

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

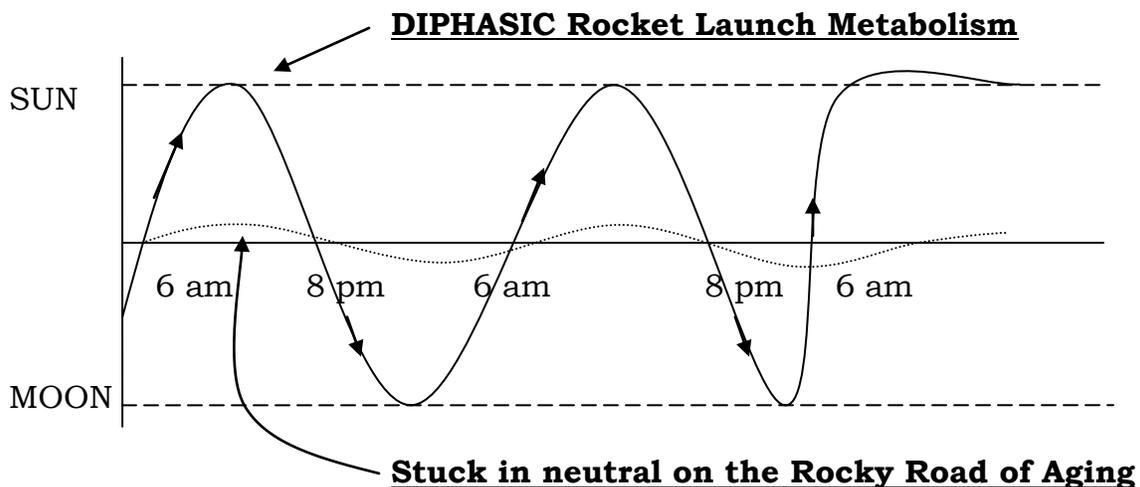
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From:
Guy R. Schenker, D.C.
June, 2012

Dear Doctor,

Are your feet dragging, or is there a “bounce” in your step? Are you sinking a little deeper into the aging quagmire each day, or do you blast off like a rocket to the sun every morning, then blast off with equal thrust to the moon every evening? ----- What about your patients? Do they demonstrate youthful Vital Reserves with a high-amplitude DIPHASIC diurnal metabolic cycle, or, are they bumping along on the Rocky Road of aging --- suffering the symptoms of dis-ease with every bump?

We have always graphically depicted the DIPHASIC CYCLE as you see below. There is a diurnal flow to metabolism such that between 5 and 6 a.m. energetic and anti-anabolic forces are activated, then there is a reversal of metabolic activity into restorative and anti-catabolic forces in the evening.



The graph on page 1 shows 2 curves, contrasting ...

**A HIGH AMPLITUDE, HIGH VITALITY,
YOUTHFUL DIPHASIC CYCLE ...**

with ...

**THE NEARLY FLAT CURVE REPRESENTING
THE LOSS OF VITAL RESERVES ...**

as we traverse the Rocky Road of Aging. With age, the thrusts powering your A.M. Rocket Launch and your P.M. Rocket Launch begin to weaken. --- Disease symptoms? Not necessarily, not yet. Dis-Ease symptoms? Yes, absolutely. ---

- fatigue
- drooping skin tone
- occasional headaches for no apparent reason
- puffy circles under the eyes
- lingering aches and pains
- recurring bouts of depression or anxiety
- somnolence by day but insomnia at night
- weight gain in all the most unflattering places

What has gone wrong? --- Your only problem is that you have passed the age of 32, while living in a world dominated by anti-vital forces.

YOU ARE “OVER THE HILL.”

In other words, you are losing amplitude in the diurnal swings of your DIPHASIC CYCLE. If you are relatively healthy, at age 32 the “hill” you are “over” is not yet steep. You cruise along the plateau you reached at age 28 with an almost imperceptible decline in vitality. But by age 36, the fading of your youth is undeniable. ---

YOU ARE OVERDUE TO BEGIN YOUR DIPHASIC NUTRITION PLAN.

If you are not healthy, you peaked before age 28, and the “hill” you are “over” at age 32 feels like a cliff --- as you cling desperately to the precipice by the failing grasp of your fingertips. ---

