

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,

What power you have! Are you putting it to good use with your cardiovascular disease patients?

In your October Letter you were given a concise summary of the 22 causative factors of CVD, along with the 10 clinical indicators of CVD risk that give you, as a NUTRI-SPEC practitioner, the unique means to construct for each of your patients ...

AN EFFECTIVE CVD PREVENTION PLAN.

In last month's Letter, we derided the ignorance- and fear-based pharmacological approach to CVD treatment. You saw that every drug used to treat CVD is harmful, and that most often the damage exceeds the perceived benefits. Do cardiologists save lives? It is more accurate to say that they sometimes prevent immediate death, which, in my opinion, is not at all the same thing as saving a life. If you have a patient for whom a cardiologist prevented immediate death, that patient obviously owes the cardiologist a tremendous debt of gratitude. However, if that patient wants to have his life saved, he had better put his trust in you, his NUTRI-SPEC practitioner. The cardiologist is the hero of the day for crisis therapy, but beyond that, his advice is largely counterproductive.

We ended last month's Letter by beginning a detailed consideration of just how you deal with the pharmacological nightmare you find in CVD patients. In other words, what exactly do you do when a new patient

presents with hypertension or a history of heart problems or stroke, and is taking seven different drugs?

After completing that letter, I asked myself, “Why didn’t I write this years ago?” For 15 years the number one reason doctors call the NUTRI-SPEC staff for help with patients is that patients are taking multiple medications that totally distort their clinical findings. The majority of those (insanely) medicated patients are those with CVD. All I did last month is put down on paper for you the step-by-step reasoning process I and the rest of the NUTRI-SPEC staff go through when we evaluate one of those patients for you.

Whether you do NUTRI-SPEC testing in your office, or whether you do not, your first option with your CVD patients is to go with the Diphasic Nutrition Plan (DNP). With your DNP you will quite effectively protect your patients against the further development of CVD, and will reverse much of the pathological damage in many cases. [Re-read that last sentence. It was stated so matter-of-factly, yet the implications are profound. Yes, you will save lives of CVD patients with NUTRI-SPEC]. From reading last month’s Letter, you now know exactly how to construct a DNP for each individual patient by integrating your clinical findings with what you learned about the effects of the various CVD drugs.

Finally, in last month’s Letter we emphasized one more time (but not for the last time --- we will be re-playing this theme endlessly for the benefit of you and your patients) the importance of getting off the Red Flag medications. But, this time we took you a step further and explained exactly how to withdraw your patients from each of the different types of CVD drugs.

All that we wrote last month relates to using your DNP for your CVD patients. Your other approach to CVD patients is to do the best NUTRI-SPEC analysis you can, given the distorted clinical picture caused by the drugs. The disadvantage here is that there is always at least little bit of guesswork involved. But if you apply to these patients the principles described last month for individualizing the DNP, you should do pretty well in interpreting your testing. (Remember also that the NUTRI-SPEC staff is available to help you through these cases. Just give us a call or a fax.)

The advantage of taking your best shot at NUTRI-SPEC testing is that you can more immediately get to glucogenic/ketogenic imbalances to help restore glycemic control, and to electrolyte imbalances. These will all be benefited eventually by the DNP anyway (assuming the patient follows the NUTRI-SPEC Fundamental Diet and eliminates red flag

drugs), but the additional supplementation you can offer through testing gets the job done a little faster and more thoroughly.

Still, the most clinically expedient way to deal with the majority of these drug-overloaded CVD patients, is with your DNP. You must include particularly, however, the one other procedure that is absolutely essential to maximize each patient's benefit from your DNP --- the Oxygenic A-Plus/Formula EW balancing procedure that has been described for you in previous Letters. (This procedure is essential for all your patients on the DNP, not just those with CVD.) Our observation over the last two years as the DNP has been used by NUTRI-SPEC doctors on thousands of patients has been that this procedure is neglected.

BIG MISTAKE.

Even without this procedure, the DNP offers tremendous anti-aging protection to your patients; but with this procedure to determine the most effective proportions of A-Plus and EW (or D-Plus), your patients will not only be protected against pathological hyperplasia and pathological disintegration, but will feel a tremendous resurgence of vitality.

At the end of this Letter, we have spelled out in detail for you the technique for assuring that each of your patients is given exactly the right proportions of Oxygenic A+ and Formula EW (or Oxy D+). Take this paper into your office and use it as your guide to a most wondrous clinical nutrition practice. Again, you should be using this procedure on every single patient. Those to whom you offer the DNP from the start should begin this procedure within 2 weeks after going on the DNP. On those patients for whom you do NUTRI-SPEC testing, this procedure comes into play as soon as the imbalances are under control, and you are ready to bring the patient into the Diphasic Nutrition Plan.

A WORD ABOUT PRODUCT QUALITY:

It has been several years since we have reinforced your understanding of what distinguishes your NUTRI-SPEC tablets and capsules from the products available throughout the natural food industry. When talking about product quality, the most fundamental point of discussion must be the dissolution characteristics of the product. Obviously, it makes absolutely no difference what is in a product if that product does not disintegrate in the GI tract in time for the nutrients to be absorbed. Most nutrients have a very narrow

window of opportunity for absorption, consisting of a few feet in the upper jejunum. If a product hasn't completely broken down by the time it gets to that point of the GI tract, its contents will be flushed down the toilet.

For most companies the primary consideration is shelf life. They want their product to look exactly the same after sitting on the health food store shelves or a doctor's office shelves for three years as it did the day it was made. To achieve that, of course, they have to encase the capsule in extremely stable excipients. The problem is that such a heavy coating precludes the dissolution of the product in time for its nutrients to do any good.

At NUTRI-SPEC our only consideration is nutrient availability to your patients. That is why we use the thinnest vegetable protein glaze or gelatin that will hold our products together. You are thus assured ...

THE BEST DISSOLUTION CHARACTERISTICS IN THE INDUSTRY ---

a promise we made to you 18 years ago and have stuck with ever since.

Another example of our commitment to nutrients of the highest biological activity is the use of sensitive nutrients that most manufacturers wouldn't dream of putting in a product. These high biological activity nutrients are in a class by themselves therapeutically, but are a liability to pill makers since they are not stable, particularly to changes in humidity and temperature. So --- to give you the nutritional value you know you can only get from NUTRI-SPEC, we take a bit of a chance with shelf life. Due to the sensitive nature of our raw materials, along with the minimal coating used on our products, many of the tablets and capsules are susceptible to discoloration, particularly when exposed to humidity and/or high temperatures.

As this past Summer was the wettest on record in the Northeast, we ran into a bit of a problem. The tablets and capsules made late this humid summer had a higher than normal moisture content locked in from day one. As a result, those that were additionally exposed to high temperatures (courtesy of the UPS delivery system), began to show color changes very quickly. This apparent deterioration of quality was, of course, quite alarming to you and your patients.

To be certain there was no loss of nutritional value associated with the discoloration, we had the products assayed --- and as expected, they tested perfectly. Nevertheless, we understand the predicament you were in, selling a product to a patient that looked entirely different than the

product that patient was accustomed to. We happily made exchanges for all the discolored product, and we apologize for any inconvenience.

So --- our lesson from this is to henceforth always recommend to all our patients that supplements be refrigerated when they go home. In other words, these are natural food extracts, and they should be refrigerated just like any other fresh food.

Let me emphasize once again just how critical using the proper proportions of Oxy A+ and Formula EW (or Oxy D+) is if you are going to reach your full potential as a clinical nutritionist. Use this technique on every patient.

Sincerely,

Guy R. Schenker, D.C.