

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,

**“I AM SO EXCITED ABOUT NUTRI-SPEC SUPPLEMENTATION,
I CAN’T WAIT TO MAKE THIS A BIG PART OF MY PRACTICE!**

**WHAT I AM WONDERING, THOUGH, IS NOW THAT I HAVE AN
APPROACH TO CLINICAL NUTRITION FAR SUPERIOR TO
ANYONE ELSE IN MY AREA,
HOW DO I MARKET IT?
HOW SHOULD I ADVERTISE?”**

Literally hundreds of you have asked that question over the years, which is why in last month’s Letter, I showed you...

**THE SIMPLEST, QUICKEST, STRESS FREE
AND EFFECTIVE MEANS TO MARKET NUTRI-SPEC.**

You learned that you need not waste a dime on advertising. You can be assured of success if you direct your marketing efforts internally – to your own patients.

You learned last month how to use your Mighty Mins brochure, your Oxy B brochure, “The Secret of Good Nutrition,” and your Diphasic Nutrition Plan brochure, effortlessly and effectively to build a booming nutrition practice. I even gave you a simple conversational script to follow that will immediately establish you as the nutrition authority for your patients. All you need to do, is ask your patients one of the questions ...

**“DO YOU GIVE YOUR CHILDREN
A VITAMIN SUPPLEMENT?”**

Or,

“DO YOU TAKE NUTRITION SUPPLEMENTS?”

There are three possible answers to each of these two questions, your response to which will almost assure that your patients will begin spending all their nutrition dollars in your office.

With just this miniscule investment of time and energy, and no stress whatsoever, you can have 90% of your patients with children buying Mighty Mins from you within a few weeks; you will have close to 90% of your patients taking Oxygenic B, and, you will have a substantial percentage of your patients either on the Diphasic Nutrition Plan, or doing NURTI-SPEC metabolic balancing. Just run the numbers in your head. They are staggering. Several dozen bottles of Mighty Mins every month and probably a hundred or more bottles of Oxy B every month, month after month, year after year – not to mention the income from those on whom you give your very best – your two complete NUTRI-SPEC plans.

Years of experience have shown that these four brochures, when delivered personally, and with an emotionally gratifying compliment from you on your patients’ position regarding supplementation, will convince patients that you are their source for the highest quality nutrition at the most reasonable price. After having successfully “sold” the patient, step two is to deliver the goods – and no one can deliver the goods as you can with NUTRI-SPEC. But your marketing success does not end there.

Now that you have a well informed, physically and emotionally satisfied patient, you can be prepared for a flood of referrals. People absolutely love to brag to their friends and family that they have discovered a doctor who has a one-of-a-kind service to deliver. Now, your marketing efforts will be reaping rewards external to your practice, despite the fact that you spent no time, energy, or money on advertising.

Look carefully now at your new Diphasic Nutrition Plan brochure. When a patient comes back to you after having read the brochure, you simply say to that patient, “You need this. There is nothing you can do for yourself that will contribute more to increasing the length and quality of your life, and, give you more for your money, than this plan.”

For some patients you will need a little more backup in the way of further information. For these, feel free to photocopy and distribute portions of your Letters from the past many months describing the long list of benefits that patients will derive from the amazing combinations of metabolic enhancers and antioxidants in your Diphasic Nutrition Plan. The brochure itself is almost irresistible to many patients. Supplementing it with additional lists of the many symptomatic and protective benefits from these supplements, you will find very few patients that will not be eager to pursue it.

[You will notice that the brochure does not include the list of conditions, diseases, and aging processes that could be categorized as either pathological hyperplasia or pathological disintegration. To have listed these in the brochure would have been both dangerous and dishonest. You would seem to be making a claim that you are “treating” these diseases and conditions, which is not at all the same as claiming you can provide nutritional support that scientific research has shown will protect against these conditions.]

I might suggest that to the patients for whom additional support is needed you have that list of conditions handy. Photocopy the list of diseases associated with pathological hyperplasia, and with pathological disintegration, from your old Letters. (If you need back issues just call – we’ll send them at no charge.) The list really does a nice job of completing the picture of just what the protective benefits of the Diphasic Nutrition Plan are.

Now, let us shift our focus from promoting the Diphasic Nutrition Plan to your patients, to the administration of the plan.

Suppose you have a 47 year old female patient, who, in response to your question, “Do you take nutrition supplements,” responds with a list of supplements a mile long for every condition imaginable. Suppose this woman takes daily medication for allergies, routinely takes medication for asthma, plus medication for reflux esophagitis, and takes Tylenol almost every day for headaches. You have discussed the Diphasic Nutrition Plan brochure with this patient, and while she is not really ready to give up her belief in all her health food store remedies, she is impressed with all the diseases and conditions that benefit from your Diphasic Nutrition Plan supplements, and is eager to give it a try.

