

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

You have two kinds of patients: Those who need your NUTRI-SPEC Diphasic Nutrition Plan now, and, those who need Metabolic Balancing with NUTRI-SPEC first, and then need the Diphasic Nutrition Plan. As a clinical nutritionist you must remain ever cognizant of one essential truth – that all your patients need the increase in adaptative capacity that you can give them, as per the formula ...

**ADAPATATIVE CAPACITY = METABOLIC BALANCE
+ VITAL RESERVES.**

For those of you who have never mastered the art and science of NUTRI-SPEC testing, the procedure you must follow is clearly evident. Immediately put all your patients on the Diphasic Nutrition Plan to increase their vital reserves. The pleasantly surprising side effect your patients will derive is that not only will their vital reserves increase in direct result of the Diphasic Nutrition Plan, but their Metabolic Balance will improve (even without specifically addressing their metabolic imbalances) simply because the increase in vital reserves from the Diphasic Nutrition Plan gives such a powerful metabolic boost that they can begin to rise above and correct whatever metabolic imbalances they have.

For those of you who have been doing NUTRI-SPEC testing, you will still often encounter patients for whom testing is impossible – either because they are difficult to test, unavailable to monitor, or their list of medications precludes getting any meaningful analysis of their metabolic balance. In these cases you, too, will proceed immediately into the Diphasic Nutrition Plan. With Oxy A-Plus, Oxy D-Plus, Diphasic A.M., and Diphasic P.M. (unquestionably the most powerful anti-oxidants

available anywhere, and the most effective metabolic boosters available anywhere), you will elevate your patients' adaptative capacity to heights never dreamed possible before the Diphasic Nutrition Plan was available.

It is still ideal to do NUTRI-SPEC testing to directly impact metabolic imbalances whenever possible. So, for most of your patients you will continue to test and treat according to your Quick Reference Guide analysis. Then, what you will do is make the transition from your Metabolic Balancing regimen to the Diphasic regimen gradually over time. For those patients whose metabolic imbalances respond quite quickly (within three weeks is a typical time frame) you will be adding in the Diphasic A.M. and the Diphasic P.M. supplementation as you decrease their other supplementation. You will find that as you make the transition into the Diphasic Plan it will actually speed up the rate at which you can decrease the supplements they were originally taking for their metabolic imbalances.

You also have some patients whose metabolic imbalances are very resistant to change. If the imbalance in question happens to be Glucogenic or Ketogenic, just keep the patient on the Oxy G or Oxy K and the accompanying dietary recommendations while you make the transition to the Diphasic Plan. In other words, you will end up with the patient on the Diphasic Plan, with a little extra Oxy G or Oxy K on an ongoing basis. For your patients who originally had either Anaerobic or Dyaerobic Imbalances that are resistant to change, you will simply transition to the Diphasic Plan while maintaining them on either Oxygenic A-Plus or Oxygenic D-Plus, while omitting from the Diphasic Plan the supplement (either Oxy A-Plus or Oxy D-Plus) that would exacerbate their persistent metabolic imbalance.

As you move your patients into the Diphasic Nutrition Plan, educate them by giving them the brochure (which was enclosed with your last NUTRI-SPEC Letter) explaining the theory behind it, and the benefits they will derive. These patients should also be given the Oxygenic B brochure that explains very clearly and thoroughly the qualitative differences between NUTRI-SPEC supplements and health food industry junk.

For those patients with inquiring minds and the ability to read (you get one of those once in a while), don't hesitate to give them reprints of these NUTRI-SPEC Letters. If these patients can be helped to truly understand the unique value they are getting from your NUTRI-SPEC approach to improving the quality and longevity of their lives, they will be patients for life – and referring patients at that.

Let us return now to our presentation of the amazing scientific literature in support of your Diphasic A.M. and Diphasic P.M. as the one sure way to increase adaptative capacity and minimize the destructive effects of aging. Last month we talked in depth about the amazing anti-oxidant power of the gamma tocopherol in your Diphasic P.M. We compared it to what the health food industry typically refers to as “Vitamin E,” which, as you learned, can actually block anti-oxidant activity.

We also began an in-depth discussion of an amazing adaptogen that is so powerful against both pathological hyperplasia and pathological disintegration that it had to be included in both your Diphasic A.M. and Diphasic P.M. – lipoic acid. In last month’s Letter we gave you pages of information from the scientific literature supporting both the antioxidant effects of lipoic acid, and, its effects as a metabolic activator (particularly its beneficial effects on liver metabolism). Consider that additional scientific studies have shown the following:

- Lipoic acid prevents oxidative stress in the liver, the heart, and in the gastrocnemous muscle in response to exercise.
- Lipoic acid increases energy availability to the brain and to muscles during exercise.
- Lipoic acid is an essential mitochondrial co-enzyme. It increases oxygen consumption, increases metabolic activity, and increases mitochondrial membrane potential in hepatocytes of aged rats.
- Lipoic acid reverses the age-related decrease in hepatocyte glutathione and ascorbic acid.
- Oxidation of hemoglobin is prevented by both lipoic acid and vitamin E (but not by vitamin C).
- We gave several references last month detailing the beneficial effects of lipoic acid on atherosclerosis. Additional studies show that endothelial migration of monocytes is one of the first steps in atherosclerosis, along with the action of vascular adhesion molecules. These two fundamentals of atherosclerosis are stimulated by glycation end products, and are reversed by lipoic acid. (We have discussed the oxidative damage associated with glycation in previous Letters.)
- Some of the most highly toxic products of lipid peroxidation inhibit mitochondrial respiration by inhibiting alpha ketoglutarate dehydrogenase and pyruvate dehydrogenase. This toxic inhibition is

associated with decreased enzyme activity, and is induced by insufficient availability of lipoic acid sulfhydryl groups.

