

THE THEORY SUPPORTING YOUR DIPHASIC NUTRITION PLAN

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 12 Number 4

From:
Guy R. Schenker, D.C.
April, 2001

Dear Doctor,

In this Letter ...

YOU WILL BE LED TO THE FOUNTAIN OF YOUTH.

In all seriousness -- while NUTRI-SPEC cannot offer you a magic potion to enhance longevity, we can give you a clear understanding of the mechanisms of aging, and what you can do to reverse and delay the aging process. With the information you are about to gain from this Letter, you will be able to achieve much better results with your NUTRI-SPEC patients, and, you will have a powerful new protocol to use on those patients on whom you cannot employ your NUTRI-SPEC procedures. Do you have in your practice ...

- a. Patients from far away on whom you cannot do adequate follow-up testing?
- b. Patients with a list of medications a mile long that precludes getting an accurate read on their Metabolic Imbalances?
- c. Patients whose metabolisms you balance with NUTRI-SPEC, yet who still are not bursting with energy?

For patients to whom you apply this new protocol without doing your complete NUTRI-SPEC Metabolic Balancing, you may not get the extraordinarily dramatic symptomatic response that you get with your regular NUTRI-SPEC procedures, but you can be assured that ...

- you will have a major impact on any patient who is more than 32 years old

- you will in many cases actually correct the patient's NUTRI-SPEC Metabolic Imbalances (although a little more slowly) without specifically addressing them

For patients to whom you do apply your regular NUTRI-SPEC procedures, this new protocol represents, for those who are over age 32, a way to take them to an even higher level of personal power and resistance to aging.

(And for you doctors who have been unable to implement the NUTRI-SPEC test procedures, this new protocol gives you and your patients a means of taking nearly full advantage of NUTRI-SPEC's benefits.)

What is your new NUTRI-SPEC protocol all about? We talk endlessly in NUTRI-SPEC about the importance of achieving Metabolic Balance. Why? We know that there are Five Metabolic Control Systems that are continuously at work to maintain a person's ability to perform four essential functions:

1. To maintain glycemic control
2. To maintain normal oxidative metabolism
3. To maintain ideal pH in all 3 body fluid compartments
4. To maintain ideal concentrations and movement of electrolytes and biologically active water.

These four essential functions are just that -- essential. They are the means by which we grow and develop our full potential as children. They are the means by which we function optimally through young adulthood, and, they are the means by which we maximize health and longevity in resistance to the aging process. In other words ...

**HOW WELL AND HOW LONG WE LIVE
DEPENDS UPON HOW WELL WE
PERFORM THESE FOUR ESSENTIAL FUNCTIONS.**

If you have used NUTRI-SPEC for very long, you have seen objective clinical evidence time and time again that these four essential functions depend on efficient function of the Five Metabolic Control Systems. You have undoubtedly restored Metabolic Balance to quite a number of patients, and in the process seen clearly that these essential functions have improved dramatically -- with that improvement accompanied by an equally dramatic clearing of the patient's symptoms.

But is maintaining Metabolic Balance the whole story in optimizing the four essential functions? No -- and that is what this Letter is all about. There is one other important consideration that comes into play, particularly after approximately age 32, as we begin to do battle with Father Time. What each of us needs in order to minimize and delay the processes of aging is ...

TO MAXIMIZE OUR ADAPTATIVE CAPACITY.

We as NUTRI-SPEC practitioners can say without hesitation that Adaptative Capacity is very strongly dependent upon Metabolic Balance. However, Adaptative Capacity is not only a function of Metabolic Balance, but as we age becomes a function also of our Vital Reserves. We can think of this as a simple equation:

$$\text{ADAPTATIVE CAPACITY} = \text{METABOLIC BALANCE} \\ + \text{VITAL RESERVES}$$

Just what do we mean by “Adaptative Capacity?” It could just as easily be called a strong constitution, a high level of resistance, or any number of other descriptive terms that imply an abundance of personal power in response to the stressors of life.

So -- if we understand this concept of Adaptative Capacity, and we understand how and why it depends upon maintaining Metabolic Balance, how do Vital Reserves enter into the equation?

Think of it this way. If a person’s Adaptative Capacity suffers because of a Metabolic Imbalance, the symptoms and conditions that result from that decreased Adaptative Capacity will be associated with the specific imbalance. In other words, an Anaerobic patient will show decreased Adaptative Capacity that is reflected in anaerobic symptoms and conditions. A Parasympathetic patient shows a loss of Adaptative Capacity in areas specifically related to autonomic nerve imbalance.

But suppose a patient is weakened not by any particular Metabolic Imbalance, but merely by an over-all generalized decrease in vitality? This weakening could come from such things as exposure to extreme emotional stress, extreme sleep deprivation, extreme nutritional insufficiencies, etc. But -- and this is the point of this Letter -- this vitality loss is also what happens to all of us to some degree as we age.

In addition to whatever Metabolic Imbalances that may be weakening us, we also suffer an insidious loss of Vital Reserves from the ravages of aging. In association with this loss of Vital Reserves, we steadily lose Adaptative Capacity such that, irrespective of any Metabolic Imbalances

we have, we can be pushed around by both anabolic and catabolic stressors. We can be kicked in the teeth by increased demands on either our parasympathetic or our sympathetic system. We can be overwhelmed by environmental influences that push us either acid or alkaline.

Now -- here is the critical point regarding Vital Reserves that you can use clinically. Can this drop in Vital Reserves be blamed on such a nebulous entity as “the aging process,” or, can we get some kind of handle on exactly what mechanism fails as Vital Reserves fade away? What has become evident in nearly 20 years of Metabolic Testing on thousands of patients is that the loss in Vital Reserves that begins to drag patients down beginning in their mid 30’s relates to a loss in amplitude of the normal diurnal cycle.

To get a clear picture of how this diurnal cycle works, look at Figure 1. This is a graph of a healthy person’s diphasic metabolic cycle. Every 24 hours this person goes through a complete diphasic cycle consisting of a catabolic phase and an anabolic phase. The catabolic phase peaks at about 8:00 p.m. and the anabolic peaks at about 6:00 a.m. The amplitude of each phase is high, which is to say that it carries the person all the way to the physiological limit in each direction. The person represented in Figure 1 not only has Metabolic Balance (as indicated by the equal amplitude of the catabolic phase and the anabolic phase), but has high Vital Reserves associated with a high amplitude of each phase. This person has powerful Adaptative Capacity.

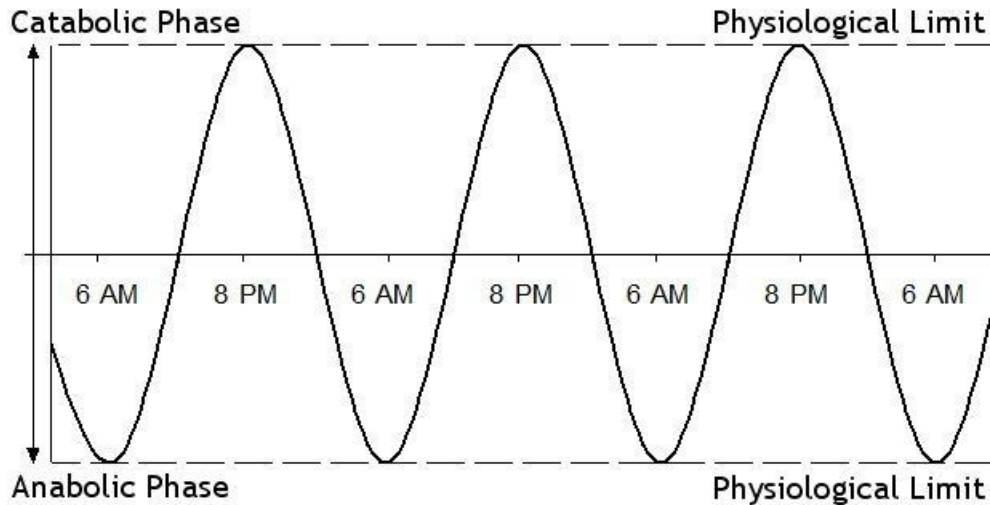
Focus now on the amplitude of this powerful person’s metabolic graph. Just what does it mean that this person swings through a complete catabolic phase and a complete anabolic phase? The catabolic phase represents a mobilization of forces in the body that protect against anabolic stressors. Likewise, think of the anabolic phase as a mobilization of the body’s reserves in defense against catabolic stressors.

A powerful person spends the hours from 6:00 a.m. to 8:00 p.m. in an anti-anabolic phase, which means the ability to mobilize reserves for productive activity during the daylight hours. Similarly, this person from the hours of 8:00 p.m. to 6:00 a.m. mobilizes reserves conducive to rebuilding and recharging, in resistance against the catabolic stressors of the preceding day.

What happens with aging, is that we gradually lose our Vital Reserves. This is to say that we begin failing to cycle completely from the catabolic phase of metabolism to the anabolic. There is a failure to fully manifest the diurnal cycle:

- between active and passive
- between depletion and repletion
- between high-powered energy expenditure and re-charging
- between defense against pathological hyperplasia and defense against pathological disintegration.

Fig 1. Balanced + High Vital Reserves = Powerful Adaptative Capacity



Suppose your patient's graph is relatively flat (low amplitude), indicating that the patient is failing to completely cycle. This patient may have nothing wrong, yet has nothing right. This patient may show many extremely abnormal tests upon NUTRI-SPEC testing, yet those abnormal tests conform to no particular pattern of Metabolic Imbalance. Why? Because, the patient is equally weak in both anabolic resistance and catabolic resistance. With no Vital Reserves, this patient gets blown away by every ill wind that blows.

As you explore your protocol for the NUTRI-SPEC Diphasic Nutrition Plan, note the use of Oxy Tonic and Complex P in the a.m. to give your patient a powerful boost out of the anabolic phase, then, the use of Oxygenic D+ and Complex S in the p.m. to protect against excess catabolism.

Put your DNP to work right away --- you have countless patients who need it as the only means to increase their Vital Reserves and thus empower their Adaptative Capacity.

Sincerely,
Guy R. Schenker, DC

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THE NUTRI-SPEC LETTER

Volume 12 Number 5

From:
Guy R. Schenker, D.C.
May, 2001

Dear Doctor,

Let us immerse ourselves once again in ...

THE FOUNTAIN OF YOUTH.

You began to learn in last month's Letter how to take the mystery out of the aging process. You learned a very simple formula that describes the means by which we preserve youth:

$$\text{ADAPTATIVE CAPACITY} = \text{METABOLIC BALANCE} \\ + \text{VITAL RESERVES}$$

You are learning that in a very general sense, aging is nothing more than the result of fading Adaptative Capacity; and Adaptative Capacity is nothing more than the ability to put up a resistance against the stressors of life.

The idea we introduced last month is that the mechanism that actually fails in the fading away of Vital Reserves associated with aging is the ability to maintain a high amplitude in the normal diurnal cycle. What we are now offering you is the means to pump up the amplitude of each patient's diurnal cycle. In other words, to pump up resistance to both anabolic and catabolic stressors.

As we pointed out last month, this process of putting the bounce in each patient's diurnal cycle can be done either following the restoration of (near) Metabolic Balance in patients whom you have tested and treated with your usual NUTRI-SPEC protocols, or, can be done in place of NUTRI-SPEC testing in patients whom you are unable to test.

Obviously, restoring both Metabolic Balance and Vital Reserves is the ideal. But for some patients (either due to medications, distance of travel, or due to your professional circumstances that prevent mastering the NUTRI-SPEC test procedures) using this new protocol will offer a daily sip from the fountain of youth for all your patients.

To review how this diurnal cycle works, look at Fig 1. From the peak of the catabolic phase at 8:00 p.m. to the peak of the anabolic phase at 6:00 a.m., this person is firing on all cylinders, equally at power against both hyperplasia (anabolic stressors) and disintegration (catabolic stressors).

Look at Fig. 2. This is another example of a youthful patient with high Vital Reserves. Notice the good (though less than ideal) amplitude to both the catabolic and anabolic phases of the diurnal cycle. What is this patient's problem? This is simply a person who, despite high Vital Reserves, is stuck in an Anaerobic Metabolic Imbalance. This person's Adaptative Capacity suffers only because of the Anaerobic Imbalance. The symptoms and conditions that brought this patient to your office involve exclusively the decreased Adaptative Capacity associated with that Anaerobic Imbalance.

If left untreated, this patient will, over the years, display many of the symptoms and conditions associated with an Anaerobic Imbalance, including chronic constipation, recurring infections, low energy, allergies, and elevated cholesterol, and will inevitably succumb to either cancer or heart disease as the finale to a lifetime of anaerobic pathology. It is patients such as these on whom NUTRI-SPEC practitioners routinely perform "miracles," eliminating the patients' current symptoms, while adding years to their lives.

Now look at Fig. 3. The first thing you notice on this graph is that the names of the two phases have been changed. The catabolic phase is now referred to as the anti-anabolic phase, and the anabolic phase is now referred to as the anti-catabolic phase. This change in labeling better represents what happens in all of us beginning ever so slightly and insidiously in our early 30's, and progressing throughout the remainder of life. What we lose are the Vital Reserves required to put up a defense against either the anabolic stressors in our lives or the catabolic stressors in our lives.

In a healthy person, anti-anabolic forces are mobilized in the morning as part of the diurnal cycle, while forces defending us against catabolic stressors are mobilized in the evening, and operate throughout the night. As long as the amplitude of a person's diurnal cycle swings to near the complete physiological limit of each of the two phases (as in

Fig.1), that person is defending effectively against both catabolic and anabolic stressors. In other words, the effects of aging, with the insidious development of both anabolic and catabolic pathologies, is being delayed. Life is good.

But, the second critical feature to notice on Fig. 3 is the low amplitude (flat) graph of the diurnal cycle. This person doesn't begin to approach the normal physiological limits of either the anti-anabolic phase or the anti-catabolic phase of the daily cycle. What will happen if you do NUTRI-SPEC testing on this patient? You very likely will find no NUTRI-SPEC Metabolic Imbalances at all. If you do find one, it will correct very quickly, even as the patient experiences no relief in symptoms, or perhaps even an exacerbation of symptoms. In fact, the patient may swing very radically from the Imbalance you are treating to the opposite. Why?

This patient has no defensive capacity against any physical, mental, chemical, or thermal insult. Even a NUTRI-SPEC regimen to correct, say, a slight Glucogenic Imbalance is enough to overwhelm the patient very quickly. (This is one reason why it is so important to do follow-up testing within one week on all the patients on whom you do complete NUTRI-SPEC Metabolic Balancing.)

This Fig. 3 patient is just plain weak – day in and day out losing battle after battle with Father Time. The processes of aging and its associated degeneration are advancing rapidly relative to that person's age. This is a patient that desperately needs your NUTRI-SPEC Diphasic Nutrition Plan.

Now look at Fig. 4, and compare this patient with your patients in Fig. 2 and 3. This patient has the worst prognosis imaginable. Like the patient in Fig. 2, this patient has an extreme Metabolic Imbalance. But, like the Fig. 3 patient, this one has a complete failure to cycle. So, this patient has ultra low Adaptive Capacity, being totally under the thumb of an Anabolic Metabolic Imbalance, plus, being unable to muster any reserves against either hyperplastic or disintegrative pathologies.

Unlike the patient in Fig. 2 who demonstrated frequent acute anabolic crises, this person is in a chronic state of anabolic degeneration. Symptoms are likely to be predominately of an anabolic character, yet disintegrative aging processes are proceeding as well. After a certain age, this patient will begin to experience some catabolic/disintegrative pathologies. (And, if medicated for these pathologies, the Anabolic Imbalance (and its associated symptoms and conditions) will get much worse very rapidly.)

This patient needs NUTRI-SPEC testing, which will likely reveal Anaerobic and/or Parasympathetic and/or Ketogenic Imbalances. Treating those imbalances will likely (gradually) restore Metabolic Balance to this patient. But even when that balance is achieved, if this patient is still showing a flat graph (representing a failure to cycle), the over-all Adaptative Capacity will only be helped a little. This patient, after having been brought close to Metabolic Balance, must be switched over to the Diphasic Nutrition Plan to get some swing back into the diurnal cycle.

An interesting benefit we have found over many years of testing is that the Diphasic Nutrition Plan will actually help this patient's Anabolic Metabolic Imbalance (in other words, improve the Anaerobic, Parasympathetic or Ketogenic Imbalances) without specifically addressing those Imbalances. It will not do so nearly as rapidly, of course, as if those Imbalances had been treated directly, but the Metabolic Imbalances will be favorably impacted by the restoration of a more youthful cycle.

So, you see there are two ways you can use the Diphasic Nutrition Plan to help any of your patients over age 32. First, you can use it for any patients on whom you have done NUTRI-SPEC testing and brought them to the point where they need only maintenance doses of a couple of supplements to maintain Metabolic Balance. At that point, you will have switched this patient from a daily cycle that looks like the graph in Fig. 4 to a daily cycle that looks like Fig 3. You have performed for this patient a valuable service, but your job is not quite done. Now you must switch over to the Diphasic Nutrition Plan.

