

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

FEEL GOOD vs. BE WELL

Is there a difference between feeling good and being well? Which would you rather have? Is it possible to “feel good”, and not be well? Is it possible to be well, and not feel good? Which would you rather give to your patients? Most doctors choose to take their best shot at making patients feel good --- with no real understanding of the Metabolic Balance and Vital Reserves needed to truly be well.

YOU, WITH NUTRI-SPEC, CAN OFFER YOUR PATIENTS BOTH.
--- And in this Letter --- **YOU WILL LEARN WHICH OF YOUR NUTRI-SPEC PRODUCTS ARE BE WELL SUPPLEMENTS AND WHICH ARE FEEL GOOD SUPPLEMENTS.**

Truly, NUTRI-SPEC is the only way you can achieve both:

- You realize, of course, there is simply no way to consistently “feel good” without being fundamentally well. ----- Being truly well is what your NUTRI-SPEC is all about. ----- Being well means having a physiological age that matches chronological age.
- Youthful physiological age means preventing inflammation that leads to RAGING INFLAM-AGING.
- Fighting off RAGING INFLAM-AGING in response to the physical/mental/emotional challenges of life in our crazy world requires maximizing ADAPTATIVE CAPACITY.
- ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

--- Yes, with NUTRI-SPEC you have a comprehensive set of protocols to achieve and preserve well-being, and thus ...

LIVE STRONGER LONGER.

--- But --- maximizing ADAPTATIVE capacity takes time. --- The happy-ever-after payoff requires a long-term investment. You and your patients must be committed and remain focused. The problem with maintaining focused commitment through a long health-rebuilding project is that most people need a lot of positive reinforcement along the way. By far the most powerful positive feedback is the patient beginning to noticeably “feel good”.

How often are you lucky enough to have a new patient present, not with symptomatic relief as a priority, but rather with, “I would like you to help me improve well-being”? ----- Dance a joyful jig on that rare occasion. You, with NUTRI-SPEC, will connect with that patient immediately and totally. You will have a happy-ever-after patient who refers countless family and friends to you over a strong, long lifetime.

Alas --- nearly all patients present with a spoiled brat attitude and no concept of self-responsibility. “I’m overweight. --- Fix me.” “I’m depressed. --- Fix me.” “I hurt. --- Fix me.” “I have high cholesterol. --- Fix me.”

----- And fix those people you will, if you get them to understand you do not “fix” diseases. Rather, you “fix” people with diseases. --- And you do so by working with them in a patient-specific approach to correcting the underlying causes of their complaints.

MOST DOCTORS LIVE IN DESPERATION ---

--- caught up in the disease-specific “fix it” paradigm of the medical/pharmaceutical establishment. Their minds and hearts are frantic in the pursuit of a “cure” --- something, anything, to make the patient “feel good.” We NUTRI-SPEC practitioners can take pity on those poor doctors --- and even more so on their poor patients. All that happens in those offices is that the doctors amplify their patients’ misguided need for symptomatic relief. Doctor and patients spend their lives evermore depleted by frustration.

--- AND --- “ALTERNATIVE” PRACTITIONERS?

They are no different than conventional M.D.s or D.C.s. --- Whether they call themselves “nutritionists,” practitioners of “natural medicine,” or “wellness specialists” --- they offer nothing better than an endless

string of trial-and-error remedies (--- most often the Flavor of the Month promoted by the unscrupulous supplement industry).

The results? Maybe a paltry 10% of their patients actually do benefit from the remedy, and do begin to legitimately “feel good” or at least feel noticeable symptomatic improvement. 37% of the patients receive the benefit of the placebo effect, “feeling good” for at least a little while. That means approximately, $10\% + 37\% = 47\%$ of these doctors’ patients believe they have been helped. --- That is enough to keep the doctors in business, and continuing their desperate search for remedies hyped to be good for this and that disease.

----- I don’t know about you, but I would collapse from burnout after 2 years of such a frustrating hit-and-miss practice.

