

# 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 5

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

Dear Doctor,

I suspect ...

### **YOU ARE NOT HAVING NEARLY ENOUGH FUN WITH NUTRI-SPEC.**

Later in this Letter you will be given some tips on how to make your NUTRI-SPEC practice fun for you and your patients. But first, you will want to hear stories from doctors who are having fun with your patient-specific approach to Metabolic Therapy. These are reports that just happen to be on my desk as I dictate this Letter. The NUTRI-SPEC staff receives feedback like this every week ...

Dr. #1: "... could it be the NUTRI-SPEC?"

**"My patient has been on thyroid meds for 21 years. She had her annual thyroid test about a month ago and the doctor wanted her to come back and have it tested again because the doctor couldn't believe the results. After the second test the patient received an email from her doctor telling her to stop taking her Armour thyroid. The only thing she has been doing differently is NUTRI-SPEC. Do you think it could be the NUTRI-SPEC? Have you ever had any other patients that after that amount of time on thyroid meds have been able to get off them? I'm blown away :)"**

Dr. Schenker's reply:

*"Do you think it could be the NUTRI-SPEC? Have you ever had any other patients that after that amount of time on thyroid meds have been able to get off them? ---- Yes, and yes."*

*“Yes, it very definitely could be NUTRI-SPEC. --- There are two general types of thyroid insufficiency. There is the classic Hashimoto’s autoimmune thyroiditis associated with excess inflammatory cytokines of the Th1 family. They destroy the thyroid gland, and thus cause insufficient thyroid function. As these inflammatory cytokines (particularly Interleukin 1, Interleukin 2, Tumor Necrosis Factor-alpha, and Interferon-gamma) gradually destroy thyroid function, the thyroid hormone levels will go down and the TSH will go up. --- But --- those inflammatory cytokines also suppress the pituitary’s production of TSH --- so --- the TSH never gets as high as it “should” be given the degree of thyroid insufficiency in that particular patient.*

*“The other kind of thyroid insufficiency is associated with Th2 rather than Th1 cytokine dominance. In these cases, the TSH is extraordinarily high, and in general, the T4 and T3 thyroid hormones are relatively normal. It is in these patients that NUTRI-SPEC will have a tremendous balancing effect on the immune system, and give an astonishing drop in the TSH.*

*“And yes, I have had patients on thyroid meds get off them very quickly. One case comes to mind in my own practice of a woman who had a TSH of 10.5, and got off thyroid within a few months after starting NUTRI-SPEC.”*

Additional comments from Dr. Schenker:

This Month’s Letter is not about the thyroid. This is just one example of a doctor who is, as she says, “Blown away” by what she sees happening with NUTRI-SPEC. Believe me, getting blown away like this is fun. I have been doing NUTRI-SPEC for 35 years, and I am still frequently blown away by the responses I see in patients --- and when I am --- I feel almost giddy over how much fun I am having. Once you experience the elation of working what your patient perceives as a “miracle,” you, too, will be dancing a jig with a big goofy smile on your face. --- Fun.

I do not want to go off on a thyroid tangent here, but I will say this. – Immediately after revising the Thyroid Insufficiency chapter of your NUTRI-SPEC manual about 4 years ago, I realized how much I know about the thyroid that never found its way into your manual. ----- Many of you seem to be thoroughly confused about the role of thyroid in the various metabolic balances, and how to handle the various forms of thyroid pathology using NUTRI-SPEC principles. Most of your confusion derives from the tons of garbage misinformation promoted by alternative healthcare practitioners, combined with most medical physicians’ (including endocrinologists’) total ignorance.

--- Just one example to illustrate the point --- Do you really understand the difference between the two principle thyroid hormones, T4 and T3? If you are going to be effective with your NUTRI-SPEC Metabolic Balancing and/or Diphasic Nutrition Plan in dealing with patients with thyroid dysfunction, you must understand:

- the quantitative difference in thyroid production of T4 and T3
- the role of the liver (and kidneys) in converting T4 to T3
- that T4 and T3 have different effects in their suppression of TSH
- that T4 and T3 have a major influence on estrogen and testosterone, and, are influenced by testosterone and estrogen
- that sex hormone binding globulin (SHBG) is a key indicator regarding thyroid function and the relation between thyroid hormones and sex hormones
- that SHBG varies inversely with corticosteroid binding globulin, and thus there is a direct connection between thyroid function and adrenal corticoid function
- that the half-life of T4 is 10 days; the half-life of T3 is only 2 hours.
- above all --- that virtually all thyroid dysfunction is not the thyroid's "fault" --- but rather the thyroid is being clobbered by ImmunoNeuroEndocrine stress --- with certain inflammatory cytokines raging out of control --- and --- that those inflammatory cytokines can be reined in by NUTRI-SPEC (--- witness the Dr. #1 who is "blown away" by what NUTRI-SPEC did on a woman who has been taking thyroid for 21 years).

