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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Do you have any patients with severe rheumatoid arthritis? Have you ever had a patient with Lupus? Have you ever in your wildest dreams imagined that you could literally turn these patients around -- adding more quality to their lives than is achieved with all the high-powered (and dangerous) drugs they take? With your NUTRI-SPEC approach to clinical nutrition you truly can have an amazing impact on these patients. For the details on how, read on.

Having employed NUTRI-SPEC for 20 years now, I still find myself shaking my head in amazement at how easy it often is to achieve "miracles" with some of the most severely ill patients that walk into my office -- all the while patients with seemingly mild problems present a far more challenging puzzle, requiring months to get to the root of their problems.

Diabetes raging out of control? NUTRI-SPEC often brings the sugar down to normal in record time. Severe cardiovascular disease? NUTRI-SPEC routinely adds 20 good years to these patients' lives. Unrelenting bloody ulcerative colitis? We can often restore normal GI function within weeks. But, a woman with PMS, headaches, and a little recent weight gain? What a nuisance these patients can be -- whining every step of the way as you work through their biochemical imbalances. A man with mild arthritis in the knees, a little indigestion, and afternoon fatigue? It may sound as if there is hardly enough there to even begin to challenge the power you have with NUTRI-SPEC, yet you may have to listen to this patient whimpering for months before you get symptomatic improvement.

These wimpy, whining, whimpering, wretches are some of the primary beneficiaries of your Diphasic Nutrition Plan. Before your Diphasic Nutrition Plan was developed, we administered to these patients solely with NUTRI-SPEC metabolic balancing procedures. We were very often able to balance the chemistry very quickly, yet the symptomatic response was less than dramatic.

Remember the simple formula:

ADAPTATIVE CAPACITY = METABOLIC BALANCE +VITAL RESERVES

As the thesis summarized by that formula took shape for us over a period of years, it finally became apparent that our "nuisance cases" were people lacking in vital reserves. Before the Diphasic Nutrition Plan, what we would do with these people was to balance the chemistry within a few weeks, and then back off the supplementation (as per the QRG) and wait for secondary imbalances to come to the surface. Sometimes they did, and treating them gave gratifying results. Many times, however, we waited endlessly for further clues to guide our recommendations, much to our frustration as well as our patients'.

Now, at the first sign of major progress toward metabolic balance, we begin to gradually phase in the Diphasic Nutrition Plan. So, for instance, in a patient who initially tested as glucogenic -- as soon as the QRG indicates that it is time to begin reducing the Oxygenic G and any other anti-glucogenic supplements, we will add Oxygenic A+ and/or Formula EW as per the Diphasic Plan. On the next re-test that shows further improvement in the glucogenic tendency, we will institute the rest of the Diphasic Plan, adding the Diphasic A.M., the Diphasic P.M. and whatever else is indicated for this patient. What we very often end up with, then, is a patient on the Diphasic Plan with a small maintenance dose of maybe one Oxygenic G daily -- that maintenance dose sometimes hanging on indefinitely.

Using NUTRI-SPEC has been so much more fun for me the last several years, since the Diphasic Nutrition Plan has eliminated that frustrating waiting period spent looking for a clear sign of what direction to take with a patient. More fun because there is no longer any waiting or guessing, and also more fun because symptomatic improvement comes so much more quickly when <u>both</u> metabolic balance <u>and</u> vital reserves can be addressed within the first 3-6 weeks of a patient's care.

[NOTE: There is one other factor that has made dealing with "nuisance patients" more immediately successful. Several years ago we

started being much more aggressive in dealing with the all too common estrogen stress. So very many nagging symptoms that plagued our patients could be linked to excess estrogen, including allergies, headaches (particularly migraines), fatigue, fluid retention, weight gain, anxiety, hypoglycemia, and on and on and on. We became aggressive enough on this issue that patients on hormone replacement therapy were required to get off it as a prerequisite to continuing care. For those not on HRT, we began using Calcium D-Glucarate (as described in past Letters) as an adjunct to NUTRI-SPEC with much success. I implore you -- please, make copies of that several month series of Letters on estrogen, and distribute them to your patients. Administer the protocol for safely and responsibly getting off hormone replacement therapy, and use the Calcium D-Glucarate according to the protocol you were given in those Letters. The estrogen monster is HUGE. You will be amazed at what you are going to achieve clinically by doing nothing more than relieving estrogen stress.]