But now, back to the primary topic of this Letter --- Are there elements built in to your NUTRI-SPEC protocols to help your patients very quickly “feel good” --- while all the while you are increasing their ADAPTATIVE CAPACITY? ----- Yes, absolutely.

Those supplements do double-duty. Certainly, they are an integral part of restoring Metabolic Balance and increasing Vital Reserves. --- But --- they also give an instantaneous jolt to the evil forces that drive symptoms on a day-to-day basis. Most of your patients’ complaints fall into one of two categories:

- a) manifestations of tissue or systemic Acid/Alkaline Imbalance, or,
- b) failure of the “first responder” system, including Sympathetic/Parasympathetic Balance + Anaerobic/Dysaerobic Balance.

Whatever combination of NUTRI-SPEC protocols you are offering to your patients --- whether ...

- Metabolic Balancing followed by a lifelong Diphasic Nutrition Plan, or,
- the Diphasic Nutrition Plan alone --- initiated with the Anaerobic/Dysaerobic BALANCING PROCEDURE, or,
- the Diphasic Nutrition Plan juiced up by, or preceded by, the Sympathetic/Parasympathetic Support System &/or Tissue Acid/Alkaline Balancing, or,
- the Sympathetic/Parasympathetic Support System alone, or,
- the Sympathetic/Parasympathetic Support System in combination with Tissue Acid/Alkaline Balancing ...

... you have supplements giving you an immediate impact on how your patients feel. Those supplements include:

- Complex S & Complex P
- Oxy Tonic & Oxy D+
- Electro Tonic
- Proton Plus
- Magnesium chloride
- Phos Drops
- Sodium citrate
- Sodium glycerophosphate
- Magnesium chloride
(baking soda)
- Phenylalanine
- Glutamine

Here is a case study showing how your NUTRI-SPEC protocols typically work. Suppose you are doing NUTRI-SPEC Metabolic Therapy via complete NUTRI-SPEC Metabolic Testing. You have a man who tests Electrolyte Stress and Ketogenic. His major complaints are high blood pressure and high cholesterol (and triglycerides), and he wants to avoid blood pressure medicine and statin drugs. Based on the test patterns for Electrolyte Stress and Ketogenic Imbalances, you give the patient:

- Activator: 2, 2X after meals
- Formula ES: 3, 2X after meals
- Taurine: 2, 2X after meals
- Magnesium chloride: 1/8 tsp.
before breakfast
- Oxy K: 2, 2X after meals
- Proton Plus: 2, 2X before
meals
- Immuno-Synbiotic: 2, 2X
before meals
- Diphasic AM: 3 after breakfast
- Diphasic PM: 3 after evening
meals

Within just 4 weeks of following the above supplement regimen, plus fairly well following your Eat Well – Be Well plan, your patient's Ketogenic Imbalance is no longer evident. His systolic blood pressure has dropped 20, and his diastolic 10. It is already time to transition to his Diphasic Nutrition Plan. To do so, you have him do the BALANCING PROCEDURE. His Balancing Procedure reveals the need for a small amount of Oxy Tonic before breakfast, and a small amount of Electro Tonic, and a somewhat larger quantity of Oxy D+ before the evening meal.

Based on those findings, and since the patient is between ages 33 and 53, you add the Oxy A, 2 after breakfast, and the Oxy D, 2 after the evening meal. He is already taking the Diphasic AM and Diphasic PM. You phase out the Oxy K, keep the Taurine, and begin to gradually decrease the Formula ES.

By 10 weeks after starting NUTRI-SPEC, the patient is on the standard DNP for a man his age, with only the Taurine as an individualized “extra,” based on his history of Electrolyte Stress and Ketogenic Imbalances accompanied by high cholesterol. ----- At 6 months, the patient gets a blood test and finds out that his cholesterol has improved some, but his triglycerides have tumbled all the way from 280 down to 120. ----- Nice job with your NUTRI-SPEC, Doc.

