

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

89 Swamp Road
Mifflintown, PA 17059
800-736-4320
717-436-8988
Fax: 717-436-8551
nutrispec@embarqmail.com
www.nutri-spec.net

THE NUTRI-SPEC LETTER

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

We want to give you ...

A SMOOTHER RIDE.

When analyzing your patients with NUTRI-SPEC testing of metabolic balance systems you are slowed by too many little bumps in the road. Your test procedures are the slickest, fastest way to get actionable information on a patient's body chemistry --- but --- your Quick Reference Guide analysis of those tests too often has you down-shifting to a lower gear to negotiate all the curves and forks in the road. So --- we offer you some small but significant ...

REFINEMENTS IN YOUR QRG ANALYSIS.

Determining your patients' metabolic imbalances will now be quicker and easier. One improvement is that we have deleted several of the nuisance calculations, including:

- a) **Resp Rate - [(SBP2/10)]** --- previously part of your SYMPATHETIC/PARASYMPATHETIC analysis, and, part of making your differential for patients testing both GLUCOGENIC and SYMPATHETIC or both KETOGENIC and PARASYMPATHETIC.
- b) **1st and 2nd (Pulse Pressure/Resp Rate)** --- previously required to make your differential for patients testing both GLUCOGENIC and SYMAPTHETIC or both KETOGENIC and PARASYMPATHETIC.

- c) **(P2-P1) and (P4-P1)** --- previously part of your supplement selection process for patients with ELECTROLYTE STRESS, ELECTROLYTE INSUFFICIENCY, and GLUCOGENIC imbalances.

You will find many other changes that increase both your speed and accuracy in finding the ideal combination of supplements for every individual. Many of these improvements are made possible by the addition of a new test to your system. We call it ...

THE VASOMOTOR TEST.

The Vasomotor Test is relevant to your identifying SYMPATHETIC/PARASYMPATHETIC imbalances. It is simple, and can be performed ...

IN ONLY 5 SECONDS.

All you do is hold the patient's hand, and with your other hand lightly grasp the patient's arm in the tricep area; then, compare the skin temperature difference you feel. The temperature difference between the upper arm and the hand reflects the degree of vasomotor tone. Sympathetic patients have excessive peripheral vasoconstriction, which causes the hand to be cooler than the arm. In some sympathetic patients the hand is "clammy" as well as cool. In parasympathetic patients there will be little or no peripheral vasoconstriction, so the hands feel the same temperature or warmer than the arm.

So, in summary, an arm that gets increasingly cooler moving from arm to hand indicates a Sympathetic Imbalance, while an arm that becomes warmer as you move peripherally indicates a Parasympathetic Imbalance. Here is how you will record your findings on your Test Results Form:

- P4 = hand much, much warmer than arm
- P3 = hand much warmer than arm
- P2 = hand warmer than arm
- P1 = hand same as arm
- 0 = hand very slightly colder than arm
- S1 = hand colder than arm
- S2 = hand obviously colder than arm
- S3 = hand much colder than arm
- S4 = hand much, much colder than arm

Note that you are concerned only with the temperature difference between the upper arm and the hand. It matters not whether you judge your patient to have "cold hands" or "warm hands"; only the temperature of the hand relative to the arm is significant. For example, your patient

may have ice cold hands, yet you find that the upper arm is just as cold to the touch. This patient would be rated as “P1” on the Vasomotor line of your Test Results Form. NOTE: A convenient time to perform the Vasomotor Test is when you are positioning your blood pressure cuff (before taking the blood pressure).

The recommendation made above to record the Vasomotor Test on your Test Results Form as P4, P3, P2, P1, 0, S1, S2, S3, or S4 brings up another way you can streamline your QRG Analysis. For the Pupil Size and Gag Reflex, two tests that, like the Vasomotor Test, relate only to SYMPATHETIC/PARASYMPATHETIC evaluation, you should record your test results as “P” or “S” instead of “+” or “-”. So, for increased Pupil Size and decreased Gag Reflex you will record your findings as S1, S2, S3, or S4; for decreased Pupil Size and increased Gag Reflex you will write on your Test Results Form P1, P2, P3, or P4. Normal findings will still be recorded as “0.”

When you do your QRG Analysis of SYMPATHETIC/PARASYMPATHETIC Balance, you will find it much faster and easier to pick up “P”s, and “S”s, from the Test Results Form than “+”s or “-”s. Similarly, your Dermographics Test results should be entered on your Test Results Form as W4, W3, W2, W1, 0, R1, R2, R3, or R4. “W”s and “R”s are more quickly recognized as indicators of SYMPATHETIC/PARASYMPATHETIC and ANAEROBIC/DYSAEROBIC Imbalances than are “+”s and “-”s.

With your new QRG, making your differential for patients testing either both GLUCOGENIC and SYMPATHETIC or both KETOGENIC and PARASYMPATHETIC is much simpler and more accurate. As noted above, the two nuisance calculations have been eliminated. However, those of you who are arithmetically challenged are not off the hook completely. We have replaced those two old calculations with a new (and much simpler) one.

Now, for the rare patient on whom you must make a differential between glucose utilization imbalance and autonomic imbalance, you will make the following calculation:

$$\text{(First Pulse Pressure/10) + (SBP2 – SBP1)}$$

If that calculation gives a number of 6 or less, and provided there is not a SYMPATHETIC Vasomotor test, then your patient is PARASYMPATHETIC.

