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 6

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

Dear Doctor,

The answer is,

**"YES, THAT WILL BE PERFECT
FOR MANY OF YOUR PATIENTS."**

You, like many NUTRI-SPEC practitioners, may have a substantial number of patients on your Diphasic Nutrition Plan because all the drugs they take make their Metabolic Imbalances indiscernible.

Or, you may be one of many doctors who do not do testing of the 5 Metabolic Balance Systems at all, relying entirely on your Diphasic Nutrition Plan as an extraordinary and comprehensive means to increase your patients' Vital Reserves.

The question is,

**"IF I AM NOT DOING NUTRI-SPEC TESTING
ON A PATIENT, CAN I USE THE NEW
DOING FINE PROCEDURE
IN CONJUNCTION WITH MY DIPHASIC NUTRITION PLAN?"**

Not only is the answer an emphatic yes --- in this Letter you will learn exactly how to integrate Doing FINE with your DNP. And for patients on whom you are doing NUTRI-SPEC testing, you will learn a powerful follow-up to Doing FINE as you transition back into Metabolic Balancing.

Before we get into the nuts and bolts of making your Doing FINE procedure as empowering as possible for your patients --- let us refocus on this concept of immunoneuroendocrine stress --- INE stress.

In response to stress, the immune system is mobilized, macrophages (in the body) and microglia (in the brain) are activated, and copious amounts of pro-inflammatory cytokines are released --- resulting in inflammation (in the body) and neuro-inflammation (in the brain). Along with the immune response to stress, there is the endocrine stress response involving ACTH and cortisol. The literature makes repeated associations between stress, depression or fatigue, inflammation, and elevated levels of cortisol.

The stress response may involve excess release of corticosteroids, resulting in up-regulation of the body's most powerful anti-inflammatory hormone --- cortisol. These immunological and hormonal responses to stress are adaptative in nature, yet under many circumstances the adaptation is exaggerated in intensity or duration. At that point, the excess inflammatory reaction, along with the excess cortisol, results in depression and/or fatigue.

Paradoxically, depression and fatigue can also be correlated with decreased, rather than excess, levels of cortisol. These cases of inflammation-associated depression or fatigue can be related to the inability to produce sufficient cortisol, or to the exhaustion of the cortisol stress response. This low cortisol adaptative response is typical of Dysaerobic, Glucogenic, and Sympathetic patients. The elevated cortisol stress response is typical of Anaerobic, Ketogenic, and Parasympathetic Imbalances. So --- in Anaerobic, Ketogenic, and Parasympathetic patients, cortisol can justifiably be considered a "stress" hormone. However, in Dysaerobic, Glucogenic, and Sympathetic types, cortisol would be more properly considered an "anti-stress" hormone.

The relationship between depression, fatigue, and stress, and the immune system, is just as dualistic as that involving cortisol. Stress and depression are associated both with immune suppression (in the form of decreased neutrophils, phagocytosis, and natural killer cell activity), and, with immune over-stimulation (in the form of elevated levels of macrophages, of pro-inflammatory cytokines, and of acute phase proteins). NUTRI-SPEC does a pretty good job of dealing with this dualistic response to stress of the body's immune system --- both suppression and over-stimulation.

In addition to the immunological and endocrine responses to stress, there is the neurotransmitter response --- particularly that involving catecholamines. There is stress and depression associated with increased levels of catecholamines, and also stress and depression associated with decreased catecholamines. The exaggerated catecholamine stress response is typical of patients who are Dysaerobic, Glucogenic, and Sympathetic, while the deficient capacity to respond to stress with catecholamines is typical of those who are Anaerobic, Ketogenic, and Parasympathetic.

Does a deficient catecholamine release represent a fundamental inability of a patient to adequately respond to stress, or does it represent a fatigue or

failure of an exhausted stress response? In other words, if a patient who is suffering from stress or depression, tests as Parasympathetic, does that mean that the patient is innately Parasympathetic in metabolic type, or, is that patient a victim of Sympathetic overreaction and subsequent exhaustion?

What NUTRI-SPEC gives you is the perfect means to employ Hans Selye's 1936 adaptation to stress model. Metabolic Imbalances you find in your patients are all manifestations of either the alarm stage of acute stress response, the resistant stage, or the exhaustion stage. The Parasympathetic patient can be in different stages of adaptative response in the immune system, the endocrine system, or the neurotransmitter system. Clinically speaking, it does not matter since…

THE ANSWER IN ANY CASE IS TO CORRECT THE PARASYMPATHETIC METABOLIC IMBALANCE.

