



**THE NUTRI-SPEC LETTER**

**Volume 29 Number 4**

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

**GET IN THE GAME!**

--- Have some fun. --- And GET RICH as you play; GET RICH because you play ...

Since last month's Letter you have a new playing field. Your NUTRI-SPEC game instantly becomes much easier to win --- even as your achievement of victory is at a higher level of performance and yields greater satisfaction === sweeter triumphs for you and your patients. You may have found that your new playing field --- your ...

**VASTLY EXPANDED  
SYMPATHETIC/PARASYMPATHETIC  
SUPPORT SYSTEM ...**

is irresistibly inviting.

Why irresistible? -----

- How inviting is it that getting in the game is so simple for you? You do not need a complete understanding of the biochemistry and physiology underlying your NUTRI-SPEC Metabolic Therapy. You understand that NUTRI-SPEC rests upon that solid foundation of scientific knowledge, but you need not understand it yourself.

- How inviting is it that neither you nor your staff need to be proficient at performing the complete NUTRI-SPEC Metabolic Testing procedures?
- To compare S/PSS to the complexity of NUTRI-SPEC Metabolic Testing ...
- Glance ahead now to page 3 --- the duplication of one line of your S/PSS Test Results Form. How incredibly quick and easy will it be for your staff to run that quicky test procedure on any patient, any time? Imagine --- stroke the Arm with a tongue depressor, stroke the Leg with a tongue depressor, apply thumb pressure above the ankle for 5 seconds, count the Heart Rate for 15 seconds, count the Respiratory Rate for 30 seconds, and count the Heart Rate a second time for 15 seconds. Eyeball the results of those tests as they appear. Jot them down on your Test Results Form and you're done. ( --- Actually, your staff is done.)
- How inviting is it that choosing a comprehensive set of supplements to meet every patient's individualized needs is as simple as plugging those 5 tests into your S/PSS Analysis Table? (Unlike the Quick Reference Guide analysis of your complete NUTRI-SPEC Metabolic Testing, there is no "fuzziness" in your supplement selection. Every supplement needed is definitively listed, with the exact quantities specified.) You have one and only one simple supplement menu to consider in meeting each patient's needs.
- How inviting is it that your expanded S/PSS addresses far more than just Sympathetic/Parasympathetic Imbalances? (And this is the most irresistible quality of your S/PSS --- ). Your evaluation of Sympathetic/Parasympathetic reactivity gives you a window through which to view all your other NUTRI-SPEC Metabolic Balance Systems. Sympathetic/Parasympathetic failure as well as Sympathetic/Parasympathetic over-reactivity can be a cause of, or an attempted defense against, or a failure to defend against, any/all of the other Metabolic Imbalances. So, with this quick and easy --- and amazingly comprehensive --- objective testing system, you are addressing your patients' needs as regards Electrolyte Imbalances, Anaerobic/Dysaerobic Imbalances, Glucogenic/Ketogenic Imbalances, Acid/Alkaline Imbalances, and Prostaglandin-Nitric Oxide Imbalances.

Yes, get you and your staff in the game --- without delay. This is your chance to get on the elite level playing field. And if you are wondering, "Is that it? Is that all I have to do to help my patients rise above all 6 Metabolic Imbalances? To conquer the monsters of ImmunoNeuroEndocrine Stress? To rise above the devastation of INFLAM-AGING?" Yes, gather your staff and sprint joyously onto your new playing field --- as the crowd (your patients) cheers madly.

**SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM**

Patient Name: \_\_\_\_\_

Date	(e) Edema	(c) Arm Dermo	(d) Leg Dermo	Pa	(b) Resp rate	P1	(a) (Pa-P1)	Breath Hold	SpH 1/2	UpH	SG	Supplements Recommended
3/6/18	1	R2	W1	19 <sup>3</sup> / <sub>4</sub> x4 = 77	16	17 <sup>3</sup> / <sub>4</sub> x4 = 71	6		/			Act (2,2), IS X Flam (2,2), Comp P (2,2), Oxy D (0,2), E Tonic (0, 1/2) Glut (2,2)
									/			

What you have been given here are the fruits of my labor --- a victory in my game. For nearly 40 years the name of the game for me has been helping doctors like yourself specifically/scientifically/objectively determine the individualized needs of every patient --- all of whom have their own Biological Individuality. Victory in that game required creating synergistic combinations of nutrients that move body chemistry in specific directions --- thus restoring balance to the Metabolic Control Systems that define homeostasis.

