

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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“I FEEL LIKE I WAS RIDDEN HARD AND PUT AWAY WET.”

Dear Doctor,

What you just read is the best description I have ever heard of ...

FIBROMYALGIA.

Those words were spoken by my patient, a building contractor in his late forties --- way back in 1979. That was before anyone coined the term “Fibromyalgia” (--- which first appeared in the medical literature in 1981, and didn’t come into common usage until nearly 10 years later).

“Ridden hard and put away wet”? --- What in the world, does that mean? --- If you are a horse owner, then you are laughing right now because you know exactly what it means. If you are not a horse owner, do your best to visualize what a horse looks like immediately after completing a strenuous ride --- perhaps you can create that vision from recalling an old cowboy movie. What do you see in your mind’s eye? You see a horse “lathered up” --- absolutely soaked with sweat.

Horse owners know they do not dare put that horse back in its stall while still wet. They must towel it dry, walk it off during a prolonged cool down period, and perhaps even rub it down, before stabling this horse. And if they do not? The next day, that horse will be entirely hobbled --- walking like an 88-year-old man, completely unable to run, and obviously in pain. That horse is suffering from ...

FIBROMYALGIA/FIBROMYALGIA SYNDROME/FMS.

What victimizes the horse that was “ridden hard and put away wet” is a combination of ImmunoNeuroEndocrine stressors --- the same INE stressors we have been discussing for several issues of this Letter in your ...

Disease = INFLAM-AGING flow chart.

[What specifically is going on in this horse’s INE stress reaction is a combination of excess Activated Macrophages causing catabolism of tryptophan with a build-up of the tryptophan metabolite quinolinic acid --- along with accumulation of ammonia --- along with a build-up of Prostaglandin E2 --- accompanied by excesses of other pro-inflammatory metabolites including Peroxynitrite, Reactive Nitrogen Species, Reactive Oxygen Species, and a build-up of carbonate radicals --- plus a multitude of pro-inflammatory cytokines --- not to mention Activated Mast Cells causing excess Serotonin (another tryptophan metabolite), plus Prostaglandin D2.

--- Of course, as a clinician, you do not need to know any of that. But you do need to understand (and trust) that all that knowledge is built into your NUTRI-SPEC system. All that knowledge about INE stressors is built into your **Disease = INFLAM-AGING** flow chart. And most of all, you realize that your portal of entry into controlling that pathological flow chart is via Metabolic Balancing and increasing Vital Reserves, as well as via restoring your patients’ longevity-promoting Microbiota with IMMUNO-SYMBIOTIC.]

My patient in 1979 was an avid horseman, and I was a horse owner myself. We understood each other perfectly. He was suffering from what would a decade later be commonly called “Fibromyalgia”. He hurt all over; he was stiff all over. The more he moved the more he hurt; the less he moved the more achy and stiff he felt. --- In the 35 years of Fibromyalgia being the subject of medical research, it has been attributed to several different potential causes. Despite the zillions of dollars invested in research, no effective treatment has been forthcoming --- with patients offered nothing more than anti-depressants in a desperate (and futile) attempt to control the symptoms. --- Yet, the essence of Fibromyalgia will be made available to you in this Letter.

Do your patients ever moan ...

**“I’M SO TIRED I CAN’T DO ANYTHING,
BUT THE LESS I DO THE ‘TIREDER’ I FEEL.”**

Or ...

**“I’M WORN OUT. I HAVE TO PUSH MYSELF
TO DO EVERY LITTLE THING --- AND THEN
I NEED TO LIE DOWN.”**

Or ...

**“I’M SO SLEEPY I CAN’T EVEN THINK STRAIGHT ---
BUT I CAN’T SLEEP.”**

Your patients are victims of ...

**CHRONIC FATIGUE
(CHRONIC FATIGUE SYNDROME/CFS)**

Many of your same patients suffer depression along with their fatigue. Many of your Chronic Fatigue patients also have Fibromyalgia. --- In the 45+ years that Chronic Fatigue Syndrome has been the subject of medical research, it has been attributed to several different potential causes. In the 1980s there was a link established between Epstein Barr virus and Chronic Fatigue Syndrome. So, some researchers tried to pigeon-hole CFS as a variant of Post Viral Syndrome. But Post Viral Syndrome generally resolves on its own within months, but in those with CFS, the totally disabling fatigue continues for months and then into years --- and in many cases there is no evidence of an elevated Epstein Barr titre. Furthermore, so many patients with Chronic Fatigue also have Fibromyalgia --- which places both FMS and CFS in the nebulous category of ...

