

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

What do you know that Ronald Smith did not know?

Ronald Smith, in developing his "macrophage theory of depression," totally revolutionized the pathophysiology of chronic disease. With the paradigm shift initiated by Smith, the immune system is now recognized as primary in the etiology of cardiovascular disease, arthritis, dementia, depression, chronic fatigue, chronic pain (fibromyalgia), multiple chemical sensitivities, and post traumatic stress syndrome. Yet, despite Smith's invaluable contribution to our understanding of ...

THE MAJOR DISEASES THAT DECREASE THE YEARS AND INCREASE THE TEARS ...

of nearly all our patients, he was a dunce compared to you.

WHAT MAKES YOU SO MUCH SMARTER THAN SMITH?

As a NUTRI-SPEC practitioner you are ever cognizant of the most important concept in effective healthcare --- the essential truth of ...

BIOLOGICAL INDIVIDUALITY.

Smith concluded that all depression was associated with an excess of the stress hormonal cortisol. He observed the 3-step process that we now refer to as INE Stress Imbalance. He recognized that the immune system (I) was primary, as some physical/chemical/emotional stressor activated macrophages of the immune system. The activated macrophages produced inflammatory cytokines which, among other effects, caused abnormal stimulation of certain brain centers, while

inhibiting other brain centers --- the neurological component of INE stress (N). The result of the neurological stress was twofold.

First, the nervous system stress fed back into the immunological stress, as a positive feedback (self-perpetuating) loop. Second, the neurological stress gave the hypothalamus a kick in the teeth, thus activating the third step, the endocrine response to stress (E). By activation of the hypothalamic-pituitary-adrenal axis, the adrenal cortex released an excess of cortisol, which then fed back into both the immunological stress response as well as the nervous stress response --- resulting in abnormal stimulation of certain brain centers, resulting in depression (or chronic fatigue or chronic pain).

Smith's neat little paradigm had all the researchers in the fledgling neuroimmunology and neuroendocrinology fields jumping for joy. Their bubble deflated considerably, however, when they realized that the Smith model applied to only a small percentage of people with depression or chronic fatigue or chronic pain. Smith and his successors were befuddled because they did not understand, as you do, that there are several Metabolic Balance Systems that can be involved in a stress response --- each creating its own symptoms and requiring its own unique approach for correction.

What Smith had observed in his cortisol-related stress response, was the phenomenon that we see in our NUTRI-SPEC patients that test Anaerobic &/or Ketogenic &/or Parasympathetic --- those who react to stress with an excessive cortisol response. But, in our NUTRI-SPEC practices we see an equal number of patients who respond to stress, not with excess cortisol, but with excess catecholamines. These are our Dysaerobic &/or Glucogenic &/or Sympathetic patients.

Furthermore, seen through NUTRI-SPEC, there are those who respond to physical/chemical/emotional stressors with an exaggeration of both the cortisol and catecholamine stress response. Upon NUTRI-SPEC testing, these patients will show a mix of one or more Imbalances from the cortisol reactor trio with one or more Imbalances from the catecholamine reactor trio. Those who specifically swing from Sympathetic to Parasympathetic or vice versa from the initial NUTRI-SPEC testing to the first follow-up test within a week later, we have dubbed our ...

DOUBLE TROUBLE VACILLATOR OSCILLATOR PATIENTS.

To facilitate the recovery of immunoneuroendocrine balance in these patients, we have given you a new procedure in the last 2 issues of this Letter ---

DOING FINE.

The Doing FINE procedure supersedes your attempts at Metabolic Balancing. You must, as your highest priority, calm the devastating vacillation between Fire & Water in such patients. Doing FINE will within 2 weeks achieve 2 purposes --- it will relieve the hyper-reactive INE stress, and, it will clarify on the next NUTRI-SPEC testing exactly which Imbalances are the major concern.

