

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

NUTRI-SPEC cannot offer you ...

A CURE FOR ALZHEIMER'S ---

but, as regards this topic of ever increasing importance to you and your patients, we can offer you ...

FOOD FOR THOUGHT.

Note the emphasis on the word “food”, as we will be returning to that word in detail in a moment. Another essential point to bring into focus as you read this Letter is that on your list of criteria for selecting each patient’s specific IMMUNO-SYMBIOTIC, Alzheimer’s appears near the top of the list, with a recommendation for IS Immune Power. With those three thoughts at the forefront of your mind --- Alzheimer’s, food, and IS Immune Power, read on ...

This is new, this is BIG, and this is pushing the medical-pharmaceutical establishment into a tizzy of denial and resistance ...

ALZHEIMER’S MAY BE CAUSED BY CANDIDA.

One of the most highly respected medical research teams in Europe has published its findings in more than 10 peer reviewed journals. Their most comprehensive published work is entitled “Direct Visualization of Fungal Infection in Brains From Patients With Alzheimer’s Disease.” They have found fungi (principally Candida) in the brain cells and the cerebrospinal fluid of every single Alzheimer’s brain they have autopsied, with no exceptions. They

find zero mycotic presence in the brains of control subjects who had no evidence of neurodegenerative disease.

Think about that. And if you are thinking logically you may immediately challenge the research findings by saying, “Sure --- but couldn’t it be that the Candida infection is not the cause of Alzheimer’s but the result --- with the wee beasties simply feeding on the dead tissue produced by whatever the primary pathology may be?” --- You are absolutely right in your thinking --- but if the mycotic presence in Alzheimer’s brains were a secondary infection, then it would appear in some, but not all Alzheimer’s patients. To date, they have found a 100% finding of mycosis in Alzheimer’s.

----- Keep thinking, as you absorb this additional piece of info ... Another research group in 2010 published a study showing that the beta amyloid in Alzheimer’s is actually an anti-microbial peptide, designed to defend against Candida albicans. ----- More evidence is mounting every day that fungi (and particularly Candida) are universally present in Alzheimer’s, and very well may be a cause, if not THE cause. Furthermore, the beta amyloid is not Alzheimer’s, the disease, but rather the body’s attempted defense against the true cause of the disease --- Candida.

Now, direct your attention to the medical-pharmaceutical tunnel-visioned dummies. Their zillions of dollars invested in research and the countless (useless) drugs they have produced in an attempt to battle Alzheimer’s have targeted two areas. First, they have tried to stop the progression of beta amyloid --- assuming that beta amyloid IS the disease, when as we see now it is just a symptom of the disease, and actually the body’s defense against it. Their second focus is on drugs to alter cholinergic brain function in a desperate attempt to slow the loss of memory and cognition in Alzheimer’s victims.

With all those zillions of dollars invested, no one, until the Candida-focused researchers, has come up with even a reasonable hypothesis on why, today ...

1 OUT OF EVERY 9 OLDER AMERICANS HAS ALZHEIMER’S.

What we could call “pharmaceutical folly” has not helped in the least to decrease the rapidly increasing incidence of this devastating disease. Neither productive is the angry screaming of close-minded establishment Neurologists in resistance against the objective evidence of a Candida-Alzheimer’s link.

Suppose, as seems likely, the Candida as a cause of Alzheimer’s research is validated. How does that affect the way you serve your patients? Do you go into your office tomorrow and begin “treating” Alzheimer’s disease? Of course not. You take the same approach with Alzheimer’s as you do with cancer, cardiovascular disease, metabolic syndrome, asthma --- and every other disease. You very definitely treat the patients who are suffering from or likely

to develop these diseases. But your patient-specific (as opposed to disease-specific) approach to health care is designed to ...

INCREASE YOUR PATIENTS' ADAPTATIVE CAPACITY ---

thus dramatically reducing their chances of developing any particular disease, or, if that disease has already manifest, decreasing the odds that it will increase in severity.

So now, you are going to think of all your patients as having a 1 in 9 chance of developing Alzheimer's. What do you do about it? The same thing you do with all your patients in consideration of your NUTRI-SPEC premise ...

