

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Take it easy. --- Make it easy. In fact

TAKE THE PATH OF LEAST RESISTANCE.

This Letter will reinforce how with NUTRI-SPEC you can do just that --- moving through your days with ease --- while at the same time --- and time after time after time, you

- HIT THE NAIL ON THE HEAD
- HIT A HOLE IN ONE
- HIT A HOME RUN
- HIT THE BULL'S EYE
- Are a BIG HIT with your patients

all the while NUTRI-SPEC has you motoring along on automatic pilot. Day after day you float with ease from patient to patient as if on a magic carpet.

MAGIC? The combination of ease + specificity comes from integrating the power of two NUTRI-SPEC protocols --- your Diphasic Nutrition Plan and your Sympathetic/Parasympathetic Support System Analysis. The "magic" is in the perfect combination of specificity from the S/PSS, plus the comprehensive solid foundation provided by your DNP to rebuild every patient's Vital Reserves.

Consider these quotes we received from NUTRI-SPEC practitioners upon their discovering the ease as well as the POWER of the S/PSS

1. "I want to thank you again for all of your great support, wisdom, and knowledge. My confidence in assessing my patients has risen another quantum level by using (and having some understanding of) the S/PSS. I find that I am utilizing the "barrier buster" supplements more frequently (especially Sodium Glycerophosphate and Magnesium Chloride) and recognizing and treating with Complex S and Complex P more frequently. I have also increased my recommendations for Phenylalanine."
2. "The S/PSS is like a breath of fresh air for me. I have to admit I've struggled at times with the NUTRI-SPEC Metabolic Testing --- achieving amazing results just often enough to keep me going --- but also experiencing the frustration of not being able to sort through the long lists of drugs a new patient is on. Fortunately for me and my patients, the NUTRI-SPEC staff has always been helpful in guiding me through these difficult cases. But now, with the S/PSS I can handle almost any patient on my own. So, I guess I'll be "bothering" you folks a lot less. ☺"
3. "I am enjoying using the S/PSS. I now have many more "tools in my toolbox." I spent a few weeks digging deeply into the S/PSS, and this was a wonderful exercise for my little brain. I also reviewed the Nitric Oxide monograph, read quite a few sections of the NUTRI-SPEC website, especially sections on Sympathetic Systems and Support."
4. "Now that the S/PSS is available, I have more variables to consider ..." -----

HUMBUG I SAY!!!

This last comment was from yet another NUTRI-SPEC practitioner lauding the S/PSS for its combination of simplicity (ease) --- and, that it can be applied to any patient any time. But I have to interrupt her remarks because even though I agree with the spirit of her compliment, I absolutely must pause to clarify that there are definitely not more variables to consider.

Our intent is to simplify, not make our heads dizzy with more crammed in data. Our goal here is to take the path of least resistance. The complete NUTRI-SPEC testing is often murky (and my office always does a complete testing on every new patient just because we are always gathering data) --- but you do not even need to consider complete NUTRI-SPEC Metabolic Testing to succeed with NUTRI-SPEC. Murky test results? --- I take the path of least resistance (--- which is also the path to immediate but also permanent benefits for my patients) --- and go right to the S/PSS (and/or the Tissue Acid/Alkaline Balancing) --- as both are completed using the same Dual Purpose Test Results Form).

In keeping with our Live Stronger Longer theme --- you will achieve the most dramatic results with this Sympathetic/Parasympathetic Analysis if you

integrate it with each patient's Diphasic Nutrition Plan. Your most essential clinical tool here is to begin each patient by instituting the BALANCING PROCEDURE. That achieves for all your patients the ideal individualized balance between your

METABOLIC SPARKS

Oxy Tonic, Electro Tonic, and Oxy D+. Then, use your Sympathetic/Parasympathetic Support System to expand and further individualize each patient's DNP.

Over a period of a few months, your Metabolic Therapy will have thoroughly addressed all that patient's Metabolic Imbalances (even without the frustration of wrestling with complete NUTRI-SPEC Metabolic Imbalance Testing --- and actually achieve Metabolic Balance because you didn't waste your time and your patient's time and money on the impossibility of Metabolic Imbalance Testing). And after those 2-4 months? --- You will at that time streamline the Live Stronger Longer supplement regimen to that patient's life-long DNP.

