

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

This is fun.

--- And simple.

Using Complex S and Complex P even surpasses the use of Oxy A+ and Oxy D+ as the most dramatic (and quick) means to ...

STRIKINGLY EMPOWER YOUR PATIENTS.

--- And --- as you have learned from these Letters the past few months, you have very few patients who do not need Complex S and/or Complex P at some point during your Metabolic Therapy.

Either you are or could be working “miracles” with Complex S and Complex P such as:

- 1) A 7-year-old boy with asthma = Complex P = after only 8 weeks = no asthma & no drugs.
- 2) A 50-year-old man with fatigue = Complex P = after only 10 weeks = no fatigue and off all drugs.
- 3) A 39-year-old woman with polycystic ovary syndrome, fatigue, depression, obesity, elevated cholesterol and triglycerides, hypoglycemia, and sinus congestion = Complex P = after only 7 weeks = no depression, more energy, and best of all = off the SSRI, one of the nastiest NUTRI-SPEC Red Flag drugs.
- 4) A 42-year-old man with psoriatic (autoimmune) arthritis = Sympathetic to Parasympathetic vacillator-oscillator = Complex S and

Complex P = after only 6 weeks = “Doing great,” with only minimal swelling in one foot.

Remarkable cases like these 4 we described last month should be common in your office. If you master the simple art of using Complex S and Complex P effectively you will also see gratifying results such as these two cases:

- 5) **68-year-old woman with low energy, need for 12-18 hours of sleep, depression and anxiety, overweight, and constant diarrhea that plagues her all day and all night, as well as being triggered every time she eats, or even drinks water.** She is being drugged with an SSRI, with a CNS depressant, and with Fosamax, and is also on thyroid.

If this were your patient, how would you handle the case? --- With NUTRI-SPEC, of course. You have two choices --- go directly into a Diphasic Nutrition Plan individualized for this 68-year-old woman, or, do NUTRI-SPEC testing for Metabolic Imbalances. Well aware of the possibility that the drugs might preclude getting useful NUTRI-SPEC test results, this patient’s doctor still went ahead with NUTRI-SPEC testing.

He found 3 very clear metabolic test patterns --- Anaerobic, Parasympathetic, and Respiratory Alkalosis. Were these “real” Imbalances, or just the result of her drugs? Since the patient’s low energy, somnolence, overweight, depression, and particularly the diarrhea were all common Parasympathetic symptoms, it was assumed that the Parasympathetic test pattern was valid.

The patient’s anxiety was a perfect match for the Respiratory Alkalosis test pattern, and her urine and saliva pHs and respiratory rate and breath hold were strongly indicative of an Alkalosis, so, the doctor decided to consider that test pattern valid as well.

Since the Anaerobic test pattern was barely positive, and since the diarrhea was the extreme opposite of what he would expect in an Anaerobic patient, and, since the drugs could have been clouding the picture here, the doctor decided not to treat the Anaerobic test pattern.

(Also note for future reference that the patient’s initial blood pressure reading was 160/90, and it failed upon orthostatic challenge.)

--- The doctor initiated the **clinical trial** with the appropriate supplements and dietary recommendations for Parasympathetic and Respiratory Alkalosis Imbalances. Following the most important rule of NUTRI-SPEC Metabolic Balancing --- bringing the patient in for follow-up

testing within a week to gauge the impact of the **clinical trial**, the doctor found on that follow-up testing a complete reversal in the patient's test patterns. The patient now, instead of testing Parasympathetic and Respiratory Alkalosis, showed Sympathetic and Metabolic Acidosis test patterns.

Just as significant, the patient had stopped her SSRI, her CNS depressant, and her Fosamax totally and immediately after her first NUTRI-SPEC test. Note that we do not recommend patients stop such nasty drugs so quickly. We have protocols in place for getting off them gradually, responsibly, and with minimal reactions. But, this woman was totally committed to being rescued from the drug monster, and had immediately seen justification in putting her trust in NUTRI-SPEC and her NUTRI-SPEC practitioner.

