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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Save lives of CVD patients with NUTRI-SPEC? If that achievement is not routinely yours, then it will be --- as soon as you put to good use what you have learned about CVD in our last several Letters.

Here is a rather ordinary case from my practice to illustrate how routinely you can add years to the lives of your CVD patients.

First Visit:

I enter the room to greet a new patient whom I have never met and on whom my staff has just completed the NUTRI-SPEC testing. I find a pleasant, and soft-spoken 70 year old Amish woman. Her history includes diabetes of 20 years duration for which she takes 4 medications; CVD, which includes hypertension, for which she takes a beta blocker and a diuretic; she has a pace maker obtained just 3 months ago. The patient also reports that she is on the last day of taking an antibiotic for a bladder infection.

Having completed the testing and the history, I am ready to begin administering NUTRI-SPEC.

Step One: I ask the patient (even though it is written on her history) if she is taking vitamins, herbs, or other supplements. When she says she is not currently taking nutrition supplements I commend her, saying that many people don't realize that diabetes and heart disease can be

severely exacerbated by carelessly taking supplements recommended by the natural foods industry. She is taking one herbal remedy (the name of which I do not recognize, and the purpose for which she is not clear).

As with all patients, I approach the subject of self-administered supplementation by asking the patient what she knows about NUTRI-SPEC. Whatever her reply may be, I follow with clarification that NUTRI-SPEC is a testing system consisting of approximately 43 different tests. The purpose of the testing procedure is to determine ways in which her body chemistry is off balance and ways in which her metabolism may not be functioning efficiently. I further make the point that NUTRI-SPEC does not offer remedies for diabetes, nor for heart disease, nor for any other condition; rather, NUTRI-SPEC offers specific supplementation and dietary recommendations (based upon the results of the 43 different tests) to bring the chemistry back into balance and improve the efficiency of metabolism. The idea is that in so doing we will be getting to the primary causes of her various health problems.

When I get a point of agreement from the patient that she understands what NUTRI-SPEC offers, and that that is indeed what she wants, I praise her. I then go on to say that since she is ready to make a commitment to a systematic, logical, and comprehensive nutrition plan, she will have to stop the supplements and herbal drugs that she is currently taking because they were not prescribed on the basis of any objective tests, and because their effect on her body chemistry (whatever it may be) will interfere with our interpretation of her test results.

Again receiving a point of agreement from the patient, I am prepared to proceed to …

Step Two:

I emphasize that the dietary recommendations on the NUTRI-SPEC Plan are every bit as important as the supplementation.

Step Three:

I am ready now to do an analysis to select the supplement and dietary recommendations.

My first decision is whether to use the patient's test results to guide me in a NUTRI-SPEC metabolic balancing procedure, or, to go with the Diphasic Nutrition Plan. In this case, since there are 7 medications plus a pacemaker distorting the clinical picture, I decide that the Diphasic Nutrition Plan is the way to go. What I must do now is personalize the DNP for this patient's specific needs.

- Since there is cardiovascular disease I definitely add Formula ES and Taurine.

- With diabetes, this patient is a candidate for either Complex S or Oxygenic K. Since the patient is not on insulin, this is most likely a Type II diabetes for which Oxy K would be appropriate. However, the patient shows an extreme glucogenic test pattern, which makes me disinclined to recommend Oxy K and more disposed to recommending Complex S. However, her test results (perhaps partly due to the pacemaker) show a parasympathetic test pattern, with falling orthostatic systolic blood pressure, falling orthostatic diastolic blood pressure, and a failure of the clinostatic pulse to rise. I am reluctant to give Complex S to someone who shows such a weak myocardium. So (and this is extremely rare for my diabetic patients), I elect to recommend neither Oxy K or Complex S today, waiting for a look at the first follow-up test. [Note: if I am a NUTRI-SPEC practitioner who does no testing, relying instead on the DNP, I would in this case routinely recommend Oxygenic K because of the diabetes.]

- Since this patient is taking at least 3 medications that create a strong dysaerobic test pattern, yet shows somewhat anaerobic test results, I assume that without the medications she would be extremely anaerobic. I therefore further modify her DNP by omitting the Formula EW for now.

  My recommendations are, in the A.M.:

  - Oxy B
  - Oxy A-Plus
  - Diphasic AM
  - Formula ES
  - Taurine

  … and in the PM:

  - Oxy B
  - Diphasic PM
  - Formula ES
  - Taurine

  Step Four:

  I consider Red Flag Medications. In this case, there are none.

Step Five:

The patient is given the supplement and eating plan folder with her supplement regimen recorded. She is also given the Oxy B Brochure and the Diphasic Nutrition Plan Brochure. Her next appointment is scheduled in 3 weeks (since she is on the Diphasic Plan. If she were on a metabolic balancing plan she would be re-scheduled within a week.)

