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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Let us immerse ourselves once again in …

THE FOUNTAIN OF YOUTH.

You began to learn in last month's Letter how to take the mystery out of the aging process. You learned a very simple formula that describes the means by which we preserve youth:

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

You are learning that in a very general sense, aging is nothing more than the result of fading adaptative capacity; and adaptative capacity is nothing more than the ability to put up a resistance against the stressors of life.

The idea we introduced last month is that the mechanism that actually fails in the fading away of vital reserves associated with aging is the ability to maintain a high amplitude in the normal diurnal cycle. What we are now offering you is the means to pump up the amplitude of each patient's diurnal cycle. In other words, to pump up resistance to both anabolic and catabolic stressors.

As we pointed out last month, this process of putting the bounce in each patient's diurnal cycle can be done either following the restoration of (near) metabolic balance in patients whom you have tested and treated with your usual NUTRI-SPEC protocols, or, can be done in place of NUTRI-SPEC testing in patients whom you are unable to test.

Obviously, restoring both metabolic balance and vital reserves is the ideal. But for some patients (either due to medications, distance of travel, or due to your professional circumstances that prevent mastering the NUTRI-SPEC test procedures) using this new protocol will offer a daily sip from the fountain of youth for all your patients.

To review how this diurnal cycle works, look at Fig 1. From the peak of the catabolic phase at 8:00 p.m. to the peak of the anabolic phase at 6:00 a.m., this person is firing on all cylinders, equally at power against both hyperplasia (anabolic stressors) and disintegration (catabolic stressors.

Look at Fig. 2. This is another example of a youthful patient with high vital reserves. Notice the good (though less than ideal) amplitude to both the catabolic and anabolic phases of the diurnal cycle. What is this patient's problem? This is simply a person who, despite high vital reserves, is stuck in an Anaerobic Metabolic Imbalance. This person's adaptative capacity suffers only because of the Anaerobic Imbalance. The symptoms and conditions that brought this patient to your office involve exclusively the decreased adaptative capacity associated with that Anaerobic Imbalance.

If left untreated, this patient will, over the years, display many of the symptoms and conditions associated with an Anaerobic Imbalance, including chronic constipation, recurring infections, low energy, allergies, and elevated cholesterol, and will inevitably succumb to either cancer or heart disease as the finale to a lifetime of anaerobic pathology. It is patients such as these on whom NUTRI-SPEC practitioners routinely perform "miracles," eliminating the patients' current symptoms, while adding years to their lives.

Now look at Fig. 3. The first thing you notice on this graph is that the names of the two phases have been changed. The catabolic phase is now referred to as the anti-anabolic phase, and the anabolic phase is now referred to as the anti-catabolic phase. This change in labeling better represents what happens in all of us beginning ever so slightly and insidiously in our early 30's, and progressing throughout the remainder of life. What we lose are the vital reserves required to put up a defense against either the anabolic stressors in our lives or the catabolic stressors in our lives.

In a healthy person, anti-anabolic forces are mobilized in the morning as part of the diurnal cycle, while forces defending us against catabolic stressors are mobilized in the evening, and operate throughout the night. As long as the amplitude of a person's diurnal cycle swings to near the complete physiological limit of each of the two phases (as in

Fig.1), that person is defending effectively against both catabolic and anabolic stressors. In other words, the effects of aging, with the insidious development of both anabolic and catabolic pathologies, is being delayed. Life is good.

But, the second critical feature to notice on Fig. 3 is the low amplitude (flat) graph of the diurnal cycle. This person doesn't begin to approach the normal physiological limits of either the anti-anabolic phase or the anti-catabolic phase of the daily cycle. What will happen if you do NUTRI-SPEC testing on this patient? You very likely will find no NUTRI-SPEC metabolic imbalances at all. If you do find one, it will correct very quickly, even as the patient experiences no relief in symptoms, or perhaps even an exacerbation of symptoms. In fact, the patient may swing very radically from the imbalance you are treating to the opposite. Why?

This patient has no defensive capacity against any physical, mental, chemical, or thermal insult. Even a NUTRI-SPEC regimen to correct, say, a slight Glucogenic Imbalance is enough to overwhelm the patient very quickly. (This is one reason why it is so important to do follow-up testing within one week on all the patients you test.)