Now, putting yourself in this doctor's shoes, what would you do? The essential course of action is obvious --- you have here a vacillator-oscillator. Her NUTRI-SPEC doctor immediately switched her over to the **Doing FINE** procedure and scheduled her next retest for Day 15 of Doing FINE.

The patient felt better and better during her 2 weeks of Doing FINE, and on her retest on Day 15 showed the Metabolic Acidosis revealed on her first follow-up (and first drug-free testing), but now had fallen back into her original Parasympathetic test pattern. We were now exactly one month after the patient started with NUTRI-SPEC, and she was put on the appropriate regimen for Parasympathetic and Metabolic Acidosis test patterns.

Four weeks later, the patient was obviously delighted with how she felt. Her energy was improving, her diarrhea was incredibly improved, she was sleeping better, and best of all, she had just enjoyed the first 2 months in years of being drug-free. Her testing on that day showed only one Metabolic Imbalance --- Parasympathetic. Her supplement regimen was streamlined to address specifically the lingering Parasympathetic Imbalance, and it is fully expected that she will live happily-ever-after.

At some point --- probably within a month or two --- the Parasympathetic Imbalance will no longer test, and the patient will be transitioned to her life-long Diphasic Nutrition Plan individualized for her age, and for her tendency to chronic diarrhea. ----- And by the way --- on that testing 2 months after the patient began NUTRI-SPEC, her blood pressure had come down to 140/80 --- perfectly normal. These are the kinds of patients who will fill your office with referrals.

You have something else to consider as regards this 68-year-old patient. Suppose in a case like this you go directly into the patient's Diphasic Nutrition Plan as a better alternative than testing for Metabolic Imbalances? How differently would this case have played out? ----- I can tell you that the patient would have achieved equally outstanding results. The patient would have spent about the same money, but would have required a little more time to gain control of her body chemistry. Here is the play-by-play of what the DNP would have looked like in this patient:

You would have put her on a Diphasic Nutrition Plan individualized for a woman age 68 with chronic diarrhea. That means she would have taken Activator, plus Diphasic A.M. and Diphasic P.M. probably at the standard dose of 3 each daily. Because of the chronic diarrhea, she would have added Glutamine 2, twice daily before meals, Immuno-Synbiotic 3, twice daily before meals, and increased the Complex P to 4 after breakfast while leaving the Complex S at 2 after the evening meal. She would have done the Balancing Procedure strictly using Oxy D+, and settled on a final dose of Oxy D+ based on the results.

That's it!!!

The difference between this DNP and the way things played out under Metabolic Testing is that the vacillator-oscillator reaction would not have been picked up --- but then it did not need to be, because the DNP supplements covered the exact same needs that the patient had covered during the Doing FINE procedure. She would have side-stepped the expense of the supplementation that was needed temporarily to resolve the Alkalosis/Alkalosis Imbalances, and would have started sooner the Diphasic A.M. & P.M., which would ultimately be part of her life-long DNP anyway. So again, after 2 months, the patient would have ended up exactly where she ended up with Metabolic Testing.

Metabolic Balancing followed by the Diphasic Nutrition Plan, or, immediate employment of the DNP? --- The choice is yours, and ...

YOU AND YOUR PATIENTS WIN EITHER WAY.

6) 42-year-old woman with frustrating inability to lose weight, depression/anxiety, premenstrual syndrome, rosacea, and allergies. ----- This patient's NUTRI-SPEC doctor had worked with her 2 or 3 years previously. At that time, the patient was on an SSRI for her depression/anxiety, Claritin for her allergies, an endless string of drugs for her rosacea, and, birth control pills supposedly to control a long list of menstrual and premenstrual irregularities.

