

NUTRI-SPEC


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PAIN CONTROL via TISSUE ACID/ALKALINE BALANCING

[dualistic symptoms = pain, itching, vertigo, hearing loss, insomnia]

Pain (along with other dualistic symptoms) is chemical in nature. Regardless of the physical, thermal or emotional factors that are causative in a particular patient's pain, the irritation of pain nerve receptors is a chemical process. Therefore, the most expeditious control of a patient's pain must consider the chemistry of the lesioned tissues.

There are three important considerations with respect to the chemical nature of pain:

- 1) Pain reflects a chemical imbalance at the tissue level of biological organization.
- 2) Pain involves a pH imbalance in the lesioned tissues. Furthermore, the pH imbalance can involve either of two Fundamental Metabolic Balance systems – the Acid/Alkaline Balance system, or the Anaerobic/Dysaerobic Balance system.
- 3) The occurrence of pain follows a dualistic pattern, which means that either an acid tissue or an alkaline tissue has elevated pain sensitivity.

[NOTE: Symptoms in addition to pain sensitivity that follow a dualistic pattern associated with Tissue Acid/Alkaline Balance include itching, vertigo, hearing loss, dyspnea, bipolar manic depression, insomnia, mental fog, and polyuria/edema.]

Simply, there are two types of pain – acid pain and alkaline pain. Acid pain has one of two causes, an Acid Imbalance or an Anaerobic Imbalance. Alkaline pain has one of two causes, an Alkaline Imbalance or a Dysaerobic Imbalance. Control of the pain is frequently as simple as controlling tissue pH. For acid pain, sodium Bicarbonate may be effective, as will Oxy Tonic. For alkaline pain, use Phos Drops or Proton Plus, or Oxygenic D-plus.

Making a differential diagnosis between acid and alkaline pain requires an evaluation of five clinical tests: urine pH, saliva pH, urine Specific Gravity, respiratory rate, and breath-holding time. Let us look now at each of the four metabolic imbalances underlying pain sensitivity in terms of these five tests.

An acid pain associated with an Acid Imbalance will be typified by an accelerated respiratory rate and/or a decreased breath-holding capacity. The urine pH is usually (though not always) acid, depending upon the type of Acid Imbalance. The saliva pH is frequently acid, though quite variable. The Specific Gravity will likely be high to normal. Pain control in a patient who approximates this pattern of test results will be achieved by alkalizing with sodium bicarbonate. An initial dose of five grams (1 teaspoon) of bicarbonate in a twelve ounce glass of water is recommended. If indeed this is an acid pain, there should be noticeable improvement within thirty minutes. The dosage may be repeated at three to four hour intervals as needed, never exceeding four doses in twenty-four hours.

An Anaerobic patient also has an acid pain. Upon testing, the saliva is found to be less than 6.6, and the Specific Gravity low. The urine pH is often elevated, but may vary. Respiratory rate and breath-holding time are normal. 1 tsp. of bicarbonate in 6 ounces of water is administered for pain control when the urine pH is 5.6 or less. If the urine pH is above 5.6, administer Oxy Tonic. An Oxy Tonic dose of $\frac{1}{2}$ to 1 scoop in 6 ounces of water is recommended (higher dose for higher urine pH), and may be repeated every three to four hours, as needed.

If your diagnosis of an acid pain is in error, the pain will be noticeably exacerbated within thirty minutes. Re-administer the five tests and you will find that the patient's test results have moved in the direction of either an Alkaline Imbalance or a Dysaerobic Imbalance. Change your therapy to match the imbalance toward which the patient has shifted (even though the test pattern for that imbalance may not be clearly complete).

An alkaline pain may be associated with an Alkaline Imbalance. In such a patient the respiratory rate will be slow and/or the breath-holding time will be long. The urine pH is usually (though not always) elevated, depending upon the type of alkalosis. The saliva pH is quite variable, and the urine Specific Gravity will likely be low to normal. Pain control is achieved through acidification. If the patient's saliva pH is 6.8 or less use Phos Drops. Otherwise, Proton Plus is recommended. Eighty drops of Phos Drops or six Proton Plus are suggested as an initial dose. The pain should decrease within thirty minutes. If not, and if the Alkalosis test pattern persists, the dosage may be increased to as much as double that used initially. The effective dose may be repeated at three to four hour intervals as needed, never exceeding four doses in twenty-four hours.

In a Dysaerobic Imbalance the pain will be alkaline in character. The saliva pH is 6.9 or higher and urine Specific Gravity is high. Urine pH is often low, but may vary. Respiratory rate and breath-holding time are within normal limits. Acidification for pain control is achieved (as described above for an Alkalosis) with Phos Drops or Proton Plus when the urine pH is 6.5 or more. If

the urine pH is below 6.5 administer Oxygenic D-plus. A dosage from 60 to 80 drops is recommended (higher dosage for lower urine pH), and may be repeated every three to four hours, as needed.

If your diagnosis of an alkaline pain is in error, the pain will be noticeably exacerbated within thirty minutes. Re-administer the five tests and the true pattern of metabolic imbalance (either an Anaerobic Imbalance or an Acid Imbalance) will be evident. Change your therapy to match the imbalance toward which the patient has shifted (even though the test pattern for that imbalance may not be clearly complete).

