

# 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,

Are you using PROTON PLUS to ...

### **CURE CHRONIC FATIGUE?**

Are you giving patients PROTON PLUS so they can ...

### **LOSE 10 POUNDS ALMOST OVERNIGHT?**

If not, why not? --- After all, in last month's letter you read of my patient who celebrated a glorious breakthrough immediately upon taking PROTON PLUS --- losing that stubborn last 10 pounds of tummy pudge, and bouncing through his strenuous days with boundless energy.

If I can give my patients such amazing benefits with PROTON PLUS, why can't you?

I am, of course, joking. Yes, it was indeed PROTON PLUS that pumped up his energy and pushed down his body fat. But PROTON PLUS is no more an effective remedy for fatigue or weight gain than are any of the silly herbal drugs and other "natural" cures hyped as "good for" energy and weight loss. --- The (obvious) difference between PROTON PLUS and the endless supplement industry's ...

### **"FLAVOR OF THE MONTH" ...**

remedies is that PROTON PLUS can be used in your practice with patient-specificity. Health food store remedies (in addition to being promoted on largely fraudulent claims) can only be given in a disease-specific, floundering in the dark, trial-and-error, desperate attempt to

find something, anything to make a patient feel better. (--- Ha! --- Caffeine, booze, and tobacco would be a more biochemically effective road to (temporary) “feel good,” and would certainly be more cost effective than ginseng, ginko, resveratrol, curcumin, nutrient megadoses, and all the other nonsense pushed by the pill peddlers.)

No, for my patient --- one individual patient with a particular combination of Metabolic Imbalances underlying his chronic fatigue and tubby tummy --- PROTON PLUS represented his patient-specific, individualized ...

### **BARRIER BUSTER.**

Here is a new way to look at each of your patients. Every patient you serve has his or her own set of barriers blocking the road back to maximal health. --- A new way to see yourself is as a ...

### **“PROFESSIONAL BARRIER BUSTER” ...**

using your objective, patient-specific NUTRI-SPEC protocols to first identify every patients barriers, then to use the explosive power of NUTRI-SPEC supplementation to blow those barriers away.

For many patients age 33+, and for virtually all patients age 53+, what is the major overwhelming barrier to achieving physiological age equal to chronological age? It is the loss of Vital Reserves ...

### **CRIPPLING YOUR PATIENTS’ CAPACITY TO DEFEND ...**

against both inflammaging processes that result in the body breaking down, and inflammaging processes that result in the body clogging up. This failure to defend against the diphasic pathophysiology of aging is why we say over and over again that ...

### **YOUR DIPHASIC NUTRITION PLAN IS THE KEY TO LIVE STRONGER LONGER.**

The extraordinary power you have with your DNP lies in its ability not only to specifically help your patients defend against both the anabolic and catabolic aspects of aging, but also to fight off manifestations of inflammaging at both the cellular level and the tissue level of biological organization.

### **ANABOLIC + CATABOLIC DEFENSE AND CELL LEVEL + TISSUE LEVEL DEFENSE**

All the supplements in your comprehensive Diphasic Plan relate to fundamental changes in body chemistry at the cellular level. The amazing array of adaptogens in Diphasic AM and Diphasic PM are truly the most effective means of recapturing youth ---

### **REACHING DEEP WITHIN EACH PATIENT'S METABOLIC CORE.**

Then, building on a nutrition foundation established by Activator and Eat Well – Be Well, you prime the pump of each patient's Diphasic oscillatory balance, giving age-appropriate supplementation with Oxy A and D or Complex S and P. Individualize the plan based on your patient's clinical presentation (hypertension, cardiovascular disease, autoimmune disease, seizures, etc.), which are (despite being related to "diseases") actually objective, patient-specific indications of clearly defined metabolic needs. Finally, energize with the objectively determined (via your Balancing Procedure) need for Oxy Tonic &/or Electro Tonic &/or Oxy D+.

All those supplements are active at the cellular level of biological organization --- but --- some of them do double-duty --- having an immediate impact on Metabolic Balance at the tissue level. These double-duty supplements are the sparks that light each patient's metabolic fire.

So --- you must make the Diphasic Nutrition Plan the foundation of your Metabolic Therapy practice. In doing so, you are assured of digging into ...

