

# **NUTRI-SPEC**



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## **THE NUTRI-SPEC LETTER**

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# **≈ ADAPTOGEN ≈**

From:  
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Dear Doctor,

ADAPTOGEN. --- I am sure you are familiar with the term. Can you give me a definition? How does an adaptogen work?

### **BY MAGIC?**

Would you like the power of that magic to use on your patients? Read on ...

In NUTRI-SPEC terms, an adaptogen is any nutrient that facilitates the ability to adapt in response to stressors, including:

- neuro-musculo-skeletal stress
- toxic stress
- emotional stress
- nutrition inadequacy stress

It is failure to rise above stressors that brings patients into your office. Your patients are all in some stage of Hans Selye's well-known General Adaptation Syndrome.

As valuable as Selye's work was in increasing understanding of the decline from health to dis-ease to pathology, it provided little guidance for the clinician on how to specifically intervene on behalf of any

particular patient. Much more clinically useful is the NUTRI-SPEC equation:

$$\text{Adaptative Capacity} = \text{Metabolic Balance} + \text{Vital Reserves}$$

We can very specifically intervene in a patient's General Adaptation Syndrome by restoring Metabolic Balance to the FIVE FUNDAMENTAL BALANCE SYSTEMS. We can also increase a patient's Adaptative Capacity by pumping up Vital Reserves through an increase in amplitude of the DIPHASIC CYCLE. So in a sense, we can view the entire NUTRI-SPEC system as one grand, comprehensive adaptogen.

One essential consideration in the Metabolic Balance aspect of increasing Adaptative Capacity is the concept of BIOLOGICAL INDIVIDUALITY. This concept is best understood by looking at a particular NUTRI-SPEC Metabolic Balance System. --- Foods and supplements that, for example, increase the Adaptative Capacity of a GLUCOGENIC patient will not only not help a KETOGENIC patient, they will actually decrease that patient's Adaptative Capacity.

[The next patient you find to be KETOGENIC --- supplement him with 2000 mg daily of calcium citrate and ask him how he feels a week later. He will complain of lethargy, fuzzy thinking, erectile dysfunction, and insomnia. His body temperature will have dropped, and he may have "caught" a cold. Clearly, calcium supplementation acts as an anti-adaptogen when given without regard to BIOLOGICAL INDIVIDUALITY.]

But inherent in the standard definition is the absence of specificity in an adaptogen. An adaptogen is given to produce a non-specific response in the body --- a generalized increase in the resistance against multiple stressors.

**IN OTHER WORDS, A TRUE ADAPTOGEN SHOULD BE  
EQUALLY BENEFICIAL FOR BOTH  
YOUR GLUCOGENIC AND YOUR KETOGENIC PATIENTS.**

Is such a too good to be true phenomenon really possible? Maybe --- but not in the magical mystical sense promoted by the herbal drug peddlers. For you see, it is in their domain that the term adaptogen was born.

Many of the herbal remedies will indeed increase Vital Capacity --- but will continue to do so only as long as the drugs are taken. In other words, they do not have any permanent corrective or balancing effect on the body chemistry. --- They are a crutch only. Using the herbal adaptogens is very much analogous to drinking a cup of coffee. For awhile after the caffeine hits your bloodstream you will feel "more

energy,” and you will think more clearly. But has there been any restoration of Metabolic Balance? Has there been any lasting increase in Vital Reserves? No. Has there been any meaningful, lasting increase in Adaptive Capacity? --- Only as long as the caffeine whips the cyclic amp into action.

Consider the popular herbal adaptogens such as ginseng and licorice. By what magic do they produce their “overall normalizing effect” on physiology as claimed by the herbalists? Their effects have absolutely nothing to do with nutrition, but result only from the multitude of drugs they contain. Most of the herbal adaptogens contain a mix of stimulants and depressants, plus a group of polyphenolic compounds that bind to hormone receptors at various locations in the body. Many also contain polysaccharides that provoke the immune system into activity. For any given patient, some of these drug effects are beneficial, and some of them are harmful. But remember --- our definition of adaptogen on page one of this Letter called for a nutrient (not drug) that facilitates (not stimulates) the body’s ability to respond to stressors.

Could there possibly be ...

### **A TRUE NUTRIENT THAT REVERSES THE GENERAL ADAPTATION STRESS SYNDROME IN ALL PATIENTS ...**

regardless of what Fundamental Metabolic Imbalances they have? No. --- But --- there is one that comes very close. Read on ...

As we move forward in this discussion I am going to assume you understand the difference between a drug and a nutrient. --- A drug acts on the body to stimulate or inhibit a physiological process; a nutrient is used by the body to facilitate a physiological process. I am also going to assume you thoroughly understand the NUTRI-SPEC concept of Biological Individuality. With a firm grasp of these concepts, let’s move into a discussion of ...

### **WHAT IS WRONG WITH MOST MEDICAL RESEARCH.**

Undoubtedly the biggest problem with medical research is that the researchers look at diseases, not at the people with those diseases. Let us contrive a hypothetical example to illustrate how medical research operates. Suppose it has become popular to give calcium supplementation to lower elevated blood pressure. So, a medical research team is going to do a study to test the hypothesis that calcium supplementation is good for hypertensive patients. The method? A group of 100 hypertensive subjects are assembled, and half are given calcium supplements and half a placebo. Four weeks later, the placebo

group shows no change in blood pressure, and the calcium supplementation group also shows no change in blood pressure. The hypothesis that calcium supplementation can benefit high blood pressure has been disproved --- conclusively --- end of study --- no further consideration needed.

