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THE NUTRI-SPEC LETTER

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YOUR BREATH OF LIFE

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Dear Doctor -----

YOUR PATIENTS' BREATH RATE YOU MUST CONTEMPLATE

Nearly every patient you serve shows one or more of …

- Neuro-immune stress
- Neuro-immune failure
- Neuro-vascular dysregulation
- Autonomic failure
- Gastrointestinal hyper- or hypo- secretion
- Gastrointestinal hyper- or hypo- motility
- Chronic fatigue and/or chronic agitation
- Depression and/or anxiety
- Hyper or sluggish metabolic rate
- Frantically in fight-or-flight
- Stuck in a rut, unable to lift themselves out.

This entire list is nothing more than the common manifestations of …

SYMPATHETIC/PARASYMPATHETIC IMBALANCE.

Which of your patients have …

1. Parasympathetic Imbalance associated with an over-stressed, over-reactive parasympathetic system? (Think asthma, vaso-vagal episodes, orthostatic weakness, and hypoglycemia)

2. Parasympathetic Imbalance associated with a weak sympathetic reactivity? (Think chronic fatigue, depression, fluid retention, and allergies)

3. Sympathetic Imbalance associated with a hyperadrenergic stress reactivity? (Think rapid pulse, rapid speech, quick movements, restlessness, and agitation)

4. Sympathetic Imbalance associated with a weak parasympathetic defense? (Think alternating bouts of anxiety and fatigue = the classic General Adaptative Stress response, insomnia, and insulin resistance leading to Type 2 Diabetes)

5. Vacillation between Sympathetic and Parasympathetic Stress Responses? (--- until overwhelmed with fatigue from General Adaptative Stress Syndrome)

6. Insufficiency in both Sympathetic and Parasympathetic defense?

Never forget that the Autonomic Nervous System is a critical component of your First-Responder action to any environmental stress that triggers either an immune response or an emotional response. Nearly all your patients will need Complex S or Complex P, or both, at some point along their road to …

LIVE STRONGER LONGER.

Most critically, the likelihood of needing both Complex P and Complex S is built into your Stage Of Life Inflam-Aging Defense Diphasic Nutrition Plan (SOLID DNP). At age 53+, you and your patients begin to "lose it" as regards autonomic defensive strength. Year after year, a bit more amplitude is lost from your diphasic metabolic cycle. Beginning at age 53, one of the best anti-aging means of preserving health is to pump up Vital Reserves with some combination of Complex S and Complex P --- restoring to some degree …

THE HIGH-AMPLITUDE DIPHASIC METABOLIC CYCLE OF YOUTH.

With objectively guided, autonomic-focused metabolic therapy, your patients age 53+ can regain the high-vitality …

VITAL RESERVES ---

of young people --- responding with strength and balance to any metabolic stressor.

And for all your patients under age 53 --- Complex P or Complex S give you the power to help restore and preserve health --- to face all the symptoms and conditions listed above --- and do so without "treating diseases." ----- But regaining health of the Autonomic Nervous System is about restoring both strength and balance. In last month's Letter, we poked fun at the Alternative Health Care crowd that is jumping on the bandwagon of …

"SUPPORT THE VAGUS."

How many nutrition plans and therapy modalities have you seen in the last couple of years promising to provide Vagal support, claiming a panacea --- curing all manner of patho-physiologies? Have you seen any objective evidence that any of these therapeutic approaches confer a permanent increase in Vagus function? It is doubtful they do, but even if they give a temporary stimulus to the Vagus --- can you imagine the clinical disaster of whipping into hyperfunction a Parasympathetic Imbalance that is already manifesting asthma or hypoglycemia?

To be certain you are serving your patients with objectively determined care, last month's Letter highlighted a clinical test that is indispensable in identifying a Sympathetic/Parasympathetic Imbalance.

Here is that quick Nutri-Spec Metabolic Therapy test you can use to determine your patient's need for Vagal or Sympathetic nutrition intervention:

- Patient sits relaxed on the exam table in a position from which he/she can lie supine without first standing up or scooching along the table.

- Count the resting heart rate for 30 seconds

- Patient lies supine and at exactly the 30-second mark, you begin counting the heart rate for 30 seconds a second time.

- If the 30-second heart rate drops between 1 and 3, e.g., from 34 to 32, you likely have a perfectly capable Vagus Nerve that is in perfect balance with Sympathetic reactivity.

- If the supine heart rate drops 3, and very definitely if it drops more than 3, there are only two possibilities. Either the patient has excess Vagal activity, or the patient is suffering from thyroid insufficiency.

- If the supine heart rate does not drop, or even rises, then you likely have a Vagus Nerve that is being dominated by Sympathetic (Adrenergic) Stress.

What makes this test so special is its ---

SPECIFICITY.

It is very, very rare for a clinical parameter to be so specific. This heart rate differential from sitting to supine gives you a measure of Parasympathetic function with nearly perfect specificity.

Now, look closely at how you can use this test to better serve your patients.

