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THE NUTRI-SPEC LETTER

Volume 24 Number 11

From:
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November, 2013

Dear Doctor,

How many of your patients are walking down …

THE AISLE OF DEATH …

blissfully unaware that they are destroying any chance they have of living strong and long? --- We first made reference to the Aisle of Death in your June Letter when we emphasized the importance of strictly avoiding liquid sugars. We suggested that the next time you were in your supermarket, gaze down the long aisle comprised of nothing more than a zillion gallons of soft drinks. Every item in that aisle consists of death in a bottle.

We reminded you that high triglycerides, high cholesterol, hypertension --- all the elements of insulin resistance (also known as Metabolic Syndrome) --- and eventually diabetes, cardiovascular disease, and even cancer are the main ingredients in those bottles. We pointed out that the average American now consumes 160 pounds of sugar per year. Much of that sugar is the most deadly of all --- fruit sugar (fructose) --- and --- much of that is slurped down from the very bottles you see in that most deadly supermarket aisle.

How quantitatively significant is the damage wrought by these liquid sugars? You (and your patients) may be surprised at how little of these devastating liquids are required to sink your ship. An excellent study on this topic is:

Dhingra, et al. Soft drink consumption and risk of developing cardiometabolic risk factors and the metabolic syndrome in middle-aged adults. Circulation, 2007.

----- The bottom line of this study is that as little as one soft drink daily increases the chances of developing:

- Metabolic Syndrome,
- increased waist circumference
- elevated fasting glucose
- elevated blood pressure
- elevated triglycerides
- decreased HDL cholesterol.

----- These are the "fast sugars" that so powerfully provoke an insulin reaction. --- Fast sugars? Fast sugars are those with the highest glycemic index --- those that provoke the quickest and most intense pancreatic insulin release.

You have heard me say this many times in many ways, but I am going to keep saying it until it stops being true --- Your patients most deficient in ADAPTATIVE CAPACITY, with the highest number and most severe Metabolic Imbalances, and most lacking in Vital Reserves, are those who are …

YOUR INSULIN REACTORS.

Your insulin reactors are those who are either genetically predisposed to be Anaerobic, Glucogenic, Ketogenic, or Parasympathetic --- or --- who have created those Imbalances in themselves through years of strolling down the Aisle of Death. If you want to be the most amazing clinician your patients have ever seen --- the only one who can rescue them from their myriad of signs and symptoms --- you will master the art of restoring glycemic control in your patients.

Doing nothing more than getting your patients on Eat Well – Be Well will cut their insulin burden in half. Eat Well – Be Well is designed to minimize the number of times each day the pancreas is provoked to release insulin, and, to decrease the quantity of insulin released in response to each meal. Of course, the corollary to the benefits derived from Eat Well – Be Well is that if you do not ban your patients from strolling the Aisle of Death, no amount of supplementation --- even with your extraordinary NUTRI-SPEC supplements --- will prevent insulin reactivity from progressing to insulin resistance to diabetes to cardiovascular disease and/or cancer and/or all sorts of other nastiness.

--- NO ONE CAN DRINK SODA AND LIVE STRONG FOR LONG.

Last month we gave you a hypothetical dialogue between you and your next new patient who presents with non-insulin dependent

diabetes. We named that sweet lady Melanie, and demonstrated exactly what you needed to do to become a true hero to this diabetic patient. (You derived an additional benefit from that hypothetical dialogue. --- You saw exactly how I speak to my patients --- and how I get an explicit point of agreement from them that we are all about restoring Metabolic Balance and increasing Vital Reserves --- and absolutely not about giving remedies to treat symptoms and conditions.) That dialogue illustrated why you can look all the countless Melanie's you will have in the future directly in the eye and say with 100% confidence,

"WE CAN HELP YOU."

