

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 24 Number 10

From:
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October, 2013

Dear Doctor,

Picture this: --- You are nearly finishing taking the history on a new patient --- Melanie. Melanie is cautiously cheerful, in her late 40s, and quite overweight --- with a high percentage of her body fat concentrated in the middle. Melanie was referred to your office by a friend who raves about the help she received from your NUTRI-SPEC Metabolic Therapy. **You are about to become Melanie's hero.** Here is the dialogue that ensues:

DOC: I see you are on 2 medications, Lisinopril to treat your blood pressure, and Metformin to treat your sugar. Have you had any other medications in the last few days --- something like Tylenol or Advil, or an antihistamine, or something for your digestion --- anything at all?

MELANIE: No --- I was told over the phone not to take any unnecessary drugs for 3 days before my appointment here. I had a headache last night, and I was tempted to take a Tylenol, but I didn't.

DOC: Good --- we appreciate your cooperation there. Without any unnecessary medications, we can get a much clearer picture of what you need. How long have you been on the Lisinopril for your blood pressure, and how bad was your blood pressure before you started taking it?

MELANIE: I think it has been about 3 years. My blood pressure wasn't that high, but it was gradually creeping up. Since my father died of a heart attack and my mother died of a stroke, my family doctor thought it would be a good idea to keep my blood pressure under control.

DOC: And the Metformin? --- When were you first diagnosed with diabetes?

MELANIE: My sugar has been a little high for about 5 years, but finally two years ago my family doctor put me on the medicine. My family doctor treated my mother for diabetes for years.

DOC: Have you ever had to take any other prescription medication other than maybe an occasional antibiotic?

MELANIE: About 5 years ago, I was put on cholesterol medication, but within a couple months my legs hurt so badly I had to stop.

DOC: I am glad you were smart enough to get off the stuff. --- We will talk more about cholesterol drugs a little later. Do you remember how high your cholesterol was?

MELANIE: It was up above 280, and I haven't been able to get it any lower than 250, even with the low-fat diet I try to stick to.

DOC: There is another blood fat --- triglycerides --- that are actually far more important than cholesterol. Do you remember what your triglycerides were?

MELANIE: I don't remember what the number was, but it was high, too.

DOC: Melanie, even though we haven't begun testing you yet, I can already say with 100% certainty --- WE CAN HELP YOU. I am happy you came to our office, and one reason I am especially happy you are here is because you are diabetic. In this office, we take an entirely different approach to diabetes than most doctors do. We recognize that diabetes is not a disease, but the result of a disease process. In fact, there are many disease processes that result in diabetes. Our analysis will give us the ability to recognize which of those causes are active in you. That way we can be very specific in our therapy. I think you can see how this is an entirely different approach than most doctors take. --- What do they do? They generally treat diabetics by trial and error. Do you have any idea what I mean by that?

MELANIE: Yeah --- they give you a medicine to control your sugar and if it doesn't work they try another one and try another one.

DOC: Yes, and when all else fails then they put you on insulin.

MELANIE: Uh huh --- my mother was on insulin the last 10 years of her life.

DOC: So you already understand that diabetes is all about the hormone insulin --- produced by your pancreas. Most doctors understand there are two distinctly different and actually opposite types of diabetes. There is insulin deficiency diabetes, and there is insulin resistance diabetes. But in our office, we take the analysis a giant step further. We recognize that in insulin deficient diabetics there are many potential causes of the immune system stress that destroys the insulin producing ability of the pancreas. And in the same way, we look at people who are insulin resistant diabetics with the intent of finding which of the many possible causes of insulin resistance are affecting that person. --- Is what I am saying making any sense to you?

MELANIE: Yeah, I think so. I know they were always changing my mother's diabetes medicine, and nothing ever seemed to work.

DOC: Melanie, how much do you understand about what exactly we do here?

MELANIE: Not really too much. --- All I know is that my friend Becky said I had to get in here --- that you do some kind of nutrition testing, and with my cholesterol, blood pressure, and sugar all being out of whack, you are the one who can get me on track.

DOC: Well, we can both give Becky a big thank you for getting you in here. --- What we do in our office is a special type of Metabolic Testing called NUTRI-SPEC. What our tests tell us is the ways in which your body chemistry is out of balance, or the ways in which your metabolism is not working as efficiently as it could. Our idea is that when we identify those Imbalances and inefficiencies, we are looking at the underlying causes of whatever diseases or conditions you have.

Our therapy is directed entirely at balancing your body chemistry and making your body work more efficiently. All the dietary recommendations we make, and all the supplements we recommend are designed to improve what we call your Adaptative Capacity, and increase your Vital Reserves --- in other words, to make your body stronger. The idea is to help you naturally overcome whatever disease processes you are suffering from.

--- What we don't do is give remedies. We are not going to give you a remedy for your blood sugar, and a remedy to bring your cholesterol down, and a remedy to control your blood pressure. We definitely expect your blood pressure, your blood sugar, and your cholesterol to improve, and very likely improve dramatically. But they will improve not because we treated them with remedies, but because we made you strong enough

and healthy enough to correct the causes of those problems. Does what I am saying make sense to you?

MELANIE: Yes!!!

DOC: So, let's make sure we are in agreement --- we are going to work together to find the ideal diet and the ideal supplements to make you as strong as you can be --- definitely with an eye toward improving your cholesterol, your sugar, and your blood pressure --- but never specifically treating those conditions. Our goal is to help you live stronger longer. Are we ready to go full speed ahead?

