

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

Picture this ...

- Your first patient tomorrow has a right knee painfully swollen and hot with arthritis.
- Your second patient tomorrow is a whining “Female – Fat - Forties” with depression and fibromyalgia.
- Your third patient suffers totally disabling menstrual cramps two days each month --- so severe she calls in sick to work.
- Your fourth patient is plagued by year-round sneezy, watery-eyed allergies.

These are the nagging symptoms your patients squawk about --- these are the conditions you deal with (or fail to deal with) day in and day out. ----- Can you offer these patients permanent improvement in the causes of their conditions (rather than merely palliating symptoms --- as they are desperately trying to do with the handfuls of drugs they take every day)? --- Of course you can. --- How?

USE NUTRI-SPEC.

All you need to do is choose the most direct approach for each patient -----

A) complete NUTRI-SPEC testing, B) an individualized Diphasic Nutrition Plan, C) Sympathetic/Parasympathetic Support System Analysis, or D) Tissue Acid/Alkaline Balancing Analysis.

Here are three questions regarding that broad array of symptoms you encounter everyday ...

1. How many of those conditions reflect a complexity of Metabolic Pathways infested with ImmunoNeuroEndocrine Stress?
2. How many reflect your patient being driven down the patho-physiological road to INFLAM-AGING?
3. How many reflect a primary mechanism that will be discovered by your SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM ANALYSIS?

The answers to these 3 questions are easy ...

1. All of the above
2. All of the above
3. All of the above

So, what is your most direct approach to root out INE Stress and stop INFLAM-AGING?

*** Nothing beats complete NUTRI-SPEC testing --- when you can pull it off. But to make it work, your staff has to be geared up in a way that reflects a substantial commitment to becoming an extraordinary Metabolic Therapist. But even that commitment will not always suffice. All the “handfuls of drugs” alluded to above can so severely muddy the waters as to conceal the Sea Monsters lurking below the surface.

*** The Diphasic Nutrition Plan is your ideal foundation for your Metabolic Therapy Practice. The DNP couldn't be simpler to administer --- yet achieves a two-fold purpose. First, it meets the NUTRI-SPEC SPECIFICITY principle by individualizing the Plan in 3 ways:

- Initiated with the Balancing Procedure, it gives every patient the ideal blend of your Metabolic sparks --- Oxy Tonic, Electro Tonic and Oxy D+.
- You give every patient a Plan individualized as per the metabolic breakdowns that occur with aging --- meeting the universal needs of those under age 23, those age 23-32, patients age 33-52, and those age 53+. In so doing, you are individualizing as regards Anabolic/Catabolic Imbalance, Oxidative/Reductive Imbalance, and in your patients age 53+ you are protecting them from the Generalized Autonomic Failure that eats away their Vital Reserves.

- Finally, you are individualizing based on our knowledge of the Metabolic Pathways involved in the “Monster Diseases” that are devastating so many of your patients --- Type 1 and Type 2 Diabetes, Asthma, Hypertension, Cardiovascular Disease, and all the Auto-immune Diseases.

And beyond the specificity incorporated into your Diphasic Nutrition Plan, you have a second major benefit that we do not discuss often enough. --- Built in to the system is supplementation with Diphasic AM, Diphasic PM (and in many cases, Taurine). These are the amazing ADAPTOGENS that can control ImmunoNeuroEndocrine Stress, and slow or even stop, and often even reverse, INFLAM-AGING. ----- Think of all the benefits your patients’ wishful thinking tells them they are getting from their cinnamon and Resveratrol, then ...

MULTIPLY BY AT LEAST 10 ...

and those are the benefits you truly deliver with the amazing array of ADAPTOGENS you offer all your patients.

*** Your Tissue/Acid Alkaline Balancing Analysis is so amazingly powerful we need to spend more time discussing it --- and we will in future Letters. The results on patients suffering from unrelenting pain, itching, vertigo, and other conditions of a dualistic nature will absolutely astound you.

