

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

I have a choice bit of shocking news for you ...

MANY OF YOUR PATIENTS ARE UNKNOWINGLY MAKING THEMSELVES FAT.

Your reflex may be to reply, "What's so shocking about that? Most of my patients are at least a little overweight; many of them are yucky overweight; quite a few are dangerously overweight --- and even though most of them have excuses like, 'I just can't lose weight no matter how much I diet or how much I exercise,' they all know deep down inside they have no one to blame but themselves for their tubby tummy. You, Dr. Schenker, have made the point over and over again that obesity (particularly abdominal obesity) is almost entirely the result of insulin resistance from eating a diet too high in carbs and sugars."

Ah yes --- you are absolutely right. But notice in my boldfaced statement above that I said, "UNKNOWINGLY." Yes, your patients know that pizza makes them pudgy, chips make them chubby, beer gives them a belly, and Pepsi makes them portly. But what they do not know, and after reading this Letter you will help them understand, is that there is one particular supplement they may be taking that ...

TOTALLY SABOTAGES ANY ATTEMPT AT WEIGHT LOSS.

I am talking about an extremely popular supplement --- a supplement taken by countless thousands, and a supplement that has a many-decade reputation as being the one good supplement that benefits everyone. --- The truth --- that you are about to discover, is quite the opposite of the health food industry claims made for this overwhelmingly

popular supplement. --- Hold that thought on innocently self-inflicted tubby tummies for a minute, so that ...

... while we are on the subject of people sabotaging their health with well-intended supplementation, we can look at yet another act of self-destruction you see over and over again in your practice. (In fact, you may yourself be guilty of administering this weapon of mass destruction.) How many patients have you seen with ...

A LOWER GUT THAT IS RAGING WITH INFLAMMATION?

Maybe it is a patient who was put on an antibiotic and reacted with cramping, bloating and diarrhea. Maybe it was a patient with celiac disease. Maybe it was someone with one of the autoimmune gut pathologies such as Crohn's disease or ulcerative colitis. Most likely, it was someone given by a primary care physician the idiotic label of "irritable bowel syndrome."

How many of these patients with a colon in a volcanic uproar have been advised to take a probiotic supplement? Everyone "knows" that the one health-promoting action sure to benefit anyone with a raging gut is a "good" probiotic supplement.

WRONG!!!

The truth is that the most popular probiotics are at best not "good" for an inflamed colon, and the most popular of all probiotics will actually ...

EXACERBATE GUT INFLAMMATION.

For 40 years --- ever since the health food industry started its probiotic propaganda machine --- Lactobacillus acidophilus has been King. The second most popular probiotic is Lactobacillus rhamnosus. You will find very few probiotic products that do not contain one or both of these critters. But while the probiotic bandwagon has been happily rolling along for 4 decades, no one bothered to check the scientific research regarding these ...

INTRUDERS ON THE HUMAN MICROBIOME.

People who shop at health food stores or submit themselves to "Alternative" health care practitioners have little use for objective reality. They believe in acidophilus (among countless other "natural" remedies), and they are true to their faith with zillions of \$\$\$\$\$ squandered each year. The probiotic bandwagon has so much momentum that it could hardly be knocked off course by the truth --- that ...

**L. ACIDOPHILUS and L. RHAMNOSUS
BOTH STIMULATE AND ACTIVATE IMMUNE SYSTEM
PRO-INFLAMMATORY CYTOKINES --- THROUGHOUT THE BODY,
AND PARTICULARLY IN THE GUT.**

Both these bacteria increase the inflammatory cytokines Interleukin 6, Interleukin 1-beta, Tumor Necrosis Factor-alpha, Interleukin 12, and Interferon-gamma. TNF-alpha and IL-12 are the two most directly causative in Crohn's disease and in most cases of ulcerative colitis and other inflammatory bowel conditions. In fact, L. rhamnosus, of all probiotics, is the most powerful stimulator of TNF-alpha and IFN-gamma. Several research studies have explicitly stated in their Conclusions: "L. rhamnosus should not be given to patients with Crohn's disease or other intestinal inflammatory conditions."

