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 22 Number 4

From:
Guy R. Schenker, D.C.
April, 2011

Dear Doctor,

STOP!

You put your patient on a Parasympathetic regimen based on his initial NUTRI-SPEC testing and now, on his first follow-up a few days later, he tests Sympathetic. Stop immediately. Recognize that your patient is under extreme ImmunoNeuroEndocrine stress. So, your most direct path to …

INCREASING ADAPTATIVE CAPACITY …

is to Facilitate ImmunoNeuroEndocrine balance by your patient …

Doing FINE.

Waste no more time pursuing Metabolic Balance. Focus instead on …

INCREASING VITAL RESERVES.

That means …

REPLENISH.

The literature shows clearly that INE stress is both cause and effect of zinc, copper, selenium, and magnesium depletion (irrespective of the roles these nutrients play in your NUTRI-SPEC FIVE FUNDAMENTAL

BALANCE SYSTEMS), and that calcium orotate has a protective effect on mitochondrial dysfunction resulting from INE stress.

How can you determine just what proportions of zinc, copper, selenium, and magnesium a particular patient needs? There is no way to gain this knowledge --- not even with an expensive and time-wasting lysed RBC mineral analysis. You see, in these …

VACILLATOR OSCILLATOR PATIENTS …

the intestinal absorption, renal loss, and intra-extracellular movement of these minerals varies from day-to-day depending on which component of INE stress is most activated.

The only effective means to replenish these patients is with super-physiological quantities of all these nutrients, supplied not only in their most bio-available forms, but also in physiological proportion to one another. Replenishment of these minerals, plus the cell-protecting effects of calcium orotate, can only be achieved by …

OXYGENIC B ---

3, 3 times daily after meals, for at least 10 days.

While replenishing your INE stress patients you must also …

CONTROL …

the vacillation of …

RAGING FIRE & WATER ---

the over-activation of both catecholamine and corticosteroid stress responses. You will bring the INE stress under control by employing Complex S and Complex P to achieve an effect exactly opposite that accomplished by your Diphasic Nutrition Plan.

In administering your DNP to patients of age 52+ you are concerned with autonomic failure --- the fading capability to respond when challenged. In contrast, when patients are Doing Fine, they must calm the storm of uncontrolled vacillating stress responses. So --- you give Complex S after breakfast and Complex P after the evening meal.

Control is further facilitated by giving your patients …

THE ONE-OF-A-KIND ADAPTOGEN ---

ELECTRO TONIC,

along with …

THE WORLD'S MOST COMPREHENSIVE ANTI-OXIDANT ---

OXY POWER.

Your only other consideration in getting your patients Doing Fine is that in patients who show any ANAEROBIC/DYSAEROBIC tendency you must use Oxy A+ or Oxy D+ to restore normal tissue pH and cell membrane permeability.

Doing Fine requires 10 days of intense focus. Your patients must be shown it is essential to demand that much commitment from themselves. After Doing Fine …

THE PATH TO METABOLIC BALANCE
WILL BE EASY TO FOLLOW.

Neuroimmunology and neuroendocrinology really came into their own in the last 2 decades, likely pushed into the forefront of medical research by Ronald Smith's, "macrophage theory of depression." The immunologist Smith may have been the first to demonstrate the clear connection between the immune system and the brain, and between the immune system and the endocrine system. Smith postulated the following cascade of inflammatory events that have been pretty well confirmed by subsequent research:

A stressor stimulates the immune system (macrophages in the body, and microglia in the brain) to proliferate and to release pro-inflammatory cytokines --- especially Interleukin-1, Interleukin-6, and Tumor Necrosis Factor-alpha. These pro-inflammatory cytokines are chemical messengers that activate the Hypothalamic-Pituitary-Adrenal axis, stimulating release of CRF by the hypothalamus, which is transported to the anterior pituitary, where CRF stimulates the release of ACTH, which in turn stimulates the adrenal cortex release of cortisol. The excess cortisol results in abnormal stimulation of certain brain centers, resulting in depression (or fatigue).

The excess cortisol can also, in some patients, result in increased stimulation of catecholamine release. The catecholamines are short-acting stress hormones, while the cortisol is a long-acting stress hormone. It is hypothesized that chronic release of excess cortisol

actually entrains certain brain pathways, and blocks the normal negative feedback of cortisol on the HPA axis, such that chronic cortisol production actually leads to continuing excess cortisol production.

Research has also shown that the hippocampus is the brain area most devastated by elevated cortisol. The hippocampus is the memory center of the brain and has the largest number of glucocorticoid receptors in the body. Chronic over-stimulation by cortisol serves as a slow-acting nerve toxin resulting in compromised function of hippocampal neurons, and eventual excitotoxic cellular suicide. Chronic stress actually causes shrinkage in size of the hippocampus. The result is learning and short-term memory deficit.

The problem with Smith's macrophage theory of depression is that it explains only a small percentage of depressed or fatigued patients. In NUTRI-SPEC terms, only your Anaerobic, Ketogenic, or Parasympathetic patients are likely to conform to his theory. The inadequacy of his theory is clearly evident when we consider the vast number of patients who are depressed or fatigued and who have not high, but low levels of cortisol and/or low levels of catecholamines.

