

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

You are beginning to understand that your Diphasic Nutrition Plan is the most effective (and most cost effective) nutrition plan that will:

- increase your patients' adaptative capacity by increasing vital reserves
- slow (and even reverse) the damaging effects of pathological aging
- give your patients a powerful boost against both the pathological hyperplasia, and the pathological disintegration associated with premature aging, and time that boost to synchronize with the patients' normal diurnal (diphasic) metabolic cycles.

While your Diphasic Plan is everything you need to give your patients to maximize vital reserves, there are three things your Diphasic Nutrition Plan is not:

1. Your Diphasic Nutrition Plan is not a substitute for the Nutri-Spec Fundamental Diet
2. Your Diphasic Nutrition Plan is not a stimulant in the morning, and a sedative in the evening.
3. Your Diphasic Nutrition Plan is not restricted to patients over 32 years of age.

You saw a dramatic illustration of the first “is not” in last month’s Letter. You read the story of how Jake, with his dozen egg breakfasts, was able to lower his high cholesterol, his high triglycerides, his high blood sugar and his high blood pressure. You learned that the incredible nutrients of your Diphasic Nutrition Plan would be rendered practically impotent in patients who:

- eat nothing or worse than nothing for breakfast;
- eat meals devoid of protein;
- eat excessively of fructose (sugar);
- eat polyunsaturated vegetable oils.

Now that you understand that those are the four ways that your patients repeatedly sabotage your efforts as a clinical nutritionist, you can easily deduce the corollaries to those bad habits, which then become the four dietary recommendations you must give to all your patients:

- A. Three meals daily, each of which includes a serving of meat, fish, poultry, eggs or cheese.
- B. Very limited intake of sugar, including fruit.
- C. Strictly avoid juice and other sweetened beverages.
- D. Strictly avoid polyunsaturated oils (salad dressing, mayonnaise, margarine, foods containing vegetable oils or cooked in vegetable oils).

If you get compliance on those four rules,

**THERE WILL BE NO LIMIT
TO THE WONDERS YOU WILL WORK
FOR YOUR PATIENTS.**

The second “is not” of your Diphasic Nutrition Plan is that the plan is not a stimulant in the morning and a sedative in the evening. It is not even a cup of coffee in the morning and a glass of warm milk in the evening. It has nothing to do with “giving your patients energy” in the morning, nor “calming your patients down” in the evening. NURI-SPEC practitioners have asked us questions such as these:

- “My patient has good energy in the morning but has an afternoon slump. Should I change the timing of the Diphasic A.M. supplements to the afternoon instead of the morning?”

- “My patient has always had trouble getting out of bed in the morning. Would the Diphasic P.M. supplements make that problem worse, and would I be better off to just give an extra dose of Diphasic A.M. and skip the Diphasic P.M. supplements altogether?”

These questions indicate that some of you are thinking in terms of stimulation and sedation that are strictly neurological in nature. The Diphasic Plan has nothing to do with activating and de-activating the central nervous system. What it relates to is activating the natural biochemical processes that your body wants to activate early each morning, then activating the natural biological processes that your body wants to activate each evening. In other words, the nutrients of the Diphasic Plan feed and potentiate the two phases of the diurnal cycle that the human body strives to achieve each 24 hours.

Yes, over time, (and often very quickly) your patients will experience “more energy” during the day, and will feel calmer and achieve much deeper restful sleep at night with the benefits of the Diphasic Nutrition Plan. But these subjective feelings are far more (and far more meaningful) than the temporary lift and unnatural tranquilizing effect of neurologically active drugs (including herbal drugs).

We are talking about using your Diphasic Nutrition Plan to activate maximally the two phases of the diurnal cycle, pushing each phase to its full physiological limit. We have made the case (review the evidence from the scientific literature presented in last June’s Letter) that fading ability to fully cycle each day is the primary mechanism behind aging. We have demonstrated that all the physiological changes that we define as the aging process are really the result of just two fundamental deficiencies – a deficiency in defense against pathological hyperplasia, and a deficiency in defense against pathological disintegration.

Each of these two aspects of pathological aging are defended against during a particular phase of the normal diurnal cycle. From 6:00 a.m. until 8:00 p.m. a person with high vital reserves defends beautifully against the dark forces of pathological hyperplasia; and, from 8:00 p.m. to 6:00 a.m. the healthy person defends against the destructive influence of pathological disintegration. The amazing nutrients in Oxy A-Plus, Oxy D-Plus, Diphasic A.M., Diphasic P.M., (and, as needed, Complex P and Complex S) give your patients the power to fully manifest the diurnal cycle:

- between active and passive
- between depletion and repletion
- between high-powered energy expenditure and recharging

- between defense against pathological hyperplasia and defense against pathological disintegration

Most of you have probably grasped the concept that most symptoms and conditions we associate with aging have both a catabolic and an anabolic component. We could use as an example atherosclerosis. The deposition of the fat and calcium complex in the arterial walls that we call atherosclerosis is certainly an example of anabolic pathological hyperplasia. But, this pathological hyperplasia is preceded by the catabolic pathological disintegration involving oxidative damage to the arterial intima, associated with lipid peroxidation (fatty acids) and glycation (sugars).