The immune reaction distress, the hormonal reaction distress, and the neurotransmitter reaction distress are all masterminded and orchestrated by the hypothalamus. This multi-directionality of hypothalamic influence is possible because the cells of all 3 regulatory systems have receptor sites on their membranes enabling their activity to be modified by immune mediators (cytokines), by endocrine mediators (hormones and releasing factors), and by neural mediators (neurotransmitters). The 3 regulatory systems are interdependent --- anything that influences the immune system has effects on the hormonal and neurotransmitter systems; anything that effects the hormonal system has immunological and neurotransmitter ramifications; anything that influences neurotransmitters will elicit a response in both the immune system and the hormonal system.

Particularly disruptive to homeostasis is the impact of chronic and cumulative stress. When stress is unrelenting and overwhelming, there are almost infinite possibilities of patient responses. For example, the Th1 component of the immune system may be over-reactive while the Th2 system is under-reactive. At the same time, cortisol may be insufficiently produced to give the desired anti-inflammatory effects. At the same time, the patient may be producing excess dopamine, norepinephrine, and epinephrine in the brain, but insufficient serotonin. I do not know of any other objective approach to health evaluation that comes close to NUTRI-SPEC in being able to sort through the unlimited possible stress responses our patients present to us.

But NUTRI-SPEC does even more than evaluate a person's state of imbalance in response to stress. NUTRI-SPEC can in many cases pinpoint the cause of the stress reaction:

- Suppose, for example, a patient has an immunoglobulin E or eosinophilic allergic trigger to the stress response. This patient will test Anaerobic and/or Parasympathetic.

- Another patient has insulin resistance as the primary source of metabolic stress. The patient will test Ketogenic, Parasympathetic, or Anaerobic.

- If a patient has hypoglycemia as his overwhelming source of biochemical insult, he will test as Glucogenic, Parasympathetic, or Dysaerobic.

- If your patient has depression as the overriding clinical entity, then he is almost certainly either Anaerobic, Ketogenic, or Parasympathetic.

- If, on the other hand, anxiety is driving this person's life, then there is likely to be a Dysaerobic, Glucogenic, or Sympathetic Imbalance.

- If the patient is manic-depressive/bipolar, then the extreme emotional swings are not primary, but secondary to a primary imbalance in the immune system, the endocrine system, or the neurotransmitter system, that will show up clearly as one or more NUTRI-SPEC Metabolic Imbalances.

So --- NUTRI-SPEC not only supplies good --- in the form of very specific nutrient and diet recommendations, but also directs you in ridding the system of that which is bad --- the primary stress factors pushing the patient (and his hypothalamus) past his elastic limit.

Our emphasis in the last 2 month's Letters has been on those patients who put up a dualistic stress response. These we have dubbed as our "vacillator oscillators" who mount both a catecholamine and a corticosteroid defense when challenged by emotional/toxic/nutrition stressors. Instead of being helplessly, hopelessly stuck in a deep rut associated with either a catecholamine (Sympathetic/Dysaerobic/Glucogenic) stress response or a corticosteroid (Parasympathetic/Anaerobic/Ketogenic) stress response --- your patient is hopelessly, helplessly bouncing off the walls with a dualistic INE stress pattern. While for most of your NUTRI-SPEC patients your concern is to dig them out of their deep hole, for these patients you must calm the raging storm.

We have promised you that if you can get your patients to commit to …

10 DAYS OF INTENSE FOCUS …

Doing FINE will make the path to Metabolic Balance easy to follow. In other words, after 10 days of commitment to the diet and supplements of Doing FINE, a NUTRI-SPEC follow-up test somewhere in days 11-15 will show clearly

what direction you must follow with this patient. But there is something very special you can do for your patients as a follow-up to Doing FINE. --- Supplement for 30 days with 2 extraordinary amino acids ---

TAURINE AND GLUTAMINE.

We have written many, many pages on the incredible and diverse benefits of both these amino acids. But we have not said nearly enough about the protective actions of these amino acids on the immune system and the brain --- particularly the hypothalamus and the hippocampus.

Consider that Taurine is one of the most powerful protectors against excitotoxic brain cell destruction in the hippocampus. Taurine protects against neuronal injury by preventing glutamate-induced elevation of intracellular free calcium. Taurine also protects the CNS from ammonia toxicity. Taurine also inhibits NMDA receptor-mediated nitric oxide synthesis, which protects against free radicals and extracellular accumulation of cyclic GMP arising from nitric oxide synthesis. Taurine also protects the CNS against nitric oxide-induced hydroxyl free radicals. Taurine is a glycine receptor agonist, thus having a neuroprotective role in osmoregulation. The pituitary neuronal lobe is rich in taurine, which is essential for body fluid homeostasis.

