

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

Do you have (as I do) “fond memories” of ...

MULTIPLE CHOICE EXAMS?

Remember those? --- Beginning in elementary school, then expanding relentlessly through high school, more and more of your tests on curricular material took the form of multiple choice torment. And all along the way, your standardized tests, up to and including your SATs, were a matter of choosing among a group of prepackaged suggestions. --- College? Even more multiple choice testing.

And while suffering through those exams seemed like a terrible ordeal at the time, you have to admit that taking those tests and studying for them was far simpler than if you had been required to demonstrate true depth of understanding by writing out answers to every question. ----- The most complicated questions were structured something like this ...

QUESTION: When? Why? Where? How?

ANSWER CHOICES:

- A. blah blah blah
- B. Ho! Ho! Ho!
- C. Concise statement of apparent truth
- D. Choices A and C
- E. None of the above

Did you as a student, or do you now, appreciate how truly simple it was to prepare for such tests? All you needed to do was spend the evening before the exam cramming a few key terms from the text or class notes into short-term memory --- such that you recognized those terms in proper context among the multiple choices. ----- My point is that you never really needed a conceptual understanding of the material in order to excel. You could easily pass the course, and even perform at the level of a grade A student --- moving forward and creating a life for yourself. Truly --- multiple choice exams enabled us to move through the game of school simply --- winning, without being bogged down by a depth of understanding that added nothing to our lives.

Do you see how the functional benefits of multiple choice exams are perfectly analogous to your process of becoming rich, as well as at power and ease, in your NUTRI-SPEC practice?

The theme of our last two Letters has been ...

SIMPLICITY AND PRIORITIZATION.

We have emphasized that with NUTRI-SPEC you do not need an in-depth understanding of Biochemistry, Physiology, or Patho-physiology. With a sense of power derived from being assured that an extraordinary depth of science is ...

BUILT IN...

to your NUTRI-SPEC protocols --- all you need to do is master the tools of your trade. --- A tool as simple as testing a patient's Heart Rate sitting versus lying, and checking the Arm and Leg Dermographics and Edema (--- a simple 2-3 minute procedure your staff can perform while you serve another patient) gives you the means to analyze all the major mechanisms of Immuno-NeuroEndocrine Stress leading to ...

INFLAM-AGING ...

that Physiologists, Biochemists, and Pathologists have identified as major causes of you patients' symptoms.

It's all about the science --- but even more, it's about the science being built in.

Thus, you can look at every patient as a simple multiple choice question. The answer to that "question" --- whether A, B, C, D, or E ...

IS ALL YOU NEED TO KNOW ...

to have an immediate impact on the health of that patient.

Simplicity and prioritization --- your SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM illustrates perfectly the concept of SCIENCE being built in to your NUTRI-SPEC toolbox. Two or three minutes that your staff invests in testing takes you directly to the perfect answer in each multiple choice patient. The science is profound, but the power to employ that science --- to enrich you and your patients --- is amazingly simple. There are 17 choices in your S/PSS multiple choice questions, including “None of the above”. And all those 17 choices give you a ...

PRIORITIZED, INDIVIDUALIZED, and ULTRA-SPECIFIC ...

first step in empowering that patient. Complexity is effectively reduced to simplicity. The mysteries of biochemistry that are far beyond our capacity for cognition are coalesced into an easily grasped set of tools --- a hammer that hits the nail right on the head.

How did NUTRI-SPEC distill the Mysteries of Metabolism into an effective Metabolic Therapy? That is a question many of you have asked. Here is a recent example of the type of comment you often send us ...

“Guy, I have two 3-ring notebooks with your NUTRI-SPEC Letters. I am on my third. Every Letter brings this question, “How did he figure that out?”

The answer is that Guy has figured out very, very little. The strategy in nearly 40 years of ongoing NUTRI-SPEC development has been the very same “multiple choice” strategy that empowers your NUTRI-SPEC use. The countless unknowns in biochemistry are reduced to a series of multiple choice questions. --- And the most informative questions are those that can be answered “None of the above”.

