

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Imagine you are enjoying dinner with friends at a fine restaurant. The place is packed, maybe a little noisier than you'd like, but the ambiance is festive, you and your friends are caught up in the spirit, and the food is absolutely out of this world. ----- Suddenly ---

BANG!!!!!!! --- a gunshot pierces the air!!!

How does the crowd react? How do you react?

Qualitatively --- every person in the restaurant responds with an identical stress response. --- Instantly --- the pupils dilate and there is an inspiratory gasp for air. Simultaneously, the heart is off to the races, rapidly pounding with greatly magnified pulse pressure. That inspiratory gasp is followed by a rapid respiratory rate. The fingers turn to ice and the face blanches as blood is shunted to the muscles. And that scrumptious meal that had pleasantly filled your tummy? --- Turned to a lead ball, as your digestive system is totally paralyzed. ----- What are we witnessing here?

THE CLASSIC "FIGHT OR FLIGHT RESPONSE."

86 people are simultaneously doing their best to mount a catecholamine stress response ---

DEFEND OR ESCAPE ...

empowered by a Sympathetic + adrenal medulla surge.

Quantitatively --- all 86 people have their own unique response. And this is where the NUTRI-SPEC concept of biological individuality comes into play. As the man who just fired the shot bolts for the door, and the man who has been wounded slumps to the floor ...

- a Sympathetic linebacker nails the criminal with a flying tackle, wresting the weapon from him
- a terrified Sympathetic waiter sprints to the kitchen in escape
- a Glucogenic woman jumps to her feet, only to experience orthostatic tachycardia, and passes out
- a Parasympathetic woman experiences Sympathetic failure, goes vagal, and passes out
- a Parasympathetic man sitting right behind the wounded victim catches a glimpse of blood and loses his dinner all over the floor
- one man with perfectly balanced metabolism and another with an Anaerobic tendency, each with permits to carry concealed, pull their guns --- fully prepared to defend their family and friends against further attack
- a guy who has driven himself Ketogenic and destroyed his thyroid by competing in triathlons sits there trembling for a long time after the crisis has passed

Does everyone in the restaurant suddenly suffer from “adrenal stress”? Absolutely. Do all 86 people need some alternative healthcare provider to have them on herbal drugs “good for the adrenals” to prepare them for such adrenal stress? Absolutely not. Quantitatively, the strength and duration of the adrenal stress response varies tremendously from one person to the next. But those who suffer ill effects during the 30 seconds of crisis and in the several minutes after it is clear the crisis has passed, are not victims of adrenal stress, but victims of whatever NUTRI-SPEC Metabolic Imbalance they carried with them into the restaurant.

A certain percentage of the people in that restaurant have a Sympathetic Imbalance --- chronic catecholamine adrenal medulla stress. How do they respond to the frightening trauma of an assault right before their eyes? There is a tremendous outpouring of catecholamine stress hormones, and those people will remain in a heightened state of adrenal stress and Sympathetic Imbalance long after the crisis has passed. It may take hours to settle down to baseline,

which is, in these Sympathetic people, already an excessively high catecholamine state.

These are the people for whom the idiotic alternative practitioner diagnosis of “You have adrenal stress” is actually at least partly accurate. These Sympathetic patients go through life as if there are gunshots being fired all around them. The Sympathetic + adrenal medulla catecholamine response drives all aspects of their lives. As we pointed out in last month’s Letter, these people may be hypertensive; they may exhibit impulsive and explosive emotionality; there will frequently be brief periods of frantic exhaustion followed by a rebound into an unsustainable physiological drive.

Do they need herbal drugs purported to be “good for the adrenals”? No, they need NUTRI-SPEC Metabolic Balancing --- either through complete Metabolic Therapy, or through either your Sympathetic/Para-sympathetic Support System, or your Barrier Busters Analysis.

Something else you must understand with respect to the Sympathetic adrenal medulla stress, hyper-catecholamine individuals What do you know about the state of their adrenal cortex? --- Absolutely nothing. Some individuals with excessive Sympathetic tone have an adrenal medulla stress accompanied by adrenal cortex over-reactivity as well. Some have a tendency to rather inadequate adrenal cortex response, which is precisely why they rely so heavily on the Sympathetic adrenal medulla response as a means of defense or escape. Others have a perfectly appropriate adrenal cortex response in stressful situations.

--- Do those with an exaggerated Sympathetic stress response with either normal or equally exaggerated adrenal cortex response need an herbal drug “good for adrenal stress”? Perhaps those with a strong adrenal medulla response but with a somewhat weaker adrenal cortex action need 2 herbal drugs --- one for “adrenal stress” and one for “weak adrenals”. --- Hmmm. --- Since disease-specific drugging can get complicated, why don’t we side-step all the unanswerable questions and just prescribe an adrenal glandular --- with a vague promise to our patients that we are giving them the “adrenal support” so critical to their health?

We asked those “unanswerable questions,” in last month’s Letter --- in a scenario involving a mother just informed by some quack alternative care provider that, “It’s her adrenals” in regard to her daughter’s chronic health problems. ----- Those included such “make the quacks squirm” questions as:

- what kind of objective testing was done to identify this supposed adrenal problem?
- Was this purported adrenal problem determined to be adrenal stress, or adrenal insufficiency?
- Is the problem located in this young girl's adrenal medulla or in her adrenal cortex?
- If it is her adrenal cortex, is it primarily her adrenal cortex output of glucocorticoids, or mineralocorticoids, or of androgens?
- If the adrenal cortex is part of the problem, does it relate to either an excess or deficiency of adrenal corticotropic hormone from the pituitary?
- Etc., etc., etc.

