

Raynaud's

1. Raynaud's is essentially a pathology of sympathetic dominance. However, the sympathetic dominance involves only the alpha adrenergic fibers and not at all the beta adrenergic fibers. This has been demonstrated by total relief of symptoms by sympathectomy and by alpha blockade. Raynaud's occurs frequently in conjunction with autoimmune diseases, but not necessarily. It is most common among people who smoke, and among those who have repeated micro trauma to the hands in the course of work, such as operating equipment that vibrates, or among people who type or play the piano.

Treating Raynaud's patients as having a Sympathetic Imbalance generally yields more than satisfactory results. The problem is in monitoring progress because they do not show a full-blown Sympathetic test pattern since there is no involvement of the beta adrenergic fibers. The key is to find 2 or 3 Sympathetic indicators in the patient to lock onto as a monitor of progress. Your NUTRI-SPEC Sympathetic/Parasympathetic Support System is the only way to effectively monitor alpha adrenergic stress in isolation from beta adrenergic involvement. Alpha adrenergic stress is indicated by Letter A in your S/PSS Analysis.

2. In Raynaud's patients who run or bicycle in cool, damp weather, the sympathetic activation at the onset of exercise is definitely a problem. They must wear mittens when the temperature is below 55°, along with loose clothing.
3. Arginine increases nitric oxide, which is a vasodilator. The arginine will generally increase the redness of the dermographics reflex and increase the warmth of the vasomotor reflex and in general, have an anti-Sympathetic effect. Arginine is included in Complex S and Oxy D.
4. Among the autoimmune diseases occurring in association with Raynaud's, Hashimoto's autoimmune thyroiditis is common. All Raynaud's patients should have their thyroid checked with labs that include: TSH, Free T4, Total T4, Free T3, and TPO antibodies.
5. Additional note: We have seen a number of patients over the years who believe they have Raynaud's who do not, but actually have a condition called chilblains. However, many people with Raynaud's also have chilblains, and the symptoms are difficult to distinguish between the two conditions since they can occur simultaneously.