Second Visit:

The patient's blood pressure has dropped from 180/100 on the first visit to 172/94. Her breath hold time is increased from 30 to 40 and she shows no sugar in her urine. What on the first test had appeared to be a slight anaerobic test pattern has now shifted slightly to the dysaerobic side.

Ordinarily on this visit I institute the Oxygenic A-Plus/Formula EW balancing procedure. However, since this patient's test pattern has moved into exactly where I want it to be (considering her medications) and, since she isn't on Formula EW anyway, I do not recommend the balancing procedure.

I reinforce the importance of the dietary recommendations for the patient, leave her supplementation regimen exactly as it is, and give her an appointment in 5 weeks.

Third Visit:

Five weeks later the patient reports having just visited her medical physician. Her blood pressure had been so good that the doctor dramatically decreased her beta blocker. Surprisingly, her blood sugar was also so good (remember, I had given her neither Oxy K nor Complex S) the doctor had also decreased her sugar medication. On this visit to my office her blood pressure (even without much of the beta blocker) is all the way down to 148/82. Though on the third visit, she still shows no clear indication for a preference of Oxy K or Complex S, so (especially since her sugar is improving dramatically even without specifically supplementing for it) I decide to let it go. I reinforce the dietary recommendations, leave the supplementation regimen unchanged, and schedule her for an appointment in 15 weeks.

Fourth Visit:

Fifteen weeks later (which brings us up to last week) the patient reports that her blood pressure is low enough she had to have her beta

blocker decreased even more. Furthermore, she has seen no sugar in her home urine testing in months and is eager to get back to the doctor to see if she can get off her sugar medication altogether.

Again, there is no reason to change the patient's DNP at all. It appears that this is going to be quite a happy-ever-after story. She is given an appointment in 4 or 5 months.

Think for a moment of the typical 70 year old women who is 20 years a diabetic, and now has blood pressure and heart problems severe enough to require a high dosage of a beta blocker along with a pacemaker. How long and how well is this woman going to live?

Now, consider the patient about whom you just read. In less than 5 months her beta blocker was reduced to about ¼ of its initial dosage, and her sugar medications (all four of them!) may be eliminated altogether. The degenerative changes associated with diabetes have likely been arrested almost altogether. The dangers of death from heart attack or stroke have been reduced dramatically. So, not only will this woman live much longer than she would have without NUTRI-SPEC, she will not suffer the miseries of diabetes and CVD to which she was sentenced before NUTRI-SPEC.

And how difficult was it to achieve such clinical success? All I did was review the woman's test results, opt for the DNP, and then keep an eye on her for a couple of months while the supplements protected her from anabolic hypertrophy and catabolic disintegration, allowing her body to heal and restore function.

It truly is that simple.

A few months ago we gave you a Letter telling the whole story of how cholesterol is not a primary risk factor for CVD. You should be routinely using that Letter along with the Letter on triglycerides from a few years ago as handouts for your patients. Even with this complete, concise presentation of the truth about cholesterol to assuage your patients' fears, they are still undoubtedly victimized to some extent by the cholesterol phobia that holds our misinformed public in its grip. Even though it is elevated triglycerides, homocysteine, and C-reactive protein, along with low HDL cholesterol that are the true risk factors, your patients can't help but worry just a bit about their serum cholesterol level.

The cholesterol phobia is compounded in some of your patients because in a few with mildly elevated cholesterol, the serum cholesterol after beginning NUTRI-SPEC, will actually (horrors) increase a little bit. How can this be? These are patients who are predominantly anaerobic/anabolic in metabolic type, and who thus have a quantitative excess of cholesterol at the cellular level. As metabolic balance is restored and vital reserves are increased, these patients will begin to mobilize cholesterol from within the cells, sending it to the liver to be metabolized and eliminated. Nevertheless, there will be a period of up to 18 months when the total serum cholesterol will actually increase.

Do not panic, and certainly do not let your patients panic. This generally is not a problem in patients with extremely high cholesterol --- only in those whose cholesterol is in the mid-200 range. Keep in mind that the average adult American has a cholesterol of 237. 237 is definitely not ideal but at least knowing this is the average puts cholesterol numbers in perspective for you and your patients.

An anaerobic patient with a cholesterol of 250 is only slightly worse than the average person. Upon beginning NUTRI-SPEC, however, that serum cholesterol can go up as high as 300 and drift from the mid to high 200's for up to 18 months. All the while the triglycerides will have come down, the c-reactive protein will have come down, and the homocysteine will have come down, even as the HDL cholesterol rises in proportion to the LDL cholesterol. All these are signs that your NUTRI-SPEC work is reaping huge rewards in terms of reversing or preventing CVD in these patients. Educate your patients, and help them get the cholesterol monkey off their backs.

Use the step-by-step clinical procedure I related to you in the story of my patient above as a model on which to pattern your own work with patients. Your success is assured.

Sincerely,

Guy R. Schenker, D.C.