One more point before we leave our illustration with Dr. #1: Note the quality of response this doctor received upon calling NUTRI-SPEC. She gave us feedback on her patient, and we gave her far more in response than she specifically asked for. NUTRI-SPEC is here to serve you. We have an extraordinary communication line with NUTRI-SPEC practitioners --- make yourself one of our "regulars." You and your patients will be thoroughly enriched if you do. Merry and Jennifer field questions all day long by phone, fax, and email. There is no question you can think of asking that they have not heard before. They are qualified to answer at least 90% of the questions that come our way. Over the zillion years Merry has worked at NUTRI-SPEC, she has probably done ten times as many NUTRI-SPEC test analyses as I have. She has seen it all. Jennifer is extraordinarily sharp, and offers the additional advantage of working as a CA in my office, doing the testing on my own patients. --- And what happens to the 10% of queries that Merry and Jennifer cannot handle to their satisfaction? They pass them on to me. It is not uncommon for me to stay up until 2 a.m. dictating answers to questions from doctors like yourself --- and doing so happily. ----- We can boast without the slightest hesitation that no one can match the service NUTRI-SPEC provides you. --- Use it. And have fun.

Dr. #2: --- A doctor who recently experienced extreme INE stress, one symptom of which was a huge increase in thirst. So, we have been coaching him on some changes in his personal NUTRI-SPEC regimen.

***“Last week I finally started taking the magnesium chloride you recommended -- what a difference!”***

***“Although I still suffer from bouts of excess thirst, this has not been nearly as bad. My last few workouts I am back to my normal 16 ounces of water, down from double that amount. I also have done a few long work shifts without a break, and was able to get through the 10 hours drinking about 64 ounces of water (down from 96 ounces). --- This is despite the fact that I have been able to cut wayyyyyyy down on my Complex S intake.”***

***“The first time I took magnesium chloride I noticed an almost immediate systemic effect -- like a feeling of relief. Boy that stuff tastes horrible (I suppose I did not dilute it enough). Now I use more water and the taste is more tolerable. --- Questions:***

- 1. How did you conclude that I needed the Mg Cl? (other than being a freakin genius) Assuming I am SYMP and DYS – it would not show up on the QRG for either of these imbalances.***
- 2. How does MgCl help a SYMP imbalance? I get the Mg part, but what about the Cl? Can you explain the mechanism?***

***BTW – I have been experimenting with larger and larger doses of the MgCl (as per you request in the recent newsletter) – I notice that when I take it, sometimes I get a little gassy, and my eyes will tear and my mouth may get a bit watery (obviously all Parasympathetic symptoms) ----- Thanks for your response”***

Dr. Schenker’s reply:

- “ 1. “...What a difference!” ----- Yep. --- Sometime soon I am going to devote an entire NUTRI-SPEC Letter to magnesium chloride (as soon as I get all its metabolic effects worked out). --- Since almost everyone is at least borderline deficient in magnesium, and, since by far the most common Acid/Alkaline Imbalances are a Respiratory Alkalosis and a Metabolic Alkalosis, magnesium chloride serves as sort of an all-purpose elixir for many, many people.***
- 2. “How did you conclude that I needed the magnesium chloride? I am Sympathetic and Dysaerobic --- it would not show up on the QRG for either of these Imbalances.” -----***