But victory in that game was only assured if I could deliver the nutrients, as well as the objective testing system to determine the needs for those nutrients, in a clinically expedient system that was not weighed down by excess complexity. That is what your comprehensive Sympathetic/ Parasympathetic Support System now gives you. So much of the complexity of complete NUTRI-SPEC Metabolic Testing (---

complexity that only made a difference for the better in less than 10% of your patients) has been shed completely. You and your staff are now light and quick as you flow with ease from patient to patient.

To give you some appreciation of how complexity has been reduced to simplicity --- but with no sacrifice of efficacy or scientific objectivity --- we invited you into the game in last month's Letter with a simple little play ----- call us with a guess in answer to ----- **What is the one single clinical parameter that most clearly and totally identifies Sympathetic/Parasympathetic reactivity?** Many of you guessed it ...

**(Pa-P1) ...  
the difference between the sitting Heart Rate and  
the Heart Rate after lying supine for 30 seconds.**

That test is the ultimate in simplicity (and quick ease of execution) --- with no complexity. What could be simpler? Quicker? Easier? ----- What is the science underlying that test? Even elementary physiology texts teach us that when you lie down your Parasympathetic Nervous System is activated. One clear and unfailing sign of that Parasympathetic activation is that the Heart Rate will slow --- and that slowing will be evident within about 30 seconds. This Parasympathetic activation upon recumbency is a physiological law. There is absolutely no fuzziness about it. How do we apply this science within the context of NUTRI-SPEC? -----

Every one of your patients has a tendency for the Heart Rate to slow, and there is only one mechanism by which that Heart Rate slows --- Parasympathetic activation. Quantitatively speaking, that Heart Rate will slow about 4 beats per minute on a Heart Rate taken between 30 and 45 seconds after lying supine. So, every one of your patients with a resting Heart Rate (Pa = sitting Heart Rate) of 72, will, if there is normal Parasympathetic activation, show a Heart Rate of 68 after lying supine for 30-45 seconds. If the patient's Pa was 78, the P1 will be 74; if your patient's Pa was 64, P1 will be 60. All those Pa to P1 comparisons --- whether the initial resting Pa was average, slower than average, or faster than average, will show a drop of about 4 on your S/PSS testing if Parasympathetic activation is normal.

The corollary to the law of Parasympathetic-mediated Pa minus P1 of 4 is that if Pa-P1 exceeds 4, there is only one mechanism by which that can happen --- and that is a Parasympathetic Imbalance ( --- which can be either a Parasympathetic over-reactivity, or a Sympathetic under-reactivity). Similarly, the only way P1 fails to drop to 4 less than Pa is that there is a Sympathetic Imbalance ( --- either a Sympathetic stress response, or some degree of Parasympathetic failure).

How irresistibly inviting is your S/PSS? --- Why torment ourselves with complexity? Why torment ourselves analyzing a half dozen tests that often (but not always) reflect Sympathetic/Parasympathetic reactivity, when we have one test that is valid 100% of the time? Why create fuzziness when our vision can be crystal clear?

[Okay --- there is one little “fuzzy” that may cloud our vision --- but has absolutely zero effect on your NUTRI-SPEC S/PSS analysis. One other condition that can excessively increase Pa-P1 is Hypothyroid or Thyroid Insufficiency; and one pathology that can yield an extremely low Pa-P1 is Hyperthyroid (as in Graves Disease or certain metabolically active thyroid cysts/tumors.)]

Yes, get you and your staff in the game. Let my victory in my game lead you to triumph on your playing field. ---- To illustrate just how quickly and simply you can elevate yourself to the level of ...

**WORLD DOMINATOR METABOLIC THERAPIST ---  
CONSIDER THE FOLLOWING ILLUSTRATION:**

Check out the example test results shown on page 3. [Note the S/PSS Test Results Form is called your **DUAL PURPOSE TEST RESULTS FORM**, since it doubles as the form you will use for your TISSUE ACID/ALKALINE BALANCING.]