ImmunoNeuroEndocrine stress-related illness.

So, INE-related illness has become the nemesis of the medical profession over the past 4 decades. Physicians look at these countless thousands of patients (a patient population I am sure is well represented in your own practice) and say, “I know you are tired, you hurt, and you are severely functionally impaired --- but I cannot find a thing wrong with you, and I certainly can’t give you a diagnosis, let alone prescribe a drug, with any certainty that the benefits will outweigh the harm.” --- Despite the zillions of dollars invested in research, no effective treatment has been forthcoming. --- But predictably, the pharmaceutical industry has fabricated research saying that these INE stress sufferers benefit from anti-depressants --- first the tricyclic anti-depressants (such as Elavil), and now SSRI’s.

Along the way during those 4 decades of fruitless research on CFS and FMS, some pretty sharp doctors realized that there is a connection between these conditions and Thyroid Insufficiency. Indeed, prescribing thyroid (even Levothyroxin, but better yet, a whole natural thyroid preparation such as Armour or Nature-Throid) relieves the chronic pain of Fibromyalgia and the

chronic fatigue of Chronic Fatigue Syndrome far better than the pharmaceutical darlings, the anti-depressants. But --- many of these patients have “normal” thyroid labs, so the medical establishment fights tooth and nail against prescribing thyroid, claiming it violates of Standards of Care. [--- If you have the NUTRI-SPEC monograph on Thyroid Insufficiency, you know all about the role of thyroid in both Chronic Fatigue and Fibromyalgia --- and you know there is a clear distinction between hypothyroid (deficient thyroid gland function) and Thyroid Insufficiency (also known as Low T3 Syndrome) associated with breakdown of peripheral thyroid function.]

There is simply no denying that addressing Thyroid Insufficiency is beneficial for virtually all FMS and CFS patients. But --- we at NUTRI-SPEC realize that the thyroid is as often the victim of the pathology, not the cause. In other words, any ...

UNRELENTING STRESSOR ...

will suppress peripheral thyroid function --- either by inhibiting deiodinase enzymes, or by increasing reverse T3, or by inhibiting the carrying of thyroid hormones across membranes. --- Which is to say, that giving thyroid to patients with Fibromyalgia and Chronic Fatigue will be extremely beneficial, but simply does not get to the root of the problem.

Has a patient ever told you a story that goes like this ...

“I spent the day on a “shop ‘til you drop” reunion with my two daughters. We were having a wonderful time --- then suddenly in mid-afternoon I felt woozy, and so weak I could hardly stand up. I absolutely had to sit down. My vision started to narrow into a black tunnel, and wooziness turned to dizziness. Before long I was overwhelmed with nausea and had to rush to the restroom --- and my daughters had to help me get there. I felt like I had to throw up, but I couldn’t, but then suddenly experienced violent diarrhea. I was so weak my daughters had to take me home. I went to bed and couldn’t get up until noon the next day.”

What exactly is your patient telling you? She has ...

MULTIPLE CHEMICAL SENSITIVITIES (MCS).

She has ...

A POTENTIATED INE STRESS REACTION TO ...

fragrances, dyes, organo-phosphates, carbamates, organic solvents, and most particularly to ...

CANDIDA AND MOLD SPORES AND FRAGMENTS.

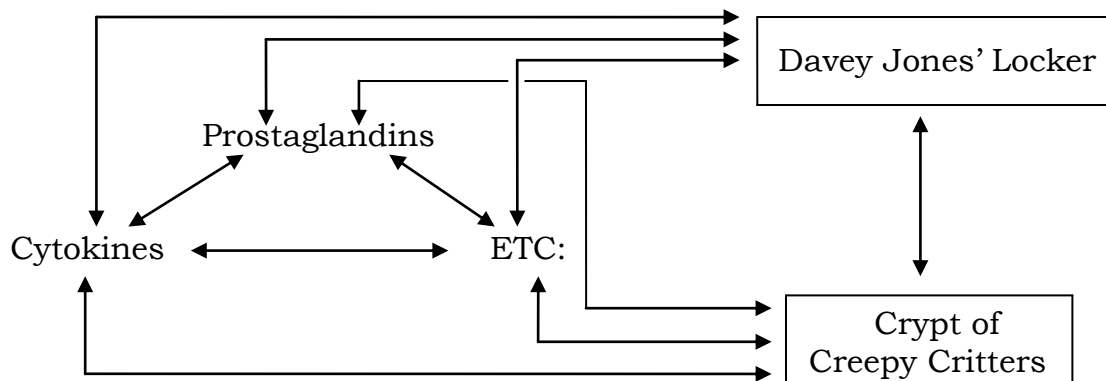
Yes, Multiple Chemical Sensitivities (and to a large extent Fibromyalgia and Chronic Fatigue) are intimately associated with Mixed Mold Mycotoxicosis and Eosinophilic Fungal Reactivity.

