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 Unified Acid/Alkaline Analysis and your Sympathetic/Parasympathetic Imbalance 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.

- These are the only tests required for the Electrolyte/Water Imbalance Analysis:

    - SpH 3-min change
    - Turgor
    - Pa, P1, & (Pa – P1)
    - P2, P3, (P2 – P1), (P3- P2)
    - Systolic BP1 ♦ & BP2 - & - Diastolic BP1 ♦ & BP2
    - (SBP2 -SBP1) ♦
    - (DBP2-DBP1) ♦

- For your Electrolyte/Water Imbalance Analysis all you need to do is carry in your head the 4 test results marked with a ♦ 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 (SBP2 - 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), then, 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 Supplement Selection list, you will find the supplements to consider based on what was your patient's (P3 - P2), and Turgor. 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, along with their individualized need for Oxy Tonic, Electro Tonic, and/or Oxy D+ as determined by your BALANCING PROCEDURE.

- Remember, the Stage Of Life INFLAM-AGING Defense Diphasic Nutrition Plan (SOLID DNP) is the foundation of your LIVE STRONGER LONGER Metabolic Therapy. Ultimately, you will have all your patients on their age- and health-appropriate plan.

- 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 breakfast
--- Formula ES 3 after the evening meal
--- Energetics G 2 after any meal
--- Energetics K 2 after any meal
--- NaGP 1 scoop before breakfast
--- KCit ½ scoop in 10 ounces of water first a.m., and before the last meal of the day or later at night *
--- NaBC ¼ tsp. before breakfast
--- MgCl2 1 scoop in 10 ounces of water on an empty stomach
--- Phos Drops 5 drops in 10 ounces of water first a.m., and before the last meal of the day or later at night *
--- Electro Tonic ½ tsp. 1 or 2 times daily before meals, or later at night

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

* = The only time you will not recommend both Potassium Citrate & Phos Drops 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 one of these two supplements, you may do well to just recommend that one and keep things simple by omitting the other at the start.

Systolic BP1

Diastolic BP1		110-			111 - 140			141 - 190			191+		
		0-	1 - 12	13+	0-	1 - 12	13+	0-	1 -12	13+	0-	1 - 12	13+
101+	0-							82	85	88	109	112	115
	1 - 10							83	86	89	110	113	116
	11+							84	87	90	111	114	117
96-100	0-				46	49	52	73	76	79	100	103	106
	1 - 10				47	50	53	74	77	80	101	104	107
	11+				48	51	54	75	78	81	102	105	108
74 - 95	0-	1	4	7	37	40	43	64	67	70	91	94	97
	1 - 10	2	5	8	38	41	44	65	68	71	92	95	98
	11+	3	6	9	39	42	45	66	69	72	93	96	99
50 - 73	0-	10	13	16	28	31	34	55	58	61			
	1 - 10	11	14	17	29	32	35	56	59	62			
	11+	12	15	18	30	33	36	57	60	63			
49-	0-	19	22	25									
	1 - 10	20	23	26									
	11+	21	24	27									

ELECTROLYTE /WATER IMBALANCE
SUPPLEMENT SELECTION

1
- Pa = 68- = Comp P & Elec T
- (Pa - P1) = 8+ = Comp P
- (P2 - P1) = 13+ = Form EI, NaGP
- (P3 – P2) = 0+ + Ener G & Elec T
- Turgor = +3 = Ener G & Elec T
- 3 min SpH Δ = 8+ = Ener G

2
- Pa = 68- = Comp P & Elec T
- (Pa - P1) = 8+ = Comp P
- (P2 - P1) = 13+ = Form EI, Elec T
- (P3 – P2) = 0+ = Ener G

3
- neurasthenia, neurosis
- Pa = 76+ & (P2 - P1) = 13+ = Comp S, KCit
- Pa = 72- & (P2 - P1) = 13+ = Ener G, Elec T
- (P3 - P2) = 0+ = Form EI, Elec T, Ener G
- Turgor = +3 & Pa = 76+ + Ener G
- Turgor = +3 & 3 min SpH Δ = 5- = Ener K

