

# NUTRI-SPEC



THROUGH  
SPECIFIC NUTRITION  
89 Swamp Road  
Mifflintown, PA 17059  
800-736-4320  
717-436-8988  
Fax: 717-436-8551  
nutrispec@embarqmail.com  
www.nutri-spec.net

## **THE NUTRI-SPEC LETTER**

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From:  
Guy R. Schenker, D.C.  
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Dear Doctor,

In this Letter ...

### **YOU WILL BE LED TO THE FOUNTAIN OF YOUTH.**

In all seriousness -- while NUTRI-SPEC cannot offer you a magic potion to enhance longevity, we can give you a clear understanding of the mechanisms of aging, and what you can do to reverse and delay the aging process. With the information you are about to gain from this Letter, you will be able to achieve much better results with your NUTRI-SPEC patients, and, you will have a powerful new protocol to use on those patients on whom you cannot employ your NUTRI-SPEC procedures. Do you have in your practice ...

- a. Patients from far away on whom you cannot do adequate follow-up testing?
- b. Patients with a list of medications a mile long that precludes getting an accurate read on their metabolic imbalances?
- c. Patients whose metabolisms you balance with NUTRI-SPEC, yet who still are not bursting with energy?

For patients to whom you apply this new protocol without doing your complete NUTRI-SPEC balancing, you may not get the extraordinarily dramatic symptomatic response that you get with your regular NUTRI-SPEC procedures, but you can be assured that ...

- you will have a major impact on any patient who is more than 32 years old

- you will in many cases actually correct the patient's NUTRI-SPEC metabolic imbalances (although a little more slowly) without specifically addressing them.

For patients to whom you do apply your regular NUTRI-SPEC procedures, this new protocol represents, for those who are over age 32, a way to take them to an even higher level of personal power and resistance to aging.

(And for you doctors who have been unable to implement the NUTRI-SPEC test procedures, this new protocol gives you and your patients a means of taking nearly full advantage of NUTRI-SPEC's benefits.)

What is your new NUTRI-SPEC protocol all about? We talk endlessly in NUTRI-SPEC about the importance of achieving metabolic balance. Why? We know that there are Five Metabolic Control Systems that are continuously at work to maintain a person's ability to perform four essential functions:

1. To maintain glycemic control
2. To maintain normal oxidative metabolism
3. To maintain ideal pH
4. To maintain ideal concentrations and movement of electrolytes and biologically active water.

These four essential functions are just that -- essential. They are the means by which we grow and develop our full potential as children. They are the means by which we function optimally through young adulthood, and, they are the means by which we maximize health and longevity in resistance to the aging process. In other words ...

**HOW WELL AND HOW LONG WE LIVE  
DEPENDS UPON HOW WELL WE  
PERFORM THESE FOUR ESSENTIAL FUNCTIONS.**

If you have used NUTRI-SPEC for very long, you have seen objective clinical evidence time and time again that these four essential functions depend on efficient function of the Five Metabolic Control Systems. You have undoubtedly restored metabolic balance to quite a number of patients, and in the process seen clearly that these essential functions have improved dramatically -- with that improvement accompanied by an equally dramatic clearing of the patient's symptoms.

But is maintaining metabolic balance the whole story in optimizing the four essential functions? No -- and that is what this Letter is all about. There is one other important consideration that comes into play, particularly after approximately age 32, as we begin to do battle with Father Time. What each of us needs in order to minimize and delay the processes of aging is ...

### **TO MAXIMIZE OUR ADAPTATIVE CAPACITY.**

We as NUTRI-SPEC practitioners can say without hesitation that adaptative capacity is very strongly dependent upon metabolic balance. However, adaptative capacity is not only a function of metabolic balance, but as we age becomes a function also of our vital reserves. We can think of this as a simple equation:

$$\text{ADAPTATIVE CAPACITY} = \text{METABOLIC BALANCE} \\ + \text{VITAL RESERVES}$$

Just what do we mean by “adaptative capacity?” It could just as easily be called a strong constitution, a high level of resistance, or any number of other descriptive terms that imply an abundance of personal power in response to the stressors of life.

So -- if we understand this concept of adaptative capacity, and we understand how and why it depends upon maintaining metabolic balance, how do vital reserves enter into the equation?

Think of it this way. If a person’s adaptative capacity suffers because of a metabolic imbalance, the symptoms and conditions that result from that decreased adaptative capacity will be associated with the specific imbalance. In other words, an Anaerobic patient will show decreased adaptative capacity that is reflected in anaerobic symptoms and conditions. A Parasympathetic patient shows a loss of adaptative capacity in areas specifically related to autonomic nerve imbalance.

But suppose a patient is weakened not by any particular metabolic imbalance, but merely by an over-all generalized decrease in vitality? This weakening could come from such things as exposure to extreme emotional stress, extreme sleep deprivation, extreme nutritional insufficiencies, etc. But -- and this is the point of this Letter -- this vitality loss is also what happens to all of us to some degree as we age.