- a) *Magnesium is essential for Sympathetic patients.*
  - b) *Chloride is often essential for Dysaerobic patients (--- tissue Alkalosis).*
  - c) *Magnesium chloride is a great way to get magnesium into Dysaerobic patients who need it, and, do so without exacerbating the Dysaerobic Imbalance. (It is also a great way to get magnesium into Parasympathetic patients without exacerbating their vasodilation and their systemic alkalinity.)*
  - d) *Many Sympathetic patients tend to hyperventilate at least to some degree. Chloride can be a great way to control that Respiratory Alkalosis, but Proton Plus can exacerbate any Metabolic Acidosis, so the magnesium chloride is the ideal way to go for Sympathetics who are a bit stressed out.*
3. *“...larger and larger doses of MgCl<sub>2</sub>...” ----- When a person reaches his “limit” on magnesium chloride, sometimes that limit is magnesium-dependent, and sometimes it is chloride-dependent. In your case, apparently the magnesium is pushing you in a Parasympathetic direction more than the chloride is pushing you into an Acid direction. --- Just be careful that the magnesium chloride in excess does not overstimulate the GI tract and stir up your old Crohn’s symptoms.”*

Additional comments from Dr. Schenker:

Dr. #2 is an extraordinary NUTRI-SPEC practitioner. --- And --- he has fun. He pushes himself and challenges himself both personally and professionally, and is serving a tremendous volume of patients --- patients whose lives he has enriched immeasurably --- and --- this doctor never hesitates to communicate with NUTRI-SPEC. Feedback on his patients, his questions, and his comments keep the communication line between his practice and NUTRI-SPEC quite active.

The other component of our communication line is that this doctor frequently bounces ideas off us. --- This is one of the doctors for whom I am quite happy to stay up until 2 a.m. serving his active mind and adventurous spirit. We see here one aspect of what I mean when I say have fun with NUTRI-SPEC. This NUTRI-SPEC practitioner loves to play. He knows his physiology and biochemistry better than 999 out of a 1,000 doctors and is always looking for ways to push NUTRI-SPEC to its limits. Please appreciate that his “play” is not the least bit irresponsible, and is not a matter of making his patients into guinea pigs. With NUTRI-SPEC he knows he has a set of objective indicators with which to monitor his patients. So, he can test playfully, yet responsibly, ever searching for better ways to serve his patients.

So, some night at 1 a.m. when I think I am ready to wrap up my NUTRI-SPEC dictations for the night, my “homework” pile finishes with an email from this doctor that goes like this, “Dr. Schenker, I have a thought experiment ...” and he will bounce off me one of his ideas on how to more effectively use NUTRI-SPEC. Suddenly, my brain that seemed to be running on empty is totally energized, and I spend the next hour engaged in my kind of play --- having fun rising to the challenge of this doctor’s playful questions so that we can all learn and all serve our patients better.

Note again the quality of response this doctor received from NUTRI-SPEC. Note in particular that the recommendations we made for his own NUTRI-SPEC regimen included magnesium chloride, which is not specifically indicated by strict interpretation of your QRG analysis of test results. This illustration teaches you exactly why you must call us. Occasionally when there are certain combinations of Metabolic Imbalances that are being hammered by INE stress, we can recommend a supplement or two that differs from or replaces the routine QRG protocol. Call us! --- And your patients, too, will be exclaiming, “What a difference!”

Something else you will notice in the remarks from this doctor is that he is following through with our recommendation from our recent Letter to play with temporary large doses of certain supplements. As per the NUTRI-SPEC philosophy of objectivity in clinical practice, we gave you a quickie test procedure to help guide you in your selection of one or more supplements to “play with” for a particular patient. That test procedure is your expanded Dermographics & Edema Testing. The testing is quick, can be used on anyone --- whether that patient has a NUTRI-SPEC Metabolic Balancing protocol, or a Diphasic Nutrition Plan --- and, can give you just the spark you need to lift that patient over the hump.

Something else just came to mind regarding the playful nature of Dr. #2, and how much fun he has with NUTRI-SPEC. He often uses a “trick” that I have been doing for over 35 years, and which I have often encouraged you all to do. He will give a patient a quick clinical trial of a supplement right there on the spot in his office, wait 20 minutes, and see what kind of response he gets. He has given us feedback on many extraordinary responses --- patients turning around right before his eyes. Based on the NUTRI-SPEC tests, plus his knowledge of what drugs the patient is stuck with, plus integrating that with the patient’s symptoms, he will give a patient a large dose of Oxy A+, and report that within minutes the patient’s symptoms improve. Or, on another patient, he will deduce that Phos Drops is probably the best way to go and watch what happens to the patient in the first 20 minutes after taking a large dose.

