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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Are these (or could these be) your patients?

1) **7-year-old boy with asthma**: After only 8 weeks of NUTRI-SPEC, no asthma, no drugs --- Parasympathetic and Anaerobic test patterns gone.

2) **50-year-old man with fatigue**: After only 10 weeks of NUTRI-SPEC, no fatigue, no drugs --- Parasympathetic Imbalance cleared, transitioned to Diphasic Nutrition Plan for happy-ever-after.

3) **39-year-old woman with polycystic ovary syndrome, fatigue, depression, obesity, elevated cholesterol and triglycerides, hypoglycemia, and sinus congestion**: After only 7 weeks of NUTRI-SPEC, more energy, depression gone, fat burning metabolism activated, no sugar/carb cravings, pursuing mold remediation of home --- Parasympathetic and Dysaerobic test patterns resolved, transitioned to life-long, long-life Diphasic Nutrition Plan.

4) **42-year-old man with psoriatic (autoimmune) arthritis**: After only 6 weeks of NUTRI-SPEC, "… is doing great," with some swelling only in one foot --- Sympathetic to Parasympathetic "vacillator-oscillator," so, followed procedure for DOING FINE --- transitioned smoothly to Diphasic Nutrition Plan to maximize ADAPTATIVE CAPACITY for life.

What do these 4 patients show you?

- They illustrate the power you have with NUTRI-SPEC --- to empower even your chronically ill patients.

- They highlight your patient-specific approach to caring for your patients. --- In none of these 4 cases was any attempt made to treat diseases. The patients were empowered by their NUTRI-SPEC doctor according to our fundamental principle:

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

- They demonstrate how simple and smooth can be your practice of NUTRI-SPEC --- once you have committed yourself and your staff to performing the test and analysis procedures, and to administering each patient's individualized plan with a thorough explanation of your goals and philosophy.

  - ❖ Also as regards the effective practice of NUTRI-SPEC --- in each of these cases the doctor was phenomenally successful only by following the most important step in NUTRI-SPEC care --- DO YOUR FIRST FOLLOW-UP TESTING IN 7 DAYS OR LESS. The initial supplement and eating plan must be understood (by you and your patient) as a clinical trial based on objective testing. It is your patient's immediate response to the initial supplementation and diet that inform you as to the true priorities in serving that patient. All 4 of the above patients required major modifications within a week of starting NUTRI-SPEC, and it was that objective analysis of the patient's response to the clinical trial that held the key to success.

- Each of the 4 patients shows off the amazing metabolic effects of your super-enhanced Complex P and Complex S. --- Remember, Sympathetic/Parasympathetic Balance is the primary source of Adaptative Capacity at the systemic level of biological organization. And so --- either Sympathetic/Parasympathetic over-reactivity or Sympathetic/Parasympathetic failure **dominates the lives of nearly all your patients**. --- If you are not selling Complex P and/or Complex S to the majority of the people you serve, you are under-serving.

The quiz game we gave you to play with in last month's Letter was designed not only to give you a fuller appreciation of the magnitude of the Sympathetic/Parasympathetic role in defending against the stress of life, but to also help you recognize the myriad ways Sympathetic/Para-Sympathetic Imbalances can present among your patients. --- If you did not play our game, do it now. Dig up last month's Letter or look it up on your NUTRI-SPEC website. Take your best shot and fax or phone the NUTRI-SPEC staff with your 10 matches. The "prize" is still yours for 10 correct answers --- 2 Complex P & 2 Complex S **FREE**.

Do you ever see patients with asthma? You can give these patients more help with NUTRI-SPEC than they can get anywhere else. In fact, they are generally getting nothing but harm from any other doctor they turn to. Why? --- Asthma has become one of the most misunderstood, misdiagnosed, and mistreated conditions. --- Read on, and after a few more paragraphs you will have a greater understanding of asthma than any 10 doctors you know …

There are actually two conditions diagnosed as asthma. There is what I call Classic Asthma, and False Asthma. Let us first look at Classic Asthma or genuine asthma. True asthma has 3 causative factors, all of which must be present simultaneously to precipitate an asthma attack. To appreciate that constellation of 3 factors you must understand what Classic Asthma truly is. --- Asthma is bronchial constriction. It is not merely the bronchial congestion that constitutes False Asthma.

