

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 21 Number 2

From:
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February, 2010

Dear Doctor,

What can you do for a patient who stutters terribly?

How do you treat a patient with daily mild headaches?

What is your clinical approach to patients with recurring diffuse abdominal pain, “stomach tightness while eating,” and chronic constipation?

How do you care for a young man (not and old guy with an enlarged prostate) who cannot urinate at will?

Do you have treatments for these four conditions? Do you have a favorite remedy for each? What do you do with a patient who presents all four of those conditions as major complaints? How do you even begin?

Now, suppose in addition to the four problems listed above, a patient also suffers from what he calls “SPELLS” --- when he experiences right arm numbness, left frontal headache, extreme nausea (sometimes vomiting), and tingling of his lips and tongue. Such was the challenge an 18-year-old young man presented to a NUTRI-SPEC practitioner last year. The doctor approached this interesting case the same way you would --- not with a handful of “natural” remedies for these bizarre and seemingly unrelated symptoms, but with NUTRI-SPEC --- an objective testing system to ...

**IDENTIFY THE METABOLIC IMBALANCES
UNDERLYING THOSE SYMPTOMS.**

To complete the last bit of the history on this patient: medical tests had revealed that the patient's bladder was indeed not emptying. An MRI showed the possibility of a spinal nerve (in the patient's words) "pushing on something" that would prevent his bladder from contracting fully. No specific means was suggested to correct the problem, and only palliative drugs were offered for the bladder and for the other conditions. The young man and his parents refused symptom-specific allopathic treatment. They had a strong sense that a patient-specific approach to healthcare was needed. They were looking for answers that only NUTRI-SPEC could provide.

Performing the NUTRI-SPEC tests, the doctor found an Electrolyte Insufficiency Imbalance, an Anaerobic Imbalance, a Sympathetic Imbalance, as well as Potassium Excess Acidosis and Respiratory Alkalosis test patterns. The doctor proceeded exactly according to your Quick Reference Guide protocol. At that time, however, the QRG dictated that in the presence of an Electrolyte Insufficiency, Sympathetic/Parasympathetic and Acid/Alkaline test patterns were to be ignored. The patient was given supplements and dietary recommendations for his Electrolyte Insufficiency and Anaerobic Imbalances.

How did the patient respond? --- Well, but not dramatically. The constipation ceased to be a major problem, but the other GI symptoms persisted. Bladder function improved a little. SPELLS and headaches were somewhat less frequent and less severe. There was, of course, no change in his life-long stuttering affliction.

Months went by, with the patient, his parents, and the Doc not unhappy, but not at all satisfied. Surely more could be done for this fine young man.

Then, the Doctor's power as a NUTRI-SPEC practitioner improved exponentially. He was one of a few who gained early access to the entirely revised NUTRI-SPEC test procedures and the newly streamlined QRG analysis that you were given in last month's Letter. ---

POWER & EASE. ---

Now, the restrictions on addressing this patient's Sympathetic and Alkalosis test patterns were lifted. Also, the upgraded testing and analysis procedures made the Sympathetic Imbalance even more evident. Complex S and ammonium chloride were given to the patient and --- suddenly --- frequency and severity of symptoms decreased dramatically. Even the stuttering, though still a major problem, improved.

What is going on here? --- The patient is primarily a Sympathetic Imbalance. The excess Sympathetic activity is what drives him into hyperventilation and a Respiratory Alkalosis.

- Stuttering is a sympathetic condition.
- A sluggish bladder is a sympathetic condition. (Parasympathetic patients are the opposite --- the extremely active bladder squeezes out a little bit of urine a zillion times every day.)
- The deficient GI motility and secretion is a sympathetic condition.
- The SPELLS --- numbness, nausea, hemicephalgia, and tingling lips and tongue --- are associated with the hyperventilation of the Respiratory Alkalosis.

Everything happening in this patient makes perfect sense when viewed in the context of the NUTRI-SPEC Five Fundamental Metabolic Balance paradigm.

Two important points are illustrated by this case history. First, the advantage you have over other clinicians with your patient-specific system of analysis and treatment is displayed in vivid color. Can you imagine the plight of this patient had he succumbed to life-long drug treatment for each of his symptoms?

The second point that should be clear is how much more effective your new test procedures and QRG analysis are. Remember --- the original NUTRI-SPEC regimen administered to this patient was merely excellent --- improving his quality of life while obviating the need for drugs (or even surgery to help the bladder, as one physician proposed). The revised procedures ...

**ELEVATE YOUR QUALITY OF CARE
FROM EXCELLENT TO EXTRAORDINARY.**

You are certainly wondering --- why did the old QRG forbid you from even considering Sympathetic/Parasympathetic or Acid/Alkaline Imbalances in patients who had either an Electrolyte Stress or an Electrolyte Insufficiency Imbalance?

It was considered inappropriate to treat Acid/Alkaline Imbalance in the presence of electrolyte problems, because sometimes what you would need to do short-term to help the Acid/Alkaline Imbalance could exacerbate the Electrolyte Imbalance, or at least delay its correction. Furthermore, much of what a person needed to ultimately correct his Acid/Alkaline Imbalance was incorporated into the supplements your QRG indicated for the Electrolyte Imbalance. For example, many patients with Electrolyte Stress needed potassium citrate, and those

patients, if considered on the Acid/Alkaline page of your QRG, would again be shown to need potassium citrate. Similarly, many patients with Electrolyte Insufficiency needed sodium glycerophosphate, but that supplement would also show up on the Acid/Alkaline page of the QRG analysis. So, eliminating consideration of Acid/Alkaline Imbalance eliminated time-wasting redundancies in your analysis, while at the same time protecting your patient from inappropriate supplementation.

