NUTRI-SPEC Metabolic Imbalances

QUICK ANALYSIS GUIDE

LIVE STRONGER LONGER

Sympathetic/Parasympathetic Imbalance

- The only 3 tests required for the Sympathetic/Parasympathetic Imbalance Analysis Table are noted by a "SP" on the Test Results Form …

  - Pa – P1 SP
  - P2 – P1 SP
  - SBP2 – SBP1 SP

- SELECTING SUPPLEMENTS: The Table below identifies the 6 types of S/P Imbalance. To complete your analysis, simply go to the Table with 3 analytes in mind: Pa – P1, P2 – P1, and SBP2 – SBP1. Carry those numbers through each of the 6 columns in turn, from left to right. YOU MUST HAVE A PERFECT MATCH WITH ALL 3 NUMBERS, AND WITH ALL OTHER ANALYTES IN THE COLUMN TO DEFINE THAT PARTICULAR IMBALANCE. If you do not have a perfect match, quickly go to the next column.

  You may find no match to any of the 6 columns. Nevertheless, you may ultimately recommend Complex S or Complex P as determined by either of your other two analyses.

	Parasymp Stress	Sympathetic Noradrenergic Insufficiency	Parasymp Insufficiency	Sympathetic Adrenergic Stress	Sympathetic Nor-Adrenergic Stress	Sympathetic Nor-Adrenergic Stress Failure
Pa – P1 =	≥ 3	≥ 1	≤ 2	≤ 2	≤ 2	≤ 1
P2 – P1 =	≤ 8	≥ 7	≥ 7	≥ 6	≥ 4	≥ 8
SBP2 – SBP1 =	≤ 10	≤ 4	≥ 3	≥ 10	≥ 6	≤ 4
DBP2 – DBP1 =	≤ 8	≥ -2	≥ 2	≥ 5	≥ 4	≤ -2
Pa =		≤ 66				≥ 68
Breath Rate				≥ 16		
Adj-Saliva pH	≥ 6.9					

SYMPATHETIC/PARASYMPATHETIC IMBALANCE

(--- As per a perfect match to any of the 6 columns of Test Results Analysis)

* Parasympathetic Stress:

Complex P 3 after breakfast & 1 evening

If Saliva pH = ≥ 7.1 Magnesium Chloride 1 scoop 1st a.m.

If Urine pH = ≤ 5.5 Sodium Glycerophosphate 1 scoop 1st a.m.
and Electro Tonic ½ tsp evening

If Urine pH = ≥ 6.5 and USG = ≤ 12 Oxy Tonic 1 scoop 1st a.m.

If Urine pH = ≥ 7.0 and USG = ≥ 20 Phos Drops 10 1st a.m.

If Saliva pH = ≥ 7.1 and Dermographics = R2+ Proton Plus 2 evening

* Sympathetic Noradrenergic Insufficiency:

Complex P 3 after breakfast

Adapto-Max 1+ after breakfast
Oxy-Max 1+ evening

If Urine pH = ≤ 5.5 Sodium Glycerophosphate 1 scoop 1st a.m.
and Electro Tonic ½ tsp evening

If Urine pH = ≥ 6.5 Oxy Tonic 1 scoop 1st a.m.

* Parasympathetic Insufficiency:

Complex S 1 after breakfast & 2 evening

Rejuvenator 2 first a.m.

Adapto-Max 1+ after breakfast
Oxy-Max 1+ evening

If Saliva pH = ≥ 7.1 Magnesium Chloride 1 scoop 1st a.m.

If Urine pH = ≥ 6.5 add Oxy Tonic 1 scoop first a.m.

If Urine pH = ≤ 5.6 Potassium Citrate 1 scoop first a.m. + 10 oz H_20

* Sympathetic Adrenergic Stress:

Complex S 2 after breakfast & 2 evening

Adapto-Max 1+ after breakfast
Oxy-Max 1+ evening

If UpH = ≤ 5.6 or USG = ≥ 20 K Cit 1/8 tsp first a.m. 10 oz H_20

If UpH = ≥ 6.5 add Oxy Tonic 1 scoop first a.m.