MELANIE: Yes, that's exactly what I want!

Yes Doctor, you are about to become Melanie's hero. Over the next few months, she will get off her blood pressure medicine, she will get off her Metformin, she will have lost a substantial amount of weight, she will have more energy than she remembers having ever --- since childhood. Her cholesterol will come down; her triglycerides will come down even more. She will no longer get headaches as frequently as she did. --- And --- she (and her friend Becky) will refer zillions of other patients to your office.

We are using Melanie as a model of how competently and confidently you can care for all diabetics.

HOW WAS IT THAT YOU COULD LOOK MELANIE IN THE EYE AND SAY WITH 100% CERTAINTY THAT YOU COULD HELP HER?

Think what you have learned about diabetes in general, and insulin resistance in particular, in the last several issues of this Letter.

It should be patently obvious to you that Melanie is a perfect example of insulin resistance that has progressed to the point of Metabolic Syndrome. Overweight, with much of that weight centered in the tummy; elevated triglycerides; elevated blood pressure; and finally, Type II, non-insulin dependent diabetes. The reason you can be so certain you will get to and correct the fundamental causes of this patient's high cholesterol and triglycerides, high blood pressure, and high blood sugar is because they are all part of just one single physiopathology. All her "diseases" have one precipitating cause --- insulin resistance. --- But --- her insulin resistance may have many causes, and that is what you will address with NUTRI-SPEC.

Even before testing, you know you are going to find an Anaerobic Imbalance &/or a Glucogenic Imbalance &/or a Ketogenic Imbalance &/or a Parasympathetic Imbalance in this patient. You also learned earlier in Melanie's history that her eating habits are atrocious --- even though on the surface and according to popular mythology (and according to most ignorant doctors), her diet is "healthy." About half her mornings start with a breakfast of either whole grain toast, a bagel, or English muffin. The other half the time she skips breakfast and doesn't begin her daily munching until mid morning. She munches once or twice during the morning, has a "salad" for lunch --- then eats a "regular" meal for her evening meal --- being careful not to eat too much saturated fat and cholesterol.

You know that if you do nothing more for this patient than starting her on Eat Well – Be Well, her blood pressure, blood sugar, and triglycerides will come halfway to normal within 3 months. In other words, this patient is an insulin reactor, and she is provoking her pancreas into over-secretion over and over and over again, day after day after day, and has been doing so since she was a child. The repeated insulin stimulus from eating small munchies of any kind, let alone those that are lacking in protein and fat, will take its toll on anyone over time, eventually leading to insulin resistance.

But in someone who is genetically an insulin reactor, the Anaerobic or Glucogenic or Ketogenic or Parasympathetic tendencies will be manifest and magnified beginning very early in life. Like all victims of physiopathology, the patient will be locked into a positive feedback loop, where her Metabolic Imbalances trigger excess insulin release, and the excess insulin release exacerbate her Metabolic Imbalances. Only you, with your Eat Well – Be Well plan and your patient-specific supplement recommendations can break this vicious cycle.

Melanie is the beginning of a new era in your office. She is the first of countless patients you will look in the eye and say,

“WE CAN HELP YOU...”

and one reason I am especially happy you are here is because you are diabetic. --- And your assurance that you can help these diabetic patients derives from your competence and confidence. You understand exactly where all the Melanie's of your community are coming from --- a lifetime of being an insulin reactor who at some point stepped over the line into insulin resistance, and then fell off the cliff into diabetes. But you are just as competent and confident in treating all forms of diabetes --- the insulin resistance diabetics and the insulin deficiency diabetics. Your competence and confidence derive from ...

THERAPEUTIC SPECIFICITY.

You have a patient-specific approach to Metabolic Therapy that uncovers the specific physiopathology in all your diabetics. You, and only you, can analyze a diabetic patient and determine the presence of:

- an Anaerobic insulin resistant diabetes
- a Glucogenic insulin resistant diabetes
- a Ketogenic insulin resistant diabetes
- a Parasympathetic insulin resistance diabetes

- a Sympathetic insulin deficient diabetes
- a Vacillator-Oscillator insulin deficient diabetes

You will quickly evaluate all your diabetic patients on their first visit and set them securely on the road to maximal strength and health. You will know more about all these patients' diabetic conditions than does the physician treating their diabetes.

I am curious to hear how things worked out with Melanie's first visit. ----- You say your staff ran NUTRI-SPEC tests on her and found her to be a Glucogenic insulin reactor. That was the only test pattern she showed. You also noted that her blood pressure, even under orthostatic challenge, was perfectly normal. You have absolutely no doubt you will be able to begin the NUTRI-SPEC protocol for getting off blood pressure medication in her first follow-up test next week. --- You are about to become Melanie's hero.

Something else about our emphasis on diabetic patients ----- and this is probably the most important point of this entire Letter.

HALF YOUR PATIENTS WHO ARE NOT DIABETIC MIGHT AS WELL BE.

After all, many if not the majority of your patients are insulin reactors. That they do not have Melanie's genetic predisposition means that they will not become insulin resistant and ultimately diabetic until a few years down the road. But now is the time for you to rescue your patients from what would, without you, be a lifetime of misery. Give them what they need to live stronger longer. No one but you can serve with such extraordinary competence and confidence.