4
- neurasthenia, neurosis
- (P3 - P2) = 0+ = Form EI, Elec T, Ener G
- 3 min SpH Δ = 8+ = Ener G
- 3 min SpH Δ = 5- = Ener K

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 = Ener G
- Pa = 80- & (P2 - P1) = 13+ = Ener G, Elec T

6 = 5

7
- (P3 -P2) = 0+ & 3 min SpH Δ = 8+ = Ener G & Elec T
- (P3-P2) = 0+ & 3 min SpH Δ = 5- =Ener K & Elec T
- Turgor = +3 = Elec T, Taurine

8
- Pa = 80- & (P2 - P1) = 13+ = Ener G, Elec T
- Pa = 80- & (P2 - P1) = 13+ & (P3 - P2) = 0+ = may be Anemic
- (P3 -P2) = 0+ & 3 min SpH Δ = 8+ = Ener G
- (P3-P2 = 0+ & 3 min SpH Δ = 5- = Ener K, Taurine
- (P3-P2) = 0+ & Turgor = +3 = Elec T

9 -(P3-P2) = 0+ = Form ES & Elec T
- Turgor = +3 = Form ES & Elec T, Taurine

10 = 1

11 = 2

12 = 3

13 - Pa = 80- & (P2 - P1) = 13+ = Ener 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 - (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Ener K & Elec T
- (P3 – P2) = 0+ & 3 min SpH Δ = 8+ = Ener G & Elec T

15 - (P3 – P2) = 0+ = Elec T

16 = 7

17 = 8

18 = 9

19 - may be a metabolic state of shock; Dysaerobic/Catabolic; precedes cardiac failure
- Elec T & Oxy Max
= 3

20 = 2

21 - may be Anemic
= 3

22 = 4

23 = 5

24 = 15

25 = 7

26 = 8

27 - Pa = 76+ & (P2 - P1) = 13+ = Comp S, KCit, Taurine
- (P3-P2) = 0+ = Form ES & Elec T, Taurine
- Turgor = +3 = Form ES & Elec T, Taurine

28 - may be an overworked heart; incipient hypertrophy
- (P2 – P1) = 13+ or (P3 - P2) = 0+ = Form ES, Elec T, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +, Taurine
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil, Taurine

29 - Pa = 70- = may be an overworked heart; incipient hypertrophy
- (P2 – P1) = 13+ or (P3 – P2) = 0+ = Elec T
- (P3 – P2) = 0+ & 3 min SpH Δ 5- = Ener K, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ 8+ = Ener G

30 - (P2 – P1) = 13+ = Form ES & Elec T, Taurine
- (P2 – P1) = 8- & (P3 - P2) = 0+ = Form EI & Form ES
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +, Taurine
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

31 - (P2 – P1) = 13+ or (P3 – P2) = 0+ = Comp S, KCit, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ 5- = Ener K, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ 8+ = Ener G

32 - (P3 – P2) = 0+ & 3 min SpH Δ 5- = Ener K
- (P3 – P2) = 0+ & 3 min SpH Δ 8+ = Ener G

33 - (P2 – P1) = 13+ & (P3 - P2) = (-1) - = Comp S
- (P2 – P1) = 13+ & (P3 – P2) = 0+ = Form ES & KCit, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ 5- = Ener K
- (P3 – P2) = 0+ & 3 min SpH Δ 8+ = Ener G

34 - Pa = 68- = Ener K
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +, Taurine
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

35 - (P2 – P1) = 13+ = Comp S
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

36 = Form ES, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

37 - Pa = 68- & (P2 – P1) = 8- = Ener K
- (P2 – P1) = 13+ or (P3 – P2) = 0+ = Form ES & Elec T
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

