

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

You have in your possession a means of physiological intervention giving you power far beyond the dreams of any other clinical nutritionist. With this elegantly simple tool you can:

- alter membrane permeability by changing the distribution of sterols and fatty acids
- correct tissue pH imbalances (and reduce the vast number of symptoms associated with abnormal tissue pH)
- minimize the effects of oxidative stress and oxidative insufficiency

You have in your possession ---

THE MASTER BLASTER

Here is a recent case history from my practice; imagine this happening in your office. A woman comes to you with severe scleroderma, and is being medicated with prednisone, an immunosuppressive drug, and a mixed bag of NSAIDs and gastric secretion inhibitors. You explain to the patient that it is your goal to determine the metabolic imbalances that are the underlying causes of her pathology. You proceed with NUTRI-SPEC testing. The only positive test pattern revealed is a slight Ketogenic Imbalance. However, the extremely high saliva pH, you reason, could very well be caused by the medications. You are thinking that the ketogenic test pattern may be a false positive. What do you do?

All you know for certain is that there is a Prostaglandin Imbalance. OK, you will certainly offer the patient Oxygenic B, the NUTRI-SPEC Fundamental Diet, and the Prostaglandin dietary recommendations. But what else? As a NUTRI-SPEC practitioner you know that scleroderma is an auto-immune disease, which is therefore virtually always associated with a Dysaerobic Imbalance and/or estrogen stress. The patient's history includes a hodge-podge of "female symptoms" likely associated with some degree of estrogen stress, but nothing really severe. There is no history of birth control pills nor hormone replacement therapy. Could there be a Dysaerobic Imbalance hidden by the medications? Very likely; so, what do you do?

Your patient is the perfect candidate for your Diphasic Nutrition Plan. Standard procedure would be to give this patient Oxy B, Oxy A-Plus, and Diphasic AM with breakfast, and Oxy B, Formula EW, and Diphasic PM with the evening meal. It has been recommended to you in the past that you begin the MASTER BLASTER in all Diphasic Nutrition Plan patients within a couple weeks. As of today, be advised that standard Diphasic Nutrition Plan procedure is to ...

**BEGIN THE MASTER BLASTER
IMMEDIATELY UPON STARTING THE DNP.**

(If you do not have a copy of the MASTER BLASTER procedure, you can find it online in the NUTRI-SPEC Letter, Volume 14 Number 12, or, just call us for a copy.)

Since you suspect a dysaerobic pathology, you want to use Oxy D-Plus for this patient's MASTER BLASTER rather than the more common Formula EW. However, you really do not have enough evidence to push forward with a clinical trial with Oxy D-Plus, so you follow the MASTER BLASTER protocol. Since this patient reports no particular problems with constipation or diarrhea, you begin with Oxy A-Plus.

On the third day the patient calls your office reporting, a somewhat loose stool that smells of sulfur. "Is this what I was looking for?" She asks. Yes, this is exactly what she was looking for. What you have now determined from her reaching bowel tolerance with Oxy A-Plus so quickly is that her pathology is without a doubt a dysaerobic auto-immune condition. So, you immediately revise her Diphasic Nutrition Plan by replacing Oxygenic A-Plus completely with Oxygenic D-Plus twice daily; you also add histidine, 2, twice daily, before meals, and glutamine, 1, twice daily, before meals.

What are the clinical effects of your Diphasic Nutrition Plan made more patient-specific by employing your MASTER BLASTER? In a word

--- fantastic. Within 4 weeks the patient reports a marked decrease in myositis pain. Her Raynaud's phenomenon is reasonably well controlled. Her upper GI symptoms are much improved, and at least now if they flare up she can generally attribute it to something she ate (most often too many starches). Since there is no cardiac, pulmonary, or kidney involvement in this patient's scleroderma, the prognosis is extremely good. She is feeling better than she has in years and years, and is enjoying activities she thought were gone from her life forever.

To fully appreciate the depth and scope of your MASTER BLASTER procedure, you have to understand the man from whose genius your Oxy A-Plus, Oxy D-Plus, and Formula EW were derived ...

EMANUEL REVICI.

At once a brilliant molecular biologist and a dedicated physician, this man was, in my opinion, one of the greatest biological scientists of all time. Furthermore, Revici's long and fascinating life illustrates the clash between alternative and orthodox medicine. This extraordinary man died in 1993 at the age of 101, after 73 years of fruitful research and amazingly successful clinical practice. Revici's life would make an engrossing movie --- if you ever get a chance to read about it you will learn that: France twice offered him the French Legion of Honor Award; Russia offered him the Stalin Decoration; the US Navy granted him top secret clearance; Albert Einstein wanted to meet him; and a scientific society whose board members included 14 Nobel Laureates offered him their highest honor. The Chicago University Medical School invited him to do his research there.

Revici began his research and medical practice in the 1920's in Romania. He concentrated on the role of lipids in all pathology, but with a special emphasis on cancer and pathological pain. Not only did his research uncover the causative factors of many serious pathologies, he developed therapeutic agents that were not only non-toxic and non-invasive, but far more effective than approved treatment protocols. Political pressures forced him to flee to France prior to World War II, and then to find refuge in Mexico in 1941, taking 20 years of research with him.

He spent 5 years in Mexico working with other European scientists displaced by the Second World War. In 1946, Revici was invited to continue his research at Chicago University Medical School, but knowing that he needed to maintain total independence of establishment thinking, he denied the opportunity and set up his Institute of Applied Biology in New York City in 1947. All this while, European medical researchers recognized Revici's work as having the potential to

revolutionize the management of neoplastic disease. His work was applauded and encouraged. His arrival in America, however, marked the beginning of a nearly 50 year battle with the American Medical/Pharmaceutical Establishment.

