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THE NUTRI-SPEC LETTER

Volume 15 Number 4

From:
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April, 2004

Dear Doctor,

How often do your patients tell you, "You're amazing!"? Or, how about, "I've got to get my (friend/relative) in here."? If your patients don't routinely give you comments like these, then I suspect you are merely dabbling in NUTRI-SPEC instead of employing it fully. Yes, with NUTRI-SPEC you are amazing, and, the most amazing power you have is to construct for each of your patients …

AN EFFECTIVE CARDIOVASCULAR DISEASE PREVENTION PLAN.

In recent Letters, we derided the ignorance-based and fear-based pharmacological approach to CVD treatment. You saw that every drug used to treat CVD is harmful, and that most often the damage exceeds the perceived benefits. The cardiologist is the hero of the day for crisis therapy, but beyond that, his advice is largely counterproductive. If your CVD patient is to indeed have a longer, more productive life, he must put his trust in you, his NUTRI-SPEC practitioner.

In recent months you have learned exactly how to deal with the pharmacological nightmare you find in your CVD patients. When a new patient presents with hypertension, or a history of heart problems or stroke, and is taking seven different drugs, you know exactly how to proceed, whether you are using the Diphasic Nutrition Plan on this patient or whether you are going with NUTRI-SPEC metabolic testing. Our discussion of drugs reinforced once again the importance of getting your patients off the RED FLAG medications. You now know not only

why these drugs are so dangerous, but how to withdraw your patients from the different types of CVD drugs.

You also learned several months ago that the Oxygenic A-Plus/Formula EW balancing procedure is absolutely essential to maximize each patient's benefit from your NUTRI-SPEC care. (This procedure is essential for all your patients, not just those with CVD. It should be administered to all patients on the DNP within 3 weeks of beginning care, and to all patients on whom you do NUTRI-SPEC testing as soon as the imbalances are under control and you are ready to bring the patient into the DNP.)

Finally, in recent months we emphasized that …

IF YOU DO NOTHING ELSE WITH NUTRI-SPEC,
HELP EVERYONE YOU CAN POSSIBLY REACH
WHO HAS EVEN THE EARLIEST SIGNS OF CVD.

This is real; this is powerful; this is unique. If you are offering your CVD patients something other than NUTRI-SPEC, I cannot imagine what or why. With NUTRI-SPEC you will quite effectively protect your patients against the further development of CVD, and will actually reverse much of the pathological damage in many cases.

Most recently these Letters took a 2-month detour into a discussion of chelation and of heavy metals. That clinical knowledge of what not to do for (to) your patients is essential, but let us return now to the brighter side of clinical practice --- the phenomenal benefits you can offer your patients (particularly your CVD patients) with NUTRI-SPEC. Here is another case from my practice to illustrate how routinely you can add years to the lives of your CVD patients. This case also shows how your understanding of NUTRI-SPEC principles allows you to …

GUIDE PATIENTS AWAY FROM MEDICATIONS
THAT ARE TOTALLY DESTROYING THEIR HEALTH.

First visit:

I enter the room to greet a new patient whom I have never met and on whom my staff has just completed the NUTRI-SPEC testing. I find an extremely personable 48 year old man with a fascinating history. His complaints include high blood pressure, lethargy, diverticulosis, itching, and reflux.

His history of hypertension began 5 years ago with an episode of extremely high diastolic blood pressure accompanied by tinnitus,

dizziness, and a racing pulse. He was given and still takes a beta blocker.

His diverticulitis diagnosis was made a year and a half ago, but was preceded by 2 years of repeated episodes of nausea, stomach pain, gas, and lethargy, often accompanied by constipation. A year and a half ago his intestinal symptoms reached crisis proportions as he was taken to the hospital with tremendous pain just below his naval, accompanied by fever. He was hospitalized for 3 days and treated with Cipro and Flagil. A colonoscopy performed in the hospital was negative, and he has been treated with Cipro three times since for similar attacks. A high fiber diet was recommended for this patient, which was an absolute disaster, causing extreme gas and pain. He finds that he must totally avoid raw vegetables and any whole grain products. About a year ago the patient was diagnosed with reflux, which was accompanied by a cough (which was attributed to the reflux). He was put on Protonics which controlled both the reflux and the cough.

The patient reports that his symptoms reoccur in a very clearly defined sequence. His first symptom is itching. The itching is intense and occurs with bilateral symmetry on his nipples, testicles, thighs, and scapulae. After between 6 and 30 hours of intense itching, the patient experiences extreme lethargy. The lethargy persists as the itching subsides. Within a day after the onset of lethargy, the patient experiences a painful attack of divertictulitis accompanied by extreme gas. After 1-3 days of extreme intestinal symptoms, the patient "pulls out of it," feeling reasonably well for anywhere from a few days to a few weeks until the next cycle of itching, lethargy, and bowel inflammation.

Having completed the testing and the history, I am ready to begin administering NUTRI-SPEC.

