

# NUTRI-SPEC



THROUGH  
SPECIFIC NUTRITION

89 Swamp Road  
Mifflintown, PA 17059  
800-736-4320  
717-436-8988  
Fax: 717-436-8551  
nutrispec@embarqmail.com  
www.nutri-spec.net

## **THE NUTRI-SPEC LETTER**

**Volume 18 Number 4**

From:  
Guy R. Schenker, D.C.  
April, 2007

Dear Doctor,

You need even ...

### **MO MO.**

After the last two Letters designed to help you generate some NUTRI-SPEC momentum, I see that most of you still need even MO MO --- more momentum. Two months ago we gave you a much smoother ride through your fully revised Quick Reference Guide analysis; the essentiality of follow-up testing within a week was also emphasized. Last Letter we gave you some invaluable tips to enhance your understanding of metabolic testing. You now know how to handle false positive and false negative test patterns; you also can deal effortlessly with patients who have concurrent anaerobic/anabolic and dysaerobic/catabolic pathologies, as well as pathologies whose anaerobic or dysaerobic character changes over time. You now have everything you need to be a master NUTRI-SPEC clinician. Finally, your last two NUTRI-SPEC Letters should have convinced you that the only way to enjoy the practice of clinical nutrition as a labor of love is to stomp on the accelerator making NUTRI-SPEC a part of your regular office routine, offered to a higher percentage of your patients.

After writing those two letters I carefully monitored the questions, comments, and problem cases you present to NUTRI-SPEC, looking for clues to what else you may need to generate MO MO --- to assure the clinical and financial success of your practice. It is now clearly apparent that your most fundamental need is --- a NUTRI-SPEC philosophy. Most of you still must learn to ...

**THINK LIKE A NUTRI-SPEC DOCTOR.**

To understand what I mean by thinking like a NUTRI-SPEC doctor, answer these questions:

- What do you do for your patients with high cholesterol?
- What do you do for your patients with PMS?
- What do you do for your patients with arthritis?
- What do you do for your patients with allergies?
- What do you do for your patients with fatigue?
- What do you do for your patients with osteoporosis?
- What do you do for your patients with elevated triglycerides?
- What do you do for your patients with depression?
- What do you do for your patients with migraines?
- What do you do for your patients with psoriasis?
- What do you do for your patients with lupus?
- What do you do for your patients with hepatitis?
- What do you do for your patients with obesity?
- What do you do for your patients with asthma?
- What do you do for your patients with reflux esophagitis?
- What do you do for your patients with irritable bowel syndrome?
- What do you do for your patients with leprosy?

If you are able to carefully consider those 17 questions and come up with 16 (disregarding the last question) thoughtfully conceived treatment plans, one for each of those conditions, then you are NOT thinking like a NUTRI-SPEC doctor. You are trapped in the allopathic mind-set that dominates the practice of clinical nutrition. You are desperately seeking combinations of nutrients to treat the myriad of symptoms presented by your patients. Oh my --- what frustration you must feel.

If you are truly thinking like a NUTRI-SPEC Doctor, you answered all 17 (even the last) of those questions with the same one-word answer ...

### **NUTRI-SPEC.**

The next time a patient comes to your office with leprosy, what will you do? You will do NUTRI-SPEC testing, and you will perform your QRG analysis of those tests, recommending an individualized eating plan and supplement plan to restore metabolic balance to that patient. In so doing, you will have given that patient his best opportunity to rise above his disease. Am I saying you pay no attention to your patients' symptoms? Certainly not. In this case, you will take a minute and review leprosy in your Merk Manual. Doing so will help you understand the long-term anti-microbial therapy the patient is on, and will be on for quite a long time. You will know the effects of those medications, and understand that you must take them into account when doing your QRG analysis. You will learn that there are no contraindications to any of the

diet and supplement recommendations you are going to make, and, you will be able to confidently assure the patient that by achieving metabolic balance you will be doing everything nutritionally possible to help him overcome the disease and minimize its clinical manifestations.

I am using the seemingly absurd example of leprosy to make a point. Every one of the first 16 conditions listed above have responded magnificently, and often miraculously, to metabolic balancing through NUTRI-SPEC. In most cases, the NUTRI-SPEC regimen offered had absolutely nothing to do with which of the 16 conditions existed in that particular patient. In other words, based on his test results, the patient with arthritis got the same NUTRI-SPEC diet and supplement plan that he would have gotten had his chief complaint been migraines. The key here is that you are offering a ...

### **PATIENT SPECIFIC, NOT DISEASE SPECIFIC ...**

approach to clinical care. Your goal with every patient is to achieve metabolic balance, not symptom relief --- and you must tell the patient so. I do ---

After taking a complete history and showing proper sympathy for and knowledge of the patient's named disease, I proceed with a little presentation that goes something like this; "Mrs. Jones, it is important that you understand exactly what we do here, because it is quite different than what you would find in other doctors' offices. We do a type of metabolic testing called NUTRI-SPEC testing. The procedures consist of nearly 50 tests that will tell us in what ways your body chemistry is off balance, and in what ways your metabolism is not functioning as efficiently as it could. Based on your unique test results you will be given an individualized eating plan and supplement plan designed to restore balance to your body chemistry and improve the efficiency of your metabolism.

"Our idea is that in balancing your body chemistry, we will be doing two things --- we will be making you as healthy and strong as you can possibly be, so that you can feel your best and look your best for a much longer, stronger life, and, of more immediate concern to you, we will have found the fundamental cause of your (disease). We know that your (disease) is most often associated with one or two or three different metabolic imbalances that we test. We will be particularly thorough in analyzing you for those imbalances. When we correct the imbalanced body chemistry that is a major cause of your (disease), we will have corrected the cause of your problem, not just given you temporary relief. Does what I'm saying make sense to you?" (Point of agreement.)

