

CHAPTER 7

ELECTROLYTE/WATER ANALYSIS

Analysis Instructions and Supplement Selection

- This Electrolyte/Water Analysis is one of three Analyses that constitute your NUTRI-SPEC Metabolic Imbalance Analysis. [The other two Analyses are your Sympathetic/Parasympathetic Imbalance Analysis and your Unified Acid/Alkaline Analysis. The effective sequence for analyzing your patient's test results is to do the three Analyses in order --- Unified Acid/Alkaline Analysis, followed by Electrolyte/Water Analysis, and then Sympathetic/Parasympathetic Imbalance Analysis.]
 - The Electrolyte/Water Analysis, unlike the Unified Acid/Alkaline Analysis and the Sympathetic/Parasympathetic Analysis, is never used as a stand-alone procedure. Your findings are to be integrated with your findings of either or both of your other two Analyses.
- The only tests required for the Electrolyte/Water Imbalance Analysis Table are noted by an ♦ on the Test Results Form ...
 - Systolic Blood Pressure 1
 - (SBP2 - SBP1)
 - Diastolic Blood Pressure 1
 - (DBP2 - DBP1)
- For your Electrolyte/Water Imbalance Analysis all you need to do is carry these 4 test results to your Analysis Table. ----- To illustrate: Suppose your patient has a blood pressure of 124 over 84 that changes to 130 over 86 upon orthostatic challenge. You see the $(SBP@ - SBP1) = (130 - 124) = 6$. The $(DBP2 - DBP1) = (86 - 84) = 2$. So --- the numbers you "carry" to your Analysis Table are 124, 6, 84, 2.
- At the Table, go across the Systolic line and find your 124 and 6 (with 6 being between 1-12), and down along the side of the Table your 84 and your 2 (the 2 being between 1-10). ----- Coming down from the Systolic number and across from the Diastolic number you will find a block in the table. Within the block is the number 41. You will use the number 41 to make your supplement selections.

- Looking at number 41 from your table, you will find a list of supplements to consider based on what was your patient's (P2 - P1), and (P3 - P2). Select all choices that apply (and in some cases, none will apply).
- Of course, all your patients are also on Activator and the most appropriate Immuno-Synbiotic.
- Remember, the Diphasic Nutrition Plan is the foundation of your LIVE STRONGER LONGER Metabolic Therapy. Give all your patients their age- and health-appropriate DNP.
- How much of each supplement selected by your Electrolyte/Water Imbalance Analysis do you recommend? On your initial Testing --- start small --- then consider increasing if the same supplements show up on follow up testing.

- Complex P 3 after breakfast
- Complex S 3 after the evening meal
- Formula EI 3 after the evening meal *
- Formula ES 3 after breakfast *
- Oxy G 2 after any meal
- Oxy K 2 after any meal
- NaGP 1 scoop before breakfast
- KCit ½ scoop before any two meals **
- NaCit 1 scoop before any meal
- NaBC ¼ tsp. before breakfast
- MgCl2 1 scoop before any meal
- Phos Drops 10 drops before breakfast **
- Electro Tonic ½ tsp. 1/2x daily before meals

* Occasionally your supplement menu indicates a need for both Formula EI (in the evening), and Formula ES (in the morning). These are patients who are suffering both blood flocculation and poor myocardial or vascular tone, and perhaps hypovolemia.

** The Potassium Citrate and Phos Drops are both effective as dispersing agents --- reducing the tendency for blood flocculation and fibrinogen formation. Many patients will benefit from taking both supplements --- K Cit for breakfast and the Phos Drops before some other meal.

The only time you will not recommend both supplements is when one of the other two Analyses would be exacerbated by one of the supplements --- for example --- if your other Analyses show a very strong indication for either of these two supplements, you may do well to just recommend that one and keep things simple by omitting the other at the start.

ELECTROLYTE /WATER IMBALANCE
SUPPLEMENT SELECTION

- 1 - Pa = 68- = Comp P
- (Pa - P1) = 8+ = Comp P
- (P2 - P1) = 13+ = Form EI, NaGP
- 2 - Pa = 68- = Comp P
- (P2 - P1) = 8- = Comp P
- (P2 - P1) = 13+ = Form EI, Elec T
- 3 - neurasthenia, neurosis
- Pa = 76+ & (P2 - P1) = 13+ = Comp S, NaCit
- Pa = 72- & (P2 - P1) = 13+ = Oxy G, Elec T
- (P3 - P2) = 0+ = Form EI, Elec T
- 4 - neurasthenia, neurosis
- (P3 - P2) = 0+ = Form EI, Elec T
- 5 - Pa = 84+ & (Pa - P1) = 13+ = Myocardial Insuf, or, may be associated w/
infection
- Pa = 84+ & (P3 - P2) = 0+ = Myocardial Insuf, or, may be associated w/
infection
- Pa = 80- & (P2 - P1) = 13+ = Oxy G, Elec T
- 6 = 5
- 7 = 4
- 8 - Pa = 80- & (P2 - P1) = 13+ = Oxy G, Elec T
- Pa = 80- & (P2 - P1) = 13+ & (P3 - P2) = 0+ = may be Anemic
- 9 = 5 & 6
- 10 = 1
- 11 = 2
- 12 - Pa = 72- & (P2 - P1) = 13+ = Oxy G, Elec T
- (P3 - P2) = 0+ = Form EI, Elec T, NaGP
- 13 - Pa = 80- & (P2 - P1) = 13+ = Oxy G, Elec T
- Pa = 80- & (P2 - P1) = 13+ & (P3 - P2) = 0+ = may be Anemic
- Pa = 84+ & (P3 - P2) = 0+ = may be associated w/infection
- (P2 - P1) = 13+ or (P3 - P2) = 0+ = Form EI, Elec T, NaGP

