CHAPTER 8

UNIFIED ACID/ALKALINE ANALYSIS

to determine …

- ANAEROBIC/DYSAEROBIC IMBALANCE
- GLUCOGENIC/KETOGENIC IMBALANCE
- ACID/ALKALINE IMBALANCE

Analysis Instructions and Supplement Selection

- This Unified Acid/Alkaline 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 Electrolyte/Water Analysis. The effective sequence for analyzing your patient's test results is to do the three Analyses in order --- Sympathetic/Parasympathetic Analysis, Electrolyte/Water Analysis, and then Unified Acid/Alkaline Analysis.]

- You may perform this Analysis as a stand-alone procedure --- or --- integrate the findings as part of your Electrolyte/Water Analysis &/or your Sympathetic/Parasympathetic Analysis --- or --- do it as part of your comprehensive Metabolic Imbalance Testing of all 5 Metabolic Balances.

- The only tests required for the Unified Acid/Alkaline Analysis Table are noted by an " UAA " on the Test Results Form …

  - Adjusted Urine pH UAA
  - Adjusted Saliva pH UAA
  - Adjusted Urine Specific Gravity UAA
  - (Ex BHT -10) - BR UAA

[Refer to Chapter 5 for instructions for performing the tests.]

- If your patient has one or more of the three Unified Acid/Alkaline Imbalances, those Imbalances will be defined in one block of the Analysis Table below. Match the row of your patient's Adjusted Urine pH to the column of the Adjusted Saliva pH to zero in on a single block, and there you are! ----- You are given direction to one or more of the Supplement Selection pages. Complete your Unified Acid/Alkaline Analysis by considering all Imbalances that apply (--- 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.

- IRON CLAD RULE THAT MUST NEVER BE IGNORED: If the supplement selections do not include either Oxy Tonic or Oxy D+, then your patient must immediately begin the BALANCING PROCEDURE to determine the ideal proportions of your Metabolic Sparks --- Oxy Tonic, Electro Tonic, and/or Oxy D+. The BALANCING PROCEDURE is the only way to completely individualize that patient's Metabolic Therapy.

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

- That is all you need to do! ----- However, to maximize the efficacy of your Metabolic Therapy, you will integrate this analysis of Anaerobic/Dysaerobic/Ketogenic/Glucogenic/Acid/Alkaline Imbalances with your Sympathetic/Parasympathetic Analysis and your Electrolyte/Water Analysis.

- How much of each supplement selected by your Unified Acid/Alkaline Analysis do you recommend? On your initial Testing, begin with the specific quantities recommended --- then consider increasing if any supplement needs showing up on a follow up testings. (The supplement recommendations indicated by this Analysis for Oxy Tonic, Electro Tonic & Oxy D+ are in addition to the amounts for these 3 supplements indicated by the BALANCING PROCEDURE.)

* If your Analysis reveals a need for both Energetics G and Energetics K, your patient should take Energetics K after breakfast and Energetics G after the evening meal.

Whenever your Analysis shows your patient needs Energetics K, your instructions for that supplement should be accompanied by Eat Well Be Well to include an increase the Carbs/Protein ratio.

Similarly, whenever your Analysis shows your patient needs Energetics G, your instructions should be accompanied by Eat Well Be Well to include being extraordinarily strict on decreasing the intake of sugar, and at the same time supplement the diet with Coconut Oil.

----- 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 your other two Analyses.

UNIFIED ACID/ALKALINE

ADJ SPH➡ ADJ UPH⬇	6.1 -	6.2 – 6.6	6.7 – 6.9	7.0 – 7.4	7.5 +
5.3 -	SG = ≥ 3 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	SG = ≥ 9 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	SG = ≥ 15 = DYSAEROBIC SG = 17+ = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	DYSAEROBIC SG = ≥ 25 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	DYSAEROBIC SG = ≤ 8 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≤ -4 = ACIDOSIS
5.4 -5.9	SG = ≥ 6 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	SG = ≥ 12 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	SG = ≥ 25 = DYSAEROBIC SG = ≥ 20 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	-SG = ≥ 20 = DYSAEROBIC SG = ≥ 28 = GLUCO IF (BHT -10) - BR = ≤ -4 SG = ≤ 6 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≤ -4 = ACIDOSIS	SG = ≥ 20 = DYSAEROBIC SG = ≤ 11 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≤ -4 = ACIDOSIS
6.0 – 6.4	SG = ≤ 12 = ANAEROBIC SG = ≥ 12 = GLUCO IF (BHT -10) - BR = ≤ -4	SG = ≤ 12 = ANAEROBIC SG = ≥ 18 = GLUCO IF (BHT -10) - BR = ≤ -4	SG = ≥ 26 = GLUCO IF (BHT -10) - BR = ≤ -4 SG = ≤ 3 = KETO IF (BHT -10) - BR = ≥ 4	SG = ≤ 11 = KETO IF (BHT -10) - BR = ≥ 4	SG = ≤ 17 = KETO IF (BHT -10) - BR = ≥ 4
6.5 -6.9	SG = ≤ 15 = ANAEROBIC SG = ≥ 17 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	-SG = ≤ 20 = ANAEROBIC SG = ≥ 23 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 12 = ANAEROBIC SG = ≤ 8 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 12 = ANAEROBIC SG = ≤ 17 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 10 = ANAEROBIC SG = ≤ 22 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS
7.0 +	SG = ≤ 20 = ANAEROBIC SG = ≥ 20 = GLUCO IF (BHT -10) - BR = ≤ -4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 20 = ANAEROBIC SG = ≥ 26 = GLUCO IF (BHT -10) - BR = ≤ -4 SG = ≤ 3 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 16 = ANAEROBIC SG = ≤ 19 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 12 = ANAEROBIC SG = ≤ 11 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS	SG = ≤ 10 = ANAEROBIC SG = ≤ 25 = KETO IF (BHT -10) - BR = ≥ 4 (BHT -10) - BR = ≥ 4 = ALKALOSIS

