NUTRI-SPEC
METABOLIC BALANCE
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**

**Volume 21 Number 1**

From:
Guy R. Schenker, D.C.
January, 2010

Dear Doctor,

This Letter will put you at power. This Letter will put you at ease. This most important letter we have sent you in a long time will take you a giant step further toward your goal of giving your patients a purely objective analysis of their individualized nutrition needs. Your ability …

**TO ACCURATELY DETERMINE PATIENTS' STATUS AS REGARDS THE 5 FUNDAMENTAL METABOLIC BALANCE SYSTEMS, RIGHT IN YOUR OWN OFFICE, WITH A SET OF CLINICAL TESTS YOUR STAFF CAN PERFORM IN JUST MINUTES …**

is about to improve exponentially. --- Even better specificity in your patient-specific approach to nutrition, with an even smoother analysis, puts you at …

**POWER**
**&**
**EASE.**

We will particularly reveal new and better ways to effectively use two of your most dynamic biochemical prime-movers …

**COMPLEX S and COMPLEX P.**

Let us first consider the primary source of our Sympathetic – Parasympathetic paradigm. When Francis Pottenger wrote "Symptoms of Visceral Disease" more than 80 years ago, he was not an "alternative" or "natural" health care provider. He was a world-renowned medical doctor

who served as an officer in several influential medical organizations of his day. In other words, he was as "establishment" as could be. Yet he was an astute clinician, and the first to make the observation that most disease symptoms were at least partly mediated through the autonomic nerves. Further (and here we have the first practitioner of your own patient-specific emphasis in health care), he observed that two patients could be victimized by the same pathological stressor, yet would respond with entirely different sets of symptoms --- one as a sympathetic dominant and one as a parasympathetic dominant. Controlling the symptoms, he found, was achieved far more effectively by treating the sympathetic-parasympathetic component of the disease than by treating the disease symptoms per se.

In the early 1980s, NUTRI-SPEC put together a set of clinical tests to analyze those patients who had either a Sympathetic or Parasympathetic Imbalance --- the state of functional imbalance that would predispose a patient to the pathological responses observed by Pottenger. The orthostatic challenge of blood pressure and heart rate was, and still is, the foundation of our sympathetic-parasympathetic evaluation. Long-time NUTRI-SPEC practitioners may remember when our orthostatic testing included not 2 blood pressures and 4 pulses as it does today, but 3 blood pressures and 3 pulses. Why did we change our test procedures? Modern technology as presented by Phillip Low gave us the information we needed to upgrade our testing.

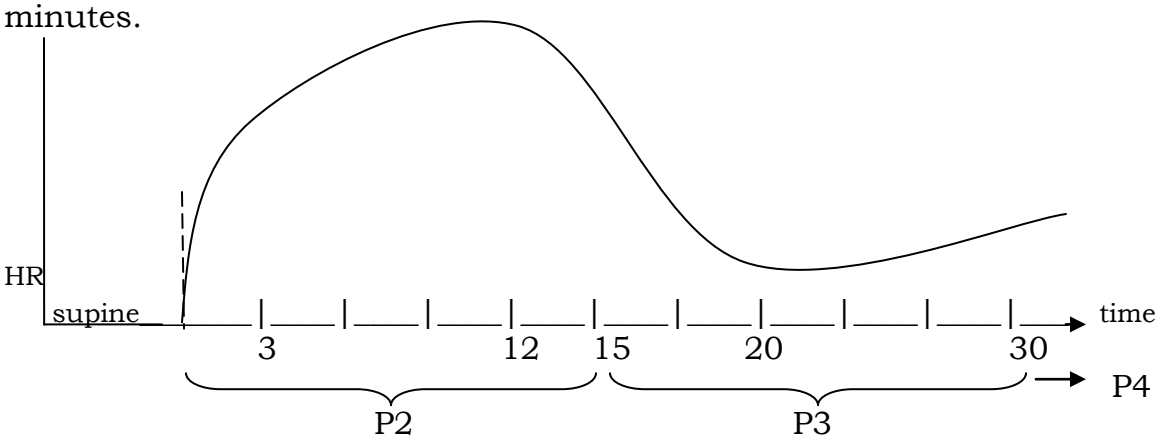
Low's "Clinical Autonomic Disorders" was published in the mid-1990s. EUREKA!!! All the clinical phenomena defined by Pottenger were now quantified --- to the nth degree. Low showed clearly that our 2nd blood pressure, our attempt to capture the initial blood pressure response to the orthostatic stress of standing from the supine position, was not consistently giving us meaningful numbers. Why not? The orthostatic blood pressure response is not a simple matter of a sympathetic mediated increase in blood pressure, moving blood from the pool in the splanchnic vessels up to the brain to keep us from passing out when we stand up. The systolic blood pressure actually changes direction 4 times --- going up, then down, then up, then down --- in the 30 seconds beginning with initiation of the standing movement. Similarly, the diastolic blood pressure goes through the same 4 changes, but lags the systolic changes by a few seconds.