Now, look at the Analysis Table into which you will plug your 5 test results. The way this works is --- have your brain grab ahold of the first 4 tests (Pa-P1, Respiratory Rate, Arm Dermo, and Leg Dermo) and carry them to the Analysis Table. So your brain will latch onto 4 numbers such as those you see --- **6, 16, R2, W1**.

Then, you move through your Analysis Table from **A** to **Q**, scanning for a perfect match, and only a perfect match. When you locate a perfect match to those 4 tests, pause for a moment to consider the “Eliminators” column. These are signs or symptoms that eliminate this Pattern from further consideration. --- If there are no Eliminators, then go on and check the Edema column to see if you still have a perfect match. If you do not come up with a perfect match then continue on your scan through Pattern Q. When you have your perfect match, then move to the right to choose the patient’s Supplements ...

- The first thing you will see are some Supplements listed in **bold face**. These are the foundational Supplements indicated for that patient. ----- However --- you can be far more specific in individualizing your NUTRI-SPEC regimen for each patient. Continue through the Supplement section, considering each underlined item ...

- If an underlined item does not apply to that patient just skip right on to the next. When you find an underlined item that does apply to this patient, then you see Supplements that either add to or change the Supplements already tentatively chosen. Each time you come to an underlined item that applies to your patient, you will either add to, delete from, or modify the dosage of Supplements already chosen.

- Write your final Supplement selections on that patient's Test Results Form, as these constitute the recommendations you make today, and that the patient will follow until some future follow-up test date.

- As you carry your 4 numbers (6, 16, R2, W1) from your Test Results Form to your Analysis Table you hit a perfect match on letter **C**. None of the Eliminators apply to this patient, so you double check the Edema, and sure enough, you have an Edema of 1, which gives you a perfect match. Tentatively, you note the primary supplements for this patient (those in bold face) as Activator (2,2), IS Immune Power (2,2), Complex P (2,2).

- Cruise through the rest of the Supplement selection process and you find that the Respiratory Rate of 12- does not apply, the patient does not have Asthma, the Arm is not R3+, the Leg is not R2+, Edema is not 2+, the Edema 2+ and Leg W1+ does not apply, the patient's complaints do not include being Sneezzy or Itchy --- however, the patient does complain of somewhat frequent Diarrhea. So, to the primary Supplements you will add Oxy D (-,2), Electro Tonic (-,½), Glutamine (2,2), and you will change the Immuno-Synbiotic from Immune Power to Immune X-Flam (2,2). Moving on, the patient does not complain of Constipation, and the Arm Dermographics does not persist more than 8 minutes --- so you are finished. Your patient will need Activator, IS Immune X-Flam, Complex P, Oxy D, Electro Tonic, and Glutamine.

- YOU HAVE THOROUGHLY ADDRESSED THE NEEDS OF A PATIENT WHO HAS A PARASYMPATHETIC-DYSAEROBIC INTERPLAY.

