

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,

YOU CAN CURE DIABETES IN 3 MONTHS OR LESS!!!

In our last two Letters, you learned exactly how to treat any patient who is Type I diabetic, any patient who is Type II diabetic, and perhaps even more importantly, you learned the essentials of reversing insulin resistance among your countless patients who are INSULIN REACTORS --- saving them from future diabetic disaster. --- How fortunate are your patients to have you, someone more knowledgeable about diabetes and with a more complete set of tools to deal with diabetes, than any doctor they could find anywhere? Pause to really consider how many other doctors can honestly promise their diabetic patients 10-20 years. Not 10-20 years of suffering neuropathy, cardiovascular disease, blindness, and kidney failure, but 10-20 years of being truly alive.

Also contemplate how few doctors possess the power you have with NUTRI-SPEC to serve your dozens and dozens of INSULIN REACTORS by reversing the causes of their:

- weight gain
- pot belly
- high cholesterol and high triglycerides
- high blood pressure
- non-alcoholic fatty liver disease
- exhaustion (of body, mind, heart, & soul)
- hypoglycemia (& its countless associated symptoms)
- Type II diabetes

And while you are at it ...

**CONTEMPLATE HOW RIDICULOUS
IS THE HEADLINE OF THIS LETTER!!!**

That is the kind of headline that drives the “professional” nutrition industry. These headlines appeal to the childish notion (held by even intelligent and thoroughly educated doctors) that disease cures can be achieved without addressing causes. Here is a genuine ...

CLINICAL SECRET ...

for grownups: Making your patients happy and healthy --- so happy and healthy that they refer family and friends --- is not about miracle cures, it is about ...

THE MIRACLE OF LIFE.

Living stronger longer is entirely about maintaining a high level of Adaptative Capacity in accord with your NUTRI-SPEC fundamental premise:

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

NUTRI-SPEC is all about how to permanently empower your patients. This is the third Letter addressing specifically how to empower your diabetic and pre-diabetic patients. Being snookered by headlines hyping miracle cures for diabetes or any other condition is the sure way to frustrate, and to devalue the lives of, you and your patients. Still, even good doctors --- even good NUTRI-SPEC doctors --- succumb to the temptation of such ridiculous headlines.

Is there really a secret nutrient or mysterious herbal drug used for a thousand of years by monks in the Himalayas that will cure a Type I diabetic? I beg your pardon, but a Type I diabetic has had his pancreas destroyed by inflammatory cytokines of his own immune system. Unless this magic potion can re-grow a pancreas, then it is a fraud. Is there really an ancient remedy heretofore only known by Hindu priests that will regulate the blood sugar of a Type II diabetic? What do you think? Can a cure for Type II diabetes be effected without giving up Pepsi? Or the corollary to that question --- if a Type II diabetic gives up the fast sugars, does he really “need” an exotic herbal drug? Cure effects without addressing causes? With NUTRI-SPEC, you need not be among the many doctors living in ...

SUCH A CHILDISH FANTASYLAND.

So --- can you “cure diabetes in 3 months or less?” --- Actually, you truly can produce what amounts to a cure for your Type II diabetics. Or we should say, you can give them what they need to cure themselves. (More on that below.) But, your Type I diabetics are a different story. In these patients there is irreversible destruction of the insulin-producing part of the pancreas by an immune system that has been pushed past its limit and is now attacking the pancreas as a foreign invader. The lost pancreatic function is gone forever.

Is the patient a hopeless case? In the face of autoimmune pancreatic destruction, are you a helpless doctor? --- Not at all ...

If you can set your mind and heart free from the idea of a “cure,” you can focus on the ...