You see, his arrival in the United States coincided with the first interest among American medical researchers in cyto-toxic chemotherapy as the major modality of treatment for cancer. The amazing clinical results that Revici achieved in a diversity of pathologies, but with cancer in particular, brought him up against an Establishment whose reactions showed that many considered him a serious threat. In short, Revici was blackballed by his profession. The peer review journals that previously had eagerly published his work now refused him publication.

The therapeutic agents he had developed were not approved by the FDA, and thus were illegal to sell. Fortunately, Revici could count among his many cancer cures some very wealthy New Yorkers. They continued to finance his research. As the years went by, however, Revici outlived all his supporters, and for the last several decades of his life must have felt he was David fighting Goliath. He treated many thousands of patients at little or no charge; he had his license suspended several times, and was even charged with practicing medicine without a license.

This brilliant man must have felt at least some vindication each time conventional medical science made a “discovery” that confirmed his work. One example was Revici’s discovery of what he called “conjugated tri-enic fatty acids,” and their dominant role in all pathologies that we NUTRI-SPEC practitioners associate with a Dysaerobic/Catabolic Imbalance. It wasn’t until 60 years later, in the 1980’s, that medical science proclaimed the role of leukotrienes in a broad diversity of diseases.

In the early 1980’s I had the good fortune to meet Dr. Revici, and to consult with him by phone many times as I monitored a number of patients for whom he had initiated therapy. I saw first hand how patients responded both in terms of their pathology and in terms of their clinical tests (surface tension, specific gravity, dermographics reflex, urine and saliva pH’s, etc.) to Revici’s therapeutic agents. I also had the fascinating and tragic experience of working with three cancer patients who had been put on a therapeutic regimen by the famous German Oncologist Hans Nieper. Nieper, like all physicians, yet unlike Revici, practiced empirically. He had a collection of anti-cancer remedies that were quite effective in that they were powerfully anti-anaerobic.

However, without Revici's understanding of patient specificity, Nieper could not effectively manage his patients.

In essence, if Nieper's remedies worked they worked beautifully and worked quickly --- if they did not reverse the cancer quickly, they would push the patient so powerfully dysaerobic the character of the cancer would change from anaerobic to dysaerobic and the patient would die very soon. Without an understanding of the Revici paradigm (which is also the NUTRI-SPEC paradigm --- that of dualistic metabolic control systems) Nieper could probably claim at least one horrendously painful cancer death for every miracle cure he could advertise. So, three patients came to me from Nieper with extreme dysaerobic test patterns, and grotesquely edematous tumors. I referred all three of these patients to Revici immediately. Revici was able to get two of the three patients out of pain and prolong their lives considerably, yet all three were dead within a year.

My point in this long digression into the work of Revici is simply to make you understand that he was not some quack remedy peddler or some alternative medicine guru from out on the lunatic fringe. He was the ultimate scientist; he was the epitome of all physicians. How is the Revici story relevant to your NUTRI-SPEC practice? While Revici had many, many therapeutic agents with incredible biological activity at the cellular level, he used three and only three therapeutic agents to control tissue level manifestations of disease. What were those three therapeutic agents?

**YOUR VERY OWN OXYGENIC A-PLUS,
OXYGENIC D-PLUS, AND FORMULA EW.**

Remember, it is at the tissue level of biological organization where all symptoms are primarily expressed. In doing your MASTER BLASTER you are finding exactly the same therapeutic agent that Revici would have found for your patient, and in just the ideal dosage. Start all patients on the MASTER BLASTER on day one of their Diphasic Nutrition Plan, whether they are starting the Diphasic Nutrition Plan as a first NUTRI-SPEC procedure, or, whether you have done NUTRI-SPEC metabolic balancing and are sliding into the DNP. Yes, your MASTER BLASTER will give you the power to help people beyond what you dreamed possible, and build the most satisfying clinical nutrition practice you can imagine.

Now, let me inform you of another powerful clinical tool --- think of it as a "cousin" to your MASTER BLASTER. For all your patients whose tests show an Anaerobic Imbalance, or, in whom you strongly suspect an Anaerobic Imbalance hidden by medications, recommend an ...

OXY A-PLUS SATURATON ...

to bowel tolerance. Begin the Oxy A-PLUS SATURATION on day one of the NUTRI-SPEC care.

The OXY A-PLUS SATURATION is very much like a MASTER BLASTER when begun with Oxy A-Plus. The only difference is that the patient begins with Oxy A-Plus two times daily instead of just once before breakfast as in the MASTER BLASTER. The starting dosage is whatever the QRG for your anaerobic patient indicates, or 20 drops, whichever is larger. When bowel tolerance is reached, you divide the current dosage of Oxy A-Plus by 2 to arrive at the dosage your patient needs to continue until the next office visit.

What does the OXY A-PLUS SATURATION do for you? In your Anaerobic patients it finds precisely the quantity of this powerful supplement needed to reverse tissue acidosis, decrease sterol predominance in tissue membranes, and improve oxidative efficiency. Symptomatic response is often extraordinary, and you will never again have a patient whose Anaerobic test pattern persists seemingly forever.

Your MASTER BLASTER and OXY A-PLUS SATURATION are the keys to controlling all tissue-level conditions such as pain, allergies, cholesterolemia, vertigo, arthritis, etc., etc. Use them on every patient, starting today!

Sincerely,

Guy R. Schenker, D.C.