

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

In one sense it could be claimed that ...

NUTRI-SPEC HAS BEEN “CHEATING” YOU.

But no longer. You see ...

In last Month's Letter, we unveiled a new concept ---

“ENERGIZING” YOUR PATIENTS.

We introduced the concept of breaking down the barriers preventing your patients from accessing their full energy reserves. For the first time we explained in detail some of the secrets that NUTRI-SPEC has been withholding from you for years. We explained explicitly how each and every one of your electrolyte supplements is a powerful cannon with the capacity to blow away any barriers preventing your patients from producing a steady stream of high-performance vitality.

How do these electrolyte supplements literally instantly get your patients' juices flowing? They each have a powerful impact on the balancing of anions and cations that are intimately associated with:

- all forms of Acid/Alkaline Imbalances
- all forms of Electrolyte Imbalances
- all energy-producing ion exchange mechanisms across cell membranes and mitochondrial membranes

Tissue Acidosis or Alkalosis, systemic Acidosis or Alkalosis, membrane permeability excesses or insufficiencies, and body fluid osmotic/oncotic

pressure are all given a tremendous boost, and boosted within minutes by Oxy A+, Oxy D+, sodium citrate, sodium glycerophosphate, di-potassium phosphate, magnesium chloride, Phos Drops, Proton Plus, Oxy Tonic, and Electro Tonic.

These powerhouses have been available to you and all NUTRI-SPEC practitioners for nearly 30 years. So how have we “cheated” you? We have not let you use them. We gave you an entire arsenal of powerful cannons, and then tied your hands behind your back. What do I mean by that?

For those of you who do NUTRI-SPEC Metabolic Testing and the full gamut of NUTRI-SPEC Metabolic Therapy, have you ever noticed when you go through your Quick Reference Guide analysis of your patients’ test results that almost invariably supplements such as sodium citrate, di-potassium phosphate, the potassium bicarbonate first appear to be needed by your patient, and then --- some condition in the QRG analysis eliminates them from consideration? Maybe you are all set to pull the trigger on magnesium chloride --- but --- your QRG will not let you. Over and over and over again, your QRG holds you back from using these powerful supplements. ----- Why?

In “cheating” you it could be said that ...

NUTRI-SPEC IS PROTECTING YOU ...

and your patients.

In last month’s Letter, I gave you 4 examples of patients from my own practice who witnessed “miracles” in response to some of your NUTRI-SPEC electrolyte supplements. But each of those patients, after an initial miraculous symptomatic response to this carefully aimed cannon, began to experience severe “collateral damage.” These big guns are just so powerful they are extremely difficult to manage. I confided in you that one of my biggest frustrations is how negative symptoms appear in response to these powerful energetic elixirs after they have already demonstrated their ability to control the nastiest and most chronic symptoms. Both I and my patients have gone from euphoric ecstasy to devastating demoralization when attempting to make effective clinical use of these amazing supplements.

Review last month’s Letter and read the sentence or two describing the barrier-busting mechanisms by which each of these supplements works. Also review the 4 brief histories of patients who responded with amazing symptomatic relief, yet had to terminate the supplementation because while one underlying Metabolic Imbalance was corrected,

another was exacerbated. Yes, really take 2 minutes to review the barrier busters and those remarkable case histories (--- Your NUTRI-SPEC LETTERS are all on your website for convenient reference.) Review for 2 minutes and then you will understand why we closed last month's Letter with a plea that you participate with us in clinical trials --- using these supplements liberally and in significant quantities so that we may all learn specificity in their clinical use.

We offered 5 criteria on which you could base your clinical trials:

1. Your DNP Balancing Procedure and other DNP protocols
2. Your Metabolic Testing QRG Analysis
3. The Pain Control protocol (even in the absence of pain)
4. The Comprehensive Dermographics Analysis (--- Contact the NUTRI-SPEC staff if you are interested.)
5. Your gut feeling plus an adventurous spirit

We have had several doctors run with #1, above, the concept of the Diphasic Nutrition Plan Balancing Procedure. They understand that they have been "cheated" by the DNP protocol because it limits the use of Oxy A+, Oxy D+, and Electro Tonic to quantities that are almost guaranteed to be "safe" --- in other words, eliciting negative symptoms in almost no patients. They began to understand that to fully maximize the DNP purpose of pumping up the amplitude of the diphasic metabolic cycle, many if not most patients would benefit from much higher recommendations of these 3 supplements.