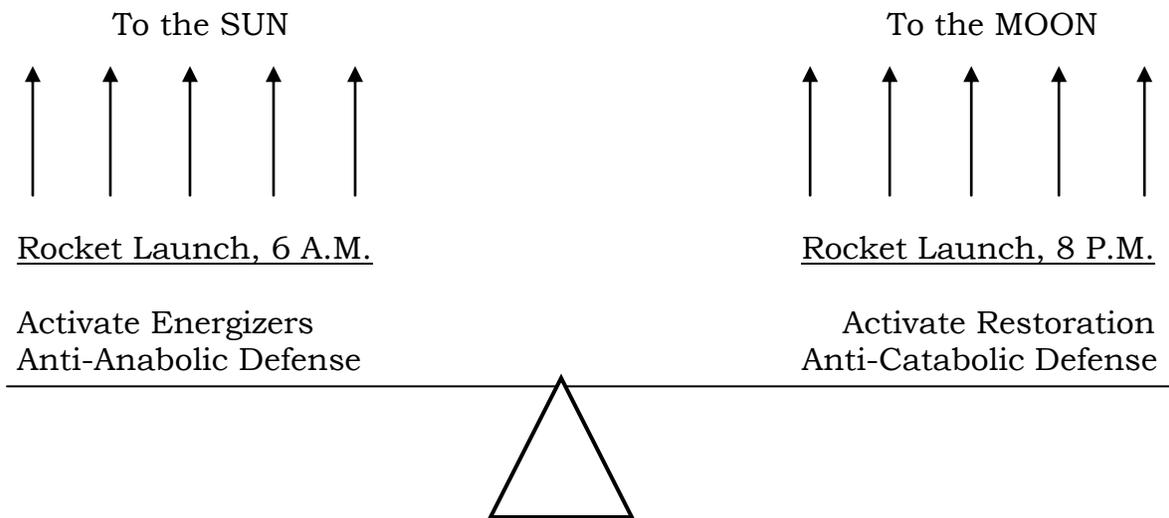
YOU EITHER START YOUR DNP NOW, OR, LOOK OUT BELOW !!!

We cannot avoid cresting that hill. But life after age 32 can be a smooth and gratifying --- even exhilarating --- toboggan ride down the slope --- completely avoiding that painfully bumpy Rocky Road of Aging.

The adaptogens of your DNP are the key to keeping yourself, your family, and your patients living stronger longer.

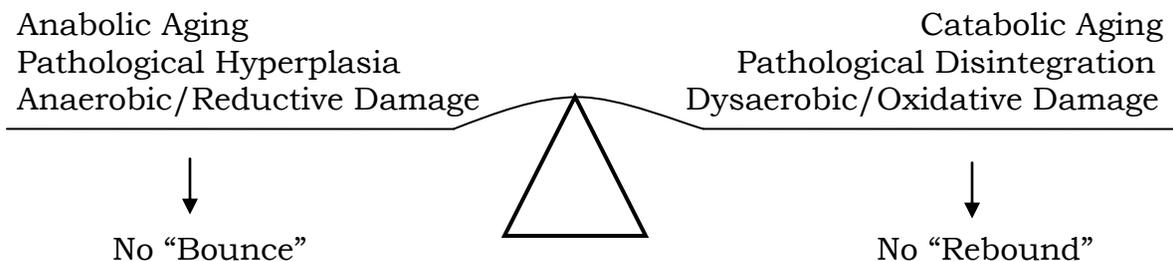
Here is another way to picture your DIPHASIC METABOLIC CYCLE: Imagine 2 energetic children playing on a seesaw. As one child powers himself toward the sky, the other is passively quiescent. But when the first child's thrust has carried him to his physiological limit, he shifts into neutral as the second child musters all available Vital Reserves for his most powerful push. Thoroughly examine this "seesaw":

DIPHASIC "Rocket Launch" System:



But, UH-OH! --- Look below at what happens as you age. The seesaw itself begins to wilt, unable to hold the weight of the 2 no longer playful children, even as their strength fades away.

Insidious failure of the Diphasic Cycle with age:



What do you do for your patients who are losing their “bounce?” You do not offer “treatments” for fatigue, drooping eyes, blue moods, weight gain, and all the other bumps along the Rocky Road of Aging. No, you address the primary causes of aging --- the failures of Anti-Anabolic Defense and of Anti-Catabolic Defense. If you examine each rock on the bumpy road, you will find it to be the product of Anaerobic/Reductive Damage resulting in Pathological Hyperplasia, or, of Dysaerobic/Oxidative Damage resulting in Pathological Disintegration.

PATHOLOGICAL HYPERPLASIA
and
PATHOLOGICAL DISINTEGRATION

--- What exactly do we mean by these terms within the context of your Diphasic Nutrition Plan?

By Pathological Hyperplasia we mean the anabolic component of disease; by Pathological Disintegration we mean the catabolic aspect of disease. Here are some examples to illustrate.

Fibrosis is a major cause of chronic disease and, ultimately, death. In fact, fibrosis is a causative factor in almost every chronic pathology of aging. As we age, the deposition of collagen (fibrous tissue) increases, and as a result, tissue flexibility and intercellular flexibility is lost. This deposition of fibrous tissue is a “building up” or anabolic process --- Pathological Hyperplasia. This fibrotic aspect of aging is accompanied by the typical “muscle stiffness” or “joint stiffness” that we associate with the lack of mobility in geriatric patients, but what is more critical here is actually Pathological Hyperplasia at the tissue and cellular level.