We illustrated this concept in last month’s Letter. We gave the example of a patient’s Heart Rate that drops more than 4, taken 30 seconds after moving from the sitting to the supine position. If that Heart Rate drops more than 4, the answer is “None of the above” in considering all Metabolic Imbalances --- whether they involve Immune Stress, Neuro Stress, or Endocrine Stress --- that include any component of Sympathetic/Catacholamine/Calcium-driven stress.

Do you see? The only way the Heart Rate can drop significantly more than 4 from the supine to the recumbent position --- it is a physiological law --- is if Parasympathetic tone is dominating over Sympathetic tone, or, there is a Hypothyroid or Thyroid Insufficiency condition.

How simple is that? Do you see how easy it is to prioritize? Built in to your NUTRI-SPEC protocols is a process of elimination, achieved when a question about some mechanism of Metabolic Imbalance can be answered “None of the above.”

Built in science; built in prioritization. ----- Here is another example:

Many of your 6 NUTRI-SPEC Fundamental Imbalances and your 17 Sympathetic/Parasympathetic Support System Imbalances can lower body temperature, and do so by a multitude of mechanisms. There are fewer that elevate body temperature. So, when we see a patient (who is not obviously fighting a viral or bacterial infection) with an even slightly elevated body temperature, that eliminates from consideration all the many Imbalances that drop body temperature down. --- **None of the above!**

It is not that the patient might not have any of the Imbalances that lower body temperature, but clearly he is being beaten up by some temperature-elevating Imbalance that is strong enough to dominate over any of the temperature-lowering Imbalances. --- PRIORITIZE!!!

The comparison between Prostaglandin D2 and Prostaglandin E2 (Imbalances I and J of your S/PSS Analysis) is illustrative here. They are both nasty metabolites of the eicosanoid (HO HUM PUFA) metabolic pathway. Yet PGD2 causes low body temperature and somnolence, while PGE2 elevates body temperature and causes insomnia. If you look at the “Eliminators” column of your S/PSS analysis table, you will see how this concept of “None of the above” is built in.

Here is the way to envision your multiple choice question here. Suppose your patient’s major complaint is some obviously inflammatory condition, be it arthritis, myositis/fibromyalgia, asthma, headaches, gastrointestinal pain, menstrual cramps, or allergies. You are certain --- it is a physiological law --- that an excess of prostaglandins is involved. Most likely you are looking at either too much PGD2, too much PGE2, too much leukotrienes, or deficient PGI2. Now suppose further that your patient is on a daily basis taking handfuls of anti-inflammatory drugs --- such that complete NUTRI-SPEC testing would be an exercise in futility. Your obvious road to success in this case is to get the patient immediately on a Diphasic Nutrition Plan via the Balancing Procedure, and individualized for that patient’s age. (And of course, of all the points on your Eat Well – Be Well plan, the one that needs to be emphasized the most is strict avoidance of all the HO HUM PUFAs that are the precursors to the pro-inflammatory prostaglandins.)

But can you do more than the DNP for this patient? Absolutely. Your S/PSS analysis requires only a 2-3 minute investment of your staff’s time, and will lead you directly to an even higher level of specificity --- the specific

supplements to address this patient's particular Prostaglandin Imbalance -----
Is the patient suffering from primarily an excess of PGD2? Of PGE2? Of LTB4?
All of the above? None of the above? --- Look at your S/PSS analysis table ...

Look under the Eliminator column for PGD2. It says "X Insomnia". Get it? **None of the above**. Even if your patient has up until that point a perfect PGD2 pattern on the first 4 tests, you stop right there if insomnia is a major complaint. Why? Does insomnia mean the patient does not have an excess of PGD2? Not at all. But --- it means that even if PGD2 is contributing to the problem, it is not the heavy hitter. You can prioritize here, knowing that PGD2 causes such extreme somnolence that if it is the major pro-inflammatory punishing your patient, there will be no insomnia.