From 6:00 a.m. until 8:00 p.m., the human body prioritizes its defenses to deal with the anabolic component of the pathology. From 8:00 p.m. until 6:00 a.m., the major defenses the body activates are designed to deal with the catabolic component of this pathological condition, employing every available antioxidant to combat lipid peroxidation and glycation. To summarize, there is a failure of both anti-anabolic and anti-catabolic defense that typifies all aging processes.

With your Diphasic Nutrition Plan you are not offering stimulation and sedation; you are offering two protective shields to the body, each to be employed at the most physiologically appropriate time. Yes, as the weeks go by, your patient will experience subjective improvement in vitality along with an improved quality of sleep. There will be increased resistance to microbial pathogens, and there will be better digestion and elimination. The resting pulse will move toward an average of 72, and the body temperature will be more easily maintained at 98.6 during the day and 98.2 during sleep. If you test a patient's oxidation index shortly before either the second or third meal of the day, it will generally be pretty close to normal 0.

But over the long term, the most exciting benefits of the Diphasic Nutrition Plan are that nothing of medical significance happens to the patient. Week after week, month after month, year after year, the patient continues to be at power over the potentially damaging influences of our physical, chemical and emotional environment. Amazing adaptative capacity in response to the stress of life keeps the person perking along quite nicely, while others are routinely kicked in the teeth by the challenges of life.

The final "is not" of your Diphasic Nutrition Plan is that it need not be restricted entirely to patients over the age of 32. We have commented in the past that at age 32 there is a subtle but definite beginning to the long, drawn out loss of vital reserves that characterizes the aging

process. So, at that age everyone can benefit from the protection of the Diphasic Plan. After approximately age 52, all patients not only benefit from the Diphasic Plan, they desperately need it just to keep from losing ground.

But what of those patients younger than 32? Reasonably healthy patients in this age group have enough vital reserves that they tend to react to the stresses of life with an over-compensation rather than with an insufficiency of vital reserves. Nevertheless, the same potentially damaging environmental influences surround them each day. So, for a patient in his 20's or 30's who doesn't have any major health problems and does not have an extraordinarily stressful, difficult lifestyle, but wants the best nutrition there is to maintain health ...

**RECOMMEND ONE OR TWO CAPSULES DAILY
OF EACH OF DIPHASIC A.M. AND DIPHASIC P.M.
ALONG WITH PERHAPS 10 DROPS EACH
OF OXY A+ AND OXY D+.**

These younger patients will then achieve such amazing physiological strength that their physical, mental and emotional stamina will truly be something to behold. When such patients reach their 40's and 50's, you will need to very gradually increase the dosage of the supplements.

Of course if you have a 20 to 30 year old patient with allergies or other similar complaints, you will still need to use the full standard dosage of Oxy A+, Oxy D+, Oxy Power and Go Power.

And what about children and teens? Yes, the supplements of your Diphasic Nutrition Plan have application here as well. Next month we will give you more detail on how to work with younger patients. But I can tell you, for example, that I give my 6-year-old son one Diphasic A.M. and one Diphasic P.M. 2-3 days each week.

I trust that by making it perfectly clear to you what your Diphasic Nutrition Plan is not, it has become even more obvious to you that your Diphasic Nutrition Plan is the key to serving your hundreds of patients (yes I said hundreds) who are searching for the nutritional support to help them look and feel their best for a long productive life, yet who are currently throwing away thousands of dollars in that futile search.

NEW BROCHURE

Several months ago we gave you a one-page handout to give your patients describing how the Diphasic Nutrition Plan will help them maintain their potential for youthful vitality. Now, we have replaced that

handout with a colorful and comprehensive brochure that will do a far superior job of presenting the benefits of the Diphasic Nutrition Plan to your patients.

The brochure gives a concise yet complete explanation of the two phases of the diurnal metabolic cycle, and why ...

THE DIPHASIC CYCLE CONTROLS HOW YOUR PATIENT FEELS ...

as well as how and why ...

**THE AGING PROCESS IS DIRECTLY TIED IN WITH THIS
CONCEPT OF A DIPHASIC METABOLIC CYCLE.**

The brochure also includes the dietary recommendations you must give to all your patients, as well as space to write in your personalized supplementation recommendations for each patient.

We have always made it a practice to not just sell our brochures in quantity but to give them away free to you when you place an order. Effective immediately you will have the choice of receiving with your order either The Secret of Good Nutrition brochure, the Activator brochure, or the Diphasic Nutrition Plan brochure. Just let us know which you prefer when you place your order. (Don't forget how important the Activator brochure is to your Diphasic Nutrition Plan patients.) Also, if you need another copy of your concise one-page summary of how to administer the Diphasic Nutrition Plan, let us know that when you place your next order and we'll be happy to send you another.

Think again of your hundreds of patients who are looking everywhere in vain for something only you can give them. Nothing will increase each patient's adaptative capacity like your Diphasic Nutrition Plan.

Sincerely,

Guy R. Schenker, D.C.