This Fig. 3 patient is just plain weak – day in and day out losing battle after battle with Father Time. The processes of aging and its associated degeneration are advancing rapidly relative to that person's age. This is a patient that desperately needs your NUTRI-SPEC Diphasic Nutrition Plan.

Now look at Fig. 4, and compare this patient with your patients in Fig. 2 and 3. This patient has the worst prognosis imaginable. Like the patient in Fig. 2, this patient has an extreme metabolic imbalance. But, like the Fig. 3 patient, this one has a complete failure to cycle. So, this patient has ultra low adaptative capacity, being totally under the thumb of an Anabolic Metabolic Imbalance, plus, being unable to muster any reserves against either hyperplastic or disintegrative pathologies.

Unlike the patient in Fig. 2 who demonstrated frequent acute anabolic crises, this person is in a chronic state of anabolic degeneration. Symptoms are likely to be predominately of an anabolic character, yet disintegrative aging processes are proceeding as well. After a certain age, this patient will begin to experience some catabolic/disintegrative pathologies. (And, if medicated for these pathologies, the Anabolic Imbalance (and its associated symptoms and conditions) will get much worse very rapidly.)

This patient needs NUTRI-SPEC testing, which will likely reveal Anaerobic and/or Parasympathetic and/or Ketogenic Imbalances. Treating those imbalances will likely (gradually) restore metabolic balance to this patient. But even when that balance is achieved, if this patient is still showing a flat graph (representing a failure to cycle), the over-all adaptative capacity will only be helped a little. This patient, after having been brought close to metabolic balance, must be switched over to the Diphasic Nutrition Plan to get some swing back into the diurnal cycle.

An interesting benefit we have found over many years of testing is that the Diphasic Nutrition Plan will actually help this patient's Anabolic Metabolic Imbalance (in other words, improve the Anaerobic, Parasympathetic or Ketogenic Imbalances) without specifically addressing those imbalances. It will not do so nearly as rapidly, of course, as if those imbalances had been treated directly, but the metabolic imbalances will be favorably impacted by the restoration of a more youthful cycle.

So, you see there are two ways you can use the Diphasic Nutrition Plan to help any of your patients over age 32. First, you can use it for any patients on whom you have done NUTRI-SPEC testing and brought them to the point where they need only maintenance doses of a couple of supplements to maintain metabolic balance. At that point, you will have switched this patient from a daily cycle that looks like the graph in Fig. 4 to a daily cycle that looks like Fig 3. You have performed for this patient a valuable service, but your job is not quite done. Now you must switch over to the Diphasic Nutrition Plan.

The second group of patients on whom you should begin the Diphasic Nutrition Plan are those whom, (for whatever reason) you cannot test and treat with your NUTRI-SPEC metabolic balancing protocol. Put these patients directly on the Diphasic Nutrition Plan. For patients who have a daily cycle that looks like Fig 3, you will be giving them a tremendous boost in vital reserves. For patients with a graph that looks like Fig 4, you will also increase their vital reserves, and have a surprisingly nice beneficial effect on whatever metabolic balances they have as well.

As of today, you can truly say that there is no patient whom you cannot help with NUTRI-SPEC.

Sincerely,
Guy R. Schenker, D.C.