Were this chronically ill teenager's health problems really "her adrenals"? --- Absolutely not. In fact, it was probably only her adrenal glands that were keeping her from completely collapsing under the burden of her Metabolic Imbalances and depleted Vital Reserves. So, were her adrenal glands involved? Of course they were. Her adrenal glands were doing exactly what they are designed to do. --- Remember ...

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

Another way to think of this is ...

**YOU NEVER NEED TO "TREAT THE ADRENALS".
YOU ALWAYS NEED TO "TREAT THE ADRENALS".**

But --- you never need to consciously treat the adrenals.

"TREATING" THEM IS BUILT-IN ...

to your NUTRI-SPEC Metabolic Balancing, your Diphasic Nutrition Plan, your Sympathetic/Parasympathetic Support System, your Barrier Busters analysis, and your Tissue Acid/Alkaline Balancing procedures.

Every single NUTRI-SPEC Metabolic Imbalance relates to adrenal function --- both as cause and as effect of that Imbalance. Every single breakdown in Vital Reserves that you are addressing with your "live longer stronger" Diphasic Nutrition Plan involves an attempted defense by the adrenals.

EVERY SINGLE NUTRI-SPEC SUPPLEMENT YOU GIVE YOUR PATIENTS “TREATS” THE ADRENAL GLANDS --- BOTH THE ADRENAL MEDULLA AND THE ADRENAL CORTEX.

You have chapters in your NUTRI-SPEC manual that deal explicitly and entirely with the adrenal glands --- both adrenal stress and adrenal insufficiency. And, in every single chapter explaining your Metabolic Imbalances there are explanations of how those Imbalances relate to adrenal insufficiency and adrenal stress. ----- Just briefly:

- Electrolyte Insufficiency Imbalance is associated with insufficient mineralocorticoids and glucocorticoids.
- Electrolyte Stress Imbalance is associated with adrenal medulla stress and/or adrenal mineralocorticoid stress and/or adrenal glucocorticoid stress.
- Anaerobic Imbalance is often associated with adrenal medulla insufficiency. It is often associated with mineralocorticoids stress and not infrequently adrenal glucocorticoid stress.
- Dysaerobic Imbalance is associated with mineralocorticoid insufficiency and frequently glucocorticoid insufficiency.
- Glucogenic Imbalance is associated with an adrenal medulla stress as a defense against falling blood and brain sugar.
- Ketogenic Imbalance is associated with glucocorticoid stress and often adrenal medulla insufficiency.
- Sympathetic Imbalance is by definition adrenal medulla stress. There is sometimes also glucocorticoid stress and mineralocorticoid stress as well.
- Parasympathetic Imbalance is by definition adrenal medulla insufficiency. There may also be glucocorticoid stress.
- Potassium Excess Acidosis is an expression of mineralocorticoid insufficiency and glucocorticoid insufficiency.
- Potassium Depletion Alkalosis is associated with mineralocorticoid and glucocorticoid stress.
- Respiratory Alkalosis can be associated with adrenal medulla stress (although there are many other causes as well).

How did YOU respond to the gunshot? --- Your pupils dilated, you gasped, then your heart rate and respiratory rate took off --- identically to all 86 in the crowd. But what “your adrenals” did after those first 10 seconds was purely a function of your ...

ADAPTATIVE CAPACITY = Metabolic Balance + Vital Reserves

You may have Dysaerobic adrenals, and your spouse may have Glucogenic adrenals. One of your friends has both Parasympathetic and Dysaerobic adrenals, while another has Parasympathetic and Anaerobic adrenals. The way each of you feels in that first 10 seconds, in the first 10 minutes, and in the next 10 hours after the gunshot is entirely a function of your state of Metabolic Balance and Vital Reserves. The key to maximizing productive reactivity and minimizing reactive stress when confronted with extreme stressors is not to supplement daily with “good for the adrenals” licorice and ginseng. No, the answer is keeping your metabolic machinery functioning at optimal efficiency at all times --- with one or more of your NUTRI-SPEC protocols.

A gunshot in a crowded restaurant may seem like an absurdly extreme basis for a discussion on adrenals. But that seemingly outrageous illustration makes our point perfectly. --- If the acute adrenal response to what might be a once in a lifetime stressor is not a clinically significant entity, then the day-to-day fluctuations in adrenal action certainly are not cause for you to resort to “spice rack nutrition”. (Except in the case of autoimmune adrenal disease or extreme prolonged abuse such as being tortured in a prisoner of war camp), it is not a problem in the least that adrenal glands are jumping up and jumping down and jumping all around in response to all the stressors of daily living. That is precisely what they are designed to do. They are our ...

ACUTE PHASE REACTORS.

Whether the adrenal response is successful or unsuccessful, appropriate or inappropriate --- they are doing exactly what they “think” they are supposed to do, and doing it to the extent they are capable. What they “think” they must do, and their capacity to succeed, are entirely dependent on each individual’s “metabolic milieu”. --- The foundational state of Metabolic Imbalance that sets the stage for adrenal action.

Never give another thought to “treating the adrenals”. Pour all your efforts into “treating” Sympathetic adrenals and Parasympathetic adrenals, Glucogenic adrenals and Ketogenic adrenals, Anaerobic adrenals and Dysaerobic adrenals, Acid adrenals and Alkaline adrenals, depleted Vital Reserves adrenals, and barrier-blocked adrenals. While the quacks keep waddling through the mud, your practice will thrive.