

**NUTRI-SPEC**



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**THE NUTRI-SPEC LETTER**

**Volume 31 Number 7**

From:  
Guy R. Schenker, D.C.  
July, 2020

Dear Doctor,

**SHELTER IN PLACE ?**

**NO !!!**

**--- PLACE IN SHELTER !!!**

And ....

**A "Strong Immune System" ???**

**BE CAREFUL WHAT YOU WISH FOR!**

----- Many of you who followed our COVID-19 commentary from mid-March through mid-May wondered why I stopped giving you regular updates. The simple reason? More and more of the general public, and certainly far more of the rational-thinking Nutri-Spec practitioners, finally saw the crisis as a tragic case of fraud.

----- The crisis was not caused by the virus per se --- but rather by the inappropriate (and self-serving) reaction of the political bureaucracy ---

eagerly abetted by the (equally self-serving) media. The American sheeple (predictably) were led astray by blindly following their political shepherds and their media “prodders”.

What SHOULD have been done in reaction to the Corona Virus threat?

First: ERR ON THE SIDE OF CAUTION. This COULD have been cataclysmic. It could have been the Spanish Flu of 1918 --- killing millions and millions of people all over the world. There was no way to know at first. This was a new virus, having just jumped from animals to humans --- so, no human immune system even had prior exposure. ----- Until the virulence of this virus was clearly defined by reliable data, American borders should have been shut down to all immigration. Any Americans overseas wanting to come home needed to be put into quarantine until enough data had been collected so that the risks were clearly defined.

Second: Data from countries all over the world should have been analyzed. We needed two critical findings --- how contagious is the virus? --- and --- how virulent is the virus?

It was immediately clear just from the data collected in Singapore and especially in Iceland --- that over 50% of cases have no symptoms, over 40% have mild symptoms, and of the very small percentage who require hospitalization, over 90% of those have preexisting conditions. The data showed unequivocally that the virus was extremely contagious, but of low virulence --- except to those with certain pre-existing conditions.

Third: Shelter in place? No!!! Place in shelter all those with severe pre-existing conditions, as well as all individuals over age 70 with any pre-existing conditions.

The only people who should have been specifically targeted for special quarantine and special attention were the elderly and those with pre-existing conditions that put them in jeopardy --- COPD, congestive heart failure, and others with compromised immune systems. --- Instead --- we have all the asymptomatic young people who are unknowingly carrying the virus being forced to stay at home with their families --- infecting their parents and grandparents --- exposing excessively and unnecessarily those who are at genuine risk.

Fourth: An education campaign should have been sponsored by the Medical Community --- with continuous updates on the risks of the virus. Based on that information, all individuals in this “Land of the

Free” could have made their own choice as to whether to voluntarily quarantine themselves, or, to participate in social and economic activity.

----- The smart thing for the “authorities” (I choke on the word) to do would NOT be to paralyze the economy and make all the young healthy people who have the virus stay home from school and work. Since so many of those younger people have the disease with no consequences whatsoever --- the best strategy would have been to allow life to go on as usual, and let us all spread the low-virulence disease among ourselves --- thus creating HERD IMMUNITY. That would assure that the virus never makes a big comeback at the beginning of next flu season, beginning in October.

--- So --- if you are 74 years old and in less than good health --- you voluntarily stay in the house, and have friends or family look after you. The rest of us should have gone on with life as usual. Individuals silly/ignorant enough to think that a mask is going to protect them could voluntarily wear one. Those of us who can think logically/quantitatively will take every opportunity to lick door knobs and shake hands with everyone we see who coughs --- in the expectation that we will contract the virus, have few or no symptoms, and be immune for life --- all the while contributing to herd immunity.

Here are remarks from an analyst who appreciates that this folly is a fraud perpetrated by those who gain politically and financially ...

“With the daily death count during the last 10 days of May at the **lowest level since the crisis began,** it is obvious why we are suddenly getting all this brouhaha about a huge new COVID breakout: Namely, that’s what the virus patrol and its MSM shills do when the Black Plague narrative begins to visibly fail.

