

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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CINNAMON DONUTS ...

Dear Doctor,

One of my greatest joys is witnessing intelligence cleverly expressed --- especially when punctuated by a playful display of anti-establishment sarcasm. --- So --- let me sketch for you a scene of me with a most insightful patient ...

Emma is an Amish woman --- maybe age 40 (--- and 3rd generation of one of my 4 or 5 generation families). Like her sister and mother, Emma is mentally razor sharp --- giving me the happy opportunity for witty repartee while adjusting her. Today she was in my office with a complaint of right upper thoracic pain and recurring GI distress. Chiropractic analysis quickly revealed (using my Chiropractic Distortion Release Technique) a viscerosomatic reflex from the gallbladder/biliary system. So, I taunted Emma ...

“How many donuts did you have for breakfast this morning?”

“I can never get anything past you, can I? --- Just one donut! How do you always know?”

I adjusted Thoracic 4, Cervical 3, extinguished the reflex in the right trapezius, and as I turned Emma supine to complete her adjustment I continued to taunt her ...

“This adjustment will leave you in pretty good shape if you will just behave yourself in the donut department.”

At that point --- with a twinkle in her eye and a playful smile --- Emma exclaimed ...

“OH! BUT THEY WERE CINNAMON DONUTS!”

What does Emma’s comment tell you? ----- A little background info ... The Amish rank right up there with your most informed patients on all the latest Alternative Health Care news. But the Amish also rank as low as your most unfortunate patients who are victims of Health Food Industry Mythology. --- So, you see clearly that ...

EMMA “GETS IT” ...

on two critical levels.

First, Emma gets that INFLAMMATION is a foundational component of almost all diseases, and almost all symptoms of Dis-Ease. In looking at the far-reaching effects of inflammation as it contributes to everything from obesity to depression to chronic fatigue to fibromyalgia, and so on and so on, she has surely encountered the term “INFLAM-AGING”. Yes, Emma understands the concept of Inflamm-Aging, and she is certainly interested in doing everything she can to maintain her health and the health of her family by minimizing the health-destroying processes of inflammation.

The second “gets it” implicit in Emma’s comment is her poking fun at what we at NUTRI-SPEC call ...

“SPICE RACK NUTRITION”.

Cinnamon, as you and Emma and many of your patients are aware, is one of the many Health Food Industry Flavors of the Month --- which, along with Turmeric, and Oregano, Resveratrol, and who knows what other unsubstantiated silliness is being hysterically hyped by the nature cure peddlers. Ever-sharp Emma is letting you know (with unrestrained sarcasm) that she could never be snookered by Spice Rack Nutrition. Even while all her friends and family believe ...

**SIMPLY BECAUSE THEY WANT TO BELIEVE ---
NO, THEY NEED TO BELIEVE ...**

in all (nonsense) purported to be “natural” as a way to defend against any symptoms of Dis-Ease --- Emma says, “Don’t make me laugh! If I am going to take responsibility for my health, it’s not going to be by making my donuts with cinnamon.”

So --- if, like Emma, your patients understand INFLAM-AGING ---

DO YOU?

What is your take-away from this story about my patient? If my Amish patient in rural (isolated) Pennsylvania is keenly aware of Inflamm-Aging, then your patients certainly are as well. Your patients are hearing about Inflamm-Aging from countless sources --- almost all of them taking legitimate scientific research and twisting it into non sequiturs to sell Spice Rack Nutrition, herbal drugs, and all manner of other nature cure nonsense. Since your patients have their attention focused on Inflamm-Aging, wouldn't it be ideal if they gathered their information from an entirely reputable/scientific source such as you? Would it not be ideal if they learned the truth about Inflamm-Aging from someone (like you) who can actually do something about it --- from someone who could sell them a dollar's worth of Metabolic Therapy for \$1.00 instead of ---

STEALING THEIR DOLLARS IN RETURN FOR NOTHING BETTER THAN SNAKE OIL?

To capitalize on your patient's awareness of Inflamm-Aging, keep the dialogue going --- and keep it personal. To that end, challenge yourself ...