* Sympathetic Noradrenergic Stress:

Complex S 1 after breakfast & 2 evening

Adapto-Max 1+ after breakfast
Oxy-Max 1+ evening

If UpH = ≤ 5.6 or USG = 20+ K Cit 1/8 tsp first a.m. 10 oz H_20
= Oxygenic D 2 evening

If UpH = ≥ 6.5 add Oxy Tonic 1 scoop first a.m.

* Sympathetic Noradrenergic Stress Failure:

Complex S 1 after breakfast & 2 evening

Rejuvenator 2 1st a.m.

Adapto-Max 1+ after breakfast
Oxy-Max 1+ evening

If UpH = ≤ 5.6 or USG = ≥ 20 K Cit 1/8 tsp first a.m. 10 oz H_20

If UpH = ≥ 6.5 add Oxy Tonic 1 scoop first a.m.

Electrolyte/Water Imbalance

- These are the only tests required to determine an Electrolyte Stress or Electrolyte Insufficiency Imbalance:

  - (SBP2-SBP1) + (DBP2-DBP1)
  - (SBP2-SBP1) - (DBP2-DBP1)
  - SBP1

- SELECTING SUPPLEMENTS: The Table below identifies the 6 types of E/W Imbalance. To complete your analysis, simply carry those 3 numbers from your Test Results Form to the first 3 lines of your Analysis Table. You are looking for a match to either of the first 2 tests and a match to the 3rd test, followed by a perfect match to any other tests listed in 1 or more of the 6 columns of your Analysis Table. If you find a match in none of the 6 columns, then you are finished --- there is no Electrolyte Stress or Electrolyte Insufficiency to consider.

	ES R+	ES R-	ES Z-	EI A-	EI R-	EI Z-
(SBP2-SPB1) + (DBP2-DBP1) or (SBP2-SPB1) – (DBP2-DBP1)	≥ 10 or ≤ -5 or ≥ 2	≥ 10 or ≤ -5 or ≥ 2	≥ 10 or ≤ -5 or ≥ 2	≥10 or ≤ -5	≥10 or ≤ -5	≥10 or ≤ -5
SBP1	≥ 122 (or BP meds)	≥ 122 (or BP meds)	≥ 122 (or BP meds)	≤ 118 (X if BP meds)	≤ 118 (X if BP meds)	≤ 118 (X if BP meds)
A-SpGr	≥ 13	≤ 18	≥ 17 or ≤ 14	≥ 13	≤ 17	≥ 17 or ≤ 14
(High P – P1) + (SBP2 – SBP1) (High P – P1) – (SBP2 – SBP1)	≥ 2	≤ 2		≥ 2 or ≥ 12	≤ 2 or ≥ 12	 ≥ 12
P3 – P2		≥ 0	≥ 0		≥ 0	

(--- As per a perfect match to any of the 6 columns of Test Results Analysis)

* Electrolyte Stress R+ Imbalance

Formula ES 3, 2x daily, after meals

(If patient also needs Complex S from S/P Analysis, then Formula ES 3 after breakfast and Complex S 3 after the evening meal)

(If patient also has a Glucogenic Imbalance, then Energetics G 3 after breakfast & Formula ES 3 after the evening meal)

Potassium Citrate 1 scoop in 10 oz water, first a.m.

If A-UpH = ≥ 6.2 = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop, first a.m.

If A-UpH = ≤ 5.5 = NaGP 1 scoop, first a.m., and in the evening

x $MgCl_2$

x Proton +

x Diuretics

Caffeine decrease

NSAIDs decrease

If Arrythmia = Taurine 2, 2x daily, after meals

If Cholesterol+ = Adapto-Max 3 after breakfast; Taurine 1, 2x daily, after meals; Oxy D+ 20 drops in the evening

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

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

* Electrolyte Stress R- Imbalance

Formula ES 3, 2x daily, after meals

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

(If patient also has a Ketogenic Imbalance, then Formula ES 2, twice daily after meals and Energetics K 1, 2x daily, after meals)

If A-UpH = 6.0- = Potassium Citrate 1/8th teaspoon in 10 oz water, first a.m.

