

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:

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OH NO!!!

Dear Doctor,

Your patients are ...

FRANTIC FOR HELP ---

help that only you can give them. They have been to other doctors who only see the superficialities of what the patient presents --- chronic nagging symptoms --- disabling at times --- despite no evidence of pathology ...

Blood Labs are normal. (But those doctors didn't know to look at the ratio between Urine pH and Specific Gravity, as you do. --- They entirely missed that the patient always has extremely high Urine pH and low Specific Gravity.)

Blood Pressure is normal. (But those doctors didn't know to check the blood pressure orthostatically, as you do. --- They missed the collapsing pulse pressure as the patient stands.)

Heart Rate is normal. (But those doctors didn't know to check the heart rate as it changes from the sitting to the supine position, as you do. Nor did they know to evaluate the heart rate response to orthostatic challenge. --- They missed that the patient's heart rate drops from perfectly normal 72 all the way down to 58 after lying supine for 30 seconds. Then, they missed that the heart rate jumps from 58 to 88 as the patient stands up, then continues to rise up to 94 as the patient continues to stand --- all the while the patient begins to feel "woozy" in the head.)

Respiratory Rate is High at 24. (But those doctors, while having been trained to check the Respiratory Rate as part of Vital Signs, never really pay any attention to it, nor do their nurses. They do not realize, as you do, how significant it is that the patient is hyperventilating --- thus inducing a Respiratory Alkalosis, which magnifies inflammatory pain to an extreme.)

Reflexes are normal. (But those doctors have never been trained, as you have, to check the most important reflex of the ImmunoNeuroEndocrine systems --- the Dermographics Reflex. --- They missed the wide red dermographic response on the patient's arm, but a red response that is completely absent in the leg --- a leg that shows significant edema (if those doctors would bother to look for it).)

The medical establishment ...

IN CONFUSED DESPERATION ...

ashamedly self-confessed its ignorance several decades ago. Yes, in desperation --- before these countless thousands of suffering patients could realize their doctors had no idea what was causing their pain, their exhaustion, their depression, their mental fog, plus episodes of nearly any symptoms imaginable --- the medical power elite resorted to its time-tested winning strategy. --- It contrived ...

NAMED DISEASES ...

to describe the various ...

STATES OF DIS-EASE ...

for which it had no answer.

Does labeling a symptom complex in any way ...

EXPLAIN IT?

Does the label offer even a clue as to what causative factors underlie the Dis-Ease? --- Nope. But, this is the trick the Medicine Men have used since the beginning of time ...

Mrs. Smith: "My knee is painful, stiff, and I can't bend it or straighten it all the way anymore."

Medicine Man (with his best show of both authority and compassion): "Mrs. Smith, you have ARTHRITIS."

Mrs. Smith: "Oh doctor, thank you. I knew you could figure out what the problem was."

Of course, all the Medicine Man did was tell the woman in Latin (artho = joint, and itis = inflammation) what the woman had told him in English. ----- Then, the Medicine Man affirms his reputation for unparalleled wisdom ...

Medicine Man: “Mrs. Smith, take THIS, and you will feel better.”

“THIS” could be a concoction made from Indian turnip and sumac; it could be a potion made from mushrooms and swamp water; it could be a tea made from steeping willow bark; it could be Indocin; it could be a COX-2 blocker. It matters not --- Mrs. Smith goes home hopeful and happy. What happens? 37% of the Mrs. Smiths report almost immediate improvement in their knee pain and stiffness. --- The placebo effect is that powerful.

If the Witch Doctor’s remedy is totally useless, the remaining 63% experience nothing, but their faith in the Medicine Man is so strong they will continue to take the remedy, hoping that eventually it will work. Or, they revisit the Witch Doctor, seeking a stronger remedy. ----- For the 63% who do not benefit from the placebo effect, but take a potion that actually will suppress the inflammation, they share their joy with the placebo beneficiaries, and praise the Witch Doctor to the high heavens. (The celebration is cut short, however, when death ensues from an Indocin-induced bleeding ulcer.)

Now that we have looked at how the game of allopathic medicine is such a big winner, let us evaluate its success in the countless thousands seeking help for disabling symptoms absent of any identifiable pathology ...

Mrs. Smith: “I am so tired I can’t do anything, but the less I do the “tireder” I feel.”

Medicine Man: “Mrs. Smith, you have CHRONIC FATIGUE SYNDROME.”

Or ...

Mrs. Smith: “I hurt. I ache all over and I can hardly move; but the less I move the stiffer and “achier” I feel.”

Medicine Man: “Mrs. Smith, you have FIBROMYALGIA SYNDROME.”

Or ...

