75% OF THE IMMUNE SYSTEM ORIGINATES IN THE GUT MUCOSA.

Mast cells in particular are pro-inflammatory little devils residing in the intestinal tissues. They absolutely must be kept under control, and Immuno-Synbiotic does the job.

One fascinating and clinically relevant piece of information regarding mast cells and the rest of the 75% of the immune system residing in the GI tract is that those cells tend to congregate around autonomic nerve endings --- both parasympathetic cholinergic nerve endings and sympathetic adrenergic and cholinergic nerve endings. --- Stop and think! We are talking here about the most significant link between the “I” and the “N” of INE stress. The autonomic nervous system (Sympathetic/Parasympathetic balance within the context of your NUTRI-SPEC paradigm) is the critical link between nervous system function and immune system function --- integrating the two in appropriate (or, as is too often the case in our patients, inappropriate) response to environmental stressors. Can you begin to imagine how integrating the use of your Immuno-Synbiotic with intelligently administered Complex S and/or Complex P supplementation gives you a huge advantage in controlling ImmunoNeuroEndocrine stress in your patients?

There is even more to say about the relationship between the gut mucosa and appropriate vs. inappropriate immune reactivity. While your Immuno-Synbiotic will inhibit excess mast cell reactivity (particularly if used in conjunction with Complex S and/or Complex P), there are many other inappropriate immune responses triggered in the gut, and which you and only you can control in your patients. These inappropriate immune responses are associated with a broad diversity of pro-inflammatory cytokines. These nasty cytokines are at least facilitators and often primary causative factors in virtually all the chronic diseases and autoimmune conditions responsible for 90+% of the suffering and ultimately death in our civilization. Diabetes, cancer, rheumatoid arthritis, osteoarthritis, cardiovascular disease, asthma, obesity --- you name it --- and pro-inflammatory cytokines are there, kicking your patients in the teeth, as the principle barriers to ...

LIVING STRONGER LONGER.

How effective are the 2 probiotics and 3 prebiotics in your Immuno-Synbiotic at inhibiting excess reactivity of pro-inflammatory cytokines? Following is a summary of just the facts clinically relevant to you and your patients:

First, consider Interleukin-6. Interleukin-6 is one of the nastiest of the nasty pro-inflammatory cytokines. Particularly, Interleukin-6 leads to increases in C-reactive protein, the inflammatory marker of the innate immune response that has been associated with cardiovascular disease, as well as Crohn's disease, ulcerative colitis, rheumatoid arthritis, chronic inflammation in Type II diabetics, elevated cholesterol and triglycerides, and the list goes on and on. Interleukin-6 is associated with all forms of inflammation-associated aging. Interleukin-6 suppresses thyroid function, while stressing the adrenal glands, and is associated with excessive activation of mast cells, basophils, and eosinophils. Interleukin-6 is also a major factor behind the symptoms of both chronic fatigue syndrome and major depression.

What is the major means by which your body prevents excess activation of Interleukin-6? Butyrate. Where does butyrate come from? Butyrate (as you may recall from past Letters) is the most important of the short-chain fatty acids produced in the GI tract. So, if butyrate is the key to controlling Interleukin-6, what is the key to producing abundant butyrate? The 3 prebiotics and 2 probiotics in your Immuno-Synbiotic --- inulin, guar gum, and glucomannan, plus *L. reuteri* and *S. boulardii* --- are far and away the best way to increase butyrate production in the GI tract.

There is another pro-inflammatory cytokine that is involved in even more autoimmune diseases and chronic inflammatory diseases than Interleukin-6. That pro-inflammatory cytokine is Tumor Necrosis Factor-alpha (TNF-alpha). Research shows that no less than 3 of the ingredients of your Immuno-Synbiotic are powerfully effective at suppressing excess TNF-alpha. Those 3 nutrients from your Immuno-Synbiotic are the prebiotic glucomannan, as well as both probiotics, *L. reuteri* and *S. boulardii*. How important is it that your patients have glucomannan, *L. reuteri*, and *S. boulardii* to control TNF-alpha? TNF-alpha suppresses thyroid function by several mechanisms. It activates the pro-inflammatory NF-kappa B. It provokes both catecholamine stress and cortisol stress. It induces the formation of neurotoxic quinolinic acid that destroys the memory center in the hippocampus of the brain. It is the primary inflammatory cytokine causing the symptoms of Crohn's disease. It is associated with the neurotoxic reactions underlying Alzheimer's and Parkinson's. It is a part of insulin resistance, obesity, and Type II diabetes. It alters the sleep/wake cycle in both fibromyalgia and chronic fatigue syndrome patients. No way, except through you and your Immuno-Synbiotic, can your patients experience the benefits of controlling excess TNF-alpha.

By several mechanisms, both probiotics in your Immuno-Synbiotic decrease inflammatory cytokines. We have already cited the increased

production of butyrate that decreases Interleukin-6. Here is a list of specific inflammatory cytokines that research has shown are controlled by your 2 probiotics (and not by the common garbage probiotics most of your patients are buying at the health food store):

L. reuteri inhibits excess inflammation associated with:

- | | |
|--------------------|------------------|
| - TNF-alpha | - Interleukin-8 |
| - Interferon-gamma | - Interleukin-12 |
| - Interleukin-4 | - Interleukin-13 |
| - Interleukin-5 | - NF-kappa B |
| - Interleukin-6 | - Eosinophils |

S. boulardii inhibits excess inflammation associated with:

- TNF-alpha
- Interleukin-1B
- Interleukin-8

Yes, with your Immuno-Synbiotic, you have the power to ...

ACHIEVE A LIFE-CHANGING IMPACT ...

on even your most severely ill patients. In this month's Letter we are taking the opportunity to complete the story on this incredibly valuable supplement.

