

# NUTRI-SPEC



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## **THE NUTRI-SPEC LETTER**

**Volume 17 Number 11**

From:  
Guy R. Schenker, D.C  
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Dear Doctor,

### **“THE DOCTOR WHO CURED CANCER”**

More than twenty years ago (--- My oh my, how time does fly!) I went to a weekend retreat dedicated to Emanuel Revici, at which Dr. Revici presented a summary of his life and work. In attendance were perhaps thirty doctors from around the country interested in a revival of Revici's clinical procedures that had been so enthusiastically received by the medical community in the 1950s and early 1960s (before political medicine black-balled him). While I enjoyed the weekend thoroughly, I was disturbed that most in the group were either oblivious to, or indifferent about ...

### **THE TRUE ESSENCE OF REVICI'S PHILOSOPHY.**

When Revici was introduced as, “The Doctor who cured cancer,” I wanted to shout, “No, no, no, --- Dr. Revici does not cure cancer; he cures people with cancer!” You see, I consider Revici among the greatest geniuses of the 20<sup>th</sup> Century, years ahead of his peers in biochemical research. But the genius in Revici's work, and what distinguished him from everyone in the medical field, lay in his understanding of the same concept that drives your NUTRI-SPEC analysis:

### **THE CONCEPT OF BIOLOGICAL INDIVIDUALITY**

Dr. Revici did not invent a “cancer cure.” He conceived a means of analyzing cancer patients (or patients with any disease or condition) in terms of their status with respect to the Anabolic/Catabolic fundamental balance system (--- the same fundamental metabolic balance system

that you refer to as Anaerobic/Dysaerobic balance in your NUTRI-SPEC analysis). Revici did not dispense cancer remedies. He analyzed cancer patients, intervening with therapeutic agents he had developed to reverse the anabolic or catabolic character of their cancers. Had you referred three cancer patients to Dr. Revici, they would have come home, not with the one-size-fits-all “Revici Cancer Regimen,” but with three individualized sets of therapeutic agents.

Biological individuality, then, was the key to Revici’s success, not only with cancer, but with a broad diversity of pathologies. He understood and was able to evaluate the anabolic-anaerobic and the catabolic-dysaerobic components of patients’ conditions. With his extraordinary grasp of biochemistry he developed compounds of amazing specificity, compounds to intervene in one single pathological process --- hitting the nail on the head, so to speak --- thus allowing him to hit hard with minimal side effects. I had the opportunity (the honor!) to share several patients with Dr. Revici, most, but not all, cancer patients. His expertise assured me that I was on track with the NUTRI-SPEC analysis of ...

### **FIVE FUNDAMENTAL METABOLIC BALANCE SYSTEMS.**

We are indeed fortunate to have at our disposal Oxygenic A-Plus, Oxygenic D-Plus, and Formula EW --- Revici’s chosen agents to correct tissue-level manifestations of disease. More fundamentally, we are assured that our NUTRI-SPEC clinical procedures stand securely on solid ground. We understand the concept of biological individuality; we do not dispense remedies; we do not treat diseases; we treat people. Specifically, we balance people; we empower people. If three patients come to us with arthritis of the knees, we offer them no arthritis cure. We analyze objective tests, and all three patients receive different supplement and diet plans.

### **WHAT WE DO DISTINGUISHES US FROM EVERYONE IN THE MEDICAL FIELD, AND FROM NEARLY EVERYONE IN CLINICAL NUTRITION.**

Remember:

Adaptative Capacity = Metabolic Balance + Vital Reserves

This is not a difficult concept to grasp, but disease-specific medicine and disease-specific nutrition are essential to the ideology of our culture --- a culture that wants to believe the sources of our problems are outside ourselves, and that the solutions to our problems come from authorities we have elevated on pedestals from which they can over-see our lives.

