

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 30 Number 9

From:
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September, 2020

Dear Doctor,

--- Your patients are bewildered --- and maybe afraid. ----- They need your counsel.

--- Your friends and family are confused --- and maybe fearful. ----- They need your guidance.

--- You may be somewhat lost yourself when it comes to understanding

THE TRUE STORY ON COVID-19

Yet you are (should be!!!) the go-to Professional your patients, friends and family seek for both advice and reassurance.

Are you indeed that knowledgeable, confident and compassionate professional? ----- This is the third monthly Letter we are devoting to giving you all you need so you can advise, reassure, and protect yourself, your family, your friends, and your patients. Before you read this month's update, you may want to refresh your memory on what we covered beginning in July, with the Letter entitled ---

SHELTER IN PLACE?

NO!

PLACE IN SHELTER!

All your patients want to know about “THE IMMUNE SYSTEM”. Almost no one in the lay public has any real concept of what this System really is. They see it as a nebulous entity that by some mysterious mechanism constitutes our body’s defense against wee beasties, and against allergens, and against toxins --- and against all manner of other Evil Spirits. Without any concept of what the immune system is or how it works, all they are sure of is that they want a good one, or as they usually voice it --- a “strong” one.

You, among all the professionals they know --- as a NUTRI-SPEC practitioner --- truly understand the concept of ImmunoNeuroEndocrine Stress. You also fully grasp the parallel concept of “INFLAM-AGING”.

--- So, if your patients are desperate for a strong defense --- GIVE IT TO THEM!!!

Consider the extraordinary “defense” (--- ImmunoNeuroEndocrine Stress regulators) you are offering your patients with your Diphasic Nutrition Plan --- by giving them Adapto-Max, Oxy-Max, perhaps Taurine, and very definitely Immuno-Synbiotic

--- IMMUNO-SYMBIOTIC is the master immune system regulator. Recall that 2/3 of the immune system resides in the intestinal lining in the form of Mast Cells, Macrophages, and other immune system components. There are very few excessive inflammatory immune reactions (consider now the CYTOKINE STORM that is responsible for the death of most COVID-19 victims) that do not involve Activated Mast Cells and Macrophages from the intestinal lining.

--- CARNITINE = decreases inflammatory cytokines, decreases Interleukins, and decreases TNF-alpha. In particular, Carnitine decreases Interleukin-6 by 61%, and consequently reduces C-Reactive Protein by 29%. ----- Carnitine has similar immunomodulatory effects as glucocorticoids --- suppressing TNF-alpha and Interleukin-12 release from human monocytes, while at the same time it activates glucocorticoid receptors (--- recall that glucocorticoid anti-inflammatories have become the leading effective treatment for COVID-19 victims).

--- ACETAL L-CARNITINE AND PROPIONYL L-CARNITINE are associated with strong anti-inflammatory effects, mediated not via the reduction of prostaglandins and leukotrienes, but rather with the increased production of the anti-inflammatory prostacyclin (Prostaglandin I2).

--- BETAINE (the need for which is always indicated by elevated homocysteine) will decrease any excessive TH-1 mediated immune activation. It thus decreases excesses of Interferon-gamma, Interleukin-1, and Interleukin-2, as well as TNF-alpha.

--- LIPOIC ACID increases cyclo-oxygenase, which increases the conversion of Prostaglandin G2 to Prostaglandin H2 --- which decreases inflammation of all types.

--- QUERCETIN is powerfully anti-inflammatory --- primarily by Mast Cell inhibition. Activated Mast Cells are shown to be a major factor in the deadly inflammation associated with COVID-19. Quercetin particularly inhibits Interleukin-6 as well as the Interleukin-1 stimulation of Interleukin-6 production. It reduces release from Mast Cells of Interleukin-6, Interleukin-8, and TNF-alpha by between 82-93%.

--- TAURINE defends against inflammation derived from excess TNF-alpha. Taurine also inhibits the many inflammatory processes that involve excess Inducible Nitric Oxide.

**PROTECT YOUR PATIENTS
WITH YOUR ANTI-INFLAMMATORY,
IMMUNE MODULATING
DIPHASIC NUTRITION PLAN.**

Then --- inform and reassure them

The Main Stream Media has your patients' eyes focused on the race for a COVID-19 vaccine --- dubbed "Operation Warp Speed". ----- It is indeed a race. After all, government policy has had more of a shutdown effect on the economy than it has on the spread of the virus itself. Far more people have suffered economic, social, and emotional trauma --- plus an increased incidence of other diseases because of the lockdown --- than have suffered from the virus itself. The sheeple truly believe that a vaccine will be their savior.

Not so fast. ----- The hope is that the vaccine will be a panacea --- preventing illness, saving lives, and above all, getting the real economy thriving again. None of these are safe assumptions.

The World Health Organization says 23 potential COVID-19 vaccines are being tested in clinical trials. And on the same day the WHO began pumping the glories of a vaccine, executives from the major pharmaceutical players that are working on vaccines testified before the House Committee on Energy and Commerce (--- notice how nothing about "health" is involved in the title of the committee --- which shows exactly where its priorities lie) --- justifying more government handouts at taxpayer (your!!!) expense.

While the political establishment is pumping the notion of a savior vaccine, the media is pimping for companies such as Johnson & Johnson, Merck, AstraZeneca and Moderna --- with reports of "encouraging results" of trials.

