

# Appendix C

## QUICK REFERENCE GUIDE

## FLOWING THROUGH YOUR QUICK REFERENCE GUIDE (QRG)

- A. Having performed your tests as instructed in Appendix A pages 1-6, and with your patient's Test Results Form in hand, do your analysis of the Five Fundamental Metabolic Balance Systems using the first two pages of your QRG.
1. As you look now at those 2 pages you see that each of the Five Metabolic Balances has a "Quick Scan" enabling you to determine in just a few seconds whether or not this patient is likely to have that Imbalance.
    - a. Evaluate each of the 5 Imbalances in turn. Begin by finding the 2-4 tests that constitute the Quick Scan for that Imbalance. Scan the TRF for those tests. (They are marked with numbers on the TRF matching the numbers on the QRG Quick Scan.) Carry those 2-4 tests in your brain as a unit from the Test Results Form to the QRG.
    - b. Compare the Quick Scan tests to the columns on the QRG to see if you fail to have a match. If your patient does not meet the QRG criteria listed after these 2- 4 tests then you need consider this particular Imbalance no further. Go on to the next Imbalance.
    - c. If, after considering the Quick Scan tests, there is a possible match, then follow the instructions on the QRG to evaluate any other tests that must be considered to either rule in or rule out this Imbalance.
    - d. When you have ruled out an Imbalance simply move on to the next Imbalance to be considered. If the Imbalance is present, then record the presence of that Imbalance on the appropriate line at the bottom of the patient's Test Results Form (= ES for Electrolyte Stress, G for Glucogenic, P for Parasympathetic, etc.).
  2. (You will give no consideration to supplementation at this point; you are merely determining which Imbalances are present.)
  3. Note the section in your QRG following Imbalance 4. This section gives explicit instructions on how to make a differential analysis on patients who test **both** Glucogenic and Sympathetic, or who test **both** Ketogenic and Parasympathetic. In such cases you will treat only one, not both of these Imbalances.
  4. On Imbalance 5 there are a few of the six Acid/Alkaline patterns that need further explanation.
    - a. Under **Respiratory Acidosis**, the Respiratory Rate is considered a positive finding when it is either 19 or higher, or, 13 or lower. But, note that the 13 or lower finding **only** applies when the patient's blood pressure is high, i.e., when Test [5] = 220+.
    - b. In the rare instance when a patient meets the criteria for **both** a Potassium Excess Acidosis and a Respiratory Alkalosis the QRG Acidosis supplement selection page gives special instructions.

5. The only remaining pieces of information to complete your patient's clinical picture are to record on the Test Results Form under Major Complaints and Drugs the following:

a. The conditions or symptoms that are relevant to the QRG analysis, including:

- arrhythmia (--- Be certain to account for any skipped beats when you count the pulses.)
- constipation/diarrhea
- polyuria/oliguria
- somnolence/insomnia
- elevated cholesterol
- GI ulcers
- Consistently high or low body temperature
- pain/chronic pain
- allergies/asthma
- seizures

b. Medications that the patient takes regularly, or, has taken within 3 days, and why. (You may want to look at Appendix E, included in your QRG.)

c. The need to emphasize the Prostaglandin Diet as indicated by any of the following conditions (= automatically list PG as an Imbalance at the bottom of the TRF):

- allergies/asthma
- arthritis
- chronic pain
- premenstrual syndrome
- headaches

6. Special consideration for testing children and early teenagers:

- a. Do not consider Electrolyte Insufficiency Imbalance.
- b. If the Breath Hold is less than 40, then change it to 40.

7. You now have all the information essential to recommend a patient-specific supplementation regimen and personalized eating plan.

B. Determine the supplements and diet needed to correct the Metabolic Imbalances you have found.

1. For each of the Imbalances you found, go to the appropriate page of the QRG to determine the supplements and diet needed to correct that Imbalance.
2. Each Imbalance has many supplements listed. Your patient will not need all the supplements listed for this Imbalance. There are specific criteria listed telling you whether that particular supplement will be beneficial for this patient.
3. Your QRG protocol enables you to be very specific in recommending supplementation, and even allows you to be very specific in the dosage of each supplement that is appropriate, given this patient's test patterns.

- a. There is a Standard Dose listed for each supplement. There are “Plus” and “Minus” columns indicating quantities to be added to or subtracted from the Standard Dose.
  - b. In the “Std Dose” column for many of the nutrients there are criteria listed with an “X.” This designation means that you do not give your patient this supplement (not even the Standard Dose).
4. As you determine the need for any supplement, record it and its dosage under the supplementation section of your patient’s Test Results Form. Generally, amino acids, Immuno-Synbiotic, and electrolytes are given before meals on an empty stomach, and the other capsules and tablets are taken immediately after meals.
  5. Also record at the bottom of the Test Results Form the dietary recommendations to be given this patient.
    - a. Give particular emphasis to the Prostaglandin Dietary Recommendations if such are indicated by the patient’s symptoms.

## **REPORT OF FINDINGS**

- A. If this is a patient’s first test, then fill out a **Report of Findings** for the patient.
  1. Check off the Metabolic Imbalances you found.
  2. Enclose the Eat Well – Be Well card within the Report of Findings.
  3. Note for the patient the ounces of meat, fish, poultry, cheese, eggs or cottage cheese, and, the amount of carbohydrate intake (extremely low, low, moderate, or unrestricted as long as sugars are avoided).
  4. Make a brief list of the best foods for this patient and the worst foods. If the Hydration Index is -12- or 12.0+ then recommend drinking more or less water.
  5. On the back of the Report of Findings brochure, fill in the names of the supplements, dosages, and directions. If there are any supplements marked with an “\*” be certain to fill in the number of ounces of water in which those supplements are mixed to create the Electrolyte Tonic. Base your water intake recommendation on the patient’s HYDRATION.
- B. Enclose within the Report of Findings the one page **Imbalance Description** for each of the Imbalances found on this patient. Explain to the patient that it generally takes only 3-8 weeks to correct a Metabolic Imbalance, provided the essential follow-up testing is done. Explain further that this initial set of supplement and eating plan recommendations constitute a clinical trial. The follow-up testing within a week will give an even more clear picture of what Metabolic Therapy is required.
- C. If this is an initial test, enclose the Report of Findings within the folder, “What NUTRI-SPEC Will Do for You.”
- D. If this is a follow-up test, make your patient’s supplement selections from the QRG for each of the Imbalances you have found (just as you did on the initial testing). Give the patient a revised supplement and diet list.

- a. If an Imbalance you have been treating does **not** show up as a positive test pattern on today's follow-up, then:
  - Consider only the supplements the patient is currently taking for that Imbalance.
  - The Standard Dose of each supplement may either be left unchanged, or decreased, or deleted entirely. Any decreases are based upon how much, in your judgment, the patient has improved, both objectively (as per the test pattern for this Imbalance) and symptomatically.
  - After making your judgment on the Standard Dosage, consider the Plus and Minus column for each supplement to arrive at the new dosage.
  - Under no circumstance, however, will you increase the dosage of a supplement currently taken for this (improved) Imbalance, regardless of what the Plus and Minus columns say.
  
