

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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You should be making more money.

You could be making more money.

You would be making more money --- if ---

you only applied the ...

LAW OF WEALTH CREATION:

--- We only create riches for ourselves to the extent we enrich others in value-for-value exchange. --- Call it Natural Law, call it God's will, call it Karma, but by any name, the "secret" to making yourself rich is expressed totally in Leviticus 19:18 --- the fundamental commandment to: LOVE OTHERS AS YOU LOVE YOURSELF.

Self-love is a given. We are to love our lives, and all the material, emotional, and spiritual riches we create by and for our lives. But the "secret," the "trick," the "eternal truth" is that wealth is only produced within the context of loving and enriching the lives of others.

--- You have read to the end of this Letter's page one, and by now you are surely saying to yourself, "Blah, blah, blah, is he ever going to get to the point?" --- My point is --- you should be making more money with NUTRI-SPEC, and you will --- but only by giving no consideration to money, but rather by focusing on ...

SERVICE.

Success can only be measured in terms of the people you serve. Did you have a good day today? How do you know? To convince me you succeeded today, and far more essentially, for your own satisfaction --- you must be able to quantify service provided. An absolute must in managing your practice is letting a few service-related (not money-related) stats become your pride and joy. Keeping these simple stats, and posting them as graphs, gives you and your staff something to celebrate every week.

Did you have a good week? --- Show me your stats.

A graph feeds your staff; a chart fills your heart.
Do track it exactly; true knowing means growing.

When I practiced full time, we posted graphs of every conceivable weekly and monthly service stat. We kept stats on the practice as a whole, and stats on each individual staff member. Not one of those graphs had \$\$\$ on the vertical axis --- they were all about numbers of people well-served.

What did every staff member do upon arriving for work on Mondays? --- Rush to the stat board to check last week's service numbers. It was common to see the entire staff huddled before the graphs, chattering with some combination of exhilaration over a job well done, and determination to perform better.

Do this. It's easy; it's effective. **Do this beginning Monday:**

At your front desk keep a tally sheet on which your staff records a tally mark for each level of NUTRI-SPEC service provided. Here are what I conceive to be the levels of NUTRI-SPEC service in ascending order:

Level 1: Households begun on OXY B and/or Mighty Mins, along with the NUTRI-SPEC Fundamental Diet.

Level 2: Households demonstrating a sustained commitment by purchasing their 4th month's supply of OXY B and/or Mighty Mins.

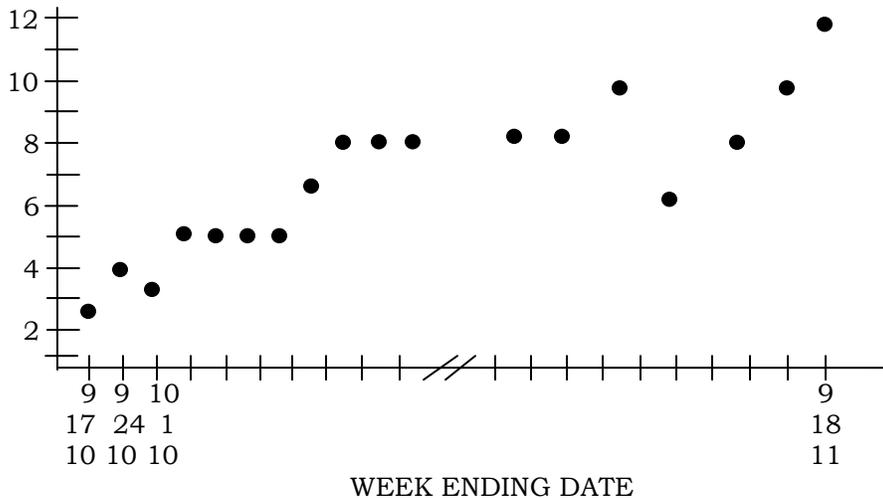
Level 3: Patients served with your NUTRI-SPEC Diphasic Nutrition Plan.