With NUTRI-SPEC testing it was determined that the patient had a thyroid insufficiency. She was guided on how to obtain proper thyroid support from her physician, and she was easily able to get off the birth control pills. With NUTRI-SPEC, she was also able to get off the rosacea drugs. In summary, all the patient's symptoms improved on NUTRI-SPEC, yet she resisted the idea of getting off the SSRI and the Claritin, which very definitely set a limit on how much she could be empowered with NUTRI-SPEC.

--- As things go --- the patient changed jobs, missed a NUTRI-SPEC appointment, and now it had been well over 2 years since she saw her NUTRI-SPEC practitioner. Now she is back, but this time resolved to find a way to get off the SSRI and the Claritin.

What did the NUTRI-SPEC Doc find? --- 3 years ago, this patient tested extremely Anaerobic, and responded as well as she did to an anti-Anaerobic supplement regimen (along with getting off the birth control pills and on a little thyroid). Now, NUTRI-SPEC testing shows an overwhelming Parasympathetic Imbalance. What is interesting is how this patient's NUTRI-SPEC Doc describes her --- the description matches perfectly one of the 10 Sympathetic/Parasympathetic physiopathologies listed for you in your January Letter.

#3 on that list of 10 is **High Parasympathetic + High Cortisol**. If you played the quiz game offered you in that Letter, you found that this particular pattern of physiopathology matched up with letter F, which is just as this woman was described --- "big and heavy --- obnoxious --- gains and loses weight (fluid) easily --- blood pressure tends to be on the high side, but the heart rate tends to be unreactive to orthostatic challenge." --- Yes, this woman is a classic Parasympathetic + High Cortisol case, both in her presenting symptoms, and in her personality. (Note: this combination of high cortisol + high estrogen + low thyroid is an extremely common finding in both your Anaerobic and Parasympathetic patients. The endocrine involvement is both cause and effect of Anaerobic and Parasympathetic Imbalances.)

Now that this patient was eager to get off the SSRI and the Claritin, all barriers to her progress with NUTRI-SPEC were removed. She responded "miraculously." She was able to immediately cut radically on her Claritin use, and eliminate it entirely very soon. (The reduction in her allergy symptoms achieved by her Parasympathetic regimen was assisted by a bit of mold remediation in her home.)

Getting off the SSRI was far less traumatic than the patient had feared. With the Parasympathetic supplement regimen, plus the patient's dedicated adherence to the Parasympathetic (high protein and

fat and low carb) eating plan, the patient maintained a steady state of ketosis. With no wild swings and crashes in blood and brain sugar, and the brain quite a peace feeding on ketones, the patient very quickly achieved an easy state of mental/emotional calm.

No SSRI (no anxiety/depression), no Claritin (minimal allergy symptoms), no birth control pills (no menstrual and minimal premenstrual symptoms), no rosacea drugs (no rosacea), --- and --- from the patient's point of view --- perhaps the greatest triumph of all ...

SHE LOST 40 POUNDS OVER THE NEXT YEAR.

Along the way, the patient easily transitioned to her life-long Diphasic Nutrition Plan, with continued use of Complex P, along with the Oxygenic A and A+ (since her high cortisol, high estrogen, low thyroid combination predisposes her to slip Anaerobic and Parasympathetic).

--- This is fun.

--- And simple.

There are 10 different ways patients can present to you with a desperate need for Complex S &/or Complex P. Nearly every patient you have ever seen or ever will see has need for one or both of these dramatically life-changing supplements --- either immediately or at some future time in his/her Metabolic Therapy. --- Every patient. --- You have two equally effective means of correcting these 10 Sympathetic/Parasympathetic physiopathologies --- getting your patients started immediately on their individualized life-long, long life Diphasic Nutrition Plan, or, devoting 3 to 10 weeks to NUTRI-SPEC testing to correct Metabolic Imbalances before transitioning to the DNP.

YOU AND YOUR PATIENTS WIN EITHER WAY.

--- And --- no other doctor can even recognize let alone help these 10 states of Sympathetic/Parasympathetic dysfunction --- offering no more than empirical symptom chasing with drugs or nutraceuticals. They are pitifully weak. --- You have the power to empower.