

NUTRI-SPEC



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SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

Let us immerse ourselves once again in ...

THE FOUNTAIN OF YOUTH.

You began to learn in last month's Letter how to take the mystery out of the aging process. You learned a very simple formula that describes the means by which we preserve youth:

$$\text{ADAPTATIVE CAPACITY} = \text{METABOLIC BALANCE} + \text{VITAL RESERVES}$$

You are learning that in a very general sense, aging is nothing more than the result of fading Adaptative Capacity; and Adaptative Capacity is nothing more than the ability to put up a resistance against the stressors of life.

The idea we introduced last month is how the mechanism that actually fails --- causing the loss of Vital Reserves associated with aging --- is the ability to maintain a high amplitude in the normal diurnal cycle. What we are now offering you is the means to pump up the amplitude of each patient's diurnal cycle. In other words, to pump up

RESISTANCE TO BOTH ANABOLIC AND CATABOLIC STRESSORS.

Your Diphasic Nutrition Plan offers a daily sip from The Fountain of Youth for all your patients.

Fig 1. Balanced + High Vital Reserves = Powerful Adaptative Capacity

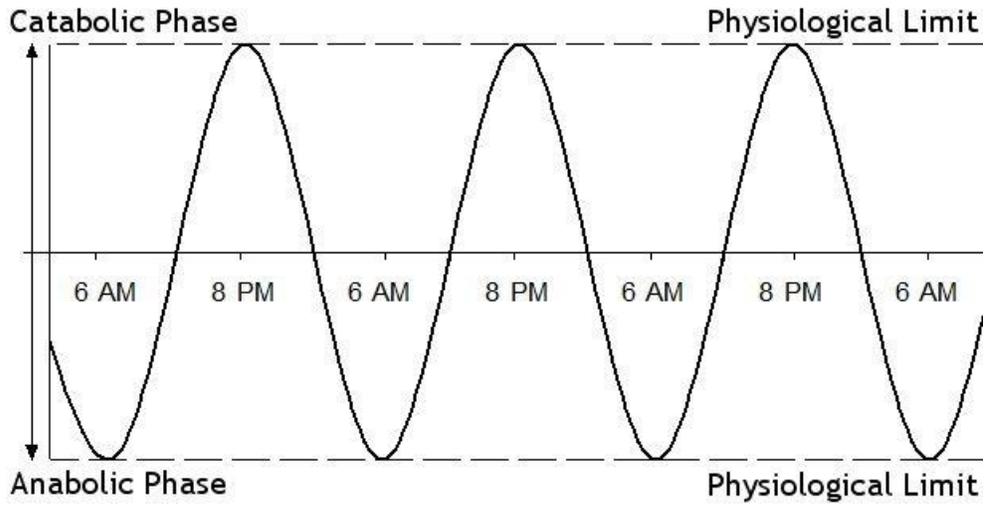
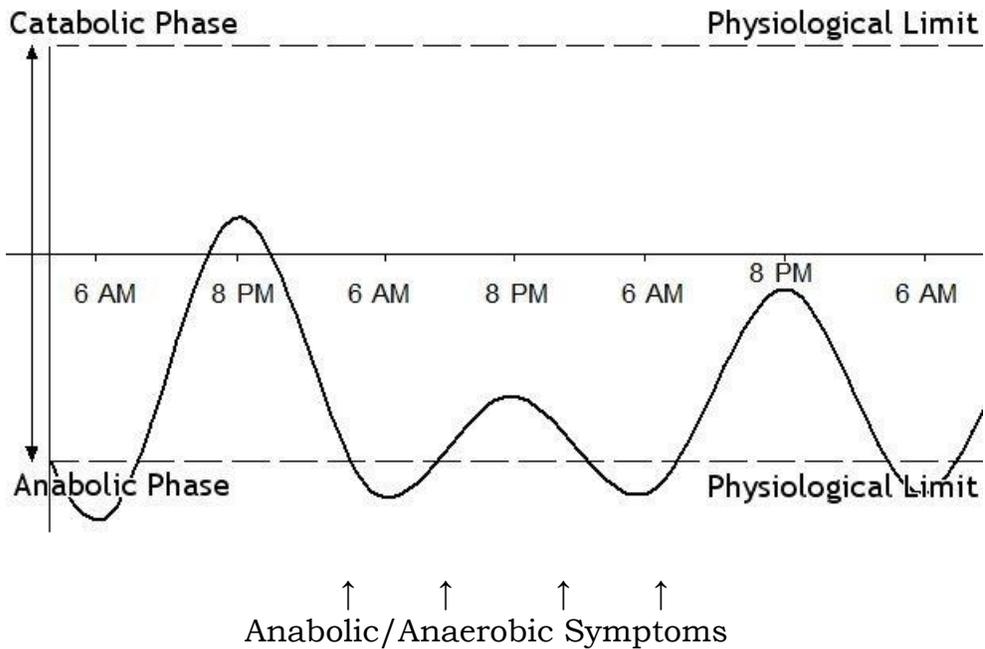


Fig 2. Anabolic + High Vital Reserves = Frequent Acute Anabolic Crises



To review how this diurnal cycle works, look at Fig 1. From the peak of the catabolic phase at 8:00 p.m. to the peak of the anabolic phase at 6:00 a.m., this person is firing on all cylinders, equally at power against both hyperplasia (anabolic stressors) and disintegration (catabolic stressors).