“Just recall that infamous New York Times story on May 4 allegedly based on a leaked study from FEMA, which made huge projections for soaring June death and case counts:

“As [President Trump](#) presses for states to reopen their economies, his administration is privately projecting a steady rise in the number of coronavirus cases and deaths over the next several weeks. They projected the daily death toll will reach about 3,000 on June 1,

according to an internal document obtained by The New York Times, a 70% increase.

“The projections, based on government modeling pulled together by the Federal Emergency Management Agency, forecast about 200,000 new cases each day by the end of the month, up from about 25,000 cases a day currently. To quote the New York Times, ‘The numbers underscore a sobering reality: The United States has been hunkered down for the past seven weeks to try slowing the spread of the virus, but [reopening](#) the economy will make matters worse.’

“Of course, the actual daily average numbers for the last 10 days of May were 82% and 87% lower, respectively:

- 547 deaths per day, not 3,000
- 26,510 new cases per day, not 200,000

“The authors of this NYT bunkum of May 4 left no doubt as to the purpose of their scary “leaked” projections — which is exactly what the current “second wave” hysteria is about, as well. To wit, to keep the American people quarantined at home and fearing for their lives: ‘The projections confirm the primary fear of public health experts: that a reopening of the economy will put the nation back where it was in mid-March, when cases were rising so rapidly in some parts of the country that patients were dying on gurneys in hospital hallways.’”

Do you see? The political and media manipulators are assertively pursuing their agenda --- while their sheeple are panic-driven --- stampeding over the cliff of emotional and financial ruin.

The truth?

As early as late-February it was clear that 80%+ of COVID-19 cases were mild and required no medical treatment. I also noted that Walmart didn't close a single one of its 430 stores in China during the pandemic there. American-owned Starbucks and Apple stores in China closed for only a few weeks.

Some 80% of all COVID-19 deaths in the US are for those over the age of 65. Moreover, the median age is 85!

What's more, we now know that the risk of death from COVID-19 for anyone under the age of 60 is less than 0.25%. Put another way, if you are under 60 and healthy, you have a 99.85% survival rate if you “catch” this virus.

That means that the actual death rate for COVID-19 is 0.1-0.2% --- which is right in line with the common flu,.

And finally, and this point is key ... tens of thousands of the deaths from COVID-19 are 100% the fault of Governors sending infected seniors back to nursing homes.

Of the 107,000 people who have died from COVID-19 in the US, over 50% are in the four states that embraced that policy: New York, New Jersey, Massachusetts, and Pennsylvania.

Tragic.

Now --- what about that “strong immune system” you want for yourself, your family, and your patients?

Is there something you should be doing with NUTRI-SPEC to increase resistance to the virus? Will strengthening your immune system give protection?

It is an excessively “strong” immune system reaction that is the killer. It is not the virus eating holes in the lungs. It is the catabolic inflammatory reaction called ...

### **A CYTOKINE STORM.**

Those dying of the Corona virus are not dying from the virus per se --- they are dying from an exaggerated immune system response. It is the extreme pro-inflammatory response of the immune system that is causing the acute and deadly damage to the lungs (and in some cases to the liver).

In some individuals the immune response involves excess Mast Cell Activation, and in some the immune reactivity is mediated via Macrophage Activation, and in some cases both occur.

Mast Cell Activation releases Leukotrienes and Prostaglandin D2 --- which sets off a chain reaction of inflammatory cytokines --- most particularly Interleukin-6.

From Macrophage Activation there is a dualistic immune system response. In some individuals, TNF-Alpha and Interleukin-6 and Interleukin-10 predominate, while in others the TH-1 inflammatory cytokines dominate --- Interferon-gamma, Interleukin-1, Interleukin-2, Interleukin-8, and Interleukin-18, along with TNF-Alpha.

When Interleukin-6 is a major factor, blood tests will reveal an elevated C-Reactive Protein.

If the Serum Ferritin is elevated, then the inflammation is mediated via Interleukin-6, along with TNF-Alpha, Interleukin-10, and Interleukin-1.

When TNF-Alpha is a major factor, there will tend to be low Triglycerides accompanied by low Platelets.

Your NUTRI-SPEC Dermographics Test showing a RED response is an indication of Mast Cell Activation. A RED skin reaction to topical niacin is an indication of Macrophage Activation, as is an extreme flushing to orally administered niacin.

