

NUTRI-SPEC



THROUGH
SPECIFIC NUTRITION

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THE NUTRI-SPEC LETTER

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From:

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Dear Doctor,

You are going to save lives with NUTRI-SPEC. --- Truly --- QUANTITY and QUALITY of life. ----- Bold statement?

----- You have the capacity to save your patients from the years of suffering that precede premature death, and even more importantly, give your patients many years worth of joyful living. From what villains will you rescue your patients to bestow your life-enriching gift? To simplify the concept, think of it this way ...

WHAT ARE THE TWO LEADING CAUSES OF DEATH ...

in America?

That sounds a bit morbid, so rephrased ...

WHAT ARE THE TWO LEADING CAUSES OF SUFFERING AMONG YOUR PATIENTS?

Would your patients not agree that the villains from which they would like you to rescue them are those that severely devalue their lives along the way to ending their lives prematurely? Let us see if we can comprehend the significance of the following ranking of American causes of death per year, and what it means to you and your patients:

#1	Heart disease	598,000
#2	Cancer	575,000
#3	Chronic lung disease	138,000
#4	Strokes	129,000
#5	Alzheimer's	83,000
#6	Diabetes	69,000

So, if you look at this list from the perspective of the conventional medical paradigm, the two leading causes of death in America are heart disease and cancer. If you add #4 Strokes to #1 Heart disease, you get a category we can call "cardiovascular disease" being responsible for almost as many deaths as all the other diseases combined. So clearly, cardiovascular disease and cancer are the biggies --- causing the overwhelming majority of deaths in America.

----- But --- we are NUTRI-SPEC practitioners. We do not see the world through eyes blinded by the common wisdom. We understand clearly that the causes of death are not cardiovascular disease and cancer, but the causes of the causes. So --- what are the causes of cardiovascular disease and cancer? The answer from a NUTRI-SPEC perspective should be obvious --- the cause is a deficiency of Adaptative Capacity as per the NUTRI-SPEC equation ...

ADAPTATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES

Okay then, what knocks down people's Adaptative Capacity such that they suffer all the physical symptoms and emotional anguish that ultimately result in premature death from cardiovascular disease or cancer? Look at cancer. Cancer starts with a DNA mutation caused by catabolic damage at the nuclear level of biological organization. That catabolic (Dysaerobic) damage alters the cellular metabolism toward anaerobic glycolysis, and the new cluster of cells takes on a life of its own --- reproducing out of control (Anabolic/Anaerobic Imbalance), and carving out an ideal environment for itself within normal tissues.

Now, take your analysis a step further --- what causes the catabolic/Dysaerobic/oxidative damage that gets the whole cancer ball rolling? ----- It is the ImmunoNeuroEndocrine Stress associated with any of your NUTRI-SPEC Metabolic Imbalances --- then, compounded by fading vital reserves.

So it is with cardiovascular disease. ImmunoNeuroEndocrine Stress associated with any NUTRI-SPEC Metabolic Imbalance provokes some combination of over-reaction and under-reaction in the immune system --- such that arterial walls weaken due to insufficient sulfation. The weakened endothelium is subject to oxidative damage. The oxidative damage provokes an even bigger immune system reaction with the release of activated macrophages that in turn release the inflammatory cytokine Interleukin-6.

As per du Preez, we know the pathology advances as a downward spiraling vicious cycle in which insufficient sulfation leads to tissue weakening --- which leads to even more deficient sulfation --- which leads to tissue destruction --- and so on. The initial damage is catabolic (Dysaerobic) in nature, which is followed by an anabolic (Anaerobic) reaction --- and thus the build up of calcium and oxidized LDL in the vascular walls.

SULFATION = Barrier Function

As a NUTRI-SPEC practitioner you realize that selective membrane permeability is fundamental to your NUTRI-SPEC system. After all, it is changes in membrane permeability that account for the pH differentials (and electromagnetic potentials) across membranes. As you consider this definition of membrane function, you have your NUTRI-SPEC consciousness tuned into the cause of all the dualistic symptoms your patients present --- including ...

- pain
- itching
- vertigo
- constipation/diarrhea
- fluid retention
- hyperventilation and hypoventilation

----- And the list goes on and on. None of those symptoms and conditions can be controlled if there is deficient sulfation of tissue membranes.

----- Of course, you can take the traditional (idiotic) course of most clinical nutritionists, and recommend “remedies” for all these symptoms your patients suffer as a result of their poor membrane sulfation ---and thus the failure to maintain fluid dynamics = transmissions of water and solutes from the systemic level to the tissue level to the cellular level.

Endless remedies? ----- Or --- address the fundamental causes of all your patients’ symptoms?

As we are talking about the endothelium (the arterial intima), we need to look at the fundamental patho-physiology behind arteriosclerosis. Vascular Disease all comes down to ...

INFLAMMATION.

A chronic inflammatory activation in the arterial intima (due to both under-sulfation and a deficiency of the many adaptogens and antioxidants found in your Adapto-Max and Oxy-Max) is the fundamental cause of Cardiovascular Disease ...

