

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 26 Number 6

From:
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June, 2015

Dear Doctor,

A **JELLY BELLY** is the first sign. ----- The first sign of what? --- You can answer that question without hesitation. Insulin resistance. That you or your patient has taken the perilous step from dysinsulinism to insulin resistance --- a step down the path fraught with such dangers as high triglycerides, high cholesterol, high blood pressure, obesity, fatty liver, diabetes, cardiovascular disease, and an increased risk of cancer -- - is first signaled by that squishy little pinch of fat that hangs over the beltline.

Sugar Baby → Dysinsulinism → Insulin Resistance ⇒ METABOLIC SYNDROME. That sequence was the topic of nearly a year's worth of these Letters from March 2013 to January 2014. --- How many times in those Letters did you read the words "abdominal obesity?" At least a zillion times, and for good reason. Metabolic Syndrome is the major factor in the INFLAMMAGING suffered by nearly all your patients. And that suffering is a sure sign patients' physiological age is outpacing their chronological age. --- And --- you will find the jelly belly ubiquitous among the premature agers (whether age 53+ or age 19).

--- But wait. --- There is much more to the jelly belly story ...

In our last several Letters you have read about how a person's MICROBIOTA dominates the health vs. disease ratio. Apropos of this jelly belly discussion, you learned that obesity is an inflammatory disease. Increased fat deposition is a form of inflammaging that is always associated to some degree with deranged function of ...

THE GUT-ADIPOSE AXIS.

Furthermore, this tendency to gain weight is a positive feedback loop --- a “vicious cycle” --- in which inflammation causes fat deposition, then excess adipose causes increased inflammation that causes increased fat deposition.

Once that vicious cycle is initiated it is tough to break. And more and more studies are showing that cultivating a healthy microbiota is the only way to permanently normalize the Gut-Adipose Axis so that a lean body mass can be achieved and maintained.

--- Now --- stop and think. ----- You know of two factors that largely determine whether a person is going to gain excessive weight: a) a Sugar Baby carboholic who has crossed the line into insulin resistance (Metabolic Syndrome), and b) a dysfunctional Gut-Adipose Axis. Interesting. --- And ...

You see that the Gut-Adipose Axis of inflammaging causes obesity two ways. It causes fat deposition directly via obesity-generating messengers (the most significant of which researchers have named “CB2”), but also indirectly because the inflammaging associated with a putrid gut microbiota is one of the major causes of insulin resistance. Recall the bold-faced remark you read in several recent Letters:

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

So --- the disease-promoting microbiota living in 99+% of your patients gives them a one-two punch to the gut. (And if you have forgotten the magnitude of the health-generating potential of a prebiotic-restored microbiota, review last month’s Letter on the trillions of critters dancing on the tennis court.) You can clearly see that “curing” the jelly belly will not be achieved by any weight loss scheme (scam). Only Metabolic Therapy (--- NUTRI-SPEC administered through Metabolic Balancing, &/or your Diphasic Nutrition Plan, &/or your Sympathetic/Para-sympathetic Support System, &/or Barrier Busters Analysis, &/or Tissue Acid/Alkaline Balancing, &/or Doing FINE), along with specific attention to the gut microbiota, will give you and your patients permanent weight loss that comes from eliminating the causes of obesity.

Let us run with this theme and discuss your jelly belly patients in more depth (--- you do have a few of those?). If you look at your

overweight patients, you will find that they all fall into one or more of 4 categories. You will see:

- ROLY-POLIES,
- TUBBY TUMMIES,
- THUNDER THIGHS, and,
- PIGGY WIGGIES.

Who are your ROLY-POLIES? These are individuals genetically predisposed to obesity with a mutation in the leptin gene (--- Notice we said predisposed, not guaranteed. --- Less than ideal genetic tendencies generally only fully manifest when triggered by environmental stressors. In the “nature vs. nurture” debate, we, along with most of the best research we have seen, are staunchly in the nurture camp. Every one of us has goofy little glitches in our genetic make-up. All but the most extreme pose no significant threat to our quality and quantity of life as long as we live fully in accord with Natural Law.)