Level 4: Patients reaching their 4th month of DNP commitment.

Level 5: Patients served by your NUTRI-SPEC Metabolic Testing.

Level 6: Patients reaching their 4th month of Metabolic Balancing, or, who have achieved Metabolic Balance and transitioned into the DNP.

It only takes 5 seconds for your staff to recognize a recordable event and enter the mark on the tally sheet. At the end of every Friday, one employee enters the 6 tally totals on the 6 graphs you will now display for you and your staff. The 6 graphs look like this:



In past Letters I have given you what amounts to scripts illustrating how I inform my patients about the unique benefits of NUTRI-SPEC, beginning at Level 1, 3, or 5, whichever is appropriate for a particular patient. These examples of effective patient education involve no selling, but merely provide information so compelling that most patients are eager to buy your NUTRI-SPEC services at some level.

You may be wondering why I am devoting this Letter to practice management. --- It's all about service. I am, along with the amazing NUTRI-SPEC staff, your servant. Just as you will grow rich only in proportion to the service you provide your patients, I am enriched only in serving you. --- So --- I've been thinking a lot lately, and I see I can take all the doctors who have a go at NUTRI-SPEC and divide them into 3 groups:

Group A is comprised of the select few doctors who are ...

**BRINGING IN OVER A HALF MILLION
DOLLARS PER YEAR ...**

serving hundreds of patients with the extraordinary benefits of NUTRI-SPEC.

Group B includes all the doctors who are devoted to providing the highest quality of NUTRI-SPEC service, but are limited in the number of patients they serve.

Group C --- Oh my, oh my, oh my, Group C --- those who struggle and stumble, then struggle and stumble --- powerlessly trying and hoping to make NUTRI-SPEC work.

I have been contemplating --- exactly what qualities distinguish Group A from Groups B & C, and Group B from Group C? There are 2 factors:

1. Group A doctors have NUTRI-SPEC fully integrated into their practices. Whether they serve 10% or 100% of their patients with NUTRI-SPEC, the testing, the patient education, and the administration of supplement and dietary recommendations, all happen as part of, not an intrusion on, patient flow.

In other words, these doctors have made a major commitment of time, energy, and money to training themselves and training their staff to efficiently administer NUTRI-SPEC services. Patients flow seamlessly from urine specimen collection, to urine analysis, to patient testing, to report of findings, to receiving supplement and diet plan and an appointment for follow-up testing. The practice has a fee structure accurately reflecting the value-for-value exchange with each patient.

2. Group A and B doctors have ...

**A WIDE OPEN AND ENTIRELY POSITIVE
COMMUNICATION LINE WITH NUTRI-SPEC.**

Simply --- they feel free to call, fax, or email us all the time with:

- questions on test procedures
- questions on QRG analysis
- questions regarding drug effects on tests (--- including herbal drugs)
- questions on transitioning from Metabolic Balancing to the DNP
- questions on how to integrate a patient's blood labs with NUTRI-SPEC
- requests for consultation on patients with an extraordinary history
- exclamations of joy over "miracle cures"
- requests for consultation on patients taking multiple drugs with conflicting metabolic and pharmacologic effects
- interesting articles/studies relevant to NUTRI-SPEC
- questions on the metabolic effects and the benefit/harm of supplements promoted by the health food industry
- expressions of gratitude for help provided by the NUTRI-SPEC staff on a particularly challenging case
- suggestions on how to make NUTRI-SPEC even better

Yes --- doctors from Groups A & B keep their NUTRI-SPEC communication line wide open and entirely positive. They are thus able

to serve ever more patients with more comprehensive and more specific nutrition. Patients are thoroughly enriched --- as doctor and staff, NUTRI-SPEC, and I, all share in creating wealth.

So --- don't be shy about befriending the NUTRI-SPEC staff. They are sharp, they are courteous, and they are eager to serve you. --- And --- I challenge you to present a question or problem they have not encountered dozens of times over these 21 years of full-time NUTRI-SPEC operation.