38 = 29

39 = 30

40 = 31

41 - (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ KCit, Sugar = -, & Coconut Oil
- (P3 – P2) = 0+ = KCit
- Turgor = +3 & 3 min SpH Δ = 5- = Ener K
- Turgor = +3 & 3 min SpH Δ = 8+ = Ener G

42 = 33

43 - Pa = 68- = Ener K, Form ES, Phos Drops
- (P2 – P1) = 13+ = Form ES
- (P3 – P2) = 0+ = Form ES, KCit
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

44 = 35

45 = 36

46 = 37

47 = Form ES, KCit
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

48 = 30

49 = 31

50 - Pa = 68+ = Myocardial Insuf, incipient dilation, Taurine
= 41

51 = 33

52 = 43

53 = 37

54 = 36

55 - May be myocardial failure
- Form ES, Taurine
- Pa = 68- & (P2 – P1) = 8- = Ener K
- (P2 – P1) = 13+ or (P3-P2) = 0+ + Elec T
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

56 - Form ES
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

57 - May be myocardial failure
= 30

58 = 55

59 - (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil
- Turgor = +3 & 3 min SpH Δ = 5- = Phos Drops
- Turgor = +3 & 3 min SpH Δ = 8+ = KCit

60 - May be myocardial failure
= Comp S, Form ES, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

61 - May be myocardial failure
= Complex S, Form ES, KCit, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil

62 - May be myocardial failure
= 61

63 = 36

64 - Mental overwork, worry, anxiety, neurosis, menopause
= 55

65 - Mental overwork, worry, anxiety, neurosis, menopause
- Pa = 68- & (P2 – P1) = 8- = Ener K
- Comp S, Taurine
= 56

66 - Mental overwork, worry, anxiety, neurosis, menopause
= 30

67 = 55

68 = 41

69 - Formula ES
= 33

70 = 61

71 = 44

72 = Comp S, Form ES, KCit, Taurine
- (P3 – P2) = 0+ & 3 min SpH Δ = 5- = Phos Drops & (Carb/Protein) +
- (P3-P2) = 0+ & 3 min SpH Δ = 8+ = KCit, Sugar = -, & Coconut Oil
- Turgor = +3 & 3 min SpH Δ = 5- = Phos Drops
- Turgor = +3 & 3 min SpH Δ = 8+ = KCit

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

74 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit, Taurine
- (P2 – P1) = 13+ = Comp S
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl2 & Phos Drops
- Turgor = +3 or 3 min SpH Δ = 5- = Phos Drops

75 = 74

76 = 75

77 = Formula ES
= 41

78 = 72

79 = 43

80 = 43

81 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES, KCit, Taurine
= Comp S
- If taking a diuretic = MgCl2 & Phos Drops
- Turgor = +3 or 3 min SpH Δ = 5- = Phos Drops

82 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
- Pa = 68- & (P2 – P1) = 8- = Ener K
= Form ES & KCit, Taurine
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl2 & Phos Drops
- Turgor = +3 or 3 min SpH Δ = 5- = Phos Drops

83 - Pa = 88+ = Electrolyte Stress; may be a failing myocardium; often seen after stroke
= Form ES & KCit, Taurine
- If taking Calcium Channel Blocker or Beta Blocker = Comp S
- If taking a diuretic = MgCl2 & Phos Drops
- Turgor = +3 or 3 min SpH Δ = 5- = Phos Drops

84 – 89 = 83

90 = 81

91 = 64

92 = 65

93 = 66

94 = 55

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

96 = 95

97 = 61

98 = 61

99 = 72

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- = Ener K
= Form ES & KCit, Taurine
- Turgor = +3 & 3 min SpH Δ = 5- = Ener K
- Turgor = +3 & 3 min SpH Δ = 8+ = Ener G

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

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, Taurine
= Comp S
- If taking a diuretic = MgCl2 & Phos Drops

109 = 82

110 = 83

111 – 117 = 83