True asthma involves a vagus-mediated overstimulation of the smooth muscles of the bronchial tree. So --- the 3 factors involved in causing an asthma attack are a) vagal hyper-reactivity --- which in NUTRI-SPEC terms is a Parasympathetic Imbalance, b) elevated prostaglandins --- specifically, elevated leukotrienes, and, c) insufficient cortisol. The Parasympathetic Imbalance increases the smooth muscle tone of the bronchial tree, the leukotrienes increase the tendency to inflammation of the bronchial tree, and the lack of cortisol limits the body's ability to counteract the inflammation. a + b + c always causes asthma. When either a or b or c is missing, you do not have true Classic Asthma.

False Asthma is the diagnosis given to those who have chronic recurring chest congestion in the absence of a + b + c. These patients do not have bronchial constriction (Classic Asthma) but rather bronchial congestion. The 2 are not at all the same. These patients invariably have a Prostaglandin Imbalance, but are missing the Parasympathetic Imbalance and/or the low cortisol, and therefore do not have genuine asthma. (In conversations with physicians, I find that doctors who have come out of med school in the last 25 years do not even know the definition of asthma.) The reason we have this False Asthma or what could also be called "Allopathic Assumed Asthma" is that the bronchial congestion tends to respond favorably to the same drugs that are used to control asthma --- steroid inhalers, and sympathomimetic inhalers.

What are the causative factors in False Asthma? The elevated prostaglandins are the big factor. Where do the elevated prostaglandins come from? --- As you know, they come from some combination of the 160 pounds of sugar typical Americans eat every year, plus their several gallons of HOHUM PUFA oils. Combine that metabolically overwhelming prostaglandin insult with almost any combination of NUTRI-SPEC

Metabolic Imbalances, and you can precipitate an inflammatory reaction in the bronchial mucus membranes.

--- And --- there is one other common causative factor in False Asthma. The condition could also be properly called Eosinophilic Bronchitis. In many of these cases of False Asthma there is eosinophilic infiltration of the bronchial mucosa. Sound familiar? What other condition have we discussed that involves eosinophilic infiltration of mucus membranes? You may recall our extensive discussions of Eosinophilic Fungal Rhinosinusitis --- the condition that the Mayo Clinic shows exists in 1 out of 6 people. Almost all the people with False Asthma come from among the 1 in 6 people who also have chronic sinus congestion, and therefore by definition have EFR, and presumably a tendency for eosinophilic infiltration of mucus membranes throughout the body. (Side note: Many of these people also have Eosinophilic Esophagitis --- which is misdiagnosed and mistreated as GERD.) --- Bottom line --- most of these False Asthma patients are also "boogey heads" who show the super-antigen response to mold in the environment, as thoroughly described by the Mayo Clinic.

What do you do for your patients with False or Allopathic Asthma? Do exactly what you do for any NUTRI-SPEC patient --- get the prostaglandins (sugar and HOHUM PUFAs) out of the patient's diet, and increase Adaptative Capacity through some combination of Metabolic Balancing via NUTRI-SPEC testing, and increasing Vital Reserves through your Diphasic Nutrition Plan.

How do you help your patients with Classic Asthma? Look at patient #1 above, the 7-year-old boy with asthma. Also look at your Sympathetic/Parasympathetic quiz game from last month. True asthmatics like this 7-year-old boy conform to the match in your quiz of #4 with letter B. These people are high Parasympathetic + low cortisol --- which means they are plagued by allergies, with blood tests showing eosinophils somewhat elevated. They show a wide, red dermographics reflex, and may have asthma, and often show extreme reactions to poison ivy and bee stings, along with showing a slow heart rate that drops from Pa to P1, and is quite unreactive to orthostatic challenge.

The 7-year-old boy? Upon initial testing, he showed a clear Anaerobic test pattern but no Parasympathetic test pattern. His heart rate did drop significantly from Pa to P1, which is the strongest Parasympathetic indicator, but he did not completely conform to a Parasympathetic test pattern. His doctor recommended Mighty Mins, Oxygenic A, Oxygenic A+, and Immuno-Synbiotic along with the Anaerobic and Prostaglandin dietary recommendations. On the first follow-up testing, the Anaerobic test pattern was completely gone, but the patient showed a clear

Parasympathetic test pattern. At that point the doctor backed off of the Oxy A and Oxy A+ and added Complex P and magnesium chloride. Within 2 weeks, the patient was significantly better symptomatically. A month after that he was not only totally clear of symptoms and drug-free, but showed no Anaerobic or Parasympathetic test pattern. The boy is now taking just Mighty Mins and 1 Complex P daily as sort of a maintenance preventive measure. ----- Simple, and smooth.