One doctor ran with this idea of much higher quantities of Oxy A+ and Oxy D+ in his DNP patients, and here is his report:

"While there are always occasional "bumps in the road," I have introduced the concept of a more aggressive DNP to a handful of choice patients, and their experiences have been similar to my own personal reaction ...

"I have spent the last several weeks "playing" with my personal Diphasic program, being more aggressive with supplementation. ----- I continue to feel more energized, I also feel like my Autonomic Nervous System (Sympathetic/Parasympathetic Adaptative Capacity) is working better. I am able to have better bladder control. I have had a few "peak experiences," the most recent was over the weekend. It was an amazing "Indian Summer" day and I was training in the backyard, barefoot, and shirtless. I felt very "connected" to the Earth. I had an amazing workout doing some "grizzly bear" sprints followed up by some baseball training working on footwork and dexterity. I have noticed that I am getting "flashbacks" to my younger days in

terms of that feeling of “it’s good to be alive.” Sleep has been much more refreshing and stamina is really excellent.”

I truly enjoyed reading this doctor’s comment on his experience with his turbo-charged DNP. His remarks are an absolutely perfect expression of what NUTRI-SPEC is designed to achieve. How many of your patients celebrate that “It’s good to be alive” feeling? I would estimate approximately zero --- unless --- you are empowering them with your NUTRI-SPEC Metabolic Balancing &/or Diphasic Nutrition Plan. With NUTRI-SPEC you can unhesitatingly assure your patients you can guide them down the road to ...

LIVE STRONGER LONGER.

Consider now the second of the 5 criteria for selecting the appropriate:

WEAPON OF MASS CONSTRUCTION ---

for your patient’s clinical trial. If you are doing Metabolic Testing and your QRG analysis indicates a particular electrolyte supplement, we now give you the green light to do a clinical trial with a much higher quantity than is recommended by your QRG. The way to implement this clinical trial is to have the patient begin with the supplement dosage recommended by the QRG, but give explicit instructions to increase that supplement by a prescribed amount beginning on the 4th day.

To illustrate: Suppose the QRG recommends giving the patient $\frac{1}{8}$ tsp. of magnesium chloride. Your patient will take $\frac{1}{8}$ tsp. for the first 3 days, and then on day 4 increase by about 50% of the original recommendation --- so --- to about halfway between $\frac{1}{8}$ and a $\frac{1}{4}$ teaspoon. On day 5, increase by the same amount, so now the patient is up to $\frac{1}{4}$ tsp. (double the original recommendation). On day 6 increase by the same amount, and on day 7 do the same. So now on day 7, the patient whose original recommendation was $\frac{1}{8}$ tsp., is now taking $\frac{3}{8}$ tsp. of magnesium chloride. The patient stays at that level until either he is retested, or he experiences what he suspects might be a negative reaction of some kind. If he does suspect a negative reaction, have him stop the supplement completely for one day, then resume the original $\frac{1}{8}$ tsp. recommendation.

As you run clinical trials such as this, you gather a tremendous amount of information that you can share with me, then I with other NUTRI-SPEC practitioners. We will know what symptoms improve from the higher dose of supplementation, and, exactly what test parameters and Imbalance Patterns improve or get worse, and, we will clearly record every negative reaction that we even suspect might be caused by the supplementation. If we all work together on this, in no time we can aim

our cannons with sufficient specificity that NUTRI-SPEC can untie your hands and let you freely pull the trigger with confidence.

The third criterion for administering a clinical trial with these amazing supplements is the Pain Control procedure (--- It is presented in detail in the Articles section of your NUTRI-SPEC website.). The Pain Control procedure would more appropriately be called the Tissue and Systemic Level Acid/Alkaline Balance procedure. Pain is a dualistic symptom associated with either excess acidity or excess alkalinity --- usually at the tissue level, but sometimes at the systemic level. But many, many other symptoms and conditions follow the same dualistic pattern. Another way to say this is that Acid/Alkaline balance at the tissue &/or the systemic level is the most certain and complete way to have an immediate effect on almost any symptom you can name.

