

# **NUTRI-SPEC**



THROUGH  
SPECIFIC NUTRITION

89 Swamp Road  
Mifflintown, PA 17059  
800-736-4320  
717-436-8988

Fax: 717-436-8551

[nutrispec@embarqmail.com](mailto:nutrispec@embarqmail.com)

[www.nutri-spec.net](http://www.nutri-spec.net)

## **THE NUTRI-SPEC LETTER**

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

“NUTRI-SPEC knows all the answers” was the tongue-in-cheek ending of last month’s NUTRI-SPEC LETTER. NUTRI-SPEC certainly does not have all the answers, but as a NUTRI-SPEC practitioner ...

### **YOU ARE ASKING ALL THE RIGHT QUESTIONS.**

You are asking, “How can I help my patient live stronger longer?” not, “What remedies should I sell this patient?” You are asking, “What metabolic imbalances are the root causes of my patient’s health problems?” not, “What supplements are ‘good for’ these symptoms?” You are asking, “What do objective test results tell me about the progress my patient is making?” not, (frantically) “What can I do to appease the subjective complaints of my patient?”

Thinking like a NUTRI-SPEC doctor totally changes the dynamics of patient communication. Dialogue centers on empowerment of the patient, not the frustrating pursuit of cures. Last month I gave you the “script” I follow on a new patient’s first visit. Review it; memorize it. Once you get your patients ...

### **THINKING LIKE NUTRI-SPEC PATIENTS ...**

your practice will be joyfully light --- a sharp contrast to the burden of cure peddling. Instead of patients being totally consumed by their symptoms, stuck in the mindset of suffering until you are able to “give relief,” they will have an attitude of positive anticipation from day one. On follow-up visits, instead of you asking patients how they are doing, they will ask you. Most patients, despite a lifetime indoctrination in

disease-specific thinking, really do get excited about patient-specific nutrition --- their own individualized nutrition plan based on their own unique set of objective test results. All they require is to hear the story of metabolic balance retold each visit.

So, in last month's Letter you learned that thinking like a NUTRI-SPEC doctor gives you an entirely different way of looking at your patients. --- You see them as metabolic imbalances, not as diseases. You see their symptoms as manifestations of metabolic imbalances, not as effects that somehow appeared in the patient without cause. You also see metabolic imbalances as aberrant physiology that will some day manifest symptoms unless you correct them today. Patients enthusiastically embrace this patient-specific philosophy --- if you will enthusiastically explain it.

Thinking like a NUTRI-SPEC doctor also gives you a new way of looking at nutrients. You think in terms of the metabolic effects of supplemental nutrients, not what condition they are purported to be "good for." For example, calcium is a nutrient that in certain forms is very beneficial for anaerobic, glucogenic, electrolyte insufficiency, and parasympathetic imbalances. It is also a nutrient that can have devastating effects on people who are dysaerobic, ketogenic, electrolyte stress, or sympathetic. The same calcium that will "give energy" to a glucogenic woman, will make a ketogenic man cold, stiff, impotent, and tired.

If you really understand the patient-specific rather than disease-specific care you offer patients, you will lighten your load in two big ways. First, you will stop beating yourself up over patients' symptoms. You will be completely confident that the causes of those symptoms will be effectively treated, if not in correcting metabolic imbalances that show up initially, then in correcting those that show up after the initial imbalances have been corrected, or, with the increase of vital reserves that comes as you transition into the Diphasic Nutrition Plan.

The second benefit from thinking consistently like a NUTRI-SPEC doctor is that you will know better than to add a little this and that to your NUTRI-SPEC recommendations in a frantic attempt to help symptoms. Every non-patient-specific nutrient you add dilutes what you are attempting to do with NUTRI-SPEC, and may even be counter productive. One theme you can consistently emphasize with your patients is all the money you are saving them by not chasing trial and error after this remedy and that remedy. You have a specific scientific approach to restoring their health, based on objective indicators.

Here is an example of a doctor who really does get it. He sees patients only in terms of their metabolic imbalances, and is willing to do anything and everything to accelerate the restoration of balance. He asked this very thoughtful question: "Wouldn't some of the catabolic oxidative damage that results from PUFAs be good for an anaerobic patient --- for instance, a little fried food in the morning?"

I just love getting provocative questions like this. Even though the short answer to his question is, "No," the doctor is living the NUTRI-SPEC philosophy. He has looked at my oft repeated tirade against omega 6 and omega 3 fatty acids and realized that since their mechanism of damage is dysaerobic in nature, why not use just a little bit of that to accelerate the correction of an anaerobic imbalance? That doctor truly has the big picture.

Oh --- the long answer to his question is important for you to understand --- again, so that you can think like a NUTRI-SPEC doctor:

If my fingers are freezing, I need to take them out of the cold, not light a match to them. --- Actually, the doctor's logic is sound. Just as my cold fingers may feel a moment of relief before being burned by the match, an anaerobic patient eating fries for breakfast will experience a temporary reversal of his abnormal urine pH, surface tension, etc. But remember, we all have BOTH pathological hyperplasia and pathological disintegration occurring to some degree in our bodies. If a person tests anaerobic or dysaerobic it merely means one of those pathological processes is dominating his clinical picture, but, the opposite pathology is still a (sometimes huge) factor. In other words, rheumatoid arthritis patients (dysaerobic) can die of cancer (anaerobic). There is no need to do catabolic damage to our anaerobic patients --- the imbalance can be corrected without doing damage.

Now --- back to remaining true to NUTRI-SPEC philosophy while communicating with patients --- The script I gave you last month is the essential first step to proper patient orientation. For nearly all patients that is all you need in order to establish an effective communication line. But --- we all know, there is the occasional...

