

# NUTRI-SPEC



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## THE NUTRI-SPEC LETTER

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From:  
Guy R. Schenker, D.C.  
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Dear Doctor,

Since the 1980's the NUTRI-SPEC staff has been getting one question over and over again.....

### **“WHAT SUPPLEMENTS DOES DR. SCHENKER TAKE?”**

For a long time that question made me ever so slightly grouchy. After all, I told myself, to even ask that question is to miss the entire point of NUTRI-SPEC. If what NUTRI-SPEC is all about comes down to BIOLOGICAL INDIVIDUALITY --- and ---

### **INDIVIDUALIZING EACH PERSON'S SUPPLEMENT AND DIET PLAN ---**

the supplements that Dr. Schenker takes is totally irrelevant --- irrelevant to the understanding of NUTRI-SPEC concepts, and irrelevant to anything you do for your patients.

Also inherent in that question is the suspicion that Dr. Schenker does something extraordinary in addition to NUTRI-SPEC as part of his personal health plan. ----- Nope. ----- The happy and simple truth revealed ...

For 30 years I have been on my own individualized Diphasic Nutrition Plan. Way back before the DNP was offered to you (about 20 years ago), and after spending several years keeping myself metabolically balanced in the face of a monstrous Anaerobic Imbalance --- I maintain myself at peak performance with the DNP. The efficacy of that DNP took a quantum leap upward 10 years or so ago when NUTRI-SPEC first developed its IMMUNO-SYMBIOTIC. ----- My DNP is powerful --- makes me feel powerful --- keeps me in Metabolic Balance -- and keeps my Vital Reserves pumped up to full capacity --- with a high amplitude Diphasic Cycle.

Why are these comments about the DNP relevant in this month's Letter? The DNP is something you absolutely must understand if you want to protect yourself, your family and your patients --- not only from COVID-19, but more particularly from all the false propoganda regarding COVID-19. Recall our major point of emphasis in last month's Letter. ----- The Corona virus is not the killer. It is not the virus eating holes in the lungs. The true killer is an excessively "strong" immune system reactivity --- the catabolic inflammatory reaction called ....

### **A CYTOKINE STORM.**

It is the victim's own immune system causing the acute and deadly damage.

It is the Activated Mast Cells, and Activated Macrophages (that we discuss repeatedly in these Letters and in our articles) that are releasing a tsunami of deadly prostaglandins and cytokines (--- Interleukin-1, -2, -6, -8, and -18, along with Interferon-Gamma and TNF-Alpha) that are the killers.

Why is it that people over 85 are subject to this deadly cytokine storm, and why are those few people under age 70 with preexisting conditions dying an ugly death? The answer is that these people are depleted of the ADAPTOGENS that protect us from inflammation, and particularly from INFLAM-AGING.

### **----- AND WHERE DO WE FIND THOSE PROTECTIVE ADAPTOGENS?**

They are found in your Diphasic A.M., your Diphasic P.M., and your Taurine --- and --- your anti-inflammatory mechanisms are further strengthened by the multitude of benefits you derive from your Immuno-Synbiotic.

There is no treatment for the virus, and there never will be. And developing a vaccine for the virus is an exercise in futility ( --- read the article on you NUTRI-SPEC website on flu shots). --- And ventilators do not help. Almost 90% of the people put on ventilators die anyway --- and all the ventilators do is make their deaths more horrible, while many of the 10% who survive after ventilator therapy probably would have survived without it.

One Biotech newsletter I subscribe to reports research done at Massachusetts General Hospital on patients with mild to moderate COVID-19. The essence of the research is to conclude --- **"THERE IS EVIDENCE THAT THE MICROBIOME PLAYS A SUPPORTING ROLE IN MITIGATING THE INAPPROPRIATE INFLAMMATORY RESPONSE TO VIRAL INFECTIONS, WHICH OFTEN LEADS TO MORE SERIOUS COMPLICATIONS."** ---- Do you get it? IMMUNO-SYNBIOTIC --- for yourself, and every one of your patients --- is the foundation of prevention against THE CYTOKINE STORM that is the true killer in COVID-19.