Glutamine can be thought of as the great anti-catabolic protector. It also protects against all forms of acidosis. Most particularly as regards INE stress, glutamine has a specific effect on the normalization of the 70% of the immune system found in the GI mucosa. (That is not a misprint --- we will be having much, much more to say in future Letters regarding the intimate relationship between immune system reactivity and the gut.)

So --- here you are with a patient approximately 15 days after beginning and 5 days after ending the Doing FINE procedure. Upon testing, the patient may show a Sympathetic Imbalance or a Parasympathetic Imbalance or neither. In any and all cases, you will have the patient go through 1 bottle (a 30 day supply) of taurine and glutamine 2, 2 times daily before meals. (It is essential that you supplement with both, since they balance each other in terms of anabolic/catabolic activity.) If the patient tests Sympathetic, you will have the patient take 2 Complex S after breakfast and treat whatever other NUTRI-SPEC Imbalances show up. If the patient tests Parasympathetic, you will have the patient take 2 Complex P after the evening meal and treat whatever other NUTRI-SPEC Imbalances show on today's testing. Schedule the next follow-up testing in 4 weeks.

Every one of your patients on whom you are not doing NUTRI-SPEC Metabolic Testing, you will, of course, put on your Diphasic Nutrition Plan. Nothing will improve those patients' Vital Reserves, and ultimately their Adaptative Capacity like your DNP. But in those patients who are about to

embark on the DNP who have fibromyalgia or chronic fatigue syndrome or depression or multiple chemical sensitivities or post traumatic stress disorder --- you have a perfect candidate for the Doing FINE procedure --- as a prelude to the Diphasic Nutrition Plan.

Here is how to proceed: Give the patient all the supplements for both the Diphasic Nutrition Plan and for the Doing FINE procedure. **[Oxy Power (2 bottles), Go Power, Oxy B, Electro Tonic, Complex S, Complex P, Oxy A+ &/or Oxy D+, Taurine, Glutamine]** The 10 day intensive Doing FINE procedure will be done first. Beginning on Day 11, the patient will switch all the Oxy Power/Diphasic PM to after the evening meal, and add Go Power/Diphasic AM, as well as begin the Master Blaster with Oxy A+ and/or Oxy D+, and add the Taurine and Glutamine. (Note --- the patient will have taken no Oxy A+ or D+ during the 10 days of Doing FINE.) Patients who are age 52+ will also begin the Complex S and Complex P as per the DNP (which involves switching the timing from the Doing FINE procedure). Patients who are younger than 52 will stop the Complex S and Complex P completely until their next visit to your office.

The patient returns to your office 4 weeks after the start of Doing FINE, which is 20 days after the start of the Diphasic Nutrition Plan. If the patient is age 52+, there is generally little to do at this office visit. If the patient is feeling well, continue the DNP indefinitely, having him finish his 1 bottle of taurine and glutamine. If, however, the patient still has distressing symptoms, then switch the timing of the Complex S and Complex P back to the Doing FINE procedure, and go through a second bottle of taurine and glutamine.

If this patient is younger than 52, then you must determine what, if any, Complex S and Complex P supplementation is still needed. Even though you are not doing NUTRI-SPEC testing on these patients, there are 3 simple tests you must do to determine their continuing need. Do the Pulse a, the Respiratory Rate, and Pulse 1. To get Pa, have the patient sit on the exam table and count the heart rate for 15 seconds and multiply by 4. Have the patient lie down and take the Respiratory Rate for 30 seconds and multiply by 2. Then, with the patient still lying down, get P1 by counting the heart rate again for 15 seconds and multiplying by 4. These 3 numbers, Pa, RR, and P1 will tell you everything you need to know.

If P1 is less than Pa and RR is 18+, then give the patient 3 Complex P and 2 Complex S. If P1 is less than Pa and RR is 17-, then give 3 Complex P and 1 Complex S. If P1 is greater than Pa and RR = 18+, then give 3 Complex S and 1 Complex P. If P1 is greater than Pa and RR = 17-, then give 2 Complex S and 1 Complex P. If P1 = Pa and RR = 18+, then give 2 Complex P and 2 Complex S. If P1 = Pa and RR = 17-, then give 1 Complex P and 1 Complex S.

Simple. Comprehensive. Powerful.