Now, suppose instead of a conventional medical research team a team of NUTRI-SPEC doctors were to do the same study. What would they do differently? They would first categorize each individual patient according to his metabolic imbalances. So --- you would have an equal number of Anaerobic hypertensives in both the test group and the placebo group, an equal number of Dysaerobic subjects in both groups, an equal number of Glucogenic and Ketogenic and Sympathetic and Parasympathetic and Acid and Alkaline patients in each group.

At the end of the experiment what does the NUTRI-SPEC group find in analyzing its data? Overall --- there is agreement with the medical research team in that there is no difference between the test group and the placebo group. But looking at the data in NUTRI-SPEC terms uncovers a ...

### **FASCINATING PHENOMENON.**

Among the placebo group, there is insignificant variation in blood pressure from pre to post. But in the test group, there are as many patients whose blood pressure increases as decreases in response to the calcium supplement. The overall effect is that increases and decreases cancel each other out, giving zero net effect.

But now look at those individuals whose blood pressure did change under calcium supplementation. You will find that the hypertensives who were Anaerobic, Glucogenic, or Parasympathetic did indeed have their blood pressure drop in response to calcium supplementation, while those who were Dysaerobic, Ketogenic, or Sympathetic actually had their high blood pressure exacerbated by the calcium supplementation.

Do you get it?

Does this look at research techniques relate to our discussion on adaptogens? The major point made is simply that medical research misses the boat completely on how to test nutrients (or drugs for that matter). But the secondary point is that when research is done according to NUTRI-SPEC concepts, we can determine whether a nutrient can be administered with specificity according to NUTRI-SPEC Metabolic Imbalances, or, if that nutrient could possibly be an adaptogen beneficial for patients regardless of their metabolic balance state.

Does calcium qualify as an adaptogen? Clearly not, since it does not have a universal generalized beneficial effect on hypertensives --- it hurts some people, helps some people, and affects the blood pressure not at all in most cases. From a NUTRI-SPEC perspective the failure of calcium as an adaptogen is good news. Its uselessness as an adaptogen is equal to its value as a nutrient to be given with Metabolic Specificity. Anaerobic, Glucogenic, and Parasympathetic patients will tend to benefit from certain types of calcium, while Dysaerobic, Ketogenic, and Sympathetic Imbalances will respond poorly to calcium.

While this hypothetical example illustrates perfectly the NUTRI-SPEC principle of Biological Individuality, it also demonstrates that calcium, like most nutrients, has specific metabolic effects rather than the generalized normalization of homeostasis promised by the accepted definition of adaptogens. But this example does teach us exactly what we need to look for if we are to find a nutrient that can be awarded adaptogen status.

Let us look now at some meaningful nutrition research. Consider your test of urinary surface tension. It measures the excretion of metabolic end products of oxidative metabolism --- particularly the products of fatty acid catabolism. Normal oxidative metabolism yields a surface tension of 68; excessive free radical oxidation of fatty acids yields a lower surface tension, and insufficient oxidative processes along with an excessive reliance on Anaerobic glycolysis yields an elevated surface tension.

Let us look now at a real world study that was done with one particular nutrient to determine its effect on surface tension. There were 19 subjects in this experiment. The surface tension was tested on each subject before, and 20 minutes after, a challenge with the nutrient under study. The results? 20 minutes after ingesting the supplement, 7 patients had their surface tension go down, 7 patients had their surface tension go up, and 5 patients had their surface tension change not at all. Obviously --- the supplement has no effect one way or another on surface tension, and by inference, has no effect whatsoever on oxidative metabolism.

But wait!!! We are NUTRI-SPEC practitioners, so we have a clarity of vision not possessed by conventional researchers. We notice that of the 19 subjects, 13 had pretest surface tension above 68, and 6 had surface tension below 68. If we look at the high surface tension and low surface tension groups separately, what do we see?

**WOW! IMAGINE THIS!**

In the group of 13 patients who began with elevated surface tension the post test surface tension dropped toward normal an average of 1.1. Among the 6 patients who began with low surface tension, the surface tension was brought up an average of 1.7.

Do you see what I see? Could it be that we have discovered an adaptogen? --- A supplement that increases the efficiency of oxidation in those who are deficient in normal oxidative metabolism, and decreases the catabolic damage in those who are suffering from excess oxidation?

Yes, we have. And what is the nutrient that works this ...

### **INCREDIBLE MAGIC ...**

on oxidative metabolism? What is the NUTRI-SPEC supplement that produces this non-specific, generalized increase in Adaptive Capacity? As you may have guessed, it is the very supplement featured in last month's Letter, your too good to be true ...

### **ELECTRO TONIC.**

Herbal drugs to intrude upon metabolic processes? --- Or, a nutrient to facilitate metabolic efficiency? Electro Tonic --- a true, natural adaptogen:

- Increases energy production via:
  - the glycolytic pathway
  - liver gluconeogenesis
  - the phosphogluconate pathway
- Hyperhydrates and dispenses electrolytes through all 3 body fluid compartments
- Neutralizes catabolic PUFAs

Continue to get 2 Electro Tonic **FREE** with any 10 you buy through the end of this month. USE this adaptogen.

For health,

Guy R. Schenker, D.C.