

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

89 Swamp Road
Mifflintown, PA 17059
800-736-4320
717-436-8988
Fax: 717-436-8551
nutrispec@embarqmail.com
www.nutri-spec.net

THE NUTRI-SPEC LETTER

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From:
Guy R. Schenker, D.C.
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Dear Doctor,

50% of your patients will die of cardiovascular disease. So will 50% of your family and 50% of your friends. Will I die of CVD?

WILL YOU?

33% of your patients will suffer the anguish of cancer in their lifetime. So will 33% of your family and 33% of your friends. Will I get cancer?

WILL YOU?

An alarming (and ever-increasing) 22% of your patients will be devastated by Alzheimer's. So will 22% of your family and 22% of your friends. Will I and my family be helpless victims of this insidious disease?

WILL YOU & YOURS?

68% of your patients will struggle with their overweight condition. So will 68% of your family and 68% of your friends. Will I pack piles of porky pounds on my waistline?

WILL YOU?

Will you be among the 50% who die of CVD, the 33% who are anguished by cancer, the 22% who are devastated by Alzheimer's, or the

68% who become pathologically plump? There is no way you can give yourself any 100% guarantees. --- But --- you can reduce your chances to far, far less than 50%, 33%, 22%, and 68% ...

IF ...

you commit to a perfectly simple and sensible ...

LIFE LONG, LONG LIFE ...

healthy living strategy. How perfectly simple and sensible? You need do nothing more than eat according to the guidelines of EAT WELL – BE WELL, and supplement with your own individualized ...

DIPHASIC NUTRITION PLAN.

And, what about your patients? How must you serve them? Statistically speaking, 50% of them are going to die of cardiovascular disease. What are you doing about it? Are you going to wait until their cardiovascular disease has progressed to the point of being clinically diagnosable, then “treat” them for it? As one-by-one of your patients is stricken with cancer, are you going to seek out “alternative cancer cures?” As an ever-increasing number of your patients begin to show signs of dementia, are you going to offer them a basketful of popular “remedies” for their prematurely aging brain? And, what about your roly-poly patients? Do you “treat” them with one of the endless stream of weight loss schemes (that will actually prove to be weight loss scams)?

No. No. No. No. You are a NUTRI-SPEC practitioner. You do not treat your patients, you serve your patients. As a NUTRI-SPEC practitioner:

- You do not curse the darkness, you turn on the light.
- You do not treat disease, you empower patients.
- You do not attack symptoms, you build health.
- You do not frantically strive to give short-term relief, you guarantee your patients they will Live Stronger Longer.

50% 33% 22% 68% --- What are you doing about it? --- With some combination of NUTRI-SPEC Metabolic Balancing, Doing FINE, and the life-long, long life Diphasic Nutrition Plan, you are serving your patients by drastically reducing their PROBABILITY of getting disease. A 40-year-old man walks through your door as a new patient tomorrow --- unknowingly carrying with him his 50% likelihood of CVD death. Tell him --- “You’ve got a 50-50 chance of dying of a heart attack or stroke. Do you like those odds? I can put you on a life-long nutrition plan that assures your odds of heart attack or stroke are reduced substantially.

We cannot put a precise number on it, but there is strong likelihood we can reduce your chance of death from cardiovascular disease from 50% to 25% or less. --- Do you like those odds better, especially if your likelihood of cardiovascular disease is not only cut in half but you experience many other health benefits as well --- allowing you to live a stronger, healthier, higher vitality life for many more years than you would have had without your life-long nutrition plan?”

If a 25-year-old new patient walks into your office, you can reduce his chances of CVD from 50% to 10% or less. And you will do so not by “treating” cardiovascular disease, nor even by giving a nutrition regimen designed to “attack” cardiovascular disease before it develops. No, the cause of cardiovascular disease and the cause of cancer and the cause of Alzheimer’s and the cause of obesity and the cause of depression and the cause of arthritis and the cause of fibromyalgia and the cause of chronic fatigue, are all the same --- the absence of health. --- Empower your patients. --- Brighten your patients’ lives with the light of NUTRI-SPEC. Increase their ADAPTATIVE CAPACITY for a stronger, longer life.