Step One, is to get agreement from your patient that she will stop all her herbal drugs, mega doses of vitamins, and assorted other naturopathic nonsense.

Step Two, emphasize that the dietary recommendations on the Plan are every bit as important as the supplementation.

Step Three, select the morning supplements. In this case you would go with:

Oxygenic A-Plus, 20 drops before breakfast
 Diphasic A.M., 3 after breakfast
 Oxygenic B, 2 after breakfast
 (because of the asthma) Complex P, 1 after breakfast

Step Four, is to select your evening supplements. In this case you would choose:

Formula EW, 20 drops after the evening meal
 Diphasic P.M., 3 after the evening meal
 Oxygenic B, 1 after the evening meal

Step Five, prepare to be showered with praise from this patient within the next two months. If she gives compliance on the dietary recommendations, you can expect that her allergies, asthma, and headaches will all improve dramatically within that time frame.

Furthermore, be prepared to encourage the patient to gradually withdraw from medication. It is amazing the number of people to whom it never occurs that life is possible without the drugs they have been taking for years. It may never occur to this woman, even after she is feeling better, that she can cut back on her allergy, asthma and headache medications. So, encourage her to do so – gradually, of course – and ...

**WITHIN ANOTHER MONTH OR TWO SHE WILL BE
 SINGING YOUR PRAISES ALL OVER TOWN.**

Note that your Diphasic Nutrition Plan protocol gives you a range in the recommended quantity of the supplements Oxygenic A-Plus, Formula EW, Diphasic A.M., and Diphasic P.M., along with the evening Oxygenic B. The quantities chosen for the hypothetical patient described above are at the midpoint of the acceptable range. You will find that three per day of each of the Diphasic A.M. and Diphasic P.M. are pretty much the standard dose. You will not go much lower than that, except in people that are still quite young and reasonably healthy.

It is not at all uncommon, however, to initially recommend a somewhat higher dose of DP A.M. and DP P.M. to your patients to give them an initial boost. In chronically ill people, or in patients who are in

the middle of an acute flare up of some condition, it is a good idea to recommend a declining schedule of DP A.M. and DP P.M. supplementation such that patients start out with 10 of each the first day, 9 of each the second day, 8 of each the third day ... until they reach the point of 5 of each daily. Remain at the 5 daily recommendation until the first bottle is empty. Then, you will likely have achieved much improvement in the patient's condition and you can begin the second bottle with the standard dose of 3 DP A.M. and 3 DP P.M. daily.

Your other consideration in choosing quantities of these supplements to recommend is your patient's lean body mass. If your patient stands 6' 5" and is a relatively lean 250 pounds, he will likely need (at least initially) the second Oxy B after the evening meal, and probably 4 daily of the DP A.M. and the DP P.M., as well as 25 drops each of Oxygenic A-Plus and Formula EW.

Your other consideration is caloric expenditure. In other words, how active (and thus how many calories are burned daily) is this patient? If your 6" 5" bruiser mentioned in the previous paragraph is also a competitive athlete or an aggressive recreational athlete, then you would boost the A-Plus and EW up to 30 drops each and the DP A.M. and DP P.M up to 5 of each daily.

A petite woman with a sedentary life style would take the standard recommendation (3) of DP A.M. and DP P.M. daily, but may get away with only 15 drops each of Oxy A+ and Formula EW.

Patients in their 30's up to mid 40's can (if in good health) even get sufficient protective effect from only 2 daily of DP A.M. and DP P.M. Do, however, factor in body size and activity level.

But for young patients who have major problems (asthma, arthritis, extreme hypoglycemia, PMS, chronic fatigue, fibromyalgia, hypertension, high triglycerides, colitis, etc, etc.), forget their age --- give them the full plan.

WHAT CAN GO WRONG ...

when administering your Diphasic Nutrition Plan? Nothing. The worst that can happen is that your patient will not improve symptomatically as quickly as you would like. When faced with less than a "miracle cure" on a chronically ill patient, do not dismay --- you can still be certain that you are adding years to this patient's life, while slowing dramatically the progression of his pathology.

Regrettably, however, that warm fuzzy feeling you get from knowing you have built a protective fortress around your patient quickly fades in the face of a patient screaming for symptomatic relief. Let's face it, nothing makes your day like a patient who gives you a hero's praise for turning his life around.

So now, to guarantee you maximize your results, you must learn how to handle the two factors that will limit the benefits a patient desires from your care:

- a) medications
- b) a less than ideal balance between Oxy A+ and Formula EW

There are certain medications that are automatic "red flags" --- certain to be dragging your patient down. A few of the common drugs that you must help your patient discontinue are:

- estrogen
- calcium channel blockers
- Tylenol
- SSRIs
- (usually) Synthroid

How to guide your patients off these agents of destruction will be covered next month, along with a slick trick to assure the best recommendation of Oxy A+ and Formula EW for your challenging patients.

Sincerely,

Guy R. Schenker, D.C.