

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

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

IT'S PRICELESS;

IT'S FREE; and

IT'S YOURS ...

SO, USE IT !!!

What am I referring to? Read on ...

You have learned in the last three issues of this Letter three things:

1. The recent improvements in the NUTRI-SPEC testing and analysis are extraordinary.
2. Complex S and Complex P are amazingly powerful --- and fast.
3. Help is available --- from the NUTRI-SPEC staff to get you fully up to speed with the new test procedures, the faster, more complete QRG analysis, and the most effective use of your three new supplements, Electro Tonic, Oxy Tonic, and Proton Plus.

How extraordinary are the improvements in your NUTRI-SPEC system of clinical nutrition? You read in February of an 18-year-old young man suffering from stuttering, daily headaches, recurring diffuse abdominal pain, stomach tightness while eating, chronic constipation, and the inability to empty his bladder. All these symptoms were tied in with his Sympathetic Imbalance --- a Sympathetic Imbalance that was missed by

the old NUTRI-SPEC analysis, and, symptoms that responded dramatically to proper supplementation with your incredibly powerful Complex S.

You read in the March Letter of a Type I diabetic who also had a Sympathetic test pattern missed by the old analysis, but revealed quite clearly by your updated procedures. In other words, all the consequences of autonomic imbalance as described in Low's "Clinical Autonomic Disorders," have now been quantified as part of your NUTRI-SPEC objective test procedures. Never again will a Sympathetic or Parasympathetic patient slip through your analysis.

How extraordinarily powerful are your supplements Complex S and Complex P? Think of that 18-year-old young man with the broad diversity of pathological symptoms. His only alternative to NUTRI-SPEC was allopathic symptom-related treatment with a drug for this, a drug for that, and perhaps even a long-shot surgery in a desperate attempt to give him control of his bladder. All those drugs and the surgery were avoided, and all those symptoms responded positively within weeks of starting Complex S. One supplement to restore metabolic balance resulted in countless symptoms controlled --- all because the underlying cause of those symptoms was corrected.

You also read in the last two Letters of Type I diabetes being brought under control, of night sweats being eliminated, and of a woman suffering from amenorrhea being restored to a regular menstrual cycle. You also read of a man whose erectile dysfunction was eliminated in only 1 week of taking Complex S.

But you also learned that these powerful supplements must be used responsibly. The speed with which you can make changes in autonomic function is astonishing. We reported on the number of NUTRI-SPEC practitioners who are totally perplexed by treating a patient as, say, Parasympathetic, and then on the first follow-up test a week later finding a Sympathetic Imbalance. The NUTRI-SPEC staff is busy assuring these doctors that absolutely nothing went wrong --- it is not at all unusual to relieve the stress on the parasympathetic system and enhance your patient's capacity for sympathetic response within a week. Truly, the majority of Sympathetic and Parasympathetic patients are ready to begin cutting back a bit on their supplements within 3 or 4 weeks.

Yes, you must be a responsible clinician. To be so, you must first of all do your test procedures accurately. Second, you must follow strictly the NUTRI-SPEC guidelines on patient management --- bringing patients back for follow-up testing in a week after you initiate the first clinical trial, and perhaps even a week later and even a week after that if

significant changes in supplement and diet recommendations are required with each testing. You need not be overwhelmed by the amazing capacity you now have to move body chemistry --- rather, you should feel empowered. And to be certain that you use your unique capacity not only responsibly but to the greatest effect --- help is available ...

The NUTRI-SPEC staff is at your service daily. If you are just getting started in NUTRI-SPEC, there is a tremendous amount for you and your staff to learn. The NUTRI-SPEC staff will happily guide you step-by-step through the learning process so that you are serving patients with the highest level of professional nutrition within weeks. If you are a long-time NUTRI-SPEC practitioner, shifting gears into the new procedures could conceivably cause a bit of a rough ride --- but it will not, if you fully utilize the assistance of the NUTRI-SPEC staff.