Resistance to disease and resistance to premature aging are all about ADAPTATIVE CAPACITY. Our basic premise as NUTRI-SPEC practitioners is that ...

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES.

Increasing ADAPTATIVE CAPACITY in your patients is what you do, and it is all you do, and it is all you need to do. Boosting ADAPTATIVE CAPACITY is a simple step-by-step procedure. If your office staff is geared up for NUTRI-SPEC testing, and you have a testable patient, then 3-10 weeks of Metabolic Balancing gives that patient a big head start.

Call these “Category A” patients. They are not burdened with a truckload of medications, and they do not have such severe ImmunoNeuroEndocrine stress to preclude getting and monitoring meaningful test results. At some point during the first 10 weeks under your care, the Metabolic Imbalances (assuming you did the first follow-up test within a week after initiating your clinical trial) will begin to resolve. Then, you begin transitioning your patient into an individualized Diphasic Nutrition Plan.

Let us now define “Category B” patients. These are patients who initially appear to be Category A --- no overload of drugs, and no major red flags in their history. Yet, once you begin addressing their Metabolic Imbalances, these patients immediately prove themselves to be Vacillator Oscillators. When a Category B has revealed his true colors, you immediately stop. You switch the patient into the Doing FINE procedure

to reduce INE stress. After the 30-day Doing FINE period resume Metabolic Testing --- now sailing on much calmer waters. From that point on, the Category B patient will follow the script of a Category A --- with Metabolic Imbalances beginning to resolve within 10 weeks, and a transition being made into a personalized DNP for happy-ever-after.

Continuing with our development of patient categories --- a Category C is a patient who seems a good candidate for Metabolic Testing and Metabolic Balancing. Your office is well-equipped to produce accurate tests, the patient understands the concept, and is eager to begin. Regrettably, however, there are one or more drugs (usually NUTRI-SPEC “Red Flag” drugs) muddying the waters so that you are really not quite certain which Imbalances require therapeutic intervention, and which are just artifacts of the drug --- or --- you are left wondering what Imbalances might be there but are hidden by the drugs.

What qualifies this patient as a legitimate Category C is his willingness (and even eagerness) to get off the Red Flag drugs. So --- rather than try to outguess the effects of the drugs (as we have done with countless thousands of NUTRI-SPEC patients over the last few decades), we now take a far better approach. We begin the patient on a Diphasic Nutrition Plan individualized for his age and his clinical history. He goes through the Balancing Procedure, and maintains a Diphasic Plan --- all the while he is backing off his nasty drugs.

His starting out with the DNP gives him an extraordinary metabolic foundation by increasing his VITAL RESERVES, so that when he is off the drugs, your NUTRI-SPEC Metabolic Testing will clearly identify whatever Metabolic Imbalances remain. At that point, the patient switches from the DNP to 3-10 weeks of Metabolic Balancing with NUTRI-SPEC. Having established that foundation with the DNP, the patient’s Metabolic Imbalances generally resolve quite quickly, and in less than 10 weeks, he is ready to resume a Diphasic Nutrition Plan as a life-long, long life strategy.

Category D patients? D stands for depleted, and D stands for delay. These are your sickies. They are suffering most of the Metabolic Imbalances, and probably oscillating/vacillating between extremes of each. Each patient is likely on some nasty drugs, and suffers from more than one severe pathology, probably including at least one autoimmune disease. In short, the patient is overwhelmed with INE stress.

The severe INE stress, plus the drugs, plus the tendency to be a vacillator-oscillator, precludes any chance of testing and monitoring Metabolic Imbalances. This patient is totally depleted, so any attempt at Metabolic Testing must be delayed. The first thing you need to do for

this patient is the Doing FINE procedure to facilitate INE stress reduction. After the 30 days of Doing FINE, the patient must be transitioned into an individualized Diphasic Nutrition Plan. After the Balancing Procedure has been completed and the DNP has been followed for at least a month or two, then and only then (and assuming by then the patient has reduced or eliminated some of the drugs), can you attempt NUTRI-SPEC Metabolic Testing on the patient.

