CHAPTER 5

NUTRI-SPEC Testing Instructions

The NUTRI-SPEC goal of nutritional specificity necessitates the use of objective testing procedures. The instructions below present the clinical tests proven to be most efficacious, i.e., those providing the most information with the least time and energy expended. These are explicit instructions for the NUTRI-SPEC test procedures. As you perform the tests, enter your results on your patients' Test Results Form (TRF).

Do all three Analyses and integrate the findings into one set of recommendations. When you integrate the three Analyses you will find some redundancies, and some instances where supplements contradict each other. Always consider each supplement one time only --- in other words, give the minimum starting recommendation.

It is essential that each test be performed accurately. **Your staff should spend several days practicing the procedures on each other before attempting to serve patients.** The power of NUTRI-SPEC Metabolic Balancing is realized only when you can produce meaningful test results.

The order in which you perform all the tests for NUTRI-SPEC Metabolic Imbalance Analysis is …

- Urine pH and multi-stix, including particularly Specific Gravity
- Saliva pH
- (Adjust the UpH, SpH, and SG as necessary for medications.)
- Calculate your hydration (Adj SpH + Adj UpH – Adj SG) and enter on the TRF
- Dermographics and Edema Testing
- Pa
- Respiratory Rate
- P1
- SBP1 and DBP1
- P2
- SBP2 and DBP2
- P3
- Breath Hold Time

Patient Positioning Sitting: Ask your patient to sit on the exam table facing you, in a position from which he will be able to lie supine without standing up or scooching along the table.

Saliva: Hand the saliva pH test strip to your patient, saying, "Place this, color side down, on top of your tongue and seal your lips around it --- let it go --- now get it really wet with saliva. Is it really wet?" (When yes … grasp the test strip.) "Open your mouth."

Remove the test strip and make your reading within 3 seconds. Be certain to interpolate between the numbers on the color scale so you get a reading precise to one-tenth. Record the reading on your Test Results Form (TRF).

Dermographics Reflex. "Next, I am going to check your Dermographics Reflex. I am going to stroke your arm using a tongue depressor with enough pressure to be a little uncomfortable. If it starts to hurt a little, tell me and I'll lighten my pressure."

Your left hand supports the patient's right forearm, palm up. With the tongue depressor, firmly and slowly stroke a line from 2" above the wrist to 2" below the elbow. Shift the grasp of your left hand to behind the upper arm as you stroke the bicep area from 1" above the elbow, up the arm 3-4". Then, stroke a horizontal line 2-3" long bisecting that vertical line. Finally, go back down to the forearm vertical line and stroke a 3" horizontal line at its midpoint.

While you are waiting 60 seconds for the arm test to complete its short-term reaction, do the test on the leg, stroking upward beginning just a couple inches above the internal malleolus and posterior to the tibia in the area of the medial gastrocnemius. Stroke upward about 6 inches, then horizontally 2 inches at the midpoint of your upward stroke. While you are waiting for the arm and the leg to complete their short-term Dermographics reaction, do the Edema Test.

Edema Test.

Press firmly with your thumb just inferior to the starting point of your leg vertical Dermographics line for 5 seconds. Remove your thumb, and note if an indentation persists for more than 5 seconds.

Edema Check

0	=	indented area completely disappears immediately
+1	=	indentation persists for 1 to 5 seconds
+2	=	indentation persists longer than 5 seconds but less than 20 seconds
+3	=	indentation persists longer than 20 seconds but less than 60 seconds
+4	=	indentation persists longer than 60 seconds

Begin Test Interpretation.

- Check the 1-minute reading on both the arm and leg Dermographics, and either make a mental note what you see, or, if the reflex is completed, record the results on your TRF.

- Record Edema Test result on your TRF.

- While waiting a bit longer for your Final Dermographic check, calculate your Hydration (Adj SpH + Adj UpH – SG), and enter on your TRF.

Arm & Leg Dermographics Reflex Check --- Make your final reading and enter on your TRF as Arm/Leg. For example: R2/W1.