There was no reason to perform a nationwide lockdown. There was no reason to whip everyone into a frenzy. The common flu hospitalized between 410,000-740,000 people and killed between 24,000-62,000 people this season alone. No one in the media talks about this. I have zero doubt that without the devastating policy of sending infected seniors into nursing homes, COVID-19 would have produced similar numbers.

Indeed, once again today the media is telling you that a second wave of COVID-19 is coming and that it is going to be horrific. What the media fails to tell you is --- deaths from COVID-19 are down 90% from their late-April peak.

Closing down the economy and pushing hundreds of thousands of people into poverty has done absolutely nothing to contain the virus --- merely slowed the spread a bit, but in no way diminishing what will ultimately be the total number of cases.

But the poverty resulting from inappropriate government intrusion is scarcely mentioned in the media. People are going hungry; people cannot pay their rent; people are being pushed into bankruptcy. And a significant statistic is that the number of suicides attributed to the impoverishing lockdown number in the thousands.

We are not denying the potential threat posed by this virus back in December and January. After all, this was a new virus --- just having made the jump from animals to humans. There was no way to know how virulent it was --- and every precaution needed to be taken until the virus had been thoroughly studied. ---- The one government action that should have been taken was to totally ban travel to and from China while data on the virulence and treatability of the Corona Virus was gathered. Instead, more than  $\frac{3}{4}$  of a million people came to the United States from China during the last half of December and into January.

No lockdown should have been implemented --- but an information campaign should have been the highest priority. Day by day and week by week you should have been informed as to the nature and virulence of the virus as defined by rigorously collected data. Then, as soon as it was clear from data in other countries that the virus is extremely contagious but not a significant threat to those who are healthy, you could have decided for yourself to what extent you wanted to limit social contact.

All that has derived from the inappropriate tactics of our government is widespread hardship and poverty --- along with the radical increase in the suicide rate and drug use. Fully 25% of New Yorkers have had the illness. Yet another study --- this one from Stanford University --- estimates that the virus is between 50-85 times more common than the official numbers state. Clearly, this virus is

so contagious there is no stopping it --- not with lockdowns of the economy and our schools --- not with face masks.

All that needed to be done was to educate the public enough so that those who needed to be protected --- the elderly, and particularly the elderly with chronic conditions, could be protected. Instead, just the opposite occurred ....

### **SHELTER IN PLACE? NO!!! --- PLACE IN SHELTER!!!**

We must feel painful sorrow for those who have died because of bureaucratic incompetence. Does it not seem strange to you that Washington State, where the virus originally hit America, has such a low number of deaths from the disease, while New York and New Jersey have a fatality rate far higher than any other states? The reason is because in those states the authorities decided to send infected geriatrics back into the nursing homes! ----- One out of every three deaths in America is among the miniscule population of nursing home residents. These are the people who needed to be protected --- and they could have been --- if those infected had been quarantined FROM the nursing homes --- not IN the nursing homes.

All the panic over the Corona Virus --- all the irrationally fearful political and social reaction --- that has plunged countless people into poverty and caused extreme social unrest --- including suicide, drug addiction, domestic violence, and deaths from people who need to be admitted to the hospital but cannot be because the hospital will not accept patients --- not to mention the 260 million people worldwide who are suffering starvation because of worldwide economic collapse due to inappropriate political reaction --- ALL THIS MISERY hinges on one assumption -----

### **THE ACCURACY OF THE PCR TEST FOR COVID-19.**

Uh-Oh! ----- The PCR test for viral RNA is so inaccurate as to give --- on the average --- over 13% false positives. There is absolutely no consistency to the tests, even within individual patients that are repeatedly tested. In fact, according to a Singapore study, the majority of patients who test positive and then test negative, will subsequently show another positive test. One hospital reported 100% of the people tested showed positive --- and yet in another hospital 100% tested negative. A recent testing of over 4,000 samples, including over 300 returning from China, and tested twice, and including 32 people suspected of infection --- came up with zero positives.

Furthermore, the quantity of RNA in a “positive” test does not correlate with illness. In a review of RNA-positive people, scientists examine the “viral load” (the quantity of RNA) and concluded: “the viral load that was detected in the asymptomatic patients was similar to that in symptomatic patients.” Further clarification comes from a study showing that PCR RNA-positives went to

“undetectable” (meaning “uninfected”) up to 3-11 days before the symptoms ended. So, RNA testing does not reliably detect the presence of the disease, and when the disease is present, the test does not give any indication as to when it is safe for the individual to return to social interaction.