- b. If an Imbalance you are treating now has switched (i.e., a patient you are treating as Sympathetic now shows a Parasympathetic test pattern), then:
  - Stop all supplements currently being taken for that Imbalance.
  - Do **not** add supplements for the new (opposite) Imbalance (except in the **rare** circumstance when the switch is accompanied by extreme symptoms typical of that opposite Imbalance).

### **SCHEDULING A FOLLOW-UP**

- A. If this is the patient's first test, schedule the first follow-up test within 7 days at the most.
  
- B. If this is a follow-up test, schedule the next testing at whatever interval is appropriate as indicated by your progress.
  1. Generally, after the first or second follow-up you can let the patient go 3-4 weeks.
  2. Once the Metabolic Imbalances have been corrected, or, have stabilized at a maintenance level, the patient only needs to see you once every 4 to 8 weeks, or even longer. (Be certain not to let your patient run out of supplements between office visits.)
  
- C. Be certain the patient reads "What NUTRI-SPEC Will Do for You," so the patient understands that your goal is to increase Adaptive Capacity by achieving metabolic balance.
 

----- To be discussed at the first follow-up:

  1. Patients must understand that Imbalances will improve over time and that supplement needs will then decrease, and, the strict eating plan associated with those Imbalances will no longer be needed.
  2. Patients must also understand that you will be monitoring them very closely, and that as Imbalances are corrected, occasionally new Imbalances appear that will then need therapeutic intervention.
  3. Patients must understand that you are there to monitor their changing needs. As they go through periods of stress you will be there to determine any additional requirements. As lifestyle changes, or as they age, you will be able to give whatever Metabolic Therapy is needed.

## ANALYSIS OF 5 FUNDAMENTAL BALANCE SYSTEMS

1. 4-POINT QUICK-SCAN: (from the bottom up on TRF) [1] (Highest P-P1) - (SBP2-SBP1)  
 [2] (Highest P-P1) + (Higher SBP-Lower)  
 [3] (Highest P-P1) - (Highest P-P3)  
 [5] (Higher SBP1 or 2) + (Higher DBP1 or 2) [EI = X child]

	<u>ELECTROLYTE</u>	<u>STRESS</u>	<u>INSUFFICIENCY</u>
[1] (Highest P-P1) - (SBP2-SBP1)		X	16+
[2] (Highest P-P1) + (Higher SBP-Lower)		22+	X
[3] (Highest P-P1) - (Highest P-P3)		10+	10+
[5] (Higher SBP1 or 2) + (Higher DBP1 or 2)		220+	180-

If all 3 in one column, or, one column 2 more than the other = YES.  
 (If 2 in one column, then continue.)

[6] (SBP2-SBP1) - (DBP2-DBP1)	-8-, or, 2+	-8-
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If 3 in one column = YES.

2. 2-POINT QUICK-SCAN: [D] A + B - C [E] (drug Adj) SG - HYD

	<u>ANAEROBIC</u>	<u>DYSAEROBIC</u>
[D] A + B - C	7+	-7-
[E] (drug Adj) SG - HYD	9-	23+

If both in one column = YES.  
 (If 1 in one column and none in the other, then continue.)

Dermographics	A/L = R2+ / W1-	A/L = R1- / W2+
SpH2 - SpH1	3-	6+

If one column has at least 1 more than the other = YES.

3. 3-POINT QUICK-SCAN: [HYDRATION] [P3] [8] RR - (BH/5)

HYDRATION	<u>GLUCOGENIC</u>		<u>KETOGENIC</u>	
	<u>P3</u>	<u>RR - (BHT/5)</u>	<u>P3</u>	<u>RR - (BHT/5)</u>
-13-	76+	8+	64-	1-
-8 to -12	80+	8+	64-	2-
-4 to -7	84+	8+	68-	3-
-1 to -3	86+	10+	70-	4-
0	86+	10+	70-	4-
1 to 3	86+	10+	70-	4-
4 to 7	88+	11+	72-	5-
8 to 12	92+	11+	76-	5-
13+	92+	11+	80-	6-

If a column has both tests positive, then YES.

(If a column has one positive, and the other column none, then continue.)

[9] DBP2 - P3	0-	6+
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If a column has at least 2 positive tests, and the other column none = YES.

4. 4-POINT QUICK-SCAN: [10] Pa - P1 [7] (SBP2 - SBP1) + (DBP2 - DBP1)  
 [4] (Highest P - P1) + (Highest P - P3)  
 [3] (Highest P - P1) - (Highest P - P3)

	<u>SYMPATHETIC</u>	<u>PARASYMPATHETIC</u>
[10] Pa - P1	0-	5+
[7] (SBP2 - SBP1) + (DBP2 - DBP1)	13+	5-
[4] (Highest P - P1) + (Highest P - P3)	25+	X
[3] (Highest P - P1) - (Highest P - P3)	X	4-
	(X asthma)	

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If a column has at least 2 positive tests, and the other column one or none = YES.

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[\*\*\*] If patient tests both GLUCOGENIC and SYMPATHETIC, or, tests both KETOGENIC and PARASYMPATHETIC, then, eliminate one of those imbalances by the first of these criteria that applies (If neither applies, treat neither.):

- a) [4] If (Highest P-P1) + (Highest P-P3) = 25+, treat SYMP if P3 not 72-.  
 [3] If (Highest P-P1) - (Highest P-P3) = 4-, treat P'SYMP if P3 not 88+.
- b) [8] If RR - (BH/5) = 8+, treat GLUCO  
 = 6-, treat KETO

DIABETIC = Over-ride of GLUCO/KETO and SYMP/P'SYMP :

Insulin & Tests SYMP or KETO, or, Tests Neither G/K nor S/P = Treat SYMP

Insulin & Tests GLUCO or P'SYMP = Oxy G or Comp P in a.m., Comp S in p.m. & GLUCO or P'SYMP Diet

Non-Insulin & Tests KETO = Treat KETO

Non-Insulin & Tests SYMP = Treat SYMP

Non-Insulin & Tests GLUCO = Oxy G in a.m., Comp S in p.m. + GLUCO Diet

Non-Insulin & Tests P'SYMP = Comp P in a.m., Oxy K in p.m. + P'SYMP Diet

Non-Insulin & Tests Neither G/K nor S/P = Comp P in a.m., Comp S in p.m. + P'SYMP Diet

5. 3-POINT QUICK-SCAN: [Resp Rate] [Breath Hold] [8] RR-(BH/5)

	MET ACID	K EXC ACID	RESP ACID	MET ALK	K DEPL ALK	RESP ALK
Resp Rate	19+	19+	19+/13- [5]	13-	13-	19+/13-
Breath Hold	40-	40-	40-	65+	65+	65+
[8] RR - (BH/5)	10+	10+	10+	5-	5-	10+/5-

(For each column 2 out of 3, continue.)