Do you ever see patients with fatigue? That seems like a silly question doesn't it? All day long you hear patients complaining about being so tired they have to push themselves through less than fully productive days. Yet, I remember 40 years ago when fatigue was a rare complaint, and debilitating chronic fatigue was almost unheard of. What happened over the last 40 years? Start by tripling the annual sugar intake to 160 pounds per year, add a couple gallons of HOHUM PUFAs, and throw in a broad assortment of other ImmunoNeuroEndocrine stressors, and you have the modern American zombie. In other words, the INE stress is so overwhelming that even the slightest genetic tendency to a particular Metabolic Imbalance will be fully manifest.

Consider patient # 2 above, the 50-year-old man with fatigue. Initial testing showed Electrolyte Stress and Parasympathetic Imbalances. He also showed a ridiculously low hydration of 6. The patient was put on a clinical trial, with indicated supplements that included Activator, Formula ES, Taurine, Complex P, Phenylalanine, and a dispersing agent solution consisting of potassium citrate, magnesium chloride, and Phos Drops in 7 cups of water.

On his first follow-up a week later, the patient's hydration had come up to a still low 8.1, but the Electrolyte Stress pattern was gone, while the Parasympathetic test pattern persisted. There was also a Ketogenic test pattern, but the QRG analysis gave the Parasympathetic priority over Ketogenic. The NUTRI-SPEC doctor backed off the Electrolyte Stress supplementation and increased the Complex P, while retaining the Phos Drops and phenylalanine. Four weeks later, the patient continued to show Parasympathetic and Ketogenic test patterns, but his heart rate no longer dropped from Pa to P1. The patient had shown both blood and bilirubin in his initial urine tests, and the urine was now clear. He continued his supplementation unchanged. On his next test 4 weeks later, the patient no longer suffered from fatigue, and showed no Parasympathetic test pattern. It was time to transition to his happy-ever-after Diphasic Nutrition Plan.

Consider now patient #3 above, the 39-year-old woman with polycystic ovary syndrome. PCOS is always associated with insulin resistance --- and thus the woman's tendency to elevated triglycerides,

weight gain, hypoglycemia, fatigue, and depression. People who are this sick simply have no life, and this woman's chances of ever having a life were totally eliminated since she had been put on an SSRI drug. To her credit, and the credit of her NUTRI-SPEC practitioner, the woman got off the SSRI just weeks after starting NUTRI-SPEC.

The woman's initial clinical trial was based on finding Parasympathetic and Metabolic Acidosis test patterns. A timely follow-up continued to show Parasympathetic and Metabolic Acidosis patterns, but now also a Dysaerobic test pattern. Since an additional Imbalance showed up on this follow-up, the patient was given another follow-up testing in 10 days. Now, both the Dysaerobic and Metabolic Acidosis test patterns had disappeared, while the Parasympathetic pattern persisted. By that time the patient was doing extremely well, with more energy and depression entirely gone. Because of her persisting chronic nasal congestion, Immuno-Synbiotic and Boogey Buster were added, and the patient was advised to do mold remediation of her home. The patient was tested one month later and no longer showed any Parasympathetic tendency, and actually a slight Sympathetic test pattern. The patient had come back to life physically, mentally, and emotionally, and was drug-free. Transition to life-long, long-life Diphasic Nutrition Plan was made at that time.

Finally, consider the 42-year-old man with psoriatic arthritis. This case illustrates the power of Doing FINE, and transitioning directly into a Diphasic Nutrition Plan, with no Metabolic Balancing needed. Initial testing showed Ketogenic and Sympathetic test patterns, but the follow-up a week later showed the patient had switched from Sympathetic to Parasympathetic. Being a vacillator-oscillator, plus having an autoimmune disease, indicated the patient needed to be Doing FINE. The Doing FINE using Complex P & Complex S went smoothly, and the patient transitioned directly to his DNP to maximize Adaptative Capacity for the rest of his life. What is interesting is that the patient showed Ketogenic, Parasympathetic, Anaerobic, and Respiratory Alkalosis test patterns on his first follow-up --- 4 Metabolic Imbalance test patterns!!!!!! Yet, after Doing FINE and a month of DNP, the patient showed absolutely no Imbalances on NUTRI-SPEC testing. This case illustrates perfectly what we have said many times --- the 3-10 weeks of Metabolic Balancing is essential for some patients, but for many, going directly to the life-long DNP so increases Vital Reserves that the patient is able to self-correct any Metabolic Imbalances.

The above 4 patients and dozens more just as happy could be enriching your practice. Set up your live stronger longer DNP with or without 3-10 weeks of Metabolic Balancing &/or Doing FINE, and above all --- fully employ your metabolically potent Complex P and Complex S.