### **THE DEEP, DARK CELLULAR LEVEL WHERE INSIDIOUS INFLAMMAGING IS EATING AWAY AT EACH PATIENT'S LIFE.**

At the same time, you will be giving a jolt to ...

### **THE EVIL FORCES AT THE TISSUE LEVEL THAT DRIVE SYMPTOMS ON A DAY-TO-DAY BASIS.**

Your patients will begin to "feel good," while at the same time, day-by-day, week-by-week, month-by-month, year-by-year, you fulfill your promise that they will be well.

But there is even more you can do as a Professional Barrier Buster than provide all your patients with the DNP. Keep in mind that most of your patients' complaints fall into one of two categories:

- a) manifestations of tissue or systemic Acid/Alkaline Imbalance, or,

b) failure of the “first responder” system, Sympathetic/Parasympathetic Balance

How do you, a Professional Barrier Buster, use NUTRI-SPEC Metabolic Therapy on a patient-specific basis? To illustrate, imagine you have 2 patients, John and Joe, both age 45, and both suffering from chronic fatigue. Each has endured his own frustrating series of doctors who offered nothing more than disease-specific remedies --- whether pharmacological drugging or “alternative” remedy peddling. What are John’s barriers to overcoming the breaking down and clogging up of his rapidly aging body? What are Joe’s barriers?

John is overweight; Joe is lean and even frail. John takes medication for high blood pressure and high cholesterol; Joe is dragged through his workday by 10 cups of coffee. John is financially well off; Joe works hard just to put food on the table for his family. --- Two cases of chronic fatigue that could not be more metabolically different.

Your Barrier Busters Analysis will be built on your foundational Diphasic Nutrition Plan. ----- John and Joe are each put on the age-appropriate DNP for a 45-year-old --- to include Activator, Diphasic AM, Diphasic PM, Oxy A, and Oxy D, along with whatever Oxy Tonic, Electro Tonic, &/or Oxy D+ are indicated by his Balancing Procedure.

John’s DNP is further individualized in consideration of his hypertension by adding Formula ES and Taurine.

Joe’s DNP is individualized in consideration of his limited financial resources. We have discussed in past Letters how you must qualify each patient. By qualify, we mean estimating what degree of commitment that patient is eager to make to your NUTRI-SPEC Metabolic Therapy. There is no doubt Joe is willing --- but is he able? After hearing your brief explanation of your patient-specific approach to his chronic fatigue, his previously pale face lights up with, “You are exactly what I have been looking for!” Sensing that he is eager to make a total commitment, you add to your explanation of your expertise that a comprehensive Metabolic Therapy program requires a significant financial commitment.

Since you are reasonably certain his finances could be a concern, you have to decide whether you are going to rely entirely on some combination of your Sympathetic/Parasympathetic Support System &/or your Barrier Busters Analysis &/or your Tissue Acid/Alkaline Balance protocols --- or --- offer Joe your full DNP. You explain that there is no “cheap” way to address his needs. You further explain that, if necessary, his healthcare needs can be addressed incrementally, with protocols you have that will, over time, rebuild his health piece-by-piece.

Joe says he understands that taking an incremental approach to rebuilding his health would be far better than anything he has had up until now, but he really wants the complete package. After years of exasperation during which no doctor even began to have an answer for Joe's health needs, he has listened to what you offer and is convinced you are the professional he has always needed.

You and Joe are ready to go all in. He will come up with the money, and you will assure he gets more than a dollar's worth of value for every dollar he spends. But there is a way to minimize his initial cost. You will give him all the supplementation your system indicates he needs, but at a somewhat reduced quantity. You will then monitor his response to your care not only symptomatically, but also using your very specific metabolic test procedures, and add/delete supplements accordingly.

Joe says, "Let's go!" For Joe's DNP, you give him all the indicated supplements, but only 1 each of Oxy A and Oxy D, and 1 each of Diphasic AM and Diphasic PM. That foundation, plus the supplements indicated by his Balancing Procedure, will give him a nice push in the right direction.

Having addressed John's and Joe's barriers linked to their fading diphasic metabolic cycle, what next?