Yes, authorities --- those who give us Killer drugs to fight the War on Cancer (since cancer is caused by evil spirits beyond our control), and who give us socialist bureaucracies to fight the War on Drugs (since drug addiction is caused by demons who possess the minds of our youth), and who give us terroristic bureaucracies to fight the War on Terror (since terrorism is caused by devils who enrage the hearts and distort the judgement of dark-skinned people in far-away places). Why do people submit to authorities? --- for example, authorities who prescribe blood pressure drugs that increase the chances of death from heart attack and stroke? -- Or, authorities who prescribe herbs to get rid of “toxins?”

--- Ok, ok, ok --- I’ll climb down from my soap box before I get carried away ...

The point I want to make is that you can and must be the authority in your life, independent of media hype, gurus, charlatans, medicine men, pharaohs, and anyone else who wants to manipulate your mind. How do you become the authority in your life? --- One way --- by letting objective analyses be your only guide. As regards your politics, your religion, your lifestyle choices, your consumer choices, and certainly as you practice your profession --- demand of yourself that your actions are preceded by thoughtful analysis of the best information available. Living rationally --- at power in your life --- will not make you infallible, but will at least avoid disasters of inappropriate epistemology.

NUTRI-SPEC gives you a rational, objective approach to clinical nutrition; you have the power to restore metabolic balance by monitoring quantifiable test results. Your patient with arthritis of the knees tests with low surface tension, low urine pH, high urine specific gravity, and high saliva pH. Based on this Dysaerobic test pattern you make specific supplement and diet recommendations. Within three weeks the clinical tests are normal, and the patient’s arthritis is improving. Have you discovered an “arthritis cure?” Your next patient with arthritis of the knees is found upon testing to have the exact opposite abnormalities of surface tension, specific gravity, and pH. You recommend a specific supplement and diet regimen that past objective testing has shown will reverse this Anaerobic test pattern. Within three weeks the patient’s Anaerobic test pattern is broken, and the arthritis symptoms have abated.

So, what about the “arthritis cures” promoted by nutrition gurus, media hype, medicine men, and charlatans? You know, as Revici knew, that for every person who benefits from a remedy, there is likely another who will actually be made worse by it. You understand BIOLOGICAL INDIVIDUALITY; you are at power employing OJBECTIVE TESTING for

your patients; you, and only you, can improve your patients' Adaptive Capacity by restoring METABOLIC BALANCE.

A frequent feature of these Letters used to be stories of my own patients --- histories, test results, and how restoring metabolic balance turned around their pathologies. Such case studies are no longer appropriate since these Letters are all over the internet. So, what I would like to do is write up YOUR successes in restoring metabolic balance. What follows is exciting news from a NUTRI-SPEC practitioner who "gets it." In classic Revisi fashion he has looked at a pathology for which conventional medicine only offers too little too late. I know you will be impressed ---

### NUTRI-SPEC TESTING AND MACULAR DEGENERATION

Andy Rosenfarb, L.Ac.

In my acupuncture practice I specialize in treating patients with degenerative vision loss conditions including: wet and dry-type macular degeneration (ARMD), Stargardt's syndrome, glaucoma, diabetic retinopathy, retinitis pigmentosa, optic neuritis, etc. I have been using the Nutri-Spec system in an attempt to uncover some of the deeper metabolic imbalances associated with these kinds of eye conditions.

I have recently made some very interesting clinical findings about wet-type ARMD and dry-type ARMD. There seems to be a major difference between these two kinds of ARMD conditions. Patients with "true" dry-type ARMD typically test as having a high oxidation - dysaerobic imbalance. I suspect that these people have VERY little chance of ever getting the wet-type ARMD (retinal bleeding). On the other hand, patients diagnosed with wet-type ARMD show consistent anaerobic metabolic imbalances. Of the number of people with wet-type ARMD that I have tested, 100% have an anaerobic imbalance.

I have tested well over 100 people with degenerative vision loss, including wet-type and dry-type ARMD. My NUTRI-SPEC testing shows that at least 90% of dry-type ARMD patients have high oxidation and dysaerobic imbalances. Thirty-eight of the patients I have tested presented with wet-type ARMD, and fully 100% of those were positive for an anaerobic imbalance. Capillary-retinal bleeding is often associated with the anaerobic metabolic pattern.

