

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

We are almost past the most dangerous time of the year --- the season that devastates countless thousands of unsuspecting victims.

HOW MANY CASUALTIES HAVE YOU SEEN AMONG YOUR PATIENTS?

Casualties??? --- Yes, we are referring to all your well-meaning but misguided patients who resolved with the New Year to lose weight and get in shape.

Fortunately, by mid February many will have abandoned their folly through deficient self-control, and many others will easily let it go because they inexplicably feel absolutely rotten on their "health" regimen. Only a small minority of your patients persevere on the road to self-destruction. --- Truly --- calorie restriction dieting and high volume exercise absolutely guarantee ...

DEVITALIZATION.

Why? ----- When repeatedly facing a caloric deficit, or when repeatedly punished by non-physiological exercise, our bodies freeze up in apprehension, with a subconscious voice worrying, "Uh oh --- I don't know how long this is going to last, and I don't know how much of this I can take. I am being depleted --- I must conserve." ----- Are you beginning to understand this concept of ...

UNRELENTING STRESSORS?

These are what we have defined as ...

THE 11 CAUSES OF THE CAUSES ...

of most all the symptoms and conditions your patients present. As you know, all patho-physiology is associated with deficient Adaptative Capacity as per our fundamental NUTRI-SPEC thesis ...

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

So, Metabolic Imbalances, plus a loss of Vital Reserves as the Diphasic cycle begins to lose amplitude, are the causes of your patients' miseries. But the cause of the causes --- the reason why your patients cannot maintain Metabolic Balance or cannot maintain a level of Vital Reserves that keeps their physiological age in line with their chronological age --- is our 11 unrelenting stressors.

In last month's Letter, we pointed out the irony and tragedy that two of the most pervasive unrelenting stressors are self-inflicted. And the irony and tragedy are all the more severe because these two means of self-abuse are motivated by a desire to improve health. So now, as late February arrives and ...

- patients are confessing to you that they have already gained back 5 of the 10 pounds they lost in the first month following their New Year's resolution --- and ---
- when you begin hearing the excuses for why your patient is already losing the spirit for the exercise plan begun with such enthusiasm ...

use this opportunity to educate these patients.

"You know Larry, gaining back 5 pounds is, believe it or not, a good thing, and the sooner it happened the better. The failure of your weight loss diet isn't because you failed, it is because weight loss diets virtually always fail over the long run. No matter how much weight a person loses, it will all be gained back within a year at the most. The reason is because ...

CALORIE RESTRICTION SOWS THE SEEDS OF ITS OWN FAILURE.

The more you restrict your food intake, the more your body perceives that it is exposed to the unrelenting stressor of famine. Immediately, your body (largely under the direction of thyroid hormone metabolism)

begins to shut down healthy metabolism in a desperate attempt to conserve. The more severely and longer you diet ...

THE SLOWER YOUR METABOLISM BECOMES AND THE FEWER CALORIES YOUR BODY BURNS EVERY DAY ...

just in normal activities of daily living.

“The scariest part about all of this is that even after the person goes off his diet and gains back all the weight, the slow metabolism associated with low thyroid function can persist --- perhaps for the rest of the person’s life. Far better than losing 25 pounds in 3 months and then gaining it back over the next 9 is to not restrict calories, but simply adopt a healthy “Eat Well – Be Well” plan that enables you to gradually lose 25 pounds over a year, all the while making your metabolism more efficient so that the weight stays off.”

And for your patient suffering from treadmill misery ...

“Mary, I’m not at all disappointed to hear that your enthusiasm for your new exercise plan is fading. Such high volume exercise actually weakens your body over the long-term. When I say “weakens,” I do not necessarily mean muscular weakness, but rather what I would call “metabolic weakness.” Those high volume workouts that you tried are interpreted by your body as an unrelenting stressor. There is no way your body can recover fully from one workout to the next. So, as a defensive measure your body begins to shut down metabolic processes to conserve resources. The main vehicle by which your body does this is by limiting thyroid function --- the major driver of health- and youth-maintaining metabolism. All your exercise plan was going to do was make you old before your time.

“You are exactly right in thinking that a good exercise plan can improve your quality of life, but the type of exercise that makes you not only muscularly and cardiovascularly stronger but also metabolically stronger, is exactly the opposite of what you were told to do. What you need is the highest intensity exercise possible over very short durations. That means strength training workouts with the heaviest weight you can handle for only a few repetitions of a few exercises, and also sprint workouts. If you follow a good high intensity, low volume exercise plan you really only need to exercise about 6 days per month. In those 6 days, you will be getting all the benefits a human body can derive from exercise. Any exercise beyond that just makes you old.”

OK --- so now you realize that Thyroid Insufficiency is the initial breakdown in response to many of the unrelenting stressors. Apropos of

this Letter, misguided attempts at weight loss and getting in shape are always, unfailingly, and quantifiably associated with thyroid insufficiency. The body temperature drops, the cardiac efficiency drops, liver function drops, muscle metabolism becomes deranged, brain power wanes, and emotional stability slips. As thyroid insufficiency gets a grip, patients begin to experience secondary breaking of the weakest links in their chains --- Larry starts to show a Ketogenic Imbalance, and Mary starts to show a Glucogenic Imbalance. At the same time Metabolic Balance is lost, Larry and Mary both suffer accelerated aging as the juice begins to leak out of their Diphasic Metabolic Cycle.

