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THE NUTRI-SPEC LETTER

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From:
Guy R. Schenker, D.C.
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"HA! --- YOU MUNCH ALL DAY LONG AND WONDER WHY YOU CAN'T LOSE WEIGHT?"

Doctor Schenker jabbed jokingly, aware that his patients know he is never more serious than when he is joking.

Dear Doctor,

Guy Schenker was joking with you (--- and, was never more serious) in writing your July Letter headline …

"YOU CAN CURE DIABETES
IN 3 MONTHS OR LESS!!!"

That comment is actually 2 jokes in one. The first, obviously, regards what a ridiculous joke it is that such headlines are the driving force behind the "professional" nutrition industry. What a tragic joke it is that so many intelligent, thoroughly educated doctors (perhaps even including you during occasional lapses into irrational, wishful thinking) want desperately to believe disease cures can be achieved without addressing causes.

--- So --- they let themselves be snookered by pill peddler propaganda. For such doctors and their unsuspecting diabetic victims there are countless remedies that are "good for" diabetes. Then, of course, there is an endless supply of nutrient treatments and herbal drugs purported to be cures for the consequences of diabetes --- weight loss remedies, high cholesterol and triglyceride remedies, blood pressure remedies, energy boosters, remedies for the liver, remedies for the kidneys. These "clinical nutrition" offices provide one-step-shopping for diabetic patients easily separated from their money.

Guy Schenker is not joking, but still is dead serious in assuring you that if there is one truth he has learned from 35 years in this business it is that "treating" your patients with nutrition supplements …

WILL NEVER MAKE YOU RICH ---

and, will often ---

ACTUALLY MAKE YOUR PATIENTS POORER.

The second joke in the 3-month diabetes cure headline relates to the word "cure." As you have learned in great detail from your last several NUTRI-SPEC Letters, you truly can effect a "cure" in your diabetic patients within 3 months. We are referring here to the "cure" that occurs even while you make no attempt to cure.

As a NUTRI-SPEC practitioner, you use your Diphasic Nutrition Plan, usually accompanied by Metabolic Testing, to specifically address (and reverse, or "cure") the causes of diabetes. As part of your smooth, comprehensive therapeutic intervention, you are at once addressing the causes of the many life-threatening consequences of diabetes.

--- Yes --- with your **patient-specific** approach to Metabolic Therapy, you make a mockery of all the doctors who are stuck with nothing better than frustrating, money-wasting, and ultimately damaging **disease-specific** treatments.

Now, let us state definitively, once and for all, that …

NO DOCTOR CAN COMPETE WITH YOU …

in enriching and empowering your Type II diabetics. And, how significant is your capacity to work "miracles" on your Type II diabetics? You probably have many patients who are diabetic, and many more whose general practitioners are, "watching their blood sugar." But if you stop and think for a second you will realize that half your patients who are not yet diabetic might as well be. After all, Type II diabetes is not a disease of sudden onset. It is one step along a physiopathological process --- and is nowhere near the first step.

You recall the progression toward diabetes --- with the first step being excess insulin production. With some combination of genetic predisposition, plus excess carbs in the diet, plus excess frequency of feedings, a person becomes a high insulin producer. The excess insulin results in either hypoglycemia or in very erratic blood and brain sugar levels. Habituated overproduction of insulin leads to dysinsulinism,

which leads to insulin resistance, which leads to Metabolic Syndrome and all its sequelae, including diabetes, which then has its own sequelae --- including ugly morbidity, and eventually nasty and premature death. --- So --- more than half your patients might as well be considered diabetic, because they are manifesting the exact same physiopathology as found in Type II diabetes.

YES, MORE THAN HALF YOUR PATIENTS.
--- TRUTHFULLY --- FAR MORE THAN HALF YOUR PATIENTS.

Without a doubt, the most common affliction from which your patients suffer is INSULIN RESISTANCE. The causes and effects of insulin resistance will dominate your time and energy as a metabolic therapist. Honestly, you could "treat" nothing else and be offering a complete clinical nutrition service.