## Sympathetic/Parasympathetic Support System Analysis

(Pa-P1)	Resp. Rate	Arm Dermo	Leg Dermo	Eliminators	Edema	SUPPLEMENTS
-4 -	18 +	R2 → W3	0 → W4	<b>A</b> X Pa = 64-  X Warm Hands  X Small Pupil = (unless cataract)	0 → 1	<b>Actvtr (2,2), IS XF (2,2), Comp S (-,3);</b> Pa-P1 -6- = Comp S (2,3), K Cit (½, -); <b>Resp Rate 20+</b> = Comp S (2,3), K Cit (½, -); <b>Arm R2</b> = MgCl2 (1,-), Proton Plus (-,2); <b>Edema 2+ or Leg W3+</b> = Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼), Oxy Max (1,1); <b>Pulse Pressure &gt;50</b> = Comp S (2,3), K Cit (½,-); <b>Pupil Large</b> = Comp S (2,3); <b>Diarrhea</b> = Comp S (-,2), Glutamine (2,2); <b>Body Temp Low</b> = Comp S (-,2), Oxy A (2,-), E Tonic (-,½), NaGP (-,1), MgCl2 (1,-); <b>Obesity</b> = Comp S (-,2); <b>Ventral Forearm Cooler than Dorsal</b> = Comp S (2,3); <b>Diabetes</b> = Taurine (2,2), Adapto Max (2,-), Oxy Max (-,2); <b>Sneezy/Itchy</b> = Oxy D (-,2), Oxy D+ (-,10), Oxy Max (1,2), MgCl2 (-,1); <b>Mean BP &gt;120</b> = K Cit (½, -); <b>Insomnia</b> = Oxy D (-,2), Oxy D+ (-,10), Oxy Max (-,2), E Tonic (-,½), MgCl2 (-,1)
6 +	14 -	R4 → R1	R3 → W1	<b>B</b> X Pa > 77	1 +	<b>Actvtr (2,2), IS PW (2,2), Comp P (2,2);</b> Pa-P1 8+ = Comp P (3,2), NaGP (2,-); <b>Resp Rate 12-</b> = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); <b>Arm R3+</b> = Comp P (3,2), Form EI (1,1); <b>Leg R2+</b> = Comp P (3,2), Oxy A (2,-), Oxy Tonic (½,-); <b>Edema</b> = Comp P (3,2), Phenylalanine (3,-), Oxy D (-,2), E Tonic (-,½), Phos Drops (10,10); <b>Edema 2+ &amp; Leg W1+</b> = Oxy D+ (-,10); <b>Diarrhea</b> = Oxy D (-,2), E Tonic (-,½), Glutamine (2,2), IS XF (2,2); <b>Constipation</b> = Oxy Tonic (1,-), MgCl2 (-,1), NaGP (2,-), <b>Ventral Forearm Warm</b> = Comp P (3,2); <b>Pulse Pressure &lt;30</b> = Comp P (3,2), Form EI (2,2), E Tonic (½,½); <b>Low Body Temp</b> = E Tonic (½,½), NaGP (1,-), Phos Drops (-,10); <b>Somnolence</b> = Oxy A (2,-), Oxy Tonic (1,-), NaGP (1,-), Phenylalanine (3,-); <b>Arm R1+ Persists 8+ Mins</b> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
5 +	18 -	R4 → R1	R2 → W2	<b>C</b> X Pa > 77	1 +	<b>Actvtr (2,2), IS PW (2,2), Comp P (2,2);</b> <b>Resp Rate 12-</b> = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); <b>Leg R2+</b> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <b>Asthma</b> = Comp P (3,2), Adapto Max (3,-), Oxy Max (-,3), Phenylalanine (3,-), MgCl2 (½,½); <b>Pa-P1 7+</b> = Comp P (3,2); <b>Arm R3+</b> = Comp P (3,2), Form EI (1,1); <b>Leg R2+</b> = Comp P (3,2), Oxy A (2,-), Oxy Tonic (½,-); <b>Edema 2+</b> = Comp P (3,2), Phenylalanine (3,-), Oxy D (-,2), E Tonic (-,½); <b>Edema 2+ &amp; Leg W1+</b> = Oxy D+ (-,10); <b>Sneezy/Itchy</b> = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); <b>Diarrhea</b> = Oxy D (-,2), E Tonic (-,½), Glutamine (2,2), IS XF (2,2); <b>Constipation</b> = Oxy Tonic (1,-), MgCl2 (-,1), NaGP (2,-); <b>Arm R1+ Persists 8+ Mins</b> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