B	4-	7+	4-	7+	X	7+
C	6+	6+	4-	4-	4-	6+

(If pHs match perfectly, then 1 more positive needed:)

P1	75+	X	75+	67-	X	X
[3]	10+	10+	10+	X	X	X
			(X asthma)		Dermo =	
					R1- / W0+	



< EI SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator Immuno-Synbiotic Formula EI	2, 2X, A 2, 2X, B 2, 2X, A		
Electro Tonic	X Seizures * 2T in 3 c. H2O		ANA = -1½ T B = 10+, -½ T C = 2-, -½ T
NaCl	X SpH1 = 63- * ¼ tsp, B meals	(Higher SBP+DBP)= 165- = +¼ Highest P-P1)-(SBP2-1)= 24+ = +⅛	
Na Citrate	X ES X ANA X KETO  * 0 scoop, B meals	A = -3- = + 1 A = -8 = + 1 B = 3- = + 1 . . . . .	A = 5+ = - 1 B = 11+ = - 1
Na Glyc-Phos	X ANA X KETO  * 0 scoop, B meals	(Highest P-P1)-(SBP2-1)= 20+ = + 1 24+ = + 1	A = 5+ = - 1 B = 8+ = - 1
Oxy Tonic	X ANA or DYS X A = -7-  * 0 scoop, B meals	A = 5+ = + ½ B = 8+ = + ½	Diarrhea = - ½
Oxy D+	X ANA or DYS  * 0 tsp (drops), B meals	A = -8 = +⅛ (20) B = 4- = +⅛ (20)	Constipation = -⅛ (20)
Proton Plus	X ES X ANA or DYS X GLUCO or KETO X SYMP or P'SYMP  0, 2X, A	RR - (BHT/5) = 6- & B = 8+ = +2	
Complex P	X KETO X SYMP or P'SYMP  0, 2X, A	Pa-P1 = 4+ = +1 (Highest P-P1)-(Highest P-P3) = 9- = +1 Edema = +2+ = +1	

\* ELECTROLYTE TONIC = Early a.m., mix in 3 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< ANAEROBIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
I-S Immune Power	2, 2X, B		
Oxy A	2, 2X, A		A + B - C = 2-, -1 B = 4-, -1
Oxy Tonic	¼ scoop 2X, B	A + B - C = 10+, + 1/8 B = 6+, + 1/8 ..... Dermo = R2+ / W1-, + 1/8 Constipation, + 1/8 ..... Somnolence, + 1/8 Pain, Allergies, Itching, Vertigo, + 1/8	B = 2-, - 1/8 Diarrhea, - 1/4 C = 10+, - 1/8
Taurine	0, 2X, B	Arrhythmia, CVD, Cholesterol+, Seizures, Migraines, +2	
Diphasic A.M.	0 daily	Cholesterol+, Allergies, +3 after breakfast	

< DIET >

Best Foods: Vegetables, fish, olive oil

Worst Foods: Foods made with PUFA vegetable oils, ice cream, juices, foods made with sugar, coffee/tea/cola, excessive fruit, vinegar, yogurt, sauerkraut.

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< DYSAEROBIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator I-S X-Flam	2, 2X, A 2, 2X, B		
Oxy D	2, 2X, A		A + B - C = 0+, -1 B = 7+, -1
Oxy D+	1/8 tsp (20 drops) 2X, B	A + B - C = -10-, +1/8 B = 3-, +1/8 Dermo = R1- / W2+, +1/8 Diarrhea, +1/8 Insomnia, +1/8 Migraines, +1/8 Pain, Allergies, Itching, Vertigo, +1/8	B = 10+, -1/8 Constipation, -1/4 C = 2-, -1/8
Glutamine	0, 2X, B	Colitis, Diarrhea, GI Ulcers, Gall Stones, Rheumatoid Arthritis, Depression, +2	Constipation, -1
Diphasic A.M.	0 daily	Rheumatoid Arthritis ( <i>or any other autoimmune disease</i> ), +3 after brkfst	
Diphasic P.M.	0 daily	Rheumatoid Arthritis ( <i>or any other autoimmune disease</i> ), Chol+, Allergies, Bilirubin, +3 after the evening meal	
Proton Plus	X GLUCO X ACID  0, 2X, A	BHT = 55+, +2 C = 10+, +1 C = 13+, +1 B = 8+, +1	BHT = 30-, -1 B = 4-, -1

< DIET >

Best Foods: Vegetables, eggs, cheese, butter/cream

Worst Foods: Foods made with PUFA vegetable oils (especially fried foods), canned & processed meats

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< GLUCOGENIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator I-S X-Flam	2, 2X, A 2, 2X, B		
Oxy G	2, 2X, A		RR- (BH/5) = 6-, -1 C = 10+, -1
Electro Tonic	X ANA X Seizures  * ½ tsp, B meals	(Highest P-P1)-(Highest P-P3) = 10+, +¼ B = 2-, +¼	Constipation = -¼
NaGlyceroPhos	X ES or EI X ANA  * 1 scoop, B meals	A + B - C = -8-, + 1 . . . . . A + B - C = 8+, - 2 Pa = 66-, + 1 Fatigue, + 2	
NaCitrate	X Hypothyroid  * 1 scoop, B meals	RR-(BH/5) = 10+ & B = 4-, + 2	ANA, - 2
Oxy D+	X ANA or DYS X Seizures  0 tsp B eve meal	A + B - C = -8-, +¼ (20) . . . . . A + B - C = 0+, -¼ (20) Insomnia, +¼ (20) Cholesterol+, +¼ (20)	
Glutamine	X ANA X SYMP  0, 2X, B	Colitis, Diarrhea, GI Ulcers, Gall Stones, Rheumatoid Arthritis, Depression, +2	Constipation, -1
Phenylalanine	X SYMP  0, B brkfst	Fatigue, +2	DYS, -1
Diphasic P.M.	0 daily	Allergies, Cholesterol+, +3 after evening meal	

\*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, meat/fish/poultry (especially organ meats), cheese, butter/cream, coconut oil

Worst Foods: Foods made with sugar, juices, fruit, tomatoes, excess bread/cereal/pasta, excess potatoes/corn/starchy vegetables, foods with PUFA oils, vinegar

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< KETOGENIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator I-S Immune Restore	2, 2X, A 2, 2X, B		
Oxy K	2, 2X, A		RR-(BH/5) = 8+, -1 C = 2-, -1
Electro Tonic	X ANA X Seizures  * ½ tsp, B meals	(Highest P-P1)-(Highest P-P3) = 10+, + ¼ C = 10+, +¼	Constipation = -¼ B = 10+, -¼
Mg Chloride	* 1 scoop, B meals	HYD = 10.0+, + 1.....	HYD = -10-, - 1 ANA, - 1
Proton Plus	X ANA X GLUCO X ACID  0, 2X, A meals	BHT = 50+, +2 ..... C = 10+, +1 C = 13+, +1 B = 8+, +1 ..... Ketones = +1	BHT = 30-, -1   B = 4-, -1
Oxy Tonic	X ANA or DYS  * 0 scoop, B meals	A + B - C = 8+, + ⅛ B = 9+, + ⅛	
Phenylalanine	X SYMP X Higher SBP+ DBP = 220+  0, B brkfst	Fatigue, +2	
Diphasic A.M.	0 daily	Rheumatoid Arthritis ( <i>or any other autoimmune disease</i> ), Allergies, Cholesterol+, 3 after brkfst	
Diphasic P.M.	0 daily	Rheumatoid Arthritis ( <i>or any other autoimmune disease</i> ), 3 after evening meal	
Taurine	X DYS  0, 2X, B meals	Diabetes, Arrhythmia Cholesterol+, CVD, +2	

\*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, eggs, olive oil, coconut oil

Worst Foods: Foods made with sugar, juices, processed meats & organ meats, excess meat & cheese, foods with PUFA oils

