

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
Guy R. Schenker, D.C.
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Dear Doctor,

The nice thing about NUTRI-SPEC “happy ever after” stories, is that ...

THEY ARE NOT FAIRY TALES.

You have read in the last two month’s Letters of ...

TWO WOMEN WITH RHEUMATOID ARTHRITIS WHO ENJOYED MIRACULOUS TURNAROUNDS ...

with NUTRI-SPEC.

You also read of ...

A TEENAGE BOY WITH AUTO IMMUNE HEPATITIS WHO WENT FROM A CRISIS SITUATION TO RIDING HORSES AGAIN WITHIN 16 DAYS ...

as his elevated liver enzymes were reduced by 80% and his serum bilirubin and globulin came all the way down to normal.

These are instances of real live people who were once upon a time devastated by disease, yet who now are celebrating the joy of life once more. While these cases were from my own practice, many of you have reported equally dramatic victories, triumphing over the most pernicious pathologies. And as the curtain closes on these stories, the hero riding off into the sunset is you, the NUTRI-SPEC practitioner.

At the conclusion of last month's Letter, you read the beginning of the story about a lupus victim who has been under NUTRI-SPEC care for more than 20 years. The contrast between the life this woman has lived these last 20 years with the life she would have lived without NUTRI-SPEC could not have been imagined the day in 1981 she came into my office.

Despite having been the beneficiary of modern medicine's entire arsenal of drugs, the woman continually suffered some combination of joint pain, pericarditis, pleurisy, proteinuria, skin lesions and visual disturbances. Her career as a very successful executive secretary was about to be prematurely terminated. She had no assurance that she was even going to live for very long, let alone ever live well again.

Through the eyes of NUTRI-SPEC, it was very easy to see what this woman needed and why. She showed a reasonably clear (despite her medications) dysaerobic test pattern. It also came out in her history that she had had a hysterectomy, which was followed by many years of on again, off again, estrogen replacement therapy. She had been convinced by medical propaganda that the estrogen replacement was absolutely necessary to protect her heart, protect her bones, and blah, blah, blah; but --- the estrogen made her feel so absolutely rotten that she had to go off it from time to time.

Anything here sound familiar?

You have learned that the trigger for the inappropriate immune response in auto immune diseases is a change in the structure of the fat molecules in cellular mitochondria. And, the factor common to all lupus patients, rheumatoid arthritis patients, auto-immune thyroid patients, auto-immune hepatitis patients, and all other auto-immune disease cases is ...

EXCESS DAMAGE FROM OMEGA 6 FATTY ACIDS (VEGETABLE OILS).

In NUTRI-SPEC terms there are three predisposing factors to omega 6 fatty acid damage. They are:

- a dysaerobic imbalance
- a prostaglandin imbalance
- estrogen stress

In the case of this lupus patient (remember 90% of all lupus patients are women with estrogen stress) we see all the elements we expect in a lupus case, focused in one clear picture.

How would you have proceeded in such a case? I expect that by now you appreciate well enough the power you have with NUTRI-SPEC that you would have proceeded exactly as I did. Quite simply:

- help the woman get off estrogen, now and forever
- give her a “totally forbidden” omega 6 fatty acid food list consisting of: margarine, mayonnaise, salad dressings, cooking oils, chips, fried chicken, French fries, etc, etc.
- strictly forbid fruit juice and all other sweetened beverages
- either correct the metabolic imbalances you find upon testing, or, put her on the Diphasic Nutrition Plan specifically tailored for patients with auto-immune diseases

How did this patient respond to NUTRI-SPEC? Even with the limited number of supplements available to us at that time (essentially just Oxy B and Oxy D+ plus a few other anti-dysaerobic odds and ends) the patient’s response was quite remarkable. With NUTRI-SPEC this patient quickly became the dynamic woman she had been before being stricken with lupus. Her symptoms abated sufficiently to begin decreasing medication within two months.

She followed through with her retirement plans, but then found she had so much vitality, she could in no way settle for the life of a passive retiree. Having been captivated by the notion of alternative health care, she embarked on a journey in exploration of countless methods to enhance one’s physical, emotional, and spiritual well being. She ventured a little too far into the lunatic fringes to suit me, but nothing she did was really harmful. She was having the time of her life.

But it gets even better. Before long, this attractive divorcee in her early 50’s met the man of her dreams, and was married. Her new husband was not only a fine gentleman, but was quite wealthy. Having played piano throughout her (pre lupus) life, and having a special fondness for harp music, our patient was presented on her next birthday with a \$25,000 golden harp.

Can you picture it? Her week is filled with classes to enrich body, mind, and soul, from which she returns to a lovely home, a loving husband, and the thrill of creating beautiful music on her harp. That certainly beats lonely, half blind, struggling for every breath, and with deteriorating skin and constant pain.

Over the years she was able to come completely off prescription medication for a few prolonged periods. However, the symptoms recurred with enough frequency and severity that she has settled on a very small daily dose of prednisone, which pretty well keeps her out of trouble, yet with minimal side effects. Can this be considered a “happy ever after” story? To how many people do you think this woman has told her story? If this were your patient, how many referrals would be sent to your office as a result of your triumph over lupus?

