

NUTRI-SPEC



Live Stronger Longer

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THE NUTRI-SPEC LETTER

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SUFFERING FROM STRESS? OR DOOMED BY INSUFFICIENCY?

Dear Doctor,

At what point do the challenges life presents become a source of stress? You have, just as all your patients have, your own personal capacity to ...

MAINTAIN POISE, PROGRESS, AND PRODUCTIVITY ---

as life ---

PUSHES, PRODS, AND PROVOKES.

The key to handling challenge without stress lies largely in the tone of your ---

SYMPATHETIC/PARASYMPATHETIC METABOLIC BALANCE SYSTEM.

It has a huge impact on your Health Span (and, as you learned in last month's Letter on Orthostatic Insufficiency as it relates to All-Cause Mortality, your Life Span).

Three possibilities to consider as you analyze yourself and every patient:

1. Both your Sympathetic & Parasympathetic reactivity are strong enough to handle physical, chemical/nutritional, and emotional Immuno-Neuro-Endocrine challenges with equanimity --- and yet --- not so over-reactive as to ...

- exhaust mitochondrial energetics
- trigger inflammatory cascades of cytokines & eicosanoids (and thus INFLAM-AGING)
- kick the hypothalamus into stress hormone mode (= cortisol, estrogen, prolactin)

2. One (or both) of your Sympathetic/Parasympathetic defenses is insufficient to rise up in response to life's demands --- leaving you ---

AT THE MERCY OF EVERY ILL THAT BLOWS.

3. One (or both) of your Autonomic activations is in a continuous state of stress response as if ---

A MANIACAL KILLER LURKS AROUND EVERY CORNER.

Every challenge provokes ---

CRISIS MODE.

Every perceived crisis elicits a stress alarm ---

**A SYMPATHETICALLY MEDIATED
DEFEND OR ESCAPE**

--- OR ---

**A PARASYMPATHETICALLY DRIVEN
RESIST AND PERSIST.**

Facing an acute “crisis,” or, when chronically overwhelmed by the cumulative stress of ---

“I CAN HARDLY TAKE IT ANYMORE” ---

Sympathetic stressed individuals will show:

- a racing heart
- an increased rate and depth of respiration
- a pounding heart, associated with ...
- an elevated pulse pressure
- a dry mouth
- trembling hands

In the same crisis situation, a Parasympathetic reactor will:

- suffer a stomach “tied in knots” (and may even vomit)
- perhaps experience diarrhea
- show increased Breath Rate, but ...
- the Pulse Rate will increase far less
- perhaps show rising blood pressure, but the diastolic will increase as much as the systolic

A diversity of Parasympathetic-related symptoms is possible, including:

- tension headache
- breaking out in a rash, or,
- in susceptible individuals, an asthma attack
- vertigo, or in extreme cases, fainting (“Vaso-Vagal”)

In chronic cases, the Parasympathetic dominant person will tend to withdraw – and eat.

What we have just described are the classic Sympathetic Stress and Parasympathetic Stress reactions. These are the types of Sympathetic and Parasympathetic Imbalances you will tend to find in younger adult patients.

However, as we age, Autonomic Nervous System Imbalances will trend toward association not with an extremely strong Sympathetic or Parasympathetic portion of the Autonomic Nervous System, but with an insufficiency or failure of one or the other. In other words, we can find a Sympathetic Imbalance associated not with a strong Sympathetic system, but rather with a weak Parasympathetic system. Similarly, we can find people who test as Parasympathetic because of an inability to produce Sympathetic responses rather than an abnormally reactive Parasympathetic system.

So, how does this shift with aging play out over the course of your life? Begin analyzing yourself and your patients in terms of your ...

SOLID PLAN ---

your ---

Stage Of Life INFLAM-AGING Defense Plan.

At about age 33, some of your patients who test Sympathetic dominant are as much showing Parasympathetic failure as Sympathetic Stress, and some of your Parasympathetic patients are as much Sympathetic insufficient as they are Parasympathetic dominant.

At about age 53, failure of the Sympathetic or the Parasympathetic system is a component of most Sympathetic or Parasympathetic patients' Imbalances. Increasingly with age, some degree of failure of both Sympathetic and Parasympathetic reactivity is common.

Let us consider the various possibilities that unfold through a person's lifetime. First, there are those who have a normal, healthy reactivity of both the Sympathetic and Parasympathetic systems. They go through their entire lives never showing a Sympathetic or Parasympathetic Imbalance.

