

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 23 Number 9

From:
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September, 2012

Dear Doctor,

You may laugh at me if you like --- I have it coming --- and --- I trust you are not as silly as I am. ----- Up until two months ago you would have looked at my personal Diphasic Nutrition Plan and wondered, "What are you doing? Where are the Complex P and Complex S?"

Call it vanity, stupidity, or over-confidence, but when I passed the age 53 milestone (which I sheepishly admit happened a long time ago), I never switched my DNP supplements to the age-appropriate Complex P and S. --- "I don't need it," I suppose I kept reassuring myself. "That's for guys whose Adaptative Capacity is failing, but this Guy is still on top of the world. --- No "old guy" supplement regimen for me!"

But let us talk about you, not me. At what stage of life is your ...

DIPHASIC ROCKET LAUNCH METABOLISM?

How much power is in the Sympathetic component of your 6 a.m. Rocket Launch to the sun? Are your energizers being sufficiently activated? Are your anti-anabolic defenses adequately protecting you from weight gain, fatty liver, fatigue, atherosclerosis, fluid retention, cancer, arthritis, and all other conditions associated with pathological hyperplasia?

----- What about your Parasympathetic Rocket Launch to the moon at 8 p.m.? Is it powerful enough to fully activate all restorative processes? Are your anti-catabolic defenses sufficient to protect you from premature aging, lingering aches and pains, dementia, anxiety, heart failure, and all other conditions associated with catabolic disintegration? --- Or --- is your Adaptative Capacity failing just a bit --- and --- is that failure largely due to a loss of VITAL RESERVES?

You must look at your chronological age, and compare it to your biological age. Are you 35 years old, but look and feel like you are 45? If so, I am 100% certain you are not using the Diphasic Nutrition Plan to pump up your Vital Reserves. Or, are you age 35, but still look and feel almost entirely as you did at age 28? If you want to preserve that youthful vitality, there is only one way --- your own personal Diphasic Longevity Plan.

Are you 55 years old, and wondering what the future holds? You do not need to stumble along the Rocky Road of Aging with your Vital Reserves stuck in neutral. You can and must pump up your Diphasic Rocket Launch metabolism with Complex P and Complex S. Even if you are 55 years old and feel like you are 85 half the time, believe me, all is not lost. Must you slow down and cut back, while foolishly using nutrition remedies in a desperate attempt to deal with the effects of the overwhelming aging process? --- Or --- do you seize control of your life before it is too late, giving yourself the opportunity to Live Stronger Longer?

Apply this same chronological age to biological age comparison to your family members and begin to do it on all your patients. All the while, carefully consider how Sympathetic/Parasympathetic balance plays a critical role in every stage of life. Throughout Phillip A. Low's *Clinical Autonomic Disorders*, the point is made again, and again, and again that by far --- the most common underlying cause of Sympathetic- or Parasympathetic-mediated disease and dysfunction is ...

GENERALIZED AUTONOMIC FAILURE.

In other words, both the Sympathetic and Parasympathetic components of Adaptative Capacity fail to some degree in association with almost all conditions. There is a huge Sympathetic and Parasympathetic component to stress defense. Low teaches us that you (assuming you are age 33+) and all your patients are steadily failing in your ability to defend against the stressors of life. By integrating the teachings of Low with the principles of NUTRI-SPEC, we see that dis-ease will inevitably become disease --- unless --- you maintain high Vital Reserves, and thus tremendous Adaptative Capacity, with your Diphasic Longevity Plan.

Let us look at what exactly is happening in patients of different age groups. As you now understand, we can confidently say that by age 53 all your patients are experiencing some degree of generalized autonomic failure. When NUTRI-SPEC testing is done on a patient age 53+, you may find a test pattern for either a Sympathetic Imbalance or a Parasympathetic Imbalance. But, that Imbalance is entirely different

than the same Imbalance found in a young person. The Sympathetic Imbalance found in a 60-year-old patient is more associated with Parasympathetic failure to deal with stress than it is with an exaggerated Sympathetic response to stress. Similarly, a Parasympathetic test pattern indicates not a juiced up hyper-reactive Parasympathetic stress response, but rather a Sympathetic system that is failing sooner and faster than the Parasympathetic system.