The second group of patients on whom you should begin the Diphasic Nutrition Plan are those whom, (for whatever reason) you cannot test and treat with your NUTRI-SPEC Metabolic Balancing Protocol. Put these patients directly on the Diphasic Nutrition Plan. For patients who have a daily cycle that looks like Fig 3, you will be giving them a tremendous boost in Vital Reserves. For patients with a graph that looks like Fig 4, you will also increase their Vital Reserves, and have a surprisingly nice beneficial effect on whatever Metabolic Balances they have as well.

As of today, you can truly say that there is no patient whom you cannot help with NUTRI-SPEC.

Sincerely,
Guy R. Schenker, D.C.

Fig 1. Balanced + High Vital Reserves = Powerful Adaptative Capacity

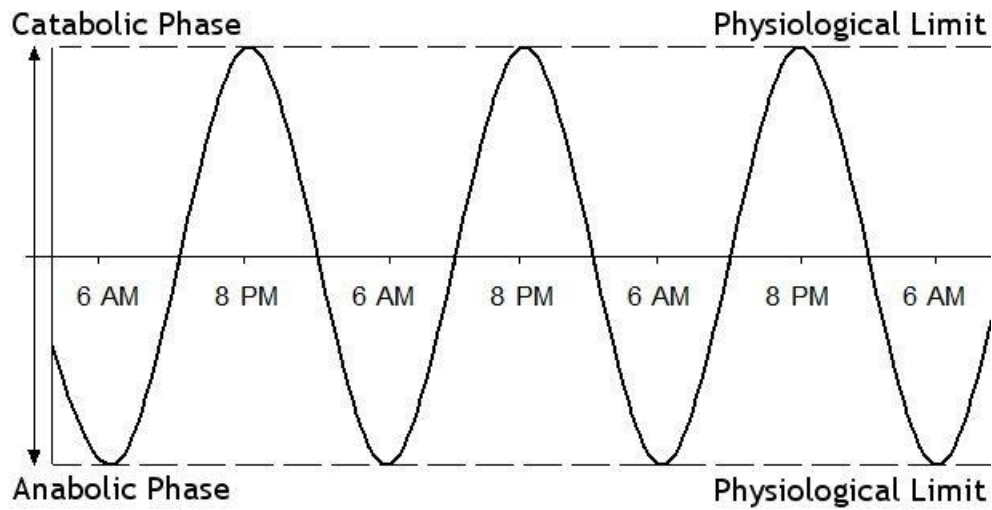


Fig 2. Anabolic + High Vital Reserves = Frequent Acute Anabolic Crises

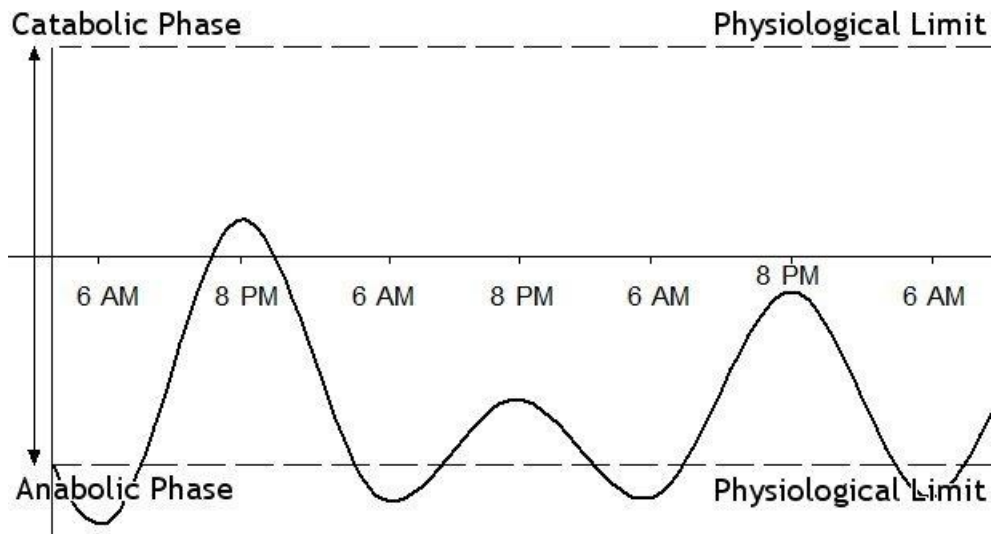


Fig 3. Balanced + Low Vital Reserves = Low Adaptative Capacity = Aging/Degeneration

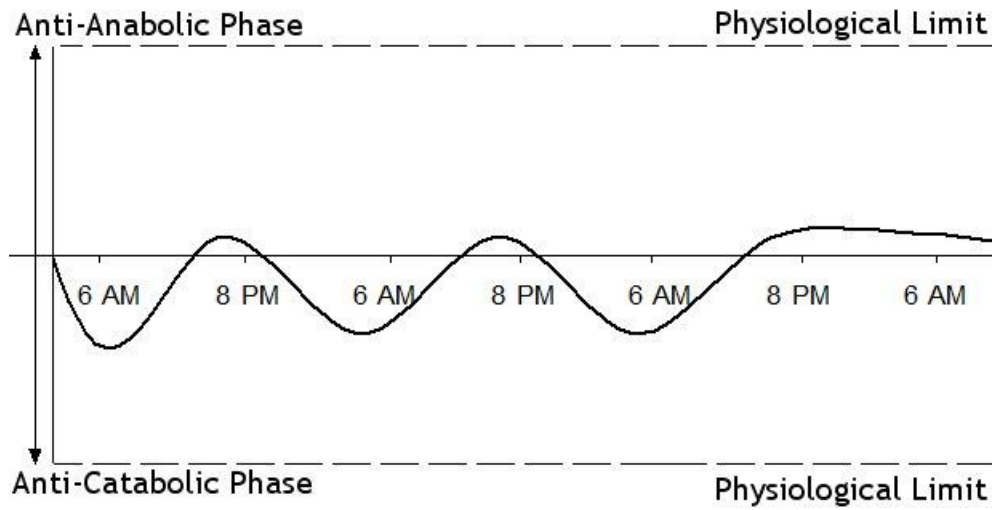
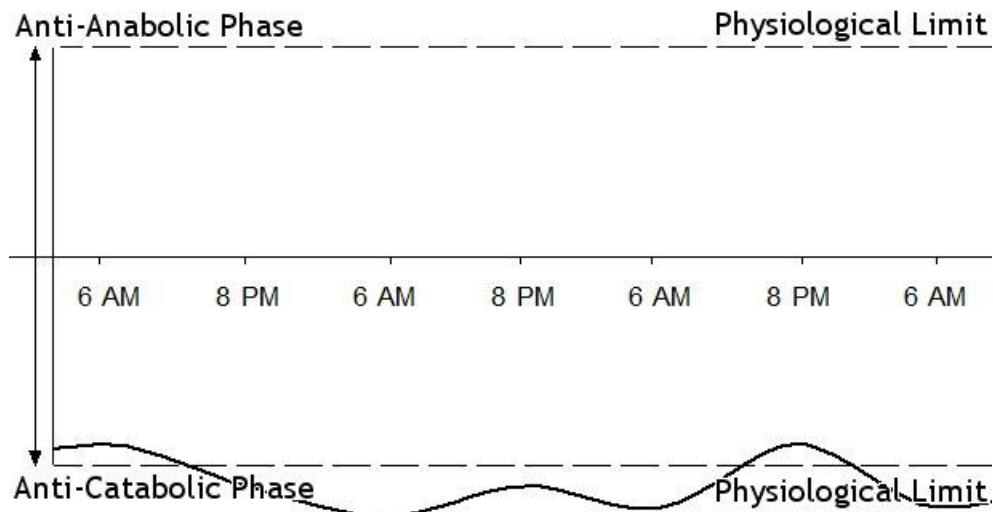


Fig 4. Anabolic + Low Vital Reserves = Chronic Anabolic Disease + Anabolic and Catabolic Aging/Degeneration



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THE NUTRI-SPEC LETTER

Volume 12 Number 6

From:

Guy R. Schenker, D.C.

June, 2001

Dear Doctor,

TAKE YOUR PATIENTS TO AN EVEN HIGHER LEVEL OF PERSONAL POWER AND RESISTANCE TO AGING.

The maintenance of Metabolic Balance is a concept familiar to all NUTRI-SPEC practitioners. We know there are Five Metabolic Control Systems continuously at work in maintaining the essential functions of glycemic control, normal oxidative metabolism, ideal pH, and the ideal concentrations and movements of biologically active water. We have a testing and analysis system that gives us an individualized therapeutic regimen to optimize each individual patient's state of Metabolic Balance.

What we introduced two months ago is the second component of Adaptative Capacity – Vital Reserves. You have learned that there can be a loss of Vital Reserves in response to any major stressor. But, we all steadily lose Vital Reserves with age such that, independent of our state of Metabolic Imbalance, we can be victimized by any kind of stressor. Furthermore, the stressors that relentlessly take their toll as we age year after year will be of both anabolic and catabolic character.

With a loss of Vital Reserves we lose enough Adaptative Capacity that our defenses are weakened. There will, with aging, be an insidious spread of both anabolic and catabolic pathologies throughout our bodies. We suffer the effects of ever decreasing resistance against pathological hyperplasia (anabolic pathology), and against pathological disintegration (catabolic pathology).

Examples of anabolic pathological hyperplasia include:

- tumors
- hypertrophic boney exostoses
- fibrotic deposits in soft tissues
- osteo arthritis
- sclerosis of the vascular system

Examples of catabolic pathological disintegration include:

- muscular atrophy
- osteoporosis
- rheumatoid arthritis
- wide spread oxidative free radical damage (lipid peroxidation (fatty acids) and glycation (sugars)), which is expressed as:
 - oxidative damage to blood vessel walls (which is a precursor to the anabolic hyperplasia of arterial sclerosis)
 - oxidative damage to the genetic material intracellularly (which decreases regenerative capacity and, predisposes to mutation)
 - oxidative damage to the mitochondria of cells (decreasing energetic capacity)
 - oxidative damage to brain cells (leading to senile dementia)
 - oxidative damage to connective tissue throughout the body (a precursor to the anabolic response of cross linking of connective tissue)

In other words, there is both an anabolic and a catabolic component to aging. Or, more accurately, there is a failure of both anti-anabolic and anti-catabolic defense that typifies all aging processes.

Your goal as a NUTRI-SPEC practitioner now becomes one of maximizing each patient's Adaptative Capacity by not only restoring Metabolic Balance, but by increasing Vital Reserves.

Specifically how are you going to increase each patient's Vital Reserves? For you patients over 32 years of age, your NUTRI-SPEC Diphasic Nutrition Plan will do the trick. The way it works is simply by giving your patients a tremendous boost to their anti-anabolic defenses, and an equally powerful boost to their anti-catabolic defenses, and timing each booster so as to facilitate the normal diphasic diurnal cycle. The supplements you give your patients in the morning are designed to

maximize the defense against pathological hyperplasia, and are timed to coincide with the anti-anabolic phase of a normal, healthy (youthful) cycling metabolism. Each nutrient that you give the patients in the evening is a powerful defense against pathological disintegration, and is timed to coincide with what should be the body's own natural surge of anti-catabolic forces.

The critical point for you to have learned from the last two Letters is that the drop in Vital Reserves as we grow older need not be blamed on such a general and nebulous entity as "the aging process." Rather it can be specifically identified that the mechanism that fails as Vital Reserves fade away is the loss in amplitude of the normal diurnal cycle.

The closest we can come to the "Fountain of Youth" for ourselves and our patients, is to do everything we can to maintain a high amplitude in our daily diphasic cycle. Last month we gave you four graphs to illustrate the impact of a flattened (decreased amplitude) cycle on a person's health. We showed graphically what can be done with your new NUTRI-SPEC protocol to pump up your patients' daily cycles.

Where do we get this idea to focus on increasing the amplitude of the diurnal cycle to maximize our defenses against Father Time? Nearly 20 years of watching the numbers on hundreds or even thousands of patients undergoing NUTRI-SPEC testing and treatment showed clearly the truth in the formula:

**ADAPTATIVE CAPACITY = METABOLIC BALANCE
+ VITAL RESERVES.**

The older the patients were, the less Metabolic Balance played a role in their Adaptative Capacity, and the more some unidentified factor was at play. The flat (low amplitude) graphs of their objective test results showed clearly that these people just had no capacity to defend themselves against anything. While their individual test results bounced all over the place, the over-all patterns of Metabolic Imbalance were extremely resistant to change. It became clear to us, based on our objective evidence, that the primary mechanism of aging was the ever decreasing ability to cycle in anti-anabolic and anti-catabolic defense.

Is there evidence in the scientific literature to support our contention that fading ability to cycle is the primary mechanism behind aging? You betcha:

1. Yin D. Is carbonyl detoxification an important anti-aging process during sleep?. Med Hypotheses. 2000, Apr;54(4):519-22.

This study discusses the importance of maintaining a diurnal cycle to prevent aging. It is pointed out that there is inevitable toxification by biological garbage. This metabolic waste includes a particularly large number of toxic carbonyls, created by free radicals, glycation, and other post translational side-reactions during various stresses and diseases. The accumulation of these toxic substances and their cross linking products leads to the formation of different age pigments such as lipofuscin, lens cataracts, and cross linked collagen in joints and ligaments. There is a diurnal fluctuation in the concentrations of these toxic carbonyls. At night, during sleep, there is a reversal of the covalently bound toxic proteins and nucleic acids. This toxification/cleaning cycle explains the biochemical necessity for sleep to prevent aging.

2. Hofman M.A. The human circadian clock and aging. Chronobiol Int. 2000, May; 17(3):245-59.

The hormone vaso pressin, one of the most abundant peptides in the hypothalamus, exhibits a diurnal rhythm, with low values at night and peak values during the early morning. However, with advancing age, these diurnal fluctuations deteriorate, leading to a disrupted cycle with a reduced amplitude in elderly people. This study concludes that the synthesis of peptides in the human hypothalamus exhibits an endogenous circadian rhythmicity, and that the temporal organization of these rhythms becomes progressively disturbed in old age.

3. Richardson G, Tate B. Hormonal and pharmacological manipulation of the circadian clock. Sleep. 2000, May 1; 23 Suppl 3:S77-85.

This study showed that shift workers suffer a serious disruption in their diurnal cycle. The physiological and pathological ramifications are significant. The study showed that chronic shift work is an independent risk factor for the development of both cardiovascular disease and gastro intestinal diseases.

4. Atkinson G, Reilly T. Effects of age and time of day on preferred work rates during prolonged exercise. Chronobiol Int. 1995, Apr; 12(2):121-34.

This study showed that during prolonged bicycling exercise there was extreme diurnal variation in mean work rate over an 80 minute exercise period in subjects aged 19-25, but in older subjects age 48-62 there was no diurnal variation in work rate over the 80 minute exercise period. In other words, not only do we see a decrease in exercise capacity in the aged (as we would certainly expect), but decreased performance is clearly

associated with the loss of the capacity to cycle (no pun intended) with age.

5. Price G.M., et al. Nitrogen homeostasis in man: Influence of protein intake on the amplitude of diurnal cycling of body nitrogen. Clin Sci. 1994, Jan; 86(1):91-102.

This study showed that one of several ways to maintain a high amplitude in the diurnal cycle is with increased dietary protein intake. Based both on nitrogen and amino acid balances, the amplitude of the diurnal cycle in human adults increases with increasing dietary protein intake, and decreases with inadequate protein intake. In other words, increased dietary protein has neither an anabolic nor a catabolic effect – it increases the amplitude of both phases of the diurnal cycle.

6. Adreotti F, Kluft C. Circadian variation of fibrinolytic activity in blood. Chrono Biol Int. 1991; 8(5):336-51.

This study not only showed that spontaneous fibrinolytic activity in the blood followed a very clear diurnal pattern, peaking in the evening and reaching a low point in the morning, but, also showed that comparison of older subjects to younger ones showed a severely blunted diurnal increase in fibrinolytic activity in the aged. The point we are making, and which is confirmed by this and many other studies, is that many of the “diseases of aging,” are specifically associated with the loss of the ability to cycle through both an anti-anabolic and anti-catabolic defensive phase as we grow older.

7. Taub J.M. Disturbances in diurnal rhythms following a night of reduced sleep. Int J Neurosci. 1981; 14(3-4):239-45.

This study showed that following a night of reduced sleep not only was wakefulness adversely impacted, along with performance in activities of daily living, but, the over-all amplitude of the diurnal rhythm of body temperature and many other parameters was flattened.

The above listed studies, plus countless others, show two things. First, that the loss of the ability to cycle is an integral part of the loss of Vital Reserves with aging. Second, it is seen that the hypothalamus is where all the action is when it comes to directing the body’s diphasic defenses against insidious degenerative diseases. Here is a summary of what you need to know from the literature to access your own “Fountain of Youth:”

1. Aberrant hormonal cycles are seen to be the effect, not the cause, of a failure to cycle. The loss of anti-anabolic and anti-catabolic defenses

associated with hormone imbalances are simply the manifestations of a hypothalamus that is either over- or under-stimulated. Direct influences on the hypothalamus are the only way to address the causes of cycle disturbances.