Every time a diabetic patient walks in your door you will jump for joy. You understand diabetes better than any doctor you or that patient knows, and you also understand that your patient's diabetes is almost certainly being mismanaged. --- Mismanaged? Look at Melanie. She had the high cholesterol and high triglycerides (and low HDL cholesterol) typical of a person with Metabolic Syndrome that developed into diabetes. Luckily for Melanie, the statin drug prescribed to lower her cholesterol caused such immediate and painful muscle catabolism she got off the drug before it destroyed her liver and increased her chances of cardiovascular disease, cataracts, and cognitive decline.

So, what was the alternative recommended by her physician? Of course --- a low-fat diet. Why is Melanie unable to get her cholesterol below 250, nor to decrease her triglycerides, nor to increase her HDL cholesterol (--- all of which absolutely must be achieved if cardiovascular disease risk is to be minimized.)? It is because her low-fat diet actually increases cholesterol and triglycerides and decreases HDL cholesterol. A low-fat diet is almost by definition a high carb diet. Even if those carbs are not fast sugars, or even sugars at all, just the carbohydrate burden itself in people who are already suffering from Metabolic Syndrome will keep the cholesterol and triglycerides high and the HDL low.

One of the best studies on the futility of a low-fat diet to improve health in general, and specifically to lower triglycerides and increase HDL as a means of minimizing risk of heart attacks and strokes was done by Leddy et al, and published in 1997 in Medicine and Science in Sports and Exercise, Volume 29.

The subjects in this study were not the roly-poly, tubby-tummy insulin reactors that populate your practice. No, they were elite athletes, winning championships in a diversity of sports. The subjects were placed alternately on a high-fat diet and a low-fat diet. On a high saturated fat diet the athletes maintained low body fat, normal weight, normal blood pressure, normal resting heart rate, normal triglycerides,

and normal cholesterol levels. All their fitness and training parameters were maintained at the elite level. However, when put on the low-fat diet, it was found that the low-fat diet negated many of the beneficial effects that exercise is expected to produce. These elite athletes actually suffered lower HDL cholesterol and higher triglycerides (the combination of which is the #1 risk factor for cardiovascular disease) on the low-fat diet.

So --- if elite athletes cannot maintain health and a low cardiovascular disease risk on a high carb diet, what chance does poor Melanie have? Mismanaged? Absolutely. Not only was Melanie struggling to stick with a low-fat diet, she was eating small meals ("grazing") all day long, rather than "overeating" at her meals. With her pancreas in a chronic state of over-reactivity, this insulin reactor whipped her pancreas into a frenzy with every munchy she ate. The tummy grew evermore tubby, the blood sugar refused to come down, the blood pressure refused to come down, the headaches became more frequent, and the fatigue became almost debilitating.

Let us follow through with your initial visit with Melanie. --- Your staff ran NUTRI-SPEC testing and found Melanie to be a Glucogenic insulin reactor. That was the only test pattern she showed. Since she is on Metformin for her diabetes and Lisinopril for her blood pressure, can you be certain there are not other Imbalances? You see that her blood pressure, even under orthostatic challenge, is perfectly normal, and also her clinostatic heart rate response is perfectly normal as well. You are quite certain that you will be able to use the NUTRI-SPEC protocol for getting off her blood pressure medication very quickly.

You reason that you have no need to assume she is suffering from an Electrolyte Stress Imbalance --- so --- Electrolyte Stress is a possibility, but not likely.

Continuing your analysis --- you know the ACE inhibitor she takes for her blood pressure tends to create a Dysaerobic test pattern, and she tests neither Anaerobic nor Dysaerobic. So --- you can be certain she is not Dysaerobic, but you cannot rule out the possibility that she may have an Anaerobic Imbalance hidden by the drug.