Got that? Depending on a person's biological age:

- A Sympathetic Imbalance can be either a raging fire of Sympathetic stress, or, a Sympathetic adaptative mechanism that is not as weak as a failing Parasympathetic system.
- A Parasympathetic Imbalance can represent a patient whose life is being washed away in a tsunami of Parasympathetic-mediated stress, or, a Sympathetic system that is failing in its response to the challenges of life.

Defense against aging determines the biological age of the Diphasic Rocket Launch capacity, so, let us begin by comparing 3 children as relates to their Sympathetic/Parasympathetic stress response, then see how each older age group develops a need for Complex P and Complex S:

- Child A is perfectly healthy, balanced, and full of vitality. He will show both Sympathetic and Parasympathetic signs and symptoms from week to week, day to day, or even from moment to moment. NUTRI-SPEC testing reveals an extreme diversity of clinical signs --- with no Imbalance at all. A healthy 14-year-old in your office for testing, (under the perceived stress of being in a doctor's office), might show a Parasympathetic drop from Pulse A to Pulse 1, then an extreme Sympathetic pop in the heart rate from the recumbent pulse to standing. This teenager might show an extreme Parasympathetic red dermographics line, but a Sympathetic dilated pupil. --- No problem with this kid --- he has extraordinary Vital Reserves, which are reflected in the amazing Vital Reserves of youth.

How do you serve this child or adolescent? You shower him and his parents with praise. --- "You have one fine, healthy boy here, Mrs. Smith. I cannot emphasize how happy it makes me to see a truly healthy boy these days. And, I cannot emphasize strongly enough how important it is that you preserve the fine parenting job you are doing on your son by paying particular attention to his diet and meeting his supplement needs."

Turning to the boy --- “If you want to continue to do your very best at school and do your best playing soccer, and just all around feel really great and happy, then you cannot let yourself be sloppy about eating junk food as much as a lot of your friends might. Do you understand how important it is that you eat a good meal 3 times a day?” --- Then, present the parents with Eat Well – Be Well and the Mighty Mins brochure, sending them home with a bottle of Mighty Mins and a clear concept of how following Eat Well – Be Well is essential to being proud parents with a happy child.

- Child B is a girl with asthma. The parents hate giving their daughter the 3 prescribed asthma drugs, and so they keep them to a minimum. Now, they have heard you may be able to help their child, and are hopeful that she may be able to get off some of the drugs completely. How do you treat this asthmatic child? --- You do not treat this child, or any patient. Remember, you are one of the doctors who serves the fundamental needs of your patients, rather than treating symptoms and conditions like ordinary doctors do.

In this case, you know that asthma represents a severe ImmunoNeuroEndocrine stress that is characterized by an exaggerated Parasympathetic response. With your knowledge of NUTRI-SPEC, you would expect that upon NUTRI-SPEC testing this 13-year-old girl “should” test Parasympathetic. But the truth is, if you were to attempt NUTRI-SPEC testing on her, you would very likely not find a Parasympathetic test pattern. Even if you can sort through the distortions of your test results caused by the drugs, or if the parents are diligent enough to have the child cut out the drugs for 3 days before testing, you still might not see a Parasympathetic test pattern. Why not? This is a child. Her inborn Vital Reserves are quite high, which means that even though she has a Parasympathetic-associated pathology, the capacity of her Sympathetic stress response is still quite strong enough. In other words, under normal conditions and most times of most days, her Sympathetic Rocket is quite sufficient in power. It is only when stressed that her Parasympathetic Rocket fires uncontrollably --- launching a flight into the danger zone.

How will you serve this child? The one and only way to bring this child’s INE stress under control is with a Diphasic Nutrition Plan personalized for both her asthmatic condition and her youth. She will need Eat Well – Be Well plus the Prostaglandin dietary recommendations. She will do the Balancing Procedure to determine her relative needs of Oxy A+ and Oxy D+. She will take Complex P as per the instructions in your DNP individualized for asthma patients. She will also need just a small amount of the powerful adaptogens in Diphasic AM and Diphasic PM. (One effective way to administer these is to have the child take 3 AM

in the morning and 3 PM after the evening meal for a week, then 2 each daily for a week, then 1 of each daily thereafter.) The child will, of course, need Mighty Mins twice daily. --- If you get anything even close to compliance with Eat Well – Be Well and the Prostaglandin Diet, this teenager with asthma will be able to get off her Advair (steroid) very quickly, and be able to rely entirely on her Albuterol as needed.