Mrs. Smith: “Out of nowhere I get these “sinking spells”. My brain goes foggy; I am so weak I can’t stand up; vision goes funny and I have to close my eyes; I start to get dizzy, and then nauseous. I need to lie down and usually can’t get up until noon the next day.”

Medicine Man: “Mrs. Smith, you have MULTIPLE CHEMICAL SENSITIVITIES.”

My, my, my --- aren't these Medicine Men smart? ----- But do you see where their allopathic model breaks down? --- After compassionately and authoritatively winning the "name that disease" game, they have no follow up. Unlike in serving the Mrs. Smiths' with an arthritic knee, the Mrs. Smiths' with CFS, FMS, and MCS could not be offered a remedy. Indian turnip root with sumac is a total losers. --- So --- for the last several decades, since attaching names to these states of Dis-Ease, the medical/pharmaceutical establishment, in confused desperation, has relied on antidepressants --- first the tricyclic antidepressants, then SSRI's and SNRI's --- in a desperate attempt to help these patients feel better. --- Pathetic.

Fortunately for your patients ...

YOU ARE NO WITCH DOCTOR.

You are WAY ahead of all the Medicine Men your patients have ever consulted. You are not in confused desperation every time a patient presents with bizarre symptoms --- whether that patient has Chronic Fatigue Syndrome, Fibromyalgia Syndrome, Multiple Chemical Sensitivities or any other inexplicable symptoms. You know exactly what CFS, FMS, and MCS are. You know that they, along with Eosinophilic Fungal Reactivity symptoms, Mixed Mold Mycotoxicosis, and Post Traumatic Stress Disorder, are the nasties lurking in the CRYPT OF CREEPY CRITTERS --- the mysterious monsters in the deep dark regions of your most difficult patients' state of DIS-EASE.

Dis-Ease? Yes, as you well know, **Dis-Ease = INFLAM-AGING** and, from your Dis-Ease = INFLAM-AGING Flow Chart, you are well grounded in the healthcare (not disease care) philosophy that all these conditions --- CFS, FMS, EFR, MCS, MMM, and PTSD --- are ...

VARIATIONS OF THE SAME THEME.

They are the maximal manifestations of ImmunoNeuroEndocrine stress.

All your patients who are FRANTIC FOR HELP? Listen, and you will hear the faint cry of ...

"OH NO!!!"

from deep within that patient's essence. Trapped in the Crypt of Creepy Critters, your patient cries out to you --- NO! NO! NO! --- NITRIC OXIDE! NITRIC OXIDE! NITRIC OXIDE!

NO = Nitric Oxide = ImmunoNeuroEndocrine stress.

NO = Nitric Oxide = Prostaglandin Imbalance = ImmunoNeuroEndocrine stress.

NO = Nitric Oxide = Inflammatory Cytokines = ImmunoNeuroEndocrine stress.

NO = Nitric Oxide = Rotten Microbiota = ImmunoNeuroEndocrine stress.

NO = Nitric Oxide = Any/every NUTRI-SPEC Fundamental Imbalance = ImmunoNeuroEndocrine stress.

NO = Nitric Oxide = The fading Vital Reserves of a Failing Diphasic Cycle = ImmunoNeuroEndocrine stress.

Pathologies that involve excess NO include:

- Fibromyalgia Syndrome (FMS)
- Chronic Fatigue Syndrome (CFS)
- Multiple Chemical Sensitivities (MCS)
- Post Traumatic Stress Disorder (PTSD)
- Mixed Mold Mycotoxicosis (MMM)
- Eosinophilic Fungal Rhinosinusitis (& Eosinophilic Bronchitis & Esophagitis)
- Many Autoimmune Diseases
- Excitotoxic Brain Cell Destruction
- Asthma
- “Atherosclerosis” (Arteriosclerosis)

Let us look at Fibromyalgia in particular. Where does Nitric Oxide fit into the Fibromyalgia picture? Everywhere!!

First, look at the “E” component of the INE stress in FMS. In your Fibromyalgia patients there is a marked sensitization of the hypothalamus such that it releases gobs and gobs of CRH (Corticotrophin Releasing Hormone). Many researchers looked at this hyper-reactivity of CRH neurons and assumed that they needed to intervene in the Hypothalamus-Pituitary-Adrenal axis to help FMS patients. Didn't work. In particular, “supporting the adrenals” with various forms of Cortisol, or with Prednisone, is universally a disaster in Fibromyalgia. The problem lies elsewhere in the “E” portion of INE stress.