In Category E, the E stands for ease and efficiency. Either because your staff is not geared up for Metabolic Testing or because the patient is not a good candidate for testing, you go directly into an individualized Diphasic Nutrition Plan. When we look at the premise of ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES, it does not take much experience as a NUTRI-SPEC practitioner to realize that Metabolic Balance and Vital Reserves are related, in that anything that improves either, automatically improves the other.

When you restore Metabolic Balance to a patient who initially tested Anaerobic and Ketogenic, you have not only corrected potentially devastating Metabolic Imbalances, but you have given an immediate boost to his Vital Reserves. Furthermore, you have given him a head start in building and maintaining Vital Reserves (a high amplitude diurnal cycle) over the course of a stronger longer life. Even so, there are many patients in whom you restore Metabolic Balance and in whom objective testing proves clearly how much they have benefited --- yet they do not experience a tremendous “bounce” in how they feel subjectively. The reason is because the Vital Reserves are so low, and the restoration of Metabolic Balance has not been enough to jumpstart the Diphasic Metabolic Rockets. Only on an individualized DNP will these patients experience an obvious surge in personal power.

Similarly, getting a patient started on a DNP with a good Balancing Procedure to determine the optimum quantities of Oxy A+, Oxy D+, and Electro Tonic, along with all the other individualized adaptogens, will not only immediately begin pumping up the Vital Reserves, but the patient will have sufficient Vital Reserves to physiologically confront and resolve many Metabolic Imbalances --- without your ever having done specific Metabolic Testing and Balancing. --- So --- by putting patients directly on an individualized DNP, you are not doing a disservice to patients by skipping the 3-10 week head start provided by Metabolic Balancing. Very often the challenges and the ups and downs of the 10 weeks of Metabolic Balancing just are not justified when you can achieve the same benefit over a longer term by going directly to the DNP.

Category F patients are analogous to Category D. These are your patients who are totally devastated by a combination of drugs and severe

pathologies. They desperately need an individualized Diphasic Nutrition Plan as a life-long strategy, but, they absolutely must precede their individualized DNP with the 30 day Doing FINE procedure.

In summary, all your patients fall into 1 of 6 categories (if your office is equipped to do NUTRI-SPEC Testing), and all your patients fall into two categories if you are specializing in administering patient-specific Diphasic Nutrition Plans. Serve your patients. Decrease the chance of heart attacks and strokes from 50% to 20% or less. In those who already have cardiovascular disease, increase the length of life by years if not decades, and increase the quality of life far beyond the patient's (and his cardiologist's) expectations, and do so while decreasing the grotesque overload of drugs that have been forced upon the patient.

--- Let us be specific --- how do you know your likelihood of heart attack or stroke is decreased below the 50% average? --- Because you are on your own individualized DNP, and that DNP includes propionyl-l-carnitine. How much propionyl-l-carnitine? Just enough. How much is just enough? Enough to get the adaptogen effect of propionyl-l-carnitine as it decreases atherosclerosis, decreases the free radical damage to the vasculature, increases fibrinolytic activity in the endothelium of the vasculature, and provides all its anti-inflammatory effects on the vasculature --- while at once it decreases edema, and strengthens the myocardium --- but --- not enough to push any of the 5 Fundamental Metabolic Balance Systems into a state of imbalance.

How do you know your risk of Alzheimer's is significantly below the 22% norm? --- Because you are on a DNP that includes acetyl-l-carnitine and lipoic acid. How much acetyl-l-carnitine and lipoic acid? Just enough. Enough to give you the brain-protecting effect, yet not enough to rock the boat in any of the Fundamental Metabolic Balance Systems.

----- Do you get it? Your Diphasic AM, Diphasic PM, Oxygenic A, Oxygenic D, Complex P, and Complex S have all been formulated with precisely the proper quantities and proportions of nutrients to maximize adaptogenic effects, yet protect against any undesirable shifts in homeostasis. All your patients under age 33 have planted the seeds of their own destruction. What are doing about it? All your patients age 33-53 are "over the hill" and desperately need to put the brakes on their downhill acceleration. What are you doing to serve them? All your patients age 53+ are --- to put it bluntly --- slowly dying. What are you doing about it?

Serve them. Empower them.