Questions on how to perform tests? Questions on how to analyze test results with your QRG analysis? Questions on how to “see through” the drugs that most of your patients are taking? How to modify a patient’s NUTRI-SPEC regimen as test patterns change? How and when to begin transitioning from the metabolic balancing phase into the Diphasic Nutrition Plan? These are the kinds of questions the NUTRI-SPEC staff gets from doctors all day long. We review the patient’s test results with the doctor, and can provide valuable additional insight regarding the patient’s needs.

Perhaps you are one of the hundreds and hundreds of doctors who have been hanging around the fringes of NUTRI-SPEC for years and years --- the proverbial wallflower who watches, waits, feels the rhythm, but never quite begins to dance. Now that NUTRI-SPEC has improved exponentially, with even better specificity in the patient-specific approach to nutrition, more and more of those wallflowers are beginning to rock and roll (or waltz, or 2-step, as is their style). Here are two patients from a doctor who recently became involved with NUTRI-SPEC in a big way, and is fully utilizing the assistance of the NUTRI-SPEC staff:

The first patient is a 58-year-old man with hypertension. The patient was on verapamil, a calcium channel blocker, and despite the drug, showed an Electrolyte Stress Imbalance with blood pressures of 140/100 going to 138/100 orthostatically. His orthostatic pulse response went from a P1 of 64 to a P2 of 92, despite the influence of the calcium channel blocker to slow the heart rate. After the doctor faxed the patient’s Test Results Form to us, NUTRI-SPEC gave him the following response:

1. The verapamil, a calcium channel blocker, is a Red Flag drug, and that needs to be pointed out to the patient.

[We enclosed for the doctor to give his patient the handout explaining how calcium channel blockers cause strokes, heart attacks, loss of mental acuity, and depression to the point of suicide.]

2. The patient has ES and Ketogenic Imbalances. He would possibly show an Anaerobic pattern without the calcium channel blocker. The Parasympathetic test pattern you see here is due to the drug, and should not be treated.

3. We recommend:

(Here we listed the supplementation as indicated by the QRG for ES and Ketogenic Imbalances, along with recommendations for the Nutri-Spec Fundamental Diet and Ketogenic Diet.)

NUTRI-SPEC offers a very specific, safe, and responsible way to withdraw from drugs like calcium channel blockers. However, this patient quit the verapamil cold turkey. A little over a week later the doctor sent in the patient's first follow-up test results, along with the report that the patient had stopped the verapamil. The results were extraordinary. Even without the verapamil the blood pressures were now down to 118/70 going to 120/80 --- perfectly normal blood pressures with a perfectly normal orthostatic response. Pa, P1, P2, P3, and P4 were all very close to normal, going from 60, to 64, to 76, to 72, to 80. Both the ES pattern and the Ketogenic pattern were no longer evident. However, now, without the verapamil affecting the tests, the patient showed an Anaerobic Imbalance as well as a Sympathetic Imbalance.

NUTRI-SPEC reported back to the doctor as follows:

1. The patient is doing great without the verapamil. His blood pressures are lower than they were on his previous test. He now shows Anaerobic and Sympathetic Imbalances. We recommend:

(We listed the QRG supplements indicated for Anaerobic and Sympathetic Imbalances, along with a reduction in the supplements that had been taken for the ES and Ketogenic Imbalances. We also recommended the Nutri-Spec Fundamental Diet, the Anaerobic Diet, and the Sympathetic Diet.)

Three weeks later the patient came in for his third NUTRI-SPEC evaluation. It was now only 5 weeks since his initial NUTRI-SPEC testing. Not only were the original ES and Ketogenic test patterns gone,

but the Anaerobic pattern that had shown up on the second test was also gone. Furthermore, the Sympathetic test pattern had in 3 weeks been totally reversed into a Parasympathetic test pattern. The patient's blood pressures were perfectly perfect at 120/82 going to 120/80 and his 5 pulses were 66-68-72-64-68.

