

# NUTRI-SPEC



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 23 Number 11**

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

Dear Doctor,

**This is exciting ...**

**This is stimulating ...**

**This is thought-provoking.**

In this Letter you will learn how to use your Complex S and Complex P to empower patients in ways you have never imagined. You will understand thoroughly for the first time that the Sympathetic/Parasympathetic Fundamental Balance System is the key to maximizing ADAPTATIVE CAPACITY at the organic and systemic levels of biological organization.

What is your chronological age?

What is your biological age?

What is the probability you will be among the 50% who die of cardiovascular disease?

What is the probability you will be among the 33% who suffer the anguish of cancer in your lifetime?

What is the probability you will be among the 22% who will be devastated by Alzheimer's?

What is the probability you will be among the 68% who suffer the physical, mental, and emotional consequences of obesity?

Several months ago these Letters began highlighting the concept of biological age vs. chronological age. ----- All your patients under age 33 are sowing the seeds of the own destruction. Sadly, you have teenage patients who are already suffering from insulin resistance. You have 25-

year-old patients who have already reached biological age 35. With NUTRI-SPEC you can preserve youth, while preventing the chronic diseases of aging that all too often trace their origins to childhood.

All your patients age 33-53 are “over-the-hill” and desperately need you to put the brakes on their downhill acceleration. These patients should be in the most productive period of their lives, and only by serving them with your complete NUTRI-SPEC package can you guarantee they will maximize their potential --- while living happy, healthy, productive lives.

All your patients age 53+ are --- physiologically speaking --- slowly dying. --- But --- in serving them with NUTRI-SPEC, you can assure them years of high-vitality living. Truly, your 65-year-olds can look and feel as 55-year-olds, and your 75-year-olds can look and feel as 65-year-olds.

In last month’s Letter we introduced the idea of drastically reducing the probability of getting disease. Neither you nor your patients need to passively accept the statistical averages for the nasty killers such as cardiovascular disease, cancer, Alzheimer’s, and obesity. You need not fearfully hope these diseases do not “attack” you. With your comprehensive NUTRI-SPEC package of metabolic balancers and adaptogens, you can radically swing the odds in your favor.

You are about to expand your understanding of Sympathetic/Parasympathetic balance, and how that balance system (as well as its specific supplements, Complex S and Complex P) is critical to the vast majority of your patients --- from teens to geriatrics --- if you are to assure they will live stronger longer. Read on --- to gain your first complete understanding of Sympathetic/Parasympathetic balance, and, to learn of the unique and amazing improvements recently made in your Complex S and Complex P ...

Reducing biological age vs. chronological age, and drastically reducing the probability of getting disease --- these are your goals. Your metabolically powerful Complex S and Complex P are in so many cases the key to preserving youthful Vital Reserves. These amazing supplements are also absolutely essential when used as part of your Diphasic Nutrition Plan or your Doing FINE procedure since they are so effective at reducing the out-of-control ImmunoNeuroEndocrine stress in your most severely ill patients.

What do I mean by “metabolically powerful?” Pick up a bottle of Complex P and Complex S, or go to your NUTRI-SPEC website to check out the list of ingredients. We have not had the opportunity in these

Letters to keep you continuously apprised of all the magnificent improvements recently made in these products. For example --- in Complex S:

A) You now have a significant amount of magnesium orotate along with the magnesium aspartate and magnesium citrate. --- Complex S is now by far the most comprehensive magnesium supplement available anywhere. How critical is magnesium supplementation to living stronger longer? Consider first that magnesium is probably our most difficult nutrient to obtain --- even from an ideal Eat Well – Be Well eating plan. The reason? Magnesium is very poorly absorbed from our foods, and we must therefore obtain most of our magnesium from drinking water high in total dissolved solids. For the overwhelming majority of your patients, adequate magnesium intake is out of the question. Supplementing with Activator is a big help, but also consider ...

1. Magnesium deficiency has been clearly identified as an independent risk factor for ischemic heart disease.
2. Repletion of magnesium can correct hypokalemia. This repletion is particularly essential to those patients taking medications such as diuretics or proton pump inhibitors that deplete their potassium (as well as their magnesium).
3. Magnesium supplementation reduces both ventricular and supra-ventricular arrhythmias.
4. Magnesium is a calcium antagonist --- thus reversing the sympathetic (excess catecholamine) component of cardiovascular disease, and providing the same effect naturally that the dangerous calcium channel blockers are designed to provide pharmacologically.
5. Magnesium is a vasodilator for the coronary arteries and for the peripheral systemic arteries. Magnesium reduces catecholamine secretion, the sympathetic component of vasoconstriction.
6. Magnesium inhibits platelet aggregation; it decreases platelet deposition and microthrombi formation.
7. Magnesium reduces the synthesis and release of thromboxane A<sub>2</sub>, a cyclooxygenase bioproduct, as well as 12-HETE, a lipoxygenase product --- both primary risk factors for cardiovascular disease.
8. Magnesium increases prostacyclin synthesis, and is thus anti-inflammatory.

9. Magnesium increases high-density lipoprotein (HDL cholesterol) levels.
10. Magnesium clears excess lipids, both cholesterol and triglycerides.
11. Magnesium is essential for proper myocardial contraction.

