

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 26 Number 9

From:
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September, 2015

It was Spring, so I hadn't seen Tracie's grandmother, who goes South for the Winter, in months. While chatting during my chiropractic exam, I asked (tentatively), "... and how's Tracie?"

"They found out it's her adrenals."

My heart sank. --- I didn't say another word about Tracie.

Dear Doctor,

Was "IT" really Tracie's "Adrenals"?

If you have the understanding of physio-pathology to effectively serve your patients with Metabolic therapy --- and, if you grasp the essentials of your NUTRI-SPEC protocols, then you know ...

**"IT" is always the "Adrenals," and ---
"IT" is never the "Adrenals."**

No matter what "IT" is, the adrenal glands will always be involved as part of the attempted defense. But, whatever "IT" may provoke the surge of adrenal activity, the adrenal response to the stressor is never a primary problem. Regardless of whether the physio-pathology underlying the patient's symptoms includes an adrenal response that is succeeding in its defensive reaction, or is failing to defend, or represents an overreaction to the stressors, it is the primary "IT," not the secondary state of the adrenal glands, that needs your attention.

You never need to “treat the adrenals.”
You always need to “treat the adrenals.”

--- but “treat” them indirectly.

What was Tracie’s “IT?” In her Junior year of high school, she had a car accident. It was not a severe accident, but immediately following the accident she began to develop pain on the right side of her neck and trapezius, weakness and aching of her right arm, and headaches. Accompanying these musculoskeletal symptoms were extreme fatigue and an inability to concentrate. Tracie’s mom had taken her everywhere for help --- and every doctor of every sort they consulted declared Tracie in perfect health --- absolutely nothing wrong with her either neuromusculoskeletally or metabolically. Since Tracie’s symptoms were thought to be associated with the motor vehicle accident, her grandmother talked Tracie’s mom into bringing her in to see us, even though they lived out of state.

We did not see Tracie as often as we ordinarily do because of the distance traveled, but still her chiropractic correction progressed smoothly. Yet, in spite of restoring balanced and efficient neuromuscular function, we saw zero improvement in Tracie’s symptoms. Before coming to see us, Tracie had been pulled out of school and began a homeschooling program because of the severity of her physical and cognitive impairments. She was now in her Senior year, still homeschooled, and still in physical, mental, and emotional malaise. As her chiropractic correction progressed, we introduced the concept of Metabolic Balance and how it relates to ImmunoNeuroEndocrine stress. We had given Tracie Activator and Immuno-Synbiotic as a first step, and run the NUTRI-SPEC testing --- but with uncertain findings, since she was always medicated. Having essentially completed her chiropractic correction, we had planned on her next office visit to address NUTRI-SPEC in a big way --- but Tracie and her mom never showed up for that appointment ...

“They found out it’s her adrenals.” told me instantly that Tracie and her mom had been snookered by some natural cure peddler. I could not bear to hear the details.

Had it been Tracie’s mom in person telling me the “good news” about the heroic clinician that discovered Tracie’s “adrenal problem,” how would I have reacted? --- I would have painted on my biggest smiley face and cheerfully exclaimed, “Wow, that would certainly be wonderful if someone has gotten to the root of Tracie’s suffering. --- Tell me ...

- what kind of doctor is the adrenal expert, or is he not a doctor but some other kind of therapist?
- what kind of objective testing was done to identify Tracie's adrenal problem?
- was Tracie's adrenal problem determined to be adrenal stress, or adrenal insufficiency?
- is the problem located in Tracie's adrenal medulla, or adrenal cortex?
- and, if the problem involves Tracie's adrenal cortex, is it primarily her adrenal cortex output of glucocorticoids, or of mineralocorticoids, or of androgens?
- if the adrenal cortex is a part of the problem, is it related to either an excess or a deficiency of adrenal corticotrop hormone from the pituitary?
- and, of course, since what the adrenals do or fail to do involves every other organ and gland in the body, I am wondering what tests were done to determine the relationships between Tracie's adrenal problem and her thyroid, her liver, her autonomic nervous system, and so forth. Were you given a complete report of findings?
- Those of us who have been doing Metabolic Therapy for over 30 years know all too well that treating the adrenals can be pretty "tricky" since anything that influences the adrenal glands directly or indirectly influences all other aspects of metabolism. I would love to know just what treatment regimen was offered to heal Tracie's sick adrenals?"

As you can well imagine, despite my cheerfully supportive demeanor, Tracie's mother is squirming in her seat. She is suddenly painfully aware that the clinician to whom she has entrusted her daughter's health is ignorant, and perhaps dangerous. I pursued that line of questioning knowing full well that the clinician likely is not even a doctor, but even if he is, nothing is being offered beyond a bunch of herbal drugs purported to be "good for the adrenals."

Most of the "adrenal support" herbal drugs are nothing more than stimulants. The most common herbal remedy for "the adrenals" (whatever that means) is licorice, and it does have a very definite clearly defined effect on the adrenal glands. Such herbal drugs are often used to "treat the adrenals" by well-meaning but uninformed alternative medicine practitioners. Licorice will sometimes relieve symptoms, but is

offered as a remedy by doctors (and herbalists and various “natural” cure peddlers) with no knowledge of its effects ...

- Licorice invariably causes problems, even when it relieves symptoms.
- It increases cortisol (which can be good or bad), but decreases cortisol conversion to cortisone.
- It increases mineralocorticoids (which can be good or bad).
- It decreases DHEA in men and decreases testosterone in women (which is always bad).
- The action of licorice is associated with its blocking (not “supporting”) of a critical enzyme in the adrenal cortex.
- We could similarly critique all the other “good for the adrenals” remedies (& most other herbal drugs). Licorice, a “natural” cure? Go with NUTRI-SPEC Metabolic Balancing, and forget the herbal drugs.