2. The hypothalamus will maintain the highest possible amplitude of the diphasic cycle in response to appropriate light and dark stimulation. You and your patients want as much natural light (entering the eyes) as possible during the day; follow that by pure darkness for as much as eight hours every night.
3. In conjunction with the light/dark aspects of the cycle described above, adequate sleep is essential to maintaining a high amplitude cycle. Deficient sleep will cause an immediate drop in Vital Reserves, which is easily measured by a drop in body temperature, usually accompanied by a slower pulse, a loss of mental quickness, and failure of emotional equilibrium (not to mention decreased energy).
4. Increased dietary protein is another potent Activator of the hypothalamus that facilitates a high amplitude cycle. The corollary to this statement is, of course, that a high carbohydrate diet devastates the hypothalamus, thus decreasing Vital Reserves and accelerating the aging process.
5. The final component of your “Fountain of Youth” NUTRI-SPEC regimen is your new Diphasic Nutrition Plan. Oxy Tonic, Diphasic A.M., and Complex P in the morning, balanced by Oxy D+, Diphasic P.M., and Complex S in the evening, will be as two happy, energetic children playing on a seesaw. Watch each end surging up and down in a joyful celebration of the rhythm of life.

You have dozens of patients who are fooling around with “health food store mentality” supplementation that, at best, is a waste of money, and at worst, actually decreases Adaptive Capacity. Give them some real personal power ... with your NUTRI-SPEC DIPHASIC NUTRITION PLAN.

Sincerely,
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 12 Number 7

From:
Guy R. Schenker, D.C.
July, 2001

Dear Doctor,

Just exactly how do the supplements you are using in your NUTRI-SPEC DIPHASIC NUTRITION PLAN ...

PUT THE BOUNCE BACK IN YOUR PATIENTS' DIURNAL CYCLES?

You have learned that what happens with aging is that we gradually lose our Vital Reserves. That is to say that we begin failing to cycle completely from the catabolic phase of metabolism to the anabolic. There is a failure to fully manifest the diurnal cycle:

- ▶ between active and passive
- ▶ between depletion and repletion
- ▶ between high-powered energy expenditure and re-charging
- ▶ between defense against pathological hyperplasia and defense against pathological disintegration

The way your diphasic nutrition plan works is simply by giving your patients a tremendous boost to their anti-anabolic defenses, and an equally powerful boost to their anti-catabolic defenses, and timing each booster so as to facilitate the normal diphasic diurnal cycle.

The Oxy Tonic, Diphasic A.M., and Complex P you give your patients in the morning are designed to maximize their defense against pathological hyperplasia, and are timed to coincide with the anti-anabolic phase of a normal, healthy (youthful) cycling metabolism. The Oxygenic D-Plus, Diphasic P.M., and Complex S that you give your

patients in the evening constitute a powerful defense against pathological disintegration, timed to coincide with what should be their body's own natural surge of defense against catabolic and oxidative stress.

Think of your Complex S and Complex P as boosters to a high vitality daily metabolic cycle at the organic level of biological organization. Think of Oxy Tonic and Oxygenic D-Plus as the means to maintain a high amplitude diurnal cycle at the tissue and cellular levels of biological organization.

Let us make sure you fully appreciate the intensity of force you are directing at a patient with the use of either Complex P or Complex S. (Other than with Oxy Tonic and Oxygenic D-plus) Complex P and Complex S have a more dramatically powerful and immediate impact on your patients than any other NUTRI-SPEC supplements. In other words, Complex P and Complex S will make something happen, and make it happen right now.

Sometimes the way to appreciate how much good a specifically formulated supplement can do, is to observe its potential to do harm. We've had this opportunity with probably hundreds of patients over the years who have been inappropriately given Complex S and Complex P. Before we had the specific protocol for making a consistently accurate differential between Glucogenic and Sympathetic patients, we had countless patients who were given Complex S who were not primarily Sympathetic at all. Within days of taking a daily dose of three Complex S, these patients were often suffering from extreme Parasympathetic reactions, including hypoglycemic crises, migraine headaches, spastic constipation and mucous colitis, along with low energy, nervous tension, and depression. Yes --- all that damage from nutritional doses of a few vitamins, minerals, trace minerals and amino acids.

On the flip side of the coin, we had countless patients unfortunate enough to be given Complex P when they were not Parasympathetic in the least. Many of these patients were those with either cardiovascular disease or diabetes who were taking medications that caused a false positive Parasympathetic test pattern. Giving these patients three Complex P per day had immediate and devastating effects, including spiking the blood pressure sky high, pushing the blood sugar of diabetics out of control, not to mention all the little nuisance reactions such as dry mouth, nervous tension and insomnia, and atonic constipation.

The point here is that these are not health food store toys – they are powerful metabolic movers.

Do you see how these supplements work? Do you see how these supplements put pizzazz in your DIPHASIC NUTRITION PLAN?

At about 6 a.m. it is time for the human body to begin preparation for the day's work and play. The sympathetic nervous system is an essential component of the metabolic activation that is required at the organ and systemic levels of biological organization. Those patients who have begun to sink into the low Vital Reserves, low amplitude cycle that defines the aging process, just cannot muster sufficient anti-anabolic reserves to power a productive day. Two Complex P in the morning is enough to start their engines.

Now fast forward to eight o'clock that same evening. It is time for the human body to prepare for repairing, rebuilding, and recharging. A happy, healthy day of vigorous work and play, are what life is all about, yet it definitely creates some catabolic stress. After age 32, we begin to lose some of our anabolic capacity such that we never completely bounce back from the catabolic stress of the preceding day. We must be able to fully activate the vegetative anabolic processes of digestion, assimilation, elimination, and rest, that are directed by the parasympathetic nervous system. Complex S provides the vitality-preserving boost we need.

Now consider what you can do to pump up your patients' daily cycle at the tissue and cellular level. Consider Oxygenic D-Plus first. Oxygenic D-Plus is essentially a glycerol supplement.

All the clinical benefits of glycerol are attributable to its two major properties:

- ▶ It quickly permeates all three body fluid compartments (the plasma, the interstitium, and the cytoplasm), carrying sodium, potassium, chloride and all the other electrolyte buffers and other solutes along with biologically activated water in accord with physiological demand.
- ▶ It binds with and neutralizes the free fatty acids that are the primary cause of the aging process that results from free radical peroxidation -- particularly the abnormal fatty acids with conjugated double bonds that most accelerate the aging process.

Here are some of the common benefits Oxy D+ will give your patients:

1. Increase low BP and decrease high BP.
2. Improve circulation.

3. Eliminate any tendency to cold, clammy perspiration. Eliminate any tendency to chills; raise low body temp.
4. Decrease excess protein catabolism; increase depressed serum albumin levels; decrease an excess of substances resulting from protein hydrolysis.
5. Decrease serum esterase and amylase enzymes which cause excess catabolism.
6. Decrease RBC Rouleaux formation and blood sludge. Restore normal coagulation time to the blood.
7. Heal GI ulceration by eliminating the excess chloride fixation to abnormal fatty acids in the GI mucosa.
8. Eliminate bloating due to duodenal fluid accumulation.
9. Elevate depressed WBC count: decrease lysis of WBCs.
10. Eliminate interstitial fluid retention.
11. Correct an intercellular alkalosis; correct a systemic acidosis; decrease alkaline pain.
12. Restore moisture to the skin by moving fluid back into subcutaneous tissues.
13. Decrease elevated cholesterol; reduce atherosclerosis; prevent thrombosis.
14. Eliminate any tendency to insomnia.

Not bad for one supplement.

In summary, nothing sets the stage for anti-catabolic defense like Oxygenic D-Plus. Take a few drops every evening and dramatically slow the aging process.

Following your beauty sleep (that was enhanced and enriched by Complex S and Oxygenic D-Plus), you are ready to charge like a tiger into the next day. At least you will be if you take Oxy Tonic along with your Complex P. Oxy Tonic is the spark that will ignite a sluggish metabolism. As part of your DIPHASIC NUTRITION PLAN it will push your patients out of the potentially life-long rut of inefficient fermentative

metabolism (anaerobic glycolosis) into a state of high-powered oxidative energy production.

Oxy Tonic is the active force needed to organize, mobilize, and integrate the raw materials of life into productive action. This supplement of negative valence sulfur will give you more bang for your buck than any supplement of any kind you will find anywhere.

The negative valence sulfur is the key to controlling the tissue acidosis typical of low-energy tissues involved in pathological hyperplasia. The negative valence sulfur is a fundamental component of the all-important sulfhydryl groups that are used by the liver for detoxification, and are used systemically as part of natural antioxidant defense. Another benefit of the negative valence sulfur in Oxy Tonic is that while it is reducing excess tissue acidity, it simultaneously restores the capacity for selective permeability to cellular membranes.

Oxy Tonic is truly a “magic wand” in its ability to instantly activate energetic metabolism. Oxy Tonic is the spark to promote normal oxidation, while protecting against the tissue damage that accrues from insufficient oxidation.

With your NUTRI-SPEC DIPHASIC NUTRITION REGIMEN you’ve got power over the very essence of life. While defending your patients against the ravages of aging, you will be empowering them to joyfully celebrate the rhythm of life. You have countless patients you can begin helping with these amazing supplements – today.

Sincerely,
Guy Schenker, DC

YOUR DIPHASIC NUTRITION PLAN

You want to maintain youthful vitality, looking and feeling your best for years to come. An essential part of your body's resistance to aging is a strong DIPHASIC METABOLIC CYCLE.

Every twenty-four hours your metabolism moves through 2 distinct (and opposite) phases. The first phase is high-powered energy expenditure, needed to enjoy your favorite activities of work and play. This metabolic phase activates at 6 a.m., and has run its course by 8 p.m. If you are healthy, your body runs efficiently, and in high gear, throughout this phase of your daily cycle. But, such intense living does have a depleting effect. So ...

At 8 p.m. your metabolism swings into the repletion, rebuilding and re-charging phase of your daily cycle.

At about age 32, we all begin to age, showing a steady drop in Vital Reserves. But – and this is what your DIPHASIC NUTRITION PLAN is all about – the loss of vitality as years go by doesn't need to be blamed on such a nebulous entity as “the aging process.” Science now shows us exactly what mechanism fails as youth fades away ... Aging is largely a loss of power in the DIPHASIC METABOLIC CYCLE.

You see, during each of your 2 metabolic phases, your body is defending itself against the 2 types of pathological activity which lead to the dysfunctions (and, eventually, the diseases) we associate with aging. During the high energy phase of your daily cycle, your body is putting up its best defense against pathological hyperplasia. During your rebuilding phase you are defending against pathological disintegration. Aging is a breakdown of resistance, allowing these 2 fundamental pathological processes (which are a part of all dysfunctions and diseases) to drag you down.

Your DIPHASIC NUTRITION PLAN will empower your defenses against the 2 vitality-destroying pathological processes. The supplements you take in the morning are designed to maximize your resistance to pathological hyperplasia, and are timed to coincide with the active phase of a healthy (youthful) cycling metabolism. The supplements you take in the evening constitute a powerful defense against pathological disintegration, timed to coincide with what should be your body's own natural surge of rebuilding and recharging activity.

Your supplements are specifically formulated combinations of metabolic Activators and anti-oxidants to give your DIPHASIC METABOLIC CYCLE a powerful boost. While defending you against the ravages of aging, they will empower you to healthfully celebrate your full inborn potential for youthful vitality.

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THE NUTRI-SPEC LETTER

Volume 12 Number 8

From:
Guy R. Schenker, D.C.
August, 2001

Dear Doctor,

It's the only genuine, honest-to-goodness anti-aging nutrition regimen anywhere,

**AND YOU ARE THE ONLY DOCTOR
FROM WHOM YOUR PATIENTS CAN GET IT.**

In the several months we have been discussing your Diphasic Nutrition Plan, our repeated references to "The Fountain of Youth" have been only half in jest. You see, this Plan is the real thing,

**A POWERFUL DEFENSE AGAINST
BOTH CATABOLIC & ANABOLIC AGING PROCESSES.**

You have the Plan that will always delay, often stop, and even actually reverse (depending on the age of your patient), both the **pathological hyperplasia** and the **pathological disintegration** that manifest due to the two phases of aging. Now that you understand the principle of pumping up your patients' Vital Reserves with an anti-anabolic booster in the morning, and an anti-catabolic booster in the evening, it is time to give you ...

**THE MOST POWERFUL COMBINATIONS
OF ADAPTOGENS EVER FORMULATED.**

Meet your 2 new top guns ...

ADAPTO-MAX

&

OXY-MAX

ADAPTO-MAX is your Diphasic A.M. supplement (to be used in conjunction with OXY TONIC and COMPLEX P); OXY-MAX is your Diphasic P.M. supplement (which your patients will take with their OXYGENIC D+ and COMPLEX S).

No products, available anywhere at any price, can come close to matching the power these formulations give you to ...

BOOST YOUR PATIENTS' ADAPTATIVE CAPACITY.

With these 2 supplements working in balance with one another, along with the other components of your Diphasic Nutrition Plan,

YOU ARE BUILDING AROUND EACH PATIENT AN IMPREGNABLE FORTRESS IN DEFENSE AGAINST PATHOLOGICAL AGING.

Check out these ingredients:

*Diphasic A.M.:

Carnosine, a powerful antioxidant hydroxyl scavenger, which protects against oxidative free radical damage from peroxidation, and against toxic carbonyl groups associated with aging.

Carnitine, which facilitates fat burning metabolism, decreases anaerobic glycolysis, and lowers cholesterol and triglycerides.

Betaine, a liver de-toxicant, which increases SAM in the liver, and decreases homocysteine in the blood, and is the absolute best methyl donor.

Chondroitin sulfate, an antioxidant protecting against oxidative free radical damage, while supplying raw materials for joint strengthening and lubrication.

Acetyl-l-Carnitine, the antioxidant most effective at protecting the brain from neurotoxins, fuels the heart, and inhibits insulin resistance.

Alpha Lipoic Acid, a powerful antioxidant and antireductant in both fat and water soluble media, and active both intra and extra cellularly.

Coenzyme Q-10, more than a powerful antioxidant and antireductant, it is essential to mitochondrial electron transport for cellular energy production.

*Diphasic P.M.:

Tocotrienols (from palm), featuring, delta-tocotrienol, with the highest antioxidant activity and free radical scavenging capacity of the tocotrienol isomers.

Mixed Tocopherols, with the highest available concentration of gamma-tocopherol, a far more potent antioxidant than ordinary Vitamin E.

Alpha Lipoic Acid, a powerful antioxidant and antireductant in both fat and water soluble media, and active both intra and extra cellularly.

Coenzyme Q-10, more than a powerful antioxidant and antireductant, it is essential to mitochondrial electron transport for cellular energy production.

When I look over these two lists of ingredients, I feel like the proverbial kid in a candy store. These are the goodies that scientific research has shown conclusively to have a major impact on enhancing and preserving normal human metabolism. You are probably somewhat familiar with each of these nutrients, since each has had its day of popularity as a heavily hyped health food industry wonder cure.

For many of these amazing nutrients the popularity faded as quickly as it came. Why would that be? If the scientific literature supports their substantial metabolic and protective effects, why would the health food crowd begin to lose interest after just a few years?

The answer is simple. The health food industry mentality does not allow for these powerful metabolic boosters to be used with nutritional specificity. Add to the somewhat ineffective nonspecific use of these supplements that most of them are quite expensive, and you can see why the average health food store shopper, having experienced no miracle with the extravagantly priced disappointment, can be easily distracted by the next “latest and greatest” health food industry promotion.

Now, using these nutrients with specificity, you can give each of your patients a tremendous boost in personal power in response to the stressors of life. Two uniquely synergistic combinations of adaptogens, your ADAPTO-MAX DIPHASIC A.M. and your OXY-MAX DIPHASIC P.M. become critical components of your Diphasic Nutrition Plan. They will be your patients' champions in the war against aging.

Furthermore, you can support your patients' own natural surge of anti-aging forces each morning and night, at hundreds of dollars less per year than their cost of trying to duplicate the nutrients in these products at the health food store (while swallowing only two products instead of eight). Nowhere but from you can your patients get this kind of boost to their Vital Reserves at a price they are able to afford.

You may have some clinical experience attempting to use these glamorous nutrients on your own patients. Certainly, you have had patients come to you that have purchased them on their own. You probably read much of the promotional literature and, as a NUTRI-SPEC practitioner, didn't know where these supplements fit into the whole scheme of things. You wanted to give your patients every possible advantage, but did not know how to use these nutrients with specificity. Your patients also have probably hounded you with pleas that you endorse their use of these nutrients. You didn't quite know how to respond since the only information you have had available to you was the same health food industry hype that was available to your patients.

What we are going to give you in the next several months of this Letter is the complete story on these nutrients. You will learn exactly how and why and to what extent each will increase the Adaptative Capacity of your patients.