QUANTIFIABLE IMPROVEMENTS IN QUALITY OF LIFE ...

you can offer these patients. Do not be trapped into the disease-specific paradigm of one NUTRI-SPEC practitioner we recall from not too long ago. He chose as one of his first NUTRI-SPEC patients a Type I diabetic whose sugar was completely out of control despite high doses of insulin. The NUTRI-SPEC staff coached him through his service to that patient. His patient tested Electrolyte Stress, and Sympathetic, with Anaerobic/Dysaerobic balance difficult to evaluate because he was on blood pressure medications that caused a false positive Dysaerobic test pattern. The case history played out something like this:

The doctor was advised to put his patient on the proper regimen for the Electrolyte Stress and Sympathetic Imbalances as per the QRG analysis, with the first follow-up test scheduled within a week. On that first follow-up, the patient’s erratic heart rate was already better behaved, with P4 only slightly higher than P1. The doctor seemed mildly irritated that there were still gobs of sugar in the patient’s urine.

On the second follow-up testing three weeks later, the patient’s heart rate was almost perfectly normal in its response to orthostatic challenge, and the systolic blood pressure had dropped more than 20, and the diastolic blood pressure had dropped as well. It was already time for the patient to consider working his way off some of his blood pressure medicine. At the same time, the patient’s original white dermatographics line was now perfectly normal --- indicating less fluid retention systemically. The respiratory rate was also halfway down to normal. This new NUTRI-SPEC practitioner was well on his way to adding that glorious 10-20 years to the life of his diabetic patient. --- But --- he was blind to all that. He was quite upset that the patient still showed sugar

in his urine, and demanded that the NUTRI-SPEC staff tell him when this patient was going to test free of glycosuria.

--- Think of it --- the doctor's patient had diabetes that had grown increasingly out of control over a period of years despite the best and most intensive medical treatment available, yet, since NUTRI-SPEC had not "cured" this diabetic in four weeks of supplementation, the doctor was irate. The ever gracious NUTRI-SPEC staff made the minor modifications to this patient's supplement regimen based on the QRG analysis, and suggested the doctor schedule the next test in a month.

Two months later NUTRI-SPEC heard from the doctor again regarding this patient. Two more tests were available for review, one that had been done a month after our previous look at this patient and one that had just been completed. The test results from a month ago were not only extraordinarily fine in almost every way imaginable, but also particularly included no sugar in the urine. Now, a month after, there was bit of sugar in the urine again --- and the doctor was --- believe it or not --- in a rage --- "I thought NUTRI-SPEC might be working, but now I see that it's not really doing any good at all."

--- Obviously, this practitioner was not a good candidate for a patient-specific approach to clinical nutrition. I personally have Type I diabetics who have been under my care for 20 years or more. They will occasionally show sugar in the urine (--- usually after some rather extreme dietary indiscretion). Statistically speaking, most of these patients should have been dead by now. Yet, they are thrilled with NUTRI-SPEC care, in grateful appreciation that they still have fully functional kidneys, minimal cardiovascular disease, and can carry on life with as much vitality as if they had no diabetes at all.

**20 YEARS FROM NOW YOU WILL HAVE
MANY SUCH PATIENTS YOURSELF.**

--- And --- you will have dozens of their referrals, plus dozens more of their referrals' referrals. For these patients you will:

- slow or even perhaps stop the autoimmune destruction of the pancreas
- decrease the activity of the inflammatory cytokines associated with over-activation of the immune system's lymphocytic Th1 cells
- minimize the need for insulin
- dramatically slow the onset of cardiovascular disease
- delay indefinitely the onset of renal failure
- give your patients the heightened level of energy that comes from better glycemic control

There is one other fact about Type I diabetes that you learned in your May Letter --- and that is that Type I and Type II diabetes often exist in the same patient. How does that happen? Take your typical INSULIN REACTORS (--- your Anaerobic/Gluco-genic/Ketogenic/Parasympathetic types) who have overindulged in sugars and carbs for a lifetime. They are insulin resistant and perhaps even borderline Type II diabetic. They have the abdominal obesity, the rising blood pressure, the elevation of cholesterol and especially triglycerides --- the whole picture associated with insulin resistant Metabolic Syndrome.