- How many times last week did you look a patient in the eye, and say, "You are an insulin reactor"?
- How many times did you speak the word "Inflamm-Aging"?
- How many times did you tell a patient, "You need to consider your overall INE Stress." --- Then go on to explain how, in your work, you address the mutually supporting functions of the immune system, the nervous system, and the hormone system.
- How many times last week did you comment to a patient --- "Since you're so health conscience, you've probably become aware of just how important it is to have a strong immune system." --- Then go on to explain that there is more to the story of the immune system than most people understand --- and --- that many immune-related states of Dis-Ease are actually from an immune system that is too strong. It is a balanced immune system that really prevents disease. --- And then (at the very least) go into your presentation of your Immuno-Synbiotic brochure.

No doctor your patients will ever encounter has a more complete handle on the concept of Inflamm-Aging than you do. Which is to say, no one can empower their lives as you can. No one can increase their Adaptative Capacity, and no one can re-charge their Vital Reserves as you can with your knowledge gained through NUTRI-SPEC --- and --- your truly incomparable NUTRI-SPEC supplements. For the last several months we have dangled in front of your eyes a flow chart ...

Dis-Ease = INFLAM-AGING

(--- with the patho-physiology of aging beginning as early as birth)

Associated with ...

ImmunoNeuroEndocrine Stress

One little corner of that flow chart nestled right underneath the foundational block labeled **INE STRESS** --- with arrows to and from almost every other section of the flow chart --- is an entry ...

Prostaglansins
Cytokines, etc.

You have learned that one of the key components of the “etc.” is Nitric Oxide, plus all the pro-inflammatory Nitric Oxide derivatives that feed forward and feed back into Inflammatory Prostaglandin Imbalance and Inflammatory Cytokine Imbalance. We have made available to you (for **FREE**) our monograph on Nitric Oxide. [Our offer for a **FREE** copy of this monograph expires at the end of October, so if you are one of the doctors who have not read it yet --- get on it today!]

The feedback from doctors after they read the Nitric Oxide monograph is nothing less than a “celebration of revelation” through NUTRI-SPEC --- the revelation that you, and only you, have the supplements specifically designed to effectively reverse INE Stress and the resulting inflammation --- regardless of the almost unlimited underlying unrelenting stressors causing it. NUTRI-SPEC doctors are showing that they “get it” just as well as my patient Emma --- as do your many, many patients who are discovering (though, regrettably, too often from remedy peddlers rather than from you) that ...

ANTI- INFLAMMATION SUPPLEMENTATION IS THE KEY TO DEFEATING DIS-EASE.

Here are examples of three doctors who came back with specific comments/questions on the Nitric Oxide monograph, along with my replies ...

Doctor A: I read with fascination (but at first a little confusion) your Nitric Oxide monograph. Thank you for another great effort. But the picture really was made clear for me when I read your recent newsletter. It was the term, “UNIFYING HYPOTHESIS” that made me realize that when you inform us about Nitric Oxide or any of the Metabolic Imbalances addressed by NUTRI-SPEC, you are not adding additional named diseases on top of all the countless

named diseases in allopathic medicine, but giving us the basic mechanism at work in all those diseases.

My reply: Truly, you have captured the essence of NUTRI-SPEC ...

- How many of your patients have Metabolic Imbalances? --- They all do.
- How many of your patients are suffering fading Vital Reserves? --- All of them over age 33 are.
- How many of your patients have Prostaglandin Imbalance? --- They all do.
- How many of your patients have Fibromyalgia? --- Almost all of them --- some almost continuously, some only intermittently.
- How many of your patients have Chronic Fatigue Syndrome? --- Almost all of them do --- some intermittently, some devastatingly.
- How many of your patients have excess induced Nitric Oxide? All of them in any state of Dis-Ease do. All of them with any Metabolic Imbalance do. All of them with fading Vital Reserves do. --- Those whose Nitric Oxide is primarily diverted into the production of Reactive Oxygen Species will tend to show signs/symptoms of Dysaerobic, Sympathetic, Glucogenic, or Acid Imbalance; those whose Nitric Oxide is diverted primarily into pro-inflammatory Reactive Nitrogen Species will tend to show signs/symptoms of Anaerobic, Ketogenic, Parasympathetic, and Alkaline Imbalances.