Our attempt to analyze sympathetic-parasympathetic reactivity with a blood pressure taken immediately upon standing yielded hopelessly inconsistent results since a variation of the timing of that blood pressure reading by even a few seconds could be the difference between a blood pressure that appeared sympathetic vs. one that looked parasympathetic. Fortunately for NUTRI-SPEC testing, following the 30

seconds of wild gyrations, the orthostatic blood pressure stabilizes by the 60 second mark at a level slightly above the supine reading. In a Sympathetic Imbalance, the orthostatic rise is exaggerated, while in a Parasympathetic Imbalance it is muted. Hence, our second blood pressure, now taken about a minute after standing, gives us a good test of Sympathetic-Parasympathetic Imbalance. --- Two blood pressures instead of three, with more accuracy --- a step toward power and ease.

It is now time for additional steps to refine our test procedures defining autonomic imbalances. The most important involves the heart rate response to orthostatic challenge. Over the years we have fiddled around with the timing of our 3, now 4, pulses. Finally, it is clear that to capture the meaningful orthostatic change we must begin timing Pulse 2 not when the patient's feet hit the floor, not when the patient reaches the fully vertical position, but the instant the patient begins to move. It is the initial contraction of the large muscles of the thighs, hips, pelvis, abdomen, and spine that sets off the orthostatic response. In fact, the most significant change in pulse occurs in the first 3 seconds, during most of which the patient is still recumbent.

The initial circulatory response to standing up involves the following changes in heart rate: (Refer to the graph below.) As the patient initiates muscular contractions upon the command to stand up, there is a nearly vertical jump in the pulse that lasts for 3 seconds. This sharp up-move is not due to sympathetic activation, but rather to complete parasympathetic inhibition. By the 4th second, the sympathetic system kicks in, as parasympathetic inhibition is sustained, but to a lesser degree. The heart rate increase continues to a peak at 12 seconds, with a maximum instantaneous pulse count 25 greater than the supine pulse. At the 13th second, the heart rate begins a decline steeper than the rise from seconds 4 through 12. It bottoms to a trough at about 19-20 seconds, with a minimum instantaneous pulse about 5 to 7 over the supine reading. Beginning in the 20th second, the heart rate begins a low-amplitude roller coaster with a slight upward slant, lasting up to 3 minutes.



Upon orthostatic challenge, the instantaneous pulse relative to the supine pulse looks like this, second by second:

| Second: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pulse: | +4 | 8 | 12 | 14 | 16 | 18 | 19 | 20 | 21 | 22 | 24 | 25 | 22 | 19 | 16 |

| Second: | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pulse: | 13 | 10 | 7 | 6 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 8 |

You can see that your NUTRI-SPEC Pulse 2, counted beginning with your patient's first muscular contractions and spanning the first 15 seconds of movement, captures perfectly the parasympathetic inhibition and sympathetic activation in response to orthostatic challenge. Your Pulse 3 measures the shutting off of the acute orthostatic response, and Pulse 4 represents where your patient stands after the dust has settled.

In a Sympathetic Imbalance the up-moves are higher, and sometimes prolonged; in a Parasympathetic Imbalance the amplitude of the changes is blunted. There is also aninterplay between Sympathetic-Parasympathetic Balance and Electrolyte Balance in many patients' orthostatic response. All such considerations are programmed into your QRG analysis, so you know exactly how to manage patients who, for instance, have a P3 that is higher than P2, or a P4 that is higher than P2.

It should now be obvious to you why …

**PULSE METERS CANNOT POSSIBLY GIVE YOU VALID NUMBERS TO ENTER INTO YOUR NUTRI-SPEC QRG ANALYSIS.**

Since the heart rate is changing moment-by-moment, an <u>average pulse</u> over the 15-second time span is the only number certain to reflect your patient's orthostatic response. You <u>must</u> count the radial pulse by palpating with one hand while you hold your timer in the other.