--- When your analysis allows you to hit the nail right on the head, you and your patient will be in utter disbelief when a frozen shoulder doubles its range of motion and decreases its pain by 90% with nothing more than a ½ teaspoon of Phos Drops.

--- Or, when a woman who has experienced a three-day migraine ordeal every month for 20 years feels her migraines vanish into thin air with a mere ½ teaspoon of Oxy D+ daily, taken one week (pre-menstrual) every month, and those disabling headaches remain controlled happily-ever-after.

--- Or, how about the man who suffers bouts of uncontrollable itching with no apparent provocation, and who tests clear of allergies. His Eosinophilic & Mast Cell reaction is stopped in its tracks with nothing more than ½ teaspoon of Oxy Tonic, and the condition is easily controlled thereafter, giving you another happily-ever-after story.

----- But are there problems with the Acid/Alkaline Balancing Analysis? Yes, there are two ...

First, we have our old nemesis --- the handfuls of drugs on which so many of your patients with dualistic symptoms depend. Almost any patient on whom you would want to achieve Pain Control with your Tissue Acid/Alkaline

Balancing is going to present after having swallowed 4 Advil in the last few hours (--- or these days --- even worse --- one of the opioid narcotics that are prescribed so irresponsibly). Since your Analysis relies on Urine pH and Specific Gravity and Saliva pH, the results will be totally scrambled by the drugs --- leaving you peering into the same murky waters that confound your ability to do complete NUTRI-SPEC testing on so many patients.

Second, the Acid/Alkaline character of dualistic symptoms such as pain sensitivity, itching and vertigo can change over time, and in some patients even flip-flop every few weeks. In such cases the Phos Drops that unlocked that Frozen Shoulder 3 months ago and has kept it functional ever since, begins to gradually (or sometimes suddenly) work against you --- now increasing pain and stiffness.

*** In contrast to your complete NUTRI-SPEC Metabolic Imbalance Analysis and your Tissue Acid/Alkaline Balancing Analysis, your Sympathetic/Parasympathetic Support System is ...

YOUR NUTRI-SPEC DREAM COME TRUE.

It is applicable to every patient, any time. The Analysis is not entirely free of drug interference, but much less so than your other Analyses that rely on Urine and Saliva testing.

A) Suppose you want to do complete NUTRI-SPEC testing for Metabolic Imbalances but the drug demon has possessed the patient to such an extreme you expect your Analysis would lead to frustration. --- Or --- even without any drug interference, if you run the complete testing and come up with results that just don't seem to quite add up (--- and this happens in my office, so don't think that getting a goofy set of tests means your staff did something wrong). ----- What are your options in such patients?

--- You have two options, and they are both excellent. One choice is to go directly to those patients' DNP, building up the Vital Reserves over a period of weeks, while they clean up their eating plan and perhaps back off some of the drugs. Then, you can look for more meaningful results on your Metabolic Imbalance testing 4-8 weeks down the road.

Your second option is to delay the start of these patients' DNP and go directly into the S/PSS Analysis. That way you can identify one Metabolic Stressor that is pounding mercilessly on every patient. Eliminate that, while also cleaning up the diet and backing off some of the drugs --- then come back and do your complete NUTRI-SPEC testing in 3-6 weeks.

Actually, you have a third option --- and that is to initiate the DNP with the Balancing Procedure, individualize it for the patient's age and pathology

history, --- AND simultaneously --- do the S/PSS Analysis, giving you a means to address at least one ImmunoNeuroEndocrine Stressor with your S/PSS simultaneously as you increase Vital Reserves with your DNP.

