

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 13 Number 7

From:
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July, 2002

Dear Doctor,

The profits and the satisfaction derived from a booming nutrition practice are now easily within your reach. We have shown you in the last several Letters how effortlessly you can succeed both financially and in terms of clinical success. With whatever combination of NUTRI-SPEC metabolic balancing and the NUTRI-SPEC Diphasic Nutrition Plan you are equipped to administer in your office ...

YOU CAN BE ADMIRER AS THE NUTRITION AUTHORITY BY YOUR PATIENTS.

By using the brochures we have given you highlighting the amazing benefits of Oxygenic B, of Mighty Mins, of metabolic balancing, and of the Diphasic Nutrition Plan, and, backing those up as needed with selected material copied from these Letters, you can easily create dozens, if not hundreds of well informed as well as physically and emotionally satisfied patients. All the dollars your patients have heretofore spent at the health food store on mega doses of vitamin C, herbal remedies, and any of the dozens of nutrition cures that have come and gone over the years, will be spent in your office, and spent on intelligent, effective nutrition.

Furthermore, when your patients do pick up health food industry propaganda, they will know to come to you for an appraisal of the product's worth before wasting any money. You will either be in a position to pass judgment on the product yourself, or consult us first, and then give your patient the straight scoop. Either way, you maintain your position as the authority in your patients' eyes.

Now, once again very carefully consider your Diphasic Nutrition Plan Brochure. When a patient comes back to you after having read this brochure, you simply say to that patient ...

**“YOU NEED THIS. THERE IS NOTHING
YOU CAN DO FOR YOURSELF
THAT WILL DO MORE TO
INCREASE THE LENGTH AND QUALITY
OF YOUR LIFE, AND, GIVE YOU MORE
FOR YOUR MONEY, THAN THIS PLAN.”**

In last month's Letter, we began giving you specifics on administering the Diphasic Nutrition Plan to your patients. You have a concise one page protocol to follow, and last month we gave you the particulars on how to choose the exact quantities to recommend for Oxygenic A+, Formula EW, Diphasic A.M., and Diphasic P.M. within the ranges specified on your protocol sheet.

You also learned an extremely effective approach to chronically ill patients or to patients experiencing an acute flare up of some condition. You can give these patients an amazing “booster” by recommending a declining schedule of 10 each of DP A.M. and DP P.M. the first day, 9 of each the second day, 8 of each the third day ... until they have reached the point of 5 each daily, at which level they remain until their first bottle is completed. The second bottle can then be given with the standard dose of 3 DP A.M. and 3 DP P.M. Simultaneously giving the indicated Oxygenic A+ and Formula EW, and, provided the patient follows the dietary recommendations, you will be amazed at your power to pull your patients out of many extreme conditions.

We closed last month's Letter by posing the question, “What can go wrong?” There are only two barriers standing between you and complete success in satisfying your patients' needs:

- A. Medications
- B. A less than ideal balance between Oxygenic A+ and Formula EW

Let us give you now a slick trick you can use to assure the perfect balance between Oxygenic A+ and Formula EW for your challenging patients. The procedure you are about to learn is not necessarily something you want to do at the outset. For virtually all your patients you will begin with the recommended quantities of Oxygenic A+ and Formula EW chosen according to the procedure given to you last month, by which you consider both the lean body mass of your patients plus the physical activity level of your patients.

Suppose now that it is 4-6 weeks after a patient has begun the Diphasic Plan and, while there is significant symptomatic improvement, that patient still has not achieved quite the amazing turn-around that you have come to expect with NUTRI-SPEC. Here is what you do.

OXY A+ AND FORMULA EW BALANCING TECHNIQUE:

Step One: Temporarily stop the Formula EW (except for patients who frequently experience diarrhea).

Step Two: Have the patient increase the dosage of Oxygenic A+ by 10 drops every three days (unless it is a patient who tends toward diarrhea; then increase the EW (or Oxy D+) and decrease the A+ by 5 drops every three days).

Step Three: When the patient experiences diarrhea, or at least a very loose stool, then you assume the ideal physiological limit of Oxygenic A+ has been exceeded. Divide in half the number of drops of Oxygenic A+ that precipitated the diarrhea. This will now be the patient's daily recommendation of Oxy A+. (If the patient reaches the 100 drops per morning level of Oxy A+ for three days and has experienced no bowel reaction, then stop there --- the Oxy A+ recommendation for that patient will be 50 drops daily.) For patients who tend toward loose stools, stop the clinical trial when three days have gone by with no loose stool. The current dose of EW (or Oxy D+) and A+ becomes the patient's recommendation.

Step Four: You will have selected an Oxy A+ recommendation of somewhere between 0 and 50 drops daily. Use that number to calculate the daily recommendation of Formula EW. The daily recommendation of Formula EW is equal to 40 minus the daily recommendation of Oxy A+. So, for example, for a patient whose daily recommendation of Oxy A+ is 20 drops, the recommendation for Formula EW will also be 20 drops. If the A+ recommendation equals 10 drops daily, the Formula EW recommendation will be 30 drops daily. If the Oxy A+ daily recommendation is 40 or more, the daily recommendation for Formula EW will be zero.

Let us consider now one of your typical patients. Suppose you are working with a 58 year old man who is a Type II diabetic, and who suffers from extreme arthritic pain. The patient takes two forms of oral medication for the diabetes and has been put on a progression of arthritis medications of ever increasing strength, but with very little relief. Now the patient is about to be put on Prednisone for the arthritic pain.