If A-UpH = 6.2+ = Phos Drops 5 drops in 10 oz water, first a.m., and 5 drops in the evening

If A-UpH = 6.2+ = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop, first a.m.

If Dermographics = R2+ = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop in the evening

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

Salt = decrease intake

x NaGP

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

If Arrythmia = Taurine 2, 2x daily, after meals

If Cholesterol+ = Adapto-Max 3 after breakfast; Taurine 1, 2x daily, after meals; Electro Tonic ½ tsp, 2x, first a.m. and evening

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

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

* Electrolyte Stress Z- Imbalance

Formula ES 3, 2x daily, after meals

If A-UpH = 6.0- = Potassium Citrate 1/8th tsp. in 10 oz water, first a.m.

If A-UpH = 6.2+ = Phos Drops 5 drops in 10 oz water, first a.m., and 5 drops in the evening

If A-UpH = 6.2+ = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop, first a.m.

If Dermographics = R2+ = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop in the evening

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

If Arrythmia = Taurine 2, 2x daily, after meals

If Cholesterol+ = Adapto-Max 3 after breakfast; Taurine 1, 2x daily, after meals; Electro Tonic ½ tsp, 2x, first a.m. and evening

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

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

* Electrolyte Insufficiency A- Imbalance

x $MgCl_2$, and, x Potassium Citrate

If Complex P recommended by S/P Analysis, delete evening Complex P

NaGP 2 scoops first a.m., and 2 scoops in the evening

Electro Tonic 1 tsp first a.m., and 2 tsp in the evening

If Pa = 70+ and A-SpH = 7.0- = Energetics G 2, 2x daily, after meals

If A-SG = 25+ and A-UpH = 5.5- = Oxygenic D+ 10 drops in the evening and Oxygenic D 2 in the evening

If Pa-P1 = 1- = Complex S 2 in the evening

If Arrythmia = 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

If GERD or heartburn or bloating shortly after eating, and SpH 7.0+ = Proton Plus 2, 2x daily, after meals

* Electrolyte Insufficiency R- Imbalance

x Potassium Citrate

Salt = Increase intake

If Complex P recommended by S/P Analysis, add an additional Complex P after breakfast

If Pa-P1 = 0+ = Complex P 3 after breakfast, and 1 after the evening meal

If Sympathetic, delete the Complex S after the first meal

If Anaerobic = add an additional Oxygenic A after breakfast

If A-UpH = 6.3+ = Oxygenic A 2 after breakfast, and, Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop, first a.m.

If Dermographics = R2+ = Oxy Tonic (in addition to BALANCING PROCEDURE recommendation) 1 scoop in the evening

Electro Tonic 1 tsp first a.m., and 2 tsp in the evening

If Hydration = 4+ = Energetics K 2, 2x, after meals

If Arrythmia = 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

If GERD or heartburn or bloating shortly after eating, and SpH 7.0+ = Proton Plus 2, 2x daily, after meals

If A-SpH = 7.2+ and constipation = $MgCl_2$ 1 scoop first a.m.

* Electrolyte Insufficiency Z- Imbalance

x Potassium Citrate

NaGP 1 scoop first a.m., and 1 scoop in the evening

If no Complex P from S/P Analysis, and, A-SpH = 6.7+ and Pa-P1 = 0+ = Complex P 3 after breakfast

If no Complex S from S/P Analysis, and, Pa-P1 = 1- and Pa = 69+ = Complex S 3 in the evening

If A-UpH = 6.2+ = Oxy Tonic (in addition to the BALANCING PROCEDURE recommendations) 1 scoop, first a.m., and, Oxygenic A 2 after breakfast

Electro Tonic ½ tsp first a.m., and 1 tsp in the evening

If Hydration = 4+ = Energetics K 1, 2x daily, after meals, and, Phos Drops 5 drops first a.m.

If Arrythmia = 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

If GERD or heartburn or bloating shortly after eating, and SpH 7.0+ = Proton Plus 2, 2x daily, after meals

If A-SpH = 7.2+ and constipation = $MgCl_2$ 1 scoop first a.m.

Unified Acid/Alkaline Imbalance

- 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**

- 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 choose 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).

* 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.

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**