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< SYMPATHETIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator I-S X-Flam	2, 2X, A 2, 2X, B		
Complex S	X Asthma  2, 2X, A	(SBP2-1)-(DBP2-1)=2+=+1 . . . .	(SBP2-1)-(DBP2-1)=-8=-1 Dermo = R2+ / W1- = -1
Electro Tonic	X ANA X Seizures X Diabetes  ¼ tsp, 2X, B	(Highest P-P1)-(Highest P-P3) = 10+, +¼ Ketones, +¼ B = 2-, +⅛ C = 10+, +⅛	Constipation = -⅛
Oxy Tonic	X EI X ANA or DYS  0 scoop, 2X, B	B = 9+ = + ¼. . . . . A + B - C = 8+, + ⅛. . . . . Dermo = R2+ / W1- = + ¼ Constipation = + ¼. . . . .	B = 3 - = - ¼ A + B - C = 0-, - ⅛ Diarrhea = - ¼
Oxy D+	X ANA or DYS X seizures  0 tsp (drops), 2X, B	Migraines = +⅛ (20) Cholesterol = +⅛ (20) Rheum. Arth = +⅛ (20)	A + B - C = 0+, -⅛ (20) B = 9+ = -⅛ (20) Dermo = R2+ / W1- = -⅛ (20)
Taurine	X DYS  0, 2X, B	Arrhythmia, CVD, = +2 Cholesterol = +2 Seizures = +2 Migraines = +2 Diabetes = +2	
Diphasic P.M.	0, 2X, A	Cholesterol = +2 Allergies = +2 Arthritis = +2 Diabetes = +2	

< DIET >

Best Foods: Vegetables, eggs, olive oil, coconut oil

Worst Foods: Foods made with sugar, foods made with PUFA  
vegetable oils, canned & processed meats

Increase Water if Hydration = -12-  
Decrease Water if Hydration = 12+

< PARASYMPATHETIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator I-S Immune Power	2, 2X, A 2, 2X, B		
Complex P	X Diabetes 2, 2X, A	Dermo = R2+ / W1- = +1 (SBP2-1)-(DBP2-1)=-8- = +1 . . . (SBP2-1)-(DBP2-1)= 2+ = -1 Edema = +2+ = +1 Allergies = +1	
Formula EI	X EI or ES 0, 2X, A	Dermo = R2+ / W1- = +1 (SBP2-1)-(DBP2-1) = -8- = +1 . . . (SBP2-1)-(DBP2-1)=2+ = -1	
Electro Tonic	X EI or ES X Seizures  * 0, B meals	(SBP2-1)-(DBP2-1)= -8- = 1 T. in 2 c. H2O (Highest P-P1)-(Highest P-P3) = 10+, +¼ tsp Ketones, +¼ tsp	Constipation = -¼ tsp
Na GlyceroPhos	X EI or ES X ANA X KETO  * 0 scoop, B meals	Pa = 66- = + 2 Fatigue = + 2	B = 3- = - 2
Oxy D+	X ANA or DYS X Seizures  * 0 tsp (drops), 2X, B	Migraines = +½ (20) Cholesterol = +½ (20) Colitis, Diarrhea, GI Ulcers = +½ (20)	A + B - C = 0-, -⅛ (20) B = 9+ = -⅛ (20) Dermo = R2+/W1- = -⅛ (20)
Mg Chloride	X GLUCO  *0 scoop, B meals	Asthma = + 2	Diarrhea = - 1
Phos Drops	X ACID  * 0 tsp (drops), B meals	RR - (BHT/5) = 6- = +¼ (20) BHT = 55+ = +¼ (20)	ANA = -¼ (20)
Phenylalanine	0, 2X, B	Fatigue = +2	DYS = -1
Glutamine	0, 2X, B	Colitis, Diarrhea, GI Ulcers, Hypo- Glycemia, Depression = +2	ANA = -1 Constipation = -1

\*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, meat/fish/poultry, eggs, butter/cream, olive oil, coconut oil

Worst Foods: Foods made with sugar, foods made with PUFA vegetable oils, juices, fruits, excess bread/cereal/pasta, excess potatoes/corn/yams & other starchy vegetables

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< ACIDOSIS SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Immuno-Synbiotic	2, 2X, B		

If both K EXC ACID and RESP ALK, then ignore the other supplement selections on this page and recommend:

NaCl	* ¼ tsp, B meals		
Electro Tonic	* 1 T, B meals		
Na GlyceroPhos	* 2 scoops, B meals		KETO = X
Mg Chloride	* 1 scoop, B meals		GLUCO = X

NaBicarb	X ES X DYS X KETO X RESP ACID		
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	* ½ tsp, B meals		
Na GlyceroPhos	X ES X ANA X KETO	A + B - C = -8-, +1	

	* 1 scoop, B meals		
Na Citrate	X ANA X KETO X P'SYMP X HYPOTHYROID		

	* 2 scoops, B meals		
K Citrate	X EI X ANA X P'SYMP X K EXC ACID X HYPOTHYROID	HYD = -10-, +1	

	*0 scoop, B meals		
Mg Chloride	X ES X GLUCO	RESP ACID & RR=13-, +2 KETO, +2	Diarrhea, -4

Glutamine		Diarrhea, Colitis, +2 DYS, +1	ANA, -1
-----------	--	----------------------------------	---------

	0, 2X, B		
Phenylalanine	X DYS X SYMP	K EXC ACID & P1=64-, +2 EI & P1 = 64-, +2	

0, 2X, B  
\*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

METABOLIC or K EXCESS ACIDOSIS

Avoid juice, fruit, tomato, vinegar

Increase Water if Hydration = -12-

Decrease Water if Hydration = 12+

< ALKALOSIS SUPPLEMENTS >

(If both MET ALK and K DEPL ALK consider both.)

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Immuno-Synbiotic	2, 2X, B		
Phos Drops	X ES or EI X SYMP	B = 9+, +1/4 C = 10+, +1/8 P1 = 64-, +1/8	
	* 1/4 tsp (20 drops), B meals		
Na GlyceroPhos	X ES or EI X ANA X KETO	C = 8+, +1 A + B - C = -8-, +1 DYS, +1	
	* 1 scoop, B meals		
Mg Chloride	X ES or EI X GLUCO X Diarrhea	K DEPL ALK, +2 KETO, +2	
	* 0 scoop, B meals		
Glutamine	X ANA  0, 2X, B meals	RESP ALK & RR=20+, & C = 11+, +2	
Proton Plus	X ES or EI X ANA or DYS X GLUCO or KETO  0, 2X, A meals	B = 9+, +2 ..... B = 4-, -1 BHT = 55+, +2	
<u>*ELECTROLYTE TONIC</u> = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.			