- Child C is sick, sick, sick. At age 10, he is overweight, hyper, suffers repeated upper respiratory tract infections and lower respiratory tract infections, always complains of being tired, but cannot sleep at night. He has a long history of taking this medication for that condition and that medication for this condition. His parents are desperate for help, and you are truly their only chance. How do you treat this suffering child? --- You do not treat patients; you serve.

This is not an easy case, but it is a simple case. Quite simply, this boy needs to have his INE stress brought under control --- he needs to be Doing FINE. A member of your staff will take just the few minutes required to go over the Doing FINE procedures in great detail with his parents. The only difference between a child's Doing FINE and an adult's Doing FINE is that Mighty Mins replaces Activator, and the rest of the supplements are given only 1/3 to 1/2 the quantity recommended for adults. Remember, in the Doing FINE procedure the Complex S and Complex P are reversed in timing. The idea is to cool the raging fire and calm the raging tsunami.

What you may find in children like this is that you never really transition from Doing FINE into a more conventional DNP. In other words, you will leave the small amount of Complex S and Complex P reversed in timing, with the P in the evening and the S in the morning. When the one bottle each of Taurine and Glutamine are finished, you will find that what often works best is to decrease the Diphasic PM to only 1 every evening, but bump up the Diphasic AM after breakfast to 3, 4, or more. The combination of reversed timing on the Complex P and S plus the added Diphasic AM may well control both the "I" and the "N" of INE. --- You will bring under control the neurological component and the immunological component of the multiple pathological processes that devastated this child.

Chronological age versus biological age. Turn your attention to the next older age group, older teens through age 22. You may think it rather silly to look for signs of "aging" in such youthful subjects. --- But --- recall our comments in last month's Letter regarding insulin resistance. That is the pathological soil in which all our killer diseases grow --- cardiovascular disease, cancer, insulin resistant diabetes, fatty livers, and so forth. Does a person wake up one morning and suddenly

find that he is insulin resistant? No. When does insulin resistance start? Generally, it begins when a person starts to put on adipose --- in particular, when abdominal fat deposition becomes evident. And where do you begin to see tubby tummies? The 2/3 of the American population who are obese get their start when they are kids.

Look at the typical high school student. Even many high school athletes show a little sticky-out tummy in their off-season. Yes, even with the high Vital Reserves of youth that have not yet been nullified, these 16 to 22-year-olds cannot avoid the beginnings of insulin resistance as long as they are slurping Pepsi and Gatorade. How do you serve them? How do you stop the pathological hyperplasia and pathological disintegration before they progress from dis-ease to disease? Serve them with the DNP just as you do patients age 22-32.

Administration is easy for you and your staff. [For those young people who do not have a tubby tummy or any other persistent symptoms of dis-ease, then simply go with Mighty Mins or Activator, educate on Eat Well – Be Well, and have them go through one bottle of Immuno-Synbiotic each year.] For those age 21- who have signs of insulin resistance, or who are suffering from obvious poor health, or INE stress, then administer the DNP as you would for patients age 22-32. Personalize it as necessary for conditions such as Eosinophilic Fungal Rhinosinusitis or asthma or colitis. Otherwise, just recommend Diphasic AM and PM along with Oxy A and D in the lower end of the recommendation range. In other words, a relatively healthy youth would only need one each daily of Diphasic AM, Diphasic PM, Oxy A, and Oxy D. The more of a metabolic boost is needed and/or the more INE stress protection is needed, the more you will increase the recommendation of each of those 4 supplements. The incredible array of adaptogens you have at your disposal allows you to absolutely assure your patients you are giving them the metabolic efficiency to look their best and feel their best for a long, rich life.

As you consider chronological age versus biological age, it is patients in the DNP age groups 22-32 and 33-52 where you will find your classic Sympathetic and Parasympathetic Imbalances. These are the people who are reacting to stress with an excessive dominance in one of the stress reactor systems --- either the catecholamine hormones of the Sympathetic system, or the Parasympathetic nervous stress (likely potentiated by excess cortisol). If there is the opportunity to do NUTRI-SPEC testing on these patients, you can appropriately address the Sympathetic or Parasympathetic Imbalances, and within 3-10 weeks they will be ready to transition into a personalized Diphasic Plan.