You may begin to see why a study of thyroid function has been a major point of emphasis in our study of patho-physiology. As much as 35 years ago, we began to recognize patients who showed a multitude of thyroid insufficiency signs and symptoms --- yet, thyroid labs were “normal” by medical standards. With our strong inclination to rely on quantitative analyses, we began to track ratios between various thyroid hormones, TSH, and other blood labs, as well as the NUTRI-SPEC tests.

We also noted the extraordinary number of patients for whom thyroid medication was prescribed, and yet their thyroid-related symptoms actually got worse when they began to take levothyroxine. We went to the peer-reviewed literature looking for substantiation of our developing theories on thyroid insufficiency. What we found were many studies defining what was then generally referred to as “Euthyroid Sick Syndrome.” Over the years, more, then dozens more, then hundreds of studies began to pop up in the literature --- and the condition of insufficient thyroid function became more clearly defined, and was called by many names --- the best of which is undoubtedly “Low T3 Syndrome.”

What it comes down to is this. Patients with insufficient thyroid function fall into 3 very general categories --- a) those who are hypothyroid --- with insufficient hormonal output of the thyroid gland due to thyroid pathology or pituitary pathology (most commonly Hashimoto’s autoimmune thyroiditis), b) those with no primary thyroid gland problem but with a deficiency of either thyroid hormone transport in the blood, deficiency of thyroid hormone transport across cellular membranes, a deficiency of conversion of the T4 prohormone into the active T3 hormone, or, c) a combination of a) and b) --- in a self-reinforcing vicious cycle.

So now, as we announced in last month’s Letter, we have prepared for you a master Thyroid Insufficiency presentation. Any clinician who wants to truly understand the often inexplicable symptoms our patients present must have the NUTRI-SPEC Thyroid Insufficiency book. Nearly all your patients are suffering ImmunoNeuroEndocrine stress from the

11 unrelenting stressors, and as a consequence of that INE stress have thyroid function that is beaten down, while NUTRI-SPEC Fundamental Balance Systems are being beaten up. You absolutely cannot be as effective with NUTRI-SPEC, nor with any other aspect of your practice, without the complete understanding of thyroid function made available to you in our thyroid function book.

Continuing our special from last month, we are making this treasure of clinically essential information available to you for only \$99 --- or --- you can get your copy **FREE** with your next order of \$400. --- Here is a list of the chapters in “Thyroid Function:”

- T4 & T3 Production & Distribution
- Thyroid Flow Chart
- Thyroid Labs
- Thyroid-related Labs & Clinical Signs
- Functional Thyroid Insufficiency
- T4 & T3 Supplementation
- Trace Minerals & Thyroid Function
- Thyroid Endocrine Relationships
- Thyroid and Lipid/Carbohydrate Metabolism
- Glucogenic & Ketogenic Imbalances & Thyroid Insufficiency
- Thyroid Neuromuscular Involvement
- Graves’ & Hashimoto’s Thyroid Autoimmunity
- Methylxanthines
- Other Notes

For your \$99, or for merely placing an average-sized order, you not only get the complete 124-page book on thyroid function, but you also get 5 derivative documents relating that thyroid-related information to specific conditions of concern to your patients. These derivative documents include:

- Thyroid and Cardiovascular Function
- Thyroid and Cholesterol and Triglyceride Metabolism
- Thyroid and Gastrointestinal Function
- Thyroid and Glycemic Control
- Thyroid and the Brain

With this information you will be far better prepared to serve your patients with NUTRI-SPEC supplements, and, if you are a medical physician, to use objectively-determined thyroid prescriptions as an adjunct to NUTRI-SPEC. And if you are a chiropractor unable to write prescriptions, you will have all the information you need to back up your requests on behalf of your patients to their PCP for an appropriate thyroid prescription.

Keep in mind there is not a single word of our opinion in “Thyroid Function.” The book is a concise presentation of quotes directly from the physiology and endocrinology literature, combined with clinical pearls we have developed over years of integrating thyroid function with NUTRI-SPEC Metabolic Balance analysis and Diphasic Metabolic Cycle analysis.

You will notice that one of the “Thyroid Function” derivative documents relates directly to gastrointestinal function. As you have learned over the last couple of months, abnormal microbiota, with its effects not only on GI function but also on the overall level of ImmunoNeuroEndocrine stress, is itself a critical unrelenting stressor. (In fact, a rotten microbiota is absolutely Number 1 on the list of 11.) Now, you are about to learn how GI function and thyroid function are inextricably related --- and --- how supplementing your patients with Immuno-Synbiotic has a major impact on repairing the damage done by thyroid insufficiency. --- All the details are covered in the NUTRI-SPEC Thyroid Insufficiency book. Call us to get yours today.

----- Meanwhile, what do you do with Larry, and Mary, and all your other patients who inadvertently started jogging down the road to self-destruction with their New Year’s resolutions? --- Praise them! Give them as much positive reinforcement as you can for their motivation and their willingness to assume self-responsibility. But then educate them, and get them to make yet another commitment --- but this time a permanent commitment --- to your NUTRI-SPEC care.

And --- regardless of what else you do for these people with NUTRI-SPEC, have them go through a bottle of Immuno-Synbiotic, 3, once daily. Since all your patients, just as a matter of health maintenance, should go through a bottle of Immuno-Synbiotic once a year, this is the perfect time of year to do it. In general, patients have just come through a grotesque period of overindulgence over the holidays, and are at least thinking in terms of New Year’s resolutions even if not formally making any. This is the ideal time to reestablish a healthy microbiome, while educating your patients that the absolute #1 unrelenting stressor that has challenged them and will continue to challenge them throughout life is the ImmunoNeuroEndocrine ramifications of their microbiota.