

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

NONE OF YOUR PATIENTS HAVE ANY IDEA WHAT IS HAPPENING TO THEM ...

They write it off with a half-hearted laugh as, "I guess I'm not as young as I used to be." Insidiously, their vital force is being drained away, and as each year goes by they are ever more acutely aware that their juices are drying up. --- But --- while it is true they (and you and I) are all getting a little older each day ...

WE NEED NEVER BECOME OLD.

As a NUTRI-SPEC practitioner, you can look at a patient (or yourself) as the flow of the juices begins to wane, and never chalk it up to such a nebulous entity as "aging."

Since you understand that ...

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

AND ---

if you grasp the concept that at age 33 we are all "over the hill," and at age 53 many of us fall off a cliff (--- but --- not all of us, and particularly not those who are benefitting from NUTRI-SPEC). Another name for Adaptative Capacity is what your patients refer to as "energy." More appropriately, we could refer to it as vitality --- the juices flowing richly and under high pressure. You have patients who feel well, and you have patients who feel rotten. What is the difference between them?

Those who feel well have maintained a relatively balanced state in the 5 Metabolic Control Systems --- the juices flowing richly. They also have a Diphasic Metabolic Cycle of high amplitude --- the juices flowing under high pressure. Bright and early very morning oxidative energetic metabolic processes are activated, and late every evening there is an equally powerful mobilization of anabolic restorative forces. But whether a particular patient feels well or feels poorly, you can be certain that your patient's degree of wellbeing is associated with ...

THE QUIET FORCE BEHIND ALL METABOLIC ACTIVITY --- THE QUIET FORCE THAT IS CONTINUOUSLY ACTIVE --- THE QUIET FORCE THAT DETERMINES FROM YEAR TO YEAR, MONTH TO MONTH, WEEK TO WEEK, DAY TO DAY, AND MOMENT TO MOMENT HOW WELL A PERSON FEELS.

WHAT IS THIS MYSTERIOUS FORCE?

It is the silent, relentless primary force of life. It is the spark that ignites all vital action. It is the first-responder to all environmental stressors --- physical stressors, mental stressors, emotional stressors, chemical stressors, and immunological stressors. It is the pump behind the flow of vital juices. It is ...

THE AUTONOMIC NERVOUS SYSTEM.

We NUTRI-SPEC practitioners continually discuss ImmunoNeuroEndocrine stress. We discuss how INE stress relates to the 5 NUTRI-SPEC Metabolic Balance Systems --- how it causes those Imbalances by overwhelming those Metabolic Balance Systems, and, how it elicits a defensive response in those Metabolic Balance Systems. We also discuss how INE stress pulls the plug on the flow of Vital Reserves. --- The theme of this Letter is that you need to ...

PLACE THE EMPHASIS ON THE "N" OF INE.

It is the neurological component of ImmunoNeuroEndocrine stress that is primary. Another way to say this is that anything you do as a NUTRI-SPEC practitioner to influence the endocrine system, or the immune system, will meet with only partial success if you have not addressed the neurological component of INE stress. --- And --- the "N" in INE stress is all about Sympathetic/Parasympathetic Adaptative Capacity.

This is to say that nearly all your patients will need Complex S &/or Complex P at some point along the road to a stronger, longer life. Many, many of your patients have a Sympathetic or Parasympathetic division of

the autonomic nervous system that has broken down in response to INE stress. Many, many of your patients have a Sympathetic or Parasympathetic system that is provoked into a pathologically excessive defensive reaction in response to INE stress. Some of your patients have both the Sympathetic and Parasympathetic systems driven to excess in a frantic attempt to defend against environmental stressors. Many, many of your patients have generalized autonomic failure --- a collapse of both the Sympathetic and Parasympathetic systems as they are overwhelmed by INE stress.

--- I will state again, and as emphatically as I possibly can, that the Sympathetic/Parasympathetic component of INE stress is your most important consideration in any patient --- regardless of what pathology and symptoms exist.