What recommendations do you give Melanie? You know that in a very short while you are going to have her on her happy-ever-after Diphasic Nutrition Plan individualized for a Type II diabetic. Bur first, you will need to contend with her Glucogenic Metabolic Imbalance. You know it will take you somewhere between 3 and 8 weeks to break that Glucogenic test pattern (depending on how well Melanie complies with the dietary recommendations). You are going to start a clinical trial with

supplements and dietary recommendations for her Glucogenic Imbalance as a clinical trial, and then do your first follow-up within a week to confirm that:

- you are on the right track
- the patient is responding, but not over-responding
- no other Imbalances were either hidden on this first testing, or, came to the surface as the result of your clinical trial.

Melanie is given her supplements, Eat Well – Be Well, and the Glucogenic Imbalance sheet that explains the somewhat strict Glucogenic dietary recommendations that she will need to follow (in addition to the general Eat well – Be Well plan) for 3-4 weeks. Your staff also gives her the Activator brochure so she begins to understand that your NUTRI-SPEC supplements are qualitatively superior to health food store trash. Her final piece of positive reinforcement is "What NUTRI-SPEC Will Do For You" --- making clear just how comprehensive in scope your NUTRI-SPEC Metabolic Therapy is.

On Melanie's follow-up 6 days later, the Glucogenic test pattern is gone, and the only Imbalance that shows up is Dysaerobic. There are no Dysaerobic symptoms that surfaced during the 6 days, so you make the reasonably safe assumption that the Dysaerobic test pattern is a false positive due to the Lisinopril. You decrease her anti-Glucogenic supplementation somewhat, and give her the NUTRI-SPEC protocol for gradually/responsibly getting off her blood pressure medication. At the prospect of getting off the drug, she is overjoyed. You are already becoming her hero. You fully anticipate that when she returns for her second follow-up in 3 weeks, she will be ready to transition into her Diphasic Nutrition Plan.

By that time, as promised in last month's Letter …

YOU WILL HAVE BECOME MELANIE'S HAPPY-EVER-AFTER HERO.

How many potential Melanie's do you have in your practice? How many dozens if not hundreds of Melanie's will walk through your door throughout your professional career? There are literally thousands of potential Melanie's in your community. --- Not necessarily diabetic yet, but insulin reactors who are, or soon will step over the line into, insulin resistance, and will then be at risk for falling off the cliff into diabetes. How many insulin reactors are there in your community who you can help like no other doctor can?

- How many tubby tummies are walking around your community?
- How many people with high triglycerides (and high total cholesterol and low HDL cholesterol)?
- How many with blood pressure that creeps up a few points year after year after year?
- How many people frequently traverse the Aisle of Death?
- How many people have been led astray by the low-fat diet mythology?

All these people desperately need you, and only you. --- They do not need drugs to control their blood pressure, nor their high cholesterol; they most certainly do not need a low-fat diet to control their expanding waistline. They need someone --- you --- who understands insulin resistance, thereby setting them on a course to live stronger longer. All these patients are suffering from Anaerobic and/or Glucogenic and/or Ketogenic and/or Parasympathetic Metabolic Imbalances. All these patients would be empowered NUTRI-SPEC Metabolic Balancing Therapy. All these people are suffering from rapidly declining Vital Reserves, and desperately need a life-long Diphasic Nutrition Plan to keep them vitalized.

Our hypothetical patient, Melanie, illustrates perfectly that to guarantee your success as a Metabolic Therapist you need 5 things:

1. An objective system of testing and analysis derived from a thorough understanding of biochemistry.

2. A system with powerful tools enabling you to restore Metabolic Balance beginning within 1 week for your patients who present a clear set of Metabolic Imbalances.

3. A system with powerful tools enabling you to restore Vital Reserves beginning today for your patients who present a clouded clinical picture.

4. A system with powerful tools enabling you to rescue your patients who are overwhelmed with ImmunoNeuroEndocrine stress.

5. A system of Metabolic Therapy that is comprehensive, yet easy to use.

All your patients are candidates for having their lives enriched by some combination of your NUTRI-SPEC Metabolic Balancing, NUTRI-SPEC Diphasic Nutrition Plan, and NUTRI-SPEC Doing FINE procedure.