

# **NUTRI-SPEC**



THROUGH  
SPECIFIC NUTRITION  
89 Swamp Road  
Mifflintown, PA 17059  
800-736-4320  
717-436-8988  
Fax: 717-436-8551  
nutrispec@embarqmail.com  
www.nutri-spec.net

## **THE NUTRI-SPEC LETTER**

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From:  
Guy R. Schenker, D.C.  
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**“Old people, they should be killed at birth.”**

- Boris Vian, French novelist and musician

Dear Doctor,

That humorous and thought-provoking quote begs the question ...

### **WHEN DOES OLD AGE BEGIN?**

While contemplating exactly what is your definition of “old” ...

Imagine arriving at your office some morning to be told by your assistant that you have a new patient coming in at 10:00 am. The new patient called because ...

### **SHE HEARD OF YOUR AMAZING WORK WITH NUTRI-SPEC METABOLIC THERAPY.**

--- “Good,” you say, “What are her major complaints?”

Your assistant replies, “She really didn’t say. --- But she sounded pretty old.”

10:00 am rolls around and with what are you presented? Marlene is the sweetest little old lady you’ve ever seen. --- But --- she had a heart attack 6 years ago; she was given a pacemaker 3 years ago; she had her gall bladder removed 18 years ago; and, she has a long, long list of symptomatic complaints in addition to her concerns about her heart. --- And --- she is on a list of drugs even longer than her list of symptoms ...

- She is on a statin drug to bring down her elevated cholesterol and triglycerides;
- a calcium channel blocker to control her blood pressure;
- an ACE inhibitor, also to keep her blood pressure under control;
- aspirin as a blood thinner;
- a serotonin and norepinephrine reuptake inhibitor, presumably as an antidepressant;
- nabumetone (an NSAID) so that she doesn't feel any of the aches and pains associated with being 84 years old;
- a bisphosphonate to treat/prevent osteoporosis;
- Imodium for her poopy tummy;
- a proton pump inhibitor for non-specific tummy distress.

“Ugh! She is such a dear lady,” you say to yourself, “so I really wish I could help her. But really, what can I do? For an 84-year-old with a heart attack, a pacemaker, and 9 nasty drugs, she is way beyond the power I have ----- even with NUTRI-SPEC.”

## **WRONG!!**

Do not underestimate yourself. Do not sell short your power with NUTRI-SPEC to ...

### **MOVE METABOLIC MOUNTAINS.**

But there is more. --- The patient had blood labs done that very week. You look over the tests and what do you see?

“Ugh!!!”

- Marlene has a fasting glucose and HA1c in the range of an insulin resistant Type II diabetic.
- Her electrolytes are a mess (--- almost certainly due to the drugs she is taking --- the proton pump inhibitor in particular). A combination of her Metabolic Imbalances and the ill-advised drugs are causing her to rapidly lose calcium from her bones, thus the extreme elevated serum calcium. Her sodium and chloride are both low, while her albumin is pathologically high. --- “Ugh!!!”
- The patient's ferritin is sky-high along with the white blood count, the lymphocytes, and particularly the eosinophils. You remember asking Schenker at NUTRI-SPEC about elevated ferritin in the past, and the explanation was that high serum ferritin means the immune system is in a crisis situation --- definitely an indication of severe pathology.

- In association with her insulin resistance and fatty liver, the patient's cholesterol and triglycerides are both pathologically high.
- Her C-reactive protein is extremely high --- indicating an excess of the Th2 inflammatory cytokine Interleukin 6.
- Her adrenal cortisol is also sky-high, and that cortisol is not only driving her blood pressure up, but has also elevated her Reverse T3, thus inhibiting thyroid function.
- Her total estrogens are several times as high as they should be in a woman her age. The high estrogen and high cortisol are enough to be driving her in multiple pathological directions, especially when combined with the insulin resistance. It is no wonder she had a heart attack and has so many other symptoms. --- There is almost certainly more severe pathology lurking in the shadows.
- Her uric acid is elevated --- well into the range of those suffering from gout.
- Her vitamin D precursor, 25-hydroxy-D is low.

“Oh my!!! This poor dear soul is just too far beyond help. With the pathologies she has already experienced, plus a list of 9 medications (4 of which are NUTRI-SPEC Red Flag drugs, and 3 of which actually increase her chance of having a second heart attack), and now, all these bizarre blood labs... I really don't feel right promoting NUTRI-SPEC Metabolic Therapy when it would almost surely be a waste of her time and money.”

## **WRONG! WRONG! WRONG!**

Marlene is not a fictitious patient --- she is an actual patient that sought Metabolic Therapy from a NUTRI-SPEC practitioner. Did this doctor drop back and punt --- giving up on the patient without taking his best NUTRI-SPEC shot? --- Absolutely not! With a little coaching from the NUTRI-SPEC staff, he proceeded to analyze her test results and started her on a clinical trial of supplements and dietary recommendations. ----- The results? ----- Fast forward 7 months:

- ❖ The patient is off all 9 drugs. --- No calcium channel blocker, no ACE inhibitor, no tummy pills, no statin --- drug free!
- ❖ The patient's major complaints after 7 months of NUTRI-SPEC? In Marlene's own words --- “None --- maybe I'm sleepy too much.”
- ❖ The best indications of the patient's amazing transformation are shown in her follow-up blood labs. After 7 months ...
- The patient's cholesterol has come down from 304 to 236. (Keep in mind, she has been off the statin for 6 months, and her cholesterol is better with NUTRI-SPEC and without the statin.)