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES.

In consideration of the high probability of Alzheimer's developing in your patients somewhere down the road, you must make sure that your efforts to increase their Adaptative Capacity consider the potential presence of Candida (or any yeast/mold/fungal mycosis or mycotoxicosis). Many, many, many of your patients have a low-grade invasive mycosis. Many, many, many more have an immune system reactivity triggered by environmental yeast/mold/fungi --- including your 1 in 6 patients with Eosinophilic Fungal Rhinosinusitis, and your 1 in 4 patients with Mixed Mold Mycotoxicosis. You have got to increase your patients' Adaptative Capacity --- so, you absolutely must decrease your patients' mycosis-related ImmunoNeuroEndocrine stress.

Ask yourself (even apart from our Alzheimer's topic) what are our environmental factors contributing to our universal problem with yeast/mold/fungi? Here are the major INE stressors that predispose your patients to mycotic-related pathologies:

- Drug for bugs --- the indiscriminate use of antibiotics --- which has upset the competitive inhibition that exists between bacterial and fungal species.
- An outrageously high carbohydrate plus sugar diet --- the perfect food for yeast.
- Estrogen stress (typically most prominent in your patients with Anaerobic, Parasympathetic, and Prostaglandin Imbalances) derived from a combination of estrogenic foods, estrogenic generating stress, and estrogenic drugs (including the obvious --- birth control and estrogen replacement therapy).
- High adrenal cortisol (most typically in your Electrolyte Stress, Anaerobic, Ketogenic, and Alkaline Imbalance patients).
- Yeast/mold/fungal overgrowth in the home, school, or work environment.

- Rotten intestinal microbiota that paralyzes INE defense against Candida.
- INE stress (derived from cesarean births, vaccinations, deficiency of natural light, sleep deprivation, low-intensity long duration exercise, and countless other INE stressors) that pushes the immune system in the direction of a Th2 immune dominance, suppressing the ability to put up a Th1 defense. One interesting fact about those devious little Candida beasts is that they have the ability to manipulate your immune system in the direction of Th2 reactivity, which lowers your INE resistance against them. --- Nasty critters.

Which of those Candida-promoting factors can you and your patients control? All of them ...

Only you can empower your patients in defense against cardiovascular disease, Metabolic Syndrome, every disease you can think of --- and now including Alzheimer's. ----- Begin at the obvious Step One, which has 3 parts --- Eat Well – Be Well (radically decreasing sugars, decreasing carbs, and having a small portion of meat, fish, poultry, eggs or cheese at every one of three feedings daily), along with Activator and IMMUNO-SYMBIOTIC. That much you should commit to do for every single patient. Beyond that basic foundation, anything you offer in the way of your Diphasic Nutrition Plan, Metabolic Testing & Balancing, Sympathetic/Parasympathetic Support, or Tissue Acid/Alkaline Balancing, will be HUGE in increasing your patients' Adaptive Capacity, and hence, their resistance to Candida and other mycoses.

But wait --- there is more ...

This is new, and it is REALLY BIG ...

Akbari, et al. Effect of probiotic supplementation on cognitive function and metabolic status in Alzheimer's disease. Front Aging Neurosci, Nov, 2016.

In this study, 60 Alzheimer's patients were supplemented with probiotics to determine any benefits to cognitive function and metabolic status. The results were amazing. After just 12 weeks of probiotic supplementation, the Alzheimer's probiotic-treated group improved on their Mini-Mental State Examination by 28%, while the Alzheimer's control group continued to deteriorate, with their examination scores dropping by 5%. The beneficiaries of probiotic supplementation still suffered from serious dementia, but their level of impairment improved from "severe" to just above the line for "moderate". This result is more than statistically significant --- it is astounding.

And the benefits to the Alzheimer's patients were not limited to dramatically improved cognitive function. Metabolic markers showed that the probiotic

supplemented Alzheimer's patients also improved in malondialdehyde reduction, c-reactive protein reduction, insulin resistance improvement, pancreatic beta cell function improvement, and serum triglycerides lowered --- after only 12 weeks!

