

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

Volume 26 Number 11

“THIS IS NEARLY MAGIC, YOU KNOW.”

From:

Guy R. Schenker, D.C.

November, 2015

Dear Doctor,

Do your NUTRI-SPEC protocols work “magic?” If you have used NUTRI-SPEC extensively, then you have surely seen your share of “miracle cures” and startling responses. NUTRI-SPEC Metabolic Balancing, Diphasic Nutrition Plan, Sympathetic/Parasympathetic Support System, Barrier Busters, and Tissue Acid/Alkaline Balancing all consistently yield gratifying results, and all will, with surprising frequency ...

LEAVE YOU STUNNED BY THE POWER YOU HAVE ...

to “do the impossible.”

The quote at the top of this Letter is from a Canadian doctor who, because of NAFTA (the North American “Free Trade” Agreement (--- what a perfect example of socialist evil), has been shut out of access to NUTRI-SPEC from the U.S. He has only been able to dabble in NUTRI-SPEC for the past 25 years, and the “nearly magic” by which he is transforming his patients’ lives is from nothing more than the Tissue Acid/Alkaline Balancing protocol, also known as ...

“PAIN CONTROL.”

This chiropractor’s reports of astounding responses in his patients with either extreme pain or chronic pain so graphically illustrate ...

YOUR INCREDIBLE POWER WITH NUTRI-SPEC ...

that we are sure ...

YOU WILL BE EMPOWERED ...

by reading about his patients in pain. ----- Here, in his own words, is the story of that doctor's first Pain Control "miracle" ...

"Some time ago. I had a very old patient with a really nasty case of shingles in her arm and hand. Her hand had an open sore, and she was crying with the pain, which was of some weeks duration. In desperation, I gave her 20 drops of D+ and set her aside for 20 minutes. When I came into the room, she was smiling!!!!. Her pain was significantly reduced!!!!"

Not long thereafter he sent this question on whether he should make more extensive use of Tissue Acid/Alkaline Balancing ...

"I have several MVA whiplash patients, who are stuck on a plateau of non-recovery. The issue is non-responsive soft tissue pain at C7-T1 and the L5-S1 levels. Not only is there that, but also fairly wide-spread soft tissue tenderness, which makes me think there is an underlying imbalance of some kind, like lactic acid pooling, for instance, though I don't know how to prove that. What has been your experience in this area? I have thought of the A+ D+ trial but haven't tried it yet."

With encouragement from the NUTRI-SPEC staff, our chiropractic "Knight in Shining Armor" quickly rushed to the aid of several damsels in distress ...

"Recently, and I wrote you of this, I have a series of whiplash victims who are non-responsive to any treatment...they have had the lot...Typically they have widespread soft tissue pain at the C7-T1 level and over the Traps down to the mid-thoracics and into the shoulders. So they, being all women, and in my experience, Anerobic, I tried some A+.

"First was Charlotte, my receptionist, whose health hx is truly daunting. She has a poker neck, and doesn't respond well to adjustments. I gave her 20 drops, and within 5 minutes her headache was receding, and in 10 minutes was gone and stayed gone for 5 days.

"Next was Jean, whose post MVA neck pain persists despite my best efforts. It doesn't help that she has extensive disc degeneration at the C5-6-7 levels and an alordotic spine. Gave her 20 drops. Within 5 minutes she could feel the weight lifting off her shoulders. That was

today, so I don't know how long the relief was, but will see her again shortly.

“Next was Madeline. Again with chronic neck pain from a previous MVA, and recently whiplashed again. I had her virtually asymptomatic, but can do nothing adjustive with her neck this time. I gave her 20 drops today, and within 5 minutes she could feel a tingling in her neck. She will report to me on Monday. I'm hoping that she will get some sleep, as she cannot get comfortable on her pillow.