-4 -	18 +	0 → W4	0 → W4	<b>D</b> X Asthma X Sneezy/Itchy	0 → 1	<b>Actvtr (2,2), IS XF (2,2), Comp S (-,3), Taurine (2,2), Form ES (3,3);</b> Pa-P1 -6- = Comp S (2,3); <b>Resp Rate 20+</b> = Comp S (2,3); <b>Mean BP &gt;120</b> = K Cit (½, -); <b>Constipation or Food Sticks in Esoph</b> = Comp S (1,3), MgCl2 (1,-); X Caffeine
-4 -	18 +	R1 → W4	0 → W4	<b>E</b> X Pa = 64- X Constipation	0 → 1	<b>Actvtr (2,2), IS XF (2,2), Comp S (-,3), Taurine (2,2), Form ES (3,3);</b> Pa-P1 -6- = Comp S (2,3); <b>Resp Rate 20+</b> = Comp S (2,3); <b>Arm R1/0</b> = IS PW; <b>SpH2 75+</b> = Comp S (1,3); Na Cit (1,-); <b>“Stomach Growls” or “Hunger Pains”</b> = Comp S (2,2), Na Cit (½, ½); <b>Mean BP &gt;120</b> = K Cit (½, -), X Na Cit
-3 → 3	16 +	R2 → W3	0 → W4	<b>F</b> X Low Temp X Obese	0 → 3	<b>Actvtr (2,2), IS XF (2,2), Comp S (-,3);</b> Pa-P1 -6- = Comp S (2,3); <b>Resp Rate 20+</b> = Comp S (2,3), Na Cit (1,-); <b>Arm R1+</b> = IS PW; <b>Edema 2+ or Leg W3</b> = Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼); <b>Pupil Large</b> = Comp S (2,3); <b>Insomnia</b> = Oxy D (-,2), Oxy D+ (-,10), E Tonic (-,½), MgCl2 (-,1)
-3 → 3	16 +	R2 → W3	0 → W4	<b>G</b> X Diarrhea X Hypoglycem	1 → 4	<b>Actvtr (2,2), IS XF (2,2), Comp S (-,2), Taurine (2,2), Form ES (2,2);</b> <b>Edema 3+ or Leg Dermo W3+</b> = MgCl2 (-,1), Oxy D+ (-,10), E Tonic (¼,¼); <b>Edema 2+ &amp; Leg W1+</b> = Oxy D+ (-,10); <b>T1 Diabetes</b> = Comp S (-,3), Oxy K (2,-); <b>Constipation or Food Sticks in Esoph</b> = Comp S (1,2), MgCl2 (1,-)
0 +	16 -	R4 → R2	R4 → W2	<b>H</b>	2 +	<b>Actvtr (2,2), IS PW (2,2), Comp P (3,1), Phos Drops (-,10);</b> <b>Resp Rate 12-</b> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10, 10); <b>Leg R2+</b> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <b>Low Body Temp</b> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10,-), Proton Plus (-,2), E Tonic (-,½); <b>Sneezy/Itchy</b> = Phos Drops (10,-), Proton Plus (-,2), Phenylalanine (2,-); <b>Ms Cramps</b> = Phos Drops (10,-), Proton Plus (-,2), Form EI (1,1), MgCl2 (½,½); <b>Insomnia</b> = Proton Plus (-,2), E Tonic (-,1); <b>Caffeine</b> = OK; <b>X Aspirin; Pa &lt; 64</b> = Form EI (2,2), E Tonic (½,½); <b>Arm R1+ Persists 8+ Mins</b> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight

(Pa-P1)	Resp. Rate	Arm Dermo	Leg Dermo	Eliminators	Edema	SUPPLEMENTS
0 → 4	14 → 18	R4 → R2	R4 → W2	<b>I</b> X Pa > 77 X Insomnia X High BP X Constipation	0 → 2	<b>Actvtr (2,2), IS PW (2,2), Comp P (3,-), Oxy A (2,-);</b> <u>Leg R2+</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Pa &lt; 64</u> = Form EI (2,2), E Tonic (½,½); <u>Somnolence</u> = Comp P (3,1), Oxy A (2,-), Oxy Tonic (1,-), Form EI (1,1), Phenylalanine (3,-); <u>Asthma</u> = Comp P (3,1), MgCl2 (½,½); <u>Low Body Temp</u> = Comp P (2,2), MgCl2 (½,½), E Tonic (¼,¼); <u>Diarrhea</u> = Comp P (2,2), Glutamine (2,2), E Tonic (½,½); <u>Obese</u> = Oxy A (2,2), Oxy Tonic (1,-), Phenylalanine (3,-); <u>T2 Diabetes</u> = IS RE
0 → 4	14 → 18	R1 → W2	R2 → W3	<b>J</b> X GI Ulcers X IBD X Low Temp X Sneezy/Itchy	2 +	<b>Actvtr (2,2), IS RE (2,2), Comp P (2,-), Comp S (-,2), Adapto Max (1,-), Oxy Max (-,1), Taurine (1,1);</b> <u>Leg R2+</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Insomnia</u> = Oxy D (-,2), E Tonic (-,½); <u>Fibromyalgia/Ache all over</u> = Adapto Max (3,-), Oxy Max (-,3), Taurine (2,2); <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
0 +	X	R4 → 0	R2 → W4	<b>K</b>	2 +	<b>Actvtr (2,2), IS PW (2,2), Comp P (3,-), Adapto Max (1,-), Oxy Max (-,1), MgCl2 (½,½);</b> <u>Leg W2+ &amp; Edema</u> = Oxy D (-,2), Oxy D+ (-,10), Proton Plus (-,2); <u>Asthma</u> = Comp P(3,2), Adapto Max (3,-), Oxy Max (-,3), Taurine (1,1), Phos Drops (10,10); <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight; <u>Pa &lt;64</u> = Form EI (2,2), E Tonic (½,½)
0 → 4	14 → 18	R4 → 0	R2 → W2	<b>L</b> X High BP X Sneezy/Itchy X Arrhythmia	0 → 2	<b>Actvtr (2,2), IS RE (2,2), Comp P (2,-), Comp S (-,2), Oxy A (2,-);</b> <u>Edema 2+ &amp; Leg W1+</u> = Oxy D+ (-,10); <u>Somnolence/Yawning</u> = Comp P (3,-), Comp S (-,1), Phenylalanine (3,-), Oxy Tonic (1,-); <u>Asthma/Bronchitis</u> = Comp P(3,-), Comp S (-,1), Adapto Max (1,-), Oxy Max (-,1), MgCl2 (½,½); <u>Nausea</u> = Phos Drops (10,10), E Tonic (¼,¼); <u>Caffeine</u> = OK; <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight, IS PW
-3 → +	18 -	R4 → 0	R4 → W2	<b>M</b>	2 +	<b>Actvtr (2,2), IS PW (2,2), Comp P (3,1), Phos Drops (-,10);</b> <u>Resp Rate 12-</u> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10, 10); <u>Leg R2+</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Low Body Temp</u> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10,-), Proton Plus (-,2), E Tonic (-,½); <u>Sneezy/Itchy</u> = Phos Drops (10,-), Proton Plus (-,2), Phenylalanine (2,-); <u>Ms Cramps</u> = Phos Drops (10,-), Proton Plus (-,2), Form EI (1,1), MgCl2 (½,½); <u>Insomnia</u> = Proton Plus (-,2), E Tonic (-,1); <u>Caffeine</u> = OK; <u>X Aspirin</u> ; <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
0 +	12 - 17	R1 → W4	R1 → W4	<b>N</b>	1 +	<b>Actvtr (2,2), IS RE (2,2), Comp P (3,-), Adapto Max (2,-), Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼);</b> <u>Check Thyroid</u> ; <u>Caffeine</u> = OK
5 +	17 -	R4 → R1	R2 → W1	<b>O</b>	0	<b>Actvtr (2,2), IS PW (2,2), Comp P (2,-), Oxy A (2,-), Oxy Tonic (½,-), Phos Drop (-,10);</b> <u>Resp Rate 12-</u> = Phos Drops (10,10), MgCl2 (½,½), Oxy K (-,2); <u>Somnolence</u> = Oxy Tonic (1,-), Phenylalanine (3,-), <u>Constipation</u> = Oxy Tonic (1,-), MgCl2 (-,1)
5 +	16 -	R2 → W1	W1 → W4	<b>P</b>	1 +	<b>Actvtr (2,2), IS XF (2,2), Comp P (2,-), Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼);</b> <u>Resp Rate 12-</u> = Phos Drops (10,-), Proton Plus (-,2); <u>Diarrhea</u> = Oxy D+ (10,20), E tonic (½,½), Glutamine (2,2); <u>Constipation</u> = NaGP (1,-), MgCl2 (-,1); <u>Fatigue</u> = NaGP (1,-), Phenylalanine (3,-), Glutamine (-,2);
0 -	16 +	R1 → W4	0 → W4	<b>Q</b>	0 → 4	<b>Actvtr (2,2), IS XF (2,2), Oxy G (2,2), NaGP (1,1), NaCit (½,½);</b> <u>Pulse Pressure &gt; 50</u> = KCit (½,-), X NaCit; <u>Mean BP &gt;120</u> = KCit (½,-), X NaCit, Form ES (2,2); <u>Body Temp Low</u> = E Tonic (½,½), X NaCit; <u>Insomnia</u> = Oxy D (-,2), E Tonic (½,1), Oxy D+ (-,10)
√	√	√	√		√	<b>Actvtr (2,2), IS Per Selection Criteria, [Oxy Tonic, E Tonic, Oxy D+ per BALANCING PROCEDURE], Individualized DNP --- OR --- Age 33+ = DP AM (1,-), Taurine (1,-), DP PM (-,1), Oxy A (1,-), Oxy D (-,1);</b> <u>Age 53+ = DP AM (2,-), Taurine (1,1), DP PM (-,2), Comp P (1,-), Comp S (-,1)</u>