So now that you have eliminated PGD2, your analysis skips right to a consideration of PGE2. But here again, look at the Eliminators column --- and --- if your patient suffers from peptic ulcers, duodenal ulcers, ulcerative colitis, or anything else lumped into the garbage diagnosis of "Irritable Bowel Disease", then PGE2 is eliminated from consideration --- **none of the above** positive tests for PGE2 are worth considering, because PGE2 cannot possibly be a factor for this patient.

How can you eliminate PGE2 with such confidence? It is a physiological law. PGE2 is one of the most powerful pro-inflammatory prostaglandins throughout the body --- except --- in the GI tract where it is actually anti-inflammatory. [That is why Aspirin and Ibuprofen and Naproxen rip people's gut to pieces --- since they are broad spectrum prostaglandin inhibitors they inhibit all prostaglandins, including PGE2, which removes the PGE2 protection of the GI mucosa.]

Your multiple choice question for this patient may lead to an answer that doesn't directly mention "prostaglandins" at all. Does that mean your patient's inflammation is not prostaglandin-related? Absolutely not. What your S/PSS analysis is showing you is that there is a greater overriding mechanism predisposing to prostaglandin-related inflammation. The primary mechanism driving your patient's pathophysiology could be alpha 2 adrenergic stress, adenosine stress, corticotrophin releasing hormone stress --- your S/PSS will always ...

SIMPLIFY AND PRIORITIZE.

This concept of elimination through "**None of the above**" has created an "Aha!" moment for many of you. It finally dawns on you that you do not need to comprehend a zillion biochemical reactions and metabolic pathways to empower your patients with NUTRI-SPEC. Your patient has insomnia? --- There are at least half a zillion metabolic pathways you do not even need to concern about. Your patient has a Red Arm Dermographics but White Leg

Dermographics? --- There are a whole bunch of Metabolic Imbalances to which you can say, “**None of the above**”. ----- One NUTRI-SPEC practitioner essentially wrote this month’s Letter for me ...

Recall in the first month or two we introduced your Sympathetic/Parasympathetic Support System --- we did not name the 17 Imbalances, but merely Lettered them. Then, we gave you a matching test in this Letter --- challenging you to match the name of each Imbalance with its lettered test pattern. Many of you did extremely well, but that one practitioner not only gave his answers, but explained how he chose each one. And how did he do it? He simply said, “Oh! --- by process of elimination (=== None of the above) I see that ...

F --- X obese = must be Beta 3 Adrenergic --- because beta 3 enhances lipolysis.

L --- X arrhythmia = must be high adenosine --- because adenosine is used as an anti-arrhythmic.

J --- X GI ulcers = Prostaglandin E2 --- because Prostaglandin E2 protects against ulcer formation.

C --- Vagotonia --- because it is the most Parasympathetic of all the choices --- Asthma, Diarrhea, Redness, Edema, Itching.

B --- Alpha 1 failure = because it is very Parasympathetic --- but not as much as much as C (no Asthma).

E --- Beta 1 Adrenergic = increased heart rate and stroke volume --- because high blood pressure, and definitely not slow Heart Rate.

G --- Alpha 2 adrenergic stress = leads to smooth muscle contraction --- constipation or food sticks in the esophagus.

My point in highlighting this physician’s using the “**None of the above**” concept is two-fold --- first to show that when you have your “Aha!” moment, you will realize that all that science is built in to your NUTRI-SPEC toolbox --- and second, you absolutely do not need to understand patho-physiology to the level this doctor does. --- Rather, NUTRI-SPEC puts you on automatic pilot. Plug into the system --- since the power is built in.

In less than 3 minutes your S/PSS multiple choice will empower you with the right choice --- the prioritized choice of action --- aiming specifically at every patient’s primary mechanism of INFLAM-AGING.