Do FMS, CFS, MMM, EFR, and MCS sound familiar? They should, they are the ...

MYSTERIOUS CREATURES OF THE DEEP ...

inhabiting the darkest region of your most difficult patients' Ocean of Motion --- the **CRYPT OF CREEPY CRITTERS**.

These creepy monstrosities emitting from the deepest depths of **INFLAM-AGING** are the ultimate expressions of INE stress. They are manifestations of all the Vicious Cycles swirling through your **Disease = INFLAM-AGING** flow chart. There are common denominators among FMS, CFS, MMM, EFR, & MCS, which trigger yet additional vicious whirlpools --- sucking the vitality out of your patients ...



The arrows on this little flow chart go round and round and back again --- more endless Vicious Cycles --- and keep in mind that these Vicious Cycles are connected to all the other Vicious Cycles discussed these past few Letters as regards your **Disease = INFLAM-AGING** flow chart. What you see above are Prostaglandins and Cytokines in their own little Vicious Cycles, with each potentiating the production and expression of the other. The same occurs between Prostaglandins and “ETC”, and between Cytokines and “ETC”. Then, Prostaglandins, Cytokines, and “ETC” feed into and out of both Davey Jones' Locker (all the slimy yeasty beasties), along with the Crypt of Creep Critters. --- Get it? --- Prostaglandins, Cytokines, and “ETC” all potentiate the Yeast Monsters and the Creepy Critters, but once the Monsters and Critters begin to

rear their ugly heads, they induce the production of more Prostaglandins, Cytokines, and “ETC”.

“ETC”??? That has been the mystery question presented to you the past two months. As many of you correctly guessed, “ETC” is none other than ...

NITRIC OXIDE ...

along with the countless pathogenic NITRIC OXIDE derivatives.

Common denominators?

--- Anytime your patient has elevated inflammatory cytokines, that patient also has elevated NITRIC OXIDE.

--- Anytime your patient expresses symptoms of Prostaglandin Imbalance, that patient is also suffering from excess NITRIC OXIDE.

--- NITRIC OXIDE derivatives contribute to Electrolyte Stress Imbalance, Electrolyte Insufficiency Imbalance, Anaerobic Imbalance, Dysaerobic Imbalance, Glucogenic and Ketogenic Imbalances, Thyroid Insufficiency, Sympathetic and Parasympathetic Imbalances, as well as all the Acid/Alkaline Imbalances --- yes, you can literally say “Oh NO!” anytime your patient has any NUTRI-SPEC Metabolic Imbalance.

--- So now you understand that all your patients experience days when they exclaim, “Oh NO!”

Your patients need not have “official” medical diagnoses of FMS, CFS, MCS, or Post Viral Stress Disorder to be suffering from “Oh NO!” All your patients who suffer frequent headaches, frequent bouts of fatigue, achy/stiff muscles, occasional fleeting vertigo, intermittent waves of nausea, ETC, ETC, ETC --- Oh NO, Oh NO, Oh NO! ----- You must give these patients NUTRI-SPEC.

To fully understand the dominant role that NITRIC OXIDE plays in your **Disease = INFLAM-AGING** flow chart, and to understand how NO derivatives are sucking the vitality out of your patients who need your Diphasic Nutrition Plan, and to understand how NO contributes to every one of your NUTRI-SPEC Imbalances --- and to broaden your understanding of Cardiovascular Disease, obesity, Insulin Resistance, premature aging (brain premature aging and cognitive decline in particular), and chronic gut inflammation, you must read NUTRI-SPEC’s magnificent new 38-page monograph on NITRIC OXIDE. You can purchase it for \$79.00 --- or better yet --- you can have this monograph **FREE** with your next order of \$400.00 or more. And for reasons that will become apparent to you when you read the monograph, if you up your order to \$700.00 you can add 4 **FREE** bottles of your choice of the antioxidant triad of OXY D, OXY D+, and OXY-MAX, or, choose from among the universally needed adaptogens, ADAPTO-MAX and TAURINE. Order today!