If you carefully check the labels of your NUTRI-SPEC products, you will find that several of these nutrients are already included for their specific effect on particular Metabolic Imbalances. From this day on, however, you can offer the youth-preserving benefits of these nutrients to all your patients as part of your Diphasic Nutrition Plan. These products are guaranteed to be the most powerful adaptogens available anywhere, and the most effective metabolic boosters available anywhere.

Now, as part of your Diphasic Nutrition Plan, they will give your patients all the benefits promised by the scientific literature, and do so within the context of pumping up the amplitude of their Diphasic Metabolic Cycle.

Before we begin our detailed nutrient-by-nutrient account of the findings from the scientific literature supporting the benefits of these products, let us briefly mention some qualitative considerations. First, consider the tocotrienols. As you may be aware, tocotrienols are referred to in the promotional literature as part of the Vitamin E family or Vitamin E Complex. The tocotrienols are very definitely a first cousin to the tocopherols of the Vitamin E family. The molecular structure of tocotrienols and tocopherols is very similar, but different enough to give tocotrienols even more powerful and diverse antioxidant activity than the various forms of Vitamin E.

But the thing you need to be most aware of regarding the tocotrienols in your OXY-MAX is that they are derived from palm. The few nutrition companies who are promoting a tocotrienol product are using a vastly inferior source. They are deriving their tocotrienols from rice bran. The reason this is a problem is because the tocotrienols from rice bran are almost totally lacking in the delta fraction of tocotrienols, which is by far the most biologically active antioxidant of the tocotrienol family.

So, the situation is this – all the research done on the tremendous benefits of tocotrienols is done with tocotrienols derived from palm, which are very high in delta tocotrienol, while the pill peddlers are trying to sell you a tocotrienol product derived from rice bran, which is (obviously) cheaper in price, but gives you only a small portion of the benefits demonstrated in the scientific literature. With OXY-MAX you not only have one of the few products available anywhere to use palm tocotrienols, but you have those tocotrienols combined to yield the synergistic effects of tocotrienols accompanied by the other antioxidants. Again,

**THIS IS GUARANTEED TO BE THE MOST
POWERFUL ANTIOXIDANT PRODUCT AVAILABLE ANYWHERE.**

Another qualitative consideration concerns the alpha lipoic acid that you see as an ingredient in both your Diphasic A.M. and Diphasic P.M. products. Alpha lipoic acid is available as a nutrient in both water soluble and fat soluble forms. Both forms are truly amazing in their biological effect, yet there are certain aspects of the effects of alpha lipoic acid which derive primarily from the fat soluble form. With your Diphasic Nutrition Plan you are getting alpha lipoic acid in both the water soluble (Diphasic A.M.) and in fat soluble (Diphasic P.M.) forms. Probably at least 90% of the lipoic acid products available to you are in the water soluble form only. Only with NUTRI-SPEC can you be sure to be getting all the beneficial effects of alpha lipoic acid.

These one-of-a-kind formulations are a dream come true for those of us who are serious about clinical nutrition. Every single patient you see age 32 or older is a candidate for your Diphasic Nutrition Plan. You can give a tremendous amount of nutrition for the money spent, delivering the benefits from nutritional supplementation that everyone has always hoped for, but was never able to get.

Sincerely,
Guy Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 12 Number 9

From:
Guy R. Schenker, D.C.
September, 2001

Dear Doctor,

ADAPTO-MAX and OXY-MAX ... Yes ...

WITH NUTRI-SPEC YOU'VE GOT THE POWER ON ALL DAY AND ALL NIGHT.

If you are anything like me, you look over the list of ingredients in these two adaptogenic formulations, and become as excited as a kid in a candy store. Why these particular nutrients? Quite simply, these are the powerful nutrients I want for my own personal protection against pathological aging. Out of all the countless vitamins, minerals, trace minerals, enzymes, herbs and other metabolically active food concentrates, these are the ones that I have chosen (after 25 years of devoting my life to the study of nutrition) as the nutrients I want to protect my family. These are the adaptogens I can offer my patients, knowing in good conscience that I am giving them formulations they can get nowhere else, applied with metabolic specificity, and at an extremely reasonable price.

As promised in your last Letter, we are going to give you this month, and in the next few months, the complete discussion of exactly how and why and to what extent each nutrient in these two formulations will increase the Adaptative Capacity of your patients. Only guided by information from the scientific literature (as opposed to health food industry hype) will you appreciate the pure gold you've got in these supplements. Again, these products are guaranteed to give you ...

**THE MOST POWERFUL ADAPTOGENS
AVAILABLE ANYWHERE, AND THE
MOST EFFECTIVE METABOLIC BOOSTERS
AVAILABLE ANYWHERE.**

Now let's begin our "kid in a candy store" game and look at each of these sweetheart nutrients one by one. Let us begin with a little discussion of the mixed tocopherols that are found in your OXY-MAX Diphasic P.M. The mixed tocopherols represent the complete vitamin E family – alpha, beta, gamma, and delta tocopherols. There is a lot of confusion among both the lay public and among doctors about vitamin E. We are not going to get into the complete discussion of all the different forms of vitamin E here, but rather concentrate on the biological activities of vitamin E that are most clinically significant.

Vitamin E is thought of, and properly so, as an antioxidant. Most people also think of Vitamin E primarily as alpha tocopherol, or, as one of the alpha tocopherol esters. As it turns out, what most people consider to be ...

**VITAMIN E (ALPHA TOCOPHEROL) IS NOT REALLY
SUCH A GREAT ANTIOXIDANT.**

Its antioxidant activity is positively dwarfed by the antioxidant activity of gamma tocopherol particularly, and the other tocopherols as well.

When you see Vitamin E on the label of a nutrition supplement, it is almost always one of the various forms of alpha tocopherol. It doesn't matter whether the label says alpha tocopherol, alpha tocopherol succinate, alpha tocopherol acetate, vitamin E, natural vitamin E, or whatever, it is certain to be an alpha derivative.

Now, when you see vitamin E on the label of foods and cosmetics, what kind of vitamin E do you have? Almost invariably you have mixed tocopherols. Why? While the label of the food or the cosmetic may be designed to imply that the vitamin E is there for your health benefit – they may have labeled it vitamin E, or even natural vitamin E – the truth is that that vitamin E is in the food or the cosmetic not for your benefit but to protect the product itself. In other words, to protect flavor and color, and to prevent the oxidative destruction of the critical components of the food or cosmetic, the manufacturer desperately needs a powerful antioxidant. Guess what's in there? Mixed tocopherols.

The point is that when you want a no holds barred antioxidant for a knock down drag out fight with oxidative stressors, you don't fool around with the form of vitamin E they put in vitamin pills.

YOU WANT MIXED TOCOPHEROLS.

And in your OXY-MAX Diphasic P.M. (that is guaranteed to be the most powerful antioxidant available anywhere) what form of vitamin E do we give you? Not only do we give you mixed tocopherols, but we give you a specially prepared, high gamma form of mixed tocopherols. So now let's talk about gamma tocopherol in particular.

Gamma tocopherol has been measured in scientific research to be far more potent than alpha tocopherol in suppressing free radicals in living organisms. The mixed tocopherols in your OXY-MAX are approximately 62% gamma tocopherol.

It is interesting to note that alpha tocopherol can actually displace gamma tocopherol in living tissues. So, now think about all the people who are taking 400, 800, or more international units of vitamin E each day in the belief that they are getting antioxidant protection, when actually they are destroying the most potent (and all too rare) antioxidant of all, gamma tocopherol.

This is not to say that alpha tocopherol is bad. Quite the contrary. One form of alpha tocopherol, the ester alpha tocopherol succinate (which you find in Activator and many of your other NUTRI-SPEC products) is more effective in its role as an anti-thrombic agent than any of the other tocopherols, and it is more effective in boosting immune function. Interestingly, there is research showing that the combination of gamma tocopherol plus alpha tocopherol succinate gives synergistic benefits in protection against cardiovascular disease, cancer, and many other diseases. This is particularly exciting because now you have high concentrations of gamma tocopherol in your OXY-MAX, while at the same time all your patients will also be deriving the synergistic benefits just described because they are also getting alpha tocopherol succinate in their Activator. Nobody can duplicate what you are doing for your patients in terms of supporting longevity and well-being.

Let us move on now to a look at a nutrient you find in both your Diphasic A.M. and Diphasic P.M. supplements. The reason it is in both products is because it has so many protective activities in the body. It actually provides amazing defense against both pathological hyperplasia and pathological disintegration. That protection is why it is part of both the anti-anabolic booster you give your patients in the morning, and the anti-catabolic booster you give your patients in the evening.

Prepare now to be totally swept off your feet by ...

ALPHA LIPOIC ACID.

I am about to give you so much information about Alpha Lipoic Acid it will make your head spin. Perhaps it is more information than you think you want – but I strongly suggest that you read every word of what follows. I am going to give you literally dozens of beneficial metabolic effects from lipoic acid, any one of which is in itself enough reason to supplement with lipoic acid regard it as a critical nutrient.

IT IS ALMOST INCOMPREHENSIBLE THAT ALL THESE BENEFITS CAN COME FROM ONE ADAPTOGENIC NUTRIENT.

- Alpha lipoic acid is a di-thiol antioxidant. It is reduced to the thiol form intracellularly. The di-thiol (two sulfur) character of its molecular structure is what gives it its anti-anabolic activity in your ADAPTO-MAX Diphasic A.M. supplement. Because of its metabolically active sulfur, it has antioxidant activity as part of the glutathione system of antioxidants, as well as in the glutathione derivatives cysteine and n-acetyl-cysteine.
- Lipoic acid is also known as “acetate replacing factor,” and as “pyruvate oxidation factor.” As such, it is an important part of efficient oxidative energy production in the body, VITALITY!
- Associated with this role as a metabolic Activator, it is effective in the treatment of liver disease.
- One study showed that lipoic acid combined with selenium decreased Hepatitis C, decreased cirrhosis, decreased portal hypertension and decreased esophageal varices.
- Lipoic Acid not only restores glutathione and glutathione peroxidase as part of your body’s anti-anabolic antioxidant defense system, but is also an important part of your anti-catabolic anti-oxidant system. This benefit is revealed in research showing an amazing effect at decreasing malondialdehyde, one of the principal end products of age-related lipid peroxidation. Lipoic acid also potentiates the antioxidant enzyme systems super oxide dismutase and catalase, and glutathione reductase.
- In its antioxidant role, lipoic acid has been shown to decrease diabetic neuropathy.

- Another note on diabetic neuropathy: Studies have shown that in diabetic neuropathy the nerve is ischemic and hypoxic, with increased dependence on anaerobic metabolism. Lipoic acid increases glucose uptake and efficient oxidative metabolism and thus benefits the diabetic neuropathy.
- Lipoic acid increases T-Cell function in cancer patients.
- It particularly decreases iron dependent lipid peroxidation.
- In spontaneously hypertensive rats, excess endogenous aldehydes (resulting from oxidative stress) bind sulfhydryl groups of membrane proteins, altering membrane calcium channels and increasing blood pressure. Lipoic acid binds these excess aldehydes and actually decreases elevated blood pressure. Lipoic acid particularly decreases elevated systolic blood pressure, decreases excess cellular calcium, decreases elevated serum glucose and elevated serum insulin, and decreases tissue aldehyde conjugates that are associated with tissue catabolism and premature aging. Lipoic acid also decreases adverse renal vascular changes associated with hypertension.
- Lipoic acid is a co-factor of mitochondrial dehydrogenase complexes. It activates lipid kinase, tyrosine kinase, and serine/threonine kinases, which increase the efficiency of glucose uptake for normal oxidative energy production.
- Lipoic acid attenuates the decrease in both enzymatic (e.g., SOD) and non-enzymatic (e.g., vitamin E) antioxidant levels with age.
- Lipoic acid decreases nitric oxide synthesis (which is associated with septic or endotoxic shock) in the liver by improving carbohydrate metabolism in hepatocytes. It is interesting to note that while lipoic acid decreases the damage from nitric oxide, administration of glutathione or N-acetyl cysteine by themselves actually can increase the damage from nitric oxide.
- One interesting study compared the antioxidant effects of lipoic acid with those of alpha tocopherol (Vitamin E.) The results? Lipoic acid effectively decreased LDL cholesterol oxidative susceptibility associated with atherosclerosis (but not quite as well as alpha tocopherol). Lipoic acid decreased urine FZ-isoprostanes (but not quite as well as alpha tocopherol). Lipoic acid decreased plasma protein carbonyl levels (which are a key marker for aging processes) (while alpha tocopherol had no effect whatsoever.)

- Type II diabetics have increased fasting lactate and pyruvate concentrations in their blood. Furthermore, the increased lactate and pyruvate concentrations double after glucose loading in obese patients, but not in lean patients. Lipoic acid was shown to decrease excessive lactate and pyruvate levels in the serum of Type II diabetics. (These are typically your Ketogenic, Anaerobic, Parasympathetic, and Glucogenic patients.)
- Lipoic Acid has been shown to decrease oxidative stress associated with lead poisoning.

The list of benefits to your patients from lipoic acid goes on and on (and will be completed in next month's Letter, where you will find an equally impressive list of benefits from tocotrienols, carnosine, carnitine, betaine, and coenzyme Q-10).

All your patients over age 32 need the metabolic boost and the protection that comes from your Diphasic A.M. and Diphasic P.M. There is nothing better you can do to boost their Vital Reserves.

Here's a helpful tip: You are not limited by the 3 per day dosage listed on the Diphasic A.M. and Diphasic P.M. bottles. For your patients who are in particularly poor health, you can crank up the dosage in proportion to the severity of their condition. For patients who are in a crisis situation, don't hesitate to use as much as 10 daily until you see signs that Vital Reserves are rising to meet the pathology's challenge.

Put these adaptogens to work for your patients today.

Sincerely,
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 12 Number 10

From:
Guy R. Schenker, D.C.
October, 2001

Dear Doctor,

You have two kinds of patients: Those who need your NUTRI-SPEC Diphasic Nutrition Plan now, and, those who need Metabolic Balancing with NUTRI-SPEC first, and then need the Diphasic Nutrition Plan. As a clinical nutritionist you must remain ever cognizant of one essential truth – that all your patients need the increase in Adaptive Capacity that you can give them, as per the formula ...

ADAPATATIVE CAPACITY = METABOLIC BALANCE + VITAL RESERVES.

For those of you who have never mastered the art and science of NUTRI-SPEC testing, the procedure you must follow is clearly evident. Immediately put all your patients on the Diphasic Nutrition Plan to increase their Vital Reserves. The pleasantly surprising side effect your patients will derive is that not only will their Vital Reserves increase in direct result of the Diphasic Nutrition Plan, but their Metabolic Balance will improve (even without specifically addressing their Metabolic Imbalances) simply because the increase in Vital Reserves from the Diphasic Nutrition Plan gives such a powerful metabolic boost that they can begin to rise above and correct whatever Metabolic Imbalances they have.

For those of you who have been doing NUTRI-SPEC testing, you will still often encounter patients for whom testing is impossible – either because they are difficult to test, unavailable to monitor, or their list of medications precludes getting any meaningful analysis of their Metabolic Balance. In these cases you, too, will proceed immediately into the Diphasic Nutrition Plan. With Oxy Tonic, Oxy D-Plus, Diphasic A.M., and Diphasic P.M. (unquestionably the most powerful adaptogens

available anywhere, and the most effective metabolic boosters available anywhere), you will elevate your patients' Adaptative Capacity to heights never dreamed possible before the Diphasic Nutrition Plan was available.

It is still ideal to do NUTRI-SPEC testing to directly impact Metabolic Imbalances whenever possible. So, for most of your patients you will continue to test and treat according to your Quick Reference Guide analysis. Then, what you will do is make the transition from your metabolic balancing regimen to the Diphasic regimen gradually over time. For those patients whose Metabolic Imbalances respond quite quickly (within three weeks is a typical time frame) you will be adding in the Diphasic A.M. and the Diphasic P.M. supplementation as you decrease their other supplementation. You will find that as you make the transition into the Diphasic Plan it will actually speed up the rate at which you can decrease the supplements they were originally taking for their Metabolic Imbalances.

You also have some patients whose Metabolic Imbalances are very resistant to change. If the imbalance in question happens to be Glucogenic or Ketogenic, just keep the patient on the Oxy G or Oxy K and the accompanying dietary recommendations while you make the transition to the Diphasic Plan. In other words, you will end up with the patient on the Diphasic Plan, with a little extra Oxy G or Oxy K on an ongoing basis. For your patients who originally had either Anaerobic or Dyaerobic Imbalances that are resistant to change, you will simply transition to the Diphasic Plan while maintaining them on either Oxy Tonic or Oxygenic D-Plus, while omitting from the Diphasic Plan the supplement (either Oxy Tonic or Oxy D-Plus) that would exacerbate their persistent Metabolic Imbalance.

As you move your patients into the Diphasic Nutrition Plan, educate them by giving them the brochure explaining the theory behind it, and the benefits they will derive. These patients should also be given the Activator brochure that explains very clearly and thoroughly the qualitative differences between NUTRI-SPEC supplements and health food industry junk.