### **PLAY!!!**

You schedule your new DNP patients for a follow-up in 3 weeks. By that time, they will have completed the Balancing Procedure and settled into a nice routine of whatever combination of Oxy Power &/or, Electro Tonic &/or, Oxy D+ they need. During those 3 weeks, things are churning at the cellular level, with the repositioning of defenses against both the breaking down and the clogging up inflammaging processes. At the tissue level, barriers to the joyful expression of life are being pushed off the road. Now that you have the ball rolling, it is time to look for a way to give it an even stronger push.

--- And, that is exactly the way you present it to your patients. You explain that today you are going to implement a few objective clinical testing procedures to see if you can be even more specific in addressing their health needs. --- So here you go --- complete NUTRI-SPEC Metabolic Testing is not needed in these cases. All you do is the tests that plug in to the Sympathetic/Parasympathetic Support System analysis, and into the Barrier Busters analysis, and into the Tissue Acid/Alkaline Balancing analysis. --- Very simply --- have your staff check a urine Multistix and a saliva pH, then go on to the arm and leg

Dermographics & Edema testing, a sitting heart rate, and a recumbent respiratory rate and heart rate.

What are your findings on John? John reports that his Balancing Procedure showed the need for 1 scoop of Oxy Tonic every morning along with 5 drops of Oxy D+ every evening, and no Electro Tonic.

----- Today, his urine and saliva show nothing remarkable. The urine pH is a bit low, but the specific gravity and saliva pH are just fine --- so there is nothing exciting in the Tissue Acid/Alkaline analysis. What about his Sympathetic/Parasympathetic and Barrier Busters analyses? He shows almost no Dermographics reaction on the arm and a white reaction on the leg, with no edema. His heart rate from sitting to recumbent actually goes up from 72 to 76. Plug those results into the Sympathetic/Parasympathetic Support System analysis, and you come up with a menu of supplements that includes Complex S, Electro Tonic, and magnesium chloride. Plug those same results into the Barrier Busters analysis, and your menu includes sodium citrate, Oxy D, Oxy Power, Oxy D+, and magnesium chloride.

Now is when it gets interesting. Compare the 2 menus. The Oxy D, the Oxy D+, and the Oxy Power from the Barrier Busters analysis are supplements he is already taking. So, you can be pretty confident that you are covered there. An indication for Complex S on the Sympathetic/Parasympathetic Support System analysis can never be ignored. You now know John has barriers that will be blown away by adding Complex S to his regimen --- you recommend 3 after the evening meal.

Next, you note that magnesium chloride shows up on both the Sympathetic/Parasympathetic Support System and the Barrier Busters analyses --- another winner. You recommend 1 scoop of magnesium chloride before the evening meal. You note also that both the Sympathetic/Parasympathetic Support System analysis and Barrier Busters analysis emphasize the Oxy D, Oxy D+, and Electro Tonic and Oxy Power --- all anti-Dysaerobic that oppose the anti-Anaerobic Oxy Tonic. So, you also reduce John's Oxy Tonic from 1 scoop to approximately ½ scoop every morning.

Three weeks later (now 6 weeks on his DNP), he reports that for the first time in years he can "get up and go" in the morning. He still struggles with the physical and mental symptoms of chronic fatigue, especially in the afternoon, but less overall. You run your few simple tests on him again and come up with no patterns that are remarkable, but you do see that his heart rate has come all the way down to the low 60s. --- "John, Let's take your blood pressure." ----- 112/65.

You explain to John how now that you have his body chemistry close to balanced, and his metabolic efficiency up, he really no longer needs his blood pressure drug. You further explain that the beta blocker he is taking is now pushing his heart rate way down to the lower 60s, and also that a beta blocker contributes to chronic fatigue. John's face lights up -- "Wow, if you can get me off this stinking blood pressure drug ..." ----- You and John are well on your way to a lifelong value-for-value exchange. He will be a source of many, many referrals.

How's Joe? His Balancing Procedure showed the need for 1 scoop of Oxy Tonic and 1 tablespoon of Electro Tonic in the morning, and no Oxy D+. Can you find the need for any additional Barrier Busters? Your staff runs a few quick tests and immediately what jumps out at you is his urine pH of 7.8. Saliva pH is normal, and nothing too interesting shows up on Dermographics or Edema testing, but his heart rate is only 58 sitting and remains 58 recumbent. His respiratory rate is only 12. Oh boy, look what you have --- potentially a perfect plug-in to your Tissue Acid/Alkaline analysis.