Among those of you who are particularly sharp at doing the NUTRI-SPEC testing for the 6 Fundamental Metabolic Imbalances --- there are those who recognize one potential snag in the Metabolic Imbalance Testing. --- It is that a patient might have two Imbalances, and tests for these might "cancel each other out" --- and thus hide the presence of those Imbalances.

For example, a person with a Metabolic Alkalosis Imbalance + a Dysaerobic Imbalance would tend to have the Alkalosis pushing up the Urine pH and the Dysaerobic Imbalance pushing down the Urine pH, thus cancelling each other out. So, here is yet another illustration of how your Sympathetic/Parasympathetic Support System Analysis allows you to

TAKE THE PATH OF LEAST RESISTANCE.

Regarding "identifying combinations of Fundamental Imbalances that sometimes cancel each other out ..." --- think this through. ----- Another example --- Parasympathetic + Dysaerobic Imbalances tend to cancel each other out in terms of Urine pH and Specific Gravity --- but also on the Dermographics testing, with Parasympathetic yielding Red Dermo and Dysaerobic White Dermo.

And, as yet another example --- Anaerobic + Parasympathetic will tend to "cancel each other out" as regards Heart Rate and Blood Pressure, and often with regard to Body Temperature as well. Also the Leg Dermographics --- with the Anaerobic often yielding a Red Dermographics on the leg, while Parasympathetic, if there is any fluid retention, will show White.

Make it easy. ----- Your Sympathetic/Parasympathetic Support System Analysis sweeps all those ambiguities away --- making the S/PSS “like a breath of fresh air” for you --- as for the doctor whose compliment you read above. The S/PSS Analysis very definitely allows you to move with ease down the path of least resistance.

For those of us who at least attempt the complete NUTRI-SPEC Metabolic Imbalance Testing on all patients --- even knowing in advance the analysis may be impossible to interpret because of drugs or multiple extreme pathologies (such as a diabetic with asthma and rheumatoid arthritis) --- the S/PSS gives another huge advantage. On such patients, the Metabolic Imbalance Testing might show bizarre combinations of the 6 Fundamental Imbalances. It may even show all 6 Imbalances! An example would be a patient getting beaten up by a Prostaglandin E2 Imbalance that tends to cause significant swings in Anaerobic/Dysaerobic test results, or Sympathetic/Parasympathetic test results --- indicating that the patient has nearly zero ADAPTATIVE CAPACITY.

How do you handle such cases? --- Take the path of least resistance. That is one more beautiful aspect of the S/PSS --- that in addition to sweeping away the “cancelling out” effect of certain Imbalance Test Patterns described above, you will also find that in these patients your one specific finding out of the 17 Imbalances of the S/PSS will **override** unmanageable combinations of the 6 Fundamental Imbalances. That is to say --- even though you are taking the path of least resistance, you will get more directly to the core of a fundamental metabolic need of a patient who is either overwhelmed by drugs or overwhelmed by severe pathology.

Now consider this Look at Number 17 on your S/PSS Analysis Table --- “Glucogenic Pattern.” Here is yet another clinical advantage to getting all your patients on their life-long Diphasic Nutrition Plan while “juicing it up” with your S/PSS findings

We sometimes see a Glucogenic Imbalance hidden by other factors. One common example is patients who are extremely hypertensive (likely associated with Electrolyte Stress and/or Anaerobic and/or Sympathetic Imbalances). The effect of the high blood pressure on the baroreceptors causes a reflex slowing of the Respiratory Rate --- which means that patient will never show a Glucogenic test pattern on the complete NUTRI-SPEC analysis.

We could also see Hypothyroid and Thyroid Insufficiency patients with slow Respiratory Rate and slow Heart Rate who will never show a Glucogenic test pattern. Yet, we will pick up the Acid Reactive Hypoglycemia typical of a Glucogenic patient with the #17 analysis. ----- Do you see? You can't beat your S/PSS for its combined simplicity and specificity --- and its power to take you directly to the core ImmunoNeuroEndocrine stress of every patient.