Now, you take those people and expose them to some extreme environmental stressor that makes the immune system go berserk. Mold exposure is one such stressor, as are certain bacterial and viral infections. The immune system goes into an acute phase reaction producing truckloads of Th1 inflammatory cytokines such as Interferon-gamma, Tumor Necrosis Factor-alpha, Interleukin-1, Interleukin-2, and so on. But, there is maladaptation here such that the acute phase reaction becomes chronic. Autoimmune disease is highly likely.

If those inflammatory cytokines attack the thyroid, the patient has Hashimoto's autoimmune thyroiditis, or Grave's autoimmune thyroiditis. If the immune system attacks the joints, it is rheumatoid arthritis. If the immune system attacks the pancreas, you have Type I diabetes --- and remember, this was a person who was already dipping his toe in the waters of Type II diabetes. From that time on, both the autoimmune destruction of the pancreas and the insulin resistance progress to the point where the patient is suffering both insulin dependent and insulin resistant diabetes simultaneously.

Of course, such a patient's case is mishandled by his physician. When the diabetes is discovered, the doctor assumes that since the patient is 55 years old when the diabetes surfaces, this is "adult-onset diabetes" --- Type II. The possibility of Type I diabetes is not even considered. The patient is put on metformin, glyburide, and so forth. Those drugs may help the insulin resistant diabetes some, but to only a small extent if the patient does not clean up his self-destructive diet. Meanwhile, the autoimmune Type I diabetes rages on.

You, and only you --- with NUTRI-SPEC --- have the tools to recognize and meet the needs of such a patient.

An even more extreme example of mishandling a diabetic case is the adult who suffers autoimmune destruction of the pancreas, yet who is not in the least bit insulin resistant. These patients are quite healthy, and generally have a far better than average diet --- yet here they are, suddenly diabetic. What does the patient's physician do? He assumes

“adult-onset diabetes” and prescribes the oral diabetic medication. The drugs do absolutely no good whatsoever. The doctor and patient play the drug game for months or even years until finally they give in and go with the insulin the patient needed from day one.

--- CLINICAL TIP --- If you have a patient who is lean and healthy, yet suddenly becomes diabetic, you can be 100% sure this is an autoimmune diabetes. The patient’s immune system is destructively out of control, and not only should the patient waste no time getting on at least a small amount of insulin, but you also need to address his specific needs with some combination of your NUTRI-SPEC Metabolic Balancing and Diphasic Nutrition Plan. At the same time, the patient must carefully consider environmental stressors that are triggering an immune response --- particularly the likelihood of mold at home or at work.

Now, what about your ...

INSULIN REACTOR sugar babies ---

the Type II diabetics you are going to “cure” in 3 weeks? --- If the patient is age 32 or less, you truly can reverse the insulin resistance --- assuming you can get your patient to understand he can only “cure” himself. At this age, eliminate the causes, give your patient’s ADAPTATIVE CAPACITY a huge boost with NUTRI-SPEC, and the effects will vanish spontaneously. The Pepsi has got to go --- the miracle of life is certain to come on strong.

After age 32, and definitely after age 52, correcting the Anaerobic/Glucogenic/Ketogenic/Parasympathetic Imbalances will give you amazing drops in triglycerides, blood pressure, and tummy fat. But you can never consider your patient “cured” of insulin resistance.

Here is a case history from my own practice --- not a diabetic, but very definitely an INSULIN REACTOR. On statin drugs and high doses of blood pressure medication for decades, she may appear beyond help with NUTRI-SPEC Metabolic Therapy. --- But just look --- **63-year-old woman with obesity, extreme hypertension, cholesterol & triglycerides both 300+, arrhythmia, and fibromyalgia:** After only 12 weeks of NUTRI-SPEC --- no fibromyalgia, no arrhythmia, major drop in blood pressure, and significant weight loss --- plus, “I feel great.” --- One year later --- loses 45 pounds, BP medication cut in half and BP maintained at 150/75, cholesterol & triglycerides decreased by 70-100, and completely off the (Red Flag) cholesterol drug. Anaerobic and Sympathetic Imbalances controlled === transitions to DNP individualized for cardiovascular disease, and, “I am amazed at how I feel.”