

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

How many of your patients have a DYSAEROBIC IMBALANCE? --- In other words, how many of the people you serve are suffering from Dysaerobic/catabolic/free radical oxidative inflammation?

THEY ALL ARE ...

or, at least all your patients age 33+ are.

What percentage of your patients have an ANAEROBIC IMBALANCE? --- What percentage of the people you are committed to care for are suffering from Anaerobic/anabolic inflammation?

100% ...

or, at least 100% of your patients age 33+.

Stop and take a serious look at where you stand in the lives of so many good people. --- You are their only hope. You are the only doctor with the tools to help them build happy-ever-after. You see ... with your understanding that ...

INFLAMMATION + AGE 33+ = INFLAMM-AGING ...

you are truly their only chance at controlling and preventing all the nasties associated with aging. Your NUTRI-SPEC Metabolic Therapy gives you power over all the conditions that are nothing more than Dysaerobic or Anaerobic manifestations of inflammaging ...

- fatigue
- weight gain
- metabolic syndrome
- cardiovascular disease
- diabetes
- arthritis
- fibromyalgia
- autoimmune diseases
- depression
- high cholesterol & triglycerides

Stop for another moment to consider both the magnitude of your power and the uniqueness of the role you could be playing in the lives of patients who ...

NEED YOU ...

to care. --- Without your commitment, your patients are destined to a lifetime of suffering from one or more of the above-listed conditions. --- And --- destined to suffer an endless stream of damaging drugs in an attempt to control those conditions --- and --- are almost certain to desperately seek help in natural cure quackery. Help them. Use NUTRI-SPEC to enrich their lives as they enrich yours.

Help your patients wake up to the truth. Despite their brainwashing from the medical/pharmaceutical/agribusiness establishment, there is nothing in the above list of conditions that is a natural part of the aging process. You gained an understanding from last month's Letter that all those inflammaging effects are examples of premature aging, and that for the last 100 years in Western civilization, that premature aging is associated with 3 self-inflicted consequences of the pathological modern lifestyle:

- A) massive production of prostaglandin E2
- B) poisoning by endotoxin
- C) free radical damage out of control

Now, let us expand your concept of premature aging by understanding that all 3 of those causes involve a failure of ADAPTATIVE CAPACITY. --- And, that failure of ADAPTATIVE CAPACITY is associated with a failure of anti-Dysaerobic defenses plus a simultaneous failure of anti-Anaerobic defenses.

There is inflammaging caused by, and that causes pathological disintegration of tissue structure and function. --- The body is "breaking down" after age 33. ----- And simultaneously ----- there is inflammaging

caused by, and that causes pathological hyperplasia. --- The body is “clogging up” after age 33. So, you see why we began this Letter by stating that all your patients have a Dysaerobic Imbalance, and 100% of your patients have an Anaerobic Imbalance. Virtually every patient you see age 33+ is suffering from conditions such as those listed above, and all are the result of ...

A FAILURE TO DEFEND ...

against the forces causing the body to break down, and those simultaneously causing the body to clog up.

This insidious loss of ADAPTATIVE CAPACITY beginning at age 33 is why we state so emphatically that all your patients need to be put on a life-long Diphasic Nutrition Plan. That is the only way to assure that they will live stronger longer.

If you do full NUTRI-SPEC Metabolic Testing on your patients, you will find a certain percentage will show a test pattern indicating a Dysaerobic Metabolic Imbalance, and some will show a test pattern indicating an Anaerobic Metabolic Imbalance. All that means is that the patient’s life is being more dominated by a far greater failure in one defensive system than in the other. A patient who shows a Dysaerobic test pattern is being dominated by catabolic oxidative tissue destruction, but, that patient has subclinical pathological hyperplasia going on at the same time. Similarly, a patient with an Anaerobic test pattern is dominated by a failure to defend against pathological hyperplasia, but simultaneously there are hidden catabolic tissue destructive processes occurring subclinically.

So, these people with clear Anaerobic or Dysaerobic test patterns benefit tremendously from 3-10 weeks of Metabolic Balancing. Such will give them a big push down the road to maximizing health. But whether or not the benefits of Metabolic Balance Therapy are offered to these patients, they all are going to need as their major health rebuilding program an individualized Diphasic Nutrition Plan. That is the only way to simultaneously conquer both the insidious breaking down plus the clogging up that manifest as the diseases listed above.

You may wonder, if ...

**YOUR DNP IS THE KEY TO LIVE STRONGER LONGER,
THEN,
HOW WAS THE DIPHASIC NUTRITION PLAN DEVELOPED?**

Brief history: Your DNP began to take form nearly 30 years ago. We were already working “miracles” right and left with NUTRI-SPEC Metabolic Balancing. But it was quite clear that there was another component to enriching people’s lives beyond correcting Metabolic Imbalances. Here is a description of our experience with one patient among the many who gave us the impetus to develop the DNP ...

The patient was a woman in her 40s who had done reasonably well with the nearly impossible job of balancing a career with being a wife and mom. And, she had done so despite crippling migraines ever since she was a teenager. In a typical month, she would suffer 3 migraines, at least one of which was totally disabling, putting her in bed in a dark room for as much as 36 hours. As you might expect, she had for 20+ years let herself be drugged with every conceivable migraine medication -- all to no avail.

Her NUTRI-SPEC story is short and sweet. --- After 4 weeks having her Dysaerobic Imbalance addressed, her migraines were reduced in severity and frequency by at least $\frac{3}{4}$. In another 2 months of NUTRI-SPEC follow through, her migraines were virtually gone --- only a mild aura and slight pressure on the left side of her head once a month when she was premenstrual. The woman was ecstatic over the “miracle” we had achieved together.