It does not get any better than this. We sent the following report back to the doctor:

1. The Anaerobic and Sympathetic Imbalances have resolved. We recommend transitioning this patient to the Diphasic Nutrition Plan with an Anaerobic bias as follows:

Oxy B: 2, twice daily, after meals
 Formula ES: 1, twice daily, before meals
 Taurine: 1, twice daily, before meals
 Diphasic AM: 3, after breakfast
 Diphasic PM: 3, after evening meal
 Complex P: 2, after breakfast
 Complex S: 2, after evening meal
 Oxy A+: 40 drops before breakfast

Nutri-Spec Fundamental Diet

Okay --- so I cherry picked this one. Obviously, not all NUTRI-SPEC patients respond so beautifully and so quickly. But here is another good case from the same doctor who finally decided to get up and dance:

This patient was a 64-year-old female suffering from vertigo, fatigue, shortness of breath with slight chest pain, and low back pain. She was taking Ativan (a nerve pill) and prednisone. Her initial tests were faxed to NUTRI-SPEC, and it was determined that she had a Parasympathetic Imbalance by testing and a Prostaglandin Imbalance by symptoms. Oxy B, Complex P, Phos drops, and phenylalanine were indicated for her Parasympathetic Imbalance, along with the Nutri-Spec Fundamental Diet, the Parasympathetic Diet, and the Prostaglandin Diet.

The first follow-up a week later revealed no change --- still a Parasympathetic test pattern and no others. However, the patient had stopped both her Ativan and her prednisone. Often when a patient stops drugs the test patterns change, but in this case they did not. The third test was done a few weeks later, and still only the Parasympathetic test pattern was evident. The supplementation changed only slightly, with the addition of Electro Tonic. The patient was quite stable being treated as a Parasympathetic Imbalance, and so was turned loose for 5 weeks.

After 5 more weeks, the patient still tested Parasympathetic, but less so, and showed a very slight Anaerobic Imbalance. It was time to transition this patient toward the Diphasic Nutrition Plan, still retaining a Parasympathetic bias. Here is what we recommended to the doctor:

1. It is time to transition into the Diphasic Nutrition Plan on this patient. She still, however, tests as Parasympathetic, so we will leave the Complex P at 2 twice daily, and the phenylalanine 2 before breakfast. She also tests slightly Anaerobic, so we will not add Oxy D+ to her Diphasic regimen, using just a bit of Oxy A+ before breakfast.
2. We recommend:

Oxy B: 2, twice daily, after meals
 Oxy A+: 20 drops before breakfast
 Complex P: 2, twice daily, after meals (and no Complex S)
 Phenylalanine: 2, before breakfast
 Diphasic AM: 3, before breakfast
 Diphasic PM: 3, after evening meal

Nutri-Spec Fundamental Diet and Parasympathetic Diet

The patient was seen again 10 weeks later. She still showed a Parasympathetic Imbalance and no other imbalances. We recommended that she continue her modified Diphasic Nutrition Plan unchanged.

More than a month later the patient was tested once again, and still showed her Parasympathetic test pattern, with a slight Anaerobic pattern returning, but this time also a slight Glucogenic test pattern. We suggested to the doctor that with this Glucogenic pattern showing up along with the Parasympathetic that he reemphasize the essentiality of a low carbohydrate diet for this Parasympathetic (and now slightly Glucogenic) patient. The patient's hydration was also quite low on this test, so the additional recommendation to increase water was added. The only change to the supplements was a slight increase in her Oxy A+ before breakfast.

Clearly, unlike some of the other patients we have described, this is not a case where Complex S or Complex P made a miraculous change in a patient's metabolism within weeks. This 64-year-old woman will certainly need Complex P the rest of her life along with the rest of her Diphasic Nutrition Plan, and she should do extremely well. There is the chance that at some point the Parasympathetic test pattern will disappear and a bit of Sympathetic tendency will show up, and if that does occur we will simply add Complex S to her Diphasic Nutrition Plan.

IT'S PRICELESS; IT'S FREE; and IT'S YOURS ... SO, USE IT !!!

What am I referring to? --- Nowhere, and I mean absolutely nowhere, can you find the equal to your ...

NUTRI-SPEC INSTANT INFORMATION SERVICE.