Nearly every kind of organ pathology involves fibrosis to some degree. A fibrotic heart is much more susceptible to myocardial infarct. Fibrosis is also what happens in arteriosclerosis that leads to cardiovascular disease, and increases the risk of both heart attacks and strokes. Fibrotic infiltration is also associated with all types of degenerative arthritis. Truly, excess collagen deposition occurs in nearly every kind of organ failure. You, your family, and ...

**ALL YOUR PATIENTS MUST BE PROTECTED AGAINST THE
PATHOLOGICAL HYPERPLASIA RESULTING FROM ACCELERATED
COLLAGEN DEPOSITION.**

Calcium deposition is another example of Pathological Hyperplasia. Everything from heel spurs to arthritic deposits in the joints to calcification of discs in the spine to calcium deposition in the arteries is a process of Pathological Hyperplasia. Funny, isn't it, how hardening of

the arteries used to be called “arteriosclerosis” --- indicating a hardening of arteries associated with pathological deposition of calcium in the arterial intima. As the anti-cholesterol myth began to generate billions in profits, the name of the condition was changed to “atherosclerosis” to emphasize the presence of fatty deposits in the arteries of cardiovascular disease patients.

Yet quantitatively and functionally, the presence of sterol fats in the arteries is less significant than the presence of calcium. But do you hear the “authorities” recommending that we cut our calcium intake to decrease cardiovascular disease? Do they sell us billions of dollars worth of drugs to decrease calcium levels in our blood? The truth is that both the deposition of calcium and the deposition of sterol fats on the lining of arteries involves Pathological Hyperplasia --- anabolism out of control. Again, you must protect yourself, your family, and your patients from Pathological Hyperplasia associated with calcium deposits.

Consider now the opposite of Pathological Hyperplasia --- Pathological Disintegration. Processes involving excess catabolism largely destroy tissues via oxidative free radical damage. The brain damage typical of Alzheimer’s and other forms of senile dementia is a perfect example of Pathological Disintegration. The tissues lose their cell-to-cell membrane integrity, thus losing vitality, and dying of “old age” long before their time.

Age spots are another perfect example of Pathological Disintegration resulting from oxidative free radical damage. You should also remember that the number of age spots is directly proportional to the number of “spots” on the brain where there is breakdown of lipofuscin. Rheumatoid arthritis gives us perhaps the most graphic example of tissue disintegration associated with excess catabolism. To preserve youthful vitality, you, your family, and your patients must be protected from Pathological Disintegration resulting from oxidative free radical damage.

Inflammation is an even bigger problem than fibrosis. Inflammation simply means that ...

**ONE OR MORE COMPONENTS OF THE IMMUNE SYSTEM IS
OVER-ACTIVATED.**

Those over-activated immune processes can trigger both Pathological Hyperplasia and Pathological Disintegration. Inflammation is a perfect example of ...

A DESTRUCTIVE POSITIVE FEEDBACK LOOP.

In other words, inflammation initiates Pathological Hyperplasia and/or Pathological Disintegration, and the resulting anabolic and catabolic pathologies serve as stimuli for more inflammatory immune activation. The only way to break the vicious cycle is with the adaptogens of your DNP that protect against both Pathological Hyperplasia and Pathological Disintegration.

Interestingly, most diseases are actually a combination of both Pathological Hyperplasia and Pathological Disintegration. For example, look again at cardiovascular disease. While the deposition of calcium and fats on the lining of the arteries constitutes Pathological Hyperplasia, that process is triggered by catabolic free radical oxidative damage to the normal sterol fats (particularly LDLs) in the vascular tissue. In other words, Pathological Disintegration initiates tissue breakdown, in response to which the body activates Pathological Hyperplasia.

Another example of a disease involving a combination of Pathological Disintegration followed by Pathological Hyperplasia is Alzheimer's disease. Oxidative free radical damage causes the catabolic disintegration of brain proteins. But the anabolic response to that Pathological Disintegration involves the formation and deposition of Beta-Amyloid proteins. This secondary Pathological Hyperplasia as a reaction to the initial oxidative damage is the pathognomonic sign of Alzheimer's.

If your brain cells have been penetrated by even slightly more NUTRI-SPEC philosophy than Beta-Amyloid --- you realize that the "cure," or at least the prevention, of Alzheimer's is identical to the prevention of cardiovascular disease. You must minimize Pathological Hyperplasia and Pathological Disintegration by empowering both anti-Anabolic and anti-Catabolic Defenses. --- And --- the only way to provide yourself and your patients with the Vital Reserves needed for such powerful defenses is with the unique combination of adaptogens in your DNP.

LIVE STRONGER LONGER ...

with your DIPHASIC NUTRITION PLAN --- your ...

DIPHASIC LONGEVITY PLAN.

--- For any support you need getting up to speed in empowering a high volume of patients with your DNP, call the knowledgeable and always helpful NUTRI-SPEC staff today.