Yes, you understand that there are probably thousands of names diseases, but other than those resulting from obvious birth defect, from bacterial invasion, or from physical trauma, there is only one underlying disease process --- **Inflammation** --- derived from **ImmunoNeuroEndocrine Stress** --- and leading to **Inflam-Aging**.

Doctor B: I just finished reading the Nitric Oxide monograph and I am incredibly impressed with the amount of research you guys are doing.

My reply: Thank you. Your compliment is happily received. Regrettably, (outside our nucleus of NUTRI-SPEC practitioners) not too many doctors are either intelligent enough or informed enough to be impressed.

Doctor B: If I would do such research, it would take me months just to assemble the material not to mention sorting out the clinical relevance and inter-relating the information.

My reply: Yes, it takes months. Actually, it requires years. The studies we drew from to assemble the Nitric Oxide monograph were probably collected over a period of 6 years or more.

To illustrate --- regarding our Nitric Oxide monograph: We had known for decades that Nitric Oxide is a vasodilator, and, that Nitric Oxide is derived from the amino acid arginine. While health food industry goofballs promote vasodilation is universally good, we, seeing the world through a NUTRI-SPEC lens, are aware that vasodilation is a dualistic/diphasic phenomenon. There can be too much or too little vasodilation, and too much or too little vasoconstriction.

Additionally, we became aware over several decades that Nitric Oxide is a participant in many inflammatory reactions. Like most components of inflammation, there is a benefit up to a certain point, but after that, the inflammatory response becomes destructive more than defensive.

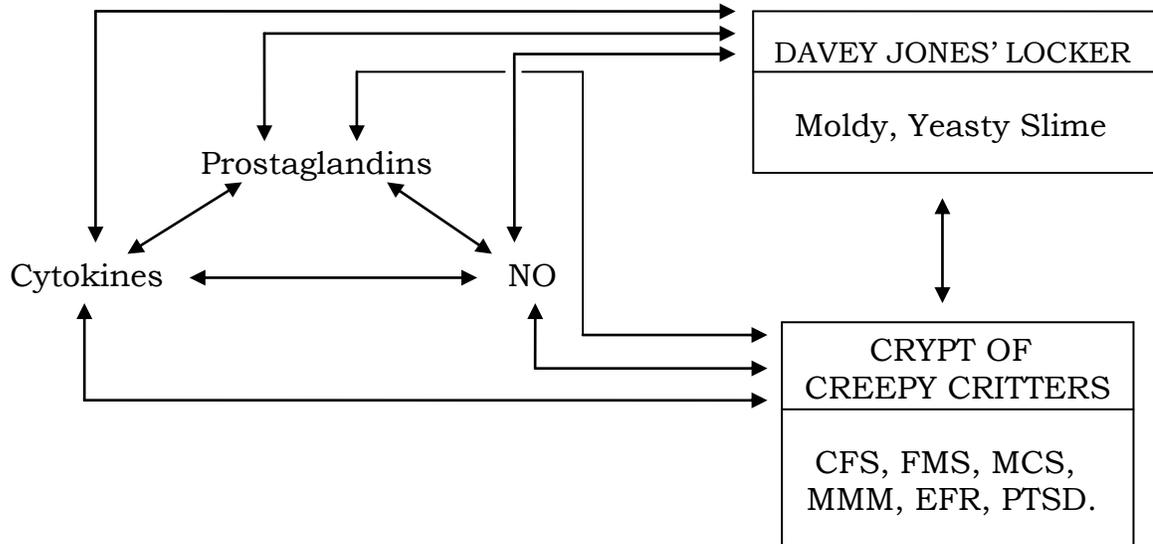
The third element of our foundational knowledge of Nitric Oxide was its association with the Dermographics Reflex in your NUTRI-SPEC test procedure. ----- Vasodilator, plus pro-inflammatory, plus a participant in the Dermographics Reflex ----- we knew for, a long time we wanted to look at Nitric Oxide in greater depth. Then, about 6-8 years ago we began to fully appreciate the significance of the Dermographics Test. At that point we made additional effort to start gathering information on how Nitric Oxide relates to other immune factors (--- mast cell activation, macrophage activation, histamine release, certain inflammatory cytokines, etc, etc). It took us several years of off and on literature searches and correlation of information and organizing outlines and notes to get us set to put it altogether. Finally, several months ago we made it a priority --- and, Voila!