That all sounds terrific, and makes for good headlines, but the devil is always in the details

A release date for sometime between October and January is likely premature. It assumes that the rush job in the race for a vaccine produces a drug that people really want to take. Of course, some sheeple will just take it because “the authorities” tell them they should. But any thinking person will pause

For example, one of the leading clinical trials included only a small number of people. For a drug to be proved effective and safe it needs to be tested on many many times that number of people = tens of thousands. Also consider that the trials are being conducted on perfectly healthy people between ages 18-55. These are the people for whom the COVID-19 virus is no threat whatsoever. Tens of millions of people in that age range have already contracted the virus --- with most of them never even knowing they had it --- and the rest experiencing nothing but mild flu-like symptoms.

Yet --- even among these healthy trial subjects, the leading vaccine candidates are producing moderate to severe side effects --- fever, fatigue, and pain --- in more than one out of ten subjects. We are talking about symptoms severe enough that these healthy people are made sick enough by the vaccine to miss several days of work. (Keep in mind that this is the same population of subjects that have already had the virus, and experienced zero days of work lost.) Fully one out of three people vaccinated experienced moderate to severe chills, fatigue, headache, malaise and/or fever. 27% experienced moderate to severe muscle aches. Yet, the side effects of these vaccines are being reported as “acceptable” and “tolerated”.

Fever, fatigue, and pain --- and missing work --- are not great promotional material for a national vaccination campaign. Should your patients subject themselves to this “acceptable” and “tolerated” vaccine whenever it is approved? It will be promoted as “protecting” them from a virus that was not even a threat unless they had pre-existing comorbid conditions anyway, yet is likely to cause completely UN-acceptable side effects.

What will happen if employers insist that their employees get the vaccine before they come back to work? What will happen if the government makes vaccine mandatory among all men, women and children in the country? Will the sheeple accept such a violation of their liberty?

----- And we have not even brought up the subject of efficacy. How is the vaccine going to prove that it truly works? [At this point you may want to re-read the article on the NUTRI-SPEC website on flu shots.] ----- When you scale up the report on side effects from hundreds of people to hundreds of millions of people you can see what a tremendous social and economic burden this

vaccine is going to be. Hundreds of thousands if not millions of people who would not have missed a day of work even if they had been infected with COVID-19, will suffer symptoms and miss several days of work because of the vaccine --- a vaccine --- if you understand the immune system, and you understand the history of the flu shot --- will protect virtually no one.

----- Drug companies make zillions, politicians strut before the cameras gloating about how they saved their constituents --- and all the while, we the people pay the price in higher debt and tax burden, while being given nothing more than a false sense of security. The somewhat sad part of this situation is that the incidence in death rate of the virus will go down --- and the drug companies and politicians will take credit for it --- when what really occurred was achieving herd immunity.

**BY FAR THE BIGGEST COVID-19 STORY --- THE TRUTH
THAT THE MEDIA ARE LOATHE TO REPORT,
WHILE BIG PHARMA & THE POLITICAL POWER ELITE
WISH IT WOULD GO AWAY ...**

Recently the CDC silently updated its numbers --- to show that ...

**ONLY 6% OF ALL CORONA VIRUS DEATHS
WERE COMPLETELY DUE TO THE CORONA VIRUS ALONE!!!**

**THE REST OF THE SO-CALLED COVID-19 DEATHS WERE EITHER
COMPLETELY UNRELATED TO COVID-19, BUT THE DECEASED
HAPPENED TO BE INFECTED WHEN HE DIED --- OR ---
THE DECEASED HAD A SEVERE ENOUGH PRE-EXISTING COMORBIDITY
THAT ANY INFECTION WOULD LIKELY HAVE CAUSED DEATH ---
INCLUDING ANY FLU VIRUS, ANY PNEUMONIA, OR EVEN A ROUTINE
BACTERIAL OR FUNGAL BRONCHITIS. --- AND ---
OF THOSE WHO DIED WITH NO CO-MORBIDITIES, ALMOST ALL OF
THOSE WERE OVER AGE 85.**

So --- nearly 160,000 deaths attributed to COVID-19? No! --- Even the CDC now admits it is only about 10,000 deaths = only 6% of the fraudulent total reported. (--- This is roughly 1/4 of the number of people who die each year from falling by accident (37,000).)

The other 94% had 2 or 3 (2.6, to be exact) other serious illnesses, and the remainder were of very advanced age. The remaining 150,000+ died of other things --- an average of 2.6 other things! And considering the number of false positives from the pathetic test procedures used, probably a considerable percentage of these poor people died of only other things (with no Corona Virus involved at all)!

And also straight from the CDC is this update --- the odds of a healthy person under the age of 55 dying from COVID-19 is lower than that of dying from the flu. Yet, during the Hong Kong Flu, the Swine Flu, the Avian Flu, SARS, and every other major epidemic, the Power Elite did not shut down the economy and force Americans to stop living their lives and suffer serious consequences --- even though those outbreaks were far more deadly than COVID-19.

Lockdowns killed --- the virus did not. One estimate, drawn from the NCHS database, projects that 72% of COVID-19 fatalities were a “pull forward” of those who would have died later in the year anyway.

No lockdown, and no vaccine is going to stop the spread of this highly contagious (but low virulence) virus. Only HERD IMMUNITY will do that.

Your patients, family and friends are dazed by the Covid propaganda --- and fearful. Reassure them! ----- And --- PROTECT THEM ---with your anti-inflammatory ImmunoNeuroEndocrine Stress regulators = Adapto-Max, Oxy-Max, Taurine, Oxy Tonic or Oxy D-Plus, and of course --- Immuno-Synbiotic.