- Her triglycerides have come all the way down from 287 to 137.
- Her C-reactive protein is still too high, but is significantly improved --- falling from 6.15 down to 4.09.
- Her albumin has come down to normal.
- Her calcium has come down to normal.
- The patient's Reverse T3 has dropped down into the normal range, while at the same time her thyroid hormones, Total T3 and Free T3 have improved.
- There is a remarkable improvement in her ferritin, dropping from 157 all the way down to 62. That is an indication of much less ImmunoNeuroEndocrine stress.
- Along with the decrease in ferritin well into the normal range, we have an improvement in her white blood count from 12.9 down to 10.0, and her lymphocytes from 4.6 down to 3.4. Even more remarkably, the percentage of eosinophils has dropped from 7 all the way down to 2, which is now perfectly normal. (That degree of improvement in eosinophils is something we rarely see, even with the wonders of NUTRI-SPEC.)
- Another remarkable improvement is seen in her estrogens, having dropped from 146 (more than 3x the upper limit of normal), all the way down to 59.

84-years-old and too far gone to help even with NUTRI-SPEC? Heart attack victim with 9 drugs and bizarre blood labs? --- Should her NUTRI-SPEC doctor have said, "Ugh!!!" --- Absolutely not! And in cases like this neither should you.

The typical patient like Marlene is being severely abused by her medical doctors, and being just as severely taken advantage of by alternative practitioners who are peddling spice rack nutrition and other remedies of the month. Remember, in today's world of medical mania, the average 65-year-old who is on prescription medication takes 5 drugs. That is merely the average. --- Insanity. (Marlene, with 9 drugs, was "benefitting" from nearly twice as much medical care as the average. You see where that got her?) And the typical "alternative" practitioner? No real alternative is offered --- same old desperate attempt to treat symptoms, but with "natural" drugs rather than Big Pharma drugs.

You are Marlene's only chance. And, if you can make such dramatic metabolic changes in 84-year-olds like Marlene, just imagine what you can do for all the 74-year-olds who need your help, as well as all the 64-year-olds, the 54-year-olds, the 44-year-olds, and the 34-year-olds ...

What is the key to your success with NUTRI-SPEC? Without a doubt, it is objectivity in clinical analysis.

You thoroughly understand that you are not about giving remedies; you are not about any type of disease-specific therapy. Rather, you thoroughly understand that ...

### **ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES**

You have objective means to identify every single patient's needs in regard to both Metabolic Balance and Vital Reserves. You have:

- NUTRI-SPEC Metabolic Testing and Balancing.
- You have your Diphasic Nutrition Plan --- the long-term solution to all your patients living stronger longer.
- You have the Sympathetic/Parasympathetic Support System.
- You have the Barrier Busters Analysis.
- You have the Tissue Acid/Alkaline Balancing Procedure.
- And finally --- You have Doing FINE as a "bail you and the patient out of trouble" stabilizer when the patient's response is whacky.

--- Yes, NUTRI-SPEC gives you the complete package.

Old age? Did Marlene have it? You bet she did. --- She was overwhelmed by ...

### **PHYSIOLOGICAL AGE THAT GROSSLY EXCEEDED HER CHRONOLOGICAL AGE.**

How long had she been "old"? For decades! --- Getting back to the question at the top of this Letter --- WHEN DOES OLD AGE BEGIN?

To arrive at a meaningful answer to that question you must first ask yourself ...

- At what age began Marlene's INE stress associated with her Anaerobic Imbalance and hyper-cortisol reaction that led to her calcium loss from bones?
- At what age did INE stress so overwhelm her colon such that her colon cells lost sufficient function, causing the poopy tummy for which she was prescribed Imodium?
- At what age did Marlene show clear evidence that she was "an insulin reactor" --- leading to dysinsulinism, then insulin resistance, then Metabolic Syndrome --- with cardiovascular disease (heart attack), elevated triglycerides and cholesterol, and elevated blood sugar --- all the nasties of Metabolic Syndrome?

- At what age did Marlene start developing the inflammatory INE stress that led to the insidious onset of non-specific muscle pain and joint pain for which she was prescribed nabumetone?
- At what age did Marlene's C-reactive protein jump sky-high, as an indicator of extreme INE stress involving Th2 inflammatory cytokines?

We could go on and on with such questions regarding Marlene, (and you could ask the same questions about any of your patients with advanced pathologies). Our point is this --- these "diseases of old age" do not appear suddenly and without warning. The symptoms associated with these diseases do not even begin to appear until long after the underlying INE stress starts draining a person's Vital Reserves and pushing the person into Metabolic Imbalance. So ...

### **WHEN DOES OLD AGE BEGIN?**

It begins when we are quite young. It begins with the first INE stress that challenges our body beyond its ability to immediately and totally adapt. It begins the first time an INE stress forces our body chemistry into a defensive reaction that results in a Metabolic Imbalance. --- That Metabolic Imbalance can represent either our body's defense against the INE stress, or our body's failed defense against INE stress. Either way, the Metabolic Imbalance is going to plague us for life, and immediately (even if we are still children) begin to make us "old."

Yes, "old age" most often begins in childhood. For many of your patients, the anti-vital forces of INE-mediated aging are unleashed in infancy --- with a deficient "first meal" of microbiota, or with the microbiota-destroying misuse of antibiotics. And insulin resistance, the precursor to abdominal obesity, fatty liver, Type 2 diabetes, cardiovascular disease, and cancer? Studies show that insulin resistance is now evident in many teenagers.

Marlene, at age 84, has been "old" for 50 years or more --- and she will gain more from NUTRI-SPEC than from 9 or 90 drugs. You are Marlene's only chance.

Let us close by turning Boris Vian's quote upside down ...

**"Old people, they must be helped from birth."**