Now, with the power and ease you have gained from your revised QRG analysis, you can pull your patients' metabolic imbalances from the Test Results Form in less than 1 minute, and the supplement recommendations are also done in a fraction of the time --- all the while redundancies and potential adverse supplement interactions are eliminated. ---

FAST --- SMOOTH --- NICE.

One of the many phenomenal advantages you have with your revised procedures is that you can treat the Sympathetic/Parasympathetic Imbalances of your Electrolyte Stress and Electrolyte Insufficiency patients. Why in your old QRG were the use of Complex S and Complex P contraindicated for patients with Electrolyte Imbalances? Complex P has a vasoconstricting effect, which gave us concern that it could further drive up the blood pressure of hypertensive Electrolyte Stress patients. The corollary was that the vasodilating effects of Complex S could lower the blood pressure and weaken those who had an Electrolyte Insufficiency Imbalance. Those concerns were certainly legitimate, but have been completely eliminated with your new QRG analysis.

The young man described in the case study above, is a perfect example of a patient who desperately needed correction of his Sympathetic Imbalance despite his Electrolyte Insufficiency Imbalance. That patient had an extremely reactive orthostatic pulse, as you would expect with either an Electrolyte Insufficiency or a Sympathetic Imbalance. However, his Pulse 4 dropped back down close enough to Pulse 1 to indicate that the Sympathetic problem was greater than the Electrolyte Insufficiency problem. Furthermore, while his blood pressures were quite low, as we would expect with an Electrolyte Insufficiency Imbalance, both his systolic and diastolic jumped up considerably upon orthostatic challenge. Finally, the patient's heart rate was faster lying down than it was sitting. --- He had a perfect Sympathetic test pattern.

To appreciate how extremely Sympathetic this patient was, consider that his vasomotor indicator showed ice cold hands relative to the temperature of his upper arm. He also had a large pupil, and a white

dermographics reflex. In other words, he had all the objective tests of a Sympathetic Imbalance accompanying his purely Sympathetic conditions --- the stuttering, the lack of bladder tone, plus the lack of GI secretion and motility. After months of being denied by the old QRG the Complex S he so desperately needed, he was saved by your revised procedures.

Complex S and Complex P are 2 of your most dynamic biochemical prime-movers. Now, with more accurate test procedures and highly refined QRG analysis, you will no longer deny these powerful, quick-acting NUTRI-SPEC supplements to your many patients who cannot achieve metabolic balance without them. Over the past month, as many NUTRI-SPEC doctors are implementing the new procedures, a very good question has come up several times. The question relates to the speed with which you make changes in autonomic function. The typical question goes something like this, "I gave my patient Complex P for her Parasympathetic Imbalance, and on her first follow up test a week later she showed a Sympathetic Imbalance. What went wrong?"

The answer is --- nothing went wrong; everything went right. Your patient was showing a stress response in her parasympathetic system, and that stress was relieved within 1 week. The parasympathetic system has been calmed, as the capacity for sympathetic response has improved. What do you do now that the scale is tipped from the Parasympathetic side to the Sympathetic side? Simply --- it is already time to begin backing off the Parasympathetic supplementation. If the patient was taking Complex P, 2, twice daily after meals, cut her back to 2 after breakfast only. If this patient is 32+ years of age, then you are actually already beginning your transition into the Diphasic Nutrition Plan.

THIS IS TRULY AN EXCITING TIME TO BE A PART OF NUTRI-SPEC.

The day you became a NUTRI-SPEC practitioner you ascended --- out of the commonplace, into the rare. While other nutritionists were offering nothing better than healthfood store nutrition remedies, you gave your patients the unique benefits of a patient-specific objective testing system. Now, with revised test procedures and refined analysis, your power and ease in administering that system elevates your quality of care to the extraordinary.

Essential to the total overhaul of NUTRI-SPEC has been a complete revision of your NUTRI-SPEC manual, "An Analytical System of Clinical Nutrition." Also, you now better serve your patients with 3 new products. Your December NUTRI-SPEC LETTER described:

- OXY TONIC --- that supplies precious negative valence sulfur to your hypotonic patients who need sodium along with sulfhydryl groups.
- ELECTRO TONIC --- which increases energy via glycolytic, gluconeogenic, and phosphogluconate pathways, while hyperhydrating and dispersing electrolytes throughout all 3 body fluid compartments, improving athletic performance, etc, etc.

Now --- we introduce you to a product we have awaited for 21 years --- PROTON PLUS. Since 1989 we have searched for the most effective way to acidify alkaline patients with hydrochloride. Without a product that met our standards for superior biological activity, we could do no better than to recommend you buy ammonium chloride from some other supplement company for your alkaline patients. But now you have what we have always wanted to give you --- for your patients with muscle cramps, joint pain, nervous tics, insomnia, or itching associated with alkalosis --- for your patients with Electrolyte Insufficiency, Dysaerobic, Ketogenic, and Alkaline Imbalances --- the most effective way to deliver hydrochloride to the blood and to the tissues. --- More detail on all 3 of your new supplements will be forthcoming in future Letters.

Meanwhile --- to get yourself up to date with all the improvements in NUTRI-SPEC, you need a copy of the fully revised NUTRI-SPEC manual. For your **FREE** new edition of "An Analytical System of Clinical Nutrition," just call to place an order for \$288 (the cost of a dozen Oxy B). You will like the new manual. It is in a 3-ring binder so that as further refinements are made in your system in future months and years, addition and replacement pages can be easily inserted. --- And please --- call us with every little question you might have regarding the new testing and QRG analysis. Merry and Jennifer can walk you step-to-step through all the new procedures. CALL TODAY.

Sincerely,

Guy R. Schenker, D.C.