< DIET >

METABOLIC ALKALOSIS      Avoid juice, fruit  
K DEPLETION ALKALOSIS    Avoid salt

Increase Water if Hydration = -12-  
Decrease Water if Hydration = 12+

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## IMMUNO-SYMBIOTIC

(Information & Instructions  
for NUTRI-SPEC Practitioners)

- A. All patients need an IMMUNO-SYMBIOTIC product to restore and maintain ideal gut mucosal structure and function, and to reduce ImmunoNeuroEndocrine (INE) stress. Choose each patient's ideal IMMUNO-SYMBIOTIC using the criteria on the back of this page.
1. Take on an empty stomach.
  2. Take 2, twice daily before meals, with a full glass of water.
  3. Go through at least one bottle of IMMUNO-SYMBIOTIC 2, twice daily, then 1, twice daily for one bottle, then at least 1 daily over a stronger, longer lifetime.
- B. Many patients need to go through more than one bottle of IMMUNO-SYMBIOTIC, and those with severe ImmunoNeuroEndocrine stress or advanced pathology will need IMMUNO-SYMBIOTIC for life. --- It is by far the supplement they need most:
- patients with Eosinophilic Fungal Rhinosinusitis (as indicated by a non-sneezy boogey head)
  - patients who have demonstrated a dualistic INE stress response as a vacillator-oscillator via NUTRI-SPEC Metabolic Balance Testing
  - patients who show extreme INE stress in having one or more auto-immune diseases (Type I diabetes, Rheumatoid Arthritis, Lupus, Hashimoto's or Grave's Thyroiditis, alopecia, Reflex Sympathetic Dystrophy, Sjogren's, etc.)
  - patients who have immune-related neurodegenerative diseases (Parkinson's, Multiple Sclerosis, ALS, Alzheimer's)
  - patients who have chronic yeast/fungal infections (vaginal or oral Candida, athlete's foot or jock itch, ringworm, tinea versicolor, eczema/seborrheic dermatitis)
- C. Some patients, even those who seem reasonably healthy, cannot take the full IMMUNO-SYMBIOTIC recommendation of 2, twice daily at first. The reason is that their intestinal flora is so deranged that their GI tract becomes a battle field between the good guys and the bad guys. There can be a tremendous amount of gas pressure, bloating, sometimes diarrhea, and sometimes cramping. If the die-off of bad critters causes symptoms that are too uncomfortable, the patient should stop entirely for 1 day, then resume at 1, once daily, and then increase to 1, twice daily, and then finally 2, twice daily as symptoms permit.
- D. Children need IMMUNO-SYMBIOTIC just as much as adults do. Except for children who are either immune deficient or suffering from autoimmune disease, 1 bottle of IMMUNO-SYMBIOTIC every year is generally all the typical child needs. For children age 10+, the adult dose is appropriate. For younger children, reduce the dose proportionately --- either 1, twice daily, or 1, once daily. --- For infants, the selected IMMUNO-SYMBIOTIC can be mixed into milk or baby food.

Just as with adults, if uncomfortable symptoms are produced, stop for a day and then come back on at a lower dose.

**CRITERIA FOR SELECTING THE SPECIFIC IMMUNO-SYMBIOTIC  
EACH PATIENT NEEDS**

Go down the following list in order, choosing the first criterion that applies to your patient.

[SPECIAL NOTE: If your patient shows a need for either I-S X-FLAM or I-S IMMUNE POWER but also has recently or repeatedly used antibiotics, then give the indicated I-S (2, once daily before breakfast), plus I-S IMMUNE RESTORE (2, once daily before another meal). After 1 bottle of I-S IMMUNE RESTORE, the indicated I-S will be taken 2, twice daily.]

<b><u>INDICATION</u></b>	<b><u>SPECIFIC I-S NEEDED</u></b>
Cancer	I-S IMMUNE POWER
Rheumatoid Arthritis, Crohn's, Type 1 Diabetes, MS, Ulcerative Colitis, RSD, Scleroderma, Psoriasis	I-S X-FLAM
Allergies; Asthma	I-S IMMUNE POWER
Alzheimer's	I-S IMMUNE POWER
Yeast Infections, Fungal Infections, Eosinophilic Fungal (EF) Rhinosinusitis, EF Bronchitis, EF Esophagitis, EF Gastroenteritis, Sinus Infections	I-S IMMUNE POWER
Frequent Colds; Viral Infections	I-S IMMUNE POWER
Eczema; atopic Dermatitis	I-S IMMUNE POWER
Coronary Artery Disease	I-S X-FLAM
Irritable Bowel Syndrome	I-S IMMUNE RESTORE
Dermographics Leg Red, or Arm R3+	I-S IMMUNE POWER
Dermographics Arm White	I-S X-FLAM
Anaerobic or Parasympathetic	I-S IMMUNE POWER
Dysaerobic, Sympathetic, or Glucogenic	I-S X-FLAM
Ketogenic; Type 2 Diabetes	I-S IMMUNE RESTORE
Antibiotic use	I-S IMMUNE RESTORE
Metabolic Syndrome: Abdominal Weight Gain, High Cholesterol or Triglycerides	I-S IMMUNE RESTORE
Pregnancy, Infant, Child	I-S IMMUNE RESTORE
Low Body Temperature	I-S IMMUNE POWER
Osteoporosis	I-S IMMUNE RESTORE
None of the above	I-S IMMUNE RESTORE

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## **Doctor's Instructions for NUTRI-SPEC DIPHASIC NUTRITION PLAN**

Your Diphasic Nutrition Plan (DNP) will be administered to patients with recommendations that vary a little depending upon the patient's age. One variation is for patients age 22-32, one for those age 33-52, and one for those age 53+. These 3 age groups are approximations:

- You have patients younger than age 33 who are extremely sick/weak and will need to be considered as age 33-52.
- You have patients not yet age 53 who are sick/weak enough that you will need to add some of the Complex P and Complex S recommendations from the 53+ age group recommendations to their DNP.
- Finally, you have high-vitality patients age 53+ who do not yet need the diphasic boost from Complex P and Complex S, so can be treated as if age 33-52.

In addition to varying your DNP recommendations per the age of your patient, you will also individualize these recommendations for patients who have severe pathological conditions. These pathologies requiring individualized attention include:

- Cardiovascular Disease
- Asthma
- Mucous Colitis/Chronic Diarrhea
- Seizures
- Eosinophilic Fungal Rhinosinusitis
- Other yeast/fungal-related conditions
- Autoimmune Diseases such as Insulin-Dependent Diabetes, Lupus, Rheumatoid Arthritis, Crohn's, Ulcerative Colitis, etc.

You will also individualize your DNP recommendations based upon your patient's level of Vital Reserves. For Diphasic A.M. & P.M. you have a range of from 1 to 5 daily to play with. The standard recommendation is 3 of each daily. But many of your patients will need 5 (or more) daily (especially of Diphasic A.M.). On the other hand, you have patients with youthful Vital Reserves who can maintain health by starting with 3 daily but gradually reducing to only 1 daily.

Using the same criterion of Vital Reserve level, you can also individualize your recommendations for Oxygenic A & D (from 1 to 3 each daily) for your 23-33 and 33-52 age groups, and also for Immuno-Synbiotic for all your DNP patients. (See also the specific [Immuno-Synbiotic information and instruction sheet.](#))

All your DNP patients will follow the NUTRI-SPEC Fundamental Diet as described on Eat Well – Be Well, including particularly:

- 3 meals daily, each of which includes a serving of meat, fish, poultry, eggs or cheese.
- very limited intake of sugar, including fruit; strictly avoiding juice and other sweet drinks.
- avoiding polyunsaturated oils (salad dressings, mayonnaise, margarine, foods containing vegetable oils or cooked in vegetable oils other than olive oil).