How can we say that the “N” is more important than the “E”? It is quite true that many of your patients have endocrine systems that need direct intervention. Some benefit from temporary thyroid support as an adjunct to NUTRI-SPEC. Those with Hashimoto’s autoimmune thyroiditis need lifetime thyroid supplementation. --- But --- thyroid activity tends to directly parallel Sympathetic activity. Think of your Sympathetic system as your instantaneous metabolic activator, and the thyroid as your long-term metabolic activator. With inadequate Sympathetic drive, your thyroid insufficient patient will not respond satisfactorily to even huge doses of thyroid hormone. Particularly if your patient’s Parasympathetic Imbalance is associated with Sympathetic failure (rather than Parasympathetic stress), the thyroid will be struggling mightily to do both its job and the job of the Sympathetic catecholamines.

You have a second type of thyroid insufficient patient who actually has retained a strong capacity for Sympathetic reactivity. In these patients, the Sympathetic system continuously has its dial cranked all the way up to HIGH in a desperate attempt to make up for the thyroid insufficiency. These patients will show a habituated Sympathetic stress response that can actually mask the thyroid insufficiency. But, they will go through periodic periods of Sympathetic exhaustion during which the bottom falls out --- the body temperature drops, the heart rate and respiratory rate slow, there is extreme fatigue and somnolence, and the blood and brain sugar drop --- the patient is totally dysfunctional. As soon as the Sympathetic battery is partially recharged, however, the system reactivates and the person becomes excessively “wired” --- relentlessly driving the body into self-destructive catabolic activity over nothing more than handling activities of daily living. --- Your takeaway from this is that if you are not supplementing your thyroid insufficient patients with Complex S &/or Complex P, they will never feel well.

Glycemic control is a topic we discussed for more than a year in these Letters. What is the primary force that regulates glycemic control? It is the silent, relentless action of the Sympathetic and Parasympathetic nervous systems. The Sympathetics mobilize sugar, and the Parasympathetics store sugar. There is no Type I diabetic who does not have a Sympathetic component to his problem. There is no hypoglycemic nor Type II diabetic who does not have a Sympathetic/Parasympathetic component to his problem.

Your NUTRI-SPEC “Eat Well – Be Well” Fundamental Diet goes a long way toward achieving glycemic control. In some patients, 3-10 weeks of intense supplementation with Oxy G or Oxy K helps the patient capture control of blood and brain sugar. But in all cases, the Sympathetic/Parasympathetic system is either excessively active or hopelessly inactive in the maladaptation associated with poor glycemic control. Either long-term or short-term; either initially or after stabilization of other Metabolic Imbalances --- those who have difficulty controlling blood and brain sugar will need Complex S &/or Complex P.

Why do we say “N” over “I” when empowering your patients against INE stress? Neuro-immune phenomena are truly the most exciting area of metabolic research. A couple years ago when we first came out with IMMUNO-SYMBIOTIC, we made the point that more than 70% of the immune system resides in the lining of the GI tract. Most of you got the big idea. But as part of that discussion, we also gave you references showing that the portions of the GI lining that house the mast cells and other components of the immune system are thoroughly invested with both Sympathetic and Parasympathetic nerve endings. What does this mean? It means there is virtually direct innervation of the immune system --- the immune system is under direct Sympathetic and Parasympathetic control. --- Think of it! Sympathetic/Parasympathetic Imbalance (your patients’ need for Complex S &/or Complex P) controls almost every aspect of immune activation.

I have countless other studies from the literature showing the intimate association between the Sympathetic/Parasympathetic system and immune system activity. They all show that the nervous system is part of the first-responder system to any environmental stressor that eventually triggers an immune response. A strong immune system, a well-controlled immune system, a balanced immune system --- all depend on Sympathetic/Parasympathetic Adaptive Capacity. Only you, with your NUTRI-SPEC Complex S and Complex P, can directly intervene on these neuro-immune processes.

