

# 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

**Volume 25 Number 2**

From:  
Guy R. Schenker, D.C.  
February, 2014

Dear Doctor,

### **“ENERGY.”**

Do you want more energy? Your patients certainly do. You hear it all day long --- “I need more energy!” Half your patients age 33-52 are begging you for an energy boost, and nearly all your patients age 53+ are facing an absolute energy crisis. All that seemingly “works” to give them a temporary lift is the stimulation of caffeine --- while their metabolic fatigue drags on unabated, day after day after lethargic day.

Of course you realize that your patients actually have more energy than they need. Energy is measured in calories, and every pound of fat hanging over the belt, bulging from the hips, or sloshing between the thighs holds over 4000 calories of energy. 20 pounds overweight? Your patient is loaded with energy. 40 pounds extra fat? Your patient is an energy powerhouse.

So yes, your patients have more energy than they need. What they do not have is the metabolic efficiency to put that energy into work and play. Their pleading to have more energy derives from their need to ...

### **BURN MORE ENERGY IN THE FIRES OF JOYFUL LIVING.**

Enriching our lives with physical and mental work demands activation of many adaptative metabolic pathways; celebrating our lives with playful delight demands a tremendous output of adaptative energy expenditure. Your typical “energy-depleted” patient simply cannot rise to the demands of a rich, happy life. --- Why not?

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

Your typical patient has barriers to accessing the energy in his food (or dumped into his adipose). In some patients, the barriers relate to Metabolic Imbalances. There is an energy utilization component to all 5 of your NUTRI-SPEC Fundamental Metabolic Balances.

- Electrolyte Stress and Electrolyte Insufficiency Imbalances cannot maintain the polarity within and without cell membranes and mitochondrial membranes to facilitate efficient energy utilization.
- Anaerobic patients are stuck in anaerobic glycolysis as a quick and dirty means to produce only a limited amount of energy --- as the more efficient energy utilization through oxidative phosphorylation is not fully accessible.
- Dysaerobic Imbalance relates to the wasting of oxidative energy by diverting it into catabolic oxidative free radical generation.
- A Glucogenic patient is “stuck” in the postabsorptive phase of metabolism that follows ingestion of food. Glucose is cleared very quickly from the blood --- some of it being utilized on the spot to at least keep the motor running in low gear, while most of it is converted to cholesterol and triglycerides for storage. Energy utilization of fats is completely inaccessible.
- Ketogenic Imbalance means that glucose is not efficiently accessible for energy use, while in desperation, fats are utilized very inefficiently. Adrenal corticoid stress fails as an attempted adaptation.
- Acid Imbalances and Alkaline Imbalances both deprive tissues of the anions and cations necessary to instantaneously meet adaptative energy demands, while also distorting the relationship between oxygen and carbon dioxide exchange in the energy production pathways.
- A Parasympathetic Imbalance has elements of both Glucogenic and Ketogenic Imbalances --- being “stuck” in the post absorptive Anabolic metabolic pathways such that energy expenditure is very limited.
- A Sympathetic Imbalance represents a mobilization of carbohydrate and protein and fat energy stores, but a distorted pattern in utilization of those substrates.

In summary --- all patients with even one Metabolic Imbalance will feel that they “need more energy.” --- But --- not only are virtually all your patients suffering from one or more energetic insufficiencies associated with Metabolic Imbalance, most of your patients age 33+ and all your patients age 53+ are also suffering from a deficiency of Vital Reserves. Even with a relatively balanced state in the 5 Metabolic Balance Systems, these people suffer such a low amplitude in their diurnal cycle that they simply do not have enough juices flowing to produce a steady stream of high-performance vitality.