“What we do not do here is give remedies.” Holding up several supplement bottles in turn, I say, “We do not say, ‘take this for your (symptom), and try this for your (other symptom)’. Other doctors deal primarily in remedies, and sometimes they can be effective short term, and sometimes not. But in no case do they correct the underlying causes of your problem. We will be doing very little, if anything to give you short term relief from your (disease). We will be using powerful combinations of nutrients designed specifically to reverse your metabolic imbalances as quickly as possible. Everything we offer you will be based not upon your symptoms, but on the objective results of your tests. Regardless of whether you are feeling better or feeling worse, your own individualized test results will guide us in managing your care. Does that sound like the scientific approach to nutrition you are looking for?” (Enthusiastic agreement.)

“To show you what I mean, Mrs. Jones, consider that you have severe arthritis of your right knee. It is painful, it is hot, it is swollen. It keeps you from sleeping at night, and it prevents you from pursuing the activities you would like. There are several of the metabolic imbalances we test for that are often associated with arthritis. We are going to give you the diet and supplement recommendations you need to correct your imbalances, and in so doing eliminate a cause, and probably the main cause, of your arthritis. But the recommendations we make will be entirely based upon your individual test results. When I am finished with you I may go to the next room and find another patient who also has arthritis of the right knee --- exactly the same symptoms you have. But my test results may reveal an entirely different --- even the opposite --- metabolic imbalance that you have. That patient, even though he appears to have exactly the same problem you do, will walk out of here with an entirely different set of diet and supplement recommendations. --- “Do you understand how this works?”

Just to complete your vision of what my first visit consultation looks like: I do my QRG analysis in front of the patient (making quite a show of being studious, contemplative, and caring). After completing the QRG analysis, I explain the imbalances I find, including which of those imbalances do and do not specifically relate to the patient’s chief complaints. If appropriate, I explain the conditions with which an imbalance may be associated presently --- for example, reactive hypoglycemia in a glucogenic imbalance --- or conditions to which the patient is susceptible in the future --- for example, Type II diabetes in a ketogenic imbalance. In all cases, I enthusiastically tell the patient how happy I am that she came to us --- that I am certain we can make a big difference in her health. Finally, I close with the comments I spelled out for you two months ago, explaining that the initial recommendations are a clinical trial based on the test results we have before us, and that the

definitive evaluation will be made on a follow-up test within a week to see how the test results respond to our initial supplement and diet recommendations.

My staff gives the patient the written imbalance descriptions, the write-up of the eating plan and supplement plan, and reinforces everything I have said with the hand-out, "What NUTRI-SPEC Can Do For You." The patient is scheduled for the first follow-up within a week.

Do you see what it means to think like a NUTRI-SPEC doctor? Do you see how you can get your patients ...

### **THINKING LIKE NUTRI-SPEC PATIENTS?**

If you routinely present NUTRI-SPEC to your new patients as I have described above, do you see what you will achieve in terms of patient relations? On subsequent visits you will continue your patient-specific (rather than disease-specific) discussions of metabolic balance. Building on the foundation established in your initial visit, you will convey the idea that in restoring metabolic balance you are removing a major barrier to the patient feeling as strong and healthy as possible. But you have placed the responsibility for feeling well on the patient (where it belongs), while you are getting the patient well.

In that very first consultation, you got agreement from the patient that your responsibility is to restore metabolic balance --- period. On future visits, instead of your asking the patient how he is doing, the patient will ask you. You will respond with a description of which imbalances have improved, and which ones have not, and what needs to be done from here to more quickly achieve your goal of metabolic balance. You will repeatedly assure the patient that his adaptative capacity is improving dramatically with each step closer to metabolic balance. The patient's symptoms are only an incidental part of the discussion. Even on the occasion when a patient bemoans the slow response of symptoms, you sympathize sincerely, then direct the conversation right back to the two topics that really matter --- progress, or lack of it, in achieving metabolic balance, and, the degree to which the patient has been compliant with your recommendations.

For example, if a patient cries, "Last Saturday night I had the worst migraine I've had in at least a year!"

Your reply is, "Yes, Mrs. Jones, your dysaerobic imbalance is much, much worse today even though it had improved dramatically on your last visit. That tells me almost certainly that you must have eaten

vegetable oils. Can you think of anything you ate Saturday that might have been cooked in vegetable oil?"

"No --- I've done everything you said, I got rid of all my cooking oil, salad dressings, margarine, peanut butter, and mayonnaise. All we use now at home is butter, olive oil, and coconut oil."

"How about Friday?"

"Oh ----- Friday night I was serving at our church's annual fish fry. There wasn't really anything else to eat --- I guess I forgot."

"I think you can appreciate how specifically accurate our test procedures are in analyzing the fundamental imbalance underlying your migraines. Three weeks ago you hadn't had a migraine in over a month, and you were feeling great over all. Today you show a dysaerobic test pattern as bad as ever, after eating the foods that push your body chemistry dysaerobic, and, you suffered an extreme migraine. Do you see there is no doubt about the correlation between your migraines and the dysaerobic imbalance we are working to correct? These findings mean we can be more confident than ever that if you will do your part to avoid the polyunsaturated oils, our supplementation will give you complete and permanent correction of your migraines."

--- And so it goes, and so it goes,  
all the answers NUTRI-SPEC knows.  
You can be certain your practice will grow ---  
move dynamically forward with even MO MO.

Sincerely,

Guy R. Schenker, D.C.