You have already learned how your Immuno-Synbiotic's *L. reuteri* kills *Candida*, suppresses *H. pylori*, prevents vitamin B12 deficiency, decreases elevated cholesterol and triglycerides, elevates depressed white blood count, kills a broad diversity of noxious bacteria, restores balance to the cytokines produced by T lymphocytes --- particularly decreasing the inflammatory cytokines TNF- α , IL-6, and IL-12 --- increases the production of health-promoting short-chain fatty acids from prebiotics, protects diabetics from renal fibrosis, and has shown to be specifically beneficial in a broad diversity of diseases including asthma, atopic dermatitis, and Crohn's disease.

You have also learned in past Letters that *Saccharomyces boulardii* is unmatched in its power as a probiotic. *S. boulardii* is by far the most effective probiotic against *Candida*, against *Helicobacter pylori*, against antibiotic-associated diarrhea and all other forms of diarrhea, and that *S. boulardii* has unparalleled trophic effects on the intestinal mucosa, as it increases colonic butyrate and yields immuno-stimulatory effects far exceeding those of any other probiotic.

You now know all you need to know about probiotics. The 2 probiotics in your Immuno-Synbiotic are so far superior to all others, that there is no point wasting your patients' money on anything else. --- Now let us bring you up to speed on everything you need to know about prebiotics.

Prebiotics are concentrated sources of undigestible carbohydrate taken as supplements for the purpose of increasing the population of beneficial bacteria in the colon, and particularly feeding the bacterial species that are most beneficial. The secondary purpose of prebiotic supplementation is the production, through fermentation of the prebiotic by the beneficial bacteria, of increased quantities of short chain fatty acids. The most specific intent is to not only increase the overall quantity of SCFA, but to increase the proportion of butyrate, the most critical of the SCFA.

We have already pointed out the many problems and insufficiencies of the common (cheap) prebiotics such as wheat bran and rice fiber. --- A person needs to swallow a truckload to do anything at all, and they are hopelessly inferior to your inulin, glucomannan, and guar gum in feeding beneficial flora and increasing the overall quantity of short-chain fatty acids, as well as the proportion of butyrate to other fatty acids. Furthermore, many prebiotics support the growth of pathological bacteria such as Clostridia, and can cause extreme GI distress.

In your December Letter, we gave you the details on inulin. You were informed that inulin supplementation has been shown in countless studies to increase the population of beneficial intestinal flora, and that inulin increases the colonic and fecal levels of butyrate better than almost any other source of fiber. Metabolically, inulin decreases postprandial insulin response but has no effect on fasting glucose nor insulin, and thus helps Type II diabetics. Inulin is particularly beneficial for patients with Crohn's disease and ulcerative colitis. Inulin also increases GI absorption of magnesium, copper, and calcium.

Now, let us complete your understanding of your powerful Immuno-Synbiotic by giving the details on your other 2 prebiotics, guar gum and glucomannan.

Guar Gum is a prebiotic composed of galactose and mannose. Guar Gum produces more SCFA than most any other form of dietary fiber.

Guar Gum benefits patients with irritable bowel syndrome (IBS), including the constipation type, the diarrhea type, the mixed type, and all symptoms such as abdominal pain, flatulence, and abdominal spasm. Guar Gum has more beneficial effects on IBS patients than any other prebiotic. An outstanding feature of Guar Gum is the comparatively

small amount required to achieve its prebiotic effects. Only 5 grams per day of Guar Gum is more effective in IBS patients than 30 grams per day of wheat bran. Furthermore, Guar Gum dramatically increases the intestinal population of healthy intestinal flora.

Additionally, Guar Gum decreases elevated LDL cholesterol, without decreasing HDL cholesterol. Guar Gum lowers cholesterol by a mechanism other than that of the other water-soluble fiber sources such as psyllium and pectin, both of which lower cholesterol only by interfering with intestinal absorption of cholesterol and other nutrients. In other words, Guar Gum lowers high cholesterol that is associated with excess sugar and carbohydrate intake, and does so by improving liver and metabolic efficiency.

Guar Gum also decreases elevated triglycerides, decreases elevated glucose, decreases excess insulin production, decreases obesity, and increases insulin sensitivity.

Guar Gum causes a cholecystokinin-mediated decrease in colonic transit time. It decreases bacterial conversion of the primary bile acids to secondary bile acids or their metabolites.

Glucomannan is perhaps the most effective prebiotic in terms of the small quantity required to yield major benefits. Only 4.5 grams daily for 21 days is enough to decrease constipation, increase healthy flora, decrease fecal pH, and increase acetate, propionate, and butyrate. Similar to Guar Gum, Glucomannan increases the HDL to cholesterol ratio, decreases LDL cholesterol, decreases liver cholesterol, decreases elevated glucose, and decreases excess insulin. Both Guar Gum and Glucomannan thus have tremendous benefits in preventing Metabolic Syndrome, with its associated abdominal obesity, Type II diabetes, hypertension, and cardiovascular disease.

Glucomannan has been shown to decrease immunoglobulin E-mediated dermatitis. It not only decreases atopic dermatitis (eczema), it decreases the associated autoimmune antibodies and TNF-alpha.

As part of its anti-inflammatory and cardiovascular-protective effects, Glucomannan decreases fibrinogen. It increases fecal excretion of steroidal stress hormones, and increases fecal excretion of bile acids, and prevents reabsorption of secondary bile acids.

Shall you help your patients **LIVE STRONGER LONGER?** --- Whether administered as part of your DIPHASIC NUTRITION PLAN or your METABOLIC BALANCING, give them Immuno-Synbiotic.