Mast Cell Activation requires supplementation with Adapto-Max, Oxy-Max, I-S Immune Power and Vitamin D (and in many cases Oxy Tonic and Oxygenic A).

Macrophage Activation requires supplementation with Adapto-Max, Oxy-Max, I-S Immune X-Flam and Vitamin D (often with Oxy D-Plus, Oxygenic D, or Complex S).

We will have much more to say about “strong” immune systems, “weak” immune systems, and ....

### **POWERFUL IMMUNE SYSTEMS ....**

in future letters.

----- Meanwhile --- we must feel painful sorrow for those who have died from the politicalization of science --- and from bureaucratic incompetence.

As for you and yours --- be at power.

  
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## **THE NUTRI-SPEC LETTER**

**Volume 31 Number 8**

From:  
Guy R. Schenker, D.C.  
August, 2020

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 ¾ 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 wide-spread 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).

  
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**THE NUTRI-SPEC LETTER**

**Volume 30 Number 9**

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

  
THROUGH  
SPECIFIC NUTRITION  
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**THE NUTRI-SPEC LETTER****Volume 30 Number 10**

From:  
Guy R. Schenker, D.C.  
October, 2020

In this age of political and media-induced viral hysteria ---

**YOUR PATIENTS ARE DESPERATE FOR A STRONG DEFENSE ---  
GIVE IT TO THEM!!!**

Dear Doctor,

Do you appreciate the power you have to empower the Immune System with the ImmunoNeuroEndocrine Stress regulators in your Diphasic Nutrition Plan? With Adapto-Max, Oxy-Max, Taurine, and most of all Immuno-Synbiotic --- further activated by your “Metabolic Sparks” = Oxy Tonic, Electro Tonic, and Oxy D-Plus --- you, your family, and your patients are defended with an impenetrable shield.

**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 call to continue lockdowns until the arrival of a vaccine is absurd. ----- There were no vaccines for the 1957 Asian Flu that caused nearly equivalent death rate (adjusted for population) as has COVID-19, but which killed many young people (which COVID-19 doesn't touch). The 1968 Hong Kong Flu killed well over a million Americans, including young adults and children. And the 1918 Spanish Flu (50 million world-wide deaths), like all other pandemics, was never "cured". The severe threat from these pandemics ended when people decided to accept and adapt to the existence of the virus, thus developing herd immunity and minimizing the incidence as years go by.

All-cause death data show COVID-19 to be a trivial event in historical medical terms. 300,000 lives were lost (according to "official (false) reports") --- with the average age over 80 --- in comparison to 1.4 million new Tuberculosis deaths resulting directly from lockdowns and COVID-related hospital misallocations.

How can anyone possibly STILL believe that lockdowns do any good whatsoever --- in the face of global evidence that the virus is totally indifferent to such irrational political moves? Who can STILL insist that masks are essential when they have had zero impact on either the spread of the virus or its death rate? (And this is all the more tragic because masks simply make you sick --- and often tragically so, as was the case with our deceased physicians who were exposed continually to a load-dependent viral attack by rebreathing their own viruses clogging their mask.)

According to a UN study, some 285 million people may die of starvation because of the lockdown and the economic devastation it (the lockdown, not the virus) caused. ----- We are not suffering from a medical crisis, but from a political and economic and institutional crisis. The science writer George Gilder comments that, "We have been suffering a vast breakdown of moral, educational, intellectual, and journalistic standards".

One of the saddest economic and social costs of the Power Elite enforced lockdown affects our children. Even the director of the CDC admits that the risk to school age children of COVID-19 is "one in a million". And he continues, "But there has been another cost that we have seen, particularly in high schools. We are seeing, sadly, far greater suicides now, and also seeing far greater deaths from drug overdose." ---

This is absolutely heartbreaking. The shutting down of schools is causing infinitely more deaths than COVID-19 is.