But the way your DNP is now structured, and given the extraordinary power of the adaptogens not only in Diphasic AM and PM but also in Oxy A and Oxy D, most Sympathetic and Parasympathetic stress reactions can be handled through the DNP without NUTRI-SPEC testing, and without the specific use of Complex S or Complex P. The reason is that the Sympathetic/Parasympathetic stress patterns exhibited by these people are just that --- excessive and inappropriate responses to metabolic stress. But when the Oxy A+, Oxy A, Oxy D+, Oxy D, Diphasic AM, and Diphasic PM restore efficiency to all homeostatic mechanisms, the Sympathetic/Parasympathetic storms smooth out on their own.

In the age groups 22-32 and 33-52, the only time you will need to rely extensively on Complex S and Complex P is in those patients with so much ImmunoNeuroEndocrine stress that they need the calming and restorative experience of Doing FINE. Complex P and Complex S are applicable in these younger groups only as temporary therapeutic intervention for those with severe INE stress, after which you can transition them into their DNP (or, into testing for Metabolic Imbalances).

Chronological age versus biological age --- you need to help every one of your patients age 53+ take a good, honest look at his life --- decide where he is, how he got there, and what are his options going forward. Chronological age versus biological age --- make your patients understand they have to make their move now, before it is too late.

Speaking from personal experience --- if you had asked me when I was 30 years old to project what my life would be like at the age I am now --- I would have predicted that I would keep myself in shape, I would still be passionately engaged in my work --- but --- that the really juicy parts of life would be slipping away. I could never have imagined that standing here looking back I can honestly say that I am far richer now than when I was 30 years old, but better yet --- I honestly still feel my best years are ahead of me. --- And --- much of that glorious feeling of high Vital Reserves is due to the NUTRI-SPEC Diphasic Nutrition Plan.

Chronological age versus biological age --- your metabolically powerful Complex S and Complex P are in so many cases the key to preserving youthful Vital Reserves. These amazing supplements are also absolutely essential when used as part of your Diphasic Nutrition Plan or your Doing FINE procedure to reduce the out-of-control ImmunoNeuroEndocrine stress of your most severely ill patients.

So --- who needs Complex S and Complex P? Obviously, they are needed by patients who are not on medication, and who are not overwhelmed by INE stress, and thus are good candidates for NUTRI-

SPEC testing, and, who upon testing show a Sympathetic or Parasympathetic Imbalance.

- Any patient who suffers from autoimmune disease or any other obvious severe INE stress will need to go through the Doing FINE procedure, which includes both Complex P and Complex S.
- Any patient, who on NUTRI-SPEC testing and follow-up testing, proves to be a vacillator oscillator with an uncontrolled stress response, will need to do the Doing FINE procedure, which employs both Complex P and Complex S.
- Your Diphasic Nutrition Plan for all your patients age 53+ will include both Complex P and Complex S.
- Complex P is indicated in your DNP for all patients with asthma, mucus colitis/chronic diarrhea, or ulcerative colitis.
- Complex S is an essential part of your DNP for patients of any age who suffer from insulin dependent diabetes, or lupus.

Merry and Jennifer report to me that many doctors, upon calling them for advice on managing a particular patient, are disappointed to be told that the patient is a far better candidate for the DNP than for any ill-conceived attempt to do NUTRI-SPEC Metabolic Balancing. The doctors feel they are settling for “second best.” --- Not at all. A life-long, long life nutrition plan is our ultimate goal for all our patients anyway. Bypassing the 3-10 weeks of Metabolic Balancing merely means there are a few symptoms that will not respond as quickly. But remember our theme from your April NUTRI-SPEC Letter --- it is better that you be approximately right, than exactly wrong. The DNP is what your patient needs for happy-ever-after, and you will always know you are doing right. All your patients need an individualized Diphasic Nutrition Plan. Truly:

- There is nothing more you can do for your patients.
- There is nothing less you must do for your patients.

By the way --- In the months since I finally got on the Complex P and Complex S I needed I have transcended feeling merely sensational to feeling like Superman.

Complex S and Complex P are essential metabolic booster rockets. --- Special this month --- 2 **FREE** for every 10 Complex S or P you buy.