

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

IT IS BETTER THAT YOU BE APPROXIMATELY RIGHT THAN EXACTLY WRONG.

Think about that statement and how it is relevant to your practice of nutrition. --- You are about to learn how with NUTRI-SPEC you can often be exactly right, always be at least approximately right, and never be exactly wrong. Within the context of being absolutely sure you are doing absolutely right by your patients, you will also be given an exciting new expansion of your Diphasic Nutrition Plan.

--- As a NUTRI-SPEC practitioner you understand that all the disease-specific approaches to clinical nutrition are exactly wrong. They are the allopathic paradigm --- name the disease and prescribe a remedy --- implemented via nutraceuticals. The "cure" rate with allopathic nutrition is miniscule. The best that is ever achieved is limited control of symptoms, all the while the underlying cause of those symptoms is ignored. But the exactly wrong results of disease-specific nutrition go beyond failing to achieve its philosophically bankrupt goal, and into the realm of doing harm. Most nutritionists have no respect for the supplements they recommend.

THEY REGARD SUPPLEMENTS AS TOYS ---

--- with the idea that even if playing with them does no good, they will at least do no harm. Their ignorance is appalling.

Giving exactly wrong supplements can be damaging both directly and indirectly. The direct damage of ill-conceived supplements derives from the ability of many supplements to either inhibit or over-stimulate

certain biochemical pathways, or, to block the absorption and utilization of other nutrients. The typical doctor, and certainly 99% of patients, has zero awareness that even ordinary every day supplements such as vitamin C, calcium, and beta carotene can cause problems.

Large doses of vitamin C do oxidative damage, and block vitamin E. Excess calcium supplementation blocks the absorption and utilization of the far more important magnesium, and, since most calcium supplements alkalize the gut, they interfere with the absorption of many other minerals and trace minerals. Beta carotene is considered a great antioxidant, but actually has pro-oxidant effects in the lung. Also, beta carotene competes with various other carotenoids for absorption and utilization. So, supplementation with beta carotene in the absence of the other carotenoids suppresses the absorption and utilization of the more biologically active carotenoids like lutein, canthoxanthin, and astaxanthin.

If seemingly benign vitamin C, calcium, and beta carotene supplementation can create problems over the long-term, what about the far more powerful nutraceuticals all the moronic nutritionists are playing with? These quacks are dispensing the nutrition industry flavors of the month as remedies for every conceivable condition, with no concept of the metabolic pathways in which those nutrients participate. You and I know that such practice of "nutrition" is exactly wrong.

Of course, there are the indirect effects of disease-specific supplementation --- the effects on NUTRI-SPEC Metabolic Balance Systems. Excess calcium supplementation will drive a person crazy Sympathetic. Excess zinc supplementation drives a person Anaerobic at the cellular level, frequently manifest as susceptibility to yeast/mold/fungal-related pathology. Potassium supplements drive a person strongly enough Parasympathetic and/or Glucogenic to precipitate a hypoglycemic crisis. --- And the examples could go on and on and on.

When you administer NUTRI-SPEC Metabolic Balancing, every single supplement you recommend is designed to have a specific effect on a particular Metabolic Balance System, without upsetting any of the other Metabolic Balance Systems. When you administer your Diphasic Nutrition Plan, you can be certain you are giving supplements to powerfully increase your patients' Adaptive Capacity, with 100% assurance that you are respecting and protecting each of the Metabolic Balance Systems. --- Unlike the vast majority who claim to offer clinical nutrition, you, with NUTRI-SPEC, are never exactly wrong.

For which patients are you exactly right? Your delivery of NUTRI-SPEC is precisely what your patient needs, and all your patient needs in

two instances. The first example of meeting totally the need of a patient is when you are caring for a patient through NUTRI-SPEC Metabolic Balancing and your tests pinpoint the one or two Metabolic Imbalances that are not only weakening your patient, but are also directly causative of that patient's symptomatic complaints.