Additional Note: We could build almost an entirely comprehensive metabolic testing system around little more than the Dermographics Reflex plus Edema --- it is really that informative. The only reason we do not, is because of its major drawback --- that it is very difficult or impossible to read Dermographics on some dark skinned people.

Doctor C: I read your monograph on NO. Thank you so much for all the hard work, time and effort that went into putting this together. I think your model of NO being a central common denominator of chronic inflammatory diseases makes way too much sense not to be true.

After reading the monograph, I will be more diligent in recommending Diphasic AM and Diphasic PM (and Taurine!) for my patients.

What about NMDA? Is it, like NO, an indication of inflammation we need to be aware of?



My reply: I am pleased that you “enjoyed” my NO monograph. ----- I like the way you put it --- “NO being a central common denominator of chronic inflammatory diseases”. NMDA is another such common denominator, but there is no specific way to monitor it --- other than a person being extremely Anaerobic or Dysaerobic. But, with NO, the combination of NUTRI-SPEC analysis, particularly integrating the all-important Dermographics and Edema, gives us a way to monitor excess NO, plus determine whether that excess is causing more damage by creating Reactive Oxygen Species or Reactive Nitrogen Species.

Doctor C comeback to my reply: I had to go back and reread my email to you, because I did not believe I wrote I “enjoyed” your monograph. I see that I did not write that. Although I did “enjoy” reading the monograph, I think a more appropriate description of my experience would be that I had my little brain completely “blown away” by the ramifications of your fine work. I cannot stop thinking about the profound implications of iNOS and NMDA and the central role these agents have on physiology and pathology. And how the “key” to solving the mystery of many chronic problems is to dampen the raging fires of these Vicious Cycles.

The iNOS/NMDA (Oh NO!) sensitization model makes much more sense to me and provides a roadmap to treating these patients --- attempt to identify and mitigate against the various “feed-forward” loops driving the patient’s up-

regulated response. The Oh NO! model is yet more support for addressing the basic underlying causes of chronic disease states --- diet, air quality, light quality, proper sleep, proper exercise, proper mind-body control, as a starting point. And then, of course, shooting for Metabolic Balance, and increasing Metabolic Reserves --- with an overall goal of increasing Adaptative Capacity.

I see the iNOS/NMDA (Oh NO!) hypersensitivity Vicious Cycle as a consequence of diminished Adaptative Capacity --- as a result of loss of homeostatic control and insufficient Vital Reserves in genetically susceptible persons when overwhelmed by unrelenting stressors --- be they environmental, electromagnetic, dietary, or psychological.

Whew!!! --- Did these NUTRI-SPEC practitioners “get it”? Maybe we should hire them to write our NUTRI-SPEC Letters in the future. What do you think? ----- But more appropos of this Letter ...

DO YOU GET IT?

Inflammation and its contribution to a broad array of diseases --- then --- how it leads to Inflam-Aging --- is splattered all over the Alternative Medicine Literature and the Health Food Industry propaganda. Countless Internet Nature Cure Gurus are singing the anti-inflammatory song at the top of their lungs. ----- And your patients are listening.

But not all your patients “get it” the way Emma does. Without your counseling they are going to believe in the cinnamon myth, fall for the Resveratrol hoax, and throw away good money on bad snake oil remedies. --- Cinnamon or Immuno-Synbiotic? Resveratrol or Adapto-Max? Tumeric or Oxy-Max? Oregano or Taurine? Absolutely nothing comes close to the power of your NUTRI-SPEC supplements. How many of your patients need them? They all do.