Here is an example illustrating how your NUTRI-SPEC practice should flow: a doctor contacted the always gracious and helpful NUTRI-SPEC staff to report on 2 middle-aged female patients on whom he had recently done NUTRI-SPEC testing. Female Patient #1 had as major complaints diabetes and hypertension. She showed a Sympathetic Imbalance and was given as a clinical trial the NUTRI-SPEC regimen indicated by a QRG analysis of her test results. The doctor excitedly reported, "She has been taking the list of supplements for only a week, and states her bulging varicosities are all but gone!" --- Such dramatic responses should be commonplace in your NUTRI-SPEC practice.

--- But oh what a different story was told by the other patient. Middle-aged Female Patient #2 also tested Sympathetic on initial testing and was put on the regimen indicated by the QRG analysis. After the 1st night, she had chills and could hardly sleep. After the 2nd night, she had chills and could hardly sleep and hurt all over. Within a few days, the patient came in for her follow-up test to objectively evaluate her response to the initial regimen (--- Side Note: By far the #1 reason for frustration in a NUTRI-SPEC practice is failing to have patients come in for their follow-up test within a week after beginning the clinical trial based on their initial testing.), and what did the doctor find? This patient, who had tested Sympathetic only days earlier, now tested Parasympathetic. What did the NUTRI-SPEC staff recommend to the doctor?

STOP!!!

This patient was a vacillator oscillator. Forget about chasing Metabolic Imbalances until the patient is Doing FINE. The doctor must increase her Vital Reserves, which means ...

REPLENISH ...

with enough Oxy B to restore reserves of zinc, copper, selenium, and magnesium, the mineral nutrients universally depleted in patients suffering from INE stress. Oxygenic B is the only vehicle by which this can be achieved without risking the creation of other nutrient

imbalances. Finally, as part of the Doing FINE procedure, the doctor needed to ...

CONTROL ...

the INE stress by moving the patients Complex S all to the morning meal and adding Complex P after the evening meal. Oxy Power and Electro Tonic twice daily are also essential. In most cases, there is also the need for Oxygenic A+ (or Oxy Tonic) or Oxygenic D+, and in this case an Anaerobic test pattern was revealed on the follow-up, indicating the need for Oxy A+ (but no Oxygenic A). (A total commitment to the Prostaglandin and glycemic control aspects of the NUTRI-SPEC Fundamental Diet are absolutely essential for those 10 days.)

By the time you are reading this, we expect the patient to have come back in for a retest after 10 days of Doing FINE. She may be feeling significantly better, or she may not, but at that point her Metabolic Imbalances will be very clear to see, and her needs will be easily and quickly met.

Were this patient's nasty symptoms in response to her initial NUTRI-SPEC clinical trial a bad thing? Not at all. Such dramatic responses, though not nearly as common as the smiley face response seen in Middle-aged Female Patient #1, should not be uncommon in your practice. You expect to make changes very quickly. --- That power is the beauty and unique value of NUTRI-SPEC. When you properly explain to your patients on Day 1 the nature of the clinical trial based upon initial test patterns, a seemingly negative symptomatic response will be understood by your patient as entirely positive --- giving you the objective feedback you need to maximize the patient's Adaptative Capacity.

In this example of Middle-aged Female Patient #2 --- Wow!!! --- Just stop and think what happened. In a clinical trial lasting only a few days, it was determined that this patient is a Double Trouble Vacillator Oscillator --- reacting to an immune system stressor with both a cortisol and catecholamine INE stress response. She is being pounded mercilessly by Fire & Water, and only NUTRI-SPEC can facilitate INE stress correction.

In one sense, being a vacillator oscillator is beneficial for the patient under INE stress. Even though the vacillation between sympathetic/parasympathetic, catecholamine/cortisol, and acid/alkaline take a terrible toll, the capacity to vacillate keeps the patient from being stuck in one phase of INE defense. It is those who have only the ability to mount a strong defense with one system who get stuck in an ever

deepening rut --- suffering total debilitation in associated with either clinically diagnosed severe chronic fatigue syndrome, or, fibromyalgia.

Your vacillator oscillators, on the other hand, do not have the severely debilitating symptoms, but instead feel rotten all the time --- with mild to moderate fatigue, mild to moderate pain, and mild to moderate depression.