Questions on how to perform tests? Questions on how to analyze test results with your QRG analysis? Questions on how to “see through” the drugs that most of your patients are taking? Questions on patient management?

**QUESTIONS ON ANY IMAGINABLE NUTRITION-RELATED TOPIC? ---
CALL NUTRI-SPEC, AND WE WILL HAVE YOUR ANSWER.**

A supplement company is pushing a new product purported to be “good for” this or that condition? How does that supplement fit into the NUTRI-SPEC Metabolic Balance paradigm? For the answer --- just call NUTRI-SPEC.

Your patient doesn't want to give up one of her favorite supplements she claims is “good for” this or that condition? For an explanation of how that supplement would fit into, or almost certainly does not fit into NUTRI-SPEC Metabolic Balancing, and why --- just call NUTRI-SPEC.

Your patient is feeling much better and is ready to begin cutting back on his many medications? What is the safest and most responsible yet most effective way to withdraw from these many drugs? For the answer --- just call NUTRI-SPEC.

Your patient brought in an extensive set of blood labs? For a complete interpretation of what it all means --- just call NUTRI-SPEC.

Your patient lives a long distance away, and cannot be monitored with follow-up testing as easily as he should? For how to manage this particular case --- just call NUTRI-SPEC.

You put a patient on the QRG-indicated supplement and diet plan, and within 3 days his hair turned green and he grew a wart on the end of his nose? As part of your patient's initial visit, you thoroughly explained the NUTRI-SPEC concept of Metabolic Balancing and patient-specific nutrition. You explained how the patient's metabolic balances as revealed in that first testing allow you to do a clinical trial, giving the patient a powerful push in a direction to correct the imbalances revealed by that first testing. You further explain that the patient's response to that clinical trial as demonstrated on the follow-up testing within a week

will give you far more information on what the patient needs to restore metabolic balance. So now, as is common, with NUTRI-SPEC, something big has happened in a big hurry. Just what happened, why, how to explain it to the patient, and what to do about it? First (obviously), do your follow-up testing immediately, and with those two sets of tests --- just call NUTRI-SPEC.

What do you get when you call NUTRI-SPEC? You get a staff that over more than 20 years has seen it all. Any positive or negative response you see in your NUTRI-SPEC patients --- the NUTRI-SPEC staff has seen it before. Any nutrition-related question you can imagine --- you can bet the NUTRI-SPEC staff has heard it before. How much do you pay for consultations with this experienced and knowledgeable staff? --- Absolutely nothing. This is one of the very few instances in life when you truly get more than you pay for.

Merry has been captain of the NUTRI-SPEC ship for close to a zillion years. The QRG analyses she has done number in the tens of thousands. She has seen every conceivable combination of test results, every conceivable combination of inaccurate test results, every conceivable combination of drugs influencing the test results, and every conceivable combination of NUTRI-SPEC Imbalances. Truly, she analyzes 15 patients for every one I analyze. Your time spent in discussion with Merry is priceless, it's free, and it's yours --- so use it.

Jennifer has also become a whiz at patient analysis and supplement selection. When you talk to Jennifer, you also have the advantage of talking to someone who works as my assistant in treating patients. Jennifer turns out test results of extraordinary accuracy on patient after patient after patient. If you have any questions on how to perform your tests, or on how to interpret those tests for entry on your Test Results Form, Jennifer is your ideal contact. With her extensive hands on experience, she can certainly empathize with the challenge you face in learning to perform the NUTRI-SPEC test procedures. Time spent in consultation with Jennifer is priceless, it's free, and it's yours --- so use it.

When Merry or Jennifer receives a question for which she is not 100% certain she can give a 100% complete reply, she passes that question along to me. It is not uncommon for me to be dictating answers to NUTRI-SPEC doctors' questions until 2 A.M. There is no more enriching experience for me than helping doctors help their patients increase adaptative capacity by achieving metabolic balance and increasing vital reserves. If I do say so myself, access to my input is priceless, it's free, and it's yours --- so use it.