- You give Oxygenic A along with Oxy A+ and Taurine, and your patient's arrhythmia is gone within 2 weeks.
- You give Oxygenic D along with Oxy D+ and Oxy Power, and your patient's cholesterol drops like a stone, while her arthritis pain is controlled without drugs.
- You give Oxygenic G + Glutamine + Tyrosine and your patient's hypoglycemic crises are history, while the associated depression becomes rare and minimal.

--- These patients are soon (often within 3-4 weeks) ready to see how much they can (slowly) reduce their Metabolic Balancing supplements and dietary recommendations, while they transition to your Diphasic Nutrition Plan, with some form of the Oxy A+/Oxy Tonic/Oxy D+/Electro Tonic Balancing Procedure.

The second instance of being exactly right is in patients for whom you are using your Diphasic Nutrition Plan right from the start --- and, in whom the major health-depleting factor is not specific Metabolic Imbalances, but rather an unrelenting failure of Adaptative Capacity associated with depleted Vital Reserves. When you have this patient complete the Balancing Procedure and begin supplementing with Immuno-Synbiotic plus the individualized regimen of supplemental adaptogens he needs ...

**IT IS AS IF A HUGE WEIGHT WERE
LIFTED FROM HIS SHOULDERS.**

Exactly right. --- Nice work.

For which of your patients are you approximately right? Again, there are two instances. You are temporarily approximately right, and ultimately exactly right, for the majority of your Metabolic Balancing patients. If you are properly following NUTRI-SPEC procedures (--- and if you are not, you should quit wasting your time and your patients' money, not to mention subjecting them to potential harm), your initial set of test results gives you the information needed to administer supplement and diet recommendations as a ...

CLINICAL TRIAL.

You do (you must do) your first follow-up testing in as little as 3 and no more than 7 days. Your patient's response to the clinical trial gives you far more meaningful information than did the first set of tests. Now you are prepared to aggressively go after the Metabolic Imbalances that are clearly evident, or, recognize your patient as a "vacillator-oscillator" and switch to the 10-day Doing FINE procedure.

During each step of the 3 to 10 week period typically required to correct or at least control Metabolic Imbalances, you are approximately right. This stage of your metabolic therapy is not an exact science, but is exactly scientific. You are using objective test results as your guide. (For most clinical nutritionists, the preferred means to sort through it all is trial-and-error with an endless string of nutraceutical remedies. --- Exactly wrong.) Once you have restored Metabolic Balance and transitioned your patient to the Diphasic Nutrition Plan, you have transitioned yourself from being approximately right to exactly right.

The second instance in which you are approximately right is when giving your Diphasic Nutrition Plan as a primary metabolic therapy. A few patients have Metabolic Imbalances such that their Adaptive Capacity would increase faster if you could specifically confront those Imbalances before transitioning to your DNP.

BUT FEAR NOT ---

your DNP will ultimately get you and your patient where you want to go --- fully empowered in resistance against the stressors of life.

Attempting to do NUTRI-SPEC testing when your staff has less than full mastery of the test procedures, or, on a patient whose ridiculous list of drugs precludes obtaining meaningful test results --- virtually assures that you will be exactly wrong. --- So now, we have reached the theme of this Letter. --- It is better that you ...

BE APPROXIMATELY RIGHT **WITH YOUR DIPHASIC NUTRITION PLAN.**

Give your DNP to as many people as you can possibly reach, and you will empower more people than you ever dreamed possible.

To that end, we present you with an expanded DNP. The Diphasic Nutrition Plan as administered to your patients age 53+ remains unchanged (except for an improvement in the initial Balancing Procedure such that now you have the means to include Electro Tonic among your

DNP supplements.) The exciting DNP expansion involves giving Oxygenic A and Oxygenic D to all your patients age 33 to 52. Taking Oxy A and Oxy D is perfectly analogous to your older patients' Diphasic use of Complex P after breakfast and Complex S after the evening meal.