Here is one hypothetical example of how a patient could be pushed into the typical vacillator oscillator stress pattern. --- Lipopolysaccharide toxin from bacteria, or, fungal or viral products, trigger the immune system to release the inflammatory cytokines interleukin-1 (IL-1), and interleukin-2 (IL-2). This IL-1 and IL-2 release represents the primary immune response to a stressor.

The IL-2 directly stimulates cholinergic (parasympathetic) neurons, and that parasympathetic reaction involves increasing nitric oxide synthase enzyme, which stimulates the hypothalamus to dump corticosteroid releasing hormone into the anterior pituitary, which causes the anterior pituitary release of adrenocorticotrophic hormone, which causes the adrenal glands to put out excess cortisol.

We have described here the secondary neurological (parasympathetic) response, and how that leads to the tertiary endocrine response. But meanwhile, the bacterial/fungal/viral toxin release of IL-1 also has several direct endocrine ramifications, including decreasing luteinizing hormone and decreasing growth hormone, but most importantly, the IL-1 increases prolactin and decreases dopamine.

Dopamine is a catecholamine (sympathetic). So now, we see that this IL-2 and IL-1 immunological stress response increased parasympathetic nerve activity, but now also decreases sympathetic activity. In other words, we have here a positive feedback loop --- which is we have stated, is the essence of chronic disease.

If this sequence of events just described applies to your patient, he presents in your office with a very clear Parasympathetic test pattern, and with the elevated cortisol, will probably show some degree of Alkalosis --- perhaps a Ketogenic tendency accompanying the Parasympathetic test pattern (forcing you to use your QRG differential analysis to distinguish the primary Parasympathetic vs. Ketogenic regimen for this patient). The elevated cortisol may also be causing an Anaerobic tendency and an Electrolyte Stress test pattern.

Will you help this patient? You most certainly will. And doing so is no more complicated than following step-by-step through your QRG

analysis, starting the patient on his initial NUTRI-SPEC regimen as a clinical trial, and then doing your first follow-up in a week or less. The modifications you make in the patient's regimen at that first follow-up visit should send a patient well on his way to being at power over the pathological process.

But --- not all patients are content to react to a stressor with just one attempted adaptation. Those who have the capacity to do so will do their best to mount a catecholamine stress response as well.

Remember, critical illness is a potent stimulus of the sympathetic nervous system. The adrenergic-driven "fight or flight response" is a physiologically meaningful reaction in defense against stressors, including those of critical illness. Adverse effects of catecholamines include: tachycardia, hypercoagulability, decreased GI peristalsis, decreased prolactin, thyroid, and growth hormone secretion, hyperglycemia, anemia (bone marrow deficit), and skeletal muscle catabolism.

You can clearly see that many of the signs and symptoms associated with this sympathetic catecholamine response are exactly the opposite of what a patient would present resulting from the initial IL-1 and IL-2 cholinergic stimulation. Furthermore, the NUTRI-SPEC Metabolic Imbalances presented will be in direct conflict with the Parasympathetic + Ketogenic + Anaerobic + Alkaline test patterns elicited by the initial stress of the microbial toxin. Now, you have patient who might show Sympathetic &/or Glucogenic &/or Acid Imbalances, and might even show these Imbalances more clearly than the cortisol-related Imbalances that were first provoked by initial exposure to the microbial toxin.

The type of patient just described used to be Double Trouble for you. Now that you have the means to get this patient Doing FINE, you can replenish and control this totally stressed out patient. You will do so as a higher priority than identifying and correcting NUTRI-SPEC Metabolic Imbalances, and ...

GET THE PATIENT ON THE ROAD TO VIBRANT, GOOD HEALTH ...

in a fraction of the time you could before with NUTRI-SPEC.

Double Trouble is now NO TROUBLE. Vacillation gives you CLARIFICATION. --- Actively manage your NUTRI-SPEC patients for the first 1 to 3 weeks, as CLARIFICATION leads to GRATIFICATION.