When you see a patient who would be medically classified as “morbidly obese,” you are looking at a ROLY-POLY. But even at a lesser degree of obesity, your ROLY-POLY patient will be uniformly squishy all over --- belly, torso, and extremities all uniformly loaded with adipose. Abnormal gut microbiota is directly causative in full expression of this leptin gene mutation.

Research shows that roly-poly patients have a 50% reduction in one family of intestinal critters relative to another. It has also been shown that the only weight loss diets that work in these patients are those that favorably change the ratio between these two families of probiotics. This obesity-associated microbiome harbors a substantial increase in genes encoding enzymes linked to increased fat deposition. (We have also pointed out in past Letters that the popular probiotic supplement *Lactobacillus acidophilus* actually exacerbates that fat-associated ratio of the gut microbiota.)

So --- take a fetus with the leptin gene mutation, and deny that fetus its “first meal” --- the essential health-generating microbiota picked up from Mom while sliding through the birth canal --- and the baby is doomed. Whether from a Caesarean birth, or from a mother who was on antibiotics or had an unhealthy microbiota of her own, and you end up with a baby that is doomed --- with a genetic aberration in the Gut-Adipose Axis + a severely distorted microbiota from Day 1. The baby

might as well be named “Fatso” --- since that is what he is going to be called all through school.

An alternative scenario is that the baby gets a reasonable first meal, but then his pediatrician loads him with antibiotics every time he has a childhood snuffle or earache --- “Fatso.” Throw in the typical “food” choices made on behalf of children these days --- with a severe deficiency of the indigestible polysaccharides needed as prebiotics to maintain intestinal flora --- “Fatso.”

No one understands better than you do the TUBBY TUMMY. These are your insulin reactors that we have discussed endlessly. The reason we have discussed them endlessly is because being an insulin reactor, with all its associated pathologies, is what brings the vast majority of your patients into your office. We are not just referring to the patients that come to you with the high triglycerides and cholesterol and the high blood pressure and the Type II diabetes --- all the manifestations of Metabolic Syndrome. --- We also include all your patients that come to you with chronic fatigue, depression, and above all --- pain. Remember, obesity is an inflammatory disease. Abdominal obesity associated with insulin resistance in insulin reactors is in particular an inflammatory disease, and occurs concomitantly with systemic inflammation. It manifests as fibromyalgia, degenerative joint disease (“arthritis”), as well as recurring headache. When your patient has a TUBBY TUMMY --- an increased waist to hip ratio --- you know the patient’s major complaints are at least partly caused by being an insulin reactor.

These patients, upon NUTRI-SPEC testing, tend to be Anaerobic, Glucogenic, Ketogenic, or Parasympathetic. They tend to have high cortisol &/or high estrogen &/or low thyroid. --- And --- you know they will never get rid of their major complaints, let alone their TUBBY TUMMY as long as they keep overstimulating the pancreas with more than 3 feedings daily, and, as long as they eat a disproportionate amount of carbs/sugars. --- **And again** --- research shows that weight loss (as well as other inflammatory symptom improvement) in these TUBBY TUMMY patients only resolves permanently when the gut microbiota is normalized.

THUNDER THIGHS? These are your patients (predominantly women) with the inverse of the tubby tummy --- an increased hip to waist ratio. From the waist up, these patients look perfectly normal, but from the waist down they can be grotesquely squishy. Upon NUTRI-SPEC testing, these will be your Glucogenic reactive hypoglycemics. The Glucogenic Imbalance may be accompanied by a Dysaerobic Imbalance, along with somewhat low triglycerides but elevated cholesterol.