And what about the King? L. acidophilus was exposed as largely a fraud in a series of your NUTRI-SPEC Letters several years ago. We showed you that L. acidophilus was at best, better than nothing; that it was inferior to other probiotics; that it was vastly inferior to Synbiotic supplementation (your Immuno-Synbiotic). Furthermore, we emphasized that L. acidophilus was potentially harmful, particularly to children and immunocompromised patients --- that it increased upper respiratory symptoms in children, increased childhood allergies (particularly to cow's milk), and that in immunocompromised adults (such as those being treated for Crohn's and other autoimmune diseases with immunosuppressive drugs) L. acidophilus could actually cause life-threatening infections.

Now we are giving you the rest of the story on L. acidophilus --- that it actually increases the pro-inflammatory cytokines responsible for irritable bowel. The absurdity of L. acidophilus popularity is magnified many-fold when we realize that it is not even part of the normal human intestinal microbiota after age 2. Except for those health food and alternative health care victims being force-fed this unnatural critter, it does not even colonize the human gut.

So --- what do you do the next time a patient comes to you and reports having had a flare-up of her irritable bowel, and her gastroenterologist put her on an antibiotic? Sheesh! Yes, when diverticula fill up with E. coli, irritable bowel symptoms will flare-up and an antibiotic will kill off enough of the E. coli to control symptoms. But meanwhile, the abnormal intestinal flora and pathological gut epithelium that are the underlying causes of the pathology are made even worse by the antibiotic. It destroys any chance of establishing normal microbiota. What is the answer? You have it --- your Immuno-Synbiotic. It is a

combination of 3 prebiotics and 2 probiotics, all of which have a powerful anti-inflammatory effect on the gut mucosa.

In fact, the *Lactobacillus reuteri* (in your Immuno-Synbiotic) is the one *Lactobacillus* species that specifically inhibits the pro-inflammatory effects in the gut from *L. acidophilus* and *L. rhamnosus*. The powerfully anti-inflammatory *L. reuteri* specifically inhibits the *L. acidophilus*-induced excess production of TNF-alpha, IL-12, and IFN-gamma. Similar anti-inflammatory effects are gained from the *S. boulardii*, and even greater and more diverse anti-inflammatory effects are offered by the 3 prebiotics in your Immuno-Synbiotic.

Then, what do you do when a similar patient comes to you and says, “Even though I had a bad flare-up of my irritable bowel, my gastroenterologist says he doesn’t feel the need to do surgery on me right now. I really like him because he understands natural things --- he gave me a “good” probiotic to take.” --- And when you look at the “good” probiotic label, what do you see? You guessed it --- *L. acidophilus* and *L. rhamnosus* --- the absolute last thing your patient needs to be taking. How do you respond? Find a kind, gentle way to explain to the patient that her gastroenterologist is an idiot and a quack, and that he should stick to what he knows best --- disease care. Leave the healthcare to doctors like yourself. Get her off the “good” probiotic and onto a great Synbiotic --- Immuno-Synbiotic.

Yes, good intentions gone bad perfectly describes the self-inflicted harm many of your patients suffer, all because of their unwavering faith in health food dogma. --- Probiotics, like all other supplements, must be taken with nutritional specificity. If inflammation needs the intervention of a Metabolic Therapist like yourself, anti-inflammatory supplementation is needed. --- IMMUNO-SYNBIOTIC.

So much for the terrible tummies being made more terrible by popular supplementation ----- What about the tubby tummies being made more tubby? What is the supplement being taken by millions of individuals (probably including many of your patients) that will make it almost impossible for your porky patients to lose weight? You may have guessed it --- it is the ever popular star of the health food show ...

LACTOBACILLUS ACIDOPHILUS.

“What?!!!” your incredulous mind exclaims. “Surely, you are kidding! Okay, I get your point that *L. acidophilus* is not anything near what it is believed to be, but how could it possibly make people fat?”