Step One:

I ask the patient (even though it is written on his history) if he is taking vitamins, herbal drugs, or other supplements. When he says he is not currently taking nutrition supplements I commend him, saying that many people don't realize that high blood pressure and digestive problems can be severely exacerbated by carelessly taking supplements recommended by the natural foods industry.

Step Two:

I make the point that the nutrition regimen we are going to design includes dietary recommendations that are every bit as important to the over-all NUTRI-SPEC plan as the supplementation.

Step Three:

I am ready now to do an analysis to select the supplement and dietary recommendations.

My first decision is whether to use the patient's test results to guide me in a NUTRI-SPEC metabolic balancing procedure, or, to go with the Diphasic Nutrition Plan. There are two medications somewhat clouding the clinical picture, and I know this patient would do well with the DNP (particularly when I do the Oxy A-Plus and Formula EW balancing procedure). But, as I glance over the patient's test results form, I cannot help but smile, for I know there is a "miracle cure" in the offing.

HOW CAN I BE SO CONFIDENT?

Look at this patient's clinical picture, and tell me if you don't see what I see.

- pupil size –3
- orthostatic blood pressure 132/80 – 134/84
- clinostatic pulses: 48, 64, 52, 52
- gag reflex +3
- persistent cough reflex triggered by reflux
- extreme diverticutitis accompanied by alternating constipation and diarrhea
- reoccurring attacks of itching
- reoccurring attacks of lethargy

Do you see it? Is there a metabolic imbalance that just jumps out of these findings? Of course there is --- both the patient's NUTRI-SPEC test results and his symptoms scream parasympathetic.

Hmmm. Do I see any reason why this patient might show such an extreme parasympathetic clinical picture? Do you see it? Yes! Of course! The patient is taking a beta blocker for hypertension --- a drug administered with the sole intent of achieving anti-sympathetic effects. There is my miracle cure! Every one of this patient's symptoms is parasympathetic, and he is taking a drug that is pushing him strongly in a parasympathetic direction. Furthermore, none of these symptoms existed before he began taking the anti-sympathetic drug. Such an easy triumph! All I need do is get this patient switched to a different blood pressure medication and all his symptoms except his hypertension will disappear instantly.

Looking again at the patient's test results form I note how clearly evident it is that he is extremely over medicated. First and most obvious is the slow first pulse of 48. In addition, the patient shows ketones and bilirubin in the urine, which are both side effects of the beta blocker. I also note, however, that though a beta blocker causes a dysaerobic test pattern in the urine and saliva, this patient shows no tendency toward a dysaerobic pattern and actually shows an anaerobic urine pH. I thus reason that without the medication this patient would show an anaerobic imbalance.

My decision is made. I will treat this patient as electrolyte stress, anaerobic, and (because of the symptoms) prostaglandin.

Step Four: I consider Red Flag medications. In this case, there are none. My concern then is solely with the beta blocker.

Step Five: The patient is given the supplement and eating plan folder with his supplement regimen recorded. He is also given the Oxy B Brochure and the "What Nutri-Spec Will Do For You" folder that goes to all patients. Because of his parasympathetic crisis and the associated GI symptoms, the dietary recommendations included strict avoidance of juice or any other sweet beverage. Most critically, the patient is given explicit instructions that by 9:00 the next morning he will call his physician to inquire about switching from a beta blocker to an ACE inhibitor. The patient is scheduled for his follow-up testing in one week.

The patient didn't make it back in for his first follow-up test until 21 days later. But oh what a story he had to tell. Had I promised myself a miracle cure? Was I correct in blaming the beta blocker for all the misery this patient had suffered for years? Yes, and yes. Here is the patient's report:

- Switched from a beta blocker to an ACE inhibitor the day after he saw me.
- His GI symptoms were much, much improved in the last 3 weeks.
- His GI symptoms were so much improved that he had stopped the Protonics within a week, and hadn't taken any since.
- He had experienced almost no itching in the last 3 weeks.
- He had lost 12 pounds in 3 weeks.
- He had a tremendous surge in energy

What did the follow-up NUTRI-SPEC tests show? His blood pressure was controlled as well by the ACE inhibitor as it had been by the beta blocker. His pulse was the big news: His pulse 1 had been 48 on the first test, and it was now perfectly normal 68.

In the nine months since that first follow-up test the patient has experienced no itching, no reflux, boundless energy, and only occasional mild GI symptoms (with the exception of the Christmas holidays when he " fell off the wagon"). Clearly, NUTRI-SPEC has the man feeling quite well in the short term, but more significant is that over the long term this patient with hypertension will never suffer from the progression of CVD, which would have been inevitable without the support of NUTRI-SPEC. In fact, we are just about to the point of being able to see if we can reduce his ACE inhibitor.

This case is one more example of how easily you can write happy-ever-after stories with NUTRI-SPEC.

Sincerely,

Guy R. Schenker, D.C.