What happens is that the elevated hypothalamic CRH stimulates somatostatin secretion in the hypothalamus, which in turn causes inhibition of growth hormone, and most importantly, inhibition of thyroid stimulating hormone in the pituitary. That is one reason why Fibromyalgia patients respond so beautifully to thyroid (despite denial of its efficacy by the Medicine Men). (The other reason is because the unrelenting INE stressors associated with the onset of FMS also create Thyroid Insufficiency (Low T3 Syndrome.)

Your Fibromyalgia patients all have an enzyme imbalance in the Nitric Oxide metabolic pathway --- with elevated Nitric Oxide Synthase enzyme and low Arginase enzyme. The effect? Out of control Nitric Oxide production. In FMS patients, elevated NO correlates with:

- Pain
- Morning stiffness
- Migraine
- Chest pain
- Irritable Bowel Syndrome
- Mast Cell Activation === increased Prostaglandin D2 + increased Histamine + increased Serotonin
- Cyclooxygenase increased === Prostaglandin Imbalance
- Prostaglandin Imbalance feeds back in a vicious cycle to further increase NO
- Inflammatory Cytokines increased, especially TNF- α , Interleukin(IL)-4, IL-8, IL-13, and IL-15 (= TH2 dominant immune reactivity)

Are all these evidences of INE stress unrelated monsters attacking your FMS patients? No, there is very definitely a UNIFYING HYPOTHESIS --- namely, FMS (along with CFS and to a certain extent all the other monsters in the Crypt of Creepy Critters) result from sensitization of the CNS (--- the hypothalamus in particular, but also various other brain centers). And what originally sensitizes the CNS, thus initiating this entire cascade of INE stress-related symptoms? --- **OH NO!**

From a NUTRI-SPEC perspective, here is what is most fascinating. The above list of INE components common to FMS applies almost identically to Chronic Fatigue Syndrome. Do you get it? FMS and CFS are variations of the same theme. --- So --- I ask you, a NUTRI-SPEC practitioner, what determines whether your patient suffering INE stress from an NO sensitization of the brain will succumb to Fibromyalgia, or to Chronic Fatigue, and which ones will develop both?

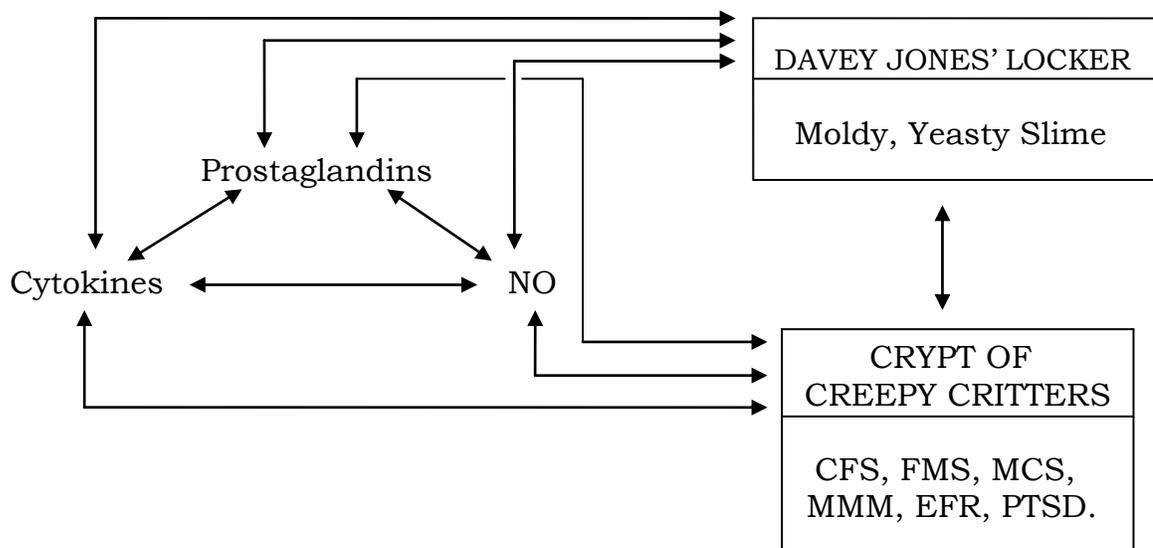
The patients who suffer FMS are those who tend to be sympathetically reactive (Sympathetic Imbalance or Glucogenic Imbalance, or Dysaerobic Imbalance), while those who develop Chronic Fatigue are patients who tend to suffer Sympathetic failure (Parasympathetic Imbalance, Anaerobic Imbalance, and Metabolic Alkalosis Imbalance). Your patients with both Fibromyalgia pain and Chronic Fatigue are those Vacillator-Oscillators who mount a Sympathetic immune reactivity when they can, but cannot sustain it for long, and lapse into periods of Sympathetic failure.