The other critical aspect of vaccines that we have mentioned in the past is their inability to keep pace with mutations in the virus. COVID-19 is an RNA virus --- and mutates frequently. What does that mean in a practical epidemiological sense? --- It means that a vaccine conferring humoral (temporary) immunity to a strain of the virus in New Jersey will be totally ineffective for the strain of the virus most common in Minnesota. ----- Imagine the poor sheeple in Minnesota who dutifully obey government mandate to get their vaccine --- suffering nasty side effects and missing four days of work --- all in the false hope that they achieve temporary immunity, when no such benefit derives.

A vaccine for SARS-2 (COVID-19) in 12-18 months as the “authorities” have promised us? It has been 17 years since the original SARS Virus, and a vaccine has never been developed. Researchers did believe they may have had one, but it never even went to trials since the epidemic disappeared (--- HERD IMMUNITY!!!). On the average, it takes 5 years to develop a vaccine. The virus is going to mutate every 3-6 months.

With the gross quantity of our taxpayer money being thrown at vaccine- developing pharmaceutical companies over the past few months, this COVID-19 ordeal is turning out to be one of the biggest money grabs in history. Now the Power Elite in the form of the FDA is offering EUA (Emergency Use Authorization) for drug companies to start administering vaccines before it even approves the vaccine as safe and efficacious. In other words, the drug companies are being told they can sell zillions of dollars worth of the vaccine as fast as they can --- before the FDA approval process reveals major side effects or lack of efficacy.

Fast-track status; skipping Phase III trials? That frightens me to death --- how about you?

The Power Elite is banking on a vaccine that uses messenger RNA-based approaches. But an mRNA vaccine has never been approved for human use. But from the sounds of the media, we can expect having these formulations injected into the arms of millions of Americans who blindly follow the dictates of their “leaders”.

--- And it is the vaccines that have shown the most dangerous side effects that are pushing hardest to be first in line for tax funding and EUA. ----- And another interesting piece of this story is that the insiders within the pharmaceutical corporations have been selling their stock in their own companies every time the media pimps for their proposed vaccine and pushes the stock price higher. These executives know that their

corporation's stock is grossly over valued --- and that there is no way --- even if every single American is vaccinated --- the cash generated will justify the value of their stock.

“Billions and billions of dollars are being spent too early for something that will come too late.” --- By that is meant that money is being spent long before the vaccine has proved it can do anything at all --- and will come to us late enough that herd immunity will already be achieved (despite the hindrance of misguided and unethical politicians).

And MASKS? “To a virus thousands of times smaller than the mesh of a mask, the fabric appears like an immense lattice of large and completely open windows and doors. Its chief effects are to make politicians and pettifogs feel important, and citizens feel ignominious. The cloth confines larger bacteria, aerosols, and sputum near receptive surfaces, (such as your eyes, nose and mouth) and thus cultivates both mental and physical disease.” --- According to science writer George Gilder.

Indeed, those infected with COVID-19 exhale hundreds of thousands of viruses with each breath. Those viruses, suspended in a combination of moist air and sputum, are trapped in the mask --- allowing the mask wearer to be continuously exposed to re-breathing an intense virus load -- and greatly increasing the risk of deadly consequences.

The wearing of masks and continuous re-breathing of viral load explains the high death rate among physicians in hospitals treating very ill COVID-19 victims. Yes truly --- the physicians would have been better protected wearing no masks at all. They would have contracted the virus, and either had no reaction whatsoever, or gotten over it after a few days of flu-like symptoms. They would have achieved permanent cellular immunity, and could have gone on treating COVID-19 victims without fear.

Swiss Research Group reports dozens of studies showing that masks are at best ineffective and frequently dangerous. But such objective evidence is no longer relevant in America. Facts are almost entirely suppressed --- the Power Elite becomes evermore effective --- the well-connected become ever wealthier --- and the rest of us suffer the consequences.

Japan is an interesting study on COVID-19 --- and the wearing of masks. The Japanese routinely wear masks when sick. But they do not wear masks because they are afraid of becoming infected --- but rather to protect others from their potential infection. Of course, when COVID-

19 hit, the Japanese government directed everyone to wear a mask, and the citizens complied.

The Centers for Disease Control (CDC) continues to imply that masks prevent the spread of COVID-19. But, take a look at what happened in Japan. Since all Japanese have been wearing a mask since the beginning of the outbreak, we might expect there to be little or no COVID-19 in the country. ---- Wrong ....