Anaerobic Imbalance

Oxygenic A 2, 2x daily, after meals

(If patient also has an Electrolyte Stress Imbalance, then Oxygenic A 3 after breakfast, and Formula ES 3 after the evening meal)

(If patient also has a Glucogenic or Ketogenic Imbalance, then Oxygenic A 3 after breakfast and either Energetics G 3 after the evening meal or Energetics K 3 after the evening meal)

Oxy Tonic (in addition to BALANCING PROCEDURE) 1 scoop first a.m.

If A-UpH = ≥ 7.0 and A-SpH = ≤ 6.1 = Oxy Tonic add yet another scoop, first a.m. plus 1 scoop in the evening ---

Or,

if A-UpH = ≥ 7.0 and A-SpH = 6.2-6.6 and SG = ≤ 15 = add 1 scoop, in the evening

Or,

if A-UpH = 6.5-6.9 and A-SpH = 6.2-6.6 and SG = ≤ 10, add 1 scoop, first a.m.

If Dermographics = R≥R2 = Oxy Tonic (in addition to BALANCING PROCEDURE RECOMMENDATION) add 1 scoop in the evening

If Arrythmia = Oxy Tonic add 1 scoop in the evening; Taurine 2, 2x daily, after meals

If Cholesterol+ = Adapto-Max 3 after breakfast; Taurine 1, 2x daily, after meals

If Statin = Oxy-Max, 1, 2x daily, after meals

If Triglycerides+ = Rejuvenator 2, first a.m., and Adapto-Max 1, 2x daily, after meals

Dysaerobic Imbalance

Oxygenic D 2, 2x daily, after meals

(If patient also has an Electrolyte Stress Imbalance, then Oxygenic D 3 after the evening meal, and Formula ES 3 after the first meal)

(If patient also has a Glucogenic or Ketogenic Imbalance, then Oxygenic D 3 after the evening meal and either Energetics G 3 or Energetics K 3 after the first meal)

Oxy D-Plus (in addition to BALANCING PROCEDURE) 10 drops first a.m. and 20 drops in the evening

If A-UpH = ≤ 5.3 and A-SpH = ≥ 7.5 = add 5 drops first a.m. and 10 drops in the evening

Or,

if A-UpH = ≤ 5.3 and A-SpH = 7.0-7.4 = add 10 drops in the evening

Or,

if A-UpH = 5.4-5.9 and SG = ≥ 25 = add 10 drops in the evening

If Dermographics = W≥W1 = Oxy D-Plus add 5 drops in the evening, and Electro Tonic (in addition to BALANCING PROCEDURE) add ½ tsp first a.m. and 1 tsp in the evening.

If Glucogenic = Electro Tonic ½ tsp first a.m. and 1 tsp in the evening

If Cholesterol+ = Electro Tonic ½ tsp, 2x, first a.m. and evening; Oxy D-Plus add 15 drops in the evening; Adapto-Max 3 after the first meal

If Statin = Oxy-Max 1, 2x daily, after meals

If Triglycerides+ = Rejuvenator 2, first a.m., and Adapto-Max 1, 2x daily, after meals

Glucogenic Imbalance

Energetics G 2, 2x daily, after meals

(If patient also has a Dysaerobic Imbalance, then Energetics G 3 after the first meal and Oxygenic D 3 after the evening meal)

(If patient also has an Electrolyte Stress Imbalance, then Energetics G 3 after the first meal & Formula ES 3 in the evening)

(If the patient also has an Electrolyte Insufficiency Imbalance = Electro Tonic (in addition to BALANCING PROCEDURE), ½ teaspoon, 2x daily, first a.m. and in the evening, and also NaGP 2 scoops first a.m.)