- B) Suppose you have a patient on whom you have done complete NUTRI-SPEC testing. On the first testing, that patient showed 3 Imbalances. Now, here you are, 8 weeks later. It generally requires between 3-10 weeks to reach maximum benefit on a particular Imbalance with NUTRI-SPEC. So at this 8 week mark your patient shows one of the three Imbalances completely gone, one almost thoroughly controlled, and one stubbornly resistant to correction. You have eliminated all supplementation for the corrected Imbalance, radically reduced the supplementation to just a maintenance dose for the controlled Imbalance, and you are continuing full supplementation for the unresponsive Imbalance (--- one that is undoubtedly associated with some frank pathology). What is your next step?

You have two options. You can transition into that patient's individualized DNP, while continuing the supplementation derived from your Metabolic Balancing. In other words, have the patient run through the Balancing Procedure and throw in Diphasic AM and/or Diphasic PM and perhaps Taurine if these were not part of the supplementation required by your 3-10 weeks of Metabolic Balancing. --- Simple.

But you have a second option, and that is to put off that patient's DNP, and instead add the Sympathetic/Parasympathetic Support System Analysis to the remnant of your Metabolic Balancing. Quite often, addressing the major ImmunoNeuroEndocrine Stressor that shows up on your S/PSS will totally resolve the Metabolic Imbalances that were resistant to direct correction. For example, you might have a person who after 3-10 weeks still tests extremely Dysaerobic. But now you run the S/PSS and uncover a Beta 3 Adrenergic Stress response. Supplement for that, and within weeks the Dysaerobic Imbalance is either gone or well-controlled.

- C) Suppose you have a patient on whom you have no intention of doing complete NUTRI-SPEC testing --- but that patient has a particularly distressing symptom you really want to get to. Rather than start that patient on his DNP, use your Sympathetic/Parasympathetic Support System as a stand-alone Analysis. Identify THE major ImmunoNeuroEndocrine Stressor, or at least A major INE Stressor that relentlessly knocks this patient out --- time and time again, day after day after day.

In a week or two or three or four, repeat the S/PSS testing (only 2-3 minutes required of your staff), and you may indentify yet another INE Stressor --- allowing you to make a few adjustments in the

supplementation regimen. Within a few weeks after identifying that INE Stressor, you can repeat the S/PSS testing once more, make a few fine tuning adjustments in the supplement regimen, and then institute the Balancing Procedure and the rest of the patient's individualized DNP.

- D) Suppose your patient has no major overwhelming symptom/condition, but has a zillion moderate to mild complaints. What is your best course of action? Go directly into that patient's individualized DNP, but from day 1, juice up that DNP with your S/PSS Analysis. That way, you have ...

THE BEST OF ALL POSSIBLE WORLDS.

You have the major uplifting of Vital Reserves that comes from the DNP; you have the specific Tissue Level Acid/Alkaline Balancing as achieved with your Metabolic Sparks (Oxy Tonic &/or Electro Tonic &/or Oxy D+) --- and, you are mounting an assertive attack on one major INE Stressor. ----- INFLAM-AGING? --- You've got it on the run, with power that other health care professionals can only wish for.

- E) Suppose you started a patient on an individualized DNP 2-3 months ago. There have been clear improvements in the patients' health, but there are nagging minor symptoms. You want to do more. Do it. Use your S/PSS as just described above to juice up that patient's DNP.

Such an extraordinary menu from which you can choose --- zeroing in on the most direct approach for each of your patients ...

- Complete NUTRI-SPEC Metabolic Testing?
 - Complete testing juiced up by the S/PSS?
 - Complete testing with the S/PSS picking up the loose ends after 3-10 weeks?
 - The DNP with the S/PSS adding a turbo charger after 4-8 weeks?
 - The DNP juiced up with the S/PSS right from the beginning?
 - The S/PSS as a stand-alone analysis to conquer one or more INE stressors that are clobbering the patient --- then, settling into the patient's **Live Stronger Longer** DNP after 4-8 weeks?
- Fun, satisfying, and lucrative.

Empower your patients; be delightfully overwhelmed with the referrals they send you; let your practice fully blossom.