B) Betaine --- indisputably the best of all methyl donors --- has been added for all its anti-Sympathetic metabolic effects including:

- controlling triglycerides and reversing fatty liver
- decreasing excess fatty acid oxidation
- increasing SAME in the liver
- its powerful cholagogue effect on the gall bladder
- decreasing ammonia toxicity to the brain
- decreasing elevated homocysteine (one of the primary indicators of cardiovascular disease risk)

C) Propionyl-L-carnitine has been added for its unique effects, including:

- decreasing atherosclerosis
- decreasing free radical damage to the vasculature
- increasing fibrinolytic activity in the endothelium of the vasculature
- its anti-inflammatory effects, particularly in vascular disease
- its ability to decrease edema
- its beneficial effects in chronic fatigue syndrome
- its protective effects on the brain from neurodegenerative diseases

Yes, Complex S is a unique and special supplement. --- Nothing you can find anywhere will reduce catecholamine stress as effectively. And what about the recent improvements in Complex P? You now give your patients these added benefits:

A) Calcium orotate has been added to the calcium aspartate and calcium glycerophosphate, making Complex P the most comprehensive calcium supplement anywhere. Not only are orotates the most effective delivery system to assure assimilation of calcium, magnesium, and potassium at the cellular level, but there is some evidence that calcium orotate has a protective effect on the mitochondrial dysfunction resulting from INE stress.

B) A diverse group of biologically active flavonoids has been added --- including quercetin, hesperidin, and rutin. --- In the next few

months, we will devote almost an entire NUTRI-SPEC Letter to the protective benefits of these flavonoids.

Now, here is what you may not have stopped to realize. Your Complex P and Complex S have such diverse applicability that to be an effective NUTRI-SPEC practitioner you will use them at some point for nearly all your patients. For whom do you use Complex P and Complex S? Think about it ---

Among your Category A patients (--- those who are, by virtue of being free of both drugs and severe INE stress, ideal subjects for NUTRI-SPEC testing and Metabolic Balancing) you will find a substantial percentage of patients who test either Sympathetic or Parasympathetic at one or more stages of life, and will thus need either Complex P or Complex S.

For your Category B patients (--- those who prove upon your initial attempt at Metabolic Balancing to be vacillator-oscillators) you will switch immediately to the Doing FINE procedure, of which Complex S and Complex P are foundational components.

Categories C and E are your groups of patients who, usually because of prescription drug use (iatrogenic abuse) are not reasonable candidates for NUTRI-SPEC Metabolic testing. These patients will go directly into the Diphasic Nutrition Plan which, for all patients age 53+ includes Complex P and Complex S.

Finally, your patients in Categories D and F are those with such severe INE stress that your only reasonable approach is to begin with Doing FINE, relying on Complex P and Complex S to calm the metabolic storm. After Doing FINE, these patients will transition into the Diphasic Nutrition Plan. Their Diphasic Nutrition Plan will include Complex S and Complex P if they are age 53+, and, it may include Complex P or Complex S if they fall into various pathological patterns such as asthma or Type I diabetes. Some of these patients will eventually be able to move temporarily out of their DNP and into Metabolic Balancing, and that stage of health restoration may also include the use of Complex P or Complex S.

What you are learning here is that Sympathetic/Parasympathetic balance is the primary Fundamental Metabolic Balance used in human physiology ...

**TO MAINTAIN HOMEOSTASIS AT THE ORGANIC AND SYSTEMIC LEVELS OF BIOLOGICAL ORGANIZATION.**

[Pertinent Side Note: --- Your NUTRI-SPEC Anaerobic/Dysaerobic Fundamental Balance System is the key to Adaptative Capacity at the tissue and cellular levels.]

It is truly fascinating to consider the double-duty performed by your Sympathetic/Parasympathetic Balance System. Your patients use the Parasympathetic and Sympathetic forces as primary metabolic activators at various stages of their lives. But you must also appreciate the essential role of Sympathetic and Parasympathetic activity in protecting against anabolic and catabolic stress (pathological hyperplasia and pathological disintegration).

Here is a list of the 10 possible combinations of Sympathetic and Parasympathetic reactivity you will find in your patients:

- High Parasympathetic + High Sympathetic
- High Parasympathetic + Low Sympathetic
- High Parasympathetic + High Cortisol
- High Parasympathetic + Low Cortisol
- High Sympathetic + Low Parasympathetic
- High Sympathetic + High Cortisol
- High Sympathetic + Low Cortisol
- Parasympathetic Failure exceeds Sympathetic Failure
- Sympathetic Failure exceeds Parasympathetic Failure
- Parasympathetic & Sympathetic Failure of equal degree

In next month's Letter you will learn in detail how each of these Sympathetic/Parasympathetic Imbalances manifests clinically, and how that understanding will give you the power to help your countless patients who suffer from autonomic dysfunction. In preparation for that Letter, do this ----> For each of the 10 Sympathetic/Parasympathetic Imbalances listed above, see if you can name one of your patients who manifests that combination of dysfunctional autonomic reactivities. Doing so will be an extraordinarily effective learning exercise for you; go ahead --- see if you can come up with a name to match each of the 10 combinations.

Additional Note: To thoroughly understand the ramifications of Sympathetic/Parasympathetic Imbalances, there is a book you simply must read yourself --- and --- that you must distribute to your patients. *EDIBOLIC STRESS --- How the Lies You Are Being Fed Are Making You Sick!*, by Michael E. Rothman, M.D. will be thoroughly reviewed in next month's Letter, but waste no time --- GET IT!!!