Here is a clinical case to illustrate this metabolic balancing approach to pain control: A young woman presented with an excruciating toothache that had grown rapidly worse over the past two days. She rated the pain as 8 on a scale of 0 to 10. Her 5 test results were:

- SpH = 6.7 (normal)
- UpH = 5.4 (low)
- Specific Gravity = 17 (normal)
- Respiratory Rate = 17 (normal)
- Breath Hold Time = 48 (normal)

This is a tough case since 4 out of her 5 tests are not only WNL, they are dead center normal range. The only test we can use is the acid urine. An acid urine can be associated with either an Acid Imbalance or a Dysaerobic Imbalance. Since the Respiratory Rate and Breath Hold are perfect, an Acidosis is unlikely. We choose Dysaerobic, and give the patient 70 drops of Oxy D-Plus.

Within 20 minutes the patient is fighting back the tears. She now rates the pain as 10. (Toothaches are historically a common cause of suicide.) Retesting we find:

- SpH = 6.7 (normal)
- UpH = 5.9 (low)
- Specific Gravity = 13 (slightly low)
- Respiratory Rate = 17 (normal)
- Breath Hold Time = 45 (normal)

There is still no clear pattern. However, we see movement in the tests. The urine pH is still low, but has increased; the Specific Gravity is not bad, but has decreased. Both tests that changed moved in an Anaerobic direction. Everything makes sense. The Oxy D-Plus pushed the patient in the Anaerobic direction, just as we would expect. The Anaerobic shift is accompanied by increased pain.

To address a pain that is almost certainly Anaerobic in character, we give the patient 1 scoop of Oxy Tonic in 6 ounces of water. Within 15 minutes the patient is in utter disbelief. Her pain is down to a 2. We charge her \$10,000 for a bottle of Oxy Tonic.

There is only one "catch" to our specific metabolic approach to pain control – the character of a patient's pain may change frequently. For example, a patient with osteoarthritis may respond beautifully to your metabolic analysis for pain control. Then, after two weeks the pain returns with a vengeance. Testing will show a different, and even an opposite imbalance. Changes may occur rapidly. In cases of sciatica, for instance, it is not uncommon to see rapid and frequent changes in the acid-alkaline pattern. Obviously then, the doctor must carefully and repeatedly monitor the patient.

You will find that many patients are taking drugs that alter the test results, thus making the analysis a big uncertain. But the response to the clinical trial --- integrating subjective symptomatic change with the direction of test changes --- usually reveals the true character of the pain. With very little practice, this metabolic approach to pain should yield gratifying results. Both the patient evaluation and the nutrition supplementation are amazingly simple, and the five clinical tests give you an objective standard by which to monitor the patient's progress.

TISSUE ACID/ALKALINE BALANCING

Metabolic Imbalance	Pain Character	Saliva pH	Urine pH	Specific Gravity	Resp. Rate	Breath Hold	<u>Supplement Recommendations</u> (as often as 4X daily & gradually taper off)
Acid	Acid	variable	5.6-	14+	21+	35 sec-	Na Bicarb 1 tsp/12 oz H ₂ O
Anaerobic	Acid	6.5-	variable (usually 6.4+)	12-	14+	30-60 sec	If UpH = 5.6- → Na Bicarb 1 tsp/6 oz H ₂ O If UpH = 5.7+ → Oxy Tonic ½-1 scoop/6 oz H ₂ O
Alkaline	Alkaline	variable	6.7+	18-	12-	70 sec+	If SpH = 6.8- → Phos Drops 80/6 oz H ₂ O If SpH = 6.9+ → Proton Plus 6 w/6 oz H ₂ O
Dysaerobic	Alkaline	6.9+	variable (usually 5.9-)	20+	18-	30-60 sec	If SpH = 6.8- & UpH = 6.5+ → Phos Drops 80/8 oz H ₂ O If SpH = 6.9+ & UpH = 6.5+ → Proton Plus 6 w/ 8 oz H ₂ O If UpH = 6.4- → Oxy D-Plus 60-80/8 oz H ₂ O

Choose a supplement for your patient based on the best fit into the table above. Retest the patient in 20-30 minutes. The results of this clinical trial will assure you are restoring balance at the tissue level of biological organization ...

On the second testing of this clinical trial, correlate movements of test results with changes in the patient's symptoms:

- Suppose your patient experiences a negative symptomatic reaction to your clinical trial. Plug the patient's follow-up test results into the table. You may not see a perfect fit to any of the 4 lines of the table, but look for directions of movement in the tests. So, for example, if you give the patient sodium bicarbonate as the initial clinical trial, and all the tests moved in an Anaerobic direction in association with increased symptoms, you will give the patient Oxy Tonic now, and to take it home.
- If the patient experiences a very clear improvement in symptoms after your initial clinical trial, and, if there are no radical swings in the patient's follow-up tests, then give the patient that supplement to take at home. The patient can take the same dose administered as the clinical trial as much as 4 times daily, but looking for a chance to reduce the number of doses daily as long as pain is reasonably well-controlled. The patient is also instructed to stop the supplement totally if there is a clear exacerbation of pain within 30 minutes after taking it.
- If after the 30-minute follow-up testing the patient experiences no exacerbation of symptoms, but no improvement either, then plug the follow-up test into the table. If there is no change in the pattern of test results, give the patient the supplement used as clinical trial to take it home, looking for pain control. If there is a radical change shown in the follow-up test pattern, then choose a supplement based on that pattern to give the patient at home.