14 = 12

15 = 13

16 = 13

17 = 12

18 = 13

19 - may be a metabolic state of shock; Dysaerobic/Catabolic; precedes cardiac failure
= 12

20 = Form EI, Elec T, NaGP

21 - may be Anemic
- Form EI, Elec T, NaGP

22 = 20

23 = 20

24 = 21

25 = 21

26 = 20

27 = 21

28 - may be an overworked heart; incipient hypertrophy
- $(P2 - P1) = 13+$ or $(P3 - P2) = 0+$ = Form EI, Elec T

29 - $P_a = 70-$ = may be an overworked heart; incipient hypertrophy
- $(P2 - P1) = 13+$ or $(P3 - P2) = 0+$ = Form EI, Elec T

30 - $(P2 - P1) = 13+$ = Complex S
- $(P2 - P1) = 8-$ & $(P3 - P2) = 0+$ = Form EI & Form ES *

31 - $(P2 - P1) = 13+$ or $(P3 - P2) = 0+$ = Form ES

32 - $(P2 - P1) = 13+$ & $(P3 - P2) = (-1)$ = Comp S
- $(P2 - P1) = 13+$ & $(P3 - P2) = 0+$ = Form ES

- 33 = 32
- 34 = 31
- 35 - (P2 - P1) = 13+ = Comp S, KCit
- (P3 - P2) = 0+ = Form ES, KCit
- 36 = Comp S, KCit
- (P3 - P2) = 0+ = Form ES, KCit
- 37 - Pa = 68- & (P2 - P1) = 8- = Oxy K
- 38 - (P2 - P1) = 13+ = Comp S
- (P3 - P2) = 0+ = Form ES
- 39 = 38
- 40 = 37
- 41 - (P2 - P1) = 13+ = Comp S, KCit
- (P3 - P2) = 0+ = Form ES, KCit
- 42 = 41
- 43 - Pa = 68- = Oxy K, Form ES
- (P2 - P1) = 13+ = Comp S, Form ES
- (P3 - P2) = 0+ = Form ES, KCit
- 44 = 41
- 45 = Comp S, KCit
- (P3 - P2) = 0+ = Form ES
- 46 - Pa = 68- & (P2 - P1) = 8- = Oxy K, Form ES
- (P3 - P2) = 0+ = Form ES
- 47 = Form ES, KCit
- 48 = Comp S, Form ES, KCit
- 49 = 46
- 50 - Pa = 68+ = Myocardial Insuf, incipient dilation
- Comp S, Form ES, KCit

51 - 54 = 50

55 - May be myocardial failure
- Pa = 68- & (P2 - P1) = 8- = Oxy K, Form ES
- (P3 - P2) = 0+ = Form ES

56 = 55

57 - May be myocardial failure
- (P2 - P1) = 13+ = Comp S
- (P3 - P2) = 0+ = Form ES

58 - May be myocardial failure
- Pa = 68- & (P2 - P1) = 8- = Oxy K, Form ES
- (P2 - P1) = 13+ = Comp S
- (P3 - P2) = 0+ = Form ES

59 = 57

60 - May be myocardial failure
= Comp S, Form ES

61 = 58

62 - May be myocardial failure
= Comp S, Form ES, KCit

63 = 62

64 - Mental overwork, worry, anxiety, neurosis, menopause
- Pa = 68- = Oxy K
- (P3 - P2) = 0+ = Form ES

65 - Mental overwork, worry, anxiety, neurosis, menopause
- Pa = 68- & (P2 - P1) = 8- = Oxy K
= Comp S
- (P3 - P2) = 0+ = Form ES, KCit

66 - Mental overwork, worry, anxiety, neurosis, menopause
= Comp S
- (P3 - P2) = 0+ = Form ES, KCit

67 = 65

68 - 71 = 66

72 = Comp S, Form ES, KCit

73 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit &/or Phos Drops **
- Pa = 68- & (P2 - P1) = 8- = Oxy K

74 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit &/or Phos Drops **
- (P2 - P1) = 13+ = Comp S
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl₂

75 - 80 = 74

81 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit &/or Phos Drops **
= Comp S
- If taking a diuretic = MgCl₂

82 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium, often seen after stroke
= Form ES, KCit &/or Phos Drops **
- Pa = 68- & (P2 - P1) = 8- = Oxy K

83 - 89 = 74

90 = 81

91 = 64

92 = 65

93 = 66

94 = 65

95 - 99 - Mental overwork, worry, anxiety, neurosis, menopause
= Comp S, Form ES, KCit
- If taking a diuretic = MgCl₂

100 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium, often seen after stroke
- Mental overwork, worry, anxiety, neurosis, menopause
- Pa = 68- & (P2 - P1) = 8- = Oxy K
= Form ES, KCit &/or Phos Drops **

101 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium, often seen after stroke
- Mental overwork, worry, anxiety, neurosis, menopause
= Form ES, KCit &/or Phos Drops **
- (P2 - P1) = 13+ = Comp S
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl₂

102 - 107 = 101

108 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
- Mental overwork, worry, anxiety, neurosis, menopause
= Form ES, KCit &/or Phos Drops **
= Comp S
- If taking a diuretic = MgCl₂

109 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
- Pa = 68- & (P2 - P1) = 8- = Oxy K
= Form ES, KCit &/or Phos Drops **
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl₂

110 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit &/or Phos Drops **
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl₂

111 - 116 = 110

117 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit &/or Phos Drops **
= Comp S
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl₂