You may recall from your June Letter the comment, "… You will, beginning with your patients tomorrow morning, routinely make the comment I have spoken literally thousands of times. You will look your patient in the eye and say, **'YOU ARE AN INSULIN REACTOR.'"** If, in the months since June you have not routinely spoken those words, then tomorrow is the day you must start. ----- Patients love to be labeled. The label provides a frame of reference, and something they can hang onto as a symbol of their unique physiopathology. (In NUTRI-SPEC, we do not make a big deal out of labeling our patients according to their Metabolic Imbalances, because we fully expect to correct those Metabolic Imbalances in most cases. In other words, they are temporary and reversible. But, once an insulin reactor, always an insulin reactor.)

Read again the "jab" Dr. Schenker took at his patient at the top of this Letter. What would have been the next words spoken by Dr. Schenker to this patient? Dr. Schenker loves to ruffle the feathers of his patients a little bit, but that somewhat caustic statement would have been a lead into, "YOU ARE AN INSULIN REACTOR."

Now, put aside the tone of the quote from Dr. Schenker at the top of this Letter, and consider its content. What aspect of caring for your insulin reactors is he addressing here? While you are contemplating that question, continue thinking just how the overwhelming majority of your patients need to be cared for just as if they were Type II diabetics.

- Every patient you have who is overweight with a significant portion of that weight concentrated in the abdomen is an insulin reactor.
- Every patient you have with high triglycerides is an insulin reactor.
- Every patient you have who has devastating hypoglycemic symptoms (both physical and mental) is an insulin reactor.

- Every patient you encounter with non-alcoholic fatty liver disease is an insulin reactor.
- Every patient you have with high blood pressure who does not show a Sympathetic tendency is likely to be an insulin reactor.
- Every patient you have with one of the 4 NUTRI-SPEC Metabolic Imbalances that show a vicious cycle --- both causing excess insulin, and being exacerbated by excess insulin --- your Anaerobic, Glucogenic, Ketogenic, and Parasympathetic patients --- are definitely insulin reactors.
- All your patients who crave sugar are insulin reactors.
- Most of your patients who munch all day long are insulin reactors.

----- Okay, add them up --- what percentage of your patients are we talking about here? Could we be talking about 85-90% of your patients? Yes, absolutely.

"You are an insulin reactor. It is critical that you limit the amount of insulin your pancreas releases in response to food, and it is critical that you limit the number of times each day your pancreas releases insulin. An insulin reactor simply cannot munch all day long. Rather, you must concentrate your food into 3 substantial meals, each of which contains meat, fish, poultry, eggs, or cheese --- plus whatever carbohydrate your particular metabolism can handle. Every time food enters your mouth your pancreas celebrates by joyously releasing a gigantic squirt of insulin --- making you gain weight, making you tired, overloading your liver, and eventually even perhaps leading to diabetes...." ----- Got it? That is the way you speak to your patients. And yes, limiting the number of feedings each day is far more important than you can imagine.

Many people who munch all day are victims of The Snack Attack. They are driven by fluctuating blood and brain sugar levels to repeatedly prime the insulin pump. Other people eat 6 small meals a day because they have been misguided into thinking such an eating plan is healthy. That plan has long gone by the name of "The Hypoglycemic Diet." --- It is appropriately (and ridiculously) named because it will actually cause (not cure) hypoglycemia. Every time the person pops a munchy in his mouth, the blood sugar begins to rise quickly, the pancreas overreacts with a huge surge of insulin, the munchy is deposited as fat, and the blood and brain sugar crash, while provoking the "need" for another small "meal."

Here is a comment from one of our extraordinarily fine NUTRI-SPEC practitioners: "I was recently reviewing your "Eat Well, Be Well" recommendations with a patient and it struck me that you have "eat only 3 meals each day" listed as your second recommendation. I thought to myself, is only eating 3 meals each day more important than avoiding sugar? and PUFA? and aspartame? ...