For those patients with inquiring minds and the ability to read (you get one of those once in a while), don't hesitate to give them reprints of these NUTRI-SPEC Letters. If these patients can be helped to truly understand the unique value they are getting from your NUTRI-SPEC approach to improving the quality and longevity of their lives, they will be patients for life – and referring patients at that.

Let us return now to our presentation of the amazing scientific literature in support of your Diphasic A.M. and Diphasic P.M. as the one sure way to increase Adaptive Capacity and minimize the destructive effects of aging. Last month we talked in depth about the amazing anti-oxidant power of the gamma tocopherol in your Diphasic P.M. We compared it to what the health food industry typically refers to as “Vitamin E,” which, as you learned, can actually block anti-oxidant activity.

We also began an in-depth discussion of an amazing adaptogen that is so powerful against both pathological hyperplasia and pathological disintegration that it had to be included in both your Diphasic A.M. and Diphasic P.M. – lipoic acid. In last month’s Letter we gave you pages of information from the scientific literature supporting both the antioxidant effects of lipoic acid, and, its effects as a metabolic Activator (particularly its beneficial effects on liver metabolism). Consider that additional scientific studies have shown the following:

- Lipoic acid prevents oxidative stress in the liver, the heart, and in the gastrocnemous muscle in response to exercise.
- Lipoic acid increases energy availability to the brain and to muscles during exercise.
- Lipoic acid is an essential mitochondrial co-enzyme. It increases oxygen consumption, increases metabolic activity, and increases mitochondrial membrane potential in hepatocytes of aged rats.
- Lipoic acid reverses the age-related decrease in hepatocyte glutathione and ascorbic acid.
- Oxidation of hemoglobin is prevented by both lipoic acid and vitamin E (but not by vitamin C).
- We gave several references last month detailing the beneficial effects of lipoic acid on atherosclerosis. Additional studies show that endothelial migration of monocytes is one of the first steps in atherosclerosis, along with the action of vascular adhesion molecules. These two fundamentals of atherosclerosis are stimulated by glycation end products, and are reversed by lipoic acid. (We have discussed the oxidative damage associated with glycation in previous Letters.)
- Some of the most highly toxic products of lipid peroxidation inhibit mitochondrial respiration by inhibiting alpha ketoglutarate dehydrogenase and pyruvate dehydrogenase. This toxic inhibition is

associated with decreased enzyme activity, and is induced by insufficient availability of lipoic acid sulfhydryl groups.

- Lipoic acid reverses the age associated decline in hepatocyte vitamin C
- Lipoic acid is an anti-oxidant in both fat and water soluble media, and is active both intra- and extra-cellularly.
- Lipoic acid increases intra cellular co-enzyme Q-10, and regenerates both vitamin C and vitamin E intracellularly
- Lipoic acid has been shown to improve cardiac autonomic neuropathy, which is diagnosed by reduced heart rate variability at rest. (NUTRI-SPEC testing will show Sympathetic Stress and Parasympathetic failure.)
- Lipoic acid decreases the lactate to pyruvate ratio in cells (– a critical benefit for your Anaerobic patients), and decreases lactic acid acidemia
- Lipoic acid is a di-sulfate co-factor of dehydrogenases in oxidative phosphorylation
- Lipoic acid is an essential constituent of biological membranes. Another study shows that membrane fluidity and protein sulfhydryl reactivity of RBCs is decreased in diabetes, and is increased by lipoic acid supplementation.
- Lipoic acid is a hydroxyl radical quencher (due to the di-sulfate bond in the di-thiol ring).
- Lipoic acid has been shown to decrease cataracts
- Lipoic acid has been shown to decrease age-related memory loss
- Lipoic acid has been shown in clinical studies to decrease elevated triglycerides by as much as 45%. (Elevated triglycerides (and not elevated cholesterol) is one of the few primary risk factors for heart attacks and strokes)
- Lipoic acid has been shown to decrease the tendency to calcium oxalate kidney stones.
- Lipoic acid given to patients with coronary artery disease and essential hypertension has been shown to have a favorable influence on the fatty acid content of the blood

- Lipoic acid (and sodium iodide) increases cyclo-oxygenase, which increases the oxidation of arachadonic acid, and increases the reduction of Prostaglandin PGG2 to Prostaglandin PGH2, which decreases inflammation of all types in the body.
- Lipoic acid is an alpha keto-acid dehydrogenation co-enzyme. It is thus the link between lipid and carbohydrate metabolism. Lipoic acid can also be considered the universal co-enzyme of alpha keto-acid oxidation.

Wow!

Are you as awestruck as I? Have you ever imagined that one single nutrient could play so many critical roles in promoting normal metabolism, and in protection against environmental stressors? The exciting truth is, that lipoic acid not only performs all these functions in the body, but supplementing with lipoic acid has proven to have these countless dozens of effects on enhancing normal metabolism and protecting against oxidative damage. With your Diphasic A.M. and Diphasic P.M. supplements, you are providing your patients with the life-enhancing and youth preserving benefits of lipoic acid twice each day, and, beyond that, you are delivering the synergistic benefits of lipoic acid combined with other high-powered adaptogens and metabolic enhancers timed in such a way as to boost the diphasic metabolic cycle. You cannot top that with any other supplemental products available anywhere.

Let us take a quick look now at the co-enzyme Q-10 that plays an important role in your Diphasic Nutrition Plan. Like lipoic acid, Co Q-10 is found in both your Diphasic A.M. and your Diphasic P.M. supplements, and, for the same reasons. Co-Q10 is a powerful anti-oxidant that participates in several of the anti-oxidant systems, and, Co-Q10 is a powerful metabolic Activator. So, like lipoic acid, Co-Q10 gives you protection against both pathological hyperplasia and pathological disintegration.

There are not too many nutrients that are more ubiquitous, and have more functions than Co-Q10. Not only is it a powerful anti-oxidant, it is essential to mitochondrial electron transport for cellular energy production. Is there anything more physiologically basic than that? We could (but don't worry we won't) give you a long, long list of the benefits of Co-Q10 equal to the list we just gave for lipoic acid. There is probably no need to do so since Co-Q10 has been so heavily hyped by the health food industry that you have heard all the stories about how it enhances cellular energy and protects the heart, and so on and so on. (Please

understand that just because the claims you heard about Co-Q10 are health food industry hype, does not mean they are not accurate – they are. This is amazing stuff.)

There is one other crucial consideration with respect to Co-Q10, and again, this parallels the story we told you on lipoic acid. Co-Q10 supplements are available in both dry powder and fat-soluble form. Guess which one is more biologically active? Guess which one appears in 90+% of all nutrition supplements that contain Co-Q10? Guess which one you get from NUTRI-SPEC? Well, actually, you get both forms from NUTRI-SPEC. The Diphasic A.M. contains the dry powder form and the Diphasic P.M. contains the fat-soluble form.

Consider these facts. In a recent clinical study, five hours after taking a 30 milligram dose of fat-soluble Co-Q10, blood levels of Co-Q10 had increased by 237%. Meanwhile, five hours after a 30 milligram dose of the dry Co-Q10, the blood level increase was 112%. In other words, the fat soluble form was absorbed more than twice as well as the dry form.

Another study looked at the effect of Co-Q10 supplementation in either dry or oil-soluble form over a period of 30 days. After 30 days the fat-soluble Co-Q10 group had increased its basal blood levels by 265%, while the dry formulation group only showed an increase of 180%. In addition, 83% of the subjects in the fat-soluble Co-Q10 group experienced an increase in energy, compared to only 58% of those in the dry formulation group. Clearly, if you want the maximum benefit from Co-Q10 you want to use the oil-soluble form as much as possible.

And just as clearly – if you want to give your patients the vitality-boosting, youth preserving benefits they are eager to buy, you can now offer them your Diphasic Nutrition Plan.

Truly,
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 12 Number 11

From:
Guy R. Schenker D.C.
November, 2001

Dear Doctor,

CoEnzyme Q-10 is such an extraordinary nutrient ...

YOU'VE GOT TO PUT IT TO WORK FOR YOUR PATIENTS.

Co-Q10 is a powerful anti-oxidant that participates in several of the anti-oxidant systems, and, Co-Q10 is essential to mitochondrial electron transport for cellular energy production. So, like lipoic acid that we discussed in depth last month, Co-Q10 gives your patients protection against both pathological hyperplasia and pathological disintegration.

Because of its extraordinary anti-oxidant qualities, Co-Q10 is also an important part of the Oxygenic D you give your Dysaerobic patients. Then, because of its specific beneficial impact on the cardiovascular system, Co-Q10 is found as a therapeutic dose in your Formula ES.

We have been singing praises to Co-Enzyme Q 10 for years and years. Way back in the July 1990, issue of this Letter we pointed out that while Co-Q10 was (even way back then) heavily hyped, and thus very popular, almost no one was getting any real benefit from it. The reason was that people, (in accord with the typical health food industry mentality) were trying to use Co-Q10 as a single nutrient for a specific therapeutic affect – say, to cure heart disease.

There are two major problems with this allopathic approach to Co-Q10 use that assured its failure, and short-lived popularity. First, everyone was missing the point that Co-Q10 is far more effective when

paired with other nutrients that have a synergistic affect. For instance, Co-Q10 is much more effective when used as part of your Oxygenic D or as part of your Formula ES than it is when used as a single nutrient, because of the synergistic affects of the other anti-oxidants in Oxy D and the other cardiovascular-specific nutrients in Formula ES.

The second, and the biggest shortcoming in people's use of Co-Q10 as a single nutrient, was that they didn't begin to use anything approaching a therapeutic dose. All the marvelous research on the effects of Co-Q10 on heart disease and other serious diseases used a therapeutic dose in the range of 90-120 milligrams. Yet, the typical Co-Q10 product available either in the health food store or from professionals such as yourself contained a paltry 10-30 milligrams, and was very expensive at that. We made the point back in the July 1990 Letter, that to buy Co-Q10 from a health food store and achieve the therapeutic effects demonstrated in the scientific literature, it would require an expense of \$1220 per year. That represents a fortune tied up in nothing more than blind faith that a nutrient is going to be "good for" whatever ails you.

So – what has been happening over so many years is that people go to their health food stores or their nutritionists and buy Co-Q10 in the therapeutically insignificant dose, spend a fortune on taking it for a few months, see no subjective or objective evidence of change in their health, and give up on it. They had gold in their hands and let it slip through their fingers.

Meanwhile, thousands of NURTI-SPEC patients have been enjoying the benefits of a Co-Q10 metabolic spark each day. Some have enjoyed the benefits of a larger dose in their Oxy D and Formula ES. But now –

**NOW – YOU HAVE AN EVEN MORE EFFECTIVE WAY
TO OFFER THE SEEMINGLY MIRACULOUS BENEFITS
OF CO-Q10 TO YOUR PATIENTS –
AS PART OF YOUR DIPHASIC NUTRITION PLAN.**

We explained in last month's Letter why Co-Q10 is in both your Diphasic A.M. and Diphasic P.M. supplements. You also learned that the fat-soluble form of Co-Q10 (as found in Diphasic P.M.) is more than twice as biologically active as the dry form.

Now consider this. Since most clinical studies with Co-Q10 use the dry powder form in determining the effective clinical dosage, you must realize that if you are getting fat-soluble Co-Q10 from your Diphasic P.M. you are actually giving your patients effectively a far higher dose than you may think. In the standard dose of Diphasic A.M. and P.M.

you are giving your patients 70 milligrams of Co-Q10. But, since 50 of those are in fat soluble form, which makes them more than twice as effective as the dry form, you are giving an effective dosage of 120 milligrams per day. This is in the range of the therapeutically effective dose determined by all the studies showing the benefit of Co-Q10 on:

1. preventing myocardial failure
2. improving cardiac response to exercise
3. lowering high blood pressure
4. reducing angina
5. preventing arrhythmias
6. quenching free radicals
7. increasing biochemical energy production

Most Co-Q10 products that your patients buy, whether at the health food store or from health care professionals, still have a daily dosage in the range of 10-30 milligrams, and thus, while somewhat beneficial to over-all health, do not begin to offer the mega metabolic impact you are achieving with the Co-Q10 in your Diphasic A.M. and Diphasic P.M. supplements, especially when timed to coincide with the natural diphasic diurnal metabolic cycle.

You have now read the fascinating story of the complete list of ingredients in your Diphasic P.M.:

- mixed (high gamma) tocopherols
- palm (high delta) tocotrienols
- alpha lipoic acid
- co-enzyme Q10

Do you now clearly see why we can justifiably say to you (and you can justifiably say to your patients) that Diphasic P.M., or OXY-MAX, is indeed the most powerful anti-oxidant available anywhere? “Anti-oxidant” has been such a powerful buzz word in the health food industry for so long, that people by the millions (including many of your patients) are wasting a small fortune chasing one heavily hyped product after another in quest of the latest and greatest anti-oxidant. Save your patients some money and give them real value. Nothing comes close to the quality of OXY-MAX – that they can buy only from you.

Let us begin now a discussion of yet another phenomenal nutrient – SAM. SAM has astonishing biological activity. It has been shown to inhibit lipid peroxidation in the brain (which is crucial in preventing pathological brain aging). SAM also enhances the endogenous glutathione anti-oxidant system throughout the body. SAM is also a particularly crucial part of liver detoxification functions.

With all the benefits research shows can be derived from SAM, this nutrient has become a darling of the health food industry these past several years. In fact, every pill peddler worth his salt has come out with a SAM product, and hyped it to the moon.

Where do you find SAM in your NUTRI-SPEC products? You don't. You see, SAM is yet another case of blatant health food industry charlatanism. The dirty little secret that this pathologically dishonest industry is keeping from you is that SAM is so unstable it cannot be put into a tablet or capsule. Even if the pill maker puts SAM into the product, it is totally decomposed into components with no biological activity long before the pill reaches you or your patients. Even though the cat is out of the bag, the industry is still doing everything it can to keep the truth from being known. A few companies are quietly removing SAM products from their catalogs, yet others will keep pushing the stuff as long as there are unsuspecting buyers they can separate from their money.

Why are we telling you the nasty story of the SAM fraud? We are always quite happy to expose the irresponsible and dishonest behavior that typifies the health food industry – but in this case our motives go beyond that. You see, there is a way to supplement the body with SAM, but it is not by taking preformed SAM. What you must do is take the SAM precursor. And what might that be and where can you find it? It is the methyl donor betaine (also known as trimethylglycine), and is found in your Diphasic A.M. How close is the association between betaine and SAM? Supplementation with betaine has been shown to double the SAM level in the liver. Furthermore, in alcohol fed laboratory animals (whose SAM levels have thus been depleted) betaine supplementation raises the SAM level by 500%, and, protects against fatty infiltration.

If betaine did nothing more than double your SAM levels, it would be a remarkable supplement and an indispensable addition to your Diphasic A.M. supplement. But, betaine's benefits go far beyond its influence on SAM. For instance, betaine is a powerful chologogue. This means it facilitates the conversion of cholesterol into biliary acids in the liver for excretion through the gall bladder. The two obvious benefits are improved gall bladder function and a lowering of elevated serum cholesterol levels.

It has long been known that betaine so favorably influences the liver that it decreases the toxic effects of carbon tetrachloride and other powerful chemical poisons. Now it is known that the mechanism by which it does this is by actually increasing the number of mitochondria in liver cells.

Betaine has another protective function – it protects against the toxic effects of ammonia (but it does not do this as well as carnitine, another ingredient in your Diphasic A.M.).

The benefits of betaine extend to the cardiovascular system. It has been shown that betaine will actually decrease the incidence of thromboembolisms. Add this to its cholesterol-lowering effect, and you will see that it is invaluable in the protection against cardiovascular disease.

But wait – there is more. We have saved the best news on betaine for last. Consider this: There are only a few truly independent risk factors for cardiovascular disease. (Cholesterol, by the way, is not one of them.) One of the best independent risk factors for cardiovascular disease (as you have often heard us discuss) is serum triglycerides. There are only a couple of others, and the one that is the most significant by far (in other words has the greatest predictive value of a person's risk for cardiovascular disease) is the serum level of homocysteine.

Not long ago I had one of my Electrolyte Stress patients with a history of cardiovascular disease (including myocardial infarct), when reporting to his cardiologist for his semi-annual blood work, request, in addition to cholesterol and triglycerides, a homocysteine test.

[This, by the way, was a patient who after only three months of NUTRI-SPEC care was able to totally eliminate three out of the four medications he was taking after having had his heart attack, and the fourth medication, a beta blocker, was down to just two days each week. His blood pressures are maintained at perfectly normal. His clinostatic pulse response and orthostatic blood pressure response are perfectly normal. His cholesterol and triglycerides had come down to normal. And, he had more energy than he has had in years. All this was attributable to his NUTRI-SPEC regimen for an Electrolyte Stress Imbalance.]