All those squirmy questions that expose Tracie’s adrenal expert as a fraud? You know the answers to all of them. You know the answers to all of them even if you do not know you know the answers to all of them. You see, the answers to those questions that made Tracie’s mom squirm are all built in to your NUTRI-SPEC system. Yet, sometimes the NUTRI-SPEC staff grows weary answering doctors’ questions regarding what to do about “the adrenals”.

The typical query from a NUTRI-SPEC practitioner goes like this --- “I’m completely on board with the way NUTRI-SPEC protocols restore Metabolic Balance and increase my patients’ Vital Reserves. There are so many good tools I have to find the most appropriate approach to each patient --- with Metabolic Testing, the Diphasic Nutrition Plan, the Sympathetic Parasympathetic Support System, Barrier Busters, and Tissue Acid Alkaline Balancing --- but shouldn’t I also be doing something for adrenal support?”

Our reply is the same as it has been for 35 years --- you **ARE** not only doing something for the adrenals, you are doing everything for the adrenals. You are not resorting to herbal drugs and other nonsense purported to be “good for the adrenals.” You are addressing the specific causes of adrenal insufficiency, the causes of adrenal stress, as well as the effects of adrenal insufficiency, and the effects of adrenal stress. There is an adrenal component among the causes of every one of your NUTRI-SPEC Imbalances, and there is an adrenal effect associated with every one of your NUTRI-SPEC Imbalances.

**EVERY SINGLE NUTRI-SPEC RECOMMENDATION
YOU MAKE IS TRULY “GOOD FOR THE ADRENALS.”**

The adrenal glands are your ...

ACUTE PHASE REACTORS.

They are the short-term accelerators and decelerators of metabolic activity (--- the thyroid is the long-term metabolic controller). Also, the adrenals are among the immediate reactors to all INE stressors. The adrenals are all about right now --- the perceived demands of the moment. Another way to say this is that ...

THE ADRENAL GLANDS ARE DESIGNED TO BE “STRESSED.”

But --- sometimes the designed adrenal stress response doesn't pack enough punch to fully defend or eliminate. “Right now” drags on and on. What was designed to be an acute phase response becomes chronic. Depending upon the individual's status as regards Metabolic Balance Systems, there are 2 possible outcomes ...

- ADRENAL STRESS = The adrenal medulla and/or the adrenal cortex pushes to the max. That secondary adrenal push necessitates a tertiary response from other aspects of the endocrine system + the immune system + the nervous system. The key from a NUTRI-SPEC perspective is that this adrenal push to the max amplifies the expression of whatever NUTRI-SPEC Metabolic Imbalances exist in that individual.
- ADRENAL INSUFFICIENCY = The adrenals take their best shot, but simply lack the Adaptive Capacity to maintain the confrontation with the chronic stressor. Just as in adrenal stress, all other aspects of the ImmunoNeuroEndocrine systems are taxed --- either depressed because of the lack of adrenal support, or exaggerated as a tertiary response to the adrenal inadequacy. The patient will be thoroughly stuck in whatever Metabolic Imbalances are his tendency.

We can illustrate this concept of adrenal stress and adrenal insufficiency with a closer look at the adrenal medulla. --- Think of the adrenal medulla as a “one trick pony.” It produces epinephrine, a catecholamine hormone. Epinephrine is closely analogous to the norepinephrine of the Sympathetic nervous system. Quite simply, adrenal medulla activity parallels Sympathetic nervous system activity, and most often (but not always) relates inversely to Parasympathetic activity.

Now, take a group of people and expose them all to the same stressor. In your group will undoubtedly be a few individuals with an extreme Sympathetic Imbalance. How will they respond to the stressor? Their defense will involve a tremendous outpouring of catecholamine stress hormones. If the adrenal medulla + Sympathetic defense wins the day, that person will remain in a heightened state of adrenal stress and Sympathetic Imbalance even after the crisis has passed. It may take a long time to settle down to baseline, which is, in this Sympathetic person, already an excessively high catecholamine state.

But suppose this Sympathetic individual cannot fully defend or eliminate in response to the stressor? The acute phase adrenal medulla response becomes a chronic adrenal medulla + Sympathetic response, which then drives all aspects of the person's life. --- There will be hypertension; there will be impulsive and explosive emotionality; there will be brief periods of frantic exhaustion followed by a rebound into an unsustainable physiological drive.

Your group also has some whose major Metabolic Imbalance is Parasympathetic. How do they respond to the same stressor, a stressor that demands some degree of adrenal medulla + Sympathetic reactivity? If the stress response of the adrenal medulla (plus a little help from its friends) is eventually able to defend or eliminate, this person will be left in a state of adrenal medulla insufficiency. It may take a long time to recover back to this person's typical state of low, but at least acceptable, adrenal medulla function.

If this wimpy adrenal medulla cannot even begin to handle the stressor, the adrenal medulla will just lie down and get run over --- extreme, chronic adrenal medulla insufficiency. This person will be stuck in a chronic Parasympathetic malaise --- bradycardia, allergic reactivity, melancholy, and nervous bowel.

Your key take-away from this Letter is that Metabolic Imbalances &/or deficient Vital Reserves are primary. --- It is they that lay the shaky foundation allowing adrenal stress or insufficiency. And, it is those same Imbalances that are exacerbated by the adrenal reactivity --- in a vicious cycle. --- Break that vicious cycle by focusing on the primary metabolic needs.

We will have much, much more to say about the relationship between "the adrenals" and your NUTRI-SPEC protocols in next month's Letter. Until then, just keep in mind that with NUTRI-SPEC, you are the master of your patients' adrenals.