How can you most effectively serve your Fibromyalgia patients (and your Chronic Fatigue and other patients whose lives are being eaten up in the Crypt of Creepy Critters)? Your most powerful tool is your Dermographics Reflex. USE IT!!! With the Arm and Leg Dermographics plus Edema you will gain more understanding of a patient's INE stress than by any other 2 minutes invested. ----- Both a Red response and a White response are direct indications of excess Nitric Oxide.

A Red Dermographics indicates Nitric Oxide-mediated Mast Cell Activation, with associated Histamine, Serotonin, and Prostaglandin D2. These are your Anaerobic/Parasympathetic/Alkaline/Ketogenic patients. There is an excess of Reactive Nitrogen Species. White Dermographics response indicates the Nitric Oxide pathway being diverted into Reactive Oxygen Species, with free radical oxidative damage (your Dysaerobic/Sympathetic/Acidosis patients).

How many of your patients have Fibromyalgia Syndrome? Probably the majority do. Since you now understand that Fibromyalgia is not a disease, but rather a state of Dis-Ease, you realize having it is a matter of degree. Some of your patients almost continuously feel like they were “ridden hard and put away wet” (as per your last months’ Letter), and some feel their aching neuromuscular misery only intermittently and to varying intensities.

----- Most of you reading this are Chiropractors. How many times has a patient said to you, “Doc, I’ve got it across the shoulders” --- meaning pain and stiffness in the trapezius area. Such patients almost certainly need a Chiropractic adjustment, but they 100% certainly need Metabolic Balancing &/or a Diphasic Nutrition Plan to address the excess Nitric Oxide and all its Inflamm-Aging ramifications. Why do they “get it across the shoulders” every time they are under emotional stress? Every time they get cold/damp? Every time they eat at McDonalds? Every time they do long-duration low-intensity exercise? Every time they have a high carb/sugar breakfast? Every time they over-eat on fruit? --- Yes their INE stress response has a Chiropractic component. But that Chiropractic adjustment will be “needed” repeatedly until the INE stressors are corrected with NUTRI-SPEC.



You may or may not find interesting all the information given above on Fibromyalgia --- the sensitization of the Hypothalamus and other brain centers,

the inflammatory cytokines, the Mast Cell Activation, the Sympathetic stress response, and so forth. But while understanding all that puts you way ahead of the Witch Doctors, you really do not need to know any of it to serve your patients well. You see, all that knowledge of ImmunoNeuroEndocrine stress is incorporated into your NUTRI-SPEC system. Whether you serve your patients with NUTRI-SPEC Metabolic Balancing, with your NUTRI-SPEC Diphasic Nutrition Plan, or with Sympathetic/Parasympathetic Balancing, or with the Pain Control protocol, or some combination of the above, you will be addressing all those INE stress factors.

Look at the mini flow chart on the previous page. You recognize this as a fragment of your overall **Dis-Ease = INFLAM AGING** Flow Chart. Recall that your master ImmunoNeuroEndocrine Flow Chart is loaded with VICIOUS CYCLES --- in other words, one patho-physiological process triggering yet another, which triggers yet another, which then can feed back and re-trigger the first. Now, you see that even within this Prostaglandin --- Cytokines --- Nitric Oxide Flow Chart there are many vicious cycles. Read your new NUTRI-SPEC Monograph on Nitric Oxide. What do you find? Another massive and intricate meshwork of vicious cycles just within the Nitric Oxide pathways --- and each of those whirlpools of INE stress connects directly to the vicious cycles of your Dis-Ease = INFLAM AGING Flow Chart. ----- The academic knowledge you are accumulating on INE stress through your study of NUTRI-SPEC puts you way ahead of the desperately confused Medicine Man. But again, it is all “purely academic”. All you really need to do is infuse your patients with personal power using NUTRI-SPEC.

Specifically --- what is your “cure” for Fibromyalgia? --- Simply ...

- Note the critical position of Moldy Yeasty Slime in the above Flow Chart. --- You must get the yeast/mold out of your patients’ environment.
- Choose the ideal Immuno-Synbiotic for all your patients.
- Pump up your patients’ Vital Reserves with your Diphasic Nutrition Plan or Sympathetic/Parasympathetic Balancing.
- Prior to instituting the DNP, for patients who are appropriate candidates, spend 3-10 weeks doing complete Metabolic Balancing.
- Note that your Dermographics plus Edema testing is central to analyzing the metabolic needs of these patients.
- All these patients need the world’s most powerful ADAPTOGENS --- ADAPTO-MAX and OXY-MAX.
- All these patients need TAURINE --- an ADAPTOGEN specific for NO.

Your patients are frantic for help only you can give them. ----- Your special offer of a **FREE** Nitric Oxide monograph is still in effect through this month.