Look at Fig. 2. This is another example of a youthful patient with high vital reserves. Notice the good (though less than ideal) amplitude to both the catabolic and anabolic phases of the diurnal cycle. What is this patient's problem? This is simply a person who, despite high vital reserves, is stuck in an Anaerobic Metabolic Imbalance. This person's Adaptive Capacity suffers only because of the Anaerobic Imbalance. The symptoms and conditions that brought this patient to your office involve exclusively the decreased Adaptive Capacity associated with that Anaerobic Imbalance.

If left untreated, this patient will, over the years, display many of the symptoms and conditions associated with an Anaerobic Imbalance, including chronic constipation, recurring infections, low energy, allergies, and elevated cholesterol, and will inevitably succumb to either cancer or heart disease as the finale to a lifetime of Anaerobic pathology. It is patients such as these on whom NUTRI-SPEC practitioners routinely perform "miracles," eliminating the patients' current symptoms, while adding years to their lives.

What is YOUR Nutri-Spec regimen for this patient suffering from an Anaerobic Imbalance plus fading Vital Reserves? How are YOU going to achieve the ideal --- correcting the Metabolic Imbalance while at the same time getting your patient's Vital Reserves recharged to full capacity? Your Metabolic Therapy for this patient will integrate this patient's individualized DNP with one of your Nutri-Spec test protocols.

As you are probably aware, the BALANCING PROCEDURE that initiates your DNP automatically sets for your patient the ideal combination of Oxy Tonic, Electro Tonic, and Oxygenic D+ --- your most critical Metabolic Sparks --- and is a way to automatically address at least 80% of any Anaerobic/Dysaerobic (Anabolic/Catabolic) Imbalance in each patient. But in addition to your DNP, you may want to do complete Nutri-Spec Metabolic Testing. Going that route requires an extreme commitment from both you and the patient (--- and, in the presence of medications with which most of your patients are temporarily "stuck" --- can lead to some degree of frustration).

Almost always a better approach is to juice up the patient's DNP with some combination of Sympathetic/Parasympathetic Support System Analysis or Tissue Acid/Alkaline Analysis. With those two protocols of objective analysis integrated with the individualized DNP

YOU WILL EMPOWER YOUR PATIENTS.

And in patients like the one in Figure 2, you will restore Metabolic Balance while simultaneously ---

STOPPING THE PREMATURE AGING PROCESS IN ITS TRACKS.

Now look at Fig. 3. The first thing you notice on this graph is that the names of the two phases have been changed. The catabolic phase is now referred to as the anti-anabolic phase, and the anabolic phase is now referred to as the anti-catabolic phase. This change in labeling better represents what happens in all of us --- beginning ever so slightly and insidiously at about age 33, and progressing throughout the remainder of life. What we lose are

THE VITAL RESERVES REQUIRED TO A PUT UP A DEFENSE ---

against either the anabolic stressors in our lives or the catabolic stressors in our lives.

In a healthy person, anti-anabolic forces are mobilized in the morning as part of the diurnal cycle, while forces defending us against catabolic stressors are mobilized in the evening, and operate throughout the night. As long as the amplitude of a person's diurnal cycle swings to near the complete physiological limit of each of the two phases (as in Fig.1), that person is defending effectively against both catabolic and anabolic stressors. In other words, the effects of aging, with the insidious development of both anabolic and catabolic pathologies, is being delayed. Life is good.

But, the second critical feature to notice on Fig. 3 is the low amplitude (flat) graph of the diurnal cycle. This person doesn't begin to approach the normal physiological limits of either the anti-anabolic phase or the anti-catabolic phase of the daily cycle. What will happen if you do NUTRI-SPEC testing on this patient? You very likely will find no NUTRI-SPEC Metabolic Imbalances at all. If you do find one, it will correct very quickly, even as the patient experiences no relief in symptoms, or perhaps even an exacerbation of symptoms. In fact, the patient may swing very radically from the imbalance you are treating to the opposite. Why?

This patient has no defensive capacity against any physical, mental, chemical, or thermal insult. Even a NUTRI-SPEC regimen to correct, say, a slight Glucogenic Imbalance is enough to overwhelm the patient very quickly. (This is one reason why it is so important to do follow-up testing within one week on all the patients you test.)

