

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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“THIS WAS A FAIRLY EASY TYPICAL CASE ...”

--- So began the comments of an extraordinary NUTRI-SPEC Doc as he related the particulars on a patient who had offered ...

A GLOWING TESTIMONIAL.

Dear Doctor,

Dramatic responses such as the following case should be “FAIRLY EASY” and “TYPICAL” in your NUTRI-SPEC practice --- IF --- you will simply follow your QRG Analysis in preparing each patient’s clinical trial initial supplement and diet plan, then do timely follow-up testing for quick feedback on how the patient is responding to your intervention. Here are the patient’s own words describing his care under “David Smith, MD.” ---

“I just wanted to thank you for referring me to Dr. David Smith, M.D. The guy is amazing.”

“Tests done a week ago show that my PSA is back in the normal range. Under Dr. Smith’s treatments, my PSA and homocysteine levels dropped dramatically in just two months. My PSA went from 5.3 to 3.4 and homocysteine levels went from 36 to 7.5. A 36 is pretty much off the charts. In addition, prior to seeing Dr. Smith, I was taking medication for high blood pressure. My blood pressure turned normal within four weeks of his treatments without any prescription drugs. In addition, through Dr. Smith’s treatments everything works much better than it did including my metabolism. I have a lot more energy.”

"I live over 1,000 miles from Dr. Smith, so I didn't make the decision lightly to go see him. It took three trips. Best decision I have ever made.

"Again, THANKS for the referral to Dr. Smith.

"Best Regards,

"Joe Jones"

We asked Dr. Smith, "Were there any particulars on this patient? --- Was there prostate cancer? What all did you do with this case?" --- to which Dr. Smith replied ...

Dr. Schenker,

This was a fairly easy typical case (for someone who has had the benefit of NUTRI-SPEC testing and treatment methods). Joe came to see me (all the way from FL) for a rising PSA, hypertension, and fatigue. He had been on an "alkalizing diet" and was also avoiding animal proteins. He tested very Anaerobic, Ketogenic, and Alkaline. I simply followed the QRG and had him get extra B-12 shots (for his low vitamin B-12 and amazingly high homocysteine that were part of his Anaerobic Imbalance).

He did famously well, with normalizing BP, better energy, and decreased PSA.

BTW he does not have prostate cancer and he also had been taking a whole bunch of prostate supplements (pygeum, saw palmetto, beta sitosterol ...)

Thanks for helping me to be able to help him (and countless others).

Dave

Here is the report from another NUTRI-SPEC practitioner sent to us the day she did her patient's first follow-up testing, one week after beginning the clinical trial derived from the initial QRG Analysis:

"I have attached the charts for a new client, Jane. She is a 50-year-old obese Indonesian/Sri Lankan woman who is suffering from edema in lower extremities – left foot especially near little toe is more severe and swells by the end of the day, general aches and pains and stiffness – knee, hip, and digestive issues – bad breath, gas, excessive appetite. (This has since reduced significantly since starting NUTRI-SPEC supplementation).

“I went ahead and did the first 2 tests. She has noticed some amazing changes in her condition in just the first trial week – most symptoms have reduced or disappeared. She is keen to keep on top of things and has been following the diet well.”

The Test Results Form showed Anaerobic and Parasympathetic Imbalances on the initial testing, with both test patterns having ---

RESOLVED IN JUST ONE WEEK.

(Here is a question to ask yourself: What would have happened had the patient not been follow-up tested within one week of beginning the clinical trial derived from her initial test results? Suppose this NUTRI-SPEC practitioner had made the all too common mistake of scheduling the first follow-up in a month instead of within a week? The patient’s Anaerobic and Parasympathetic test patterns were balanced out within days, so, had the regimen not been adjusted in the first week, you would have seen upon a one month follow-up a set of tests results reflecting over 3 weeks of the patient’s body ---

DEFENDING ITSELF AGAINST POWERFUL SUPPLEMENTS IT DID NOT NEED.

In other words, in this case, the perfect NUTRI-SPEC regimen became the wrong regimen after only a few days. That is the power of NUTRI-SPEC that so few of you seem to understand. This case illustrates how a patient can take OXY A+ and show a worse Anaerobic test pattern after a month than initially. As the powerful OXY A & A+ push Dysaerobic, the patient puts up such a strong anti-Dysaerobic defense as to make the Anaerobic Imbalance worse.)

Putting that parenthetical aside and getting to the point of this month’s Letter --- here is my question for you --- What do the two cases presented above have in common? --- Yes, both patients responded beautifully, but my question goes deeper than that. Formulate your answer within the context of your last 3 NUTRI-SPEC LETTERS. We are discussing ---

IMMUNO-NEURO-ENDOCRINE STRESS ---

and we have made the distinction between two types of patients.

There are the “simple” patients (--- not always easy, but simple to analyze) who are helplessly, hopelessly stuck in a deep rut associated with either an acid/catecholamine INE stress response, or an alkaline/corticosteroid INE stress response. Then, there are your vacillator oscillator patients who are helplessly, hopelessly bouncing off the walls with a dualistic INE stress response.

All your patients can be categorized as either suffering in one of the 2 columns below (your simple cases), or, as suffering the torment of alternating tsunami waters and raging fire:

RAGING FIRE

Systemically Acid
Hi Catecholamines
(Lo Cortisol)
Sympathetic
Dysaerobic
Glucogenic
Catabolic Disintegration

TSUNAMI WATER

Systemically Alkaline
Hi Cortisol
(Lo Catecholamines)
Parasympathetic
Anaerobic
Ketogenic
Anabolic Hyperplasia

All of us over age 32 have some degree of both pathological disintegration and pathological hyperplasia insidiously robbing us of youthful vitality. But most patients present a clinical picture dominated by the effects of either fire or water. No matter how sick they are, they will begin responding well to NUTRI-SPEC from the start, or at least from your first follow-up testing within a week of beginning their clinical trial. But our focus in recent Letters has been on your vacillator oscillators --- and the DOING FINE procedure to Facilitate ImmunoNeuroEndocrine Balance.

Now, what do you see when you look at the cases of Joe and Jane? Neither was a vacillator oscillator; neither needed to be Doing Fine; neither had any delay in doing fine without DOING FINE. Both were overwhelmed by the flooding waters of the alkaline tide --- Joe testing as Anaerobic + Ketogenic + Alkaline, and Jane testing Anaerobic + Parasympathetic. Both were rescued from drowning by the simple administration of your NUTRI-SPEC QRG Analysis.

Not all your patients are Joes and Janes. You need to be DOING FINE on your vacillator oscillators, and, you need to have all your really sick patients who are on your NUTRI-SPEC Diphasic Nutrition Plan jump start their comeback to health by DOING FINE. --- So --- enclosed you will find detailed instructions on how to implement DOING FINE for patients on whom you are doing NUTRI-SPEC Metabolic Balancing, and, for patients you will manage with your DIPHASIC NUTRITION PLAN. Follow step-by-step and lead your patients to live stronger longer.

--- And to jump-start your implementation of DOING FINE --- take advantage of this month's special on the 2 immuno-neurological protectors you will need to complete DOING FINE on each patient --- Taurine & Glutamine --- 2 **FREE** with every 10 you buy.

▲ [How to Integrate Doing FINE with your NUTRI-SPEC Metabolic Balancing Analysis](#)

▲ [How to Integrate Doing FINE with your Diphasic Nutrition Plan \(DNP\)](#)