In particular, vascular disease involves an excess reactivity of the TH-2 cytokine Interleukin-6. The Interleukin-6 is produced by excessively activated macrophages. The pro-inflammatory IL-6 causes the vicious cycle of catabolic inflammatory tissue destruction --- leading to loss of membrane sulfation --- which leads to susceptibility to more activated macrophage stimulation of IL-6 --- which leads to more sulfation depletion and membrane weakening --- which leads to ...

... the vicious cycle that NUTRI-SPEC has been highlighting for decades, and which du Preez makes very clear in her study.

The oxidative damage from IL-6 is how the pathology of arteriosclerosis (calcium (and perhaps cholesterol) plaques building up in the arterial intima) is initiated --- NOT dependent on elevated LDL cholesterol, but rather caused by OXIDIZED LDL cholesterol. ----- And how do you as a NUTRI-SPEC practitioner break this vicious cycle underlying vascular disease? Quite simply ...

BALANCING PROCEDURE

+

ADAPTO-MAX & OXY-MAX

+

TAURINE

+

(OFTEN) POTASSIUM CITRATE OR PHOS DROPS AS A DISPERSING AGENT

Very often Formula ES or Formula EI are indicated as well.

Will you “save lives” with NUTRI-SPEC? Yes! Beginning with your **BALANCING PROCEDURE** your patients will **Live Stronger Longer.**

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Diphasic Nutrition Plan

Balancing Procedure:

Your BALANCING PROCEDURE will assure that you take Oxygenic D+ and Oxy Tonic in proper proportion. You can think of these two supplements as “metabolic sparks”. They activate and balance oxidative energy production. Working together, they balance the permeability of cell membranes, allowing nutrients in and toxins out. They also balance tissue acidity and alkalinity.

Some people have a metabolism that requires a high amount of one and very little of the other. Your BALANCING PROCEDURE will determine the ideal quantities of each supplement for your individual needs. Your BALANCING PROCEDURE also determines your need for Electro Tonic to help maintain electrolyte balance.

[IMPORTANT: The directions for the BALANCING PROCEDURE are different for patients who often experience diarrhea. If you are one of those people, then follow only the instructions on the next page, and skip to STEP 1 on the next page now.]

STEP 1: Take no Oxy D+. For 3 days, take ¼ scoop of Oxy Tonic in water first thing in the morning. On the 4th day, increase the Oxy Tonic supplementation from ¼ to ½ scoop. On the 7th day, increase the Oxy Tonic to ¾ scoop. On the 10th day, increase the Oxy Tonic to 1 scoop.

STEP 2: When you experience a stool that is a bit more loose than normal, or a stool that has a definite sulfur odor (or, when you have reached the 12th day with no bowel reaction), then you can assume you have achieved saturation with negative valence sulfur --- the crucial ANTI-OXIDANT AND PRO-OXIDANT of your Oxy Tonic. (You may actually have an episode of mild diarrhea, and that is no problem at all. That is just one sure way to know that you have achieved systemic saturation with negative valence sulfur.)

When saturation is reached, go to the Table below. The Table tells you the amount of Oxy Tonic you will take before breakfast every morning (no longer necessarily first thing in the morning), and the amount of Oxy D+ you will take daily before your evening meal, and the amount of Electro Tonic you will take to maintain electrolyte balance.

Point of Oxy Tonic saturation	Take Oxy Tonic before breakfast	Take Oxygenic D+ before evening meal	Take Electro Tonic before breakfast/eve meal
1/4 scoop	approx. 1/8 scoop	44 drops (1/4 tsp)	1/4 tsp/2 tsp
1/2 scoop	approx. 1/8 scoop	22 drops (1/8 tsp)	1/4 tsp/1 tsp
3/4 scoop	approx. 1/4 scoop	0	0/ 1/2 tsp
1 scoop	approx. 1/2 scoop	0	0 / 1/4 tsp
None By Day 12	approx. 1 scoop	0	0/1/4 tsp

STEP 1: [Ignore the Table above.] If you are a person who frequently experiences diarrhea, then for the first 3 days of your BALANCING PROCEDURE take approximately 1/4 scoop of Oxy Tonic first thing in the morning, and 35 drops of Oxy D+ before your evening meal. On the 4th day, increase your Oxy D+ from 35 to 40 drops, and keep your Oxy Tonic at 1/4 scoop.

Every 3 days increase your Oxy D+ by 5 drops (and from here on you can eliminate the Oxy Tonic). [To simplify your Oxy D+ measuring after the 4th day: There are 45 drops of Oxy D+ in 1/4 tsp.]

STEP 2: Stop the clinical trial when 3 days have gone by with no loose stool. The amounts of Oxy D+ and Oxy Tonic you have taken that 3-day span will now become a permanent part of your Diphasic Nutrition Plan --- taking the Oxy Tonic before breakfast, and the Oxy D+ before your evening meal. To maintain electrolyte balance, you will need 1/4 tsp of Electro Tonic before breakfast and 1/4 tsp before your evening meal.

STEP 3: If during this BALANCING PROCEDURE you do not go through 3 consecutive days without a loose stool after you have taken 90 drops (1/2 tsp) of Oxy D+ for 3 days, then stop. The amount of Oxy D+ that will be permanently part of your Diphasic Nutrition Plan is 1/4 tsp, to be taken before your evening meal. Your need for Oxy Tonic will be zero. You will take 1 tablespoon of Electro Tonic first thing every morning.