Here, now, is one more case history to complete your understanding of how you will deal with auto-immune diseases:

You know that one factor essential to consider in all auto-immune cases is the presence of estrogen stress. The incidence of these auto-immune diseases is far, far higher in women than it is in men, and estrogen stress is the reason why. The following case history illustrates that ...

**WHEN ESTROGEN STRESS IS
THE MAJOR PRIMARY CAUSATIVE FACTOR,
YOUR PATIENT WILL LIKELY TEST
ANAEROBIC INSTEAD OF DYSAEROBIC**

despite the catabolic damage by omega 6 fatty acids. This is not common, but you must be alert to that possibility.

A woman came to my office who had 9 years earlier been suddenly stricken with severely crippling rheumatoid arthritis. She had been bombarded by the complete arsenal of pharmacological weapons used to combat rheumatoid arthritis – everything from prednisone all the way to gold injections. Even through a period of hospitalization with intensively aggressive treatment, she had experienced absolutely no relief. Eventually (but completely independent of any medical intervention) her symptoms eased a bit, and for the last 9 years she had been in and out of remission several times.

Now, nine years after the acute onset of her pathology, she was in my office experiencing the early stages of another flair up. A careful case history and an 8 minute NUTRI-SPEC test procedure gave me all the information I needed to know exactly what had happened to this woman and why.

The history revealed that her rheumatoid arthritis had followed close behind a hysterectomy, after which she had been put on estrogen replacement therapy. She had reacted with such severe side effects to the estrogen that she stopped it after several months. Very shortly after

that was when the rheumatoid arthritis hit. The estrogen stress was the trigger that precipitated the auto-immune reaction in her body.

The patient reports that the Rheumatologist working on her case during the acute phase of her pathology claimed that he had never seen a patient so totally refractive to pharmacological treatment. Of course, as NUTRI-SPEC practitioners, we know that all the therapeutic agents used for rheumatoid arthritis are anti-dysaerobic in their metabolic effect. That is why everything from Predinsone to Gold will generally give some symptomatic improvement in this disease which is 90-plus percent of the time dysaerobic in character. But here we had a woman who was so overwhelmed by estrogen stress that her auto-immune condition was actually anaerobic, not dysaerobic in character. For that reason, all the anti-dysaerobic therapeutic agents actually made her condition worse. It was only after the Rheumatologist told her, "I am sorry we can't help you," and sent her home, that her symptoms gradually eased up a bit.

In my office, this patient tested nearly "off the charts" anaerobic. Her surface tension was nearly 74 and her oxidation index -27. Her urine pH was close to 8.0 and adjusted saliva pH around 6.0. She was treated in my office exactly as she would have been treated in yours --- with an anti-anaerobic, anti-prostaglandin supplement regimen and diet plan.

On her first follow-up visit, the patient reported a complete absence of pain, and has remained pain free and stiffness free in the year and a half since.

This case underscores the fact that as a NUTRI-SPEC practitioner ...

YOU DO NOT PRESCRIBE REMEDIES.

It would be very easy (with the knowledge we have of the role of fatty acid damage in auto-immune diseases) to just routinely treat all auto-immune patients as dysaerobic. If you do that, you will hit a high percentage of winners, but will also have some dismal failures. Why resort to dumb-dumb nutrition when you have the tools to base your clinical decisions on objective test procedures? Why take an allopathic trial-and-error approach to nutrition when you can actually address the fundamental causes of disease by restoring metabolic balance and increasing vital reserves?

So --- in these last several Letters focusing on auto-immune diseases, you have learned three things:

1. You can favorably impact the cause of rheumatoid arthritis, of lupus, of auto-immune hepatitis, of auto-immune thyroiditis, and of

scleroderma, and of the entire list of auto-immune diseases. Do not shy away from patients with these severe conditions --- rather, reach out to them, because in working with the cause of these conditions, you can improve the quality of their lives in a way that no other physician can. Furthermore, you can minimize their dependence on medications that can in time create problems nearly as severe as the pathologies they are intended to treat.

2. Your approach to health care is entirely different than that of the remedy peddlers. You do not dilute NUTRI-SPEC with popular “cures” for this condition and that condition. Furthermore, neither do you use NUTRI-SPEC itself as a remedy. Your patients should understand clearly that you do not give one supplement to lower cholesterol and another to help with allergies and another to relieve the symptoms of arthritis and so on and so on. Rather, you give dietary and supplement recommendations to restore metabolic balance and increase vital reserves. One effective way to explain this to your patients is to tell a 45 year old woman with allergies, that in the very next room may be another 45 year old women with allergies and yet she will likely walk out of your office with completely different (and even possibly opposite) treatment recommendations.
3. NUTRI-SPEC gives you ...

TWO ROADS TO SUCCESS.

You may have noticed in these many case histories given for rheumatoid arthritis, for lupus, and for auto-immune hepatitis that some of the patients were treated after an evaluation of NUTRI-SPEC tests, and some were put directly on the Diphasic Nutrition Plan. Either approach gets the job done beautifully.

Again --- look for these auto-immune patients. They (and their referrals) will enrich your practice, as you enrich their lives.

Sincerely,

Guy R. Schenker, D.C.