All your DNP patients age 33-52 and 53+ will perform the Balancing Procedure to determine their need for Oxy Tonic, and Oxy D+, and Electro Tonic. It is critical that each patient be given these 3 supplements in proper proportion. To achieve the ideal balance, initiate the Diphasic Nutrition Plan with the Balancing Procedure as described on the instruction sheet you give your patients. (For patients who have one or more of the severe pathological conditions for which supplement recommendations specify a minimum amount of Oxy Tonic or Oxy D+ (Crohn's disease, ulcerative colitis, rheumatoid arthritis, lupus, or seizures), your recommendation for the opposing supplement (after completing the Balancing Procedure, and regardless of the outcome of the Balancing Procedure) will be zero.)

You must give special attention to your patients showing extreme Immuno-NeuroEndocrine stress. These are your patients with:

- Autoimmune Disease
- Chronic Fatigue Syndrome
- Fibromyalgia
- Major Depression
- Bipolar Disorder
- Multiple Chemical Sensitivities
- Post Traumatic Stress Disorder
- Mixed Mold Mycotoxicosis
- Vacillator/Oscillator response to NUTRI-SPEC Metabolic Balancing

For these victims of severe INE stress you must precede the DNP with 29 days of Doing FINE, as described in Chapter 41.

--- **Doctor's Instructions for DNP patients approximately age 53+.**

Morning Supplements

ELECTRO TONIC	before breakfast = amount determined by <u>Balancing Procedure</u> .
OXY TONIC	before breakfast = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Metabolic Balancing
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before breakfast
DIPHASIC A.M.	1-5 after breakfast
COMPLEX P	2 after breakfast
ACTIVATOR	2 after breakfast

Evening Supplements

OXYGENIC D-PLUS	before evening meal = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Balancing
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before evening meal
DIPHASIC P.M.	1-5 after evening meal
COMPLEX S	2 after evening meal
ACTIVATOR	2 after evening meal

\*IMMUNO-SYMBIOTIC = Choose your patient's ideal I-S from the selection criteria.

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Supplement Additions, Substitutions, and Deletions

- Insulin-Dependent Diabetes: Increase COMPLEX S to 4 in p.m. Add OXYGENIC A, 4 after breakfast. I-S X-FLAM.
- Asthma: Increase COMPLEX P to 4 after breakfast. I-S IMMUNE POWER.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 before breakfast and evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 before breakfast and evening meal. Increase COMPLEX P to 4 after breakfast. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 before breakfast and evening meal. Increase OXYGENIC D-PLUS to ¼ tsp. before the evening meal. Add OXYGENIC A, 4 after breakfast. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 before breakfast and evening meal. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. Increase COMPLEX P to 4 in a.m. Add 3 OXYGENIC A in a.m. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Increase DIPHASIC A.M. to 5 after breakfast, and DIPHASIC P.M. to 5 after the evening meal. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. Add OXYGENIC A, 4 after breakfast. I-S X-FLAM.
- Lupus: Increase DIPHASIC A.M. to 5 after breakfast, and DIPHASIC P.M. to 5 after the evening meal. Increase COMPLEX S to 3 after evening meal. Take OXY D-PLUS, at least 1/8 tsp. before the evening meal. I-S X-FLAM or I-S IMMUNE POWER.
- Seizures: Take OXY TONIC, at least ¼ scoop before breakfast. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGEY BUSTER 4 or more times daily, &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. I-S IMMUNE POWER.

--- Doctor's Instructions for DNP patients approximately age 33-52.

Morning Supplements

ELECTRO TONIC	before breakfast = amount determined by <u>Balancing Procedure</u> .
OXY TONIC	before breakfast = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Metabolic Balancing
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before breakfast
DIPHASIC A.M.	1-5 after breakfast
OXYGENIC A	1-3 after breakfast
ACTIVATOR	2 after breakfast

Evening Supplements

OXYGENIC D-PLUS	before evening meal = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Balancing
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before evening meal
DIPHASIC P.M.	1-5 after evening meal
OXYGENIC D	1-3 after evening meal
ACTIVATOR	2 after evening meal

\*IMMUNO-SYMBIOTIC = Choose your patient's ideal I-S from the selection criteria.

-----

Supplement Additions, Substitutions, and Deletions

- Insulin-Dependent Diabetes: Add 4 COMPLEX S, 2 in a.m. & 2 in p.m. Increase OXYGENIC A to 4 after breakfast. I-S X-FLAM.
- Asthma: Add 3 COMPLEX P after breakfast. I-S IMMUNE POWER.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 before breakfast and evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 before breakfast and evening meal, and, 3 COMPLEX P after breakfast. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 before breakfast and evening meal. Increase OXY D-PLUS to ¼ tsp., and OXY A to 4 after breakfast. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 before breakfast and evening meal, and, COMPLEX P, 3 in a.m. Increase OXYGENIC A to 4 in a.m. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Increase DIPHASIC A.M. to 5 after breakfast, and DIPHASIC P.M. to 5 after the evening meal. Take OXYGENIC D-PLUS at least 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. I-S X-FLAM.
- Lupus: Increase DIPHASIC A.M. to 5 after breakfast, and DIPHASIC P.M. to 5 after the evening meal. Add COMPLEX S, 3 after the evening meal. Take OXY D-PLUS, at least 1/8 tsp. before the evening meal. I-S X-FLAM or I-S IMMUNE POWER.
- Seizures: Take OXY TONIC, at least ¼ scoop before breakfast. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGIEY BUSTER 4 or more times daily, &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. I-S IMMUNE POWER.

**--- Doctor's Instructions for DNP patients approximately age 22-32.**

**Morning Supplements**

ELECTRO TONIC (OXY TONIC	1-2 teaspoons before breakfast Only if needed as maintenance after NUTRI-SPEC Metabolic Balancing)
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before breakfast
DIPHASIC A.M.	1-5 after breakfast
OXYGENIC A	1-3 after breakfast
ACTIVATOR	2 after breakfast

**Evening Supplements**

(OXYGENIC D-PLUS	Only if needed as maintenance after NUTRI-SPEC Metabolic Balancing)
IMMUNO-SYMBIOTIC*	2 (ideally, 20 min) before evening meal
DIPHASIC P.M.	1-5 after evening meal
OXYGENIC D	1-3 after evening meal
ACTIVATOR	2 after evening meal

\*IMMUNO-SYMBIOTIC = Choose your patient's ideal I-S from the selection criteria.

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**Supplement Additions, Substitutions, and Deletions**

- Insulin-Dependent Diabetes: Add 4 COMPLEX S, 2 in a.m. & 2 in p.m. Increase OXYGENIC A to 4 after breakfast. I-S X-FLAM.
- Asthma: Add 3 COMPLEX P after breakfast. I-S IMMUNE POWER.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 before breakfast and evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 before breakfast and evening meal, and, add 3 COMPLEX P after breakfast. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 before breakfast and evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 before breakfast and evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal, and, COMPLEX P, 3 in a.m. Increase OXYGENIC A to 4 in a.m. I-S X-FLAM = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Increase DIPHASIC A.M. to 5 after breakfast, and DIPHASIC P.M. to 5 after the evening meal, and, OXYGENIC D-PLUS to at least 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. I-S X-FLAM.
- Lupus: Increase DIPHASIC A.M. to 5 after breakfast, DIPHASIC P.M. to 5 after the evening meal, OXYGENIC D-PLUS to 1/8 tsp. before the evening meal. Add COMPLEX S, 3 after the evening meal. I-S X-FLAM or I-S IMMUNE POWER.
- Seizures: Take OXY TONIC, at least ¼ scoop before breakfast. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGIEY BUSTER 4 or more times daily &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. I-S IMMUNE POWER.