You will find it very gratifying -- using NUTRI-SPEC to turn whimpering wimps into pillars of power. These grateful patients will refer countless other whining wretches -- but that's ok. What you once considered nuisance patients are now your bread and butter, not to mention a joy to work with, and a constant source of pride derived from helping so many people re-discover the spirit of living healthfully.

While the day-to-day practice of NUTRI-SPEC clinical nutrition will enrich you and your patients beyond your greatest expectations -- an even richer treasure can be yours …

YOUR NUTRI-SPEC "MIRACLES."

With startling ease you will often control killer diabetes, uncontrollable cardiac arrythmias, pounding hypertension, relentless glaucoma, and, the subjects of this Letter …

RHEUMATOID ARTHRITIS AND LUPUS.

Suppose a 58 year old woman comes to your office having suffered from rheumatoid arthritis for years. She has undergone every course of treatment that allopathic medicine has to offer, but to no avail. She is currently taking both prednisone and methotrexate along with handfuls of arthritis pain medication. Her wrists give her continuous excruciating pain, her right knee is just as painful, and is completely unable to hold her weight. She walks with a cane on her good days and a walker on her bad days. The trouble with the cane is her wrists do not have the strength to hold her weight. In short, she is completely incapacitated, unable to participate in even the most routine activities of daily living.

Now, the prednisone has her swollen like a humped-back whale and (also as a side effect of the prednisone but no one has told her so) she is breaking out in a rash (which you will tell her is actually a yeast rash, another side effect of the prednisone).

As you look at this poor woman for whom any semblance of a normal life ended three years ago, you may think that she is beyond help. After all, if the most powerful pharmaceuticals in the world cannot even relieve her symptoms, let alone correct the fundamental problem, what can you do with a handful of nutrients?

Don't sell yourself short -- you are about to amaze yourself. You see, you (unlike allopathic medicine) can address the fundamental causes of rheumatoid arthritis. More on that in a moment. Let's proceed now with the care of this patient.

You give this patient the Diphasic Nutrition Plan brochure and discuss with her the goal of using protective nutrients to slow the destructive process of her pathology. In response to your question, "Do you take nutrition supplements?" she replies with the typical inane list of health food industry trash. You briefly explain the difference between what she gets at the health food store and what you can offer her, and she is ready to make a commitment to a systematic, logical, comprehensive nutrition plan.

Step One, is to get agreement that she will stop all the non-specific supplementation she currently uses.

Step Two, is to emphasize that the dietary recommendations on the plan are at least as important as the supplementation.

Step Three, is to acknowledge the fact that her medications preclude getting any meaningful NUTRI-SPEC test profile, so, you proceed with the Diphasic Nutrition Plan. You begin by selecting the morning supplements which in this case include:

Oxygenic A-Plus 20 drops before breakfast
Diphasic A.M. with a descending schedule of 10 after breakfast the first day, 9 the second day, 8 the third, etc. down to 5 until the first bottle is finished, then, 3 after breakfast beginning with the second bottle
Oxygenic B 2 after breakfast
Complex P 1 after breakfast
(because of the rheumatoid arthritis) Histidine 2 before breakfast

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

(because of the rheumatoid arthritis) Oxygenic D-Plus 20 drops
Diphasic P.M. 10, 9, 8, 7, 6, 5 for the first bottle, and then 3 beginning with the second bottle
Oxygenic B 1 after the evening meal
Complex S 1 after the evening meal
(because of the rheumatoid arthritis) Histidine 2 before the evening meal

Step Five, is to go back over the dietary recommendations once more, giving particular emphasis to the avoidance of polyunsaturated oils. In a condition like rheumatoid arthritis, the prostaglandin balance is so critical that your recommendation must be more than to just avoid these oils, it must be made clear that they are totally forbidden. That is, no margarine, no mayonnaise, no salad dressings, no cooking oil, no chips, fried chicken, French fries, etc, etc.