And ….. I was about to write to you and ask you to explain this, but your latest newsletter answered my question …. Insulin is the key … too much = NG."

I responded to that doctor's comment by quoting some of the studies in the literature demonstrating the insulin-associated harm from frequent small feedings. One study is:

Sierra-Johnson, et al. Eating meals irregularly: A novel environmental risk factor for the metabolic syndrome. Obesity, 2008.

This study shows that among 60-year-old men and women, there is an incidence of metabolic syndrome of 20% in those who eat meals regularly, but an incidence of 27% in those who eat randomly throughout the day. ----- Another study worth noting is:

Yannakoulia, et al. Association of eating frequency with body fatness in pre- and post-menopausal women. Obesity, 2007.

This study shows that eating frequency is strongly and positively correlated with body fat deposition in postmenopausal women.

The thesis that high frequency feeding is the same as high frequency pancreatic stimulation is supported by countless data points from dozens and dozens of studies. ----- To illustrate, if you look at the many studies on the Glycemic Index of foods, you will see charts of the spikes and crashes in blood sugar from eating relatively small servings of foods ---- with graphs representing every food you can imagine. All it takes is someone with two open eyes and a plugged in brain to look at those graphs and say, "Hmm, those spikes and crashes represent exactly what happens when you eat frequent meals."

One comprehensive study on Glycemic Index is:

Brand-Miller, et al. Glycemic Index, postprandial glycemia, and the shape of the curve in healthy subjects: Analysis of a data base of more than 1,000 foods. American Journal of Clinical Nutrition. 2009.

There are also studies that go beyond the Glycemic Index to look at the Insulin Index. One good study is:

Holt, et al. An insulin index of foods: The insulin demand generated by 1,000-kj portions of common foods. American Journal of Clinical Nutrition. 1997.

Any old pair of eyeballs attached to a plugged in brain can see the roller coaster of insulin that would be created by eating frequently, as well as the extreme spike and crash that result from a large meal consisting mainly of carbohydrate.

Another factor to consider when you are discussing Eat Well – Be Well with your patients, is the insulin effect of various carbohydrates. There are carbohydrates low in the starch amylose that actually trigger a pancreatic insulin release just about as strong as drinking cola or "natural" fruit juice. These low amylose starches include potatoes, yams, rice, and to a certain extent wheat. It is interesting to note that a potato results in 41% higher glucose score and 21% higher insulin score than white bread. --- So --- the people who are eating small frequent meals that would include the likes of a potato (unshielded by adequate meat, fish, poultry, eggs, or cheese) are giving their pancreas a truly pathological stimulus. Meanwhile, that same serving of potato eaten with roast beef and vegetables in a substantial size meal will not give the spike and crash in both blood sugar and insulin.

The November 2010 NUTRI-SPEC Letter on INSULIN REACTORS was your first introduction to this idea of "The Snack Attack." I made the point then that there is no such thing as a healthy snack. What I tell all my patients when going over the Eat Well – Be Well dietary recommendations (and particularly emphasize to those who are obviously insulin reactors) is that if they feel hungry between meals, all they need to do is look back at their most recent meal and realize that it did not include enough meat, fish, poultry, eggs, or cheese.

I explain to them that if they eat enough meat, fish, poultry, eggs, or cheese to keep the insulin under control (and the glucagon and other hormones up), their blood sugar will slowly rise, reach a plateau, and maintain that plateau for at least 4-5 hours. As a result, they will not only not be hungry, but also they will never experience the sugar cravings that they so often give in to. Far better to eat 4 eggs for breakfast (even though most people would consider this "overeating"), than to eat 1 egg for breakfast and then in the middle of the morning be munching crackers or cookies to hold them over until lunch. Even worse than the crackers or cookies, of course, is to slurp down a Coca-Cola, or, a "natural" fruit juice.

Final Note: Never forget --- Complex S &/or Complex P, or, Oxy G or Oxy K, along with Oxy A+ &/or Oxy D+ are your big guns in supporting all your tubby tummied, high triglyceride pre-diabetics.