In addition to whatever metabolic imbalances that may be weakening us, we also suffer an insidious loss of vital reserves from the ravages of aging. In association with this loss of vital reserves, we steadily lose adaptative capacity such that, irrespective of any metabolic imbalances

we have, we can be pushed around by both anabolic and catabolic stressors. We can be kicked in the teeth by increased demands on either our parasympathetic or our sympathetic system. We can be overwhelmed by environmental influences that push us either acid or alkaline.

Now -- here is the critical point regarding vital reserves that you can use clinically. Can this drop in vital reserves be blamed on such a nebulous entity as “the aging process,” or, can we get some kind of handle on exactly what mechanism fails as vital reserves fade away? What has become evident in nearly 20 years of metabolic testing on thousands of patients is that the loss in vital reserves that begins to drag patients down beginning in their mid 30’s relates to a loss in amplitude of the normal diurnal cycle.

To get a clear picture of how this diurnal cycle works, look at Figure 1. This is a graph of a healthy person’s diphasic metabolic cycle. Every 24 hours this person goes through a complete diphasic cycle consisting of a catabolic phase and an anabolic phase. The catabolic phase peaks at about 8:00 p.m. and the anabolic peaks at about 6:00 a.m. The amplitude of each phase is high, which is to say that it carries the person all the way to the physiological limit in each direction. The person represented in Figure 1 not only has metabolic balance (as indicated by the equal amplitude of the catabolic phase and the anabolic phase), but has high vital reserves associated with a high amplitude of each phase. This person has powerful adaptative capacity.

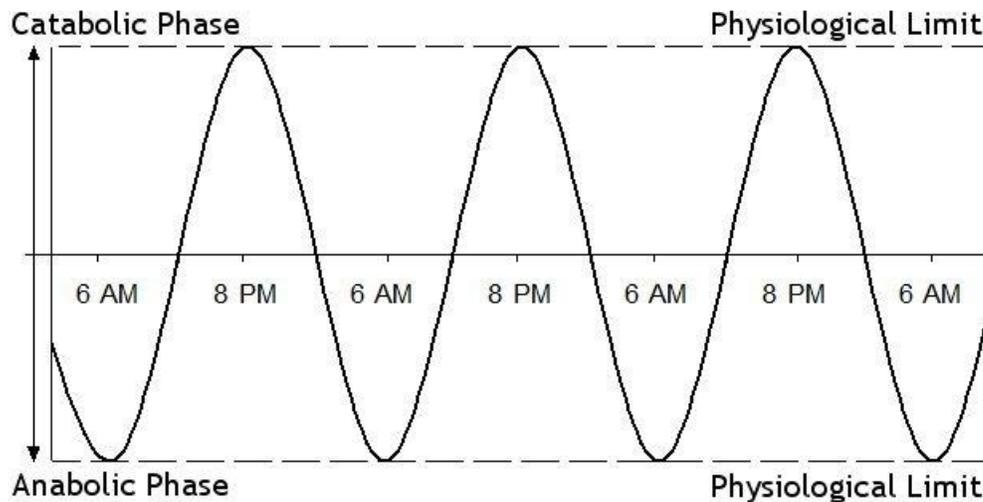
Focus now on the amplitude of this powerful person’s metabolic graph. Just what does it mean that this person swings through a complete catabolic phase and a complete anabolic phase? The catabolic phase represents a mobilization of forces in the body that protect against anabolic stressors. Likewise, think of the anabolic phase as a mobilization of the body’s reserves in defense against catabolic stressors.

A powerful person spends the hours from 6:00 a.m. to 8:00 p.m. in an anti-anabolic phase, which means the ability to mobilize reserves for productive activity during the daylight hours. Similarly, this person from the hours of 8:00 p.m. to 6:00 a.m. mobilizes reserves conducive to rebuilding and recharging, in resistance against the catabolic stressors of the preceding day.

What happens with aging is that we gradually lose our vital reserves. This is to say that we begin failing to cycle completely from the catabolic phase of metabolism to the anabolic. There is a failure to fully manifest the diurnal cycle:

- between active and passive
- between depletion and repletion
- between high-powered energy expenditure and re-charging
- between defense against pathological hyperplasia and defense against pathological disintegration.

Fig 1. Balanced + High Vital Reserves = Powerful Adaptative Capacity



Suppose your patient's graph is relatively flat (low amplitude), indicating that the patient is failing to completely cycle. This patient may have nothing wrong, yet has nothing right. This patient may show many extremely abnormal tests upon NUTRI-SPEC testing, yet those abnormal tests conform to no particular pattern of metabolic imbalance. Why? Because, the patient is equally weak in both anabolic resistance and catabolic resistance. With no vital reserves, this patient gets blown away by every ill wind that blows.

Look at your [new protocol for the NUTRI-SPEC DI-PHASIC NUTRITION PLAN](#). Note the use of Oxygenic A+ and Complex P in the a.m. to give your patient a powerful boost out of the anabolic phase, then, the use of Oxygenic D+ and Complex S in the p.m. to protect against excess catabolism.

We will give you a much more in-depth explanation of this new protocol next month. But put it to work right away -- you have countless patients who need it. And -- to help you get started, we'll give you a special this month: Oxy A+, Oxy D+, and Complex P and S -- 2 **FREE** with every 10 you buy.

Guy R. Schenker, D.C.