Would you like to pump your patients full of “energy” almost overnight? (More appropriately, I should ask --- Would you like to open the gate so your patients gain access to their full energy reserves almost overnight?) --- It is really quite easy. Nothing will have your patients kicking up their heels like:

- + Oxy A+ --- to pull your patients out of their Anaerobic glycolysis rut and push them down the road to efficient oxidative energy production.
- + Oxy D+ --- to pull your patients out of oxidative free radical generation, and push them down the road to efficient oxidative phosphorylation.
- + Oxy A+ and Oxy D+ --- in a Diphasic approach to increase Vital Reserves, by instituting a Diphasic Plan with double or even triple the conservative standard DNP recommendation for Oxy A+ and D+ --- blasting your patient into the stratosphere with exploding skyrockets of both activative and restorative energy production.
- + Sodium citrate --- for all your patients with adrenal insufficiency and the resulting Dysaerobic Imbalance, Glucogenic Imbalance, Electrolyte Insufficiency Imbalance, or Potassium Excess Acidosis.
- + Di-potassium Phosphate &/or Magnesium Chloride --- for all your patients with adrenal stress, and the resulting Potassium Depletion Alkalosis, Ketogenic Imbalance, or Electrolyte Stress Imbalance. Nothing restores adrenal control and thus relieves exhaustion like these electrolytes.
- + Phos Drops --- to pump up the energetic metabolism of those with a Parasympathetic or Alkaline liver.
- + Proton Plus --- for your patients with the stressed out fatigue of adrenal exhaustion, Potassium Depletion Alkalosis, or a Ketogenic liver.

- + Sodium Glycerophosphate --- for all your patients in either the Acid hypoglycemic fatigue of a Glucogenic Imbalance or the Alkaline hypoglycemic fatigue of a Parasympathetic Imbalance, or, a tissue Alkalosis plus systemic Acidosis of a Dysaerobic fatigue syndrome.

Yes, it is really quite easy. --- But --- there are only two problems. First, you have to “guess” which combination of these energy elixirs will work in any particular patient. Second, even if you “guess” correctly, the energy boost you provide will be short-lived. Why? --- Because any of these energizers will begin to cause problems within 2-10 days as they give such a strong push to the Metabolic Balance Systems, that the body is forced to react --- first favorably, but then secondarily in defense.

[This extreme metabolic power of your supplements is why we make the point over and over again that when you are doing NUTRI-SPEC Metabolic Testing, you absolutely must do your first follow-up within 7 days.]

One of my biggest frustrations in the 33 years I have spent developing and refining NUTRI-SPEC is my colossal failure to give you an objective means to choose which combination of the power pack supplements listed above will stoke the metabolic fires of each individual patient. --- I have seen every one of these quick-acting nutrients work overnight “miracles” --- but then need to be taken away from the patient as nasty symptoms attack from out of nowhere:

- A woman with thyroid insufficiency suffers extreme fatigue despite taking what appears to be adequate levothyroxine. She is given di-potassium phosphate and instantly (literally instantly) feels an electrifying surge of pep. --- But --- after a week of dancing in the streets, she breaks out in a terrible rash. I cannot imagine by what mechanism the di-potassium phosphate could be responsible for the rash, but just to play it safe I pull the di-potassium phosphate away, and the rash disappears --- only to return within days after getting back on the di-potassium phosphate. --- Humbug.
- A woman has chronic fatigue, orthostatic hypotension, and hyperventilation syndrome. She is put on sodium citrate and two days later reports, “The way I feel is amazing.” She further reports, “I feel so calm and unpressured, yet I am able to work all day without getting tired.” --- Tragically --- within a week she has a major flare-up of a chronic yeast infection. --- Same story --- I cannot imagine that the sodium citrate is responsible, but we pull it away anyway. The Candida symptoms abate quickly, but then return almost immediately when we take another shot at the sodium citrate. --- Heartbreaking.