When a patient experiences a significant drop in heart rate after 1 minute in the supine position, what do you really know, and what do you not know? What that test result actually tells you is that your patient has a strong Parasympathetic System. What you have produced is definitive evidence that your patient does not need Complex S. You also have a strong case that the patient does need Complex P. But there is the possibility that the patient is actually showing an extremely strong and powerful Autonomic Nervous System, which can produce an equally robust Sympathetic reactivity. So again, while you are positive that the patient does not need Complex S, you need a way to confirm the need for Complex P.

Now consider your patients who show a pulse rate drop that qualifies as a Sympathetic indicator, showing no drop whatsoever, or even a rise in pulse rate upon recumbency. By similar reasoning to what we just applied to your patient with a strong Parasympathetic indication, you do know this patient with a failure in heart rate decrease does not need Complex P. But --- can you be certain the patient needs Complex S?

What clinical parameter meets your need to confirm your objective clinical testing analysis?

Add one test to your Sympathetic/Parasympathetic Analysis.

When the patient lies supine, and you are waiting 30 seconds to count the pulse rate ---

CHECK THE BREATH RATE.

Suppose your patient completes exactly 8 respiratory cycles in those 30 seconds --- giving you a breath rate of 16 per minute. After you go on to check the recumbent pulse rate for 30 seconds, you are done testing. You have calculated the sitting heart rate minus the supine heart rate, giving you your specific primary indicator for the likelihood of either Sympathetic or Parasympathetic Imbalance. But, to produce your confirming indicator, you have one more calculation to do. Divide the original sitting pulse rate normalized to one minute by doubling it, then divide that by your breath rate. To illustrate:

Your sitting pulse rate over 30 seconds is 36 x 2 = Pulse Rate of 72/minute

Your breath rate over 30 seconds is 8, which normalized to 1 minute = Breath Rate of 16

A Pulse Rate of 72 divided by a Breath Rate of 16 = 4.5 = your patient's Pulse Rate / Breath Rate Ratio = PBR. ---- The PBR is a clinical parameter ---

ALMOST MAGICAL ---

in its representation of every patient's State of Cardio-Respiratory Adaptability --- indicating your patient's Adaptative Capacity after a lifetime of rising to the challenge of every Immuno-Neuro-Endocrine insult. The PBR is all about cardio-respiratory coordination/synchrony.

THIS IS HUGE. ----- What is your body's most vital need? More than food, more than water --- your body needs air. More particularly, your body "knows" that oxygen-CO2 exchange in your heart and brain does not dare to be jeopardized. Your body never stops "thinking" about and maximizing oxygen delivery to enhance heart and brain function.

No matter what other stressors your Immune System, Nervous System, and Endocrine System are contending with at any moment, constant vigilance regarding oxygen-CO2 exchange is paramount. This awareness is a full-time, 24/7 priority of all your Metabolic Balance Systems --- Sympathetic/ Parasympathetic, Anaerobic/Dysaerobic, Glucogenic/Ketogenic, Acid/Alkaline, and Water/Electrolyte Balance. Relentless control is maintained from the systemic level through the tissue level, to the cellular and nuclear levels. It involves intercellular communication systemically via the Autonomic Nervous System and the Hypothalamic-Pituitary-Adrenal Axis, as well as cellularly all the way down to intercellular communication via the glycocalyx and DNA-guided secretion of intercellular signaling molecules.

These self-protective defenses never rest --- and --- their success or failure at Vital Reserve protection is expressed perfectly by the PBR.

The coordinated coupling of pulse rate and breathing rate is a fundamental tool by which we respond to physical/mental/emotional metabolic stressors. Another way to say this is the PBR is THE perfect representation of an individual's Vital Reserves.

As a clinical parameter, PBR lacks the specificity of your pulse rate response to position change. The absence of specificity is because the PBR reflects the degree to which the individual is dealing with ALL your Nutri-Spec Metabolic Imbalances. But, what the PBR lacks in specificity, it makes up for in …

SENSITIVITY.

We will have much, much more to say in future Letters about "The Breath of Life" and how it is reflected when combined with "The Pulse of Life" into a synergistic synchrony in the form of PBR.

For now, here is your clinical gem used to objectively quantify Sympathetic/ Parasympathetic Imbalances:

Subtract the sitting heart rate minus the supine heart rate from the PBR:

(PBR) – (Pa-P1). For example, PBR = PR/BR = 60/12 = 5. Pa-P1 of 64 - 60 = 4.

You have 5 – 4 = 1

If this metric is <1, you know you have a Parasympathetic Imbalance, and your patient needs Complex P.

If this parameter is >2, you know you do not have a Parasympathetic Imbalance.

If this parameter is >4, you know you have a Sympathetic Imbalance.

Begin "playing" with this essential clinical indicator tomorrow. Quick, easy, simple --- you and your staff can test each other; test your families; begin testing patients. Your patients need Complex S and P to maximize their Adaptative Capacity --- by pumping up Vital Reserves.

Much, much, MUCH more to learn about the Pulse/Breath Ratio communication system. ----- Meanwhile ----- September SPECIAL = Complex P & Complex S, 1 **FREE** with every 5 you purchase.