If Arrythmia = Complex S 2 in the evening; Taurine 1, 2x daily, after meals

If Cholesterol+ = Electro Tonic ½ tsp, 2x, first a.m. and evening; Oxy D-Plus add 15 drops in the evening; Adapto-Max 3 after the first meal

If Statin = Oxy-Max 1, 2x daily, after meals

If Triglycerides+ = Rejuvenator 2, first a.m., and Adapto-Max 1, 2x daily, after meals

Ketogenic Imbalance

Energetics K 2, 2x daily, after meals

(If patient also has a Dysaerobic Imbalance, then Energetics K 3 after the first meal and Oxygenic D 3 after the evening meal)

(If patient also has an Electrolyte Stress Imbalance, then Energetics K 3 in the evening and Formula ES 3 after the first meal)

(If the patient also has an Electrolyte Insufficiency Imbalance = Electro Tonic (in addition to the BALANCING PROCEDURE), ½ teaspoon, 2x daily, first a.m. and in the evening, and also NaGP 2 scoops first a.m.)

If Dermographics = R≥R2 = Oxy Tonic (in addition to BALANCING PROCEDURE) 1 scoop, first a.m.

If A-SpH = ≥ 7.2 = $MgCl_2$ 1 scoop, first a.m.

x Diuretics (If (temporarily) continuing diuretic = $MgCl_2$ 1 scoop, first a.m.))

If Arrythmia = Oxy Tonic add 1 scoop in the evening; Taurine 2, 2x daily, after meals

If Cholesterol+ = Adapto-Max 3 after the first meal; Taurine 1, 2x daily, after meals

If Statin = Oxy-Max, 1, 2x daily, after meals

If Triglycerides+ = Rejuvenator 2, first a.m., and Adapto-Max 1, 2x daily, after meals

Acidosis Imbalance

(If --- Ex BHT -10) + BR = ≥ 40 = Complex S 2 after the evening meal

(If patient also has an Anaerobic Imbalance, delete any evening Oxygenic A)

(If the patient also has a Dysaerobic Imbalance, then delete any Oxygenic D after breakfast)

(If patient also has a Glucogenic or Ketogenic Imbalance, then either delete evening Energetics G and take 3 after the first meal, or delete any evening Energetics K and take 3 after the first meal)

(If patient also has an Electrolyte Stress Imbalance, then delete any evening Formula ES, and add 3 Complex S after the evening meal (based on (Ex BHT -10) + BR), rather than just 2)

(Ex BHT -10) + BR ≥ 40, and, BHT = ≥ 30, and, BR = ≥ 17 = Baking Soda ½ tsp first a.m.

Potassium Citrate 1 scoop in 10oz water first a.m. if any one of the three criteria below applies, or first a.m. plus in the evening if two or three apply:

- (Ex BHT -10) - BR = ≤ -6
- SG = ≥ 25 and A-UpH = ≤ 5.8
- SG = ≥ 20 and A-UpH = ≤ 5.5

NaGP = 1 scoop for each of the following that apply:

- Patient also has a Glucogenic Imbalance
- A-SpH = ≥ 7.0
- Pa = ≤ 64
- SBP1 = ≤ 112

= If two of the above criteria apply = 2 scoops, first a.m.; if more than two apply = add the additional scoops in the evening

If GERD or sour stomach = Do the Burp Test to determine the need for either baking soda or Proton Plus

Alkalosis Imbalance

(If --- Ex BHT -10) + BR = ≥ 40 = Complex S 2 after the evening meal

Phos Drops = 10 drops in 10oz water first a.m. if any of the three criteria below applies, or first a.m. plus in the evening if two apply:

- SG = ≥13 and (Ex BHT – 10) – BR = ≥ 6
- SG = ≥ 25and A-UpH = ≥ 6.0
- SG = ≥ 20 and A-UpH = ≥ 6.3

NaGP = If one of the criteria below applies = 1 scoop first a.m.; if more than one applies = add 1 additional scoop in the evening

- Patient also has a Parasympathetic Imbalance
- Pa = ≤ 64
- SBP1 = ≤ 112

Proton Plus = 1, twice daily after meals for each of the criteria below applies

- SG = ≤ 12 and Ex BHT ≥ 40 and A-SpH ≥ 7.0
- SG = ≤ 12 and Ex BHT = ≥ 35 and A-UpH = ≥ 6.5 and A-SpH = ≥ 7.0
- SG = ≤15 and Ex BHT = ≥ 30 and A-UpH = ≥ 7.0
- SG = ≤ 24 and (Ex BHT – 10) – BR = ≥ 6

$MgCl_2$

- If Proton Plus is not indicated by the above criteria and patient also has a Ketogenic Imbalance = 1, twice daily after meals
- If Proton Plus is not indicated by the above criteria and patient also has a Dysaerobic Imbalance and A-SpH = ≥ 7.1 = 2, in the evening
- If Proton plus is not indicated by the above criteria and if muscle cramps = 2, twice daily after meals

If GERD or sour stomach = do the Burp Test to determine the need for either baking soda or **Proton Plus**