--- Also --- I challenge you to challenge me. I love this work. It is far more than my livelihood; it is my life. My typical day ends at 1 or 2 a.m. --- when I finish dictating answers to all your questions. A burden? No, it is my life. I might spend an hour and a half reviewing your patient's history and labs. A burden? No, it is my continuing education. --- How do you think I acquired the bit of knowledge I have? I might spend an hour searching the scientific literature for an answer to your question. A burden? No, it is my never ending quest for understanding of this miracle we call life.

To better serve you, the NUTRI-SPEC staff has consolidated and updated the information banks from which it answers your questions. As always, the NUTRI-SPEC staff is an invaluable resource --- at your disposal FREE of charge. If serving your needs requires my personal input there will be a nominal consulting fee, the amount depending upon the time I spend in research and analysis on your behalf. (If this nominal fee applies to a specific patient you will, of course, pass that fee through to your patient.)

Any fee will amount to a ridiculously low percentage of the service's value. Furthermore --- I will perform all service at my own risk --- doing the research/analysis first, then quoting a fee that you may decline if you decide the service is not worth it. --- And --- there is another FREE BONUS. --- You will be given 3 patients (that may be chosen now, or at any time in the future, and may include yourself, a family member, a staff member, or a particularly challenging patient) on whom you will receive unlimited consultation --- including questions, history review, lab analysis, and literature searches --- FREE --- for as long as you, I, and the patient shall live. ---- Choose these 3 patients thoughtfully.

Here are 2 examples that just came in this week of the types of questions I happily receive from Group A and Group B doctors:

From a doctor who has served patients with the highest quality NUTRI-SPEC testing and analysis for over 10 years: "At what point do you say a

patient is diabetic, and therefore use the QRG diabetic over-ride of 3 & 4? --- For example, I have a patient that has never shown any glucose in his urine. But, his A1C is 6.2, his HDL is low, his triglycerides are a little high. He has tested ES, SYMP (not SYMP for about 3 months now), and KETO. The patient has been moving toward parasympathetic and now tests parasympathetic. So, how should I handle this parasympathetic shift considering his tendency to high sugar?"

My reply to the doctor's thoughtful question: "With one exception, I use the diabetic over-ride on every patient who shows either fasting glucose above 100, or an elevated A1c. In other words, I will treat that patient as either Ketogenic, Sympathetic, Sympathetic with Glucogenic Diet, or Ketogenic with Parasympathetic Diet as per the QRG diabetic over-ride. Most of these patients will at some point need to be transitioned from Sympathetic supplementation to Glucogenic supplementation or from Ketogenic supplements to Parasympathetic supplements. When to do that is a judgment call based on the combination of test results and the patient's symptoms.

The one exception to using the diabetic over-ride is if I have a patient who tests Parasympathetic and has obvious Parasympathetic symptoms such as asthma or mucous colitis. Then, despite the somewhat elevated blood sugar, I will treat as Parasympathetic right from the start."

From a doctor who in just a few years has become a NUTRI-SPEC Master: "I need your advice on a 60-year-old African American woman who came to see me for her cough that would not go away. She also has chronic allergies, hypertension, obesity, GERD, and fatigue. She has tested ES/DYS/PARA/and MET ACID. Her cough disappeared after her first office visit when I gave her some Oxy D-plus, and has not returned. Her GERD is gone, she lost ten pounds, her blood pressure is better, but still high, and her energy is much better. My question is on changing her blood pressure medication ..."

I love answering good questions from committed doctors. And the satisfaction I derive knowing thousands of patients are being served is immeasurable.

IN SUMMARY --- It is time to make your move with NUTRI-SPEC, with the understanding that wealth creation is a function of your commitment to service. You need to tally and graph the levels of NUTRI-SPEC services you provide. You must commit time, energy, and money toward fully integrating NUTRI-SPEC into your practice --- by training staff (have your staff call Merry or Jennifer for personal instruction), and by making effective use of brochures and other NUTRI-SPEC literature. Above all --- communicate with NUTRI-SPEC. --- We are your partners in service.