They ride the blood and brain sugar roller coaster all day long, frequently munching on snacks. When stressed, they can show a secondary Sympathetic test pattern on NUTRI-SPEC analysis as their body attempts to put out a surge of catecholamines in a desperate attempt to keep the brain sugar up. They are unique among your insulin reactors in that they deposit fat on the thighs before the tummy. But still, the two-part answer to not only their overweight, but also their anxiety, their fibromyalgia, and all their other major complaints is to a) reduce the number of times each day they stimulate the pancreas (Eat Well – Be Well), and b) to cultivate a healthy microbiota.

What is a PIGGY WIGGY? These are the individuals who, quite simply, eat like little piggies. They eat in large quantities, they are always hungry, and when you watch them eat they eat as if they haven't had a meal in days --- shoveling in the food at a fast and furious pace. You might tend to think that the solution to the piggy wiggy problem is just for the person to get a grip --- learning to exercise a little self-control.

--- But --- research shows, once again, that the microbiota plays a critical role. You see, there is not just a Gut-Adipose Axis, there is a Gut-Hypothalamus Axis, a Gut-Brain Stem Axis, and a Gut-Pancreas axis. The interplay of these axes controls appetite, and when they are out of control, a person can be uncontrollably hungry even with a full stomach. --- And --- we bet you can guess what is proving to be the #1 aberration in these axes ... Yes, you guessed it --- abnormal gut microbiota. [--- We are talking here about one of the most intriguing aspects of Immuno-Neuro-Endocrine research --- that those nasty little critters in our gut can actually control the way we think. We will have much, much more to say about this in future Letters.]

Why are we devoting this entire Letter to obesity? We must make you understand that whether your overweight patient is a PIGGY WIGGY, or presents as a ROLY-POLY, or with a TUBBY TUMMY, or with THUNDER THIGHS, that excessive weight is not the primary problem. --- Rather, it is an effect that has multiple causes. Furthermore, only by giving your patient the benefits of NUTRI-SPEC can you thoroughly address those deeply rooted causes. Every overweight patient you see is a victim of inflammaging. Every victim of inflammaging is suffering from premature aging --- and the weight gain is only one of many pathophysiological processes occurring in that patient's body.

Every overweight patient is displaying multiple positive feedback loops (vicious cycles). Chronic low-grade inflammation causes weight gain, and weight gain causes an increase in inflammation, and increased inflammation causes more weight gain. Metabolic Imbalances cause

inflammation, and inflammation causes and exacerbates Metabolic Imbalances, which then increase inflammation ----- which then causes weight gain, which causes more inflammation, which further exacerbates Metabolic Imbalances --- and round and round and round your patient goes. Only with NUTRI-SPEC can you intervene in those vicious cycles.

Another way to say this: when you look at weight gain you are looking at the expression of certain genetic tendencies that are only fully manifest because of environmental stressors. --- And, the environmental stressors that are ubiquitous are a rotten diet and a putrid microbiota. --- And --- the rotten diet and the putrid bacteria are themselves a positive feedback loop with each exacerbating the other.

We have emphasized in the last two Letters that obesity (and virtually all physical, mental, and emotional disorders associated with inflammaging) is tightly linked to a chronic low-grade state of inflammation (and regarding obesity, we are talking about inflammatory markers such as Interleukin 6 and C-reactive protein). Most importantly, weight loss diets only succeed long-term when they permanently change the gut microbiota. The same can probably be said about fibromyalgia, depression, fatigue, chronic headaches, allergies, and most every other condition presented by your patients.

Whether you specifically address the microbiota with Immuno-Synbiotic or not, you will get permanent improvement in your patients only when you have restored a healthy ImmunoNeuroEndocrine system. We know that:

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES.

And, research shows more and more that the Metabolic Therapy we do with NUTRI-SPEC, and the Vital Reserves that we are pumping up with our live stronger longer Diphasic Nutrition Plan are greatly enhanced by directly addressing each patient's microbiota. Truly,

THE GREATEST HEALTH-PROMOTING FORCE IMAGINABLE ...

derives from prebiotic supplementation. Every one of your patients needs Immuno-Synbiotic. A **JELLY BELLY** is often the first sign of how desperately it is needed.