Here is the story in a nutshell:

Ask yourself, why is it that two people can live the same lifestyle (same sleep/wake cycle, same occupation, same exercise plan, and same eating plan), yet one stays lean and the other becomes evermore roly-poly as the years go by? This is one perfect example of the fundamental NUTRI-SPEC concept of BIOLOGICAL INDIVIDUALITY. There are two genetic ImmunoNeuroEndocrine stress patterns that predispose individuals to obesity.

The first type of individuals genetically predisposed to obesity are those with a mutation in the leptin gene. The second type are those who have an inborn tendency to be insulin reactors. With just minor transgressions against Natural Law, these insulin reactors will become insulin resistant --- as expressed via a Parasympathetic Imbalance, a Glucogenic Imbalance, a Ketogenic Imbalance, or an Anaerobic Imbalance. These Imbalances that are associated with insulin reactivity that becomes insulin resistance that becomes Metabolic Syndrome --- that manifests as abdominal weight gain, high blood pressure, high triglycerides, fatty liver, and ultimately cardiovascular disease and an increased incidence of cancer --- can only be helped with your Metabolic Therapy --- either via your Diphasic Nutrition Plan, or the DNP preceded by 3-10 weeks of Metabolic Balancing.

Now here is what you will find fascinating about the latest research on the human microbiome:

**BOTH TYPES OF OBESITY RELATE DIRECTLY TO THE
INTESTINAL FLORA. AND BOTH ARE MADE WORSE BY THE KING
--- L. ACIDOPHILUS.**

More and more research has confirmed the existence of what is now being called "The Gut-Adipose Axis." There is a direct two-way communication line between fat tissue and the lining of the gut. The individuals with a mutation in the leptin gene showing a tendency to obesity have a 50% reduction in one family of intestinal critters relative to another. Research shows that the only weight loss diets that work in these patients are those that favorably change the ratio between these two families of probiotics. The obesity-associated microbiome harbors a substantial increase in genes encoding enzymes linked to increased fat deposition. *L. acidophilus* exacerbates that fat-associated ratio of the gut microbiota.

Similarly, *L. acidophilus* exacerbates the unbalanced microbiota that provokes obesity associated with insulin resistance. Much research is showing that it is prebiotic (not probiotic) supplementation (along with certain specific probiotic supplementation) that is the most direct and powerful way to favorably influence the communication line of the gut

with adipose tissue. But there is one particular bacterial species that actually disrupts this communication line. That species is the ever-popular *L. acidophilus*.

--- Yes --- the most popular of all probiotic supplements makes people fat, sick, and old. Many bacteria used as probiotics have been tested, and only *L. acidophilus* increases the expression of CB2 ...

THE OBESITY-GENERATING MESSENGER ...

in the colon to adipose axis.

Two elements of this current research are particularly exciting. First, it is becoming evident that it is abnormal flora developed in infancy and early childhood that pushes genetically predisposed individuals into a life of gradual fat deposition. And second, it is now clear that clinical intervention (mainly with prebiotics) designed to effect changes in the gut microbiota can pull jelly belly patients out of their fat deposition rut.

One extraordinary study summarizing the power you have with the prebiotics in your IMMUNO-SYNBIOTIC to normalize adipose metabolism is ...

Geurts, et al. Gut microbiota controls adipose tissue expansion, gut barrier and glucose metabolism: Novel insights into molecular targets and interventions using prebiotics. Beneficial Microbes, March 2014.

Keep in mind that these benefits to weight loss from prebiotics are directly intervening in the essence of insulin resistance (Metabolic Syndrome). Yes, weight loss can only be achieved by limiting carbs and strictly eliminating sugars, but the major breakthrough (particularly in patients that have been gaining weight since adolescence) will only be achieved with supplementation of the 3 prebiotics in your Immuno-Synbiotic --- glucomannan, guar gum, and inulin.

CONTROLLING THE IMMUNONEUROENDOCRINE STRESS ASSOCIATED WITH METABOLIC SYNDROME AND ALL ITS MANIFESTATIONS (OBESITY, CARDIOVASCULAR DISEASE, DIABETES) IS THE GREATEST BENEFIT OF PREBIOTIC SUPPLEMENTATION.

For the month of April, enjoy a special on Immuno-Synbiotic --- **2 FREE** with every 10 you buy.