Insisting on a homocysteine test at the request of his chiropractor/nutritionist did not win any points for this man from his cardiologist. In fact, the cardiologist took what could best be described as a tantrum – ranting and raving that the homocysteine test was a total waste of time and money. When my patient pointed out that it was the best of the few independent risk factors for cardiovascular disease the cardiologist blurted out, “So what, what's this guy think he is going to do about it anyway if it is high?”

Good question. And you, as a NUTRI-SPEC practitioner, have a good answer. Research has shown that betaine (when combined with just

very small amounts of vitamin B6 and folic acid, as found in your Activator) will lower elevated homocysteine levels. Nothing else will.

Now that you have seen the story on the wonders of betaine, you appreciate even more how nothing can do more to protect your patients against both pathological hyperplasia and pathological disintegration – the two phases of pathological aging – than your Diphasic Nutrition Plan can.

You still haven't learned the full potential of your Diphasic supplements – next month you will see described the astounding benefits of carnitine and carnosine, two nutrients critical to the biological effects of your Diphasic A.M. (or ADAPTO-MAX).

Meanwhile, get your momentum flowing with your Diphasic Nutrition Plan. Every one of your patients can benefit; every one of your patients over 32 needs it; and every one of your patients over 52 desperately needs it.

Sincerely,
Guy R. Schenker, D.C.

P.S.: The BETAINE in your ADAPTO-MAX is not the betaine hydrochloride that is often used to acidify the GI tract.

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THE NUTRI-SPEC LETTER

Volume 12 Number 12

From:
Guy R. Schenker D.C.
December, 2001

Dear Doctor,

Nothing can do more to protect your patients against both pathological hyperplasia and pathological disintegration –

THE TWO PHASES OF PATHOLOGICAL AGING –

than your Diphasic Nutrition Plan can.

Hundreds of you are discovering that with your Diphasic Nutrition Plan you now have the means to deliver the very best in clinical nutrition to all your patients, even those who were previously inaccessible to you as NUTRI-SPEC patients. With this easily administered nutrition regimen at your disposal, you can consistently improve the length and quality of life for patients whose long list of medications made NUTRI-SPEC testing impractical. And, if the design and priorities of your professional practice are such that NUTRI-SPEC testing has not been possible on any large scale, you now can deliver nutrition to a large volume practice with ease. In fact, it can be said that you and your patients can in no other way ...

**ENJOY THE BENEFITS OF THE FINEST NUTRITION PRODUCTS
AVAILABLE ANYWHERE ...**

with so little time, energy, and money invested.

Let us continue now learning about the full potential of your diphasic supplements. You have already been thoroughly acquainted with the

fascinating combination of ingredients in your Diphasic P.M. With such powerful antioxidants as:

- Mixed (high gamma) tocopherols
- Palm (high delta) tocotrienols
- Alpha Lipoic Acid
- Co-Enzyme Q10

You know you can tell your patients you are offering them the most powerful antioxidant available anywhere. You have also been given the means to explain to them, both graphically and in words, that this exotic combination of nutrients is all the more powerful when it is taken to coincide in timing with the natural diphasic metabolic cycle.

You have yet to hear the full story about Diphasic A.M. (or ADAPTO-MAX). This amazing product includes its own content of lipoic acid and Co-enzyme Q-10. But beyond that, it contains nutrients that are specifically designed to provide protection against pathological hyperplasia, while at the same time enhancing the initiation of metabolic processes that must activate at the start of a healthy, active person's day.

You have already learned about the extraordinary benefits of betaine as a protector of the cardiovascular system, a protector of the liver detoxification mechanism, and a protector against brain aging. It also lowers high cholesterol levels. But most significantly (and do not ever forget this), betaine is the only nutritional means by which serum levels of homocysteine (the most significant predictor of a person's risk for cardiovascular disease) can be reduced to normal.

Let us now carefully consider the next astonishing ingredient in the ADAPTO-MAX your patients need each morning.

Of all the extraordinary nutrients that constitute your Diphasic Nutrition Plan, the one that is sure to be the most exciting discovery for you and your patients is ...

CARNOSINE.

Remember, the essence of your Diphasic Nutrition Plan is preventing pathological aging by increasing Vital Reserves. Carnosine plays an absolutely critical role in protecting against protein degradation, a major component of aging and age-related diseases.

Protein degradation occurs in association with cross-linking proteins, along with the formation of advanced glycation end products (which

have been discussed in several NUTRI-SPEC Letters over the years). These degenerative processes are most evident in such signs as skin wrinkling and brain degeneration.

**CARNOSINE IS MORE BIOLOGICALLY ACTIVE
THAN ANY OTHER NUTRIENT IN PROTECTING AGAINST
AGE-RELATED DEGRADATION OF PROTEIN.**

The mechanism involved here goes a step beyond the protective action of antioxidants. Antioxidants, you see, cannot completely protect protein – they are merely the first line of defense. The second line of defense is to repair or remove damaged proteins. This is where carnosine demonstrates its most potent youth-preserving effects.

Carnosine is an amino acid di-peptide (beta-alanyl-L-Histidine). It is partly hydrolyzed in the small intestine to the amino acids beta-alanine and histidine. Carnosine is found in its highest concentrations in the brain and in muscle tissue.

Carnosine, (like lipoic acid and Co-Enzyme Q10) is biologically active in protection against both pathological hyperplasia and pathological disintegration. It could thus have been included in both your Diphasic A.M. and your Diphasic P.M. It is such a powerful antioxidant that it would be right at home with your delta tocotrienol, gamma tocopherol, lipoic acid, and Co-Enzyme Q10 of your Diphasic P.M. (OXY-MAX). However, since it has protective effects against both excess steroids and against tumor growth, it is just as appropriately included in your anti-hyperplastic Diphasic A.M.

Consider these amazing health and youth protecting benefits of carnosine:

- Carnosine is not only a powerful antioxidant, one study shows that it is the only antioxidant to significantly protect cellular chromosomes from oxidative damage.
- Carnosine quenches the most destructive protein oxidizing agent, the hydroxyl radical.
- As a hydroxyl scavenger, carnosine protects against fragmentation of zinc SOD and copper SOD by peroxide.
- Carnosine, though water soluble, works with and potentiates the antioxidant affect of lipid-soluble alpha tocopherol during lipid peroxidation in liver microsomes. It is thus a major protector of the liver cytochrome P-450 system.

- Glycated proteins produce 50 times more free radicals than non-glycated proteins. Carnosine is the most effective anti-glycating agent ever found.
- Carnosine's anti-glycation benefits are particularly important for diabetic patients, since most complications of diabetes involve the formation of advanced glycation end products.
- As part of its anti-glycation activity, carnosine reacts with aldehydes and ketones (toxic carbonyl groups) which accumulate on proteins during aging (and which occur in high concentration at a premature age in diabetics).
- Carnosine is an effective antioxidant in defense against malondialdehyde (MDA). MDA causes protein cross-linking and formation of advanced glycation end products. Carnosine has been shown to prevent MDA from inducing protein cross-linking.
- MDA-induced glycation in blood albumin and eye lens protein is inhibited by carnosine.
- The reason such a high carnosine concentration is found in the brain is because there, carnosine protects against cross-linking, glycation, excito-toxic brain cell destruction, and oxidative damage.
- In animal studies, it has been shown that carnosine protects the brain in simulated ischemic stroke.
- Carnosine not only has anti-ischemic effects in the brain, but in the heart as well.
- Carnosine has been shown to increase the strength of heart contractility by enhancing calcium response in heart cells.
- Carnosine injections have been shown to be effective emergency treatment for ischemic crises.
- The copper-zinc compounds that contribute to the amyloid-beta plaque formation in Alzheimer's Disease are inhibited by carnosine.
- Not only does carnosine protect against the formation of amyloid-beta senile plaques, but also protects the cells that line the brain blood vessels from damage by those plaques that do form.

- Carnosine protects the brain against both lipid peroxidation and against damage from excess alcohol.
- Carnosine has been shown to rejuvenate cells approaching senescence by extending the life over which those cells will continue to divide with the frequency typical of youth. In tissue cultures supplemented with carnosine, cells retain a youthful appearance and have an extended cellular life span. This ability for carnosine to increase cellular life span holds true even for old cells. One study showed a 67% increase in cellular life span with carnosine supplementation.
- Extending the study of carnosine's life span increasing property from tissue cultures into living organisms, studies were conducted showing that mice supplemented with carnosine lived an average of 20% longer than un-supplemented mice, and were twice as likely to reach old age in a healthy state.
- In humans, carnosine levels decline with age. Muscle carnosine concentration decreases 63% from age 10 to age 70.
- Carnosine not only serves as an antioxidant in muscle, but also as a pH buffer. It protects muscle cell membranes from oxidation under the acidic conditions of muscular exercise.
- Carnosine has been shown to dramatically improve exercise recovery (but does not increase performance, which means that it is not an "ergogenic aid," but rather facilitates the anabolic response to exercise).
- Carnosine has been shown to quickly restore muscle contraction capability after fatigue.
- Carnosine has a rejuvenating effect on connective tissue cells, and has been shown to benefit wound healing.
- Because of its ability to prevent cross-linking, carnosine has been shown to be effective in the treatment of senile cataracts, and in the prevention of cataracts.
- Carnosine has immunopotentiating properties. It protects the immune system from immuno suppression by hydrocortisone, by anti-tumor drugs, and many other immunosuppressive drugs.

- Carnosine inhibits histamine-induced suppression of lymphocyte proliferation. Thus, it is classified among H-2 histamine blockers, which explains why it is a beneficial treatment for allergies.

Are you beginning to feel the power you have in your hands with your Diphasic supplements? Any one of the nutrients in these products has enough biological activity to thoroughly enrich the lives of all your patients. But imagine that you have every one of these nutrients combined together, each in its own synergistic formulation, plus the ability to administer these nutrients for maximum impact by properly timing them to coincide with the body's natural tendency to use these nutrients within the context of a diphasic diurnal metabolic cycle.

If there is anything else you would like to do clinically for your nutrition patients that offers more bang for the buck – that is, gives them a more powerful increase in Vital Reserves for the time and money invested, I can't imagine what it would be. I am not just asking a rhetorical question here – I am looking for an answer. You tell me just what you would like to do for your clinical nutrition patients that you cannot do with NUTRI-SPEC. Many of you have been doing your best to serve your patients' needs with supplements such as Co-enzyme Q10 or lipoic acid. Now, what you have, for just a few dollars more, is co-enzyme Q10 and lipoic acid in the same product, plus, betaine, and carnosine, and carnitine, and acetyl-l-carnitine and chondroitin sulfate. Just what else do you want to do for your patients?

Oh, you say you need more antioxidants? OK, that's why you have Diphasic P.M. (or OXY-MAX), the most powerful antioxidant you can find anywhere. You say you want something that will have not only long-term protective and metabolic effects, but an immediate impact on symptoms? Good, you've got it. Nothing will make things happen right now like your Oxy Tonic, your Oxygenic D-Plus, and your Electro Tonic.

Just exactly what else is there?

Yes, Doctor, you now have it all. The feedback you have given us on how the Diphasic Nutrition Plan is impacting your office has been overwhelmingly and enthusiastically positive. Keep the momentum going and make this plan available to every single one of your patients – they need it, and they cannot get anything like it anywhere but from you.

Sincerely,
Guy Schenker, D.C

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 13 Number 1

From:
Guy R. Schenker, D.C.
January, 2002

Dear Doctor,

Isn't it a hoot ...

WATCHING THE SHENANIGANS ...

of the health food industry? A classic example is the way they snookered thousands of innocent victims with the outrageous claim that ...

CARNITINE ...

is a "fat burning nutrient." They added it (just enough to get it on the label) to idiotic combinations of vitamins, minerals, and herbal drugs in countless products promoted as weight loss aids.

When I call this "a classic example" of health food industry charlatanism, I mean that it displays perfectly its modus operandi. These crooks look for a fragment of scientific truth (in this case, the fact that carnitine increases the oxidation of fatty acids), and then quote it out of context, extrapolating from that fact conclusions that have no basis in reality.

Does carnitine pull fat out of storage to be burned for energy? No. Has even one person ever lost a single pound of body fat as a result of carnitine supplementation? No. Yet the gullible masses swallowed millions of dollars worth of "fat burning" formulations believing there was scientific evidence supporting their futile (and costly) behavior.

Fortunately, NUTRI-SPEC practitioners have been benefiting for years from the true value of carnitine. As part of your Activator, carnitine has given a metabolic boost to every single one of your nutrition patients. Carnitine is also a major component of your Formula ES because of its beneficial effects not only on myocardial energy production, but also because it is one of the most effective ways to lower elevated triglycerides (one of the few primary risk factors for heart attacks and strokes).

Carnitine is also a critical component of the Oxygenic A that you give to all your patients with an Anaerobic Metabolic Imbalance. Why? Your anaerobic patients show a deficiency of oxidative metabolism reflected in their over-dependence on anaerobic glycolysis. In particular, these anaerobic patients are deficient in the ability to oxidize fatty acids. In reversing the deficient oxidation of fatty acids, carnitine improves cellular energy production, with the resultant benefit of decreasing the excess lactic acid build up typical of anaerobic patients (while, of course, it reverses the Anaerobic test pattern).

Carnitine is also a critical constituent of your Oxygenic G that you give all your glucogenic patients. A Glucogenic Imbalance is typified by a desperate need for more energy production via the beta hydroxyl butyric acid metabolic pathway. In facilitating the oxidation of fatty acids, carnitine feeds this need of your glucogenic patients perfectly.

Now, we offer you carnitine for yet another purpose. Carnitine contributes in a major way to the power of your Diphasic Nutrition Plan. It is found in your ADAPTO-MAX, or Diphasic A.M. supplement that will protect all your patients against pathological hyperplasia when taken in the morning (in harmony with the anti-anabolic phase of your patients' diphasic metabolic cycle).

Carnitine is a betaine derivative (this is one more example of the amazing biological activity of betaine, another ingredient in your Diphasic A.M.). Carnitine is synthesized in the liver, and in the brain and kidney, from lysine and methionine, with catalysts vitamins B6, B3, C, and folate. In our natural diet, carnitine is found in meat and in milk products.

Just what does carnitine do? Most fundamentally, carnitine transfers long-chained fatty acids into the mitochondria of cells. What are the benefits? Just consider this long list of biological effects attributed to carnitine in the scientific literature:

- Carnitine increases the oxidation of fatty acids, and thereby increases ketone formation (this is one of the facts seized upon by the unscrupulous health food industry as “proof” that carnitine will “burn fat”).
- Carnitine increases liver co-enzyme A.
- Carnitine stabilizes the Co-A-SH/Acetyl-CoA ratio.
- Carnitine increases the conversion of ammonia to urea.
- Carnitine is a buffer for acetyl groups, which are present in excess in some tissues during ketosis and as a result of hypoxic muscle activity.
- There are conflicting reports in the literature as to whether carnitine improves athletic performance. Some studies say yes, some studies say that it does not improve exercise performance in normals, but does definitely increase exercise performance in cardiac patients.
- Carnitine has been shown to increase the survival of hypoxic mice.
- Carnitine appears to decrease lipid peroxidation.
- Carnitine reduces lactic acid production (reverses an Anaerobic Imbalance).
- Carnitine protects membrane structures.
- Carnitine improves insulin resistance. It decreases the spike in glucose concentration after glucose administration, and decreases the associated insulin secretion.
- Carnitine was shown to be beneficial in reducing chronic fatigue.
- Carnitine supplementation (along with vitamin B12) was shown to decrease anorexia.
- In rats, carnitine decreases the age-associated decline in mitochondrial function and general metabolic activity.
- Carnitine has been shown to decrease drug-induced seizures in mice, while preventing the increase in lactic acid and the decreased ATP and decreased phosphocreatine typical of seizures.

- Carnitine has been shown to decrease lipid-induced immune suppression.
- Carnitine increases lymphocyte proliferation following mitogenic stimulation, and increases white blood cell motility.
- Continuing with studies that show carnitine's benefit on the immune system, there have been many studies showing that carnitine decreases inflammatory cytokines, decreases interleukins, and decreases tumor necrosis factor in mice with induced sarcoma.
- Regarding its role as a protector against cardiovascular disease, it has been shown that carnitine:
 - protects myocardial infarct patients against cardiac necrosis.
 - improves fat metabolism in the heart (as well as other organs)
 - decreases lipid peroxides in the heart.
 - improves heart muscle exercise tolerance.
 - decreases angina pain
 - is a vasodilator of coronary blood vessels, and lowers blood pressure.
 - decreases the elevated LDH levels in myocardial infarct patients.
 - decreases left ventricle enlargement.
 - decreases the incidence of arrhythmias, including the occurrence of ventricular fibrillation in the early stages of ischemia.
 - decreases peripheral vascular disease.
 - decreases congestive heart failure.
 - has a dramatic impact on decreasing triglycerides. It decreases elevated cholesterol as well, but has a far greater effect on triglycerides. Carnitine also increases high density lipoproteins.
 - The corollary to the preceding statement is that studies have shown that a deficiency of carnitine is a causative factor in increasing triglycerides, both in the liver and in the serum.