**NUTRI-SPEC**



## **Diphasic Nutrition Plan**

# **Balancing Procedure:**

Your BALANCING PROCEDURE will assure that you take Oxygenic D+ and Oxy Tonic in proper proportion. Oxy Tonic is a potent protector against pathological hyperplasia, and it is a powerful metabolic spark. Oxygenic D+ is a strong protector against pathological dis-integration, as well as a powerful anti-oxidant. Some people have a metabolism that requires a high amount of one and very little of the other. Your Balancing Procedure will determine the ideal quantities of each supplement for your individual needs. Your Balancing Procedure also determines your need for Electro Tonic to help maintain electrolyte balance.

IMPORTANT: The directions for the Balancing Procedure are different for patients who often experience diarrhea. If you are one of those people, then follow only the instructions for Steps 1, 2, and 3, on the next page, and skip to STEP 1 on the next page now.

STEP 1: Take no Oxy D+. For 3 days, take  $\frac{1}{4}$  scoop of Oxy Tonic in water first thing in the morning. On the 4<sup>th</sup> day, increase the Oxy Tonic supplementation from  $\frac{1}{4}$  to  $\frac{1}{2}$  scoop. On the 7<sup>th</sup> day, increase the Oxy Tonic to  $\frac{3}{4}$  scoop. On the 10<sup>th</sup> day, increase the Oxy Tonic to 1 scoop.

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

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

Point of Oxy Tonic saturation	Take Oxy Tonic before breakfast	Take Oxygenic D+ before evening meal	Take Electro Tonic before breakfast/eve meal
1/4 scoop	approx. 1/8 scoop	44 drops (1/4 tsp)	1/4 tsp/2 tsp
1/2 scoop	approx. 1/8 scoop	22 drops (1/8 tsp)	1/4 tsp/1 tsp
3/4 scoop	approx. 1/4 scoop	0	0/ 1/2 tsp
1 scoop	approx. 1/4 scoop	0	0/ 1/4 tsp

STEP 1: [Ignore the Table above.] If you are a person who frequently experiences diarrhea, for the first 3 days of your Balancing Procedure take approximately 1/4 scoop of Oxy Tonic first thing in the morning, and 35 drops of Oxy D+ before your evening meal. On the 4<sup>th</sup> day, increase your Oxy D+ from 35 to 40 drops, and keep your Oxy Tonic at 1/4 scoop. Every 3 days increase your Oxy D+ by 5 drops and from hereon you can eliminate the Oxy Tonic. [To simplify your Oxy D+ measuring after the 4<sup>th</sup> day: There are 45 drops of Oxy D+ in ¼ tsp.]

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

STEP 3: If during this Balancing Procedure you do not go through 3 consecutive days without a loose stool after you have taken 90 drops (½ tsp) of Oxy D+ for 3 days, then stop. The amount of Oxy D+ that will be permanently part of your Diphasic Nutrition Plan is ¼ tsp, to be taken before your evening meal. Your need for Oxy Tonic will be zero. You will take 1 tablespoon of Electro Tonic first thing every morning.

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## APPENDIX E

# METABOLIC EFFECTS OF COMMON MEDICATIONS

- Acetaminophen, ibuprofen and **most** NSAID make a patient more dysaerobic and less anaerobic.
- Exceptions to the above: Aspirin, Voltaren, Cataflam and codeine make a patient more anaerobic and less dysaerobic.
- Cortisone makes a patient more anaerobic and less dysaerobic, but, it causes such a defensive reaction that some tests may actually show more dysaerobic.
- Beta-blockers and calcium channel blockers and ACE inhibitors and angiotensin blockers make a patient more parasympathetic and less sympathetic; and cause a false positive dysaerobic test pattern.
- Digitalis makes a patient more dysaerobic and less anaerobic.
- Diuretics decrease the urine specific gravity and often raise the urine pH. An exception is Lasix (Furosemide), which makes the urine strongly false positive dysaerobic (low pH, low surface tension, and high specific gravity).
- Birth control pills and other “female hormone” medications containing estrogen and/or progestin (**not** natural progesterone) makes a patient more anaerobic and less dysaerobic; and often more parasympathetic and less sympathetic; and can exacerbate both glucogenic and ketogenic imbalances.
- Xanthines (coffee, tea, chocolate, and cola) make a patient more anaerobic and less dysaerobic; and more sympathetic and less parasympathetic.
- Asthma epinephrine analogs medications make a patient more sympathetic and less parasympathetic; and can exacerbate both anaerobic and dysaerobic imbalances. Most asthma medications will exacerbate a diabetic condition.  
  
Asthma steroid drugs make a patient anaerobic, but elicit an anti-anaerobic defense, perhaps making the patient more dysaerobic. They also push ketogenic, and exacerbate diabetes.
- Insulin makes a patient more anaerobic and less dysaerobic; exacerbates both glucogenic and ketogenic imbalances; and more parasympathetic and less sympathetic.
- Oral diabetic medications make a patient more glucogenic and less ketogenic.
- Antibiotics make a patient more dysaerobic and less anaerobic.
- Anti-histamines and other cold and cough medicines generally make a patient more sympathetic and less parasympathetic; and more dysaerobic and less anaerobic.
- Radiation therapy and chemotherapy make a patient more dysaerobic and less anaerobic.
- Most seizure medications make a patient more dysaerobic and less anaerobic. (Phenobarbital has the opposite effect.)

- Cholesterol lowering medications make a patient more dysaerobic and less anaerobic.
- Elavil and other tricyclic anti-depressants make a patient more sympathetic and less parasympathetic, but, can also lower as well as increase blood pressure, and, can both raise and lower blood sugar.
- Prozac and other serotonin uptake inhibitors make a patient more ketogenic and less glucogenic; and more sympathetic and less parasympathetic; and may exacerbate a dysaerobic test pattern.
- Barbiturates and most other tranquilizers make a patient more anaerobic and less dysaerobic.
- Amphetamines and other stimulants make a patient more sympathetic and less parasympathetic; and more anaerobic and less dysaerobic.

Drugs are the number 1 thorn in the side of all NUTRI-SPEC practitioners. Sadly, many of your patients take medication daily; tragically, in many cases the harm done by the drugs far exceeds the symptomatic benefit. But the reason why drugs are such a nuisance to your NUTRI-SPEC practice is that they alter your patients' test results, making difficult or impossible to identify metabolic imbalances.

To illustrate how to see through the effects of drugs on your QRG analysis, let us look at 2 families of drugs that create/exacerbate a dysaerobic test pattern. First, consider the common pain relievers Tylenol (acetaminophen) and Advil (ibuprofen). Both these drugs, in addition to inhibiting prostaglandins, push body chemistry in a dysaerobic direction. They increase alkalinity at the tissue level, and acidity at the systemic level, which is why they relieve acid pain more effectively than alkaline pain. If your patient tests dysaerobic, you have no way of knowing if the dysaerobic test pattern is characteristic of the patient, or merely caused by the drug. A patient testing anaerobic, despite the dysaerobic drugs, is actually far more severely anaerobic than his tests indicate. If the patient tests neither anaerobic nor dysaerobic, you must consider that the patient may (but may not) be anaerobic without the drug.