Complex S and Complex P are two of your most powerful, quickest-acting NUTRI-SPEC supplements. Tragically, you have been <u>missing</u> many Sympathetic and Parasympathetic Imbalances due to a combination of inaccurate test procedures plus a few glitches in NUTRI-SPEC methods of analysis. Many of your patients who could have been empowered by Complex S or P were stuck with the lingering symptoms of Sympathetic-Parasympathetic Imbalance. You were left feeling powerless to help them. Now, you are being put at power and at ease. With a few refinements of your test procedures, and a streamlining of your QRG test

analysis, you will routinely conquer your patients' sympathetic and parasympathetic symptoms.

Make a serious commitment to serving your patients with objective test procedures unmatched by anyone else in the field of clinical nutrition. To that end, you can do much, including these improvements in your testing:

- Begin counting Pulse 2 the instant your patient begins to move.

- (And of course, do not invalidate your numbers by using a pulse meter.)

- Be certain Pulse 3 seamlessly follows Pulse 2, so that your 2 pulses cover seconds 1-15, and seconds 16-30 after the first muscle contractions.

- Precede your supine testing with a pulse taken in the sitting position. We will call this Pulse a. The difference between Pulse a sitting and Pulse 1 supine is another valuable Sympathetic-Parasympathetic indicator.

- When your patient first sits on the exam table, and before doing Pulse a, there are several other tests to perform, the first of which is the saliva pH.

- The Cough Reflex will now replace the Gag Reflex in your NUTRI-SPEC test procedures. The cough reflex is easier, more reliable, and more meaningful as an indicator of Sympathetic-Parasympathetic Imbalance, and, gives important information regarding Acid-Alkaline Imbalances as well.

- The Dermographics Reflex procedure has been changed entirely. The reflex is elicited using the patient's arm, and in the sitting position.

- The Vasomotor Reflex is performed following the dermographics reflex, conveniently using the same arm.

- The Pupil Reflex is the last test before Pulse a.

- Have your patient lie supine and, after positioning your BP cuff, begin counting the Respiratory Rate.

- A critical aspect of standardizing procedures so that we all turn out comparable numbers in our sympathetic-parasympathetic analysis is

having all our patients lie supine for the same length of time before taking Pulse 1 and then the supine blood pressure. A person's heart rate and blood pressure typically begin to drop within a few seconds of lying down. The pulse generally drops by 4 after lying for one minute, the systolic BP drops by 8 and the diastolic BP drops by 9. (After 20 minutes supine the SBP drops by 12 and the DBP by 19.) If you settle your patient supine, then take and record the respiratory rate, you will be moving on to the Pulse 1 and BP1 at about the one minute mark.

– Record your Pulse 1 and SBP1 and DBP1, then proceed directly into your ORTHOSTATIC CHALLENGE --- Pulse 2, Pulse 3, SBP 2 & DBP 2, and Pulse 4 as directed earlier in this Letter.

Ask yourself --- how else can you obtain so much valuable information on your patients with just a few minutes of inexpensive testing? Who else can come close to the speciality of service you offer your patients with NUTRI-SPEC Metabolic Balancing? You have dozens of patients who need Complex S or Complex P, and now, with a renewed commitment to accurate testing, plus a few simplifications of your QRG analysis, you will identify even those Sympathetic or Parasympathetic patients whose imbalance has been hidden behind other imbalances. When Complex S or P is indicated, those patients tend to be among the fastest to respond to NUTRI-SPEC, both in terms of objective findings and in how well they feel.

But the power of restoring Sympathetic-Parasympathetic Balance is realized only when you produce meaningful test results. --- So --- here is what to do. Call NUTRI-SPEC today and place an order (--- it does not matter how small). Ask for the revised Test Procedures and QRG. We will fax, email, or mail a copy to you, and, in appreciation for your solid commitment to the finest, most comprehensive system of objective testing, we will deduct $20 from the cost of your order. You will be shocked yet pleased with the complete over-haul of your testing routine, along with your new quicker-than-quick Quick Reference Guide analysis. --- More power; greater ease.

Call us today.

For success,

Guy R. Schenker, D.C.