You need to give some special thought to how this information relating carnitine to protection from cardiovascular disease relates to you and your patients. If you have been around NUTRI-SPEC any length of time at all you have heard me say countless times,

**“IF YOU DO NOTHING ELSE WITH NUTRI-SPEC,
USE IT FOR YOUR PATIENTS AT RISK
FOR CARDIOVASCULAR DISEASE.”**

Now that I have paused to think about that statement for a moment, it almost makes me laugh a little, since we are all at risk for cardiovascular disease.

The truth is, despite the “progress” of medical science over the last two decades, 50% of all Americans still die of cardiovascular disease. That statistic has remained unchanged for a long, long time. Think about that. Half of your patients are going to die of heart attacks and strokes; half your family members are going to die of heart attacks or strokes; you, if you can reduce yourself to a statistic for a moment, stand a 50% chance of dying of a heart attack or a stroke. In other words, we are all more likely to die of a heart attack or a stroke than of all other causes of death put together.

Medical science has yielded virtually nothing in the way of progress in this area, simply because it totally fails to address the issue of cause. All the many causative factors in cardiovascular disease can be reduced to a few simple categories:

- oxidative and reductive damage to the heart
- oxidative and anabolic damage to the vascular system
- energetic metabolic insufficiency of the myocardium
- oxidative metabolic inefficiency throughout the body leading to the build-up of easily oxidized lipid and sugar-protein complexes.

There are no pharmaceuticals that can correct these causative factors, only that can minimize the effects.

The happy news for us is that there are ways to correct the causes of cardiovascular disease nutritionally. All the big guns that have scientifically proven their worth in this regard are part of your NUTRI-SPEC System. Almost all of them are part of your Diphasic Nutrition Plan.

We just talked in depth about carnitine, but consider what you learned the last few months about co-enzyme Q-10, about lipoic acid, about betaine, and about mixed tocopherols, and about palm

tocotrienols – all effective protectors of the cardiovascular system. Not only does carnitine lower blood pressure, reduce angina, prevent arrhythmias, improve myocardial response to exercise, and prevent congestive heart failure, but so does Co enzyme Q-10, which is in both your Diphasic A.M. and your Diphasic P.M. Co enzyme Q-10 also triples an end-state heart failure patient's survival rate. Not only does carnitine lower serum triglycerides, but lipoic acid (which is found in both your Diphasic A.M. and Diphasic P.M.) does so just as well.

If you have not already begun doing so, it is time to begin giving your patients the truth about cholesterol – that it is not an independent risk factor for cardiovascular disease. That has been known now for several years at least. It is the other blood fat, triglycerides, which is an independent risk factor. In fact, it is one of the top three independent risk factors for cardiovascular disease. And nothing will lower serum triglycerides more effectively than specific use of your NUTRI-SPEC supplements combined with the NUTRI-SPEC Fundamental Diet.

While you are enlightening your patients with regard to the truth about risk factors for cardiovascular disease you should also tell them about homocysteine. It is one of the few primary risk factors for cardiovascular disease, and there is only one way to lower it, and that is as described in last month's Letter with your NUTRI-SPEC supplementation.

Are you beginning to appreciate the power you have to stop the progression of CVD, and in fact, to reverse it in many cases? Your Diphasic Nutrition Plan includes Diphasic A.M. and Diphasic P.M. supplements used in conjunction with Oxy Tonic and Oxygenic D+ in all cases. For your CVD patients you will add Formula ES and Taurine. This combination of nutrients will yield (as hundreds of other NUTRI-SPEC practitioners have already discovered) astonishing results for most of your CVD patients.

Do not delay. More than half the people you know are already at least a few steps down the path leading to their demise by heart attack or stroke. Today – get them started on your Diphasic Nutrition Plan.

Sincerely,
Guy R. Schenker

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THE NUTRI-SPEC LETTER

Volume 13 Number 2

From:
Guy R. Schenker, D.C.
February, 2002

Dear Doctor,

Now let us consider chondroitin sulfate. Chondroitin sulfate is the patriarch of the family of compounds that once were known as mucopolysaccharides, and which have more recently been re-named glycosaminoglycans, or GAGS. It is even more absurd with chondroitin sulfate than with glucosamine that the health food industry has pigeon holed it as an arthritis remedy when that is only one of many (and not nearly the most important) beneficial effect it offers.

Far more important than its role in the connective tissue of joints is the power of chondroitin sulfate to maintain the functional integrity of the cardiovascular system. We have written on chondroitin sulfate many times in these Letters because it is at the top of the list of ingredients in the Formula ES that you give your Electrolyte Stress patients. Just a few of the many benefits chondroitin sulfate confers on the cardiovascular system include:

- CS helps maintain arterial elasticity. (Remember, arteries are largely connective tissue.)
- CS retards the arteriosclerotic and aging processes within the arterial wall.
- CS also possesses lipid clearing activity. It lowers cholesterol and triglycerides, and it normalizes the ratio between HDL, LDL, and VLDL. Most importantly, CS clears lipids not just in the serum but from within the cells as well.

- CS supplementation has also been shown to significantly reduce angina in patients with cardiovascular disease.
- CS has been found to protect against thrombus formation.
- The most striking statistic regarding CS supplementation shows that in cardiovascular disease patients treated with CS, the likelihood of having a myocardial infarct, suffering coronary insufficiency or myocardial ischemia, or developing congestive heart failure, is only 1/6 of that reported for control patients who receive no CS supplementation.
- It gets even better – the institute for Arteriosclerosis Research reports experimental studies showing that CS not only prevents, it actually accelerates regression and healing of coronary and aortic atherosclerosis.
- CS not only clears lipids at the cellular level, but also stimulates cellular metabolism, increases turnover of fatty acids at the cellular level, and increases RNA and DNA synthesis in tissue cultures.

The mechanism by which CS works all these wonders on the cardiovascular system has nothing to do with its structural importance to connective tissues. What CS actually does is (at the molecular level) maintain and protect the electro-negative colloidal properties of the body fluids. Once the electronegativity of body fluids begins to drop (which happens in association with excess electrolyte load as well as in response to overwhelming oxidative damage), tissue destruction ensues, which in turn further decreases electronegativity, and precipitates further tissue destruction, and so on, in a vicious circle.

You see, CS is a polyanionic component of cell walls and intracellular and intercellular fluids. The ionic exchange properties of CS are involved in the transfer of electrolytes and nutrients through cell walls. CS occurs in the organic matrix of connective tissue throughout the body.

This effect of CS to maintain normal biological membrane polarity and thus normal permeability, shows up in kidney function as well. One impact of CS on the kidneys is to help the kidneys eliminate excess sodium build up. The second interesting fact about CS as it relates to kidney function is that CS is very effective at blocking the growth of kidney stones.

In its now popular role as an arthritis cure, chondroitin sulfate (as well as glucosamine) does decrease the pain and inflammation of arthritis. Furthermore, this is not simply a matter of symptomatic relief, as the CS actually halts the progression of the arthritic degeneration, and even reverses it in most cases. One important aspect of the CS impact in joints suffering from osteoarthritis is that it increases the synovial hyaluronic acid of these joints.

But to further illustrate the diversity of the beneficial effects to be obtained from CS associated with its impact on body fluid and tissue membrane polarity, consider the following:

Chondroitin sulfate has been shown in studies on mice to be effective in decreasing motor neuron disease.

Chondroitin sulfate has been shown to regulate mammary gland development. CS is active in controlling the proliferation, the differentiation, and the involution of breast tissue. It may be that it has its effects on breast tissue by potentiating the benefits of progesterone, or by opposing the damaging effects of estrogen.

CS is also an important Activator of the immune system. In particular, macrophage function is enhanced by CS supplementation.

Last, and certainly not least, chondroitin sulfate has shown amazing power as a – you guessed it – antioxidant. Particularly in oxidative damage associated with copper and iron, CS has shown a protective effect. Iron is perhaps the most ubiquitous participant in the oxidative damage associated with aging. Brain aging is almost by definition the accumulation of iron compounds in neurological tissue. All the lipofuscin pigments found in skin and connective tissue and associated with aging are iron compounds. CS supplementation is a valuable protectant against these iron-associated components of aging.

We have now completed our discussion of all nine ingredients in your Diphasic A.M. and Diphasic P.M. supplements, and highlighted in detail the spectacular metabolic impact each of those nine nutrients can have. Now, stop to appreciate that you are offering all nine of these miracle workers to your patients in two convenient products that are unmatched in their ability to increase your patients' Adaptive Capacity by ...

**SUPER CHARGING THEIR VITAL RESERVES
BY PUMPING UP THE AMPLITUDE
OF THE DIPHASIC METABOLIC CYCLE.**

Now consider further that you can offer your patients these long term protectors against pathological aging processes accompanied by the powerful immediate metabolic Activators Oxy Tonic and Oxy D+. Now consider further that you can administer your two anti-aging nutrients, plus your two engines of metabolic activation, in perfect coordinated timing with the normal diphasic metabolic cycle, so as to maximize efficiency.

To summarize once again how this diphasic plan will empower your patients: If you are a healthy person, anti-anabolic forces are mobilized in the morning as part of the diphasic cycle, while forces defending you against catabolic stressors are mobilized in the evening, and operate throughout the night. As long as the amplitude of your diphasic cycle swings to near the complete physiological limit of each of the two phases, then you are defending effectively against both catabolic and anabolic stressors.

Under these conditions, the effects of aging, with the insidious development of both anabolic and catabolic pathologies is delayed. Diphasic A.M. (ADAPTO-MAX) plus Oxy Tonic in the morning, are your champions in defense against pathological hyperplasia. And, Diphasic P.M. (OXY-MAX) along with Oxy D-Plus are your impenetrable shield against pathological disintegration.

Remember, every one of your patients past age 32 needs the protection and the increased Adaptative Capacity only you can give with your Diphasic Nutrition Plan – and all your patients over 52 need it desperately. You can be a chump and let them continue to throw money away on health food garbage, (and you know they do) or, become a hero by protecting them against pathological aging. Science is on your side.

Sincerely
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 13 Number 3

From:
Guy R. Schenker, D.C.
March, 2002

Dear Doctor,

COULD THIS BE YOUR PATIENT?

Early one morning Jake sat in a nice little country restaurant comfortably sipping his decaf coffee when the waitress asked if she could take his breakfast order. "I'll have a dozen poached eggs and two pieces of toast with butter, not margarine," he said.

The waitress, of course, thought he was kidding. She smiled cutely and asked, "Now, how many eggs do you really want?"

"A dozen poached – and make sure the yolks are nice and runny."

The waitress was getting just a bit nervous, concerned perhaps that she might be the butt of a joke here. But in only a moment Jake was able to reassure her that everything was just fine – he was not stark raving mad, and really did intend to eat a dozen high-fat high-cholesterol eggs for breakfast.

The next morning Jake found himself in another little restaurant a few miles away, again searching for a good breakfast.

"May I take your order sir?"

"I'll have a dozen poached eggs, two pieces of toast with butter, not margarine."

Again, the waitress looked at him as if he were crazy. This scene is replayed five days a week, week in and week out. Just who is Jake, and why is he behaving so strangely?

Jake happens to be a NUTRI-SPEC patient. Jake will happily explain to you, to the waitress he meets every morning, or to anyone who asks, that ...

THE NUTRI-SPEC FUNDAMENTAL DIET ALONE HAS COMPLETELY TURNED HIS LIFE AROUND.

The medical history on Jake includes:

- Type II diabetes (almost certainly also early Type I diabetes)
- Extreme hypertension
- Elevated triglycerides (2000 +)
- Elevated cholesterol (300 +)

But that medical history is just that – history. Except for a blood pressure that's stubbornly resistant to dropping as far as we'd like, none of those other conditions any longer exist.

Jake had gone through several years of conventional medical treatment for these conditions. He was given one medication for his diabetes, and when that did not lower his blood sugar he was given a second. That didn't work either. He was also put on the standard medical diet for diabetes, which included lots of complex carbohydrates, and one or two servings of fruit each day.

Because of his cholesterol and triglycerides and hypertension, his diet also included strict avoidance of fat, especially saturated fat and cholesterol. He had reached the point where he was on four different medications for his blood pressure and yet was still punching out numbers as high as 200/110. He was also taking medication to lower cholesterol and triglycerides, and had seen almost no improvement, even though he followed his diet religiously.

At that time he became a NUTRI-SPEC patient, and was convinced not only to stray from the standard medical treatment of his conditions, but to do exactly the opposite of everything that had been recommended previously.

He was told to cut back considerably on the carbohydrates; cut out the fruit; get a decent size serving of protein three times a day, and make sure that protein was accompanied by good saturated fat (including cholesterol). He was, of course, told to avoid sugar in other forms, not

just the fruit sugar. His other restriction was to strictly avoid polyunsaturated vegetable oils (-- you know, the ones that are supposed to be “good for” your health, and particularly your heart).

Within a few short months Jake was completely off diabetes medication, and has not seen a trace of a sugar problem since. His four blood pressure medications have been reduced to just one. His triglycerides and cholesterol have come tumbling down to 200 despite having quit the cholesterol medications.

Why is Jake providing morning entertainment for waitresses in restaurants far and wide? Jake has his own housing construction business. He is up before dawn every morning hustling around his various jobs, making sure the materials are in place and his workers are set with their instructions to start the day. Once his jobs are all lined up and ready to go at 7:00, he heads for the closest restaurant for breakfast, after which he returns to one of the job sites and puts in a hard day of physical labor, very often in nasty, chilly weather. Clearly, the man needs a good solid breakfast.

Twelve lightly poached eggs accompanied by two pieces of buttered toast is enough to hold him until his midday meal. (Note that the two pieces of toast may seem like more than should be ideal as per the NUTRI-SPEC FUNDAMENTAL DIET, but remember we’re talking about proportions. Relative to the amount of protein and fat he is eating at this meal, the number of calories that are coming from carbohydrate is really quite small – which is precisely why this diet has him in the peak of good health, even after years of life-threatening pathology.)

Jake is only in his early forties. Can you imagine what his future would have been without NUTRI-SPEC? How many times have I said in these Letters over the years, “If you do nothing else with NUTRI-SPEC, take care of patients who have cardiovascular disease!”

While that statement has always been true, it is now more pressing than ever that you understand just what power you have to favorably impact the lives of people with hypertension, high serum lipids, congestive heart failure, arrhythmias, and atherosclerosis. The reason I say this is because of the incredible additional power given to you by the Diphasic supplements ADAPTO-MAX and OXY-MAX. Your Diphasic AM and Diphasic PM supplements give you:

- Carnosine, which strengthens and protects the heart and improves circulation.

- Betaine, which lowers homocysteine, the number one risk factor for heart attacks and strokes.
- Carnitine, which strengthens the heart muscle, while lowering both elevated cholesterol and triglycerides.
- Acetyl-l-carnitine, which protects the heart and arteries (and brain) from oxidative damage
- Coenzyme Q-10, which energizes and protects the heart, while protecting against atherosclerosis.
- Palm tocotrienols, which clear serum lipids and protect the vascular system.
- Gamma tocopherol, which protects and strengthens the heart and preserves the integrity of the vascular system.
- Chondroitin Sulfate, which reverses atherosclerosis, protects against thrombus formation, strengthens the heart, and lowers cholesterol and triglycerides.
- Alpha Lipoic Acid, which prevents atherosclerosis, and particularly lowers triglycerides.

Adding these nutrients to your old standbys for your cardiovascular disease patients (Formula ES, Taurine, and your dispersing agents), you have an arsenal of weapons to protect your CVD patients that no other nutritionist or physician can begin to match.

The story of Jake brings up not only the power you have against cardiovascular disease and diabetes , but also an important point about the NUTRI-SPEC FUNDAMENTAL DIET.

For many months now we have devoted this Letter to the phenomenal anti-aging benefits your Diphasic Nutrition Plan gives you. But, please understand there is one thing that your Diphasic Nutrition Plan is not – and that is a substitute for a healthy eating plan. The incredible nutrients of your Diphasic Nutrition Plan will be rendered practically impotent in patients who:

- eat nothing, or worse than nothing for breakfast;
- eat meals devoid of protein;
- eat excessively of fructose (sugar);
- eat polyunsaturated vegetable oils.

But – accompany these powerful supplements with even the rudiments of the NUTRI-SPEC FUNDAMENTAL DIET and seemingly miraculous clinical changes will be commonplace in your practice.

All the dietary recommendations you need to give your Diphasic Nutrition Plan patients are included on the single card you present to your patients --- Eat Well – Be Well, and in the DNP brochure, you can be healthy & strong for your long, long life. You present these dietary recommendations to your patients on Eat Well – Be Well, and in the DNP brochure, “You Can Be Healthy and Strong for a Long, Long Life,” describing how the Diphasic Nutrition Plan will help maintain their potential for youthful vitality. The dietary recommendations you must give to all your patients include simply these:

- three meals (and only three meals) daily, each of which includes a serving of meat, fish, poultry, eggs or cheese
- very limited intake of sugar, including fruit
- strictly avoid juice and other sweetened beverages
- strictly avoid polyunsaturated oils (salad dressing, mayonnaise, margarine, foods containing vegetable oils or cooked in vegetable oil).