Arm Dermographics Check

R4 = wide neurogenic flare, perhaps itching (or even welts) within 1 minute
R3 = flare initially wider than tongue depressor contact width, or, red lines nearly that wide that last several minutes
R2 = red lines on upper arm and forearm last several minutes
R1 = red lines on upper arm last several minutes as forearm lines disappear
0 = red persists 1 minute, but no red is apparent after several minutes, and there may be a white border around the red
W1 = no red is apparent after 1 minute, and either there is initially red with white border, or there is a purely white line that persists no more than 1 minute
W2-W4 = degrees of white width or duration

Leg Dermographics Check

0 = no red nor white reaction that lasts more than a few seconds
W4 = wide white line that lasts several minutes
W3 = white line that lasts several minutes
W2 = white line that lasts longer than a minute
W1 = white line that lasts up to a minute (even if surrounded by red)
R4 = wide red line that lasts several minutes
R3 = red line that lasts several minutes
R2 = red line that lasts longer than a minute
R1 = red line that lasts from 10 seconds to a minute

Pulse a: [You may use a digital blood pressure cuff to measure the blood pressures --- however --- you cannot measure the heart rate using any kind of digital device for the Pulse a, P1, P2, or P3. You must actually palpate the radial pulse while using a timer.] Explain: "I am going to take several pulses

and blood pressures, some of them after I have you lie down and some after I ask you to stand up again. It is essential that you do not talk at all the entire time I am testing and recording your results." Count your patient's heart rate for 15 seconds. If at 15 seconds he is between beats, count ½ beat. Multiply by 4 and enter on your TRF under Pa. For example, a count of 16½ is entered on your TRF as 66.

Position Your Patient Supine: Position your blood pressure cuff. "Do not talk. Without standing up, lie down on your back." For obese, weak, or geriatric patient's help swing the legs up into the recumbent position, and/or support the back of the neck as the patient reclines back into the supine position.

Respiratory Rate: Place your fingers on your patient's radial pulse (so he does not know you are counting his Respiratory Rate) as you count the number of respiratory cycles in 30 seconds. Consider the inhalation phase as half a cycle, and the exhalation phase as half a cycle. So, for example, if you have counted 8 complete cycles and your patient is completing inhalation as your timer reaches 30 seconds, your count is 8½. If at 30 seconds he is halfway through an inhalation, your count is 8¼, if he is half-way through exhalation, your count is 8¾. In other words, you are counting respiratory cycles to the nearest ¼ for 30 seconds. Double your 30 second count and enter that number on your TRF. Example: a count of 8¾ = 17½ on the TRF.

Pulse 1: Count your patient's heart rate for 15 seconds. If at 15 seconds he is between beats, count ½ beat. Multiply by 4 and enter on your TRF under P1.

Blood Pressure 1: Take your patient's blood pressure and record on your TRF as SBP1 and DBP1. (Leave the cuff on the patient's arm, deflated.)

Orthostatic Challenge --- Pulse 2, Blood Pressure 2, Pulse 3: In seamless, rapid succession you are going to perform the 3 tests of the orthostatic challenge. Say to your patient, "Please do not talk. When I ask you to stand up, please stand here, right beside me. I will be doing several more tests as you are standing up and then while you are standing. Do not talk, and after you stand, do not move. Now, stand up right here."

The instant your patient's feet hit the floor begin counting his heart rate to the nearest ½ for 15 seconds. Remember that P2 rate count and immediately begin inflating your cuff and complete the second blood pressure. Immediately, multiply your heart rate count by 4 and record on your TRF as P2. Record your blood pressure findings as SBP2 and DBP2. Wait 30 seconds after recording P2, SBP2, & DBP2 (so that it has been at least 1 minute since you have completed the blood pressure), count the heart rate once again to the nearest ½ for 15 seconds, and record on your TRF as P3. Say to your patient, "You may sit down, but please do not talk."

Breath Hold Time : Instruct your patient: "You are going to hold your breath as long as you possibly can. I am going to time how long you can hold your breath, and it is important that you hold it as long as possible. This may be the most important test we do, so do your very best. When you absolutely cannot hold your breath for another second, let it out. When you are ready, begin holding your breath as long as you possibly can."

As the patient inhales, start your timer. The instant your patient exhales note the seconds on your timer. Record the Breath Hold Time on your TRF.