### **MONSTER PATIENT.**

These are the patients who will beat you mercilessly --- if you let them. Monsters come in two species ---

### **WHINERS and PUZZLERS.**

You can smell the whiners the minute you meet. Their tone of voice reeks of whine; the whine colors their faces hopeless; the whine drags their posture down to the depths of helplessness. --- And --- they are so perfectly content with their misery. You cannot work with these patients on their terms or you will merely add your name to the list of doctors (and family, and friends) who have failed them.

The puzzlers, unlike the whiners, are perfectly positive people. However, something about their histories gives you the heebie-jeebies. It may be a bizarre combination of pathologies; it is often the suspicion that many of the presenting symptoms are caused by the insane combination of medications the patient has taken. Like the whiners, the puzzlers make you pause, wondering how you must adapt to handle the case.

Most NUTRI-SPEC doctors, I have discovered, respond to their own heebie-jeebies by being extra cautious with potential monster patients. Cautious to them means empirically approaching the case with a supplement here and a supplement there --- hoping to find a way to impact symptoms favorably without rocking the boat. Occasionally that approach works --- but especially in patients about whom you have a bad feeling, rarely.

I have developed over the years a method of dealing with potential bad eggs by fully confronting the likelihood of a rocky road right up front. The more I have a “bad feeling” about a patient the more aggressive I am in care, and,

### **THE MORE I DEMAND OF THE PATIENT.**

--- That aggressive approach may or may not be the only way, but it is my way. (It certainly weeds out the bad eggs, the parasites, and the malingerers --- saving me a lot of long-term anguish.)

Instead of doing little clinical trials, hoping for a combination of supplements that hit the nail on the head, I give from Day 1 the most aggressive supplement and diet recommendations I can justify. But first --- I get the patient to agree, or even to beg me, for such an aggressive regimen. --- “Mrs. Jones, I’m glad you came to me for testing. Our tests show that you have several extreme imbalances in your body chemistry. Each of those imbalances is contributing to your symptoms. The good news is that we have the means to correct each of those severe imbalances if you will work with us, complying with all our recommendations. The bad news is that correcting imbalances such as yours does not always go smoothly. There is a reasonable chance that as we begin to restore balance you will feel a little better, and maybe a

lot better, right from the start. But --- there is an even higher probability that as we make changes in your body chemistry you may experience a temporary worsening of your symptoms, or even the appearance of transient new symptoms. Understand that none of the foods and supplements you need to eventually be as healthy as you can be will harm you in any way; it is just that as changes are made in your body chemistry you may feel pretty uncomfortable for a while. Do you understand what I am saying?"

(Point of Agreement)

"So, what I must have from you is your word that you can be strong enough and courageous enough to comply with all my recommendations even in the event that you go through periods of feeling poorly. We've got a big job ahead of us, and there is no point beginning if we cannot see it through until your body chemistry has been balanced. Tell me now if you can or cannot work with me to restore the balanced chemistry that is so important to your health. If you cannot, I understand, but I will not be able to accept you as a patient."

Rarely, the patient will say she doesn't think she can handle it. I reply, "Even though I cannot accept you as a patient today, please understand that I would love to give you the care you need. Should you ever decide you are willing to pursue an individualized treatment plan based upon your own specific clinical test results, please call and make an appointment. I am confident I can work with you to restore the chemical balance you need to feel your best." --- Most of these patients WILL return (and often soon), just begging to endure whatever hardships are required.

Most often the patient, desperate to avoid being rejected as unfit for care, will resolutely promise to follow my recommendations, and to bravely travel the potentially rocky road ahead. Having secured the patient's promise, I have properly defined our relationship. I have emphasized the essentiality of patient compliance. The patient is mentally and emotionally prepared for two possible outcomes --- symptomatic relief right from the start, or, a roller coaster of symptoms along the way to metabolic balance. I have promised to the patient the health-enhancing benefits of a balanced body chemistry; I have not promised "relief," nor a "cure," nor a time limit to achieve metabolic balance.

Now, should the patient have (or believe she has) reason to whine during the course of her care, she will not believe her misery results from any wrongdoing on my part. Meanwhile, my QRG Analysis of her follow-up test results shows me how she is doing, as opposed to how she

is feeling. Each visit I triumphantly announce improvements in certain imbalances, and show my disappointment over those failing to respond. I show the patient I sincerely care, not by offering pity for her symptoms, but by earnestly pouring my mind and heart into correcting her imbalances. Exasperation over her failure in compliance is essential. --- ‘Your persistent low surface tension tells me you are having trouble sticking with your eating plan. If you cannot cut out the chips and fries we are both going to experience nothing but exasperation.’

If the patient is not a whiner, but rather a case of potentially unusual pathology, her symptoms, integrated with changes in her test results, will inform me as to how those symptoms relate to her metabolic imbalances. Offering an aggressive treatment regimen from the start generally challenges the pathology, eliciting a definitive response --- either symptomatically favorable or unfavorable, plus, either test result favorable or unfavorable --- that shows me the next step to bring the patient into balance and (usually) reduce the symptoms permanently.

With Nutri-Spec we have the potential to make major changes in our patients very quickly. I rock the boat in a big way, see what shakes out, then confront it --- rather than continuously try a little of this and a little of that. The cautious approach usually results in months of nothing happening --- with escalating frustration for both doctor and patient. With objective testes to monitor we can be aggressive yet still responsible.

You have now received complete instruction in patient communication --- basic, intermediate, and advanced. Back up your “scripts” with “The Secret of Good Nutrition,” and “What NUTRI-SPEC Can Do for You,” and your practice will be a smooth, satisfying ride to success.

Sincerely,

Guy R. Schenker, D.C.