Consider how truly incredible these benefits of probiotics are. First, this study was done in human beings, not animals. Second, the test subjects were not chosen from among people with "pre-Alzheimer's", nor with early signs of beta amyloid build up. No, these were patients with an unequivocal diagnosis of Alzheimer's, with severe cognitive dysfunction. In other words, we are not talking here about delaying the onset of Alzheimer's; we are not talking about slowing the rate of cognitive decline --- no --- we are seeing objective evidence that the symptoms of dementia are actually reversed in Alzheimer's patients by probiotic supplementation. NONE OF THE POWERFUL (AND NASTY) ALZHEIMER'S DRUGS HAVE SHOWN THE ABILITY TO REVERSE THE COGNITIVE DECLINE IN ALZHEIMER'S PATIENTS --- despite zillions of dollars thrown down the Alzheimer's rat hole by the big drug companies.

Let us look closer at this study. Which probiotics yielded these dramatic benefits to dementia? The study employed a rather ordinary assortment of four probiotics. (Two of those four are well-represented in your three IMMUNO-SYMBIOTIC products.) But the point we want to make here is that there was no SPECIFICITY in the selection of these probiotics. Unlike the formulations of your three IMMUNO-SYMBIOTICS, there was no thought given to the specific effects of various probiotic species on ImmunoNeuroEndocrine stress, nor the particular type of inflammatory pathology that typifies Alzheimer's.

Now, step back and take a broad view of what you have just read. You see strong evidence that Candida is perhaps causative, and is at least contributory to the underlying pathology in Alzheimer's. You now see objective evidence that probiotic supplementation will reverse the dementia of Alzheimer's. And most importantly --- you know that you have a particular Synbiotic product comprised of probiotic species that are specifically designed to minimize the immune system imbalance (---the Th-2 dominance and Th-1 insufficiency) typical of chronic yeast/mold/fungal-related pathologies.

Another critical point you should take from the study on probiotic supplementation for Alzheimer's is this --- virtually all the metabolic improvements derived in Alzheimer's patients from the probiotic supplementation had to do with insulin resistance. We know that the high triglycerides, tubby tummy, vascular disease, and so on and so on and so on, all associated with insulin resistance, have as their root cause a lifetime of excess dietary sugars and carbs. --- And --- what contributes from a dietary standpoint to the chronic colonization of Candida? --- The same high carb, high sugar diet that causes insulin resistance.

We can easily hypothesize that both Alzheimer's and chronic Candida are symptoms of the same underlying patho-physiology --- namely Metabolic Syndrome that derives from insulin resistance, that derives from being an "insulin reactor", that is associated with several of your NUTRI-SPEC Metabolic Imbalances (--- Anaerobic, Ketogenic, Glucogenic, Parasympathetic, and Alkalosis) --- and --- that those Imbalances are "fed" by a diet low in real protein (meat, fish, poultry, eggs, and cheese), plus high in carbs.

Put it all together --- Alzheimer's, food, and IMMUNO-SYMBIOTICS ----- what are your "take aways" from this Letter?

* 1 in 9 of your patients is headed for Alzheimer's. (--- But you (and only you) can intervene on their behalf.

* Your patients most at risk for Alzheimer's are those with signs of, or at risk of, Candida ...

- chronic sinus congestion
- vaginal yeast, athlete's foot, nail fungus, ring worm, yeast rash, tinea versicolor
- esophageal inflammation (misdiagnosed as GERD)
- chemical sensitivities; food sensitivities
- dampness in home or workplace
- starchy/sugary diet --- insulin reactor

SO --- INTERVENE!!!

- Review (and refer your patients to) the mold remediation section of your NUTRI-SPEC website.
- Eat Well – Be Well (backed up by ACTIVATOR) is what you and your staff should be "preaching" day in, day out with all your patients.
- The Candida-Alzheimer's link gives you yet another reason why ALL your patients need to be put on an individually selected IMMUNO-SYMBIOTIC.

YES --- Imagine all the lives you can enrich with nothing more than Eat Well – Be Well, ACTIVATOR, and IMMUNO-SYMBIOTICS --- so --- INTERVENE!