But several months later at a follow-up testing, the patient asked this question, “I still can’t believe I don’t get migraines anymore. I gave up hope long ago and thought I’d just have to struggle through living with it the rest of my life. I am so thankful, that I don’t want you to think that what I am saying here is a complaint, but I have to tell you --- I still feel terrible. I am tired so much of the time; I lost over 10 pounds following your eating plan but I plateaued there and I want to lose more; I still get depressed before my period; and sometimes I just ache all over. You have done so much for me already, but can you do more?”

This patient was expressing her need for the Diphasic approach to maximizing health. We looked at it this way --- if working one of the most spectacular “miracles” imaginable with NUTRI-SPEC Metabolic Balancing did not entirely restore healthful wellbeing to this patient, then what was missing? The patient’s Dysaerobic Metabolic Imbalance was corrected. The Glucogenic Imbalance she initially showed still needed a small amount of Oxy G and a reasonably rigorous adherence to the Glucogenic dietary recommendations, but no other Imbalances were evident. The patient was being maintained in perfect Metabolic Balance, yet still was ...

LACKING THE VITAL RESERVES ...

she needed to rise above the challenges of living in our world.

Now to make a long story short, we put two and two together by looking at patients like this who had responded extraordinarily well to Metabolic Balancing, and analyzing what remained in their test results. Comparing that with test results from geriatric patients, we saw that these patients who simply did not radiate good health despite Metabolic Balance were physiologically old. --- And --- what made them old was the inability to maintain a strong Diphasic Metabolic Cycle --- activating anti-Dysaerobic/anti-catabolic forces in the evening and anti-Anaerobic/anti-anabolic forces in the morning.

We reasoned that the key was to find two sets of powerful adaptogens --- one set each to mobilize defenses against the two phases of inflammaging. We tested every nutrition industry “flavor of the month” to come down the pike then and in the nearly 30 years since, and came up with the amazing adaptogens in your Diphasic AM and Diphasic PM. When we combined those with the diphasic push from judicious use of Oxy Tonic, Electro Tonic, and Oxy D+ (to maintain membrane permeability and tissue Acid/Alkaline Balance), plus the Diphasic application of Oxy A and Oxy D or Complex P and Complex S, we started to pump people up like colorful floats bouncing along in the Rose Bowl parade.

To appreciate the power of your DNP, you must understand the difference between physiological age and chronological age. Chronological age is nothing more than the number of days since your birth. Your physiological age is a measure of your loss in ADAPTATIVE CAPACITY relative to that which is natural at age 33+. Here is the best way to understand it: After age 33+, every day we get a day older. That is to say every day we experience one day’s worth of anabolic aging and one day’s worth of catabolic aging. But with the effects of high PGE2, high endotoxin, and a high level of oxidative free radical damage, your typical patient ages more than 24 hours each day. That patient ages 34 days every month. So, by the time that patient has a chronological age of 47, that patient might have a physiological age of 53. $47 - 33 = 14$ years of natural aging, but $53 - 33 = 20$ years of physiological aging. Since physiological age exceeds chronological age, we have 6 years of pathological, premature aging.

Yuck! --- That patient would give anything to have those 6 years back. That is to say, that patient would give anything for your NUTRI-SPEC intervention in the aging process --- if you will only make that patient aware of what you have to offer.

Be assertive. Give your patients an alternative to the modern lifestyle resulting from their slavish obedience to dogmatic belief systems --- the medical/pharmaceutical/agribusiness paradigm that feeds them antimetabolites instead of food, and drugs them under the name of “health care.” Yes, your patients have unwittingly become slaves, and only you can set them free. Simply:

- 1) Control their excess PGE2 with a DNP including Eat Well – Be Well and the amazing assortment of Diphasic AM and Diphasic PM ADAPTOGENS.
- 2) Eliminate the immune-devastating endotoxin by committing to a DNP that includes Eat Well – Be Well and Immuno-Synbiotic.
- 3) Minimize oxidative free radical damage with a DNP that includes Eat Well – Be Well and the complete package of ADAPTOGENS that reduce premature breaking down, reduce premature clogging up, maintain tissue Acid/Alkaline Balance, and maintain fully functional membrane permeability.

No one but you can do all that for your patients.

Yes, at age 33 everyone is “over the hill” --- beginning a slide down the slope, leaving irrepressible youth behind. The slide down the slope is natural aging. A painful tumble down that slope constitutes the premature aging that you have the power to stop.

Then, at age 53, the Vital Reserves to defend against both catabolic and anabolic inflammaging take a major hit --- as we all begin to experience Generalized Autonomic Failure. The anti-catabolic defenses via the Parasympathetic System fade at an accelerating rate, while simultaneously the anti-anabolic defenses via the Sympathetic System slip away. That is when the power of Complex P and Complex S are absolutely essential.

--- It still surprises us how many doctors balk at the DNP, imagining that it is lower level NUTRI-SPEC --- sort of a default when you cannot do Metabolic Testing on a patient. No, no, no. --- The DNP is the key. Yes, it is ideal if you can precede each patient’s DNP with 3-10 weeks of Metabolic Balancing. Yes, you can juice up the DNP by using the Sympathetic/Parasympathetic Support System, and/or Barrier Busters, and/or the Pain Control (Tissue Acid/Alkaline Balancing) Procedure --- but --- an individualized DNP is truly the key --- at whatever level of effort and money each patient is prepared to commit to live strong & long.