Why Oxygenic A and Oxygenic D, and how are they beneficial for your younger patients in the way that Complex P and Complex S are essential for your older patients? --- Take a moment to recall exactly why you use Complex P and Complex S. The essence of your Diphasic Nutrition Plan is to increase the amplitude of the diphasic metabolic cycle. As your patients age, and their Vital Reserves decrease, their ability to produce a high-powered energetic and anti-anabolic surge in the morning is reduced, as is their capacity to produce a surge of anti-catabolic rejuvenation and revitalization at night. By age 53, the limitation on Vital Reserves is compounded by a slow but steady failure of both the parasympathetic and sympathetic branches of the autonomic nervous system. --- Thus, there is a universal need for Complex P in the morning and Complex S in the evening to amplify the diurnal cycle.

What about your patients age 33 through 52? Age 33 is the point of becoming physiologically...

“OVER THE HILL.”

In other words, by age 33, no matter how healthy our lifestyle, how healthy our environment, and how positive our mental and emotional outlook, we will never again have the Vital Reserves, and thus the Adaptative Capacity we had through age 32. The decline in Adaptative Capacity is slow for the 10 years between age 33 and 42, but cannot be denied. All your patients need the Diphasic Nutrition Plan beginning by age 33 at the latest. Oxygenic A+ and/or Oxygenic D+ (or perhaps Oxy Tonic and/or Electro Tonic) along with Diphasic A.M. and Diphasic P.M., will help maintain a high amplitude diurnal cycle, so that a reasonable defense can be mounted against both forms of pathology --- those processes involving pathological hyperplasia, as well as those involving pathological disintegration.

But now --- there is even more you can do for your patients who are just beginning to slip over the hill. You see, through the years NUTRI-SPEC has done an ever more thorough job of categorizing nutrients according to their anti-anabolic/anti-hyperplasia effects, or conversely, their anti-catabolic/anti-disintegrative qualities. You may or may not have noticed the steady improvements in the formulations of Oxygenic A and Oxygenic D over the last several years. We simply have not had the space in these Letters to keep you fully apprised.

Pick up a bottle of Oxygenic A and Oxygenic D (or check out the labels as you will find them on your NUTRI-SPEC website), and you will be astonished at what you see. You are now to the point where you will get much more bang for your buck in protection against insidious pathological processes with the judicious use Oxygenic A and Oxygenic D instead of relying on Oxy A+ and Oxy D+ alone.

Stop to fully realize that pathologies do not begin at the moment they become clinically evident. No, almost all pathologies --- from cancer, to cardiovascular disease, to autoimmune diseases, to insulin resistance and all its ramifications --- begin years before clinical signs and symptom appear. Your patients age 33 to 52 are developing all those pathologies at this very moment. You, and only you, with your Diphasic Nutrition Plan, are the one doctor who can give them the protection they need --- controlling and perhaps even reversing these pathological processes.

A detailed look at the nutrient lists in both Oxy A and Oxy D will be the subject of next month's Letter. But to give yourself a head start on appreciating just how much you can do with these supplements, go to your NUTRI-SPEC website and read the write-ups on lipoic acid and carnitine, so you can appreciate our increased use of those nutrients. And particularly read up on propionyl-l-carnitine --- a nutrient about which we have said nothing up till now. This is truly a potent adaptogen, and we will have much, much more to say about it.

ACTION TO TAKE:

- Call NUTRI-SPEC immediately to get your expanded Diphasic Nutrition Plan procedures.
- For every patient on whom NUTRI-SPEC Metabolic Balancing is not an option, get the patient on your DNP, recognizing that:
 - Everyone age 22+ will benefit from your Diphasic Nutrition Plan --- including Activator, 1 bottle of Immuno-Synbiotic, plus a little each of Diphasic A.M. & P.M. and Oxy A & D.
 - Everyone age 33+ needs your Diphasic Nutrition Plan --- including Activator, Immuno-Synbiotic, the Balancing Procedure to determine the need for Oxy A+, Oxy D+, Oxy Tonic, &/or Electro Tonic, plus Diphasic A.M. & P.M. and Oxy A & D.
 - Everyone age 53+ desperately needs your DNP, with Complex P & S largely replacing Oxy A & D.

DO CLINICAL NUTRITION RIGHT ... WITH YOUR DNP.