“Next was Susan. She should be dead, having been smashed up in a head-on collision, and suffered bilateral foot fractures, (one has been operated on 3 times) and a fractured L5 which was mended by putting a wire cage around it. She had for some years been afflicted with blinding headaches., which I have treated. She has had better relief from me than from anyone else, and has forbidden me to retire. I gave her 20 drops, with no results, but on her way home, about 30 minutes later, she got a severe headache together with photophobic flashes and was essentially bedfast for 2 days. She wanted to know if the drops could have caused that. I said I didn't see how. Could they? BTW, the driver of the other car was dead on the spot. Susan has a daunting health hx besides all this, including bronchiectasis as a result of a mis-dx and inappropriate meds: also body-wide pain with inflammation, if her current dx is correct. Any intervention will have to be gentle and gradual.”

Before we had a chance to reply to his case histories the doc sent in this following question ...

“How is it possible that A+ or D+ can work so quickly? Obviously it affects the Anaerobic or Dysaerobic imbalance. In one of those cases I cited, the effect was in less than 5 minutes. This is nearly magic, you know.”

We replied with the following concise explanation of NUTRI-SPEC “magic” ...

“The reason A+ and D+ can work so quickly is because they immediately change the pH at the interface between the interstitium and the cell membrane. (Over a little longer term they change the proportion of fatty acids and sterols in the cell membrane itself.) --- Since dualistic symptoms such as pain, itching, and vertigo are symptoms manifest at the tissue level, they can respond very quickly.”

Then, we had to answer patient Susan’s and the Doc’s question on whether a few drops of Oxy A+ could have put her in bed for 2 days with a disabling headache ...

“I join Susan in forbidding you to retire.

“Her response to 20 drops of A+ was that 30 minutes later she got a severe vascular headache (with visual prodromes --- the whole works), that put her in bed for 2 days. That is a classic Dysaerobic migraine headache. So, this case also demonstrates the powerful and sometimes very quick response at the tissue level to Oxy A+ or Oxy Tonic, and Oxy D+. The Oxy A+ you gave her pushed her strongly Dysaerobic and she experienced a Dysaerobic crisis. --- That proves that her pain sensitivity (or at least certain painful lesions) is Alkaline in character. That means you can be 90% sure it is a Dysaerobic Alkaline Imbalance at the tissue level, but with a 10% possibility that it is a systemic Alkalosis. Your follow-up would be to give Susan Oxy D+, and if that is no help, then Proton Plus.”

Are you getting the message? --- In case you do not have enough experience with NUTRI-SPEC to have figured this out for yourself ...

YOUR NUTRI-SPEC SUPPLEMENTS ARE DYNAMITE.

When administered with even a nod to objective specificity, they provide your patients with explosions of Adaptative Capacity. In some instances (particularly with the Tissue Acid/Alkaline Balancing procedure or the Balancing Procedure that initiates the Diphasic Nutrition Plan) ...

YOU WILL DELIVER A LIGHTENING STRIKE ...

“zapping” your patients’ Metabolic Imbalance with electrifying energy. --- All figurative exclamatories aside, your NUTRI-SPEC supplements truly are not only amazing but unique. No one else can even come close to offering your patients what you do.

Even more important than the immediate effects often seen upon initiation of NUTRI-SPEC are the long-term “live stronger longer” benefits of your supplements. Do you ever stop to truly contemplate the ingredients listed on the labels of your NUTRI-SPEC supplements? Have you read the articles on your NUTRI-SPEC website describing these amazing nutrients?

----- When NUTRI-SPEC first started using the sulfonic acid taurine as a supplement foundational to our Metabolic Therapy, there were a few good studies in the Literature on its benefits for everything from myocardial disease, vascular disease, liver disease, and brain degeneration. Now, 30 years later, there are literally hundreds of such scientific studies.

Same story on glutamine --- initial studies showing some not entirely well-defined anti-catabolic effects, plus some very specific gastrointestinal protective effects of this amino acid. In the 30 years since NUTRI-SPEC has been offering objective means to determine the effective clinical use of glutamine, hundreds more studies have come online supporting its amazing protective effects.