Nice work! And you and your staff can do it again and again and again --- day after day after day --- for patient after patient after patient. --- Play, have fun, be rich.

But now hear this --- there is even more to this Sympathetic/Parasympathetic Support System than you just learned. Not only does this S/PSS give you a window through which to view not only Sympathetic/Parasympathetic reactivity, but all the other 5 Metabolic Imbalances as well --- but it also offers you ...

### **A NEW LEVEL OF SPECIFICITY.**

You see, built into your S/PSS Analysis is not merely a distinction between Sympathetic and Parasympathetic stress or failure, but far beyond that, you have a built-in consideration of all the various types of autonomic nervous system reactivity. Yes, now you have a window to view with far greater specificity many aspects of ImmunoNeuroEndocrine Stress and how they contribute to INFLAM-AGING.

Physiology teaches us that Imbalance reflects not just an imbalance between the Sympathetic neurotransmitter Norepinephrine and the Parasympathetic neurotransmitter Acetylcholine --- but --- the reaction to those neurotransmitters. Each patient's reactivity is determined not just by the quantity of each neurotransmitter, but the quantity or reactivity of **receptors** to those neurotransmitters. So, you have patients showing Sympathetic Stress who are mainly showing stress mediated via the Beta 2 Adrenergic receptors, while other patients suffering Sympathetic stress have that stress show up mainly via Alpha 1 adrenergic reactivity. All that specificity is taken into consideration in your S/PSS Analysis Table. --- Yes, this is truly amazing. ( --- Why did it take me over 35 years to put this together?!)

So, get in the game. To get you dancing playfully, here is another bonus game. Look at your S/PSS Analysis Table. All of the Patterns of Imbalance are labeled A-Q. Each represents a different aspect of ImmunoNeuroEndocrine Stress that is dominating your patient at that particular time. Below is a list of all Imbalance patterns represented by letters A-Q, but not in the order they appear in your Analysis Table. The name of the game is to match a letter A-Q with each of the Imbalance Patterns presented. ----- With your next order of \$400 or more, read to the NUTRI-SPEC staff your list of letters. For playing the game you get **two free** bottles of supplements of your choice. Plus, you get an additional **free** bottle for every Pattern you identify correctly. --- That is as many as **19 FREE** supplements! Play! ( --- And get your staff in the game.)

Glucogenic	_____
Parasympathetic + Dysaerobic	_____
Vagotonia	_____
Parasympathetic + Anaerobic	_____
Histamine excess (or Prostaglandin E1 Insufficiency)	_____
Prostaglandin I2 or cAMP deficiency	_____
Prostaglandin E2 excess	_____
Prostaglandin D2 excess	_____
Leukotriene excess	_____
Corticotrophin Releasing Hormone excess	_____
Alpha 1 adrenergic insufficiency	_____
Alpha 1 adrenergic stress	_____
Alpha 2 adrenergic stress	_____
Beta 1 adrenergic stress	_____
Beta 2 adrenergic stress	_____
Beta 3 adrenergic stress	_____
Adenosine excess	_____