If you get compliance on those four rules,

**THERE WILL BE NO LIMIT TO THE WONDERS
YOU CAN WORK FOR YOUR PATIENTS.**

Fail to secure this degree of dietary compliance, however, and you and your patients will be faced with endless frustration, as each patient’s inadequate diet will create an insurmountable barrier to even your most powerful NUTRI-SPEC supplements.

Highlight with an asterisk and that goes on that list of 4 rules on every Eat Well – Be Well card you distribute. All reasonably conscientious patients can easily rebuild their eating plans on this four-rule foundation. Making allowances for holiday treats and other special occasions is no real problem. As long as the day-to-day eating plan follows these four rules, your patients are all set.

Butter, olive oil, and coconut oil, are perfectly delightful concentrated fats that can be substituted for all the toxic catabolic vegetable oils.

Eating adequate protein and good fat will suppress the abnormal cravings for sweets that most people experience between meals. Deleting the sweetened beverages will create the opportunity to even somewhat routinely indulge in a small serving of dessert (after a meal containing adequate protein) without rocking the boat too severely. Truly, there is a lot of freedom and flexibility here, such that your patients can thoroughly enjoy a scrumptious diet without indulging in damaging dietary practices.

The only additional restriction that sometimes needs to be placed on your patients is in those for whom weight loss is a primary concern. For those patients, of course, you will need to further restrict the sugar and carbohydrate intake – but that is a subject for another day.

If you like the story of Jake, then please realize that you have the tools at your disposal to create many, many Jake's in your own practice. Merely offer these simple but essential dietary recommendations, plus ...

**THE MOST POWERFUL COMBINATION
OF ANTIOXIDANTS AND METABOLIC ACTIVATORS
AVAILABLE ANYWHERE –**

your Diphasic Nutrition Plan.

Sincerely,
Guy R. Schenker, D.C.

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THE NUTRI-SPEC LETTER

Volume 13 Number 4

From:
Guy R. Schenker, D.C.
April, 2002

Dear Doctor,

You are beginning to understand that your Diphasic Nutrition Plan is the most effective (and most cost effective) nutrition plan that will:

- increase your patients' Adaptative Capacity by increasing Vital Reserves
- slow (and even reverse) the damaging effects of pathological aging
- give your patients a powerful boost against both the pathological hyperplasia, and the pathological disintegration associated with premature aging, and time that boost to synchronize with the patients' normal diurnal (diphasic) metabolic cycles.

While your Diphasic Plan is everything you need to give your patients to maximize Vital Reserves, there are three things your Diphasic Nutrition Plan is not:

1. Your Diphasic Nutrition Plan is not a substitute for the Nutri-Spec Fundamental Diet
2. Your Diphasic Nutrition Plan is not a stimulant in the morning, and a sedative in the evening.
3. Your Diphasic Nutrition Plan is not restricted to patients over 32 years of age.

You saw a dramatic illustration of the first “is not” in last month’s Letter. You read the story of how Jake, with his dozen egg breakfasts, was able to lower his high cholesterol, his high triglycerides, his high blood sugar and his high blood pressure. You learned that the incredible nutrients of your Diphasic Nutrition Plan would be rendered practically impotent in patients who fail to follow these rules:

- A. Three meals daily, each of which includes a serving of meat, fish, poultry, eggs or cheese.
- B. Very limited intake of sugar, including fruit.
- C. Strictly avoid juice and other sweetened beverages.
- D. Strictly avoid polyunsaturated oils (salad dressing, mayonnaise, margarine, foods containing vegetable oils or cooked in vegetable oils).

If you get compliance on those four rules,

**THERE WILL BE NO LIMIT
TO THE WONDERS YOU WILL WORK
FOR YOUR PATIENTS.**

The second “is not” of your Diphasic Nutrition Plan is that the plan is not a stimulant in the morning and a sedative in the evening. It is not even a cup of coffee in the morning and a glass of warm milk in the evening. It has nothing to do with “giving your patients energy” in the morning, nor “calming your patients down” in the evening. NURI-SPEC practitioners have asked us questions such as these:

- “My patient has good energy in the morning but has an afternoon slump. Should I change the timing of the Diphasic A.M. supplements to the afternoon instead of the morning?”
- “My patient has always had trouble getting out of bed in the morning. Would the Diphasic P.M. supplements make that problem worse, and would I be better off to just give an extra dose of Diphasic A.M. and skip the Diphasic P.M. supplements altogether?”

These questions indicate that some of you are thinking in terms of stimulation and sedation that are strictly neurological in nature. The Diphasic Plan has nothing to do with activating and de-activating the central nervous system. What it relates to is activating the natural biochemical processes that your body wants to activate early each

morning, then activating the natural biological processes that your body wants to activate each evening. In other words, the nutrients of the Diphasic Plan feed and potentiate the two phases of the diurnal cycle that the human body strives to achieve each 24 hours.

Yes, over time, (and often very quickly) your patients will experience “more energy” during the day, and will feel calmer and achieve much deeper restful sleep at night with the benefits of the Diphasic Nutrition Plan. But these subjective feelings are far more (and far more meaningful) than the temporary lift and unnatural tranquilizing effect of neurologically active drugs (including herbal drugs).

We are talking about using your Diphasic Nutrition Plan to activate maximally the two phases of the diurnal cycle, pushing each phase to its full physiological limit. We have made the case (review the evidence from the scientific literature presented in last June’s Letter) that fading ability to fully cycle each day is the primary mechanism behind aging. We have demonstrated that all the physiological changes that we define as the aging process are really the result of just two fundamental deficiencies – a deficiency in defense against pathological hyperplasia, and a deficiency in defense against pathological disintegration.

Each of these two aspects of pathological aging are defended against during a particular phase of the normal diurnal cycle. From 6:00 a.m. until 8:00 p.m. a person with high Vital Reserves defends beautifully against the dark forces of pathological hyperplasia; and, from 8:00 p.m. to 6:00 a.m. the healthy person defends against the destructive influence of pathological disintegration. The amazing nutrients in Oxy Tonic, Oxy D-Plus, Diphasic A.M., Diphasic P.M., (and, as needed, Complex P and Complex S) give your patients the power to fully manifest the diurnal cycle:

- between active and passive
- between depletion and repletion
- between high-powered energy expenditure and recharging
- between defense against pathological hyperplasia and defense against pathological disintegration

Most of you have probably grasped the concept that most symptoms and conditions we associate with aging have both a catabolic and an anabolic component. We could use as an example atherosclerosis. The deposition of the fat and calcium complex in the arterial walls that we call atherosclerosis is certainly an example of anabolic pathological hyperplasia. But, this pathological hyperplasia is preceded by the catabolic pathological disintegration involving oxidative damage to the

arterial intima, associated with lipid peroxidation (fatty acids) and glycation (sugars).

From 6:00 a.m. until 8:00 p.m., the human body prioritizes its defenses to deal with the anabolic component of the pathology. From 8:00 p.m. until 6:00 a.m., the major defenses the body activates are designed to deal with the catabolic component of this pathological condition, employing every available antioxidant to combat lipid peroxidation and glycation. To summarize, there is a failure of both anti-anabolic and anti-catabolic defense that typifies all aging processes.

With your Diphasic Nutrition Plan you are not offering stimulation and sedation; you are offering two protective shields to the body, each to be employed at the most physiologically appropriate time. Yes, as the weeks go by, your patient will experience subjective improvement in vitality along with an improved quality of sleep. There will be increased resistance to microbial pathogens, and there will be better digestion and elimination. The resting pulse will move toward an average of 72, and the body temperature will be more easily maintained at 98.6 during the day and 98.2 during sleep. If you test a patient's Anaerobic/Dysaerobic tests shortly before either the second or third meal of the day, they will generally be pretty close to normal.

But over the long term, the most exciting benefits of the Diphasic Nutrition Plan are that nothing of medical significance happens to the patient. Week after week, month after month, year after year, the patient continues to be at power over the potentially damaging influences of our physical, chemical and emotional environment. Amazing Adaptative Capacity in response to the stress of life keeps the person perking along quite nicely, while others are routinely kicked in the teeth by the challenges of life.

The final "is not" of your Diphasic Nutrition Plan is that it need not be restricted entirely to patients over the age of 32. We have commented in the past that at age 33 there is a subtle but definite beginning to the long, drawn out loss of Vital Reserves that characterizes the aging process. So, at that age everyone can benefit from the protection of the Diphasic Plan. After approximately age 52, all patients not only benefit from the Diphasic Plan, they desperately need it just to keep from losing ground.

But what of those patients younger than 33? Reasonably healthy patients in this age group have enough Vital Reserves that they tend to react to the stresses of life with an over-compensation rather than with an insufficiency of Vital Reserves. Nevertheless, the same potentially damaging environmental influences surround them each day. So, for a

patient in his 20's or 30's who doesn't have any major health problems and does not have an extraordinarily stressful, difficult lifestyle, but wants the best nutrition there is to maintain health ...

**RECOMMEND ONE OR TWO CAPSULES DAILY
OF EACH OF DIPHASIC A.M. AND DIPHASIC P.M.
ALONG WITH PERHAPS ¼ SCOOP OXY TONIC,
1/4 TSP ELECTRO TONIC, ALONG WITH IMMUNO-SYMBIOTIC.**

These younger patients will then achieve such amazing physiological strength that their physical, mental and emotional stamina will truly be something to behold. When such patients reach their 40's and 50's, you will need to very gradually increase the dosage of the supplements.

Of course if you have a 20 to 30 year old patient with allergies or other similar complaints, you will still need to use the full standard dosage of Oxy Tonic, Oxy D+, OXY-MAX and ADAPTO-MAX.

And what about children and teens? Yes, the supplements of your Diphasic Nutrition Plan have application here as well. Next month we will give you more detail on how to work with younger patients. But I can tell you, for example, that I give my 6-year-old son one Diphasic A.M. and one Diphasic P.M. 2-3 days each week.

I trust that by making it perfectly clear to you what your Diphasic Nutrition Plan is not, it has become even more obvious to you that your Diphasic Nutrition Plan is the key to serving your hundreds of patients (yes I said hundreds) who are searching for the nutritional support to help them look and feel their best for a long productive life, yet who are currently throwing away thousands of dollars in that futile search.

Think again of your hundreds of patients who are looking everywhere in vain for something only you can give them. Nothing will increase each patient's Adaptative Capacity like your Diphasic Nutrition Plan.

Sincerely,
Guy R. Schenker, D.C.

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

Volume 13 Number 5

From:
Guy R. Schenker, D.C.
May, 2002

Dear Doctor,

How many of your patients buy nutrition supplements based on propaganda they have read or heard?

THEY ALL DO!

I'll bet you won't find one patient in ten who isn't spending good money on bad nutrition.

Perhaps you find it as disturbing as I that these people are so pleased with themselves. They truly believe (because they need so desperately to believe) that they have gained a real advantage in the war against disease and aging by their silly supplementation. They buy nutrients for energy, nutrients for their nerves, special formulations to help memory, herbal remedies to aid sleep or to fight colds, plus absurd combinations of nutrients to support "the immune system" (whatever that is), and countless other pills and potions – all based upon a host of inane (not to mention dishonest) claims made in the tons upon tons of literature pumped into health food stores and mail boxes across the nation.

Are your patients getting even a nickel's worth of health for every dollar spent on "nutrition?" Of course not. If you have been around NUTRI-SPEC more than two weeks you know that most supplements people take are not only not beneficial, they are actually counter-productive.

Since you are likely the only source from which your patients can get a buck's worth of Adaptive Capacity for every hard earned dollar they spend on nutrition, it is time for you to step up and make your presence felt.

Every nutrition dollar your patients spend outside your office is a dollar wasted – while every dollar spent in your office enriches both your patients and you. With NUTRI-SPEC you can offer the highest quality nutrition supplementation available anywhere, but you can offer so much more as well. You can truly and honestly offer each patient, regardless of age or circumstance, a dramatic increase in Adaptative Capacity, via some combination of Metabolic Balancing and increasing of Vital Reserves. So, how do you get this message to the general public?

You don't.

Direct your marketing efforts internally – to your own patients. Your Diphasic Nutrition Plan brochure takes its place right alongside your Secret of Good Nutrition, plus your Activator brochure, your Mighty Mins brochure, plus your Immuno-Synbiotics brochure. How do you use this collection of literature to inform and motivate your patients? Do you just passively dump them in your waiting room and hope your patients will read them and spontaneously begin begging for your products and services? No. That passive approach will capture the interest of only a very few patients.

Here is a really simple and virtually stress free way to build a booming nutrition practice. To get your patients excited about your nutritionist services, you must give them the story on NUTRI-SPEC. However, just putting the information out there isn't enough. People don't make decisions based on a logical appraisal of their circumstances; they make decisions based upon emotion. So, you need to actually achieve three things: you must deliver the info, but you must deliver it personally, and you must deliver it in an emotionally appealing way.

How can this be achieved and how can it be done stress free without feeling like you are selling something, and, in a way that takes almost none of your precious time? Here is an example.

Beginning tomorrow, ask every one of your patients whom you know has children the following simple question ...

**“DO YOU GIVE YOUR CHILDREN
A VITAMIN SUPPLEMENT?”**

When you ask this question you will get one of three answers, your response to which will almost guarantee that if these patients ever spend a nickel on nutrition for their children it will be spent in your office.

Scenario 1: “Do you give your children a vitamin supplement?”

“Oh yes, I give them Flintstones every day.”

“I thought you probably did – I always like to see parents who do their best for their kids. We have some information on children’s supplementation I know you will want to see. Read through it today, or take it home with you – and let me know what you think.”

Scenario 2: “Do you give your children a vitamin supplement?”

“I know I should, but I don’t.”

“You’re right, it really would be a good idea. Since you understand the importance of nutrition for your children I’ve got something I know will interest you. Read through it today, or take it home with you – and let me know what you think.”

[At the end of today’s office visit have a member of your staff hand the patient a Mighty Mins brochure, saying, “Here is the information on children’s nutrition the Doctor promised you.”]

Scenario 3: “Do you give your children a vitamin supplement?”

“No.”

“I’m glad to hear that. There is a lot of good evidence now that most of the common brands of children’s supplements actually do more harm than good. If you are ever interested in nutrition for your children, I’ve got some information you will definitely want to see.”

The trouble with trying to sell people is that you are trying to convince them of something that they wouldn’t agree to without your selling pressure. In the scenarios described above, you are not taking an adversarial position with your patient. Quite the contrary, you are enthusiastically agreeing with, and approving of, the patient in each case. With this technique you get the information to patients in a way that is personal and that is very emotionally satisfying because you, the Doctor, are complimenting them on decisions they have already made for themselves.

SIMPLE, QUICK, STRESS FREE, & EXTREMELY EFFECTIVE.

This approach works beautifully on all your patients. Simply ask all your patients (it should actually be part of your case history) if they take nutrition supplements. If the answer to that question is, “No,” you say, “Good. It is amazing how much money people throw away on useless products that can actually do more harm than good. Your particular symptoms can actually be made worse by over-supplementation with

certain nutrients – so – it is good we can eliminate that as one of the causes of your problems. If you do ever have an interest in pursuing nutrition let me know and we'll see that you do it right.”

These types of patients may never enlist your services as a nutritionist, but if they do ever develop an interest in nutrition, you can bet you will be the one they ask.

The most common response you will get to the question, “Do you take nutrition supplements,” is from those people who take a little of this and a little of that, mostly things like B Complex, Vitamin C and calcium. For these patients you say something like this, “You’ve got the right idea. You can really make a difference in how well and how long you live with a little bit of supplementation. There is a way to get all the benefits you are looking for and at the same time get a lot more for your money. I’ll show you something you’ll be interested to see. You can either read it today, or take it home with you – and let me know what you think.” [Have a staff member hand the patient an Activator brochure and an Immuno-Synbiotic brochure, saying, “Here is the nutrition information the Doctor promised you.]

If, when you ask the question about taking nutrition supplements the patient comes back with a more substantial list of supplementation, including many different products, or, products they take as remedies for this and that condition, then, instead of merely giving them the Activator brochure, you give them the same approach, telling them how smart they are because of all the benefits they can achieve with proper nutrition. Then go on to say, “I’ve got something I know you will be interested in seeing. It’s for someone who understands nutrition like you do. Look through it today before you leave, or take it home with you-and let me know what you think.” Give this patient The Secret of Good Nutrition brochure plus the Activator and Immuno-Synbiotic brochures if you are doing NUTRI-SPEC Metabolic Testing in your office. If you are not, then give the patient the Diphasic Nutrition Plan brochure along with the Activator and Immuno-Synbiotic brochures.

Using these brochures and having you or your staff distribute them with a personal touch, your internal marketing efforts will be phenomenally successful. Before long, many if not most of your new patients will be coming to you specifically for clinical nutrition. Waste no time --- the world needs you. Start building your booming nutrition practice today.

Sincerely,
Guy R. Schenker, D.C.