The truth is, there are many types of depression and fatigue --- there is Anaerobic depression/fatigue, there is Dysaerobic depression/fatigue, there is Ketogenic depression/fatigue, there is Glucogenic depression/fatigue, there is Sympathetic depression/fatigue, and there is Parasympathetic depression/fatigue. Then, there are your vacillator oscillators …

YOUR DOUBLE TROUBLE PATIENTS ---

who have depression and/or fatigue and/or chronic pain associated with excesses of both a cortisol stress response and a catecholamine stress response. These patients will test Parasympathetic (cortisol stress) today, yet Sympathetic (catecholamine stress) a week later.

So, while the inflammatory cascade described by Smith has only limited clinical applicability, what Smith has done of great importance is to define the immune system as primary. In other words, whatever imbalances we see in a patient's hormonal system or in a patient's neurotransmitter system, most usually represent either adaptations to, or failure to adapt to, a stressor that is originally mediated through the immune system.

We NUTRI-SPEC practitioners can see the big picture in these terms:

The immune system is primary, the nervous system is secondary, and the hormonal system is tertiary. The immune system (Anaerobic/Dysaerobic Balance) is primary, the nervous system (Sympathetic/Parasympathetic Balance) is secondary, and the hormonal system is stressed and/or depleted by the immune system activation and by the autonomic neurological stress.

The immune system is primary, and represents either an exaggerated Anaerobic or Dysaerobic phase of the diphasic immune response, or, represents an inability to complete either the Anaerobic or the Dysaerobic phase of the diphasic immune response, in reaction to some environmental stressor. The neurological system is secondary and is stimulated by the primary immunological activation --- with either an exaggerated Sympathetic or Parasympathetic autonomic response, or, with a failure of either the Sympathetic or Parasympathetic system to respond adequately to stress demand.

Both the primary immunological Anaerobic/Dysaerobic Imbalance, and the secondary neurological Sympathetic/Parasympathetic Imbalance have tremendous influence on the Acid/Alkaline Balance of the 3 body fluid compartments. Then, both the direct effect of the Anaerobic/Dysaerobic stress response and the direct effect of the Sympathetic/Parasympathetic stress response, as well as the indirect effect of the Acid/Alkaline shifts, elicit a response from the tertiary endocrine system. Now, in this tertiary response, the hormonal activity can be excessive, or insufficient. ---------- Finally, it is seen that the neurological stress response feeds back into the immunological stress response, and the hormonal stress response feeds back into both the neurological and the immunological stress response, so that very often there is a non-physiological positive feedback loop created. These positive feedback loops are the essence of chronic disease.

Do you have any patients with chronic fatigue syndrome, with or without depression? We do not mean here merely fatigue, but totally devastating fatigue --- any such patients in your practice? Do you have any patients with fibromyalgia, with or without depression? We are not merely referring to patients who comment from time to time, “I hurt all over.” We mean patients who day after day experience life-altering neuromuscular (not joint related) chemically-mediated pain. Do you have any patients in your practice who experience both chronic fatigue and fibromyalgia with or without depression? Do you have any patients with multiple chemical sensitivities, with or without fibromyalgia and/or chronic fatigue, and/or depression? Do you have any patients with post traumatic stress syndrome, with or without multiple chemical sensitivities and/or fibromyalgia and/or chronic fatigue, and/or depression?

YES, YOU HAVE SUCH PATIENTS, AND ...

... YOU WOULD DO ANYTHING TO BE ABLE TO HELP THEM.

With NUTRI-SPEC, you are already doing more for these people than anyone else can even dream of doing. But over the next few issues of this Letter, you are going to learn how to help these people twice as fast and even more permanently, by addressing the specific causes of ...

THEIR INE STRESS PATTERN.

You will learn that the INE stress patterns for chronic fatigue syndrome, fibromyalgia, depression, multiple chemical sensitivities, and post traumatic stress disorder are all very, very similar, and yet are just different enough to create an entirely different symptom picture. You will learn exactly which combinations of NUTRI-SPEC Fundamental Imbalances are involved with each, and how you can further increase your specificity in correcting the underlying causes of these major Metabolic Imbalances.

We began last month and followed through this month with a look at our vacillator oscillator patients and how a nutrition regimen we call "Doing FINE" must take temporary priority over striving for Metabolic Balance. Begin immediately Doing FINE for your patients who need it. You will be amazed at how you can calm the storm, and when the clouds part, the patient will not only have already achieved a high level of well being, but the path to Metabolic Balance will be short and clearly in view.

Remember, Doing FINE requires a 10-day high intensity commitment from your patient. The 3 dietary rules must be strictly followed so that throughout the 10 days glycemic control is maintained, and Prostaglandin Imbalance is not exacerbated. Glycemic control assures minimal dysinsulinism as well as no glycemic trigger to either a cortisol or a catecholamine stress response. Meanwhile, the step toward Prostaglandin Balance will minimize the associated immune system release of inflammatory cytokines.

REPLENISHMENT will be achieved with 10 days of OXY B, 3, 3 X, A. CONTROL will be achieved by COMPLEX S, 3 after breakfast, COMPLEX P, 3 after the evening meal, OXY POWER, 2, 3X, A, and ELECTRO TONIC, 1 tablespoon in water (with or without 1/8 tsp. salt), 2 X, B.

When patients Doing FINE come back for their follow-up NUTRI-SPEC testing sometime between the 11th and 15th day, you will often be surprised at their improved vital reserves, and quite pleased at the clarity of their NUTRI-SPEC test patterns.