What this doctor is doing is nothing more than the NUTRI-SPEC Pain Control Protocol --- which we recently suggested would be more appropriately named the Tissue Level Acid/Alkaline Balancing Protocol. Do whatever testing you are able to do on a patient; make your best estimation based on the objective evidence before you what supplement might give this patient an immediate tissue level balancing effect; give a large dose of that supplement; have the patient sit for 20-30 minutes; then get a report on subjective changes while at the same time you quickly double-check a few of the tests that you used as indicators for the supplement you chose. Dr. #2 has seen migraines dissipate, a blanket of mental fog lifted, and countless other symptoms evaporate before his eyes using these challenges. And on the rare occasion when the patient responds unfavorably to the clinical trial, there are objective tests to show you what direction the patient's body chemistry moved in response to your challenge, telling you exactly what the patient needs. Indeed --- some of the most informative clinical challenges are the ones in which response is unfavorable --- thus shining a brilliant spotlight right on the cause of that patient's most disturbing symptoms.

--- Imagine yourself going to the office every day anticipating the "miracles" as reported by Dr. #1, and, like Dr. #2, looking with eager anticipation for the chance to play creatively --- dancing for joy over all the fun you have with your patients.

Dr. # 3: "... what should I do?!!!"

**"Can you check out this patient's test results for me? As you can see from her Test Results Form, her Imbalances changed radically on her first follow-up one week after starting NUTRI-SPEC supplements. And now the patient shows a huge amount of ketones in the urine. Such a big change has me concerned. Did I do something wrong? What should I do?"**

Dr. Schenker's reply:

*"You did nothing wrong; you did everything right."*

*"A week ago your patient's initial testing showed Anaerobic and Glucogenic Imbalances; after a week of supplementing with Activator, Oxy A, Oxy A+, Oxy G, and Immuno-Synbiotic, she now shows no Anaerobic test pattern, her Glucogenic pattern has switched all the way over to Ketogenic, and now she shows a slight Sympathetic test pattern as well. These are the kinds of changes we see in response to NUTRI-SPEC all the time, and these are the changes we want to see."*

*“Such radical changes mean one of two things --- either the patient is a vacillator-oscillator under extreme INE stress, or, your NUTRI-SPEC initial recommendations hit the nail right on the head, and you are reversing the patient’s Metabolic Imbalances in just a week. We can safely assume in this case that the patient (a 62-year-old female with acid reflux and osteoporosis) is not a vacillator-oscillator, since there are no negative symptoms accompanying her radical flip in NUTRI-SPEC test patterns. So, congratulate yourself on an extraordinary job well done.*

*“What should you do now? Since the Anaerobic test pattern has already been broken, decrease the Oxy A and Oxy A+ somewhat. Since the Glucogenic test pattern has flipped all the way over to Ketogenic, stop the Oxy G entirely, do not supplement with Oxy K, but keep the patient on the Glucogenic dietary recommendations.*

*“The ketones in the urine are the best possible news. That means that this patient who had been stuck in a Glucogenic rut for who knows how long --- which means she was completely locked into an absorptive phase of metabolism and unable to burn anything but sugar for energy, and with fat stores completely inaccessible --- is now burning fat like crazy. We do not know if weight loss is a goal in this particular patient, but if it is, she will lose weight easily, effortlessly, and rapidly, and even if weight loss is not her goal, with fat reserves now accessible for energy, she will have a tremendous lift in her level of vitality.*

*“The appearance of a light Sympathetic test pattern is more good news. Pushing the patient out of her Anaerobic Imbalance lifts the Anaerobic suppression of adrenal catecholamine activity, so now her adrenal medulla is energized, which is good. Of course, you do not want to overdo this, which is why we slightly reduced the Oxy A and Oxy A+.”*

This doctor can now be at ease, and begin to have fun with NUTRI-SPEC, as you will too --- if you follow these tips:

- Use your DNP as the foundation of your practice --- since --- even if you do full Metabolic Testing, an individualized DNP is where you are headed after 3-10 weeks, anyway.
- Do as much objective testing as you and your staff can do --- either before transitioning to a DNP, or after a DNP for a month or two has settled the patient a bit.
- Full NUTRI-SPEC Testing is the ideal if you can pull it off --- but if you cannot, either because of staff limitations or because the patient is being drugged silly --- do not despair. Dermographics & Edema Testing &/or Tissue Acid/Alkaline Balance Testing will yield clinically actionable information to augment a patient’s DNP.
- CALL US --- We’re fun to talk to.