- A man has chronically low body temperature despite having responded marvelously in all other regards to his NUTRI-SPEC regimen. Magnesium chloride is added to his anti-Ketogenic supplement regimen, and his body temperature pops up to normal within an hour. The next day he takes his magnesium chloride, monitors his temperature, and he feels great all day while he continues to maintain normal body temperature. The third day the patient feels absolutely spectacularly, takes his magnesium chloride, and within 5 minutes has lightning bolts of sciatic pain shooting down his left leg. The pain is totally disabling and he cannot move any body part without getting hit by an excruciating electric shock. He has never had sciatica in his life. --- Yes --- it is the magnesium chloride. --- Rats.
- A man with severe GERD symptoms has taken Prilosec at least once daily for years. Immediately after adding Phos Drops to his anti-Parasympathetic NUTRI-SPEC regimen, he is astonished to find that his symptoms have almost vanished into thin air. Over the next two weeks, he only takes his proton pump inhibitor one time. --- But --- by day 10 he can no longer ignore the pain and stiffness in his knees that is getting worse day by day. By day 14, the knee pain is bordering on excruciating and he stops the Phos Drops. The knee pain abates within two days, but his reflux symptoms reappear as well. --- Perplexing.

The most wonderful aspect of NUTRI-SPEC testing is that it gives you an objective means to evaluate what is going on in a patient's body chemistry. In the vast majority of cases where new symptoms appear upon instituting a NUTRI-SPEC regimen, the follow-up testing reveals a new Metabolic Imbalance that explains the symptom. You are thus able to modify the patient's supplement and dietary recommendations, and the patient is well on his way to happy-ever-after.

But the four cases described above are all instances when symptoms appear inexplicably, and NUTRI-SPEC follow-up testing reveals no obvious Imbalance to account for those symptoms. Over 30 years we find that when negative symptomatic reactions occur in response to a complete NUTRI-SPEC regimen, the retest (whether it is the initial follow-up test, or when symptoms appear weeks or months down the road) reveals exactly what is going on. It is when the symptoms appear in response to these particular powerful energetic elixirs that after testing we remain mystified. --- Yes --- my biggest frustration --- but I am working on it.

The theme of this month's Letter is that your patients have barriers that prevent them from accessing the energetic metabolic pathways that

must be activated if they are to maximize ADAPTATIVE CAPACITY. Almost always those barriers to energy utilization are broken down by the increased Vital Reserves you achieve with your Diphasic Nutrition Plan; and, those barriers are blown away even faster in patients for whom you can precede your DNP with 3 to 10 weeks of Metabolic Balancing.

But ...

### **HIDDEN IN YOUR ARSENAL OF BARRIER BUSTERS ...**

are at least 8 awesome cannons --- Oxy A+, Oxy D+, Sodium Citrate, Di-Potassium Phosphate, Magnesium Chloride, Phos Drops, Proton Plus, and Sodium Glycerophosphate. You can consider each cannon ...

### **A WEAPON OF MASS CONSTRUCTION ---**

--- producing explosions of adaptative energy. --- But --- these explosions will sometimes also result in collateral damage.

### **WE MUST LEARN TO AIM THESE CANNONS MORE ACCURATELY.**

Our patients' "energy" depends on it; our patients' ADAPTATIVE CAPACITY depends on it; guaranteeing our patients they will live stronger longer depends on it.

So --- work with me on this. We have enough competent, responsible NUTRI-SPEC Doctors that if they (YOU) add to the 30 years of data I have collected on these supplements, we can soon learn to get our patients fired up like never before. --- Do some informal clinical trials. Give these supplements to a diversity of patients and monitor the subjective and the objective responses. As your criteria for choosing supplements use some combination of:

- Your DNP Balancing Procedure and other DNP protocols
- Your Metabolic Testing QRG Analysis
- The Pain Control protocol (even in the absence of pain)
- The Comprehensive Dermographics Analysis (--- Contact the NUTRI-SPEC staff if you are interested.)
- Your gut feeling plus an adventurous spirit

Do play with these clinical trials. Contact your NUTRI-SPEC staff for as much guidance as you want. Working together we can learn how better to enrich your practice while energizing your patients. We look forward to your feedback.