This Fig. 3 patient is just plain weak --- day in and day out losing battle after battle with Father Time. The processes of aging and its associated

Fig 3. Balanced + Low Vital Reserves = Low Adaptative Capacity = Aging/Degeneration

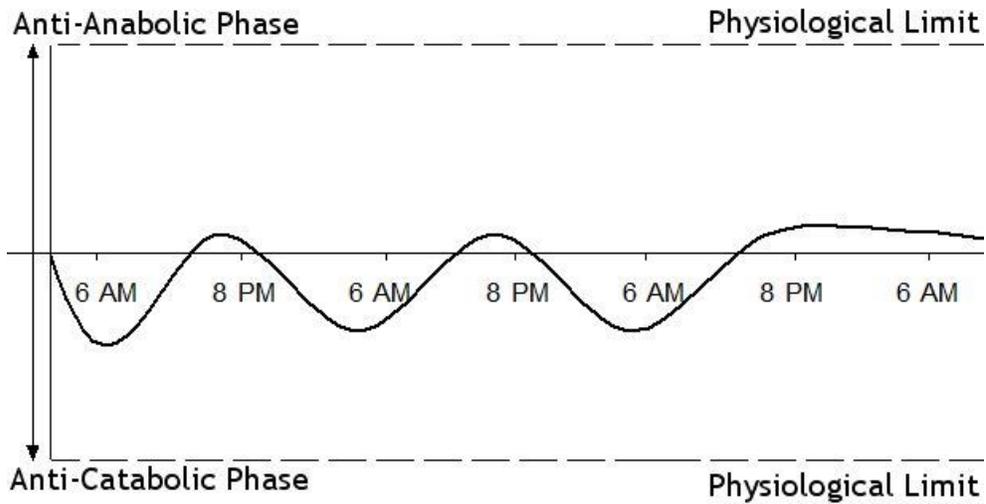
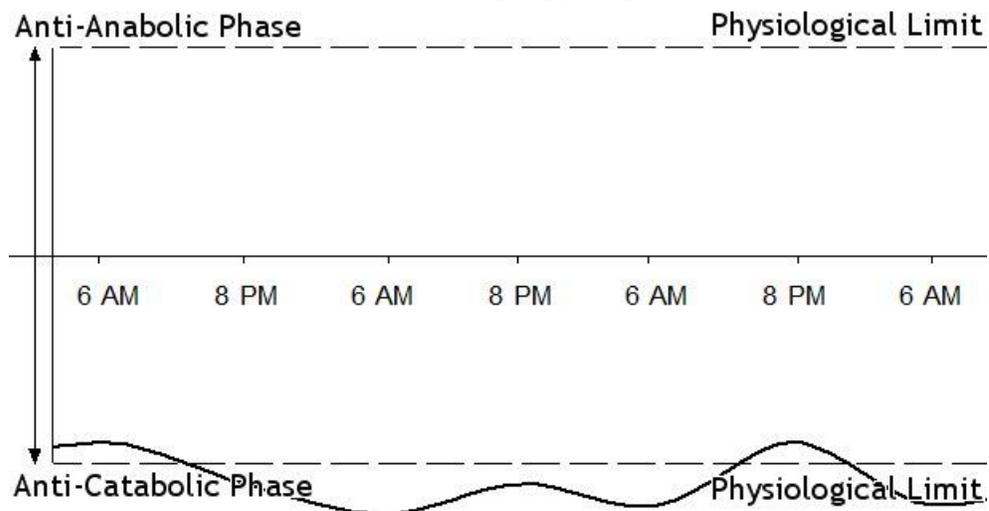


Fig 4. Anabolic + Low Vital Reserves = Chronic Anabolic Disease + Anabolic and Catabolic Aging/Degeneration



degeneration are advancing rapidly relative to that person's age. This is a patient that desperately needs your NUTRI-SPEC Diphasic Nutrition Plan.

Now look at Fig. 4, and compare this patient with your patients in Fig. 2 and 3. This patient has the worst prognosis imaginable. Like the patient in Fig. 2, this patient has an extreme Metabolic Imbalance. But, like the Fig. 3 patient, this one has a complete failure to cycle. So, this patient has ultra low Adaptative Capacity, being totally under the thumb of an Anabolic Metabolic Imbalance --- plus, being unable to muster any reserves against either hyperplastic or disintegrative pathologies.

Unlike the patient in Fig. 2, who demonstrates frequent acute anabolic crises, this person is in a chronic state of anabolic degeneration. Symptoms are likely to be predominately of an anabolic/hyperplasia character, yet catabolic/disintegrative aging processes are proceeding as well. After a certain age, this patient will begin to experience some catabolic/disintegrative pathologies. (And, if medicated for these pathologies, the Anabolic Imbalance (and its associated symptoms and conditions) will get much worse very rapidly.

This patient needs NUTRI-SPEC testing, or --- to get more quickly to your patient's metabolic needs --- your Sympathetic/Parasympathetic Support System or Tissue Acid/Alkaline Analyses --- each of which will likely reveal Anaerobic and/or Parasympathetic and/or Ketogenic Imbalances. Treating those Imbalances will likely (gradually) restore Metabolic Balance to this patient. But even when that balance is achieved, if this patient is still showing a flat graph (representing a failure to cycle), the over-all Adaptative Capacity will only be helped a little. ----- This patient, after having been brought close to Metabolic Balance, will need less and less of the Metabolic Balance Supplements --- relying almost entirely on the Diphasic Nutrition Plan to get some swing back into the diurnal cycle.

EMPOWER YOUR PATEINTS ----

in their quest for lasting youthful vitality. The "Fountain of Youth"? ----- With your Diphasic Nutrition Plan you will give your patients all they need to

LIVE STRONGER LONGER.