You have set the stage for your patient's recovery. In this case, "recovery" will never mean symptom free; but, you can be confident that the quality of this woman's life will improve measurably. Since this is a severe case, you schedule her for a follow-up visit within 2 or 3 weeks.

Upon returning for her follow-up visit, the patient reports that she may be feeling a little bit better -- but, she doesn't know if it is because of NUTRI-SPEC or because her medications are finally "taking hold." She says she has just about as much pain as ever and yet finds herself taking fewer pain pills every day.

On this second visit you give your patient the Oxygenic A-Plus and Oxygenic D-Plus balancing procedure. "Do you commonly experience diarrhea?" you ask. Her response is, "Sometimes I do, but your supplements really get me going." You instruct her to increase the Oxygenic D-Plus and decrease the Oxygenic A-Plus by 5 drops every three days until she has had three straight days with firm stools.

You reprimand her gently for continuing to occasionally eat a salad at a restaurant with omega 6 fatty acid dressing. Her counter is that she doesn't know what else to put on her salad -- "... and I certainly can't eat it plain." Your response to that is, "Why eat a salad at all? It's useless rabbit food, anyway. -- And, without the dressing it would taste like rabbit food, which should tell you something about how well suited it is for human consumption."

For the next three days she takes 25 drops Oxygenic D-Plus and 15 Oxygenic A-Plus; then, for 3 days she takes 30 Oxy D-Plus and 10 Oxy A-Plus; then, she takes 35 D-Plus and 5 A-Plus; then 40 Oxy D-Plus and

no Oxy A-Plus -- and still she has an occasional loose stool. So, for the following three days she takes 45 D-Plus and no A-Plus, followed by three subsequent days with 50 Oxy D-Plus and no Oxy A-Plus, when finally she experiences three consecutive days of stools that are quite firm. She now has her permanent recommendations for Oxygenic D-Plus (50 drops) and A-Plus (none).

Since this hypothetical 58 year old rheumatoid arthritis patient is not hypothetical at all, but is actually a patient from my practice, I'll tell you the happy ending to her story in next month's Letter. Meanwhile, here, in very general terms, are the essential facts you need to know about rheumatoid arthritis and Lupus.

These two conditions are referred to as auto-immune diseases. As you probably know, that simply means that the disease process involves the patient's immune system attacking some elements of that patient's own body. Something has confused the immune system into failing to distinguish self vs. non-self. Some part of the body is perceived to be a foreign invader and is viciously attacked by the immune system. In rheumatoid arthritis the war is waged against the connective tissues of the joints. In Lupus the attack of the immune system is a bit more broad, and results in a broader diversity of symptoms.

The key question is, what is it that the immune system sees that makes it believe it has discovered a foreign invader? There is significant research to show that the trigger for the inappropriate immune response is a change in the molecular structure of the fat molecules in the mitochondria of cells. Through the eyes of the immune system, these abnormal structural components of the mitochondria appear to be an unwelcome intruder.

The next obvious question to ask is, what causes the abnormal structure of the fatty acid molecules in the mitochondria? Two causative factors have been implicated: Omega 6 fatty acids, and estrogen.

Excess fatty acid activity is essentially the definition of your NUTRI-SPEC DYSAEROBIC imbalance. Almost all your patients with auto-immune diseases will test DYSAEROBIC (or would if the test picture were not obscured by drugs). Your anti-DYSAEROBIC version of your Diphasic Nutrition Plan will work wonders for these patients.

More next month. Meanwhile, look for auto-immune cases -- these people need you.

Sincerely,
Guy R. Schenker, D.C.