This patient is a perfect candidate for the Diphasic Nutrition Plan, so you proceed as follows.

Step One: Be certain the patient is not dosing himself with herbal drugs, vitamins, and assorted other naturopathic nonsense. If so, advise that he stop all that immediately.

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+ 20 drops before breakfast
- Diphasic A.M. 10 on day one, 9 on day two, 8 on day three and so on down to 5 daily for the first bottle. Then, 3 daily thereafter.
- (because of the Type II diabetes) Oxygenic K, 2 after breakfast
- Complex P 1 after breakfast
- Oxy B 2 after breakfast
- (The patient has never been diagnosed with cardiovascular disease but is borderline hypertensive. You could have gone with Formula ES and Taurine for this patient but you decided to hold off to see how he responds.)

Step Four: Select your evening supplements. In this case you would choose:

- Formula EW 20 drops after the evening meal
- Diphasic P.M. a declining schedule of 10 down to 5 for the first bottle, followed by 3 daily beginning with the second bottle.
- Complex S 1 after the evening meal
- Oxygenic B 1 after the evening meal

The patient is all set. In this case, since he is facing somewhat of an acute crisis, he would need to consult you again in 2-3 weeks.

The patient returns to your office within three weeks and reports that the most amazing thing has happened. His blood sugar has been extremely low and he wasn't sure what to do about it. You, of course, have the answer. All he needs to do is gradually start reducing his diabetes medications. His Diphasic Nutrition Plan has the situation pretty well under control.

While you have achieved amazing success with his sugar problem, his arthritis pain has improved, but not as dramatically as he would like. He is considering going with the Prednisone after all. What you do

now is have him start the procedure to balance his Oxy A+ and Formula EW proportions. You give him all the instructions, but tell him to call you just for confirmation when he experiences the loose stool on the increasing dosage of Oxy A+. He takes 30 drops of A+ for three mornings, then 40 drops for three mornings, then 50 drops for three mornings, then 60 drops for three mornings, then 70 drops for three mornings at which time he calls you and reports that he experienced extremely loose stools on the third morning of 70 drops daily. He is then to divide the 70 by 2 to get his 35 drop daily recommendation of Oxy A+. He then subtracts the 35 from 40 to get a daily recommendation of 5 drops of Formula EW.

The patient also reports that during this clinical trial with Oxygenic A+, his arthritic pain decreased remarkably. He no longer feels the need to go on Prednisone.

Over the course of time, his Diphasic Nutrition Plan remains unchanged. His sugar is completely controlled without medication. Since you were somewhat concerned about borderline hypertension you routinely check his blood pressure, and it has come down very nicely. His arthritic pain remains tolerable, and responds to a relatively low dose of ibuprofen taken as needed.

Your patient is more than satisfied --- he is ecstatic. Ecstatic patients refer --- so --- you are now also caring for his wife, who has had colitis for years; his daughter, who has experienced inexplicable weight gain over the last two years; and, his golf buddy who has high blood pressure, high cholesterol and high triglycerides.

Such is the satisfying life of a NUTRI-SPEC practitioner.

Let's look at another patient, a 37 year old woman with "chronic fatigue syndrome," and "fibromyalgia." She also has a problem with migraine headaches, and all her symptoms are worse when she is premenstrual.

You proceed with your Diphasic Nutrition Plan as follows:

Step One: Vitamins? Herbs? Other magic potions? Stop them immediately!

Step Two: Carefully explain (again, and again, and again if necessary) that without the dietary recommendations nothing will work.

Step Three: Select the morning supplements. In this case she would go with:

- Oxygenic A+ 20 drops before breakfast
- Since the patient is taking multiple medications daily to control symptoms, you want to pull her out of trouble as quickly as possible (so, you go with ...) Diphasic A.M. 10 on day one, 9 on day two, 8 on day three and so on down to 5 daily for the first bottle. Then, 3 daily thereafter.
- Oxy B 2 after breakfast

Step Four: Select your evening supplements. In this case you would choose:

- Formula EW 20 drops after the evening meal
- Diphasic P.M. a declining schedule of 10 down to 5 for the first bottle, followed by 3 daily beginning with the second bottle.
- Oxygenic B 1 after the evening meal

You set the patient up with an appointment in a few weeks.

When she returns for her next visit, she reports one piece of happy news, namely that she has gone through the first month in memory without a migraine headache. However, her chronic fatigue and her fibromyalgia seem just about as bad as ever. So, what do you do? It is time for the Oxygenic A+ and Formula EW balancing technique.

Interestingly, the patient has also reported experiencing recurring loose stools in the past several weeks, including several bouts of extreme diarrhea. You have the patient proceed as follows. Increase the EW and decrease the A+ by 5 drops every three days until she has gone three days with no unusually loose stool. This particular patient goes through three days of 25 EW and 15 A+, followed by three days of 30 EW and 10 A+, then three days of 35 EW and 5 A+ and then three days of 40 EW and no A+ before the tendency to diarrhea abates. Her recommendation for Formula EW now becomes 40 drops each evening and her recommendation for Oxygenic A+ is zero.

Over the next several months the patient continues to be migraine free. Her fibromyalgia nearly vanishes, reduced now to a little achiness the week before her menses. The chronic fatigue is definitely not “cured” but it is dramatically better than at the outset.

Once gain, you have an enthusiastic patient for life. This patient alone is worth thousands of dollars of increased income to you over the years – not to mention the many referrals she sends your way.

It is so simple to make this work in your practice.