"Joe, Let's do one more test on you..." ----- You do the Breath Hold Time, and he holds his breath for 74 seconds. You have found it! Joe desperately needs Phos Drops. You recommend ¼ tsp. twice daily before meals in water.

Three weeks later, Joe is a different man. He has reduced his coffee intake from 10 or more cups daily down to 3, and those are all in the morning. Physical fatigue is still a bit of a problem, but there is no longer any stiffness associated with it. The big improvement is that the mental fog associated with his chronic fatigue is entirely gone.

--- Yes, your life as a "Professional Barrier Buster" is good. ----- Do you see how simply you can grow satisfyingly rich by enriching your patients? Everything you and your patients need is built upon a Diphasic Nutrition Plan foundation. Standing on that firm support, you get to PLAY!!!

--- With 3 simple objective analyses to choose from, you can often magnify the depth and speed of your DNP benefits. --- So do this now, before you lose another day ----- Go to your NUTRI-SPEC website and print out the Barrier Busters analysis table. Copy the 2 pages onto front and back of a paper. Do the same with the Sympathetic/Parasympathetic Support System and Tissue Acid/Alkaline analysis tables, copying onto flip sides of a single paper. You now have at your fingertips 2 pages with all the knowledge you need to quickly juice-up any DNP. --- PLAY!!! --- And call us for any support you need.

## TISSUE ACID/ALKALINE BALANCING

Metabolic Imbalance	Pain Character	Saliva pH	Urine pH	Specific Gravity	Resp. Rate	Breath Hold	<u>Supplement Recommendations</u> (as often as 4X daily & gradually taper off)
Acid	Acid	variable	5.6-	14+	21+	35 sec-	Na Bicarb 1 tsp/12 oz H <sub>2</sub> O
Anaerobic	Acid	6.5-	variable (usually 6.4+)	12-	14+	30-60 sec	If UpH = 5.6- → Na Bicarb 1 tsp/6 oz H <sub>2</sub> O If UpH = 5.7+ → Oxy Tonic ½-1 scoop/6 oz H <sub>2</sub> O
Alkaline	Alkaline	variable	6.7+	18-	12-	70 sec+	If SpH = 6.8- → Phos Drops 80/6 oz H <sub>2</sub> O If SpH = 6.9+ → Proton Plus 6 w/6 oz H <sub>2</sub> O
Dysaerobic	Alkaline	6.9+	variable (usually 5.9-)	20+	18-	30-60 sec	If SpH = 6.8- & UpH = 6.5+ → Phos Drops 80/8 oz H <sub>2</sub> O If SpH = 6.9+ & UpH = 6.5+ → Proton Plus 6 w/ 8 oz H <sub>2</sub> O If UpH = 6.4- → Oxy D-Plus 60-80/8 oz H <sub>2</sub> O

Choose a supplement for your patient based on the best fit into the table above. Retest the patient in 20-30 minutes. The results of this clinical trial will assure you are restoring balance at the tissue level of biological organization ...

On the second testing of this clinical trial, correlate movements of test results with changes in the patient's symptoms:

- Suppose your patient experiences a negative symptomatic reaction to your clinical trial. Plug the patient's follow-up test results into the table. You may not see a perfect fit to any of the 4 lines of the table, but look for directions of movement in the tests. So, for example, if you give the patient sodium bicarbonate as the initial clinical trial, and all the tests moved in an Anaerobic direction in association with increased symptoms, you will give the patient Oxy Tonic now, and to take it home.
- If the patient experiences a very clear improvement in symptoms after your initial clinical trial, and, if there are no radical swings in the patient's follow-up tests, then give the patient that supplement to take at home. The patient can take the same dose administered as the clinical trial as much as 4 times daily, but looking for a chance to reduce the number of doses daily as long as pain is reasonably well-controlled. The patient is also instructed to stop the supplement totally if there is a clear exacerbation of pain within 30 minutes after taking it.
- If after the 30-minute follow-up testing the patient experiences no exacerbation of symptoms, but no improvement either, then plug the follow-up test into the table. If there is no change in the pattern of test results, give the patient the supplement used as clinical trial to take it home, looking for pain control. If there is a radical change shown in the follow-up test pattern, then choose a supplement based on that pattern to give the patient at home.