Japan experienced an initial outbreak between March and May similar to every other country in the Northern Hemisphere. The official political and social reaction, other than wearing masks, was nothing more than to close down the schools a few weeks early for its spring break. But otherwise, nearly the entire country went about its own business --- masks and all.

Now the data is in --- and the universal wearing of masks in Japan showed no benefit whatsoever in decreasing the number of COVID-19 cases. Japan's incidence is virtually identical to the average of the modern world. ----- And what about Japan's COVID-19 death rate? Its fatality rate is somewhat better than other advanced nations --- and there are two primary reasons ....

First, Japan's healthcare system learned much about treating COVID-19 as an inflammatory disease (more than as an infectious disease) much earlier than other "advanced" countries (including the United States). --- -- And second, Japan only counts deaths directly attributable to COVID-19 --- unlike the US. ----- Some recent COVID-19 "deaths" from just one county in Florida include:

- A 90-year old man who fell and died from complications of hip fracture
- A 77-year old woman who died of Parkinson's Disease
- A 60-year old man who died of a gunshot wound

In fact, a recent news report examined 581 "deaths" from COVID-19 in Palm Beach County, and determined that only 169 did not have comorbidities that were the true cause of death.

Once again we make the point --- this virus is extremely contagious -- - and there is no way to stop its spread. There is only one way to "defeat" this virus long-term --- and that is by developing herd immunity. In the meantime, we need to PLACE IN SHELTER the elderly and others who are at extreme risk.



In contrast to Japan, we can look at Sweden --- a country that had no mandate for wearing masks --- and in which the entire country went about business as usual --- with schools, work places, restaurants, and shops all remaining open. The only meaningful limitation because of the virus was to prohibit gatherings of more than 50 people.

Many criticized Sweden for its “irresponsible” behavior --- predicting an apocalypse. ----- What actually happened?

The graph of daily deaths in Sweden initially followed exactly the same curve as all other countries --- the initial rise in deaths at an accelerating rate, then a leveling off, then a long steady drop. The only difference is in Sweden, COVID-19 has run its course. Sweden, since late July, has almost no additional deaths from COVID-19. The country has developed herd immunity --- and there is nowhere for the virus to go. THIS WAS SWEDEN'S INTENDED RESULT.

Sweden's lead epidemiologist stood firm on taking a rational approach to managing the spread of the disease, while keeping the country and its economy alive and well --- and avoiding all the increase in Pneumonia, Tuberculosis, suicide, and drug use that America and other lockdown countries have suffered.

Sweden's deaths per capita is much, much lower than the UK, Spain, France, and Italy --- and achieved without lockdowns and masks. And Sweden openly acknowledges that it could have done even better except that they were not initially able to control the spread to nursing homes. - ---- Compare this to New York, where the State Governor mandated that nursing homes take in COVID-19 patients. 42% of America's COVID-19 deaths have been linked to nursing homes.

The “authorities” continue to ignore all the evidence implicating masks as increasing the risk of not only getting COVID-19 but other infections as well --- and pretend to believe (then dictate to us) that moist, bacteria- and virus-laden fabric is somehow going to abate the spread of a virus that is harmless or super mild to the vast majority of those who contract it --- and that is totally indifferent to the presence of the fabric, anyway.

The bottom line on masks is simply what we have emphasized all along. ---- Wearing a mask offers some protection to others from you if you are infected. It does not protect you from getting infected by others. If you are infected, while the mask is protecting others from your infection, it increases the chance that you will suffer severe consequences or even death from re-breathing your exhaled viruses. And if you don't have the virus, the mask increases your chance of a multitude of other diseases -- - from Pneumonia to Gum Disease.

You and your patients need not succumb to the COVID-19 hysteria --  
- nor to the virus itself. ----- Did you take your Immuno-Synbiotic today?  
Did your family? Your patients? How about Adapto-Max and Oxy-Max?  
Are you ensuring a powerful DIPHASIC IMMUNE RESPONSE with your  
individualized balance between Oxy Tonic, Electro Tonic and Oxy D-Plus?

You have the power in your hands. Use it.