One of the most comprehensive research studies I have on neuro-endocrine relationships was published in Pharmacological Reviews,

entitled, *The Sympathetic Nerve – An Integrative Interface Between Two Super Systems: the Brain and the Immune System*. The titles of some of the sections in this write-up include:

- Autonomic innervations of lymphoid organs (the thymus, the spleen, the lymph nodes and tonsils, and the bone marrow)
- Norepinephrine affects immune cells non-synaptically
- Systemic and local effects of cytokines on Sympathetic activity
- Role of Sympathetic innervation in immune system development
- Modulation of cellular and humoral immunity by the autonomic nervous system
- Effect of catecholamines on chemokine production
- Effect of catecholamines on antibody production
- Physiologic control of the Sympathetic-immune interface

I have dozens of other studies relating to autonomic nerve function on topics such as:

- Neuro-immune response to trauma
- Autonomic modulation of pain and inflammation
- Sympathetic modulation of neuro-immune response
- Sympathetic/Parasympathetic effects on cellular immune response to post-exercise muscle trauma
- Sympathetic afferents to the liver modulate Natural Killer Cell activation to maintain proper immune suppression
- Parasympathetic efferents connecting brain stem to viscera suppress inappropriate immune reactivity
- Parasympathetic control of eosinophils and mast cells in allergies

One particularly good study published in Nature Neuroscience is entitled, *Neurogenic Inflammation and the Peripheral Nervous System in Host Defense and Immunopathology*. This study states that “noxious external stimuli are transduced into neural impulses almost instantaneously; orders of magnitude quicker than the mobilization of the immune system, and may be the first-responder in host defense.”

Yes, you must be able to control ImmunoNeuroEndocrine stress in your patients, and the “N” is primary. There is hardly a symptom presented by your patients that does not to some degree represent a loss of INE control. Overweight, allergies, headaches, fatigue, fibromyalgia, arthritis, irritable bowel, insomnia, hypoglycemia, diabetes, and depression --- all indicate a breakdown in INE balance.

And, you are able to control ImmunoNeuroEndocrine stress in your patients. Your unique power over INE stress comes not from “treating” all these symptoms and diseases. There is no power in disease-specific

remedies. No, your power is in your patient-specific analysis of your patients' needs. Your power, unique among all Doctors available to your patients, is your ability to support ...

THE QUIET FORCE ...

that determines how well your patients feel, and why.

Here is something new --- you will like this. This is the simplest way to demonstrate to yourself (and to your patients) just how powerful you are with the specificity of NUTRI-SPEC. Using just 8 NUTRI-SPEC supplements and a simple 2-minute test procedure, you can significantly control the INE stress in all your patients. --- Patients in pain? Patients suffering from obesity? Fatigue? Depression? Fibromyalgia? You will get some astonishing results --- and the responses will be quick.

The 2-minute test procedure? --- *The comprehensive dermographics + edema tests* --- recently introduced and available on the home page of your NUTRI-SPEC website under "What's New for NUTRI-SPEC Practitioners." Add just one more quickie test. --- Immediately after finishing your initial read of the arm and leg dermographics and the edema --- check the 15-second heart rate (x4) to get Pa. ----- The 8 supplements? --- Complex P, Complex S, Oxy Tonic, Electro Tonic, Oxy D+, magnesium chloride, Activator, and Immuno-Synbiotic.

<u>Arm</u>	<u>Leg</u>	<u>Edema</u>	<u>Pa</u>	<u>Supplementation</u>
X	R	-	X	Comp P, Oxy Tonic, I-S
X	R	+	X	Comp P, MgCl ₂ , I-S
R	-	-	76+	Comp S, Oxy Tonic
R	-	+	69-75	Comp P, Comp S, Oxy Tonic, Electro Tonic
R	-	+	68-	Comp P, Oxy Tonic, Electro Tonic
R	W	+/-	75-	Comp P, MgCl ₂ , Electro Tonic
-	W	-	X	Comp S, MgCl ₂ , Oxy D+
-	W	+	75-	Comp P, MgCl ₂ , Oxy D+, Electro Tonic
-	W	+	76+	Comp P, Comp S, Oxy D+
-/W	W	-	X	Comp S, Electro Tonic
-/W	W	+	75-	Comp P, Oxy D+, Electro Tonic
No match despite INE stress				Comp P, Comp S, Oxy Tonic, Electro Tonic, I-S

NONE OF YOUR PATIENTS HAVE ANY IDEA WHAT IS HAPPENING TO THEM. --- But you do. Your patients are not "getting old" in some nebulous way. Your patients do not "have" fatigue or fibromyalgia or this and that named disease. They simply suffer the effects of fading Adaptative Capacity as expressed in INE imbalance. --- They simply suffer the need for Complex S &/or Complex P.