Based on these findings we can now detect if a person is at risk for retinal bleeding and developing wet-type ARMD. Most MD & OD's

diagnose central vision loss as dry-type ARMD, and then if there are signs of retinal bleeding they will diagnose wet-type ARMD. It appears from my NUTRI-SPEC findings that wet-type ARMD is a metabolic condition that can be detected and prevented WAY before bleeding ever starts. True dry-type ARMD is usually a dysaerobic (also often glucogenic) metabolic imbalance. By correcting any shift towards anaerobic imbalances the risk of retinal bleeding can be reduced, if not eliminated.

So how can we help people? Basically, if we take a population of dry-type ARMD patients, medical research says that about 10% may develop wet-type ARMD, but how do we know which will “progress” to this condition? My use of NUTRI-SPEC testing suggests that it is the approximately 10% of dry-type ARMD with no dysaerobic imbalance who constitute the 10% who will ultimately develop wet-type ARMD. By monitoring anaerobic indicators among this population we can determine who is at risk for developing wet-type ARMD. Using supplements like Oxygenic A and Oxygenic A+ (and following the anaerobic dietary guidelines) can then reduce the potential for developing retinal bleeding, and help those who already have wet-type ARMD.

The great “hype” in the nutrition world is to use high doses of antioxidants and Omega fatty acids for all eye conditions. High doses of antioxidants will aggravate the anaerobic imbalance and could make the wet-ARMD situation worse (and often glaucoma and diabetic retinopathy). On the counterpart, people with high oxidation and dry-ARMD should not take supplements like “EFA's”, fish oils, PUFA's, etc., as it will aggravate dry ARMD by increasing the oxidation levels. As Dr. Schenker points out, these oils do more harm than good for our patients.

In a recent Nutri-Spec newsletter, Dr. Schenker discussed the oxidizing effects of cholesterol-lowering Statin drugs. Based on the research presented, we now know that they deplete CoQ10 levels. Perhaps this is why vision loss is one of the leading side effects to taking Statin drugs. The depletion of CoQ10 leaves the retina more vulnerable to oxidative stress & free radical damage. The eye, and especially the retina, is extremely susceptible to oxidative stress. Oxidative stress can lead to a host of degenerative retina conditions. CoQ10 is another major supplement recommended for all patients with poor vision.

This specific research and findings are still quite new and need more time and patient trials to determine the long-term benefits for patients diagnosed with ARMD. However, it does seem that there may be hope in terms of preventing the development of wet-type ARMD and reducing

oxidation in cases of dry-type ARMD. With NUTRI-SPEC we may be able to help many people with “incurable” eye diseases like ARMD maintain and even improve their sight.

Think quantitatively for just a minute, and do so within the context of your NUTRI-SPEC paradigm of diphasic metabolic systems.

- Testing dozens of patients with wet type macular degeneration shows 100% with an Anaerobic imbalance.
- Testing dozens of patients with dry type macular degeneration shows 90% with a Dysaerobic imbalance.
- Medical research shows that 10% of dry type macular degeneration patients eventually develop wet type.

So now --- put 2 and 2 together. Can you logically (though tentatively) conclude that wet type ARMD is an Anaerobic pathology, that dry type ARMD is a Dysaerobic condition, and, that the 10% of dry type ARMD patients who eventually develop wet type ARMD are the same 10% who do not test as being Dysaerobic?

To the medical profession that 10% is nothing more than a statistic. As a NUTRI-SPEC practitioner with an understanding of biological individuality, you have the power to translate that statistic into actionable information. With objective testing as your guide, you can help patients suffering from macular degeneration and, you may be able to prevent the retinal bleeding that eventually occurs in 10% of dry type ARMD patients. **YOU HAVE POWER.**

Sincerely,

Guy R. Schenker, D.C.

P.S.: Send us reports of your cases that respond dramatically to metabolic balancing with NUTRI-SPEC testing and supplements.