----- The best summary of all comes from Kary Mullis, the inventor of the PCR test, who said: “Quantitative PCR is an oxymoron. PCR is intended to identify substances qualitatively, but by its very nature is unsuited for estimating numbers.”

But the lunacy doesn't stop there ...

Another item the media won't tell you is that the testing protocol for COVID-19 in many hospitals today is to count every positive test as a new case, even if it's coming from the same person.

So, let's say you're admitted to a hospital for COVID-19. Each day you are tested for COVID-19. Each day you test positive. And if you stay at the hospital for seven days, you will be counted as SEVEN cases, not just one case.

Finally, and this is the most disturbing trend in the media's hysterical reporting, is the way in which the media is hyping up the hospitalizations.

The media is acting as if there is a massive influx of people being admitted to the hospital for COVID-19. This is patently false.

First and foremost, the testing methodology counts anyone who tests positive for COVID-19 while in a hospital as a COVID-19 hospitalization, even if the person is there for something else (say a broken arm).

Put another way, if you go to the hospital for ANY reason, and you happen to test positive for COVID-19, even if you are not sick and have no symptoms, you will be counted as a COVID-19 case, AND a COVID-19 hospitalization.

My point with all of the above analysis is that the media is once again trying to induce hysteria in Americans, but the facts do NOT support this hysteria in any way shape or form.

Even the World Health Organization (as politicized and establishment as an organization can possibly be) openly states that ---

**BEING INFECTED BY THE VIRUS BY AN ASYMPTOMATIC INDIVIDUAL  
IS HIGHLY UNLIKELY.**

An essential statistic to key into regarding the virulence of COVID-19 is the trend of deaths as a percentage of those hospitalized with the virus. In other

words, the hospitalization mortality rate. The establishment media is going berserk over the hospitalization rate. What the Main Stream Media is missing entirely is --- even with the uptick in hospitalizations, the percentage of people dying --- even though they have symptoms severe enough to be hospitalized --- has plummeted from 6% back in early April to only 1% now, and --- is trending consistently even lower.

There are several reasons for this very encouraging statistic. First, we have to understand that the Center for Disease Control (CDC) depends for its power AND FINANCING on the nastiness of disease in general. It is in the CDC's interest to make the virus appear as threatening as possible. As a result, with enthusiastic support from the overall medical community, plus all the politicians, bureaucrats, and medical establishment that are profiting from this panic --- the number of "COVID-19 hospitalizations" is severely overstated.

Again --- the person with absolutely no viral symptoms is admitted to the hospital with a broken wrist, but tests positive for COVID-19, then is "counted" as a COVID-19 hospitalization. Ridiculous --- and blatantly dishonest.

Another reason why the hospitalization death rate is going down is because physicians are rarely using the same treatment methods they did back in April --- finally recognizing that the intubation and drugs they were using were worse than counterproductive --- they were literally killing people. Now that it is recognized that it is not the virus per se that kills people, but rather --- the CYTOKINE STORM PROVOKED IN THE IMMUNE SYSTEM BY THE VIRUS IS THE TRUE KILLER. Now that hospitalized patients are being treated primarily with anti-inflammatories, you see a much higher percentage of recovery.

----- Indeed, the death rate of COVID-19 hospitalizations is now about the same as the death rate from those who are hospitalized with the ordinary flu. ----- And --- the overall death rate of those who contract COVID-19 is now about the same as the overall death rate from the flu.

Reiterating for emphasis what we said in last month's Letter ----- the tragedy we have experienced is equivalent to having two flu seasons in one year. That occurrence is indeed tragic --- but not a reason for panic. Updated research from Stanford University shows that when asymptomatic cases are accounted for, the actual mortality rate from COVID-19 is merely 0.04%. That is less than the typical influenza, which tends to range between 0.05% and 0.1%. So, while COVID-19 spreads more rapidly and infects more people than the flu, it is less likely to cause severe illness.

True protection --- for yourself, your family and your patients? ----- Individualize a DNP (including Adapto-Max, Oxy-Max & Immuno-Synbiotic).