If that calculation gives a number of 8 or higher, and provided there is not a PARASYMPATHETIC Vasomotor test, then your patient is SYMPATHETIC.

The calculation is even simpler than it appears because you calculate the first pulse pressure by rounding SBP1 and DBP1 to the nearest 10. Examples:

$$154/85 = 15 - 9 = 6 \quad 155/84 = 16 - 8 = 8 \quad 155/85 = 16 - 9 = 7$$

Suppose your patient who tests both GLUCOGENIC and SYMPATHETIC has blood pressures of 154/85 and 152/87. Your calculation is:

$$(15 - 9) + (152 - 154) = (6) + (-2) = 4 = \text{Not SYMPATHETIC}$$

You would go to the other criterion for making your differential to see if the patient should be considered GLUCOGENIC. Simple.

Do you see another short cut built into your analysis? Your patients who test both GLUCOGENIC and SYMPATHETIC will only be found to be SYMPATHETIC by the above calculation if they do not have a PARA-SYMPATHETIC Vasomotor Test; your patients who test both KETOGENIC and PARASYMPATHETIC will calculate as PARASYMPATHETIC only if they do not have a SYMPATHETIC Vasomotor Test. So --- and this is the good part --- for some of your patients, their Vasomotor Test will tell you that you need not bother with this calculation, but may skip directly to the other criterion for making your differential.

Another refinement in your QRG analysis is that we have reduced the quantity of electrolytes and dispersing agents you must give to your ELECTROLYTE INSUFFICIENCY and ELECTROLYTE STRESS patients. The quantities of each supplement found to be needed by the various criteria have been cut by half. Also, several of the criteria indicating the need for a supplement have been deleted. These changes result in a smoother ride for you and for your patients.

Making electrolyte and dispersing agent recommendations has been a minor thorn in the side for NUTRI-SPEC practitioners for years. Selecting the supplements has been quite time consuming, and after expending all that effort we have been not infrequently confronted with patients who show negative symptomatic responses to our recommendations. Why the negative reactions? Two reasons:

- the doctor's failure to do the first follow-up testing within 7 days
- that electrolyte supplementation is far from an exact science

Let us consider these two potential trouble makers. First, I can say without a doubt that after serving as consultant for NUTRI-SPEC practitioners for over twenty years, the number one reason for failure to help patients is:

- not inaccurate testing
- not mistakes in QRG analysis
- not poor patient compliance
- not messing up the achievement of metabolic balance by prescribing herbal drugs

No, the number one cause of doctor and patient frustration is that the doctor neglected to perform a follow-up testing within one week of the initial test.

This failure to adequately monitor patients shows a fundamental lack of understanding as regards the purpose of NUTRI-SPEC. This is not a set-it-and-forget-it approach to nutrition. We expect changes to occur in the patient's body chemistry; we want changes to occur in the patient's body chemistry, and we want changes to happen sooner rather than later. Every shift in biochemical balance requires a modification of recommendations.

I explain to my patients on their first visit the concept of striving for metabolic balance through individualized diet and supplement recommendations based upon objective test procedures. I go on to explain that, "Your test results from today give us a good starting point from which to begin metabolic balancing, and, a set of test results to serve as a reference point from which to monitor your progress. The initial recommendations we are making serve only as ...

A CLINICAL TRIAL.

We will do your first follow-up testing in just a few days. Those tests will show how you have responded to your supplementation and eating plan, and will give us more information on the quickest way to achieve metabolic balance. We may need to make changes --- and hope we need to make changes --- in a few days based on changes in your test results."

If you are not already communicating your NUTRI-SPEC goals and procedures to your patients in the manner just described, begin today. Failure to adequately monitor your patients, especially with the prompt first follow-up, cheats you and your patients out of the satisfaction to be derived from NUTRI-SPEC delivered with specificity. Instead of cutting patients loose for a month after making initial recommendations, then calling NUTRI-SPEC with your second set of test results along with more

questions than answers --- be at power with your testing system. Do your first follow-up in a few days, then call us in a month with a report of your patients "miraculous" improvement.

Back to electrolytes. --- Of all your NUTRI-SPEC supplements, those that often have the most sudden impact on body chemistry are the citrates, phosphates, glycerophosphates, and bicarbonates. It is not uncommon to totally break a POTASSIUM DEPLETION ACIDOSIS or a RESPIRATORY ACIDOSIS pattern within days. Young adults and children rarely need bicarbonate for more than a few days. What happens when mineral salts needed for a week are taken for a month? Besides the almost inevitable GI distress, the possible symptoms are limitless. And what do the test results look like after a month of excessive supplementation with salts? Use your imagination ---- that is generally what I have to do when you call me wanting to know "What happened, and what do I do now?"

Apart from the problems of follow-up testing failure, proper electrolyte supplementation is a challenge to determine, even with your objective testing system. The tests indicating the need for a particular mineral salt are influenced by so many nutritional and metabolic factors. So, we have reduced the quantity of mineral salts you are going to recommend. That way, your follow-up testing will more likely reveal continuing need rather than over-saturation.

There are several other nice refinements in your QRG Analysis. --- You will like the savings of time and effort along with even greater accuracy and specificity. Get your hands on the revised QRG **today**. We will happily send a copy along with your next order. Last month's Letter was all about how to help your patient's remain resolute in their attempts to make a fresh start toward pursuing health. Now, it is time for your own fresh start. Enjoy a much smoother ride through NUTRI-SPEC metabolic testing. Call **now** for your new Quick Reference Guide.

Sincerely

Guy R. Schenker, D.C.