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

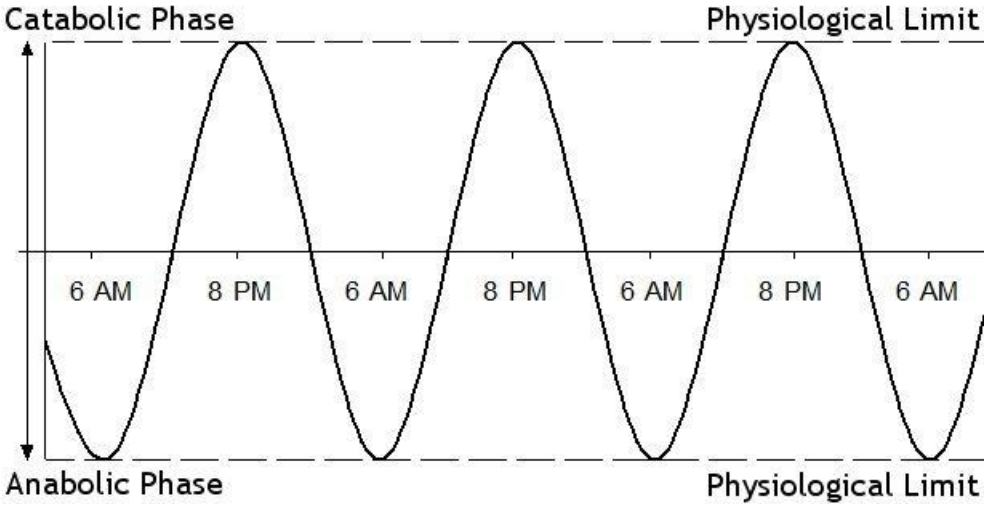

Fig 2. Anabolic + High Vital Reserves = Frequent Acute Anabolic Crises

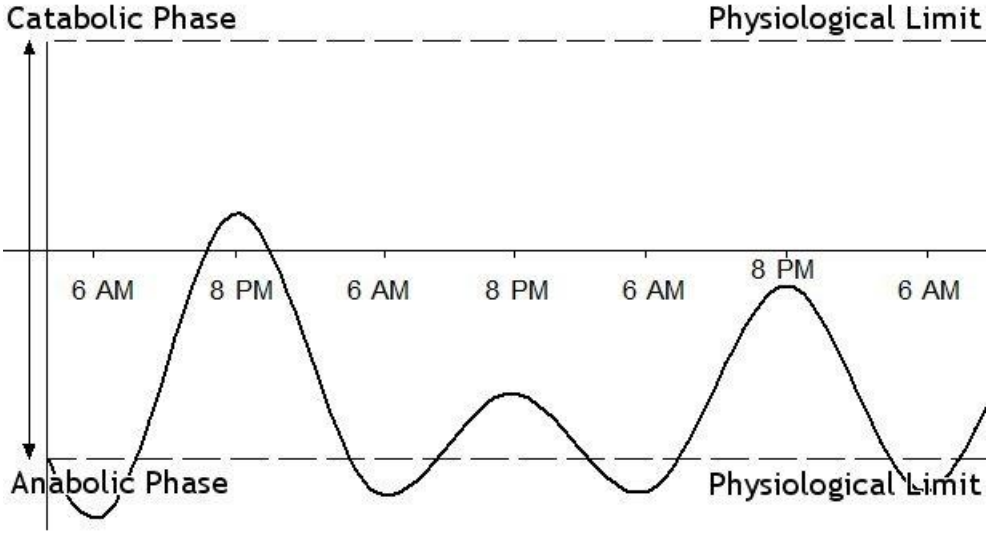

Fig 3. Balanced + Low Vital Reserves = Low Adaptative Capacity = Aging/Degeneration

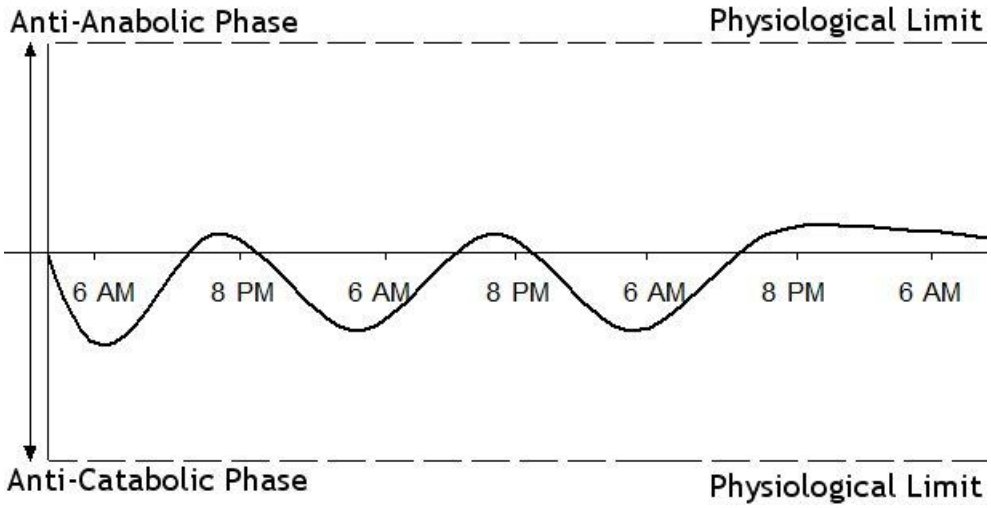

Fig 4. Anabolic + Low Vital Reserves = Chronic Anabolic Disease + Anabolic and Catabolic Aging/Degeneration