Suppose, however, that instead of doing complete Metabolic Testing on this man you initiated his NUTRI-SPEC protocol with Sympathetic/Parasympathetic Testing and Tissue Acid/Alkaline Balancing as an adjunct to his individualized Diphasic Nutrition Plan. How would his NUTRI-SPEC regimen have differed from the recommendations he would have had after complete NUTRI-SPEC Metabolic Balance Testing?

Regardless of what you found on his Sympathetic/Parasympathetic and Tissue Acid/Alkaline Balance Analyses --- he would have begun his DNP with the BALANCING PROCEDURE. The happy result is that he would have addressed the Anaerobic/Dysaerobic component of his physio-pathologies immediately instead of after four weeks on complete Metabolic Balancing. He may have needed a slightly different proportion of Oxy Tonic and/or Electro Tonic and/or Oxy D-Plus than showed up after four weeks on complete Metabolic Balancing --- but --- the key is that his Anaerobic/Dysaerobic first responder system was juiced up right from the very beginning.

How else would his DNP plus the minimal testing required for Tissue Acid/Alkaline Balancing and Sympathetic/Parasympathetic Balancing differ from complete Metabolic Imbalance Analysis? There actually is minimal difference ...

Based on his individualized DNP he would have taken the same Formula ES, Taurine, Immuno-Synbiotic, Diphasic A.M., and Diphasic P.M. The Sympathetic/Parasympathetic Analysis may have modified your initial recommendations somewhat, but probably not much at all. If you did the Tissue Acid/Alkaline Balancing you would have come up with the same Proton Plus that your Metabolic Testing would have indicated. ----- So, the only thing he would have been “missing” from complete Metabolic Imbalance Testing is the Oxy K and perhaps the Magnesium Chloride. On the other hand, he would have gained tremendously by the benefits of the BALANCING PROCEDURE begun immediately.

Now, consider your third option. Suppose you did no Sympathetic/Parasympathetic Testing or Tissue Acid/Alkaline Balance

Analysis, but simply began with this man's individualized Diphasic Nutrition Plan. The BALANCING PROCEDURE would have taken care of his Anaerobic/Dysaerobic needs, and would have been further enhanced by beginning immediately with his age-appropriate Oxygenic A and Oxygenic D. Meanwhile, the Activator, Formula ES, Taurine, Immuno-Synbiotic, Diphasic A.M., and Diphasic P.M. would have all been the same as were indicated by either complete Metabolic Imbalance Testing or Sympathetic/Parasympathetic Analysis.

You must appreciate that all three approaches to your patients will ultimately yield the same benefits --- benefits that no other doctor can provide ...

ADAPTATIVE CAPACITY=METABOLIC BALANCE + VITAL RESERVES

What you must ask yourself is --- regardless of which approach you choose for your patient --- as his triglycerides were falling over a period of 6 months from 280 to 120, did that drop in triglycerides (even though it added probably 20 good years to his life) actually make him "feel good" in any way? No, there is nothing inherent in high triglycerides that, in itself, makes a person feel badly, and nothing about normalizing triglycerides that (at least in the short term) makes a person "feel good."

And during that 6 months, the patient had a lot more to celebrate than adding 20 good years to his life. Within 3 weeks of starting NUTRI-SPEC, his chronic neck and shoulder tension all but disappeared. By 8 weeks on NUTRI-SPEC, his erectile dysfunction was vastly improved.

--- "I FEEL GOOD!" SAYS YOUR PATIENT.

--- These symptomatic improvements are all because of the supplements he is taking that do double-duty. The Magnesium Chloride and Proton Plus along with Oxy Tonic + Electro Tonic + Oxy D-Plus are essential to restore Metabolic Balance and thus control his blood pressure and bring down his cholesterol and triglycerides. But at the same time, those supplements have an immediate effect on tissue Acid/Alkaline Balance, systemic Acid/Alkaline Balance, and membrane permeability. Those changes are responsible for his immediate symptomatic improvement in areas that were not even complained of on his initial presentation --- let alone "treated" by you.

He, as you and your other patients, will now ...

**"FEEL GOOD" ---
AS HE LIVES STRONGER LONGER**