Lipoic acid? --- Same story. 30 years ago the initial studies on lipoic acid showed very promising protective effects on the liver. Now, 30 years later, we have countless studies showing its benefits in defending against both oxidative stress and reductive stress in the liver, the vasculature, and the brain.

What about carnitine, acetyl-l-carnitine, and propionyl-l-carnitine? --- Read your write-ups regarding these amazing anti-aging nutrients and all their metabolic effects. --- THESE are what you are offering your patients (--- unless, of course, you prefer operating on the level of a health food store, peddling “spice rack nutrition.”)

So, if you really “get it” you understand the 2-fold essence of NUTRI-SPEC:

- You offer your patients supplements, not only of incredible biological activity, but with nutrients combined synergistically to multiply that biological activity.
- You administer those supplements as much as possible based on objective criteria --- a patient-specific approach to Metabolic Therapy, rather than disease-specific remedy peddling.

All your various NUTRI-SPEC protocols --- NUTRI-SPEC Metabolic Testing, your Diphasic Nutrition Plan, Sympathetic/Parasympathetic Support System, Barrier Busters Analysis, Tissue Acid/Alkaline Balancing, and the Doing FINE procedure --- are nothing more than our attempt to give you the tools (--- the “excuses” if you will) to use those dynamite supplements and use them most effectively.

--- Now --- let us take this concept of patient-specific objective Metabolic Therapy and connect it to the theme of our past few Letters --- “the adrenals.” Our Canadian chiropractic hero could very well have looked every one of his pain-ridden patients in the eye and said, “It’s your adrenals.” He could have told each patient she had “adrenal stress” or he could have told each patient she had “adrenal insufficiency” or he could have used the term “adrenal failure.”

--- Every one of those statements would have been literally true, but clinically meaningless. Naturally the adrenals were involved --- a person cannot sprain an ankle let alone whiplash a neck without some kind of adrenal reaction, or some kind of failed adrenal reaction. A person cannot be exposed to a cold virus without the adrenal cortex and/or the adrenal medulla jumping up, falling down, rolling over, or doing whatever they must do, or whatever they believe they must do. But the quality and quantity of adrenal reaction, as we have made clear in our last few Letters is entirely secondary to the patient's status as regards the various Metabolic Imbalances, as well as that patient's Vital Reserves.

Adaptative Capacity = Metabolic Balance + Vital Reserves

If you are treating "adrenals" you are failing your patients. If you are treating your patients, you are empowering their adrenals.

How many of your patients have chronic pain, chronic fatigue, chronic depression, chronic itching, or chronic vertigo? Many. What can you do for them? Much. --- As much NUTRI-SPEC as you can deliver, with competence and ease (--- that is, without exceeding your own Adaptative Capacity).

All those chronically afflicted patients who just popped into your mind ideally need NUTRI-SPEC Metabolic Balancing &/or your Diphasic Nutrition Plan. But --- the "ideal" may be out of reach. Limited patient finances or patient compliance can preclude your offering the ideal. Or, perhaps Metabolic Testing is a dubious prospect, either because your patient is on a zillion drugs, or because the NUTRI-SPEC testing skills of your staff are not yet fully developed. ----- Those limitations are not stopping our Canadian doctor, nor should they stop you.

Your take-away from this Letter is that your NUTRI-SPEC supplements are dynamite, and, that they can be "detonated" in myriad ways. NUTRI-SPEC is not an all-or-none proposition. Explosions of Adaptative Capacity can animate the lives of all your patients without doing complete Metabolic Testing and without patients making a life-long commitment to your Diphasic Nutrition Plan, even though that is the ideal. --- Sympathetic/Parasympathetic Support, Barrier Busters, and Tissue Acid/Alkaline Balancing are easily within the reach of your staff, even in a high-volume practice.

--- Our courageous Canadian is 76 years old and still exploring ways to serve. So can you. --- With dynamite, and yes, with "nearly magic."