Fatigue? Headaches? Mental fog? Muscle cramps? Upper GI symptoms? Lower GI symptoms? --- All these can quite often be controlled, with control being seized almost immediately with these supplements derived from the Pain Control protocol. Use that Pain Control analysis (of urine and saliva and respiratory rate and breath hold) to zero in on the clinical trial, and again give the patient the initial recommendations with instructions to increase by 50% beginning on day 4 and do so on each successive day up through day 7.

You will be amazed at your ability to eliminate symptoms that have devalued a patient's life for years and years and years. You will also be amazed at how quickly you can create the nastiest of acute negative reactions. As long as you give your patients explicit instructions on safeguarding them from the potential nasty reaction, this can be a tremendous boost to your practice --- while at the same time serving as a valuable learning experience for all NUTRI-SPEC practitioners.

With last month's Letter we gave you a new toy to play with --- the Comprehensive Dermographics Analysis. The full procedure is posted on your NUTRI-SPEC website home page under "Producing Explosions of Adaptative Energy." That headline is truly no exaggeration. There is no way to pump up a person's Vital Reserves like finding the right combination of anions and cations. The Comprehensive Dermographics Analysis involves doing a dermatographics test not just on the arm as you have always done, but on the leg as well. There is also a new test for edema on the lower leg that gets factored into the analysis. The whole procedure takes a few seconds to a few minutes at the most, and can be a tremendous asset to your practice. (Phone us for guidance.)

The fifth and final criterion for guiding you through clinical trials is described as "your gut feeling plus an adventurous spirit." Okay --- I

realize that is a recommendation entirely lacking in specificity. --- But the point I want to make is, if you think you have a feel for what might be going on in a patient's body chemistry, and do not have a good set of complete test results to interpret, or want to accelerate the patient's response to a Diphasic Nutrition Plan, then you can feel free to go ahead with just about any clinical trial you can imagine --- as long as you follow the gradually increasing dose and instructions to the patient to back off at even the slightest suspicion of having been pushed too far too fast.

To illustrate: we have one NUTRI-SPEC practitioner who has put together his own supplementation protocol using Electro Tonic and Oxy Tonic. This practitioner has studied NUTRI-SPEC in detail, and had studied the work of Revici before discovering NUTRI-SPEC. He understands that the negative valence sulfur in Oxy Tonic corrects both a tissue Acidosis and a systemic Alkalosis; he further understands that the glycerol in Electro Tonic corrects both a tissue Alkalosis and a systemic Acidosis. So, he has decided that if he combines the two, and does so in quantities that will not elicit a defensive response in the patient's adaptative mechanism, he will be simultaneously addressing all the combinations of Acid/Alkaline Imbalances anywhere in the body.

He administers the Oxy Tonic and Electro Tonic simultaneously (as an ADAPTOGEN), and has the patients take them for a 20-day cycle. He reports, "The majority of people who take this combination of supplements experiences excellent and rapid weight loss, mental clarity, an energy boost, and many other positive shifts in overall condition."

--- And --- this practitioner is pretty sharp. He has recognized the collateral damage that can occur from firing such powerful cannons. He reports: "But some people (about 5% of the total patients) report very strong constipation, almost no bowel movement, and extremely dry feces when they manage to finally defecate." When we got this report, we immediately knew how to integrate it with our own personal findings and reports from other NUTRI-SPEC doctors. We advised this practitioner that such a reaction in 1 out of 20 of his patients would be occurring in patients who are either low in sodium chloride, or low in magnesium. In those patients, we recommended adding either sodium chloride or magnesium chloride to the mix.

With that kind of feedback from you and many other NUTRI-SPEC practitioners, we can work together to take NUTRI-SPEC --- which is already towering above all other approaches to clinical nutrition --- to a whole other level.

CREATIVE PLAY ----- Join us in the fun.