Another consideration --- yet another case where you can float with the path of least resistance in a challenging patient --- and get directly to the core of what that patient needs ----- Suppose a particular symptom is dominating the patient's life --- such as nearly disabling somnolence in someone who upon testing leans Sympathetic and/or Dysaerobic (Imbalances typically associated with insomnia, not somnolence). --- I go straight into the Balancing Procedure of the DNP --- then retest down the road a few weeks. At that point, usually either the full Metabolic Imbalance testing or the S/PSS (or the Tissue Acid/Alkaline Balancing) will show a clear path.

When full Metabolic Imbalance Testing and S/PSS show entirely different Imbalances (but not conflicting Imbalances) I will address both --- unless the patient's symptoms overwhelmingly line up with one of those two. Then, I will choose to treat only that one. To illustrate: If the complete Metabolic Imbalance testing shows a Parasympathetic Imbalance, yet the S/PSS Analysis shows a Glucogenic Imbalance, what is my path of least resistance?

--- Think of it --- the S/PSS Analysis has several of the 17 test patterns that relate specifically to Parasympathetic Imbalance --- yet in this patient none of those test patterns were confirmed. Cruising through the S/PSS Analysis I came all the way down to the end before a perfect match was revealed --- that perfect match being a Glucogenic Imbalance. THERE IS NO WAY the patient could have the Parasympathetic Imbalance (falsely) indicated by the Complete Metabolic Testing if it was not picked up by the S/PSS Analysis. Here again, the S/PSS Analysis "wins" --- and overrides the goofy findings of the full Metabolic Testing.

If there is direct conflict between Imbalances from the S/PSS and full testing (--- for example Anaerobic AND Dysaerobic), then you have 2 choices --- either go to the DNP Balancing Procedure, or go with one of those 2 Imbalances if it is a perfect match to the patient's symptoms. (Far more often I go to the DNP Balancing Procedure as the path of least resistance).

What I (& you must) never do is look at conflicting input, let my head start spinning as a result, and then just "try something" to see what might work. --- Putting a patient on the DNP initiated with the Balancing Procedure, plus the most appropriate Immuno-Synbiotic, is a real nice way of clearing the muddy waters --- particularly if at the same time the patient is cleaning up the eating plan with Eat Well – Be Well, and perhaps backing off some of the nastier drugs.

"Conflicting" Imbalances? --- Or Imbalances "hidden" by Test Patterns that "cancel each other out?" ----- No. No longer a dilemma when you use your S/PSS Analysis.

“More variables to consider?” --- NO! --- Fewer variables to consider --- yet, a more direct route to the essence of every patient’s Metabolic needs --- while floating along the path of least resistance.

Fewer --- easier variables to consider. Your S/PSS is the ultimate in clinical simplicity

- Stroke the arm with a tongue depressor
- Stroke the leg with a tongue depressor
- Apply 5 seconds thumb pressure to the leg
- Check the sitting Heart Rate for 15 seconds
- (After 30 seconds supine --- during which you can count the Respiratory Rate as a Bonus Test), count the Heart Rate for 15 seconds

That’s it! --- Plug 5 numbers into your Dual Purpose Test Results Form, then cruise through your S/PSS Analysis Table looking for the first of the 17 Imbalances that gives you a perfect match, and select the specific supplements your patient needs as the first HUGE step toward ...

METABOLIC BALANCE + INCREASED VITAL RESERVES.

You’re done! (--- Or actually, your staff is done --- since the procedure is so easy there is no need to invest your time. --- You need merely stride confidently into the room to give the patient your good news --- that you have found a Metabolic Imbalance that is an underlying cause of the ...

- Tubby Tummy
- Depression/Anxiety
- Chronic Fatigue
- Fibromyalgia
- High Cholesterol
- High Blood Pressure
- High Blood Sugar
- Allergies

MAGIC --- while you cruise with ease along the path of least resistance.