The second family of drugs causing/exacerbating a dysaerobic test pattern are the common blood pressure medications, beta blockers, calcium channel blockers, ACE inhibitors, and angiotensin blockers. Unlike acetaminophen and ibuprofen, these drugs do not push the chemistry in a dysaerobic direction. Yet they will raise the saliva pH (a dysaerobic indicator), and, the presence of their metabolites in the urine decreases the surface tension, increases the specific gravity, and lowers the pH – a perfect dysaerobic test pattern. Again – a dysaerobic test pattern may or may not be a false positive, an anaerobic test pattern means the patient is extremely anaerobic, and a patient testing neither anaerobic nor dysaerobic may have an anaerobic imbalance hidden by the drug.

	ES (R+)	ES (R-)
Renin Activity	+	-
Primary Stress Hormones	Catecholamines ADH/Vasopressin (Secondary Aldosterone)	Glucocorticoids (Mineralcorticoids Hi or Normal) (Insulin, or Insulin Resistance)
Metabolic Imbalances	DYSAEROBIC GLUCOGENIC SYMPATHETIC (K-DEPLETION ALK) (RESP ACID)	ANAEROBIC KETOGENIC PARASYMPATHETIC K-DEPLETION ALK (RESP ACID)
Fluid Distribution	Plasma Volume Hi Interstitial ? Intracellular Hi	Plasma Volume Hi Interstitial Hi Intracellular Lo
Fluid pH	Plasma Hi or Lo Urine Lo	Plasma Hi or Lo
Na+ Status	Must not severely restrict intake; dilutional hypernatremia	Excess retention: must restrict intake (salt - sensitive hypertension)
Cl- Status	Cl- -sensitive hyper- tension	Some decreased re- tention of Cl- (loss of K+ and H+)
Mechanisms	Cl- excess causes vaso- constriction of the afferent renal tubule arteriole = Hi renin = vasoconstriction systemically  Hi renin = Hi ADH (H2O retention & Na+ loss) & Hi angiotensin = H2O retention & Hi catechol- amines (dangerous pos- itive feedback loop), & secondary Hi aldosterone	Natriuretic peptide deficiency = decreased vasodilation & Hi Na+ (& renin Lo = 1/3 normal)  Hi adrenal corticoids = Hi retention of Na+ & H2O  Insulin Resistance = protein kinase C = vasoconstriction + atherogenesis
Common Test Findings	[6](SBP2-1)-(DBP2-1) = -8- [7](SBP2-1)+(DBP2-1) = 13+  [4](Highest P-P1)+(Highest P-P3) = 25+  SG = Hi Hydration = Lo  Diuretics & NSAIDs & Caffeine exacerbate	(SBP2-1)-(DBP2-1) = 2+  Pulse a = Lo Pulse Pressure > (DBP/2)  SG = Lo Hydration = Hi  Diuretics cause K- Depl ALK

	EI (A-)	EI (R-)
Hormonal Involvement	Aldosterone Lo (Glucocorticoids Lo)  Catecholamines Hi (Norepinephrine)  (Renin Hi in compensation)	Renin Lo  Catecholamines Lo (Alpha Adrenergic)
Metabolic Imbalances	DYSAEROBIC GLUCOGENIC SYMPATHETIC RENAL/K EXCESS ACIDOSIS (RESP ALKALOSIS)	ANAEROBIC KETOGENIC PARASYMPATHETIC RESP ALKALOSIS (RENAL/K EXCESS ACIDOSIS)
Fluid Distribution	Plasma Volume Lo Interstitial Hi or Lo Intracellular (Hi)	Plasma Volume Lo Interstitial Lo Intracellular (Lo or Hi)
Fluid pH	Serum Acid Interstitial Alkaline	Serum Alkaline Interstitial Acid
Na+ Status	Must increase intake significantly since renal retention Lo (But Cl- <u>not</u> lost w/Na+)	Moderate increased intake of NaCl needed
Mechanisms	Aldosterone Lo = renal loss of Na+ (& Ca+2) & excess retention of K+ & H2O = Lo BP  Plasma Albumen Lo = Lo oncotic pressure = Interstitial edema & alkalosis (Na+&K+ + HCO3-&CO3-2)  Plasma hypotonic=H2O may move thru ISF into cells  Na+ needed to absorb glucose & decrease excess catecholamines  Na+ removes excess Ca+2 from cells = anti-DYS & anti-SYMP	Renin Lo = renal loss of Na+ (&Ca+2) & extreme hypovolemia  ISFV drops even more than Plasma V since oncotic pressure OK, &, since ISF translocates to plasma to compensate.  Plasma isotonic  Fatigued or over-stim cell absorbs excess Na+ & H2O). Na+ at cell level is anti-adrenergic
Common Test Findings	SG = Hi  Hydration = Lo RR = Hi	SG = Lo  Hydration = Lo (Hi w/r to NaCl) RR = Lo or Hi

## SPHYGMOMANOMETRIC ANALYSIS

SYSTOLIC PRESSURES			
92-110	112-140	140-190	192-280

### PULSE

		50-70 (D) (E) (K) 72-86 (E) 88-120 (A) (Z)	50-70 (D) (E) (K) 72-86 (E) 88-120 (A) (Z)	170-110	<b>DIASTOLIC PRESSURES</b>
	72-86 (A) (E) 88-120 (A) (T)	50-70 (D) (E) 72-86 (E) 88-120 (A) (Z)	50-70 (D) (E) (K) 72-86 (S) (V) 88-120 (A) (Z)	110-90	
50-70 (P) 72-86 (Y) 88-120 (G) (X)	60-85 NORMAL	50-70 (K) (V) 72-86 (S) (V) 88-120 (S)	50-70 (V) 72-86 (S) (V) 88-120 (S)	90-74	
50-70 (D) (P) 72-86 (G) (I) (W) 88-120 (G) (I) (W)	50-70 (Q)	72-86 (R)		74-50	
50-70 (D) (U)  90-120 (W)				50-10	

- A- Anaerobic Imbalance
- D- Dysaerobic Imbalance
- E- Electrolyte Stress; Cardiovascular Stress; incipient cardio-renal disease.
- G- Glucogenic Imbalance
- I- Electrolyte Insufficiency
- K- Ketogenic Imbalance
- P- Parasympathetic Stress
- Q- May be an overworked heart; incipient hypertrophy.
- R- Persistent, it points to a failing heart.
- S- Sympathetic Stress
- T- Suggests a poor myocardium; incipient dilation.
- U- State of shock; suggests the patient is extremely toxic; precedes cardiac failure.
- V- A reading often in neuritis, menopause, mental overwork, worry, anxiety, etc.
- W- Suggests abnormal relations of components of the blood as seen in anemias, cardiac weaknesses, etc.
- X- Cardiac insufficiency; may be associated with infections.
- Y- A reading often seen in neurasthenia, neurosis, etc.
- Z- Electrolyte Stress; suggests a failing myocardium; often seen after stroke.