- Lipoic acid reverses the age associated decline in hepatocyte vitamin C
- Lipoic acid is an anti-oxidant in both fat and water soluble media, and is active both intra- and extra-cellularly.
- Lipoic acid increases intra cellular co-enzyme Q-10, and regenerates both vitamin C and vitamin E intracellularly
- Lipoic acid has been shown to improve cardiac autonomic neuropathy, which is diagnosed by reduced heart rate variability at rest. (Tie this in with your NUTRI-SPEC clinostatic pulse response.)
- Lipoic acid decreases the lactate to pyruvate ratio in cells (– a critical benefit for your Anaerobic patients), and decreases lactic acid acidemia
- Lipoic acid is a di-sulfate co-factor of dehydrogenases in oxidative phosphorylation
- Lipoic acid is an essential constituent of biological membranes. Another study shows that membrane fluidity and protein sulfhydryl reactivity of RBCs is decreased in diabetes, and is increased by lipoic acid supplementation.
- Lipoic acid is a hydroxyl radical quencher (due to the di-sulfate bond in the di-thiol ring).
- Lipoic acid has been shown to decrease cataracts
- Lipoic acid has been shown to decrease age-related memory loss
- Lipoic acid has been shown in clinical studies to decrease elevated triglycerides by as much as 45%. (Elevated triglycerides (and not elevated cholesterol) is one of the few primary risk factors for heart attacks and strokes)
- Lipoic acid has been shown to decrease the tendency to calcium oxalate kidney stones.
- Lipoic acid given to patients with coronary artery disease and essential hypertension has been shown to have a favorable influence on the fatty acid content of the blood

- Lipoic acid (and sodium iodide) increases cyclo-oxygenase, which increases the oxidation of arachadonic acid, and increases the reduction of Prostaglandin PGG2 to Prostaglandin PGH2, which decreases inflammation of all types in the body.
- Lipoic acid is an alpha keto-acid dehydrogenation co-enzyme. It is thus the link between lipid and carbohydrate metabolism. Lipoic acid can also be considered the universal co-enzyme of alpha keto-acid oxidation.

Wow!

Are you as awestruck as I? Have you ever imagined that one single nutrient could play so many critical roles in promoting normal metabolism, and in protection against environmental stressors? The exciting truth is, that lipoic acid not only performs all these functions in the body, but supplementing with lipoic acid has proven to have these countless dozens of effects on enhancing normal metabolism and protecting against oxidative damage. With your Diphasic A.M. and Diphasic P.M. supplements, you are providing your patients with the life-enhancing and youth preserving benefits of lipoic acid twice each day, and, beyond that, you are delivering the synergistic benefits of lipoic acid combined with other high-powered anti-oxidants and metabolic enhancers timed in such a way as to boost the diphasic metabolic cycle. You cannot top that with any other supplemental products available anywhere.

Let us take a quick look now at the co-enzyme Q-10 that plays an important role in your Diphasic Nutrition Plan. Like lipoic acid, Co Q-10 is found in both your Diphasic A.M. and your Diphasic P.M. supplements, and, for the same reasons. Co-Q10 is a powerful anti-oxidant that participates in several of the anti-oxidant systems, and, Co-Q10 is a powerful metabolic activator. So, like lipoic acid, Co-Q10 gives you protection against both pathological hyperplasia and pathological disintegration.

There are not too many nutrients that are more ubiquitous, and have more functions than Co-Q10. Not only is it a powerful anti-oxidant, it is essential to mitochondrial electron transport for cellular energy production. Is there anything more physiologically basic than that? We could (but don't worry we won't) give you a long, long list of the benefits of Co-Q10 equal to the list we just gave for lipoic acid. There is probably no need to do so since Co-Q10 has been so heavily hyped by the health food industry that you have heard all the stories about how it enhances cellular energy and protects the heart, and so on and so on. (Please

understand that just because the claims you heard about Co-Q10 are health food industry hype, does not mean they are not accurate – they are. This is amazing stuff.)

There is one other crucial consideration with respect to Co-Q10, and again, this parallels the story we told you on lipoic acid. Co-Q10 supplements are available in both dry powder and fat-soluble form. Guess which one is more biologically active? Guess which one appears in 90+% of all nutrition supplements that contain Co-Q10? Guess which one you get from NUTRI-SPEC? Well, actually, you get both forms from NUTRI-SPEC. The Diphasic A.M. contains the dry powder form and the Diphasic P.M. contains the fat-soluble form.

Consider these facts. In a recent clinical study, five hours after taking a 30 milligram dose of fat-soluble Co-Q10, blood levels of Co-Q10 had increased by 237%. Meanwhile, five hours after a 30 milligram dose of the dry Co-Q10, the blood level increase was 112%. In other words, the fat soluble form was absorbed more than twice as well as the dry form.

Another study looked at the effect of Co-Q10 supplementation in either dry or oil-soluble form over a period of 30 days. After 30 days the fat-soluble Co-Q10 group had increased its basal blood levels by 265%, while the dry formulation group only showed an increase of 180%. In addition, 83% of the subjects in the fat-soluble Co-Q10 group experienced an increase in energy, compared to only 58% of those in the dry formulation group. Clearly, if you want the maximum benefit from Co-Q10 you want to use the oil-soluble form as much as possible.

And just as clearly – if you want to give your patients the vitality-boosting, youth preserving benefits they are eager to buy, you can now offer them your Diphasic Nutrition Plan.

Truly,

Guy R. Schenker, D.C.