Next, consider the individuals who are just plain "hyper." They show an exaggerated response of both the Sympathetic and Parasympathetic system from childhood up through at least age 22. Testing these individuals as teenagers will yield an extreme combination of both Sympathetic and Parasympathetic indicators.

If we test a hyper 17-year-old, we may find extreme Orthostatic Pulse Rate drop from sitting to supine (a Parasympathetic indicator), yet an exaggerated Pulse Rate spike upon standing (a Sympathetic sign), accompanied by Orthostatic Blood Pressure Failure (Parasympathetic). There may be sweaty palms and dilated pupils (Sympathetic), yet a +3 Dermographics response (Parasympathetic).

These patients have neither a Sympathetic nor a Parasympathetic Imbalance; they are just extremely sensitive types. As these people progress through life, the reactivity of the Sympathetic and Parasympathetic systems gradually decrease. If they decrease at an equal rate, these patients will never show a Sympathetic/Parasympathetic Imbalance. If one system begins to fail before the other, then the system that does not fail will show up as the Imbalance you must treat with Nutri- Spec.

Now, consider those who are your classic Sympathetic or Parasympathetic reactors. Upon Nutri-Spec testing, these individuals will show a Sympathetic or Parasympathetic Imbalance through adolescence, young adulthood, and into middle age. That Imbalance may persist into old age, but in many of these patients their dominant system begins to fail at some point, beginning at age 43, in accord with your SOLID Plan. As that previously dominant system becomes exhausted, the patient will no longer test as Sympathetic or Parasympathetic.

Regardless of what Sympathetic or Parasympathetic Imbalances exist or do not exist in a person through adolescence, early adulthood, and middle age, there comes a point in life when both the Sympathetic and Parasympathetic reactive capacity begins to fail. Lowe's Clinical Autonomic Disorders makes the point that by far the most common autonomic disorder is a failure (rather than an over-reactivity) of one of the autonomic systems, or both. Of course, Lowe's is written from a pathology point of view; it is concerned with the treatment of frankly pathological conditions of the autonomic nervous system.

Still, his point is well taken. Many of your patients, particularly those at age 43+, will test as Sympathetic or Parasympathetic because of a failure of one system or the other. Many, many of your patients age 53+ will test neither Sympathetic nor Parasympathetic because they are failing equally in the performance of both systems.

It is in this universal failure of both the Sympathetic and Parasympathetic systems you are seeing ---

THE LOSS OF VITAL RESERVES ---

with age, showing you the essential need for your Nutri-Spec SOLID Plan.

The most valuable service you offer your patients is maintaining their Vital Reserves with some combination of Complex S and/or Complex P. These powerful supplements will maintain a high amplitude diphasic cycle of Sympathetic and Parasympathetic vitality throughout middle age and beyond.

Eliminate stress; rescue your patients from insufficient Vital Reserves. ----- Take advantage of your March SPECIAL = Complex S & Complex P, 1 **FREE** with every 5 you buy.

Parasympathetic Stress	Sympathetic Noradrenergic Insufficiency	Parasympathetic Insufficiency	Sympathetic Adrenergic Stress	Sympathetic Noradrenergic Stress	Sympathetic Noradrenergic Stress Failure
Pulse Rate - -	Orthostatic Pulse Pressure failure	Pulse Rate + Orthostatic Pulse Rate +	Pulse Rate +	Pulse Rate +	Orthostatic Pulse Pressure Failure
	Pulse Rate – Orthostatic Pulse Rate +		Breath Rate +	Systolic BP + Orthostatic BP +	Orthostatic Pulse Rate +
Pupils small, light reactivity –	Pupils small, light reactivity –	Pupils large, light reactivity +	Pupils large, light reactivity +	Pupils large, light reactivity +	
Saliva + Saliva pH +		Dry Mouth & Eyes		Saliva thick Saliva pH – Dry Mouth	Vertigo Nocturnal Diuresis
	Fatigue		Cutaneous Vasoconstriction; Muscle Vasodilation	Vasoconstriction Hands Cold Pallor	Fatigue
Rapid GI Transit, Diarrhea	Post-prandial hypotension	Atonic Constipation	Slow GI Transit, Constipation	Pilomotor +	
Bronchoconstriction	(Hypothyroid?)		Fine Hand Tremor	Fine Hand Tremor	
			Hyperglycemia	Perspiration +	